CAL STATE EAST BAY

DEPARTMENT OF NURSING

BSN PROGRAM

STUDENT HANDBOOK

2023 - 2024

TABLE OF CONTENTS

Chair's Welcome. 4

Student Affirmation Form. 5

1. PROGRAM INFORMATION. 7-13

1.1 Mission Statement. 7
1.2 Nursing Core Values. 8
1.3 Student Learning Outcomes. 9
1.4 Nursing Program Curriculum Goals. 10
1.5 Nursing Program Philosophy. 11-13
1.6 Nursing Department Position Statement on Anti-Racism . . 13

2. DEGREE PROGRAMS. 14-28

Pre-Licensure Concentration

2.1 **Generic BSN Program**. 14-26
2.1.1 Nursing Program Roadmap. 14
2.1.2 Human Development Requirement Policy & Procedure 15
2.1.3 Nursing Electives. 16
2.1.4 Semesters 1 & 2: General Information. 17-18
2.1.5 Semesters 3 & 4: General Information. 19-21
2.1.6 Semester 5: General Information. 22
2.2 **LVN-BSN Pathway**.. 23-24
2.2.1 Program Requirements. 23
2.2.2 Non-Degree Certification Program- LVN-RN Licensure Option. . 24

Post-Licensure Concentration

2.3 **ADN/RN-BSN Program.** 25-27
2.3.1 Program Requirements. 25
2.3.2 Course Progression Guide. 26
2.3.3 Capstone Project 27

3. STUDENT POLICIES & PROCEDURES. 28-75

3.1 General Information. 28
3.2 Health Documents. 29
3.3 Essential Functions: Physical and Mental Qualifications. . . 30-32
3.4 Delivery of Health Care: Students Rights and Responsibilities. . 33-34
3.5 Student with Disabilities or Limitations. 35
3.6 University and Nursing Program Policy on Academic Dishonesty. . 36-37
3.7 Nursing Course Grading & Progression Policies. . . . 38-41
3.8 Credit for Previous Learning and/or Experiences. . . . 42-43
3.9 Lines of Communication- Grade Dispute or Academic Problems. . 44
3.10 Lines of Communication- Routine Student Business-Contact.. . 45
3.11 Advising. 46
3.12 Mid-Semester Check-In Survey. 47
3.13 Student Retention Program. 48-49
3.14 Grading Information and Response to Clinical Performance. . . 50-51

3.15 Students Impaired by Substance Abuse and/or Emotional Illness. . 52-53
3.16 Professional Appearance Guidelines. 54-55
3.17 Communicable Disease Policy. 56
3.18 Clinical Attendance during Union Strikes Policy.. . . 56
3.19 Criminal Background Check. 57
3.20 Reporting Emergencies and Earthquake Procedures. . . . 58
3.21 Credit for Community Service. 59
3.22 Social Media Policy.. 60
3.23 Student E-Mail Policy. 61-63
3.24 Infection Control & Standard Precaution.. 64-72
3.25 Steps to Follow after Exposure to Blood Borne Pathogens . . 73
3.26 Student Injury Policy. 74
3.27 RN Licensure Graduation Procedure. 75

4. STUDENT RESOURCES & SERVICES 76-81

4.1 Student Affairs. 76
4.2 Student Center for Academic Achievement & Accessibility Services . 77
4.3 Cost & Financial Aid. 78
4.4 Sigma's NU XI At-Large Chapter. 79
4.5 Information for Students Representatives in Nursing Faculty Meetings. 80
4.6 Malpractice Insurance. 81

APPENDICES

Sample Physician's Statement Form. 82
Non-Employee Accident / Incident Report 83
Cal State East Bay-Photographic Release Form. 84
Academic Improvement Plan 85

CAL STATE EAST BAY
DEPARTMENT OF NURSING

5/30/23

Dear Students,

Welcome to the nursing program at Cal State East Bay! The faculty, staff, and your “big siblings” are all very eager to get to know you and work with you as you begin your nursing education! We are all here to support you, your professional development, and your academic success.

You are joining us at a very exciting time in nursing and healthcare. The past few years have impacted each of us individually and as a society in more ways than we could have ever anticipated. The pandemic has focused a spotlight on the inequities in our healthcare system like no other event ever has. While it has been 20 years since the Institute of Medicine published its groundbreaking report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”, we have not seen the healthcare community as committed to taking bold, meaningful steps to correct these disparities *as we are right now*.

You will see Cal State East Bay’s commitment to health equity throughout your nursing education. Over four semesters, you will take part in a Community Engagement series that will help you better understand how issues like housing, transportation, education, employment, local government, and laws impact the health of individuals and communities. You will have the opportunity to help us build a more inclusive and responsive nursing program as we work to apply principles of anti-racism in our nursing education and learning environments. You will learn the skills and techniques you will need to safely and confidently take care of a patient’s immediate and life-threatening needs, to see the whole picture that influences someone’s mental and physical health, and to become partners with patients to maximize their wellness. Your training will take you into community-based health centers, into hospital acute care units, and into people’s homes—all areas where nurses play important roles in preventing illness, managing chronic conditions, and promoting recovery.

Nursing students do not go on this educational journey alone—the friends, family and people who support you are incredibly important and will help you through rough times. You and your classmates are now members of a “nursing cohort”. I am confident that you will soon learn to trust, study with, and rely on those in your cohort, and in 2.5 years you will celebrate your graduation enthusiastically with this group of friends. Every single one of us in the Nursing Department is invested in your success, and I look forward to joining you on this journey!

Sincerely,

Monika Eckfield, PhD, RN, PHN
Chair of the Department of Nursing and Nursing Program Director

STUDENT AFFIRMATION FORM

I understand that as a nursing student I am not only a member of the Cal State East Bay community but also a member of a profession. As such, I recognize that it is my responsibility to uphold the core values of nursing as well as the nursing profession's Code of Ethics.

CSUEB Nursing Program: Core Values

Caring	Communication & Collaboration	Cultural Inclusivity	Critical Thinking
Evidence Based Practice	Professional Behaviors	Safety	Social Justice

Provisions of the American Nurses Association Code of Ethics

Provision 1	The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3	The nurse promotes, advocates for, and protects the rights, healthy, and safety of the patient.
Provision 4	The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
Provision 5	The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6	The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7	The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8	The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9	The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Please initial to affirm the following:

____I acknowledge that as a nursing student, I have a responsibility to act in a manner consistent with the essential attributes of the profession.
____I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses. This document is available to view here.

This handbook

____I have read the Nursing Student Handbook. I am aware that it contains information on topics including (but not limited to) program description, program requirements, and policies on student conduct, appearance, and academic performance. I am aware that it describes communication procedures for student concerns and resources available to me in my student role.
____I have been informed that information contained in the Nursing Student Handbook covers my rights and responsibilities as a nursing student at Cal State East Bay. I have been informed that it is incumbent on me to read and apprise myself of the information contained in the Handbook.

Privacy and Confidentiality

____I agree to protect the privacy of faculty, peers, patients and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a Cal State East Bay nursing student. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a Cal State East Bay nursing student. I will adhere to HIPAA guidelines.

STUDENT AFFIRMATION FORM (continued)

____I will not discuss or post information, photos, or videos that include patients or family members.
____I will not discuss or post any information, photos, or videos about faculty, peers, or any clinical facility on any electronic venue (i.e. Facebook, Instagram, Twitter, cellphones, etc.). Nor will I leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive. Please refer to the [Photo release form in this handbook]

Academic Integrity

____I will maintain and uphold the academic integrity policy of the Department of Nursing and will not condone or participate in any activities of academic dishonesty including, but not limited to, plagiarism (including self-plagiarism), cheating, stealing or copying another's assigned work, or lying about any situation.
____I understand that quizzes and examinations are confidential and I will not share questions nor answers with other students. Nor will I be party to disseminating confidential test information.
____I will not access, utilize, nor share test banks intended for faculty use.
____I will not take any portion (questions and answers) of examinations or quizzes for my own use nor will I post these materials in any form on public websites, applications, or social media platforms, regardless of privacy and sharing settings.
____I will not view assignments prepared by other students unless the instructor explicitly deems this acceptable and will only do so in accordance with standards provided by faculty.
____I will sign my own papers and other documents and will not sign any other student's name to anything, including class rolls.
____I will not allow any student access to any of my coursework for the purpose of copying.
____I will report any potential or actual breach of exam information to course faculty.
____I will cooperate in the event that the department is investigating a breach in nursing student conduct.
____I have read and agree to abide by the Department of Nursing's Social Media Policy and the National Council of State Boards of Nursing's A Nurse's Guide to the Use of Social Media.

Revised May 2023

Student's Signature:_____

Student's Printed Name: _____

Date: _____

PROGRAM INFORMATION

Mission Statement

The mission of the baccalaureate nursing program at Cal State East Bay is to prepare professional nurse generalists who are committed to the practice of nursing and responsive to the ever changing needs of the communities we serve. The program therefore seeks to provide an inclusive community of learning focused on the development of lifelong learners.

The nursing program supports and reflects the university mission of quality education for a diverse society. We value a diverse workforce, a diverse nursing student body, and culturally inclusive practitioners of nursing who are equipped to provide high quality care and have a transformative influence on nursing practice, healthcare environments, and the health of our community.

Cal State East Bay Nursing Core Values

I. *CARING*: We believe Caring is essential to the practice of nursing and seek to treat those we serve with sensitivity, respect, and empathy. We embrace the provision of holistic care through therapeutic relationships directed towards health, comfort and well-being.

II. *COMMUNICATION AND COLLABORATION*: We believe that open Communication and Collaboration require accountability, honesty, integrity, and respect for all participants. We seek to practice shared decision-making with our fellow nurses as well as inter-professionally.

III. *CULTURAL INCLUSIVITY*: We believe in the practice of Cultural Inclusivity, recognizing the rich diversity of humanity. We endeavor to honor that diversity by continually broadening our scope of care to include all members of our community and by modeling respect, sensitivity and equality for all.

IV. *CRITICAL THINKING*: We believe Critical Thinking is essential to nursing as a self-reflective and purposeful approach to thinking. We value the ability to make connections between patient data and acquired knowledge, leading to appropriate clinical interventions for our patient

V. *EVIDENCE BASED PRACTICE*: We believe in the use of Evidence Based Practice to guide our Nursing practice. We foster the integration of current research, clinical expertise, and the rigorous evaluation of the effectiveness of nursing interventions to make sound decisions in the care of our clients.

VI. *PROFESSIONAL BEHAVIORS*: We believe that Professional Behaviors encompass the knowledge, skills, and attitudes described by the Quality and Safety Education for Nurses (QSEN) and the American Nurses Association (ANA) Code of Ethics for Nurses. As professional, we model altruism, integrity, respect, accountability, responsibility, and ethical conduct. We promote lifelong learning for the advancement of professional Nursing.

VII. *SAFETY*: We believe Safety is of utmost importance to the practice of nursing and strive above all to prevent harm to our patients and ourselves while delivering quality healthcare. We promote theoretical and clinical preparation that encourages personal responsibility, open reporting of adverse events, and a system-wide approaches to error prevention.

VIII. *SOCIAL JUSTICE*: We believe Social Justice in nursing embodies the principles of fairness, equity, dignity and equal opportunity for health for all. We embrace a moral mandate to improve access to quality health care for the marginalized and under-served and to attend to those who are suffering inequities.

11/2013

Student Learning Outcomes

Students graduating with a B.S. in Nursing from Cal State East Bay will:

- Synthesize knowledge from the natural, behavioral sciences and the humanities with current nursing knowledge and theory to deliver nursing care;
- Provide safe, compassionate nursing care to a diverse client population;
- Use critical thinking and communication skills to develop partnerships with clients and other health care professionals;
- Demonstrate responsibility and accountability for design, delivery, and evaluation of client care;
- Demonstrate professional behaviors in interactions with clients, families, colleagues, and the community.

5/2014

Nursing Program Curriculum Goals

The graduate of the Cal State East Bay Nursing Program will:
1. Synthesize knowledge from the natural, behavioral sciences and the humanities with current nursing knowledge and theory to deliver nursing care
2. Provide safe, compassionate nursing care to a diverse client population.
3. Use critical thinking and communication skills to develop partnerships with clients and other health care professionals
4. Function as a client advocate in the health care system.
5. Teach clients about the health care system and restoration, maintenance, and promotion of health.
6. Use leadership and management skills to provide care in the context of nursing teams.
7. Use research findings to design high quality, cost-effective care.
8. Demonstrate responsibility and accountability for design, delivery, and evaluation of client care.
9. Practice in a manner consistent with the ANA Code of Ethics for Nurses.
10. Participate in processes designed to improve health care and health care delivery as an individual and/or as a member of a professional organization.
11. Demonstrate commitment to continuous learning to promote personal and professional growth.
12. Demonstrate professional behaviors in interactions with clients, families, colleagues, and the public.
13. Demonstrate computer competencies, information literacy, and information management systems that support safe nursing practice.

Nursing Program Philosophy

The primary purpose of the Cal State East Bay Nursing Program is to prepare competent beginning professional nurses. In that regard, the faculty believe that nursing includes provision of care and support to sick clients, facilitation of preventive health measures, and promotion of high levels of health.

Clients, whether they are individuals, families, groups, or communities, are multi-dimensional with physiologic, psycho-emotional, social, spiritual, and cultural experiences. All of these factors have bearing on client well-being directly or indirectly as they may influence health care and lifestyle decisions. Like client needs, the healthcare system is complex. The faculty thus believe that interdisciplinary teams, characterized by collaboration among a variety of professionals, offer the richest approach to client care. Nurses bring a distinct set of knowledge, skills, and caring to such teams.

The faculty believe that caring is an essential element of nursing and that it requires sensitivity to clients' health and comfort across the dimensions of human experience. Caring requires respect for clients and belief in their fundamental dignity. Caring includes a commitment to assisting/supporting others. A sense of altruism forms the basis of caring.

Professional nurses are educated at the Baccalaureate level and draw on the discipline of nursing as well as other disciplines to create an amalgam of knowledge necessary to guide practice. The faculty values contributions from biological and behavioral sciences as well as arts and humanities. The faculty supports nursing science as the chief means of developing a codified knowledge base for the profession. A broad general education, knowledge base in supportive disciplines, and focused content in nursing theory, research and practice prepares the professional nurse for autonomous and interdependent practice.

Nurses use the nursing process to guide decision making with clients. Effective use of the nursing process requires communication and critical thinking skills such as analysis, interpretation, and drawing inferences from assessment data. The primary goal of the nurse in interaction with clients and other professionals is to promote adaptive exchanges. People are in constant interaction with their internal and external environments, but adaptive exchanges with the environment are those that move clients closer to ideal health: the best possible level of function, a sense of safety, and a satisfactory level of challenge. Adaptive exchanges are also characterized by willingness to change and to seek accommodation from others. Nurses support adaptive exchanges by intervening in the process by which health problems or barriers to health evolve. Nurses may eliminate problems or barriers to health, Increase the client's resistance to problems/barriers, and/or assist the client in dealing with the consequences of the problem. Nurses also may recruit others to intervene in the client's behalf or support the client's own efforts to help him, herself.

Regardless of the number and types of interventions, professional nurses are mindful that client values must be taken into account when assessing their health status and establishing objectives of care. Thus, clients have the right to participate in health care decisions and may need assistance from nurses to access, interpret, and evaluate the plethora of information available in today's world of instant communication. Nurses provide care, promote health, and act as clients' teachers, consultants, and advocates in supporting adaptive exchanges.

The health care environment today is characterized by unprecedented opportunities for intervention but also growing health care costs. Access to health care is a problem for people at various socioeconomic levels and systems are often difficult to navigate for those who have access. In this context the faculty believe that health care is a right and the nursing profession has a responsibility to defend this right through client support, education, advocacy, and individual or collective involvement in formulation of health policy. Assisting clients with transitions across care environments is an example of helping clients navigate systems safely. Engaging communities as clients offers nurses an opportunity to identify problems in health care delivery and improve them for a discrete group of individuals. Nurses can help shape health policy by engaging in political processes related to health care delivery as individuals and/or as members of professional organizations.

Professional nurses are accountable for care they provide for individual clients as well as aggregates of clients. The faculty believe that delivery of high quality, cost-effective care requires that professional nurses use research findings establishing the efficacy of interventions. Nurses then must evaluate outcomes for their clients and client groups and provide leadership in improvement of client care.

The faculty believe that nurses are responsible to present themselves to the public and other health care providers as nursing professionals. This requires continuous learning pertinent to holistic client care. Professional nurses also recognize the role of appropriate values and ethics in clinical practice and decision-making and continually develop their personal systems of client protective values and ethical frameworks consistent with the American Nurses Association [ANA] Code of Ethics for Nurses. The maturation of one's values and ethics is facilitated by self-evaluation and self-awareness. Only when nurses' values and ethics are explicated and evaluated can they be consciously brought to bear on professional communication and clinical decisions.

As teachers of professional nursing, the faculty sees learning as a reciprocal process between learner and teacher that results in behavior change. The faculty appreciates the diversity of students in terms of cultural backgrounds, ethnicity, lifestyles, goals, and age groups. All such factors create variety in students' life demands, supports, learning needs. The faculty value the richness and opportunity for learning that such diversity brings to the student group. Faculty recognize the need to support students' efforts to balance their lives with formal learning to maximize student success. At the same time, faculty appreciate the importance of nursing education to the quality of future practice and thus, maintain high standards for student achievement.

As designers of the structure in which learning takes place, faculty recognize that student learning styles differ. Because the faculty believe that active student involvement facilitates learning, we vary learning activities in order to address differing learning styles and engage students in active learning.

California State University East Bay (CSUEB) Department of Nursing Position on Anti-Racism

Cal State East Bay's (CSUEB) Department of Nursing acknowledges that structural racism is a reality in our society, institutions of higher education, health sciences, and healthcare. This acknowledgment requires that we apply the principles of anti-racism to dismantle the negative and divisive impact of racism in all forms in our program including, but not limited to, admission policies, program curricula, and priorities of our committees. We recognize that anti-racism in nursing education will positively impact the experiences and wellness of communities beyond our program. Therefore, CSUEB Department of Nursing holds a commitment to diversity, equity and inclusion in a manner that prepares our graduates to personally and collectively contribute to a future where health equity is a reality.

CSUEB's Department of Nursing resolves to:

- Nurture and maintain a culture and environment of accountability where students, staff, and faculty can work and learn free from racism and any accompanying forms of oppression including, but not limited to, sexism, transphobia, ableism, and ageism.
- Contribute to a more diverse and inclusive nursing education and workforce pipeline
- Value lived experiences of learners and colleagues when considering various charges and priorities of committees, boards, and curricular planning
- Uphold a commitment to full engagement and respect in learning settings (classroom, skills lab, clinical, field days, etc.)
- Systematically design, introduce, and integrate learning materials, clinical evaluations, pedagogical approaches, and learning experiences consistent with anti-racism and cultural humility.
- Encourage research and service activities that put anti-racism into practice.
- Maintain an oversight committee that ensures that our stated intentions are put into action, are effective, transparent, and are adapted as needed.

Approved 5/20/2021

NURSING DEGREE PROGRAMS

PRE-LICENSURE CONCENTRATION

Generic BSN Program Roadmap

****Simulation integrated into each Practice Course*

	Semester 1	Units
NURS 310	Foundations of Professional Nursing	2
NURS 311	Nursing Interventions 1	1
NURS 314	Mental Health and Psychiatric Nursing	2
NURS 315	Mental Health and Psychiatric Nursing Practice	2
NURS 312	Health Assessment	2
NURS 313	Health Assessment Lab	1

NURS 316	Clinical Pathophysiology	3
NURS 317	Community Engagement Nursing 1	1
	Total Semester Units	**14**
	Semester 2	
NURS 320 NURS 321 NURS 323	Nursing Care of Adults 1 Nursing Interventions 2 Nursing Care of Adults 1 Practice	2 1 4
NURS 322	Aging in Health and Illness (Geriatric Theory)	2
NURS 326	Pharmacology for Nursing Practice	2
NURS 327	Community Engagement Nursing 2	1
HDEV 380	*Human Development (UD-D)*	3
	Total Semester Units	**15**
	Semester 3	
NURS 410 NURS 411	Maternity Nursing Maternity Nursing Practice	2 2
NURS 412 NURS 413	Pediatric Nursing Pediatric Nursing Practice	2 2
NURS 414	Legal Issues in Nursing Practice	1
NURS 415	Transitions of Care (Continuum)	1
NURS 417	Community Engagement Nursing 3	1
HIST 477	*History of Nursing (UD-C)*	3
	Total Semester Units	**14**
	Semester 4	
NURS 420 NURS 421	Nursing Care of Adults 2 Nursing Care of Adults 2 Practice	2 4
NURS 422	Evidence Based Practice and Nursing Research	2
NURS 423	Professional Issues in Nursing	2
NURS 427	Community Engagement Nursing 4	1
	Upper Division Science (UD-B)	3
	Total Semester Units	**14**
	Semester 5	
NURS 450 NURS 451	Community Health Community Health Practice	2 2
NURS 452 NURS 453	Preceptorship Seminar Preceptorship Practicum	1 4
NURS ELE	Elective	2
	Total Semester Units	**11**
	SEMESTER UNITS FOR MAJOR	**68**

Human Development Requirement Policy and Procedure

Description:
Students must complete a course in Lifespan Human Development as part of their course requirements for the nursing major.

Policy:
Students must successfully complete a course in Lifespan Human Development prior to entering semester 3 of the nursing program. Students can meet the Lifespan Human Development requirement in one of the following ways:

1) Complete a Lifespan Human Development course at another institution. Such course must be approved by the Department of Nursing and be at least the equivalent of three semester units. If the student chooses this option, the student will need to complete an alternate Upper Division Social Sciences "D" course (UD-D) to meet the Cal State East Bay GE requirement.

OR

2) Complete HDEV 380 at Cal State East Bay.

Procedure:

1. Student transcripts will be reviewed with the student during their first advising appointment during Semester 1.
2. If the student has completed a Lifespan Human Development course, the faculty advisor will determine if the course is approved by the Department of Nursing using the Approved Lifespan Human Development course list. If it is an approved course the student record will be updated to reflect that this requirement has been met.
3. If the Lifespan Human Development course is not on the Approved Lifespan Human Development course list, the student will be asked to provide a copy of the Lifespan Human Development course description and/or syllabus for review. The course and/or syllabus and request for review and approval will be forwarded to the department Chair. If the course meets the content requirement, the department Chair will notify the faculty advisor who will then update the student's record to reflect this requirement has been met. The faculty advisor will notify the student that requirement has been met and that the student will need to complete an alternate UD-D course to meet the Cal State East Bay GE requirement.
4. The chair will add the newly approved course to the Approved Lifespan Human Development course list.

Approved 5/2/19

Nursing Electives

1. *NURS 302 Success in Nursing (1U)*
   This seminar course explores learning strategies for the applied science of nursing by means of written and oral communication activities relevant to nursing major courses

2. *NURS 491 Environmental Health Nursing (2U)*
   This course explores how the environment impacts our health and how we impact the environment. Emphasis is put on medical waste/sustainability, climate change and environmental justice, and the role of the nurse in mitigating and responding to environmental health issues.

3. *NURS 492 Global Health Nursing (1U)*
   This course gives an overview of global health in nursing. Students will have the opportunity to read, interpret and evaluate concepts in global health to increase their knowledge, skills, and attitudes regarding global health

4. *NURS 493 Nursing Research in Global Health (1U)*
   In this overview of global health nursing research course, students will read, interpret and evaluate global health research publications. Emphasis is on women and infant health issues and critical analysis of research.

5. *NURS 494 Essentials of Critical Care Nursing (2U)*
   This course explores medical and nursing management of adult patients with multiple, complex medical and surgical diagnoses in various types of critical care units.

6. *NURS 495 Palliative Care in the Community (2U)*
   This course introduces concepts of palliative and hospice care. Students participate in collaboration and practice with a service partner to provide quality, interpersonal care to end-of-life patients and their families in the community.

7. *NURS 496 Introduction to Healthcare Informatics (1U)*
   The course surveys health care informatics issues and the technologies used in nursing practice, research, and administration.

8. *NURS 497 Current Issues in Professional Nursing (2U)*
   This is a discussion-based course that explores a variety of current issues in nursing using Quality and Safety Education in Nursing as a framework. Topics may include: violence in the workplace, opportunities in research and service, current research projects, and healthcare.

BSN Program Semesters 1 & 2: General Information

I. Theory and Lab Courses

NURS 310, 311, 312, 313: Foundations of Professional Nursing, Nursing Interventions 1, Health Assessment & Health Assessment Lab
The first theory courses in the major are Nursing 310/311. All the basic social/behavioral frameworks used by nurses are introduced in this lecture course. Nursing Support of Community-Based clients consists of field work such as health promotion with a well elders. Students also meet in small groups to be coached and learn how to apply theories to nursing practice with well people. Finally, Semesters 1 & 2 Interventions I is a laboratory course in which basic techniques of nursing practice are taught. These courses will lay a foundation for concepts and skills necessary to planning and delivering patient care.

NURS 320, 321, 323: Nursing Care of Adults 1, Nursing Interventions 2, and Practice
Nursing care delivery for patients and families experiencing mild to moderate alteration in health /function. Concepts and principles necessary to anticipate, identify, and meet universal bio psychosocial adaptation needs for nursing in healthcare context. Physical Assessment skills are taught in the laboratory.

NURS 314, 315: Mental Health and Psychiatric Nursing and Practice
This clinical practicum provides students with experience assessing the mental health of clients, developing patient centered nursing plans of care, implementing interventions, and evaluating client outcomes. Emphasis is on the development of therapeutic relationships.

II. Evaluation

Theory course evaluations consist of multiple choice examinations and written papers. Clinical practice courses are evaluated according to specific behavioral objectives. The clinical instructor at the end of each rotation has a conference with the student and together they complete a written evaluation. Skills lab course grades are determined by multiple choice tests and skills performance scores.

III. Other Nursing Courses

NURS 316: Clinical Pathophysiology
This course focuses on human pathophysiology, its etiology, diagnosis, and the physiologic rationale for treatment of multiple system disease, entities, and/or failures.

NURS 326: Pharmacology
This course provides an understanding of the pharmacological basis for nursing practice. Students learn: 1) concepts of pharmacology that guide all drug use; 2) the major classes of drugs, with emphasis on mechanisms of action; and 3) patient care

implications based on an understanding of the pharmacological aspects of specific drugs.

NURS 322: Aging in Heath and Illness
This course will explore theories of aging, health problems common in the aging individual, and knowledge and skill acquisition needed to care for these patients

NURS 317, 327: Community Engagement Nursing(1, 2)
(1) This seminar course is focused on the delivery of culturally inclusive community-based healthcare, selected issues in primary care and health promotion. The course includes both in-class sessions and field experience in a community health facility or elder health site.
(2) Seminar focused on delivering culturally inclusive, community-based health care and on disparities in chronic care and health care outcomes. Includes both in-class sessions and field experiences in community health facilities and facilities serving older adults.

BSN PROGRAM-Semesters 3 & 4: General information

I. Theory And Practicum Courses

There are three clinical theory and practicum courses in the second year of the BSN program. Each student must successfully complete all semester 3 & 4 courses before advancing to semester 5. Theory meets for two hours/week, clinical hours are 12 hours/week for 15 weeks. The clinical practicum and the corresponding theory course must be taken concurrently.

NURS 410/411: Maternity and Newborn Nursing & Practice
These courses examine concepts related to the care of antepartal, intrapartal, postpartal and neonatal patients and families. The focus is developing knowledge, skills, and attitudes for evidence-based maternity nursing. The clinical practicum helps students apply concepts related to the care of antepartal, intrapartal, postpartal and neonatal patients and families. The focus is application of knowledge, skills, and attitudes for evidence-based maternity nursing practice.

NURS 412/413: Pediatric Nursing & Practice
These courses are designed to provide essential knowledge in the design and delivery of care and integration of the growth and development principles, health promotion, disease prevention, and recuperative care to the child with acute and chronic illnesses and their families The practicum is designed to provide the student with clinical experience in nursing care and management of the pediatric patient and their families with complex medical and surgical health care needs, including simulation experience.

NURS 420/421: Nursing Care of Adults 2 & Practice
These courses focus on nursing care of adult patients, and their families who are experiencing complex acute and chronic illness requiring medical and surgical interventions. The clinical practicum offers students experience in providing nursing care to adult patients, and their families, with complex illnesses in acute care settings, including simulation experience.

II. Clinical Requirements

A. Hospital facilities used may include the following:

- Alta Bates Summit Hospital, Berkeley
- UCSF Benioff Children's Hospital, Oakland
- Contra Costa Regional Medical Center, Martinez
- Eden Hospital, Castro Valley
- Fremont Hospital, Fremont

- John Muir Health, Concord, Walnut Creek
- San Ramon Medical Center, San Ramon

B. Equipment and uniforms

- Full uniform is expected of each student. (See “Guidelines for Professional Appearance”). Each agency has slightly varying regulations. Helpful items are: stethoscope, small notebook for pocket, and pen with black ink.
- If you visit an agency at other than assigned clinical times, you must be dressed in clean, neat, conservative clothing. A white lab jacket is to be worn and your Cal State East Bay name pin must be affixed. Professional decorum is expected.

III. Evaluation

Theory course evaluations consist of multiple choice examinations and written papers. Clinical practice courses are evaluated according to specific behavioral objectives. The clinical instructor at the end of each rotation has a conference with the student and together they complete a written evaluation. Skills lab course grades are determined by multiple choice tests and skills performance scores.

IV. Other Nursing Courses

NURS 414: Legal Issues in Nursing Practice
This course is designed to acquaint the student with major legal concerns within the nursing profession today and with her/his rights and duties as a nurse. The course is also intended to serve as a catalyst for continuing examination of her/his legal status in this changing world. Topics highlighted in the course include standards of care, legal significance of expanded roles, nursing negligence, the nurse's role in deposition and trial, rights and obligations as an employee, patient rights, responsibilities towards the public at large, ethical dilemmas in nursing today, and legal issues of tomorrow's nurse. The student is expected to demonstrate knowledge of the impact law has on her/his role and responsibilities as a nurse and on the nursing profession. Demonstration will be through a midterm, one paper, and a final examination.

NURS 415: Transitions of Care
This course addresses key concepts of the transitions of care framework and related content on health care history, financing, care settings, nursing case management and coordination of care.

NURS 417, 427: Community Engagement (3, 4)
(1) This is a seminar course that focused on delivering culturally inclusive, community based healthcare and on disparities in health outcomes for families and children. Includes both in-class sessions and field experiences.
(2) This seminar focuses on the delivery of culturally inclusive, community-based healthcare and selected issues of disparities in health outcomes for adults with

chronic or complex illness. Includes both in-class sessions and field experiences in settings serving adults.

NURS 422:Evidence Based Practice and Nursing Research
This course focuses on appraisal and integration of research evidence, evaluation of outcomes, development of evidence-based practice, and critique of quantitative and qualitative healthcare research with an emphasis on research utilization.

NURS 423: Leadership in Nursing
This course engages students in leadership and management theory and application to healthcare issues and nursing practice.

HIST 477 (C4) History and Trends in Nursing
This course is taught through the History Department, School of Arts, Letters & Social Sciences. This course is an introduction to both the history of nursing and its current applications and trends. A general picture of nursing's past, present, and future are presented. Nursing is viewed in contrast with other health professions. Considered are the changing roles of the nurse along with expectations of ethical behavior. Included are problems of confidentiality, relationships, and the nurses' code of conduct. Also presented are the importance of the historical aspects of ethics and professionalism.

NURS 490 Independent Study (1-2U)
Students may apply no more than 12 units of IS in the major department and 8 units in other departments toward a baccalaureate degree.

BSN PROGRAM- Semester 5: General Information

I. Theory and Practicum Courses

NURS 450/51 Community Health & Practicum
This course explores population-focused approaches to community health promotion, disease prevention and integration of complex concepts in community health systems and policies.

The practicum course applies concepts related to health promotion and disease prevention at the individual, family, community and systems levels. The focus is to promote health equity by addressing social determinants of health through the application of the nursing process. Students are assigned in clinical groups to a specific clinical agency, just as year 2. The clinical groups meet two days a week. Students need a car or other means of transportation to visit the homes of assigned clients. Clinical evaluation is credit/no credit. Expected clinical behaviors are identified in a written clinical evaluation in the syllabus. Dress: Conservative street clothes.

NURS 452/53 Preceptorship Seminar & Practicum
The Preceptorship is an intensive clinical experience that integrates nursing knowledge gained in all previous coursework. It assists students in making the transition from the academic to the professional work world. In the seminar course, students participate in a weekly on campus class activities designed to assess clinical competence and prepare for the NCLEX-RN Licensing Examination.

In the Preceptorship Practicum course the student will complete 180 hours consisting of two 12-hour or three 8-hr shifts per week which are spent in a clinical setting with a RN Preceptor over an 8 week period for half the Semester. A faculty liaison meets regularly with the student and Preceptor at the clinical facility. Students are advised not to take other classes concurrently with preceptorship. Many agencies have rotating shifts, which make it difficult to schedule other classes. A reduction in employment responsibilities is also advised.

Details of the preceptorship application procedure and clinical placement are distributed to students during informational meeting for incoming senior level students.

Cal State East Bay NURSING PRE-LICENSURE PROGRAM
LVN-BSN Pathway
Program Requirements

The LVN-BSN Pathway is offered to any applicant with extensive medical knowledge and/or experience in the following field: Licensed Vocational Nurse (LVN). This program is open to those who would like to further their education to obtain the Baccalaureate Degree in Science of Nursing. Upon completion of the LVN-BSN Pathway, the student is qualified to take the National Council Licensure Examination (NCLEX-RN) and apply for the California Public Health Nursing Certificate. Interested candidates first must apply to the Pre-Licensure Program following standard admission criteria.

I. *Prerequisite Courses* (28 semester units)
1) BIOL 270, 271, 230 (12)
2) CHEM 161 or 165 (4)
3) COMM 100 or 104 (3)
4) ENGL 102 (3)
5) STAT 100 (3)
6) A course in Critical Thinking such as PHIL 100 (3)

II. *Non-Nursing Courses* (12 semester units)
1) PSYC 100 (3)
2) ANTH 100 (or 130) or SOC 100 (3)
3) HDEV 380 (3)
4) HIST 477 (3)

III. *Nursing Courses** (59 semester units)
1) Semester 1 & 2: NURS 310, 311, 314/15, 312/13, 316, 317, 321, 322, 320/323, 326, 327 (26 semester units)
2) Semester 3 & 4: NURS 410/11, 412/13, 414, 415, 417, 420/21, 422, 423, 427 (22 semester units)
3) Semester 5: NURS 450/51, 452/53 + NURS elective(s)(11 semester units)

*Please also refer to Generic BSN program roadmap & general information (pp 13-21) and Credit for Previous Learning and/or Experiences (pp 41-42).

Total Semester Units for B.S. degree = 120

Cal State East Bay NON-DEGREE CERTIFICATE PROGRAM

LVN- RN LICENSURE OPTION

The “30 Unit Option” allows LVNs to sit for the NCLEX-RN (RN licensing exam) after successfully completing courses for 30 semester units. This program does not meet Cal State East Bay graduation requirements or admission requirements for the Nursing major. Students must declare their intent to enroll in this option to the Chairperson of the Department of Nursing prior to the nursing program application deadline. Clinical placement is offered on a space available basis. Students must also make an appointment with a Nursing advisor prior to the nursing program application deadline. Each applicant's previous education and work experience will be individually assessed.

The resulting RN license would be valid in California. It is important for students to understand that taking the NCLEX after completing the LVN-30 unit option means that your license to practice nursing may not be recognized in all 50 states.

Requirements

1. High school graduate or equivalent.
2. Current licensure as a vocational nurse in California.
3. Admission to the University as an “Undeclared Major”.
4. Completion of all health requirements.
5. Current malpractice insurance
6. Satisfactory completion of the following courses:

Prerequisites

BIOL 271 (Physiology) 4 units (with laboratory)

BIOL 230 (Microbiology) 4 units (with laboratory)

Nursing Prefix Courses – Take After Approved For Program

NURS 314/315 (Mental Health and Psych Nursing) 4 units

NURS 322/323 (Nursing Care of Adults I / Aging in Health & Illness) 6 units

NURS 420/421 (Nursing Care of Adults II / Medical/Surgical) 6 units

NURS 423 (Leadership in Nursing) 2 units

NURS 453 (Preceptorship Practicum) 4 units

NURSING DEGREE PROGRAMS

POST-LICENSURE CONCENTRATION

ADN/RN-BSN Program

Program Requirements

**All Policies and Procedures in the Student Handbook apply to Post-Licensure students. **

I. Prerequisite Courses (28 units)

1) BIOL 270, 271, 230 (12)
2) CHEM 161 or 165 (4)
3) COMM 100 or 104 (3)
4) ENGL 102 (3)
5) STAT 100 (3)
6) A course in Critical Thinking such as PHIL 100 (3)

II. Non-Nursing Courses to be completed prior to or concurrently (12 units)

1) PSYC 100 (3)
2) ANTH 100 (or 130) or SOC 100 (3)
3) HDEV 380 or other approved lifespan / human development course (3)
4) HIST 477 (3)
5) *any additional lower division GE will need to be completed prior to graduation*

III. Proof of completion of NCLEX exam (15 upper division units)

IV. NURS prefix courses (26 upper division units)

V. Upper Division GE (9 upper division units)*

*See Progression Guide next page.

Total units for B.S.N. degree = 120 (including up to 70 transfer units)

Post-Licensure Program Course Progression Guide

I. Post-Licensure Program = 35 units (26 NURS prefix units and 9 GE units)

Add 1-2 courses from list below each semester in addition to NURS classes. Do not exceed 17 units. It is highly recommended to take these courses when your unit load is lightest.

1) HIST 477 (3) *major requirement*
2) HDEV 380 (3) *major requirement*
3) Upper Division Science (GE Area UD-B) (3) *not required for 2nd Bachelors*

Below is the roadmap for part-time enrollment for incoming students fall 2021-2022

Course #	Semester 1 (Fall)	Units
NURS 423	Leadership in Nursing (online)	3
NURS 360	Transition to Professional Nurse Role (online) (Incorporate Professional Writing)	4
HIST 477 (GE) **OR** HDEV 380 (GE) **OR** Upper Division B (GE)	History and Trends in Nursing **OR** Lifespan Human Development **OR** any Upper Division B (GE)	3
	Total Units	**4-10**
	Semester 2 (Spring)	
NURS 361	Health Promotion for Diverse Populations (online)	3
NURS 422	Evidence Based Practice and Nursing Research (online)	2
NURS 316	Pathophysiology (online)	2
HIST 477 (GE) **OR** HDEV 380 (GE) **OR** Upper Division B (GE)	History and Trends in Nursing **OR** Lifespan Human Development **OR** any Upper Division B (GE)	3
	Proof of ADN degree DUE by end of Spring 2022; Total Units **Proof of NCLEX / RN license by start of Fall 2022**	**7-10**
	Semester 3 (Fall)	**Units**
NURS 363	Health Assessment for the RN (Lab) (online)	1
NURS 415	Transitions of Care (online)	1
HIST 477 (GE) OR HDEV 380 (GE) OR Upper Division B (GE)	History and Trends in Nursing OR Lifespan Human Development OR any Upper Division B (GE)	3
NURS ELE*	Elective(s)	1-2
	Total Units	**3-7**
	Semester 4 (Spring)	
**NURS 450	Community Health (online) *Limited space may be available in following fall term, case by case*	2
**NURS 451	Community Health Practice (in-person) *Limited space may be available in following fall term, case by case*	2
NURS 499	Capstone Project (online)	4
NURS ELE*	Elective(s)	1-2

Post-Licensure Capstone Project

The capstone project (NURS 499) is taken during summer term for intensive students and during spring term (second year) for part-time students.

If students are working as an RN by the time this class begins, they will develop a project at their place of work, approved by both instructor and manager. If students are not yet working as an RN, they will complete a project to satisfy class requirements through volunteer experience. **Students are responsible for making all of the arrangements**.

At the end of the term, students will present their project to classmates.

Some detail and suggestions for the project:

Through this opportunity, students can develop a new role or analyze their work/volunteer setting for learning activities in collaboration with agency staff and course faculty. They will write a project proposal and implement the project on-site. Suggested activities include development of clinical pathways; development of quality management tools; preparation of staff and/or client educational materials; educational presentations; professional practice committee service; interdisciplinary collaboration; participation in regulatory agency evaluation. Students can work with a manager, CNS, educator, or researcher to develop an educational, quality improvement, leadership, or research project. Course faculty and the student's manager must approve the project.

If not yet working as an RN, students can volunteer at any healthcare organization such as a clinic, blood bank, homeless shelter, or local hospital in the education department.

Cal State East Bay NURSING PROGRAM

STUDENT POLICIES AND PROCEDURES

General Information

The faculty has prepared policies and procedures by which many activities in the Nursing Program are governed. They are presented in this section of the student handbook for your information and reference. If a policy is developed or amended during the school year, students will be notified by announcements in class as well as distribution of written copies of it. The date the new/amended policy takes effect also will be announced and described in the written version.

Nursing Student Health Documentation

During your study in the Nursing program, you will visit partner facilities that mandate students meeting certain health requirements. In order to comply, we must have your current health documentation on file when you start the program.

It is the student responsibility to keep track of all the listed requirements and submit proof of **currency** throughout the program. The Department and partner facilities have the right to decline your participation if you are not in compliance for any requirement.
For approval to participate in Nursing program, electronically submit these items by deadline to the nursing office.

I. Health-Related Items And Renewal Requirements

1) BLS CPR Certification
2) First Aid Certification - *Pre-Licensure students upon entry only* - renewal ***not*** required
3) TB clearance - renew annually
4) Flu vaccination - renew annually
5) Health Insurance
6) Physical Exam-upon entry
7) MMR (Rubeola, Rubella, Mumps) titer proving immunity
8) Varicella titer proving immunity
9) Hep B titer proving immunity
10) Tdap immunization- renew every 10 years
11) Additional requirements based on unique facility-specific requests
    a. N95 Mask Fitting & Clearance – *Pre-Licensure students only*

II. Department Requirements

1) Clear Background Check (Through dept. designated agency only)
2) Negative Drug Screening (Through dept. designated agency only)
3) Signed Student Handbook Affirmation Page
4) HealthStream Modules – *Pre-Licensure students only,* renew annually
5) Additional (Non-Health Related) forms: Sigma Consent Form, Photo Release Form

For Post-Licensure Students only, in addition to above:

1) Proof of California RN License
2) Program Status Contract

For Community Health Course Only- Submit proof of valid Driver's License and Auto Insurance to Instructor before 1st day of class. *4/2018*

Essential Functions: Physical And Mental Qualifications

A student with a disability that is requesting accommodations has to be registered with the Accessibility Services office at Cal State East Bay. It is to the student's advantage

to do this as soon as possible in the term to ensure that approved accommodations can be granted in a timely manner.

There are essential functions or abilities necessary for admission and progression in the complex discipline of nursing at Cal State East Bay. To matriculate or progress in the nursing curriculum, the candidate must be able to perform all of the essential functions. The Department of Nursing follows the Cal State East Bay nondiscrimination policy, and students requesting accommodations should contact the Accessibility Services office. These essential functions include, but are not limited to, the following:

A. Critical Thinking

A student must demonstrate critical thinking ability sufficient for clinical judgment.

1. Make effective clinical decisions.
2. Identify cause and effect relationships with clinical data.
3. Develop nursing care plans.
4. Perform math calculations requisite to safe dosage calculations and medication administration.
5. Read, synthesize, analyze, evaluate, and integrate material in the classroom and the clinical setting.

B. Professional-Ethical Conduct

A student must possess the ability to reason morally and practice nursing in a professional and ethical manner.

1. Demonstrate integrity, honesty, responsibility, and tolerance.
2. Abide by professional standards of practice.
3. Deliver compassionate care to all patient populations.

C. Interpersonal Skills

A student must demonstrate appropriate interpersonal abilities while interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

1. Communicate effectively and sensitively with other students, faculty, staff, patients, families, and other professionals.
2. Demonstrate willingness and ability to give and receive feedback.
3. Develop mature, sensitive, and effective relationships with clients.
4. Establish trust and rapport with clients and colleagues

D. Communication

A student must have the ability to clearly communicate in oral and written forms, and to effectively interpret communication with others.

1. Use appropriate grammar, vocabulary, and syntax.
2. Effectively communicate nursing actions.
3. Appropriately interpret client responses.
4. Initiate health teaching.
5. Demonstrate accurate nursing documentation.

6. Accurately report patient information to members of the health care team

E. Mobility and Stamina

A student must possess sufficient gross and fine motor skills and endurance to provide safe and effective nursing care in all health care settings.

1. Perform basic life support, including CPR.
2. Function in an emergency situation.
3. Safely assist a patient in moving (e.g., from wheelchair to commode, from chair to bed, lift and transfer from gurney to bed).
4. Calibrate and use equipment.
5. Perform treatments and procedures.
6. Apply pressure to stop bleeding.
7. Manipulate diagnostic instruments to adequately perform all aspects of a physical assessment.
8. Sit, stand, and move about in patient environments for 12 hour periods.

F. Tactile

A student must have sufficient tactile ability to perform a physical assessment of a patient and to perform procedures necessary for nursing care.

1. Perform palpation and other functions necessary for a physical exam.
2. Assess texture, shape, size, and vibration.
3. Note temperature changes in skin and equipment.
4. Perform therapeutic functions (e.g., inserting a urinary catheter or IV, change dressings, give medications).

G. Auditory

A student must have sufficient auditory ability to effectively monitor and assess health needs of patients.

1. Hear cries for help.
2. Hear alarms on equipment and overhead codes.
3. Hear auscultatory sounds using a stethoscope.
4. Hear and interpret verbal communication from patient
5. Communicate over the telephone.

H. Visual

A student must possess visual ability for observation and assessment necessary in nursing care.

A. Observe patient responses (e.g. changes in skin color, grimaces).
B. See drainage on dressings and note characteristics of body fluids.
C. Note fluid levels in collection devices, syringes and infusion devices.
D. Read gauges that monitor patient progress (e.g. sphygmomanometer).
E. Discriminate colors for diagnostic purposes.
F. Assess movements of patients.
G. Observe patient behavior (e.g. in rehabilitation or psychiatric facilities).

I. Behavioral-Emotional Health

A student must possess the emotional health required for full use of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the care of patients.

1. Maintain mature, sensitive, and effective relationships with patients, students, staff, faculty, and other professionals under even highly stressful situations.
2. Experience empathy for the situations and circumstances of others and effectively communicate that empathy.
3. Be willing to examine and change his or her behavior when it interferes with productive individual or team relationships.
4. Prioritize competing demands.
5. Function in stressful circumstances.
6. Separate own needs and experiences in order to maintain objectivity and client-centered care.
7. Adjust to changing circumstances.
8. Plan effectively and complete all assigned duties carefully.
9. Communicate over the telephone.

12/2013

Delivery Of Health Care: Student Rights And Responsibilities

I. Students have the right to know their patients' diagnoses/suspected diagnoses in a timely fashion in order to make an appropriate nursing care plan and to take

necessary precautions to minimize the risk of contracting or spreading disease. In settings where specific patient assignments are made at the beginning of the clinical shift, learning activities are designed to prepare students for types of conditions that they are likely to encounter prior to their arrival in the setting.

Although the student is not expected to take life-threatening risks in caring for clients, it is not acceptable to abandon any client based on age, religion, gender, ethnicity, or sexual orientation.

II. Skills Performance In Semester 1-4 Clinical Agencies Policy

1) Students are expected to have been checked off on psychomotor skills in Intervention courses before performing them in clinical agencies.

2) Faculty may elect to guide a student through a skill which has not been checked off.
3) Agency staff may NOT guide students through a skill that has not been checked off.

4) Generally, for skills that have been checked off, faculty will observe students performing them for the first time.

5) With faculty consent, agency staff may be allowed to observe the first performance of skills that have been checked off. Faculty must be consulted as these situations arise.

6) Students may OBSERVE those treatments/activities which they have yet to complete in the skills lab with faculty, patient, and staff consent.

7) Failure to follow these guidelines will be considered unsafe practice and can lead to a NC grade in clinical laboratory with immediate dismissal from the course (see “Protocol: Response to Substandard Clinical Behavior” item #4).

This policy applies to ALL students including those who hold LVN licenses or CNA certification. The <u>Rationales are:</u>

- Completing a treatment or skill on a patient without sufficient preparation constitutes a PATIENT SAFETY ISSUE. Doing so needlessly exposes the patient to risk of injury. Such conduct also needlessly exposes the student and the nursing program to liability.
- Completing a treatment or skill on a patient without sufficient preparation constitutes a BREACH OF PROFESSIONAL ETHICS in that all nurses

(including students) are obliged to refuse to give care for which they are unprepared and therefore potentially unsafe.

III. In the context of the Cal State East Bay Nursing Program, “sufficient preparation” is defined as the requirements for skills outlined in the Years 1 and 2 Intervention courses and syllabi (i.e., scantrons and skills demonstrations must be satisfactorily completed as required in these courses).

Students With Disabilities Or Limitations

The Department of Nursing follows the Cal State East Bay nondiscrimination policy, and students requesting accommodations in the classroom or in clinical internship placements must be registered with the Accessibility Services office. It is to the student's advantage to meet with their Accessibility Services counselor prior to the start of term in order for AS and the Nursing Program to collaborate on reasonable accommodations. Students requesting accommodations must demonstrate their ability to meet the Essential Functions. For more information see the Accessibility Services web page at:
http://www20.csueastbay.edu/af/departments/as/

If, after admission to the nursing program, a student develops a physical or mental disability that limits his/her ability to meet the Essential Functions, it is the student's responsibility to bring this information to the attention of the clinical faculty before they begin the clinical course. If unable to meet the clinical course objectives, the student will not be allowed to participate in clinical activities. The student must provide documentation from their physician prior to returning to clinical which states that the student is able to meet the Essential Functions.

Sample Physician's Statement Form can be found in Appendices.

University Policy on Academic Dishonesty

The University, like all communities, functions best when its members treat one another with honesty, fairness, respect and trust. Students should realize that deception for individual gain is an offense against the members of the entire community, and it is their

responsibility to be informed of University regulation on Academic Dishonesty by reading the catalog. It is a duty of faculty members to take measures to preserve and transmit the values of the academic community in the learning environment which they create for their students and in their own academic pursuits. To this end, they are expected to instill in their students a respect for integrity and a desire to behave honestly. They are also expected to take measures to discourage student academic dishonesty, to adjust grades appropriately if academic dishonesty is encountered, and, when warranted, to recommend that additional administrative sanctions be considered. Grading policies are the exclusive prerogative of the faculty; administrative sanctions are under the authority of the Student Disciplinary Officer (SDO). This document provides policies and procedures to be followed when academic dishonesty is encountered.*

Examples of Academic Dishonesty (not exhaustive)

1.1 **Cheating**

1.1.1 Possessing unauthorized notes, crib sheets, additional sources of information, or other material during an examination.

1.1.2 Copying the work of another student during an examination, or permitting another student to copy one's work during the examination.

1.1.3 Taking an examination or any portion of a course for another student; writing a paper, lab report, computer program, or other assignments for another student.

1.1.4 Submitting material written or produced by someone else, or having an examination taken by someone else.

1.1.5 Preparing a written answer to an exam question outside of class and submit answer as part of an in-class exam.

1.1.6 Altering or falsifying a graded work after it has been evaluated by the instructor, and re- submitting it for re-grading.

1.1.7 Possessing term papers, examinations, lab reports or other assignments which were supposed to be returned to the instructor.

1.1.8 Submitting the same paper for two different classes without the explicit permission and approval of the instructors involved.

1.1.9 Inventing data in a piece of work or providing a false account or method by which data were generated or collected.

* Portions of the opening statement are reprinted by permission from the "Statement of Principles" appearing in the catalog of the University of North Carolina, Charlottesville. Portions of the definitions are reprinted by permission from the "College of Arts and Sciences Statement of Academic Dishonesty, "University of Colorado, Boulder".

1.2 **Plagiarism**

Students are expected to do their own work. Plagiarism consists of taking the words or specific substance of another and either copying or paraphrasing the work without giving credit to the source. Some examples are:

1.2.1 Failure to give credit in a footnote for ideas, statements of facts or conclusions derived from another.
1.2.2 Failure to use quotation marks when quoting directly from another whether it is a few words, a sentence or a paragraph.
1.2.3 Failure to reference close and/or extended paraphrasing of another.

1.3 **Other Forms of Academic Dishonesty**
1.3.1 Providing material or information to another person with knowledge that these materials will be used improperly.
1.3.2 Possessing another student's work without permission.
1.3.3 Selling or purchasing examinations, papers, laboratory work, computer programs or other assignments.
1.3.4 Altering another student's examination, term paper, laboratory work, computer program or other assignment
1.3.5 Knowingly furnishing false or incomplete academic information.
1.3.6 Altering documents affecting academic records.
1.3.7 Forging a signature of authorization or falsifying information on an official academic document, election form, grade report, letter of permission, petition, or any document designed to meet or exempt a student from an established University academic regulation.

Nursing Program Policy on Academic Integrity

Society has entrusted nurses and other health care professionals with the comfort and safety of its most vulnerable people. Therefore, the nursing profession requires people of absolute integrity.

A violation of the signed Student Affirmation form will result in disciplinary action that may result in dismissal from the nursing program.

When a student is found to have violated these standards in a Nursing prefix course, depending upon the circumstances of the situation, one or more of the following actions may be taken: 1) a warning; 2) a requirement that work be resubmitted under qualified conditions and with a possible grade penalty; 3) a requirement that an exam be retaken under qualified conditions and with a possible grade penalty; 4) an adjustment in the grade of an assignment; 5) an adjustment in the grade for a course. Grade adjustments include the possibility of assigning an F. The use of grades to address questions of academic integrity is at the sole discretion of the faculty.

May 2020

Nursing Progression Policies

The Nursing Program faculty have established policies regarding student progression from one course/level to the next. The faculty have also set limits on the number of “D”

or “NC” grades earned to maintain enrollment in the program (see I.E. below). The intent of this policy is to assure student readiness for more complex courses and responsibility and to facilitate a successful transition from school to employment.

I. Nursing Course Grading Policy

- Graded nursing coursework will use the following grade scale where a grade of C- or higher is considered passing. Rounding method is not use for overall nursing course percentage.

- Course percentage associated with assigned course grade:

93 – 100 A
90 – 92 A-
87 – 89 B+
83 – 86 B
80 – 82 B-
77 – 79 C+
73 – 76 C
70 – 72 C-
67 – 69 D+
63 – 66 D
60 – 62 D-
59 and below F

Approved 6/2018

II. Nursing Course Progression

Policy:

Courses with a NURS prefix must be successfully completed or challenged in the proper sequence. “Successful completion” means earning a C- or better or CR in NURS prefix courses or an approved equivalent course. Students who earn two failing grades, defined as lower than C- or a NC, in NURS prefix courses will be dismissed from the nursing program. Students who withdraw from a NURS prefix course must follow the university’s withdrawal policy and procedure and must successfully complete the course before progressing. Students who receive an Incomplete in a NURS prefix course must follow the university’s incomplete policy and procedure and may need to successfully complete the course before progressing.

Procedure:

A. Nursing Theory and Clinical courses must be completed concurrently. See “Repeating Theory and Clinical Policy and Procedure”.

B. Nursing courses without an accompanying clinical course must be completed at Cal State East Bay unless the instructor, with approval from the Department Chair, has identified an equivalent course offered at another institution. Not all nursing courses will have an equivalent course outside of Cal State East Bay.

1. This applies to courses repeated due to course failure or course withdrawal.
2. Upon failure or withdrawal from a course, the instructor will advise the student on their options for retaking the course.

C. Certain Nursing course requirements or electives may be considered successfully completed if a pre-approved substitute course was taken prior to starting the nursing program. Students will not receive in-residence or upper division course credits for approved substitute courses. Students should consult with their nursing major advisors who have a list of pre-approved courses. Substitutions are currently allowed for these courses:

1. NURS Nursing elective - NURS 301 (3) Nutrition and Medical Nutrition Therapy
2. HDEV 380 (3) Lifespan Human Development (see Human Development Requirement Policy and Procedure 5/2/19)
3. NURS 316 (3) - Pathophysiology (for students in Post-Licensure Program only, if it was taken as a stand-alone course)

D. Students seeking credit for previous learning and/or experience for a NURS prefix course are to follow the “Credit for Previous Learning and/or Experience Policy and Procedure”.

E. Students who receive an Incomplete in a NURS prefix course follow the University policy on incomplete courses.

1. Consistent with Cal State East Bay policy, “an "I" must normally be made up within one calendar year immediately following the end of the term during which it was assigned. This limitation prevails whether or not you maintain continuous enrollment. You may not repeat a course in which you currently have an incomplete grade.”
2. If the course is required for progression in the Nursing program, additional conditions may apply, including an earlier completion date for required work.
3. Instructors will specify the work needed for completion and as part of the contract with the incomplete grade submission. When the required work is completed and evaluated, the instructor will submit a change of grade form and a final academic grade will be recorded. If the student does not complete the work within the allowed time limit, the grade will be recorded as an "IC" (See University Catalog Grading and Academic Standards: Incomplete).

III. Re-entering the Clinical Nursing Sequence

A. A written request for readmission to the clinical nursing sequence must be submitted by email or on paper to the Chair of the Department of Nursing. Requests are to be dated and include current contact information. In order to facilitate a decision

based on sufficient background, a brief history including dates and reason for leaving the program should be included. This must be done by the end of the "add/drop courses" of the semester prior to the semester the student intends to return. This is typically the end of the first week of the semester; check the University calendar as dates may vary.

B. A student who withdraws or interrupts the clinical nursing sequence for physical and/or emotional reasons must present evidence (e.g., doctor's letter) that his/her current health status is satisfactory to physically and/or emotionally care for patients in any clinical setting. The final decision for re-entry into the nursing sequence will rest with the Executive Committee of the Nursing Program.

C. A student who has earned a NC in a clinical course as the result of unsafe behavior might not be permitted re-entry to the nursing program. Unsafe behaviors may include, although not limited to, the following:
1) purposeful falsification of a client record,
2) blatant disregard of client confidentiality,
3)denying responsibility for one's own deviation from standard practice,
4) act or threat of intimidation, harassment, or physical aggression,
5) actions, which places the client or others in physical or emotional jeopardy,
6) abusive behavior toward clients, faculty, staff, or colleagues,
7) failure to disclose actions that place the client or others in physical or emotional jeopardy**,**
8) ignoring the need for essential information before intervening, or
9) other behaviors deemed unsafe by the clinical instructor.

D. A student is not guaranteed that a request to repeat a clinical nursing course will be granted. This will depend on availability of clinical nursing practice space. First priority for repeating will be given to students who withdrew or dropped the course. Second priority will be given to those students who failed the course. The student must meet all new requirements in effect upon return to clinical nursing courses.

E. Students who allow two years to elapse between enrollments in clinical nursing courses will be subject to currency considerations. If a student is allowed to reenter the nursing program, he or she may be required to repeat or audit selected nursing courses at the discretion of the Nursing Executive Committee. The student must meet all new requirements in effect upon return to clinical nursing courses.

Approved by Curriculum Committee: 3/30/21, Revised 4/8/21 Approved by Faculty 4/26/21

Repeating Theory and Clinical Policy and Procedure

Description:

The BRN requires theory and clinical courses to be completed concurrently.

Policy:

If completion of a concurrent theory and clinical course results in a failure of one of the courses, the student must repeat the failed course and the concurrent course.

Procedure:

1. The student must repeat the failed course and be enrolled, for a grade, in the concurrent course*

2. All grades will be submitted and noted on the University transcript. All grades will be calculated into the overall University GPA.

3. Only the first passing grade will be counted towards the Nursing major GPA and in fulfillment of any other Nursing program policies or requirements.

4. Students will enroll, space available in the repeated courses per nursing program policy

5. The student will be responsible for any fees associated with the repeated courses

   *Please note that in Semester 2, there are two theory courses, NURS 320 and NURS 322, which are linked with the clinical course, NURS 323. Failure in NURS 323 requires concurrent enrollment in both NURS 320 and NURS 322. Failure in NURS 320 or NURS 322 requires concurrent enrollment in NURS 323 and the failed theory course only.

Approved 5/2/19

Credit for Previous Learning and/or Experiences

Policy:

The Nursing Department adheres to the CSU Chancellor's Executive Order 1036, which outlines the policy for awarding baccalaureate credit for a) demonstrated learning, knowledge, or skills acquired through experience, and b) formal instruction in non-collegiate settings. Students with special studies or experiences, such as working as a LVN (LVN to BSN Pathway) or applicable military service, may have already achieved the learning objectives of certain courses and may request to receive credit by examination, also referred to as a "challenge exam". If the exam is passed, the student will have met the course requirement. They will receive units recorded as "credit by examination" that will count as units toward graduation, but not be included in GPA calculations. No credit earned by examination may be used to satisfy the requirement of 30 semester units in-residence at Cal State East Bay. Students may not petition for credit by examination for NURS-prefix clinical courses or their concurrent theory courses.

Procedure:
1) Students who request to receive credit for a nursing-prefix course by examination must present documentation of their experience to the Assistant Director (AD; if in the pre-licensure BSN program) or the Post-Licensure Coordinator (PLC; if in the post-licensure BSN program) or their designee, at least six weeks before the start of the course. Communication well in advance of the start of the term is required in order to adhere to the guidelines set forth by the university.

2) Student's documentation may include transcripts and syllabi that demonstrate prior course work, documentation of formal instruction in non-collegiate settings (either military or civilian), examples of assignments that meet course objectives, proof of work experience, and/or other materials, documents and evidence for consideration.

3) The AD, PLC, or designee will assess the student's documentation in the context of the program's mission and degree objectives. If the AD or PLC finds that the student has sufficient experience, then they will contact the faculty of record for the course the student wishes to challenge.

4) The faculty of record assesses the student's documentation in the context of the course's student learning outcomes and makes the decision whether or not the student may take a challenge exam.

If the request for a challenge exam is approved:

- Students ***must not register*** for the course they are challenging.
- The faculty of record shall provide the student, at a minimum, a copy of the syllabus that states the student learning objectives and lists the course textbook and/or other learning materials used in the course. Faculty may provide additional study materials at their discretion. Course items will be provided to the student no less than two weeks before the start of the semester.
- Students must complete the challenge exam before the first week of the semester and before the registrar's "Add with Instructor Permission" period ends (check the University schedule, dates may vary).
- Students have only one opportunity to pass the challenge exam.

- Students must pass the exam with a 70% or higher.
- If the student scores below 70% on the challenge exam, they must register for the course.
- Students may petition to challenge more than one course, not to exceed 24 units total toward their baccalaureate degree.
- Students who pass the challenge exam will receive “credit by examination” on their transcript.
- Department office staff will oversee the petition process that is required to earn credit by examination. The department will submit the results to the office of the registrar by the fifth week of the semester.

If the request for a challenge exam is not approved, the faculty of record will notify the student and the AD or PLC or their designee in writing at least two weeks before the start of the semester. The written notification will identify the reason the request was denied and a copy will be kept by the department for auditing and evaluation purposes.

Post Licensure Program Course Substitution or Credit by Examination:

Cal State East Bay Department of Nursing recognizes that some students entering the Post-Licensure Program may have completed similar coursework in their Associate Degree in Nursing (ADN) program. Post-licensure students who completed a stand-alone Pathophysiology course prior to beginning the nursing program and who wish to have the course approved as a substitute for NURS 316 should refer to the Nursing Course Progression Policy and Procedure. Post-licensure students have the opportunity to receive credit by examination (challenge exam) for the following courses:

NURS 316 (3) - Pathophysiology
NURS 423 (2) - Leadership in Nursing

Approved by Curriculum Committee: 3/30/21
Approved by Faculty: 4/8/21

Lines of Communication And Procedures

For Grade Disputes and Other Academic Problems

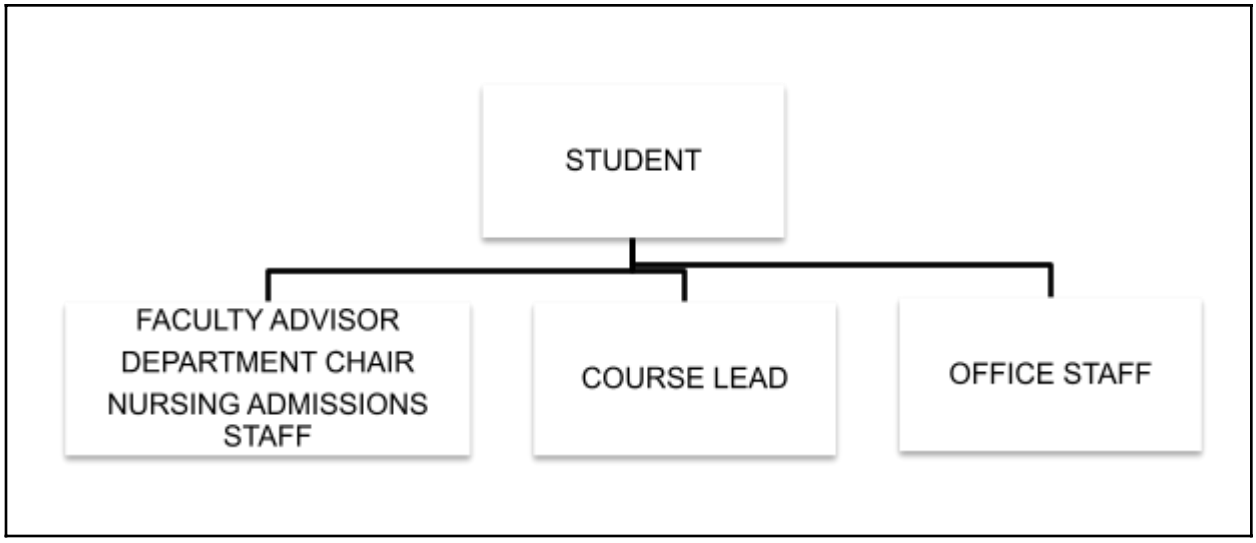
Grade disputes and other academic problems are initially discussed between student and instructor. In addition, students may choose to consult with their advisor who can

help a student by clarifying the issue, and provide information on how to proceed in order to resolve the problem. Most problems can be settled within the department between student, instructor, and, when needed, course lead, department chair and Program Executive Committee. If the student is not satisfied with the results of such meetings, or perceives that academic unfairness or discrimination has occurred, the student is directed to the Dean of the College of Science, who may send the issue back to the department chair for reconsideration, or refer the student to the University Grade Appeal and Academic Grievance Committee.

UNIVERSITY FAIRNESS COMMITTEE
DEAN, COLLEGE OF SCIENCE
EXECUTIVE COMMITTEE
DEPARTMENT CHAIR
ASSISTANT DIRECTOR
ADVISOR
INSTRUCTOR
STUDENT

Lines of Communication And Procedures

For Routine Student Business-Contact Sources



General Advising Basic Students

RN students

1. Program Planning.
2. Course Equivalency Determination.
3. Graduation Evaluation.
4. Planning for Preceptorship.

1. Withdrawal from course.
2. Request for incomplete.
3. Special test arrangements.
4. Scheduling issues.

1. Graduation procedures.
2. RN Licensure procedures.
3. Add/Drop courses.
4. General advising re: program requirements.
5. General advising re: University Policy and Procedures

Advising

All registered students in the nursing major are assigned a faculty advisor. Students are responsible for obtaining advisement from their assigned Faculty Advisors on a regular basis. Advising lists are posted on the Department bulletin board and Department website.

General advising may include: program planning course equivalency determination graduation evaluation, planning for preceptorship, withdrawal from course, request for incomplete, special test arrangements, scheduling issues, graduation procedures, RN licensure procedures, add/drop courses, general advising re: program requirements, or information about the university policy and procedures

Students should contact their advisor to schedule a meeting time during their advisor's stated office hours. If the office hours are inconvenient, usually a mutually agreed upon time can be scheduled. If such a time cannot be worked out, the Department will allow the student to select an advisor whose office hours are compatible with the student's schedule.

The faculty recommend that students also seek general education information from department GE Advisors. The Blackboard website is another resource for updates in University requirements. In this way students will keep abreast of University requirements.

07/2014

Mid-Semester Check-In Survey

Description: The purpose of this proposed survey is to provide an opportunity for Cal State East Bay nursing students, in all programs, to anonymously share their perspectives about their learning experiences thus far in each semester. This would serve as one method for students to participate in program governance. The department's Student Affairs Committee will administer the survey and summarize and share results with faculty, staff, and students. The findings will alert the Student Affairs Committee, and department at large, to opportunities to support students' best learning. This survey is not meant to take the place of nor serve as a medium for course evaluations, nor is it meant to address crisis situations.

Policy: In an effort to systematically provide an opportunity for students to share facilitators and barriers to their best learning, the Student Affairs Committee will administer a mid-point semester survey. Findings will alert faculty, staff, and students to existing concerns and opportunities for departmental support.

Procedure: The Student Affairs Committee will send an email to all enrolled nursing students during the sixth week of each semester. The survey will remain open for approximately one week and a reminder email will be sent. Members of the Student Affairs Committee will summarize the results and present them in a variety ways, which can include a brief presentation at the subsequent faculty meeting for each program, EBSNA meetings, and dialogue sessions for the various programs. The Student Affairs Committee will present recommendations for next steps to address student concerns and needs to the subsequent faculty meeting for discussion.

Date approved: April 1, 2021

Student Retention Program

BACKGROUND: The faculty have developed a program to identify students at risk of failing nursing theory courses. The program provides guidance to assist students in identifying the nature of their academic problem(s). The students and their advisor then develop an appropriate plan for correction of these identified problems.

STUDENTS AT RISK FOR FAILURE: The majority of student attrition results from failure in nursing theory courses. Those students identified as being at risk of failing are as follows:

1. Students who have failed a previous nursing course.
2. Students who have received a 70% or lower on their first examination in a nursing theory course.
3. Students who fail Clinical Pathophysiology.

RETENTION ADVISING: Nursing Program Faculty provide advising for the student at risk. Faculty from each level serve as Retention Advisor for their respective courses. The purpose of retention advising is to:

1. Identify and contact students at risk of failing.
2. Help students to identify the problems hindering their success in the nursing major.
3. Encourage and develop student responsibility for problem solving.
4. Help students to develop a plan to correct the identified learning needs.
5. Provide assistance and guidance as needed to carry out the remedial plan.
6. Monitor subsequent behavior and academic success, as needed.

ADVISING ASSISTANCE: While it is the advisor who guides the analysis of the students at risk's academic problems, the student is expected to take significant responsibility for the identification of the problems and planning for their amelioration. Steps in the advising process are as follows:

A. Problem identification begins with test analysis. During this process, students review their exams with the advisor and each incorrect item is identified by them. The student is asked to categorize in writing each incorrect item according to the cause of the error using the following categories:

    1. Insufficient knowledge due to lack of thorough preparation.
    2. Lack of understanding of the content.
    3. Inability to apply knowledge to a clinical vignette.
    4. Failed to understand the question by virtue of language problems.
    5. Misread the question.
    6. Marked unintended answer.

7. Unknown.
8. Other (as specified by the student).

B. Secondary Analysis: The student then tabulates his/her errors and looks for content areas and types of questions which constitute specific or consistent problems for him/her. Possible causes for each problem must then be identified by the student. For example, if most items are missed because of insufficient study then the student, with the help of the advisor, will explore this area for the reason(s) or cause(s) for the student's insufficient study.

C. Amelioration Plan: Each student's corrective plan will vary according to student need. Here are some common problems presented by students:
   1. Some students report that they are easily distracted.
   2. Other students may seek advising because they need more time to complete an exam.
   3. The student may be studying in an inappropriate setting. For example, the student may benefit from studying on campus rather than at home.
   4. A student may be primarily an auditory learner and might benefit from taping lectures or taping readings and then re-hearing them.
   5. Some students report trouble retaining the implications of information. In some cases, recording potential examination questions while studying allows review before an upcoming exam.

D. Non-academic stressors often impede achievement and must also be assessed. A grade of "Incomplete" may be considered if a student needs more time to successfully complete a theory course in which successful passage has been jeopardized due to temporary, non- academic stressors.

GRADING INFORMATION AND RESPONSE TO CLINICAL PERFORMANCE

I. The following are instructor and student responsibilities associated with clinical (including skills lab and SIM).

A. Although Academic Improvement Plans are usually given for the purpose of providing supportive educational feedback, the faculty will follow appropriate professional guidelines in determining if the behavior warrants failure of clinical.

B. At the time of a clinical evaluation or the receipt of an Academic Improvement Plan, a student will sign the original form and a copy of the form will be provided to the student in a timely manner.

C. Clinical course evaluation forms are always used at the end of a clinical rotation and may be used for a midterm clinical evaluation. Academic Improvement Plans are used for students on an as needed basis and are provided as soon as feasible when a performance issue becomes evident.

D. When student performance is deficient, but not hazardous to patient safety, the student will be permitted to continue in the clinical setting. In this case the instructor will present the student with an Academic Improvement Plan clearly stating:
    i. what the area for improvement is; and
    ii. how the student will need to improve to succeed in the course

E. A student's signature on the clinical evaluation and/or Academic Improvement Plan signifies only that the student has read the document, not necessarily agreement. The student may promptly submit a response to the form. The instructor will make sure the response is attached to the report. If a student refuses to sign the form, the faculty will submit it noting the refusal.

F. All student evaluations and records shall be available to the student in the nursing office upon request. Students may examine these records in the office.

G. The following are behaviors that shall result in an Academic Improvement Plan being given:

- Any situation in which the student’s behavior represents a substantial performance deficiency for a student at that program level.
- Purposeful falsification of a client record and/or blatant disregard of client confidentiality.
- Denying responsibility for one’s own deviation from standard practice.
- Abusive behavior and/or acts or threats of intimidation, harassment, or aggression.

- Reckless actions which place the client or others in physical or emotional jeopardy.
- Failure to disclose reportable information, causing a potential safety issue.
- Ignoring the need for essential information before intervening.
- Any student behavior prompting the clinical instructor to have major concerns about the student's ability to meet the clinical objectives.

H. When a student's clinical performance represents a potential hazard to the patient/client safety, the student can be dismissed from the clinical setting with no prior notice. Unsafe behavior can be defined as unprofessional, unethical, cognitive, affective or psychomotor behaviors that are likely to or have produced harm or threat of harm to patient/client, agency or self. In the event that the behavior results in a course failure, the failure will be documented on the course evaluation form.

I. As outlined elsewhere in the student handbook, course leads are available as a resource to students who need guidance as to the program's policies and procedures. Course leads and nursing academic advisors are available as a resource to students who are having academic problems in the program, including in clinical.

J. In the event a student fails a clinical experience the failure will be documented on the course clinical evaluation form and may, additionally, be indicated on an Academic Improvement Plan.

K. After a faculty member, student, and course lead complete an Academic Improvement Plan, the form is placed in the student's file.

Revised fall 2018

Students Impaired by Substance Abuse and/or Emotional Illness

In the matter of nursing students under the influence of or impaired by the use of alcohol or drugs while at school and/or impaired by emotional illness while at school, the Cal State East Bay Nursing Program recognizes that:

1. These are illnesses and should be treated as such;
2. That these illnesses can affect academic and clinical performance and that nursing students impaired by such illnesses while at school gravely endanger the health and safety of themselves and the patients in their care.
4. That nursing students who have or develop these illnesses can be helped to recover;
5. That it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
6. That confidential handling by the faculty of the diagnosis and treatment of these illnesses is essential.

Instructors are responsible for and have the authority to take immediate action with regard to an impaired student's conduct and performance in the clinical setting, as set forth below. At Cal State East Bay, Counseling and Psychological Services offer assistance with alcohol and substance abuse problems (510) 885-3735). The faculty emphasizes the importance of seeking voluntary aid for conditions that could, if left untreated, lead to disciplinary action and might prevent the person from being licensed to practice nursing in the State of California.

Procedure:

1. The instructor submits a written report to the Chair as soon as a student is suspected of current substance abuse at school or that impairs performance while at school or is suspected of a mental illness, which is impairing performance.
2. The Department Chair notifies the student that she/he is suspended from all clinical nursing classes pending investigation to protect the health and safety of the student in question and the patients in that student's care.
3. The Chair notifies both the Executive Director of Judicial Affairs and the Director of Equal Employment Opportunity of the problem.
4. The allegations of impairing substance abuse/mental illness and any conduct or performance problems are promptly investigated.
5. The student is required to cooperate and participate in the investigation. If the investigation reveals that the impairing substance abuse/mental illness allegations are unfounded, appropriate corrective action will take place for performance or conduct issues, if any, and the student will be reinstated assuming any substantiated conduct or performance issues do not warrant expulsion.

6. If the investigation reveals that the impairing substance abuse/mental illness allegations are true, appropriate corrective action will take place for performance or conduct issues, if any, and the student will be reinstated assuming any substantiated conduct or performance issues do not warrant expulsion, and the student provides a written certification to the Department Chair from an official of a rehabilitation program or licensed specialist in mental health verifying that the student is/was treated and is now not a danger to herself or patients.
7. The final decision concerning reinstatement rests with the Executive Committee of the Department.

5/2008

Professional Appearance Guidelines

The purpose of these guidelines is to establish standards for Cal State East Bay nursing students. The dress requirements are standardized to meet requirements of the institutions we use and to establish the presence of our students. Students are expected to dress in a manner that is professional in style and appropriate to a work rather than a social setting whenever they are in a clinical setting. Additionally, any agency specific guideline may supersede the Cal State East Bay Professional Appearance Guidelines.

A. Clothing: Standard Cal State East Bay uniform: Students will wear a white tunic and dark grey scrub pants or skirt—tailored conventional style. A long- or short-sleeved white tee-shirt may be worn under the tunic. Only skin colored undergarments should be worn. No brightly colored undergarments that are visible thru the white tunic are allowed.
Uniforms may be purchased at any store or site that offers the approved colors. As a guideline the most commonly purchased scrub brands and color code for the appropriate shade of grey is provided below. If students are not sure, they should check with clinical faculty before the purchase. If an incorrect shade of grey pants is purchased without prior approval, students will be asked to purchase the correct shade.

Uniform Brand	Color Code
Cherokee	*PWTW, PWTB*
Barco	*STEEL*

Clothing must be clean, pressed, mended and professionally appropriate. Students may not wear suggestive attire, jean style pants, capris, shorts, leg warmers or athletic clothing. Sweaters, jackets, vests or hooded sweatshirts should not be worn while in contact with patients.

B. Exceptions to the standard Cal State East Bay uniform policy outlined in section A:

- Pediatric rotation: Appropriate print scrub tops may be worn.
- Psychiatric rotation: Colored scrub tops or business casual clothing may be worn.
- Community Health rotation: Business casual clothing may be worn.

- Denim jeans, T-shirts, shorts, sporty clothes, dressy or formal attire are not permitted.
- Preceptorship rotation: Scrub attire in accordance with agency dress code guidelines may be worn.

Footwear: When in the Cal State East Bay Standard Uniform shoes must be white, or black, or dark grey, and be clean, and polished if appropriate. They must provide safe and secure footing, offer protection against hazards, and be quiet for the comfort of patients (i.e., flat, closed toe and heel). Hosiery should be in accordance with agency policy. For psychiatric and community health rotations, footwear must be flat, closed toe and heel shoes. Sandals or heels are not permitted.

C. Hygiene and Grooming: Cleanliness is more than a matter of appearance; it is also a matter of health and safety. Students must be clean and free of offensive body odor, including the odor of tobacco.
   - Hands must be washed regularly.
   - Nails should be well groomed and less than ¼" from the tip of the finger. Artificial nails or nail polish are not permitted.
   - No strong scents may be worn to clinical (i.e., lotions, hair products, fragrance, perfume, aftershave, deodorant).
   - No chewing gum while at the clinical agency.

D. Hair/Jewelry/Adornment: Hair must be clean, neat and be kept in a conservative style. Bright, artificial hair color is not permitted. For safety and hygiene, hair that is shoulder length or longer must be tied back/up. Side burns, mustaches, beards and other facial hair must be neatly trimmed, shaped and clean. All jewelry worn while on duty must be safe, unobtrusive and inoffensive to patients, family, visitors, colleagues and faculty. This includes items worn in body piercings and earrings. Tattoos may need to be concealed.

E. Name Pins, IDs, and Emblem Patches: Students are required to wear the Cal State East Bay Nursing name pins and carry their Cal State East Bay photo ID during all clinical rotations. When a white tunic is the required top, an arm emblem patch is also required. The emblem patch is to be sewn on the left upper sleeve of the tunic, approximately two finger widths from the top seam. The Cal State East Bay Nursing name pins and emblem patches are available for purchase from the Pioneer Bookstore (University Bookstore).

F. Equipment: Students will be required to have the following equipment with them during clinical rotations: Wrist watch that counts seconds, Stethoscope with a diaphragm and a bell, and Black ball point pen

Recommended equipment may include: clipboard, fanny pack, bandage scissors or hemostat

05/2014

Communicable Disease Policy

In order to make appropriate student clinical assignments, the following are required: varicella titer, rubella immunization or positive titer, rubeola immunization or positive titer, positive mumps titer, Hepatitis B titer showing immunity and PPD or chest x-ray

Student/faculty who are Hepatitis B carriers may not be restricted from clinical experiences by the university. They will be counseled by the Department Chair regarding precautions.

There is a risk of occupational acquisition or transmission of infectious diseases by students/ faculty infected with HIV and/or who are otherwise immunosuppressed.

If there is a problem of a communicable disease nature in a clinical assignment, the clinical instructor, in consultation with Coordinator and the Department Chairperson will determine, on an individual basis, whether the student can adequately and safely perform patient care duties, and will suggest changes in work assignments, if and when indicated.

Standard Precautions will be used in the Nursing Skills Lab and in all clinical agencies. A more stringent policy of a clinical agency will supersede this policy.

CLINICAL ATTENDANCE DURING UNION STRIKES POLICY

No Cal State East Bay student is permitted to be on site at a clinical agency during a nurse union strike. During a nurse union strike, clinical faculty will arrange alternate assignments.
During union strike activity, other than a nurse strike, students may or may not participate at clinical site(s) on a case by case basis after consultation with clinical placement coordinator, hospital educator, and at the discretion of the clinical instructor.

The intent of this policy is to:

1. Protect students from exposure to a physically unsafe environment associated with strike activities.

2. Protect students from a compromised learning environment in which changes in the number and type of staff may jeopardize patient safety.

07/2015

Criminal Background Check/Sanction Search Policy

- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals 2004 introduced a new standard (Human Resource Standard HR 1.20) requiring employees, students, and volunteers to undergo a criminal background check before providing health care services. In addition, a search of the Department of Health & Human Services (DHHS) Office of the Inspector General exclusions database (sanction search) must be performed as part of the background check process to identify students excluded from participation in Federal Healthcare Programs. Exclusion is based on any of the following: convictions for program-related fraud, patient abuse, state licensing board actions, or default on Health Education Assistance loans.

- Students applying to the Post-Licensure Program must have an unencumbered, unrestricted RN license, as determined by the Board of Registered Nursing.

- All Nursing students must complete a criminal background check and drug screening as a prerequisite for enrollment in the Cal State East Bay Nursing Program. The background check includes the following categories:
  1) 7 year county criminal search with maiden/alias names (unlimited counties/ names)
  2) Nationwide healthcare fraud and abuse scan
  3) Nationwide criminal record indicator with sex offender index and alias names
  4) Nationwide patriot act
  5) Social security alert
  6) Resident history trace

- Students receive information about the background check process after receiving their admit letter. Background checks are performed by an agent designated by the Department of Nursing. Backgrounds checks performed by this agent ONLY will be accepted. Students must register with and pay fees to the designated background check agent.

- Results of the background check and drug screening are electronically reported directly to the Department of Nursing. If a student is not “clear” and “negative,” the files are reviewed by the Nursing Admissions Coordinator and Chairperson of the Department to determine eligibility for admission and/or enrollment in the Nursing Program.

7/2014

Reporting Emergencies And Earthquake Procedures

General Information

- DIAL 911. Notify Public Safety that assistance is needed.
- Be calm. Identify yourself, location of the incident, your location and telephone number. Describe the incident to the dispatcher with as much specific detail as possible.
- Remain on the line until the dispatcher has obtained all necessary information from you, and has given you instructions. Let the dispatcher hang up first.

Assembly Area

- Each building at Cal State East Bay has its own designated assembly area:
- Look to the Building Safety Assistants (BSA’s wear yellow hard hats and orange vests) for guidance to the assembly area.
- For emergencies that affect more than one building, the University Assembly area is the Amphitheater located between the Arts/Education Building and Robinson Hall.

Earthquake

- If you are INSIDE a building at the onset of an earthquake: Duck under a sturdy object, if possible, and hold onto it.
- Protect your neck and head with your arms, if no other protection is available. Avoid windows and other heavy objects that can shatter or fall.
- Stay under cover until the shaking stops.
- When leaving the building use stairs only, never use elevators. If you are OUTSIDE a building at the onset of an earthquake:
- Move well away from trees, signs, buildings, electric poles and wires.
- Protect your neck and head with your arms from falling bricks, glass, plaster, and other debris as necessary.

Credit For Community Service

The purpose of this policy is to outline the procedure for nursing students wishing to receive academic credit for community service outside the scope of their regular studies.

A Credit will be awarded on a basis consistent with the CSU standard of 1 unit of credit per 30 hours of time on task (including direct preparation time). In the case of credit for community service; preparation to contact time should not be greater than 10 hours preparation time to each 20 hours of contact time in the actual service.

B Credit may be accumulated over a time period greater than one term but not longer than three. In the case of long term accumulation of hours towards Community Service credit(s) the student must arrange the scope of the service to be completed with the faculty of record at the beginning of the undertaking and prior to the term chosen for actual receipt of the credit(s).

C It is the student's responsibility to select/contact a Nursing faculty person willing to oversee their Independent Study in Community Service and set up a timeline for completion at the outset of the project. The student will submit to the faculty of record a written plan outlining the “Who, What, Where, When and How” of their Community

Service Project including specific “behavioral objectives” to be completed. The plan outline will also include a schedule for student/faculty meetings as appropriate to the project, but not less than twice a term.

D Community Service credit will be considered for any structured time volunteered for the benefit of others inside or outside the school for which the student did not otherwise receive school credit or monetary compensation.

E Examples of community service include (but are not limited to) clinics, hospitals, churches, health fairs, community “runs” or “bike rides” and service in organizations such as EBSNA, CSU Associated Students or Nu Xi Chapter of Sigma Nursing Society

F Any “unusual” areas of service that cannot be clearly discerned as community service in scope will be presented by the faculty of record to the Cal State East Bay Nursing Faculty for consideration.

5/2000

Social Media Policy

The Cal State East Bay Department of Nursing recognizes that communication via social media is integral to reaching audiences important to the university, including current students, prospective students, faculty, staff, alumni, local communities, and other stakeholders. Student participation on social media is guided by university policy. Many students use social media platforms that include but are not limited to Facebook, Twitter, Snapchat, blogs, podcasts, YouTube, LinkedIn, Vine, Instagram, Pinterest, Whisper, and Yik Yak. These allow for the exchange of ideas but must be utilized responsibly and must not violate patient confidentiality or professional behavior. Sharing sensitive and confidential information is governed by the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) and professional nursing standards.

A. Any statements and/or photos placed on a social media site should reflect positively on oneself, fellow classmates, the University and clinical sites. Prior written consent* is required before taking or posting student photographs and video, faculty photographs and video, or College events on social media sites and the Cal State East Bay Website. The Department of Nursing adheres to the American Nurses Association (ANA) Social Media Policy.

B. The use of electronic and other devices is only appropriate if authorized by faculty. This applies to theory courses and clinical placements. Personal phone conversations, texting, or social networking are not allowed while in patient/client

areas or in the classroom. If a student is responding to an emergency phone cal or text, the student must leave the classroom or clinical area as deemed necessary.

C. Use of personal cellular phones and other electronic devices may or may not be permitted by clinical agencies. Students are expected to adhere to clinical agency policies regarding the use of personal electronic devices. Clinical agencies may require students to sign an attestation form in support of their policies on use of electronic devices and/or social media.

D. The following example is how the Social Media Policy might be applied:

During a pediatrics rotation, a nursing student treated a young boy with diabetes. As the boy was getting ready to leave the hospital, the student nurse used their cell phone to take his picture and then posted it on their Facebook page, along with comments about the bravery he displayed while receiving insulin injections. A few days later, the student nurse was expelled from her nursing program for violating federal privacy laws (link).

E. Refer to the NCSBN's *A Nurse's Guide to the Use of Social Media,* Your Rights Under HIPAA, the ANA's principles for social networking, and the U.S. Department of Health and Human Services' health information privacy page.

F. Cal State East Bay Photographic Release Form can be found in Appendices.

Student E-mail Policy

A. *University use of e-mail*-- E-mail is considered an official method for communication at Cal State East Bay because it delivers information in a convenient, timely, cost effective, and environmentally aware manner. For the majority of the student population, this Student E-mail Policy does not represent a change from current practice. However, the policy does ensure that all students have access to this important form of communication. Furthermore, it ensures that students can be accessed through a standardized channel by faculty and other staff of the University as needed.

B. *Assignment of student e-mail accounts*--Official University e-mail accounts are available for all applicants and will be automatically assigned to all enrolled students. The addresses are all of the form [Name]@horizon.csueastbay.edu. These accounts must be activated before the University can correspond with its students using the official e-mail accounts. The website horizon.csuhayward.edu has been designed for this purpose. The official e-mail address will be maintained in SAIL (the university's student information system). Official e-mail addresses will be directory information unless the students request otherwise (see the University catalog for more information).

C. *Redirecting e-mail*--Students may elect to redirect (auto forward) messages sent to their Horizon official student e- mail address. Students who redirect e-mail from their official address to another address (such as AOL, Yahoo, Hotmail) do so at their own risk. Having e-mail lost as a result of redirection does not absolve a student from the responsibilities associated with communication sent to his or her official e-mail address. The University is not responsible for the handling of e-mail by outside vendors or unofficial servers. Privacy of confidential information may be compromised by redirecting the Horizon account (see sections below on Authentication for confidential information and Privacy).

D. *Expectations about student use of e-mail*--The University will send communications to students via their official Horizon e-mail account. Students are responsible for the consequences of not reading in a timely fashion University- related communications sent to their official Horizon student e-mail account. Students are expected to check their e-mail on a frequent and consistent basis in order to stay current with University-related communications. Students have the responsibility to recognize that certain communications may be time-critical. "I didn't check my e-mail" or e-mail returned to the University with "Mailbox Full" or "User Unknown" are not acceptable excuses for missing official University communications delivered via e-mail. The University recommends checking Horizon e-mail daily, but at a minimum of twice per week. Note: Accessibility Services is available to provide email access accommodations on an as needed basis for students with disabilities.

E. *Horizon mass e-mail*--The Horizon mass e-mail feature is reserved for emergencies, and for other communications that have a legitimate educational need for direct communication, and without such direct communication would put students at a disadvantage, and/or hinder their academic success and progress. Requests for Horizon mass e-mail to students should be directed to the Executive Director of Enrollment Services for approval. When necessary, the Assistant Vice President of Enrollment Services can convene an ad hoc appeals committee to resolve a dispute over appropriate use of Horizon mass e-mail. An appeals committee will typically include one student member of University Information Technology (UIT) Advisory Committee, one dean, one Student Affairs representative, and the Associate Vice President of Information Technology.

F. *Authentication for confidential information*--The University does not send, or request, confidential information via e-mail. Confidential information is made available only through MyCSUEB which is password protected. In these cases, students will receive e-mail directing them to MyCSUEB, where they can access the confidential information only by logging in as required. The confidential information will not be included within the e-mail message itself. Mail sent to the Horizon e-mail addresses may include notification of University-related actions, including disciplinary actions. However, e-mail shall not be the sole method for notification of legal actions.

G. *Privacy--*Users should exercise extreme caution in using e-mail to communicate confidential or sensitive matters, and should not assume that e-mail is private and confidential. It is especially important that users are careful to send messages only to the intended recipient(s). Particular care should be taken when using the "reply all" command during e-mail correspondence. All use of e-mail will be consistent with other University policies, and local, state, and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA). E-mail addresses are directory information as defined by the University's unless a request is made to withhold it (http://www.calstate.edu/EO/EO-1027.html)

H. *Educational uses of e-mail--* Faculty will determine how electronic forms of communication (e.g., e-mail) will be used in their classes, and will specify their requirements in the course syllabus. This Student E-mail Policy will ensure that all students will be able to comply with e-mail-based course requirements specified by faculty. Faculty can therefore make the assumption that students' official @horizon.csueastbay.edu accounts are being accessed, and faculty can use e-mail for their classes accordingly. This type of e-mail service allows the student to conduct collaborative work efforts and share information with students, professors, and other individuals regardless of time and/or geographic boundaries. Because of this open freedom, and the possibility of conversing with individuals that the student may have never met, students should conduct themselves in an appropriate manner during their communications.

I. Students should remember that every e-mail message sent from their Horizon accounts carries Cal State East Bay's name, and all communications should reflect that.

J. The following Web sites contain more information about University policy:
Non-discrimination/ Harassment Policies and Procedures
http://www20.csueastbay.edu/ecat/appendices/appendix.html#nondiscrimination
Acceptable Computer Use Policy
http://www20.csueastbay.edu/ecat/appendices/appendix.html#title5

Infection Control & Standard Precautions

The following information is from the CDC website from 2007-2013. All data are current guidelines, regulations or policies of the CDC (www.cdc.gov).

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect health-care providers (HCP) and prevent HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. Each of these elements of Standard Precautions are described in the sections that follow.

A. Hand Hygiene

Hand hygiene procedures include the use of alcohol-based hand rubs (containing 60-95% alcohol) and handwashing with soap and water. Use of alcohol-based hand rub as the primary mode of hand hygiene in healthcare settings is recommended by the CDC and the World Health Organization (WHO) because of its activity against a broad spectrum of epidemiologically important pathogens. Alcohol-based hand rub is the preferred method for decontaminating hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus), in which case soap and water

should be used. Hand hygiene stations should be strategically placed to ensure easy access.

1. Sample Procedures for Performing Hand Hygiene

Using Alcohol-based Hand Rub (follow manufacturer's directions):

a. Dispense the recommended volume of product
b. Apply product to the palm of one hand
c. Rub hands together, covering all surfaces of hands and fingers until they are dry (no rinsing is required)

Handwashing with Soap and Water:

- Wet hands first with water (avoid using hot water)
- Apply soap to hands
- Rub hands vigorously for at least 15 seconds, covering all surfaces of hands and fingers
- Rinse hands with water and dry thoroughly with paper towel
- Use paper towel to turn off water faucet

2. Indications for Hand Hygiene

Always perform hand hygiene in the following situations:

- Before touching a patient, even if gloves will be worn
- Before exiting the patient's care area after touching the patient or the patient's immediate environment
- After contact with blood, body fluids or excretions, or wound dressings
- Prior to performing an aseptic task (e.g., accessing a port, preparing an injection)
- If hands will be moving from a contaminated-body site to a clean-body site during patient care
- After glove removal

B. Personal Protective Equipment

Personal Protective Equipment (PPE) refers to wearable equipment that is intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators, goggles and face shields. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents.

1. Use of PPE

Gloves

Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, non-intact skin or contaminated equipment.

- Wear gloves that fit appropriately (select gloves according to hand size)

- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

Gowns

Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

- Do not wear the same gown for the care of more than one patient
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

Facemasks (Procedure or Surgical Masks)

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood or body fluids (as defined in Standard Precautions and/or Droplet Precautions)
    - May be used in combination with goggles or face shield to protect the mouth, nose and eyes
- When placing a catheter or injecting material into the spinal canal or subdural space (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personnel)
- Wear a facemask to perform intrathecal chemotherapy

Goggles, Face Shields

Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.

- Personal eyeglasses and contact lenses are *not* considered adequate eye protection
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes

Respirators

If available, wear N95-or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g., tuberculosis).

- All healthcare personnel that use N95-or higher respirator are fit tested at least annually and according to OSHA requirements

2. Recommendations for Donning PPE

- Always perform hand hygiene before donning PPE
- If wearing a gown, don the gown first and fasten in back accordingly
- If wearing a facemask or respirator:
    - Secure ties or elastic band at the back of the head and/or neck
    - Fit flexible band to nose bridge
    - Fit snug to face and below chin
- If wearing goggles or face shield, put it on face and adjust to fit
- If wearing gloves in combination with other PPE, don gloves last

3. Recommendations for Removing PPE

- Remove PPE before leaving the exam room or patient environment (except respirators which should be removed after exiting the room)
- Removal of gloves:
    - Grasp outside of glove with opposite gloved hand; peel off
    - Hold removed glove in glove hand
    - Slide ungloved fingers under the remaining glove at the wrist; peel off and discard
- Removal of gowns: Remove in such a way to prevent contamination of clothing or skin
    - Turn contaminated outside surface toward the inside
    - Roll or fold into a bundle and discard
- Removal of facemask or respirator
    - Avoid touching the front of the mask or respirator
    - Grasp the bottom and the ties/elastic to remove and discard
- Removal of goggles or face shield
    - Avoid touching the front of the goggles or face shield
    - Remove by handling the head band or ear pieces and discard
- Always perform hand hygiene immediately after removing PPE

C. Respiratory Hygiene and Cough Etiquette

To prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons at the point of entry and continuing throughout the duration of the visit. This applies to any person (e.g., patients and accompanying family members, caregivers, and visitors) with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

1. Identifying Persons with Potential Respiratory Infection

- Facility staff remain alert for any persons arriving with symptoms of a respiratory infection
- Signs are posted at the reception area instructing patients and accompanying persons to: Self-report symptoms of a respiratory infection during registration; Practice respiratory hygiene and cough etiquette (technique described below) and wear facemask as needed

2. Availability of Supplies

The following supplies are provided in the reception area and other common waiting areas: Facemasks, tissues, and no-touch waste receptacles for disposing of used tissues; Dispensers of alcohol-based hand rub.

3. Respiratory Hygiene and Cough Etiquette

All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to:

- Cover the mouth and nose with a tissue when coughing or sneezing;
- Dispose of the used tissue in the nearest waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

4. Masking and Separation of Persons with Respiratory Symptoms

If patient calls ahead:

- Have patients with symptoms of a respiratory infection come at a time when the facility is less crowded or through a separate entrance, if available
- If the purpose of the visit is non-urgent, patients are encouraged to reschedule the appointment until symptoms have resolved
- Upon entry to the facility, patients are to be instructed to don a facemask (e.g., procedure or surgical mask)
- Alert registration staff ahead of time to place the patient in an exam room with a closed door upon arrival

If identified after arrival:

- Provide facemasks to all persons (including persons accompanying patients) who are coughing and have symptoms of a respiratory infection
- Place the coughing patient in an exam room with a closed door as soon as possible (if suspicious for airborne transmission, refer to Airborne Precautions); if an exam room is not available, the patient should sit as far from other patients as possible in the waiting room
- Accompanying persons who have symptoms of a respiratory infection should not enter patient-care areas and are encouraged to wait outside the facility

5. Healthcare Personnel Responsibilities

- Healthcare personnel observe Droplet Precautions, in addition to Standard Precautions, when examining and caring for patients with signs and symptoms of a respiratory infection (if suspicious for an infectious agent spread by airborne route, refer to Airborne Precautions).
- These precautions are maintained until it is determined that the cause of the symptoms is not an infectious agent that requires Droplet or Airborne Precautions
- All healthcare personnel are aware of facility sick leave policies, including staff who are not directly employed by the facility but provide essential daily services
- Healthcare personnel with a respiratory infection avoid direct patient contact; if this is not possible, then a facemask should be worn while providing patient care and frequent hand hygiene should be reinforced
- Healthcare personnel are up-to-date with all recommended vaccinations, including annual influenza vaccine

TRANSMISSION-BASED PRECAUTIONS

In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations as described below.

A. Identifying Potentially Infectious Patients

- Facility staff remain alert for any patient arriving with symptoms of an active infection (e.g., diarrhea, rash, respiratory symptoms, draining wounds or skin lesions)

If patient calls ahead:

- Have patients with symptoms of active infection come at a time when the facility is less crowded, if possible
- Alert registration staff ahead of time to place the patient in a private exam room upon arrival if available and follow the procedures pertinent to the route of transmission as specified below
- If the purpose of the visit is non-urgent, patients are encouraged to reschedule the appointment until symptoms have resolved

B. Contact Precautions

- Apply to patients with any of the following conditions and/or disease:
  - Presence of stool incontinence (may include patients with norovirus, rotavirus, or *Clostridium difficile*), patients with known or suspected MRSA, draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
  - Presence of generalized rash or exanthems
- Prioritize placement of patients in single-patient rooms. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area.
- Perform hand hygiene before touching patient and prior to wearing gloves
- PPE use:
  - Wear gloves when touching the patient and the patient's immediate environment or belongings
  - Wear a gown if substantial contact with the patient or their environment is anticipated
- Perform hand hygiene after removal of PPE; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus)
- Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane

exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed and that single-use items are properly discarded. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms)

- Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean/disinfect the bathroom before it can be used again (refer to Section IV.F.5. for bathroom cleaning/disinfection)

C. Droplet Precautions

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:
- Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory
    - Syncytial virus, human metapneumovirus)
- Bordetella pertussis
- For first 24 hours of therapy: *Neisseria meningitides*, group A streptococcus
- Place the patient in an exam room with a closed door as soon as possible (prioritize patients who have excessive cough and sputum production); if an exam room is not available, the patient is provided a facemask and placed in a separate area as far from other patients as possible while awaiting care.
- PPE use:
- Wear a facemask, such as a procedure or surgical mask, for close contact with
    - the patient; the facemask should be donned upon entering the exam room
- If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as
    - goggles (or face shield in place of goggles) should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids)

- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette

- Clean and disinfect the exam room accordingly.

D. Airborne Precautions

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:
    - Tuberculosis
    - Measles
    - Chickenpox (until lesions are crusted over)
    - Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
- Have patient enter through a separate entrance to the facility (e.g., dedicated isolation entrance), if available, to avoid the reception and registration area
- Place the patient immediately in an airborne infection isolation room (AIIR)
- If an AIIR is not available:
- Provide a facemask (e.g., procedure or surgical mask) to the patient and place the patient immediately in an exam room with a closed door
- Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet
- Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient
- PPE use:
- Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
    - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients , and practice respiratory hygiene and cough etiquette
    - Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly*

- If staff must enter the room during the wait time, they are required to use respiratory protection.

E. Injection Safety

Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider during preparation and administration of parenteral medications. Implementation of the OSHA Bloodborne Pathogens Standard has helped increase the protection of HCP from blood exposure and sharps injuries, but there is room for improvement.
Key recommendations for safe injection practices in ambulatory care settings:

- Use aseptic technique when preparing and administering medications
- Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial
- Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing
- Do not reuse a syringe to enter a medication vial or solution
- Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient
- Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient
- Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle)

1. Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.
2. Adhere to federal and state requirements for protection of HCP from exposure to bloodborne pathogens.

F. Environmental Cleaning

Ambulatory care facilities should establish policies and procedures for routine cleaning and disinfection of environmental surfaces as part of their infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process (e.g., ultrasonic cleaners) with

appropriate chemical agents. This process removes large numbers of microorganisms from surfaces and must always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared to sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Key recommendations for cleaning and disinfection of environmental surfaces in ambulatory care settings:

a) Establish policies and procedures for routine cleaning and disinfection of environmental
b) surfaces in ambulatory care settings
c) Focus on those surfaces in proximity to the patient and those that are frequently touched
d) Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare
e) Follow manufacturer's recommendations for use of cleaners and EPA-registered
f) disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

G. Medical Equipment

Medical equipment is labeled by the manufacturer as either reusable or single-use. All reusable medical equipment must be cleaned and maintained according to the manufacturer's instructions to prevent patient-to-patient transmission of infectious agents. The Spaulding Classification is a traditional approach that has been used to determine the level of disinfection or sterilization required for reusable medical devices, based upon the degree of risk for transmitting infections if the device is contaminated at the time of use. Cleaning to remove organic material must always precede disinfection or sterilization because residual debris reduces the effectiveness of the disinfection and sterilization processes.

Key recommendations for cleaning, disinfection, and/or sterilization of medical equipment in ambulatory care settings:

1. Facilities should ensure that reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, surgical instruments, endoscopes) is cleaned and reprocessed appropriately prior to use on another patient
2. Reusable medical equipment must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer's instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use
3. Assign responsibilities for reprocessing of medical equipment to HCP with appropriate training
4. Maintain copies of the manufacturer's instructions for reprocessing of equipment in use at the facility; post instructions at locations where reprocessing is performed

Steps To Follow After Exposure To Blood Borne Pathogens

For laceration or puncture, encourage bleeding

- Wash the exposed area immediately!
- For eyes, nose, and mouth: flush with saline for 5 – 10 minutes.
- Report the incident immediately to faculty appropriate personnel within the agency, and consult a doctor.
- Complete an injury report for agency and Cal State East Bay.
- Seek appropriate evaluation and follow-up. This includes the following:
    1. Identification and documentation of the source individual when feasible and legal
    2. Testing of the source individual's blood when feasible and consent is given.
    3. Making results of the test available to the person(s) health care provider.
    4. Collection and testing of blood of exposed health care provider (with consent).
    5. Post-exposure prophylaxis, if medically indicated (e.g., hepatitis B vaccine for HBV, or zidovudine--or recommended--for HIV)
    6. Medical counseling regarding personal risk of infection or risk of infecting others.

Adapted from Berman & Snyder (2012). Fundamentals of Nursing: Concepts, process, and practice. 9th ed.

05/2014

Student Injury Policy

A. If a student is injured in the clinical setting and needs medical attention, the student must have medical insurance to cover the cost or pay cash.

B. A Student Non-Employee Accident/Injury Report Form (see Forms section of Risk Management website) must be completed by the student and the clinical faculty person.

C. Report the accident/Injury to your Department Chair within 8 (eight) hours.

Copies of the Accident/Injury Report should be distributed to Dept. office and Risk Management (SA RM4700) within 24 hours of date of Accident/Injury. This form is placed in the student's department file.

D. The student is not covered by Workman's Compensation because she/he is not an employee.

E. DO NOT FILE WORKMAN'S COMPENSATION FORMS

F. Student injury form can be found in Appendices.

06/2011

RN Licensure Graduation Procedure

1. Board of Registered Nursing RN Licensure packets will be distributed to Pre-Licensure students by the Department Office. A group meeting will be scheduled in Fall or Spring depending on the cohort. The purpose of the meeting will be:

- To orient students to the licensure procedure;
- To distribute and assist students in completing the paperwork; and,
- Inform students of documentation which must accompany application for licensure.

2. Post-Licensure students can print out necessary paperwork related to the Public Health Nursing Certificate from the Board of Registered Nursing website and drop it off in the Department Office for processing, once BSN degree is conferred and appears on transcripts.

3. Taking Boards As A Graduate Or Non Graduate

A. Students may choose to take the Board exam as graduate or non-graduate
B. In order to be eligible to take Boards as a non-graduate, students must have completed all course work required by the nursing major (all courses listed on your major check sheet) before taking the test. It is important for students to understand that taking the NCLEX after completing the LVN 30 unit option means that your license to practice nursing may not be recognized in all 50 states.
C. Taking Boards as a graduate requires the official graduation date to occur before the Boards exam date. Therefore, it is imperative that students file for graduation by the deadline dates posted online in the schedule of classes. Also please refer to the section A Graduation Procedure, under “Student Checklist” section of the online class schedule.*

4. Cost

A. The Board of Registered Nursing charges a fee to evaluate a student's eligibility to take the exam (this fee includes the charge for the optional Interim Permit). Once the Board determines a student to be eligible to take the exam, the student will pay a registration fee to the Test Center.
B. Students will also be reminded periodically to see Nursing Advisors about their progress through the major and degree requirements.

CAL STATE EAST BAY STUDENT RESOURCES AND SERVICES

Student Affairs

A The East Bay Student Nurses Association (EBSNA) contributes to the student's professional identity and professional involvement. Goals of the organization are to:
a. establish a professional network among students, faculty, and alumni.
b. reduce fragmentation and provide consistency for student concerns.
c. integrate the theories and processes of professional nursing into extracurricular activities.

EBSNA is part of the California Nursing Students' Association (CNSA). Students will be oriented to CNSA and invited to participate during orientation to the clinical nursing program.
There are two EBSNA Chapters, one active on each campus: Hayward & Concord. They each have their own set of officers and run their own campuses club.

B Career Education: This is available through the AACE office in Hayward. In addition to providing service for preparation of resumes and helping students prepare a professional file, jobs are listed for professional nursing students. Further information can be obtained at SA 3200, 510-885-3621.

C Associated Students, Inc. (ASI): Associated Students Incorporated serves the students and Cal State East Bay community through the operation and sponsorship of programs and services established to meet the needs of students, in conjunction and cooperation with other agencies and operations on campus; through expression of on-campus interests, and expression of student political opinion regarding actions and positions taken on the campus, local, state, federal and international levels that affect

students. ASI provides an opportunity for students to develop leadership and career skills through involvement in campus affairs that develop the university community; and by supporting the strengthening of cultural, social, academic and recreational opportunities on campus, and by encouraging healthy civic and campus involvement.

D Speech, Language and Hearing Clinic: The speech, language, and hearing clinic offers a group for students who wish to soften or remove a foreign accent or an American dialect. The clinic provides this community service to anyone who is interested, whether a Cal State East Bay student or not. For information, contact Dr. Simrin at 510-885-4762.

Student Center For Academic Achievement (SCAA)

The Student Center for Academic Achievement (SCAA) provides FREE tutoring for math, writing, and statistics and other student learning services and programs. The SCAA's mission is to help students improve their skills and to become self aware, confident, and independent learners, as well as active members of the university community.

VISIT THE SCAA - UM University Library near the Diversity Mural (map)

- To schedule a tutoring session, drop by the SCAA, call (510) 885-3674 or book online using BayAdvisor.
  - Regular Math,Writing and Science appointments are available.
  - Same Day Drop-In Tutoring is available for Writing only
  - One hour Appointments can be made 48 hours in advance.
  - Table Tutoring is available for Math and Science
  - Consider Supplemental Instruction (SI) for sciences
  - ONLINE TUTORING SERVICES

- eTutoring - get help from online tutors with math, writing, statistics, and many other courses.
- SCAA OWL - get help from SCAA OWL tutors with writing essays (papers cannot exceed 6 double spaced pages).

Accessibility Services

Accessibility Services offers academic accommodations to qualified individuals with temporary or permanent disabilities. Nursing students most often consult with Accessibility Services because of a learning disability which requires academic support services and/or alternative test-taking arrangements.

Cost And Financial Aid

Tuition and Fees

Tuition and fees are based on residency status, class level (undergraduate, graduate, doctorate or credential) and the number of enrolled units. *Tuition and fees are Subject to Change*

For any updates to cost and tuition after this academic year, please see the Cost of Attendance link from the Financial Aid, Prospective Students web page.

Estimated Tuition and Fees for Full-time Students

The following table illustrates the tuition and fees for full-time students for two semesters:

Type of Student	Estimated Tuition and Fees
Undergraduate	$6995
Graduate / Second Bachelor	$8429
Western Undergraduate Exchange (WUE)	$9986
Non-Resident (U.S. and international)	$396 per unit in addition to California Resident fees

Additional costs may include housing, books, supplies, lab and course fees, transportation, meals, and miscellaneous personal expenses. Additional graduate professional fees may be applied to certain business degree courses. Tuition and fees are subject to change by the Trustees of the California State University without advance notice.

Western Undergraduate Exchange (WUE) is a program for students with residency in an eligible western state or commonwealth. Students in this program can enroll in classes at 150% of California resident tuition and fees. A WUE Participation Agreement Form is required.

Financial Aid

Cal State East Bay offers students grants, loans, scholarships and other financial aid each year
Check the Pioneer Scholarships page as a first step.

To apply for other forms of aid, visit Financial Aid, Prospective Students, Apply for Aid and submit a Free Application for Federal Student Aid (FAFSA) or Dream Application.

SIGMA's NU XI At Large Chapter

Sigma, formerly known as Sigma Theta Tau International, is an international nursing honors society founded in 1922. The society represents excellence in nursing which is reflected in the achievements of individual members and by the accomplishments of its collective chapters. Sigma's mission is to advance world health and celebrate nursing excellence in scholarship, leadership, and service. Sigma's vision is to be the global organization of choice for nursing. For decades, most full-time faculty at Cal State East Bay Nursing have been Sigma members, as have many of our students at or upon graduation.

Sigma's Nu Xi At-Large Chapter, henceforth Nu Xi, was established in 1992. Nursing programs from Cal State East Bay, Samuel Merritt University, and Holy Names University worked collaboratively to establish an official chapter to serve the East Bay Nursing Community. Members of the Nu Xi Chapter have various professional opportunities including: the ability to collaborate with a variety of accomplished nurse members who live and work throughout the East Bay region; potential participation in national and international conferences hosted by Sigma, and exclusive access to Sigma's job boards. The Nu Xi Chapter has been recognized for its exemplary accomplishments by Sigma in various ways, including but not limited to being honored with Sigma's prestigious Chapter Key Award.

At Cal State East Bay, nursing faculty will determine which students have met the high standards consistent with being invited to join Sigma. If you are among those students, Cal State East Bay will forward your contact information to Sigma so that you may receive a formal induction invitation. Your address will only be shared with Sigma if you have given the nursing department permission to do so.

The criteria for induction into the Nu Xi Chapter of Sigma changes periodically, since it is governed by Sigma's international by-laws. Historically, the requirements to be inducted have included the following:

1. **For Undergraduate Nursing Students:** completed at least half (≥50%) of the nursing curriculum; a cumulative nursing GPA in the top 35% of the class (with at least a 3.0 GPA); and meet academic integrity standards.

2. **For an MSN/Graduate Nursing Student must have:** completed at least one fourth (≥25%) of the nursing curriculum, have achieved academic excellence (at schools where a 4.0 grade point average system is used, this equates to at least a 3.5)

04/2018

Information For Students Serving As Representatives To Nursing Faculty Meetings

The Nursing Program Faculty invites student representation at regular meetings. Although you do not have voting privileges, your input can significantly affect the decision making process.

Your role as a student representative is to contribute your unique perspective to the discussions at hand, as well as serving as a spokesperson for your peers. In order to facilitate the gathering and reporting of information from and to your peers, a limited amount of class time is available for you to present committee issues. If the gathering or reporting of information consumes more time than allotted, you will have to continue this process outside of class time.

Meetings are scheduled once a month and typically are held on the first Thursday of each month. However, the schedule for meetings is subject to change from term to term as may be required by unforeseen events.

If circumstances preclude you from attending, it would be helpful if you could arrange for an alternate student to represent you. Please feel free to request that any student item of concern be placed on the agenda with a short statement of purpose. A lead-time of three days for doing this is appreciated, but it is acceptable for items to be added to the agenda at the time of the meeting.

You will be excused from those portions of the meeting which may be confidential in nature.

Malpractice Insurance

A In California, no student nurse is "under" his or her nursing instructor's license. Every student nurse is directly liable for his or her acts or omissions that cause harm or injury. This means that a patient or the patient's legal representative can file a Civil Medical Malpractice lawsuit against CSU and student nurses who were in the vicinity of the incident or at the time of the incident. Even if you don't have patient care responsibility, you could be included as a party in a lawsuit as a result of your role on the health care team. The court will decide who is liable.

B Students enrolled in Nursing, Allied Health, Social Work, or Education credentialing programs of the CSU who also perform community service or volunteer work for academic credit are covered by the Student Professional Liability Insurance Program (SPLIP). This is a "claims-made" policy. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period. The National Student Nurses Association (NSNA) recommends that students obtain an occurrence liability policy for incidents that occurred during the policy period, but the claim may be filed after the student nurse has graduated. For further information, go to

https://www.nso.com/malpractice-insurance/individual

6/2015

APPENDICES

Sample Physician's Statement Form

The following statement can be printed for use by your physician to document your ability to return to clinical:

Dear Physician:

There are minimum entry level qualifications required for professional nursing practice for students in the nursing program at California State University, East Bay (CSUEB). _____is a student in the Cal State East Bay Undergraduate Nursing program and should provide you with a copy of the Essential Functions for Nursing Practice. Please complete the following:

To the Chair of the Nursing Department:

_____(student name) has been under my care for a

Medical Condition on _____(date) I have reviewed the Essential

Functions for Nursing Practice and certify that:

1. The student is capable of performing Cardiopulmonary Resuscitation without limitations. Yes/No (circle one)

   Comments:

2. The student may return to clinical practice with no limitations. Yes/No (circle one)

   Comments:

Physician's Name	Physician's Signature	Date

California State University East Bay
Risk Management & Internal Control
25800 Carlos Bee Blvd., SA4700,
Hayward, California 94542 (510) 885-3833

Non-Employee Accident/Incident Report

Instructions: Please print using blue or black ink pen. Complete, sign and return to Risk Management & Internal Control, SA1600

PERSONAL INFORMATION	
Full Name of Involved Party:	Date and Time of Accident/Incident:
Address of Involved Party:	Phone Number:
Reported to: Name: Dept: Ph#	
DETAILS OF ACCIDENT/INCIDENT	
Location where accident/incident occurred:	
If occurred during a class, give Class Identification and Name of Instructor:	
Please describe accident/incident:	
Were there injuries? If so , nature and extent of Injuries:	
Did injuries require medical care? If yes, give location, name of treating physician and medical finding Name: Facility & Location: Medical Finding:	
Were there witnesses? If yes, provide name, addresses, and phone numbers.	
Was personal property damaged? If yes, attach a description and value of the property.	
Signature of Involved Person:	Date:
Case # (if UPD investigated): RM 33 11/29/11	

Cal State East Bay: Photographic Release Form

Please initial in the spaces below what uses of photographs of you are consented to, and sign at the end of the release form. Photos will only be used in the ways you consent to. Your name will not be identified in these photos

1.___Photographs can be reviewed by the designated individual or individuals.

2.___Photographs can be used for project illustration (i.e., yearbook, DVD).

3.___Photographs can be used for promotional materials, such as brochures or fliers.

4.___Photographs can be used for classroom presentations.

5.___Photographs can be used for academic conference presentations.

6.___Photographs can be used for fundraising presentations/proposals.

7.___Photographs can be used for newspaper or magazine publication.

8.___Photographs can be posted on a web site for promotional purpose

NAME_____

SIGNATURE_____

DATE _____

(*This form can be individualized to the occurrence.)

Cal State East Bay Pre-Licensure Nursing Program (BSN)

Academic Improvement Plan (AIP)

Student _____ Course _____ Date _____

Faculty _____

<table>
<tr><td rowspan="4">General Area(s) of Concern:

[Note: stated general areas of concern may include but not be limited to problems with: specific student competencies/objectives listed in the clinical syllabus, nursing ANA ethics guidelines, QSEN competencies (Safety, EBP, teamwork & collaboration, patient centered care, QI, informatics), or professionalism.]</td><td>Specific Event/Behavior
Description of Event (include dates)</td><td>Action Plan</td></tr>
<tr><td rowspan="3"></td><td rowspan="2"></td></tr>
<tr><td>Follow Up Details
(especially if other than during routine evaluation)</td></tr>
<tr><td></td></tr>
<tr><td colspan="3">Student Comments:</td></tr>
</table>

Instructor _____ Student _____ Date _____

cc: Course Lead _____ Date _____

cc: Student File

Attach additional documents/summaries if necessary.

Note: The student's signing the form indicates having received the information. See student handbook for more details.

Revised 9.11.18