

NURSING

CAL STATE
EAST BAY

STUDENT HANDBOOK

2011-2012



CALIFORNIA STATE
UNIVERSITY
E A S T B A Y

June 30, 2011

Dear Class of 2013 Nursing Student:

It is a pleasure to have you enter the clinical nursing program at California State University, East Bay, Department of Nursing and Health Sciences. You have been selected from a large group of well qualified applicants because of your outstanding academic achievement and personal qualities that are essential to becoming an effective nurse. I know you have worked hard and focused on your goals. You are to be congratulated on all that you have achieved.

Your coming years in the Department of Nursing and Health Sciences will be challenging yet exciting. Points of significance will include your first patient, your first nursing care plan, your first bed bath or intramuscular injection, and eventually your joyful graduation from nursing school. In the intervening years you will have the support of your family, your nursing student peers, and your nursing faculty. Please feel free to ask for help when needed.

Again, welcome and congratulations on your entry to nursing school!

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Fong".

Carolyn M. Fong, RN, PhD, APRN-BC
Professor and Chairperson
Department of Nursing and Health Sciences

CERTIFICATION OF KNOWLEDGE OF CONTENT

I have been informed that information contained in the Nursing Student Handbook covers my rights and responsibilities as a nursing student at California State University, East Bay. I have been informed that it is incumbent on me to read and apprise myself of the information contained in the 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 describes resources available to me in my student role.

Printed Name

Signature

Date

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GENERAL INFORMATION

CSUEB Nursing Program Mission

The mission of the baccalaureate nursing program at California State University East Bay is preparation of highly qualified beginning professional nurses to meet the needs of the East Bay communities we serve. The work of the program is therefore focused primarily on undergraduate instructional activities and tailored to the needs of agencies in our service area.

The greater Bay Area in general and the East Bay specifically, are urban, multiethnic, multicultural communities. The nursing program thus endorses and reflects the University mission of quality education for a diverse society. Faculty value a diverse workforce in nursing, a diverse nursing student body, and culturally competent practitioners of nursing at all levels in all settings.

In order to provide the best possible instruction, the program provides small class sizes and focuses faculty scholarship primarily, though not exclusively, on systematic examination of teaching and learning. To provide quality curriculum, the faculty consider professional standards developed by recognized entities such as the American Association of Colleges of Nursing and collaborates with agencies in communities we serve.

5/08

CSUEB 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 multidimensional with physiologic, psychoemotional, 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.

CSUEB Nursing Program Objectives

Graduates of the CSEB 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.

STUDENT AFFAIRS

The East Bay Student Nurses Association (EBSNA) contributes to the student's professional identity and professional involvement.

Goals of the organization are to:

1. establish a professional network among students, faculty, and alumni.
2. reduce fragmentation and provide consistency for student concerns.
3. 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.

Nurse's Christian Fellowship (NCF) exists to encourage nurses as they study and grow in their professional capacity. Our goal is to explore how our faith interacts with our practice and to be a support to one another during this time of intense learning. All nursing students are welcome to join. Watch for flyers posted near the Nursing Office announcing location, days and times of meetings.

Career Development Center:

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 WA 509, ext. 53621.

Associated Students:

Associated Students serves the students and CSUEB. 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. A.S. 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.

Speech, Hearing and Language Clinic:

The speech, hearing, and language 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 CSUEB student or not. For further information, contact Dr. Simrin at 885-4762.

Student Center for Academic Achievement:

The goal of the SCAA is to help students develop their academic skills by providing a wide variety of free services, e.g., peer tutoring in English, writing and learning skills, and workshops in test taking and time management. See the following pages for specific information.

Student Disability Resources Center (SDRC):

SDRC offers services to regularly enrolled students with temporary or permanent disabilities. Nursing students most often consult the SDRC because of a learning disability which requires academic support services and/or alternative test-taking arrangements. See the following pages for specific information.

At the Student Center for Academic Achievement, our mission is to help you achieve excellence by improving your academic skills (including writing, math, statistics and critical thinking). We provide free tutoring, workshops, and other programs. The Center can help any student develop skills that will lead to greater academic success. Come visit us and check these out:

- Writing, math and statistics help from knowledgeable tutors
- Flexible tutoring hours
- Appointments (as needed or weekly), drop-ins, study groups
- Workshops for the Writing Skill Test, academic success, and other great programs

Phone Number: (510) 885-3674

Hours of Operation:

Monday through Thursday, 10 - 6pm
Friday 10:00 am to 3:00 pm

We are located in LS 2550, across from the Library

Drop -in Hours for English and Math (No appointment necessary):

Please note our new policy: Students wishing to meet with a tutor must sign in at least 30 minutes before the end of drop-in hours: 3:30 on Monday through Thursday, 2:30 on Friday, and 5:30 Monday through Thursday for Statistics. Please note that signing in will not guarantee you a tutoring session. In spite of our best efforts to predict usage patterns, at times we simply do not have enough tutors available to assist students.

Monday-Thursday from 11:00 am to 4pm
Friday 10 - 3pm

Drop-in Hours for Statistics:

Monday-Thursday 3:00 pm to 6:00 pm

Please check back each quarter for any changes in hours.

<http://www.ssa.csuhayward.edu/~lrcweb/>

Free
TUTORING
in
Writing, Math
and
Statistics!

We offer:

- Writing, math & statistics tutoring help
- Flexible tutoring hours
- Appointments as-needed or weekly, drop-ins, study groups
- Workshops for the WST, academic success, and other great programs

Summer hours

Mon - Thu: 10 a.m. - 6 p.m.
Friday: 10 a.m. - 3 p.m.

Drop-in hours

Mon - Thu: 11 a.m. - 4 p.m.
Friday: 10 a.m. - 3 p.m.
Statistics: Mon-Thu 3 - 6 p.m.



Lower Library #2550
Tel: 510.885.3674
Email: saah@csuhayward.edu
Web: www.ssa.csuhayward.edu

the center
for Academic Achievement
Cal State University, Hayward

DISABILITY SERVICES PARTNER PROGRAMS

PROJECT IMPACT

Project IMPACT (funded by the U.S. Dept. of Education, TRIO/SSS Programs) helps students with disabilities achieve academic excellence, increase their technology skills, and transition from college to career.

Project IMPACT students benefit from a variety of individualized services tailored to fit their individual learning styles and academic needs including financial aid and scholarship information, academic advising, one-on-one counseling, and skills building classes.

In order to qualify for Project IMPACT, students must be a permanent resident or citizen of the United States, completing their first undergraduate degree, and have a permanent disability.

For more information, contact SDRC at 510-885-3868.



WORKABILITY—IV

Workability-IV (WA-IV) is a program at California State University, East Bay that provides pre-employment services for students with disabilities who are registered clients of the California Department of Rehabilitation (DOR).

Students and alumni who participate in the WA-IV program receive services such as: career counseling, special workshops dealing with disability and accommodations issues in the workplace, and the services of a job developer. Students and alumni must meet special requirements to participate in this program. To see if you qualify, contact the WA-IV program directly at the number listed below, or ask your SDRC counselor for a referral.

WORKABILITY—IV PROGRAM
Career Development Center
25800 Carlos Bee Blvd, WA 509
Hayward, CA 94542
510-885-3624 (phone/TTY)
510-885-2398 (fax)



OTHER HELPFUL PROGRAMS AND SERVICES

COUNSELING AND PSYCHOLOGICAL SERVICES

STUDENT CENTER FOR ACADEMIC ACHIEVEMENT

PUBLIC TRANSPORTATION

- AC Transit bus #92 (and free shuttles at peak commute hours) travel from the Downtown Hayward BART Station to the Hayward Campus.
- CCCIA bus #124 travels from the Concord BART Station to the Concord Campus.
- The Oakland Center is located across from the Oakland City Center/12th St. BART Station.

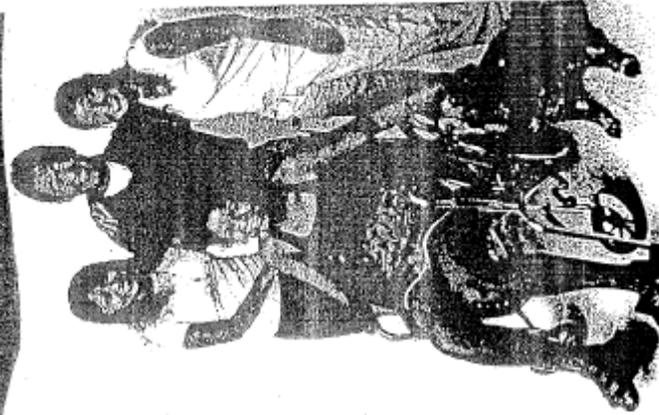
PARKING

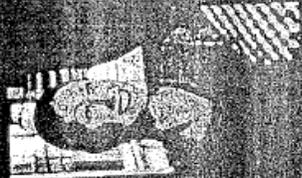
All visitors and students must observe the CSUEB parking regulations on weekdays. Regulations are not enforced during academic quarter breaks and weekends.

All cars parked in lots on campus must display a quarterly or daily parking permit. Daily permit dispensers are located in Lots G, K, & N. Metered areas: Lot K, and West Loop Rd. A CSUEB permit is not needed to park in metered spaces, but the meter must be paid regardless of whether you have a valid state disabled parking placard. Lots with disabled parking: A thru G, K, L, M, & West Loop Road.



PROGRAMS FOR STUDENTS WITH DISABILITIES





The Student Disability Resource Center (SDRC) is committed to ensuring the rights and promoting the dignity, self-awareness and self-advocacy of students with disabilities. We

value the diversity of the CSUEB student body and work with the faculty, staff, and administration to create and maintain an inclusive environment in which students with disabilities have equivalent access to university programs.

Students with a verified disability are eligible for individual consideration of appropriate, reasonable accommodations. Disabilities include, but are not limited to: mobility, hearing, or visual limitations; learning disabilities; psychological disabilities; acquired brain injuries; medical disabilities; and other verified disabling conditions that affect participation in classes and other university activities. SDRC also provides resources and strategies to help students meet the various challenges of university life.

WHAT WE PROVIDE

Academic accommodations are based on documented functional limitations of a disability, and are determined on an individual basis. Below are some of the possible accommodations for which a student may be eligible:

- Alternative Testing
- Note-taking
- Mobility Orientation
- Textbooks in Alternate Formats
- Sign Language Interpreting
- Classroom Transcribing / Captioning
- Disability Management Counseling
- Learning Disability Counseling
- Adaptive Equipment Loans
- Assistive Technology

HOW TO CONNECT

CSUEB students may schedule an appointment with an SDRC Counselor after submitting appropriate documentation of a disability, which includes verification of the resulting functional limitations. Disability Verification forms are available on our website or by contacting the SDRC office in person or by phone. During the first appointment, the counselor and student will discuss the effect of the disability in an academic setting. The counselor will determine eligibility for specific accommodations, and provide an Accommodations Orientation for the student which describes policies and procedures.

CONTACT US

HAYWARD CAMPUS
 (510) 885-3868 (phone / TTY)
 (510) 885-4775 (fax)
 sdrc@csueastbay.edu
 M, W, Th, F: 8:00 AM – 5:00 PM
 Tuesdays only: 8:00 AM – 6:30 PM

CONCORD CAMPUS
 Academic Services Building
 (925) 602-6716 (phone)
 (925) 602-6750 (fax)
 Monday – Thursday: 10:30 AM – 6:30 PM

OAKLAND CENTER LIAISON
 (510) 208-7003 — Sylvester Donelson

VISIT OUR WEBSITE

www.sdsueastbay.edu/sdrc

Visit our website to access the following:
 Diagnosis Verification Forms
 Accommodations Request Forms
 SDRC Policies & Procedures
 Resources & Referrals
 Faculty Handbook

TO CAL STATE EAST BAY!

Cal State East Bay provides a number of services specifically designed for students with disabilities.

The first stop for any student with a disability should be the Student Disability Resource Center.

Once you are approved for services, your counselor will work with you to identify accommodations and other services on campus that can be helpful to you in achieving your academic and career goals. Support programs designed exclusively for students with disabilities include:

Project IMPACT

- Individualized Support
 - Financial Aid Information
 - Academic Advising
 - Assistive Technology Training
 - Skills building classes
- WorkAbility-IV Program**
- Career Counseling
 - Career and Disability Workshops
 - Job Development Services
 - On-Campus Interview Opportunities

*Services vary by campus. SDRC counselors are available to give more detailed information about the services available to you at both the Hayward and Concord campus. Students at the Oakland Professional Development and Conference Center should contact their campus liaison for information about available services.

Counseling and Psychological Services, CaPS



(510) 885-3690

Supporting Student Success through Wellness

Division of Student Affairs

<http://www.sueastbay.edu/counseling>

5. **Where is the counseling service located and what are the hours?**
CaPS is located in Student Health Services (the red brick building between library and gym). CaPS is open Mondays through Thursdays from 8:30 a.m. until 6:00 p.m., Fridays from 8:30 a.m. to 5:00 p.m. Appointments last 45-50 minutes.
6. **What can I expect during my first counseling visit?**
When you arrive for your first appointment, you will check in with the receptionist. You will be asked to fill out a brief background information sheet and will be given some information to read about counseling and confidentiality. During the first session your counselor will explore what issues you would like to focus on and together you can set up a plan. You and your counselor will discuss the number and frequency of sessions which would best fit your needs. Sometimes you may set up weekly sessions or at other times you may find sessions every two weeks are most helpful.
7. **What if I need longer term counseling?**
CaPS provides short term counseling. If longer term counseling is warranted, you will be referred to an appropriate provider. Your counselor may also recommend that you attend one of the groups available at CaPS. Group attendance is unlimited.
8. **How do I cancel or reschedule an appointment?**
Call us at least 24 hours before your appointment to cancel and/or reschedule your appointment so that others can use that appointment time. If you do not cancel in advance, the session will be counted as one of your agreed upon sessions.

CaPS IS LOCATED IN STUDENT HEALTH SERVICES

To make an appointment call (510) 885-3690.

FREQUENTLY ASKED QUESTIONS

1. *When should I seek personal counseling?*

There are many situations that cause emotional stress that may interfere with your ability to perform at your best while you are studying here at CSUEB. These may include a death in the family, relationship difficulties, alcohol or drug abuse, a physical illness, sexuality issues, depression, anxiety, family difficulties, cultural/intergenerational concerns, study problems, eating concerns, or other challenges. In short, anything that gets in the way of you getting the most out of your experience at CSUEB or your life in general may be explored in counseling.

2. *Sometimes you need to talk with someone who can help. How can you tell if it's time to ask for help?*

When you feel like you can't do it alone. When you feel trapped, like there is nowhere to turn. When you worry all the time, and never seem to find the answers. When the way you feel is affecting your sleep, eating, job, relationships, classes, or your everyday life. When it's not getting any better.

3. *How does counseling work?*

Counseling works by helping you look at behaviors, feelings, and thoughts in situations that you find problematic. It helps you to learn more effective ways to deal with those situations. Counseling is a collaborative effort. You and your personal counselor will identify goals, decide what you want to happen, and agree on how you will know when you are making progress. Progress and change can happen. Nine out of ten Americans surveyed by *Consumer Reports* who had participated in counseling said that counseling had helped them.

4. *What about confidentiality?*

Your privacy is important. Your counselor will not disclose any information about you to others without your written permission except as required by law. That means that your family, professors, administrators, or classmates do not have any access to what you discuss in counseling. However, sometimes you may decide to sign a release of information for the purpose of coordinating your care with specific individuals. To assure the privacy of client information, our counselors do not use e-mail to communicate with clients.

Counseling and Psychological Services provides FREE, short-term personal counseling services to all registered students at California State University, East Bay. Our professional staff provides a range of counseling, outreach, emergency and wellness services. We offer culturally sensitive support dealing with many issues and concerns. We are your student counseling service on campus. Take a few minutes to read over information about our services.

COUNSELING SERVICES

Registered students at California State University, East Bay, are eligible to receive short term FREE personal counseling sessions at Counseling and Psychological Services (CaPS). Short term individual and couples sessions are available; group sessions are unlimited. To make an appointment, call us at (510) 885-3690.

OUTREACH SERVICES

Staff members provide outreach programs to university classes and groups on various topics such as stress management, time management, test anxiety, depression, grief and loss, anger and violence, rape education, self-esteem, assertiveness, and others. Someone can also come to talk about counseling services that are available. To schedule an outreach program, call (510) 885-3690.

EMERGENCY SERVICES

A walk-in service is available Monday through Friday, 11:00 a.m. - 1:00 p.m. and 3:00 - 5:00 p.m. for those who require immediate care. It is helpful to us if you call ahead and let us know that you are coming. You will be seen as promptly as possible. For assistance with emergencies when CaPS is closed, contact the University Police Department at 9-1-1 on campus or the 24-hour Crisis Support Services of Alameda County at (510) 889-1333 off campus.

CaPS STAFF

All CaPS counselors have earned Master's or Doctoral degrees in counseling psychology and are either licensed or pre-licensed. The pre-licensed counselors, many of whom have years of experience in providing counseling, are gaining hours toward an independent MFT (Marriage and Family Therapy) license. They are supervised by licensed therapists. A full-time licensed Ph.D. psychologist is the director of CaPS.

CaPS IS LOCATED IN STUDENT HEALTH

GET STARTED HERE!

Register With Us

-- OR --

Log On Here

BECOMING A STUDENT

Financial Aid/Scholarships

Applying for Financial Aid

Types of Financial Aid

Financial Aid Handbook

Applying for Financial Aid

Students must apply each year to obtain financial aid or to continue receiving it. **Types of Financial Aid** include grants, loans, and Federal Work Study Funds. Most require students to submit a **Free Application for Federal Student Aid (FAFSA)** to the Federal Department of Education. California residents applying for a Cal Grant must also submit a GPA Verification Form to the California Student Aid Foundation. This form is completed by your school and must be received by the Foundation by March 2.

Apply Online

You can apply online for admission to Cal State East Bay **and** apply for financial aid at the same time on the **CSU Mentor** site. Enter your information, then everything can be transferred directly to a FAFSA application. The **Financial Aid** tab on the CSU Mentor site has more information about transferring your information to FAFSA. You can also use the **Preliminary Aid Information System** on the CSU Mentor site to estimate how much aid you may qualify for. Your completed FAFSA can be used to apply for aid at more than one college, if you wish.

Deadline

While it's best to submit your FAFSA at the same time you apply for admission to the university, you can also go directly to the **FAFSA** site and complete the application there. Submit your FAFSA by **March 2**, the priority consideration deadline for the State of California. Because aid is awarded on a first-come, first-served basis, file your application as soon as possible. **Recent funding constraints make it more important than ever to complete your application by the priority date.** While your application will still be considered if it is received after March 2, you greatly increase your chances of receiving aid by meeting the priority deadline. Use our Title IV Code: 001138 when applying for aid at Cal State East Bay.

After You Apply

The Department of Education's Central Processing Service will review your application and, if it is approved, forward it to the schools you have indicated. The Cal State East Bay Financial Aid Office will send you an Award Letter and, if necessary, a Missing Information Letter, which indicates any additional documents which you, your parents, or guardians may need to submit.

To continue receiving aid, you must complete the FAFSA application **every** year at the **FAFSA** web site.

For detailed information about eligibility determination, course load requirements, methods of payment, and how to use your financial aid to register, go to the **Financial Aid Handbook**. You may also call the Financial Aid Office at (510) 885-2784.



Ask
Rose,
Your
Virtual
Advisor

GET STARTED HERE!

Register With Us

-- OR --

Log On Here

BECOMING A STUDENT

Financial Aid/Scholarships

Financial Aid - Grants

Financial Aid - Loans

Types of Financial Aid

Which Financial Aid is Best for You?

There are many types of financial aid available to CSUEB students. We have included information here to help you begin the research to determine which opportunity is best for you. We encourage you to contact the Financial Aid office at (510) 885-2784 if you have specific questions.

Most types of aid require that you submit a **Free Application for Federal Student Aid (FAFSA)** to the Federal Department of Education and some types of aid may also require a separate application form.

Grants

Grants are gift assistance to students to pay educational expenses, with no obligation for work or repayment. Grants may be based on merit or need.

Loans

Funds to help meet educational expenses can be borrowed by a student or parent. Loans provide funds now but require future repayment. Interest rates and repayment terms vary for different types of loans.

Work Study

Financial aid which the student earns by performing part-time work.

Scholarships

These are funds offered by various colleges, departments, organizations, or companies to students who meet specific criteria, for example, a physics major who intends to go into research, or an athlete who plans to become a coach. Scholarships may be awarded on merit, need, or a combination of factors. Scholarships do not require repayment. We have a wide variety of **scholarships** available at Cal State East Bay.

You should also visit sites such as **FinAid**, one of the many Web sites that list other sources of financial aid.



Ask Rose, Your Virtual Advisor

SIGMA THETA TAU INTERNATIONAL NU XI CHAPTER AT-LARGE

Sigma Theta Tau founded in 1922 is the International Honor Society for nursing. The society represents excellence in nursing which is reflected in the achievements of individual members, but it is also evidenced by the organization as a whole. As a collective of nurse leaders, Sigma Theta Tau actively promoted scholarship, inquiry, leadership, and quality in nursing's future through the influence it exerts on professional nursing throughout the world.

Specifically the purposes of Sigma Theta Tau are:

- recognize superior achievement.
- recognize the development of leadership qualities.
- foster high professional standards.
- encourage creative work.
- strengthen commitment to the ideals and purposes of the profession.

Nu Xi Chapter At-Large was established in Fall, 1992. Nursing programs from California State University, East Bay, Samuel Merritt College of Nursing and Holy Names University worked collaboratively to establish an official chapter to serve the East Bay Nursing Community. As a result of its membership, Nu Xi Chapter At-Large is able to support the purposes of Sigma Theta Tau by engaging in activities which are of an educational or scientific nature and is able to promote the purposes by cooperating with other chapters and the Governing Council.

To be considered for membership in the society, individuals must:

1. Demonstrate superior academic achievement, academic integrity, professional leadership potential and/or marked achievement in the field of nursing.
2. Be enrolled in a baccalaureate or graduate program which is accredited by a nationally recognized accrediting body for professional nursing.
3. Have completed 1/2 of a baccalaureate nursing curriculum or 1/4 of a graduate curriculum.
4. Have demonstrated ability in nursing at the baccalaureate level by:
 - a. Ranking in the upper 35% of one's class.
 - b. Having a GPA of 3.0 or above in the nursing program.
5. Have demonstrated ability in nursing at the master's level by:
 - a. Ranking in the upper 35% of one's class.
 - b. Having a GPA of 3.5 or above in the nursing program.

Students are notified in January by the Department Eligibility Counselor as to their eligibility for membership in Society.

STUDENT POLICIES AND PROCEDURES

The faculty have 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.

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 quarter to quarter 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.

Reviewed 6/10

ADVISING

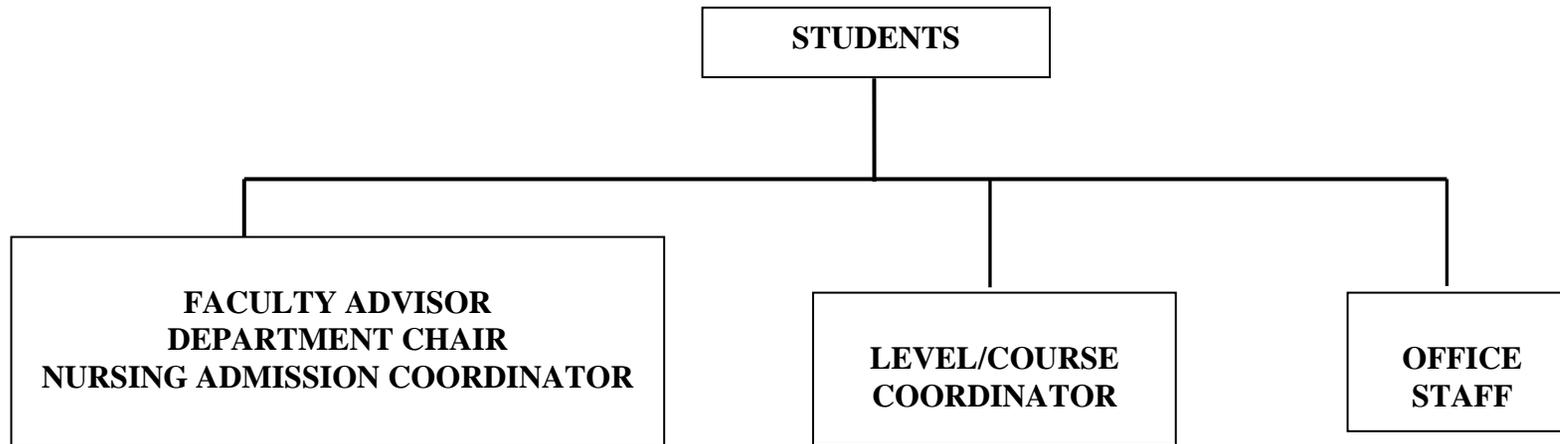
All registered students in the nursing major are assigned a faculty advisor. Students are responsible for obtaining advisement from their assigned Faculty Advisors on a regular basis. Advising lists are posted on the Department bulletin board.

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 the students also seek general education information at Academic Advising and Career Education (AACE) on the Hayward Campus or Academic Services on the Concord campus. The Blackboard website is another resource for updates in University requirements. In this way students will keep abreast of University requirements.

Reviewed 6/10

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

CLINICAL NURSING COURSE 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). Students earning “F” grades in theory courses are not allowed academic renewal. 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 Progression

- A. Courses with the NURS prefix must be successfully completed or challenged in the proper sequence.
- B. In order to progress within the nursing major the student must:
 - 1. earn a grade of “C” or better or “CR” in courses with a NURS prefix.
 - 2. earn a grade of “C-“ or better in NURS 2005 and 2015, before beginning Level II clinical courses.
 - 3. be enrolled concurrently or have earned a grade of “C” or better in NURS 3201 for all subsequent Level II courses.
 - 4. earn a grade of “C” or better in NURS 3202 for all subsequent Level III nursing courses.
- C. A student loses eligibility for preferential admission to subsequent nursing courses if a grade of “D”, “F”, “NC” or “W” is received in any NURS prefix course. This policy also holds true for students who receive a Departmental Warning in a clinical course.
- D. A student may not continue in the current clinical practice course after notification of unsafe clinical behavior(s) and will receive a “NC” grade in said course.

Unsafe clinical behavior may result in either a clinical failure or expulsion from the program depending on the gravity of the “unsafe” behavior(s). The individual instructor will consult with the Level Team members and Level Coordinator.

Should the “unsafe” behavior(s) be deemed serious enough for possible expulsion from the program, the matter will be forwarded to the “Executive Committee” for consideration.

- E. After the add/drop date, all withdrawals from a course must have instructor approval.
- F. A student who has two failures (“D”, “F”, or “NC”) in any nursing prefix courses will be dropped from the nursing major. Calculation of failures includes any

nursing prefix course which was passed by academic renewal.

II. Academic Renewal of Core Theory Courses

A. Eligibility Criteria

1. Faculty make every effort to offer prompt academic renewal for a student making a “D” in a nursing theory course.
2. A grade of “F” cannot be considered for prompt academic renewal.
3. The opportunity for Academic Renewal is given only once during a student’s tenure in the nursing program.
4. Failure on an exam/paper given via academic renewal constitutes a second failure in a nursing course and results in the student being removed from the program.

B. Guidelines

1. The original “D” grade for the nursing theory course is recorded on the student’s transcript.
2. The instructor will provide the student with an alternate exam/paper. All work must be completed prior to the beginning of the following quarter in order to progress in the nursing program unless the course is repeated.
3. After successfully completing “prompt academic renewal” the student’s original grade of “D” remains on the student’s transcript for the quarter in which it was earned.

The subsequent passing grade will be recorded the next quarter the course is given. It is the student’s responsibility to register for the course in question a second time when it is next offered. In this way the passing grade will appear on the student’s transcript.

III. Re-entering the Clinical Nursing Sequence

- A. A written request for readmission to the clinical nursing sequence must be submitted to the Chair of the Department of Nursing and Health Science. This must be done by the end of add/drop of the quarter prior to the quarter of intended return.
- 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 reentry into the nursing sequence will rest with the Executive Committee of the Nursing Program.

C. 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 is given to those students who failed the course. The student must meet all new requirements in effect upon return to clinical nursing courses.

D. Students who allow 2 years to elapse between enrollments in clinical nursing courses will be subject to recency considerations. If they are allowed to re-enter, they may be required to repeat preparatory clinical courses at the discretion of the Nursing Executives Committee.. The student must meet all new requirements in effect upon return to clinical nursing courses.

Reviewed 6/10

PROTOCOL
RESPONSE TO SUBSTANDARD CLINICAL BEHAVIOR

The following are instructor and student responsibilities, and constitute a protocol for response to substandard behavior in the clinical area.

1. At the time of the clinical evaluation, a written evaluation will be shared with the student. An evaluation with less than satisfactory performance will be copied for the student.
2. A student's signature on the evaluation form signifies only that the student has read the document, not necessarily agreement. If the student disagrees with the evaluation, he/she may submit a statement outlining the differences clearly which will be attached to the evaluation. Students should retain a copy for their records.
3. 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 and may request copies to be made by office staff.
4. The following are critical clinical behaviors that are as egregious as to constitute grounds for possible disciplinary action. These critical behaviors, if proven, may immediately result in failure of the course.
 - 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.
 - 7) Failure to disclose actions, which places the client or others in physical or emotional jeopardy.
 - 8) Ignoring the need for essential information before intervening.
5. When a student's clinical performance represents a potential hazard to 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 client, agency or self. As soon as possible, faculty will provide written confirmation of the incident and arrange a time to counsel the student.

6. When student performance is deficient, but not hazardous to patient safety, the student will be permitted to continue in the clinical laboratory. In this case the instructor will present the student with a written report clearly stating:
 - a. that the student's clinical enrollment is in jeopardy; and,
 - b. the specific behavior(s) jeopardizing clinical enrollment.

The instructor and the student will meet as soon as possible to review and sign the written warning. If the student refuses to sign, the instructor will document that the student has read the warning but has refused to sign. At that time, a plan to correct substandard performance will be discussed.

When student performance is deemed hazardous to patient safety, the student will not be permitted to continue in the clinical laboratory. In this case the instructor will discuss the situation with the Level Team and Level Coordinator to develop a remediation plan. If the “unsafe” behavior(s) are severe enough to warrant a possible dismissal from the program, the matter will be referred to the “Executive” Committee.

7. A student may submit a written response to the instructor's written report. Copies of this response will be available to any faculty member. As identified in the Student Handbook, the Level Coordinator is available to the student for guidance if needed.
8. Student substandard performance will be reviewed by appropriate faculty. Any situation requiring a written report will be reviewed. Results of consultation with faculty will be reflected in the evaluation and/or a letter of dismissal.
9. At any time the student thinks the protocol is not being applied, he/she is obliged to speak first with the instructor, then the Level Coordinator, and the Department Chair, if necessary. These discussions should occur at the time of the difficulty.
10. Revision of the above protocol will include student input.

* Professional behavior benchmark is that behavior described in the ANA Standards of Professional Performance (American Nurses Association, 2004)

Reviewed 6/11

CSUEB 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.*

1. Examples of Academic Dishonesty

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".

Policy on Academic Dishonesty, continued

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.

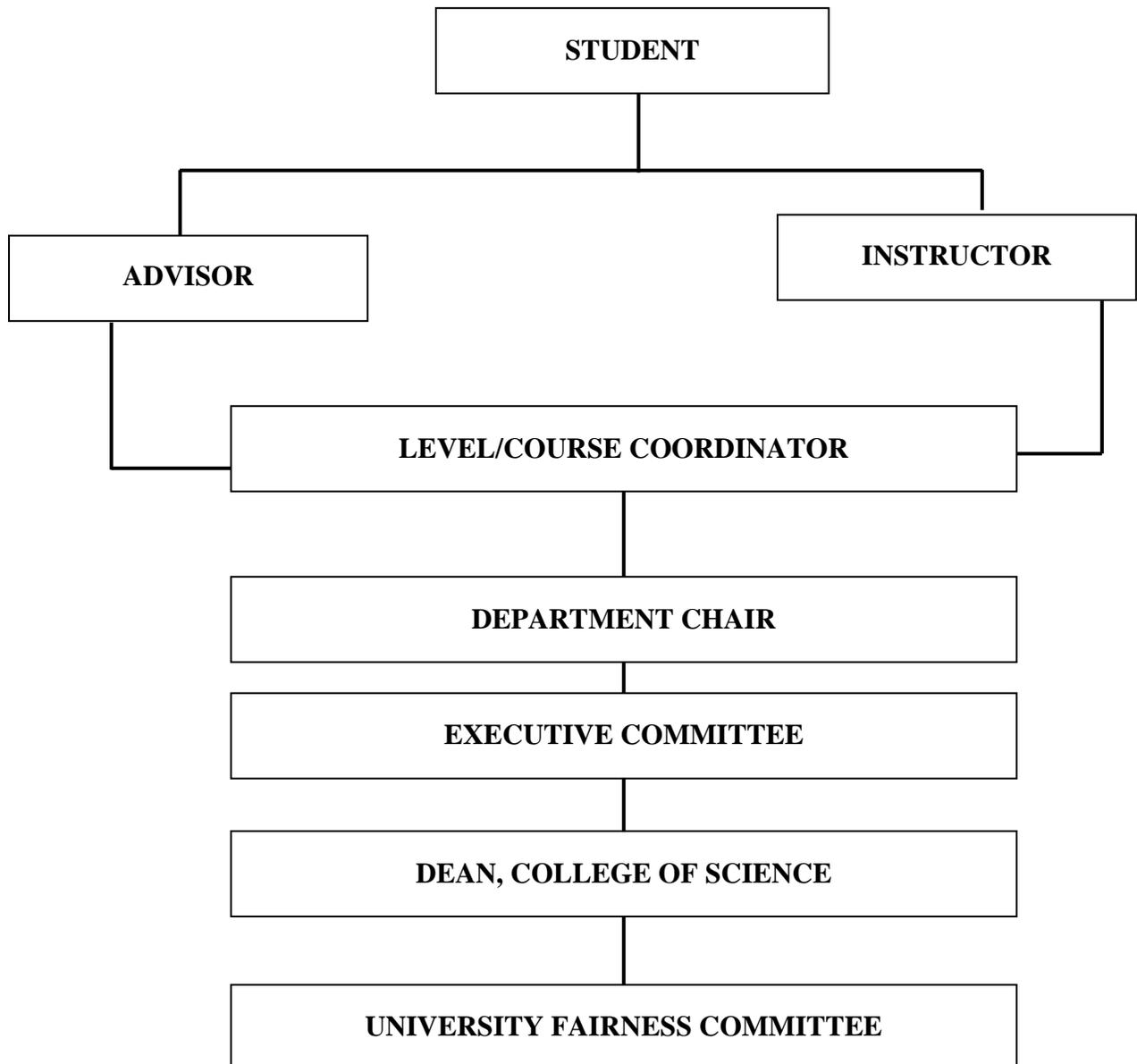
CSUEB NURSING PROGRAM AND ACADEMIC DISHONESTY

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. When a student is found to have committed an act of deceit in a Nursing prefix course, s/he will receive an F grade in that course. F grades so assigned cannot be academically renewed by University Policy. Students with such grades will not be permitted to enroll in any further Nursing prefix courses.

Reviewed 5/08

**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, coordinator, 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 Fairness Committee.



CSUEB NURSING PROGRAM STUDENT RETENTION PROGRAM

BACKGROUND: In an effort to reduce attrition, 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.

CSUEB Nursing Program

LVN NON-DEGREE PROGRAM OPTION

“45 Unit Option”

The “45 Unit Option” allows LVN's to sit for the NCLEX-RN (RN licensing exam) after successfully completing courses for 43 quarter units. This program does not meet CSUEB 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 and Health Sciences prior to the deadline for application to the nursing program. Clinical placement is offered on a space available basis. Students must also make an appointment with a Nursing advisor prior to the deadline for application to the nursing program. Each applicant's previous education and work experience will be individually assessed.

The resulting RN licensure license would be valid in California. It is important for students to understand that taking the NCLEX after completing the LVN-45 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

Physiology - Biology 2020	5 units (with laboratory)
Microbiology - Biology 2025	5 units (with laboratory)

Nursing Prefix Courses

NURS 3201 (Nurs Theory II)	4 units
NURS 3202 (Leadership)	4 units
NURS 3001/02/03 (Skills Lab)	3 units
NURS 3402/03 (Perioperative)	3 units
NURS 3406/07 (Psych)	3 units
NURS 3410/11 (Medicine)	3 units
NURS 3412/13 (Gerontology)	3 units
NURS 4301/02 (Preceptorship)	10 units

Total Units = 43 units

The Nursing Prefix courses listed above must be completed with at least a "C" grade. Clinical

Nursing courses must be successfully completed or challenged according to the clinical course progression policies. Students may challenge (Credit By Examination) any nursing prefix course. Please see the attached "Policy on Challenge of Nursing Prefix Courses".

Description of Nursing Courses:

Nurs 3201 (Patients and Families with Complex Needs) – Concepts and principle from nursing and behavioral sciences applied to care of acutely ill patients and their families.

Nurs 3202 (Leadership) – Integration of traditional leadership and management theory with contemporary healthcare issues, nursing trends, and practice applications.

Nurs 3001/02/03 (Level 2 Skills I, II, & III) - Students are expected to demonstrate advanced technical skills in a laboratory setting.

Nurs 3402/03 (Nursing Care of Adults III & Practice) – Care of patients with complex illness requiring surgery plus practicum.

Nurs 3406/07 (Care of Clients with Psychiatric/Mental Health Needs & Practicum) - This is a five week theory and clinical practice course in psychiatric/mental health nursing care.

Nurs 3410/11 (Nursing Care of Adults IV & Practice) - This is a five week theory course which must be taken concurrently with a clinical practicum in an acute medical setting. Students learn to anticipate, identify, and meet nursing needs of patients and their families.

Nurs 3412/13 (Nursing Care of Elder Adults & Practice) – Nursing Care of elders with acute, complex illness.

NURS 4301/02 (Preceptorship) - Students are expected to apply advanced nursing theory in a clinical practicum. Emphasis is on increasing independence in professional nursing practice.

**California State University, East Bay
Nursing Program**

**POLICY ON CHALLENGE OF NURSING PREFIX COURSES
(CREDIT BY EXAMINATION)**

Students with special studies or experiences may have already achieved the objectives of certain courses and may petition to receive credit by special examination. After receipt of notice of eligibility to register for the Clinical Nursing Program, the applicant must contact the department to make an appointment with an advisor. Each applicant's previous education and work experience will be individually assessed to design an optimal learning program.

LVN's who wish to take the NCLEX-RN (RN Licensing Examination) without obtaining a baccalaureate degree should see information on the LVN Non-Degree Program Option.

Students interested in challenge must notify the department no later than 2 weeks prior to the first day of class. To receive credit under this plan, the student must register for the class the quarter in which it is listed in the catalog. A petition for credit by examination is obtained from the Nursing Office. The examination will be administered within the first two weeks of the quarter.

If the exam is passed, the grade and Credit By Examination will be indicated on the student's permanent record. The student remains registered in the class but does not need to attend. If the examination is failed, the student must either continue taking the course or formally withdraw within one week after completing the examination.

No more than 36 quarter units of credit obtained by challenging courses may be applied toward the baccalaureate degree. No credit earned by examination may be applied toward the requirement of 45 quarter units in residence at CSUEB.

Challenging of nursing prefix courses must follow the progression policy and the prerequisites for each course must be satisfactorily completed prior to enrollment.

Reviewed 5/08

California State University, East Bay, Nursing Program
POLICY ON 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 CSUEB Nursing Program recognizes that:

- a) these are illnesses and should be treated as such;
- b) 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.
- c) that nursing students who have or develop these illnesses can be helped to recover;
- d) that it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- e) 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 CSUEB, Counseling and Psychological Services offer assistance with alcohol and substance abuse problems (885-3690). 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:

- a) 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.
- b) 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.
- c) The Chair notifies both the Executive Director of Judicial Affairs and the Director of Equal Employment Opportunity of the problem.
- d) The allegations of impairing substance abuse/mental illness and any conduct or performance problems are promptly investigated.
- e) The student is required to cooperate and participate in the investigation.
- f) 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.
- g) 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.

- h) The final decision concerning reinstatement rests with the Executive Committee of the Department.

Reviewed 5/08

DELIVERY OF HEALTH CARE: RIGHTS AND RESPONSIBILITIES

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.

Malpractice Insurance

Malpractice claims can be filed against everyone on the floor at the time of an incident, then the courts decide who is liable. Even if you do not have patient responsibility, you could be included as a party in a lawsuit as a result of your role on the health care team, and you will need to defend yourself. Malpractice insurance coverage protects you for both defense costs and settlement.

COMMUNICABLE DISEASE POLICY

1. 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
2. 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.
3. There is a risk of occupational acquisition or transmission of infectious diseases by students/faculty infected with HIV and/or who are otherwise immunosuppressed.
4. 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.
5. Standard Precautions will be used in the Nursing Skills Lab and in all clinical agencies.
6. A more stringent policy of a clinical agency will supersede this policy.

STUDENT INJURY

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.

A Student Non-Employee Accident/Injury Report Form (next page) must be completed by the student and the clinical faculty person.

Report the accident/Injury to your Dept. 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.

The student is **not** covered by Workman's Compensation because she/he is not an employee.
DO NOT FILE WORKMAN'S COMPENSATION FORMS.

Reviewed 6/11

Student Non Employee Accident / Injury Report

INSTRUCTIONS:

Report your accident/injury to your Dept. 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.

I. STUDENT ACCIDENT/INJURY

Name: _____		Student ID #: _____	
Home Address: _____			
Number & Street	City	State	Zip
Phone: _____		Email: _____	
Instructors' Name: _____ (If applicable)		Phone: _____	
Date and Time of Injury / Illness: _____		Did injury/illness result in medical treatment? No Yes	
Initial treatment location: _____		Phone: _____	
Were you working as a student intern? No Yes		If yes complete section II	

II. STUDENT INTERN ACCIDENT/INJURY – Only complete this section if you are a student intern

Course: _____		Internship Department: _____	
Supervisors' Name at worksite location: _____		Phone: _____	
Worksite contact person? _____		Phone: _____	

III. FACTS RELATED TO ACCIDENT/INJURY

Location of Accident/Injury _____		
Address & Building	Room Number	City
Accident/Injury reported to _____		Date & Time Accident Reported: _____
Part(s) of the Body Injured/Affected: (ie left wrist strain): _____		
Nature of Injury/illnes _____		
Name of Witness: _____ Phone: _____		
Name of Witness: _____ Phone: _____		
Describe how the accident/injury occurred (If more space is needed, please attach paper)		

What action was taken? (i.e., contacted Dept. Office, college Office, called 911, etc.): _____		

Corrective action taken, if applicable: _____		

Instructor Signature _____ **Date** _____
 (If applicable)

Students Signature _____ **Date** _____

Note: If you are a student employee do not complete this form. Complete the Workers' Compensation Employee Injury/Illness form located on the Risk Management web site



Department of Health and Human Services

Centers for Disease Control and Prevention

Standard Precautions

Excerpt from the [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#). PDF (1.33MB / 219 pages)

On this page:

- [Background](#)
- [Recommendations](#)

Background

III.A. Standard Precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure. For some interactions (e.g., performing venipuncture), only gloves may be needed; during other interactions (e.g., intubation), use of gloves, gown, and face shield or mask and goggles is necessary. Education and training on the principles and rationale for recommended practices are critical elements of Standard Precautions because they facilitate appropriate decision-making and promote adherence when HCWs are faced with new circumstances. An example of the importance of the use of Standard Precautions is intubation, especially under emergency circumstances when infectious agents may not be suspected, but later are identified (e.g., SARS-CoV, *Neisseria meningitidis*). Standard Precautions are also intended to protect patients by ensuring that healthcare personnel do not carry infectious agents to patients on their hands or via equipment used during patient care.



III.A.1. New Elements of Standard Precautions Infection control problems that are identified in the course of outbreak investigations often indicate the need for new recommendations or reinforcement of existing infection control recommendations to protect patients. Because such recommendations are considered a standard of care and may not be included in other guidelines, they are added here to Standard Precautions. Three such areas of practice that have been added are: Respiratory Hygiene/Cough Etiquette, safe injection practices, and use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia). While most elements of Standard Precautions evolved from Universal Precautions that were developed for protection of healthcare personnel, these new elements of Standard Precautions focus on protection of patients.

III.A.1.a. Respiratory Hygiene/Cough Etiquette The transmission of SARS-CoV in emergency departments by patients and their family members during the widespread SARS outbreaks in 2003 highlighted the need for vigilance and prompt implementation of infection control measures at the first point of encounter within a healthcare setting (e.g., reception and triage areas in emergency departments, outpatient clinics, and physician offices). The strategy proposed has been termed Respiratory Hygiene/Cough Etiquette and is intended to be incorporated into infection control practices as a new component of Standard Precautions. The strategy is targeted at patients and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility. The term *cough etiquette* is derived from recommended source control measures for *Mycobacteria tuberculosis*. The elements of Respiratory Hygiene/Cough Etiquette include 1) education of healthcare facility staff,

patients, and visitors; 2) posted signs, in language(s) appropriate to the population served, with instructions to patients and accompanying family members or friends; 3) source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate); 4) hand hygiene after contact with respiratory secretions; and 5) spatial separation, ideally >3 feet, of persons with respiratory infections in common waiting areas when possible. Covering sneezes and coughs and placing masks on coughing patients are proven means of source containment that prevent infected persons from dispersing respiratory secretions into the air. Masking may be difficult in some settings, (e.g., pediatrics, in which case, the emphasis by necessity may be on cough etiquette. Physical proximity of <3 feet has been associated with an increased risk for transmission of infections via the droplet route (e.g., *N. meningitidis* and group A streptococcus and therefore supports the practice of distancing infected persons from others who are not infected. The effectiveness of good hygiene practices, especially hand hygiene, in preventing transmission of viruses and reducing the incidence of respiratory infections both within and outside healthcare settings is summarized in several reviews. These measures should be effective in decreasing the risk of transmission of pathogens contained in large respiratory droplets (e.g., influenza virus, adenovirus, *Bordetella pertussis* and *Mycoplasma pneumoniae*. Although fever will be present in many respiratory infections, patients with pertussis and mild upper respiratory tract infections are often afebrile. Therefore, the absence of fever does not always exclude a respiratory infection. Patients who have asthma, allergic rhinitis, or chronic obstructive lung disease also may be coughing and sneezing. While these patients often are not infectious, cough etiquette measures are prudent. Healthcare personnel are advised to observe Droplet Precautions (i.e., wear a mask) and hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection. Healthcare personnel who have a respiratory infection are advised to avoid direct patient contact, especially with high risk patients. If this is not possible, then a mask should be worn while providing patient care.

Recommendations

IV. Standard Precautions

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care.

IV.A. Hand Hygiene

IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

IV.A.2. When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.

IV.A.3. If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the clinical situations described in IV.A.2.a-f. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water. Frequent use of alcohol-based hand rub immediately following handwashing with nonantimicrobial soap may increase the frequency of dermatitis. Perform hand hygiene:

IV.A.3.a. Before having direct contact with patients.

IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.

IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).

IV.A.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care.

IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

IV.A.3.f. After removing gloves.

IV.A.4. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g., *C. difficile* or *Bacillus anthracis*) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

IV.A.5. Do not wear artificial fingernails or extenders if duties include direct contact with patients at high risk for infection and associated adverse outcomes (e.g., those in ICUs or operating rooms).

IV.A.5.a. Develop an organizational policy on the wearing of non-natural nails by healthcare personnel who have direct contact with patients outside of the groups specified above.

IV.B. Personal protective equipment (PPE) (see Figure)

IV.B.1. Observe the following principles of use:

IV.B.1.a. Wear PPE, as described in IV.B.2-4, when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

IV.B.1.b. Prevent contamination of clothing and skin during the process of removing PPE.

IV.B.1.c. Before leaving the patient's room or cubicle, remove and discard PPE.

IV.B.2. Gloves

IV.B.2.a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur.

IV.B.2.b. Wear gloves with fit and durability appropriate to the task.

IV.B.2.b.i. Wear disposable medical examination gloves for providing direct patient care.

IV.B.2.b.ii. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.

IV.B.2.c. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. 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 since this practice has been associated with transmission of pathogens.

IV.B.2.d. Change gloves during patient care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

IV.B.3. Gowns

IV.B.3.a. Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

IV.B.3.a.i. Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.

IV.B.3.a.ii. Remove gown and perform hand hygiene before leaving the patient's environment.

IV.B.3.b. Do not reuse gowns, even for repeated contacts with the same patient.

IV.B.3.c. Routine donning of gowns upon entrance into a high risk unit (e.g., ICU, NICU, HSCT unit) is not indicated.

IV.B.4. Mouth, nose, eye protection

IV.B.4.a. Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.

IV.B.5. During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are not suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g., *M. tuberculosis*, SARS or hemorrhagic fever viruses), wear one of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles (in addition to gloves and gown).

IV.C. Respiratory Hygiene/Cough Etiquette

IV.C.1. Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza, RSV, adenovirus, parainfluenza virus) in communities.

IV.C.2. Implement the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting (e.g., triage, reception and waiting areas in emergency departments, outpatient clinics and physician offices).

IV.C.2.a. Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

IV.C.2.b. Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.

IV.C.2.c. Provide resources and instructions for performing hand hygiene in or near waiting

areas in ambulatory and inpatient settings; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing.

IV.C.2.d. During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of patients seeking care for a respiratory infection), offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common waiting areas.

IV.C.2.d.i. Some facilities may find it logistically easier to institute this recommendation year-round as a standard of practice.

IV.D. Patient placement

IV.D.1. Include the potential for transmission of infectious agents in patient placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available.

IV.D.2. Determine patient placement based on the following principles:

- Route(s) of transmission of the known or suspected infectious agent
- Risk factors for transmission in the infected patient
- Risk factors for adverse outcomes resulting from an HAI in other patients in the area or room being considered for patient placement
- Availability of single-patient rooms
- Patient options for room-sharing (e.g., cohorting patients with the same infection)

IV.E. Patient-care equipment and instruments/devices

IV.E.1. Establish policies and procedures for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.

IV.E.2. Remove organic material from critical and semi-critical instrument/devices, using recommended cleaning agents before high level disinfection and sterilization to enable effective disinfection and sterilization processes.

IV.E.3. Wear PPE (e.g., gloves, gown), according to the level of anticipated contamination, when handling patient-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.

IV.F. Care of the environment

IV.F.1. Establish policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

IV.F.2. 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).

IV.F.3. Use EPA-registered disinfectants that have microbiocidal (i.e., killing) activity against the pathogens most likely to contaminate the patient-care environment. Use in accordance with manufacturer's instructions.

IV.F.3.a. Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, *C. difficile*, norovirus) may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.

IV.F.4. In facilities that provide health care to pediatric patients or have waiting areas with child play toys (e.g., obstetric/gynecology offices and clinics), establish policies and procedures for cleaning and disinfecting toys at regular intervals. *Category IA*

- Use the following principles in developing this policy and procedures:
 - Select play toys that can be easily cleaned and disinfected
 - Do not permit use of stuffed furry toys if they will be shared
 - Clean and disinfect large stationary toys (e.g., climbing equipment) at least weekly and whenever visibly soiled
 - If toys are likely to be mouthed, rinse with water after disinfection; alternatively wash in a dishwasher
 - When a toy requires cleaning and disinfection, do so immediately or store in a designated labeled container separate from toys that are clean and ready for use.

IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient

rooms frequently (e.g., daily).

IV.F.5.a. No recommendation for use of removable protective covers or washable keyboards.

Unresolved issue

IV.G. Textiles and laundry

IV.G.1. Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.

IV.G.2. If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

IV.H. Safe injection practices

The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems

IV.H.1. Use aseptic technique to avoid contamination of sterile injection equipment.

IV.H.2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.

IV.H.3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.

IV.H.4. Use single-dose vials for parenteral medications whenever possible.

IV.H.5. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.

IV.H.6. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.

IV.H.7. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

IV.H.8. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

IV.I. Infection control practices for special lumbar puncture procedures Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.

IV.J. Worker safety Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens.

 Please note: Some of these publications are available for download only as *.pdf files. These files require Adobe Acrobat Reader in order to be viewed. Please review the [information on downloading and using Acrobat Reader software](#).

Date last modified: October 12, 2007

Content source:

Division of Healthcare Quality Promotion (DHQP)

National Center for Preparedness, Detection, and Control of Infectious Diseases

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE**

STEPS TO FOLLOW AFTER EXPOSURE TO BLOODBORNE PATHOGENS

. For laceration or puncture, encourage bleeding

- 1) Wash the exposed area immediately!
- 2) For eyes, nose, mouth: flush with saline for 5 – 10 minutes.
- 3) Report the incident immediately to faculty appropriate personnel within the agency, and consult a doctor.
- 4) Complete an injury report for agency and CSUEB.
- 5) 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 Kozier, et al (2004). Fundamentals of Nursing: Concepts, process, and practice. 7th ed.

Reviewed 5/08

REPORTING EMERGENCIES

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 PROCEDURES

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.

CSUEB Nursing Program Guidelines for Professional Appearance

The purpose of these guidelines is to establish standards for California State University, East Bay nursing students. The nursing uniform is 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, it is expected that student's will follow any specific guidelines set forth by the policies of any particular clinical setting they may be required to attend.

Hospital and Inpatient Facilities:

A. Clothing:

Females wear white uniform---tailored conventional style.

Males wear a white tunic and slacks. A white tee-shirt should be worn under the tunic.

Appropriate pediatric print tops may be worn by both male and female students during this rotation only.

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.

Appropriate undergarments of white or natural color should be worn underneath the uniform.

Sweaters should not be worn while in contact with patients.

Preceptorship students may wear scrub attire in accordance with agency dress code guidelines. However, preceptorship students

MUST WEAR THEIR CSUEB PHOTO ID AND NAME TAG.

B. Footwear:

Shoes must be white and clean, polished if appropriate. They must provide safe and secure footing, offer protection against hazards, and be quiet for the comfort of patients.

Hosiery should be white or beige according to the institution.

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 smoking.

Hands must be washed regularly.

Nails should be well-groomed and less than ¼” from the tip of the finger. Artificial nails are not permitted. Clear nail polish only.

No fragrance/perfume may be worn to clinical lab.

No chewing gum while in uniform.

D. Hair:

Hair must be clean, neat and not extreme in color or style. For safety and hygiene, hair that is shoulder length or longer must be tied back or controlled by a net.

Side burns, mustaches, beards and other facial hair must be neatly trimmed, shaped and clean.

E. Jewelry/Adornment:

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 must be covered.

F. Badges and equipment:

CSUEB student ID cards, CSUEB Nursing name pins and arm patch emblems are required and should be worn and visible during all clinicals.

Required equipment:

- A wristwatch that counts seconds.
- A stethoscope with a diaphragm and a bell.
- A blue or black ball point pen.
- A pocket calculator

Suggested equipment

- A clipboard
- A fanny pack
- Bandage scissors or hemostat

**

RNs are expected to comply with the above standards and wear a name pin identifying them as CSUEB students as described in section H below.

G. Clinical settings where street clothes are worn:

CSUEB student ID must be worn as photo ID badge.

Very conservative street clothes; e.g., dresses, skirts with blouses or sweaters, jumpers, slacks, pantsuits; NO blue denim jeans, T-shirts, shorts, or other sporty clothes; NO dressy or formal attire.

Pantyhose required with skirts.

Shoes--walking street-type for patient and nursing student safety. NO sandals.

Equipment--wristwatch, steno pad or notebook; black ball point pens; map of community; identification--student card, ACHS card, driver's license.

H. Ordering emblems/plastic badge sleeves for photo ID:

Emblems can be ordered from Dennis Uniform Company, 820 E. 8th Street, Oakland, CA 94606. Their phone number is (510) 763-0966, and they will take telephone orders. Dennis Uniform Company also sells bandage scissors at a nominal price.

Plastic sleeves to fit your CSUEB student ID card so that it can be pinned to your uniform as a badge can be purchased from EBSNA.

Name pins must be worn in addition to your CSUEB ID card in most clinical sites. The pins must indicate that you are a nursing student and your name and credentials must be in 18 point font (the Board of Registered Nursing requires this). Name pins are ordered for the class during Fall quarter of Level I. One local vendor who will make pins inexpensively (group discounts are available) is:

Tri City Engravers
30139 Industrial Parkway SW, Hayward CA, 94544
Phone: (510) 489-1001 Fax: (510) 489-5173

Example:

JANE DOE, N.S.  MUST BE IN 18 POINT FONT
CSUEB Nursing Student

Note: A more stringent policy of a clinical agency will supersede this policy.

Revised 5/08

SKILLS PERFORMANCE IN LEVELS I AND II CLINICAL AGENCIES

Policy:

Students are expected to have been checked off on psychomotor skills in Skills Laboratory courses before performing them in clinical agencies.

- a. Faculty may elect to guide a student through a skill which has not been checked off. Agency staff may **NOT** guide students through a skill that has not been checked off.
- b. Generally, for skills that have been checked off, faculty will observe students performing them for the first time.
- c. 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.
- d. Students may **OBSERVE** those treatments/activities which they have yet to complete in skills lab with faculty, patient, and staff consent.
- e. 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).
- f. This policy applies to **ALL** students including those who hold LVN licenses or CNA certification.

Rationale:

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.

In the context of the CSUEB Nursing Program, “sufficient preparation” is defined as the requirements for skills outlined in the Level I and II Skills Laboratory courses and syllabi (i.e., scantrons and skills demonstrations must be satisfactorily completed as required in these courses).

Reviewed 5/08

CLINICAL ATTENDANCE DURING UNION STRIKES

No CSUEB student is permitted to be on site at a clinical agency during a union strike. During a strike, clinical faculty will arrange alternate assignments.

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.

Reviewed 5/08

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.

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.

Credit may be accumulated over a time period greater than 1 quarter but not longer than 3. 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 quarter chosen for actual receipt of the credit(s).

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 quarter.

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.

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 Theta Tau.

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 CSUEB Nursing Faculty for consideration.

Reviewed 5/0

CALIFORNIA STATE UNIVERSITY, EAST BAY
Department of Nursing & Health Sciences

Criminal Background Check/Sanction Search Policy

All basic students must complete a criminal background check for enrollment in the CSUEB Nursing Program effective Fall, 2004. 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.

The background check will include a convicted felony and misdemeanor statewide search based on the student's personal history over the last 10 years. In addition, a search of the Department of Health & Human Services (DHHS) Office of the Inspector General exclusions database (sanction search) will be performed 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.

A background check is a prerequisite for admission and/or enrollment in the Nursing Program. Students receive information about the background check process in the admissions packet. 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 complete an Authorization for Criminal Background Check/Sanction Search that is kept on file in the Nursing Office. Students must also complete a personal history and residence questionnaire that is mailed directly to the designated agent with the designated fee.

Results of the background check are reported directly to the Department of Nursing. If a student is not "cleared", the file is reviewed by the Chairperson of the Department to determine eligibility for admission and/or enrollment in the Nursing Program.

Cal State East Bay Student E-mail Policy

Use of E-mail for Official Correspondence with Students

1. 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.

2. 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.csueastbay.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).

3. 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*).

4. 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: The Student Disability Resource Center ([SDRC](#)) is available to provide email access accommodations on an as needed basis for students with disabilities.

5. 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.

6. 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.

7. 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 (see the University catalog: <http://www.csueastbay.edu/ecat/20032004/index.html>)

8. 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.csu Hayward.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.

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.

The following Web sites contain more information about University policy:

- [Sexual Harassment](#)
- [Acceptable Computer Use Policy](#)

PRE-LICENSURE OPTION

**CALIFORNIA STATE UNIVERSITY, EAST BAY
NURSING PROGRAM**

Basic Nursing Track - Program Requirements 2009-2010

	Units
I. Prerequisite Courses	40
BIOL 2010(or 2011), 2020, 2025 (15)	
CHEM 1601, 1602 (8)	
COMM 1000 or 1004 (4)	
ENGL 1001 (4)	
STAT 1000 (5)	
A course in Critical Thinking such as PHIL 1000 or 1001 (4)	
II. Other Non- Clinical Courses	27-28
BIOL 4160 or NURS 2005 (4)	
HIST 4710 (4)	
NURS 2015 (3)	
<i>Nutrition</i> (one course, 4 units) BIOL 3070 or NURS 2010	
<i>Social Science</i> (two courses, 8-9 units)	
PSYC 1000 (or one of 1001, 1005, 2004, 2009) <u>and</u> ANTH 1000 (or 1300) or SOC 1000 (or one of 1001, 1002, 2001, 2002)	
<i>Human Growth and Development</i> (one course, 4units)	
HDEV 3800 or PSYC 4420	
III. Nursing Clinical Courses	75
Level I: NURS 2020, 2021, 2022, 2030, 2031, 2032, 2040, 2041, 2042 (24)	
Level II: NURS 3001, 3002, 3003, 3201, 3202, 3401, 3402, 3403, 3404, 3405, 3406, 3407, 3408, 3409, 3410, 3411, 3411, 3412, 3413, 3502 (33)	
Level III: NURS 4203, 4207, 4208, 4301, 4302 (18)	
 Nursing Major Total	 142-143
G.E., English 1002, History Code Requirement	45
Total Units for B.S. degree	187-188



B.S. 5 Year Program in Nursing

Major: Nursing Revised: 7/12/07

	Fall, Yr 1	Winter, Yr 1	Spring, Yr 1
1st Year Pre-Nursing	Biol 1001 4u B2 Biol 1002 1u B3 *Chem 1605 4u B1 ² *Engl 1001 4u A2 Activity 1u G1 Total 14u	*Biol 2011 5u B5 *Chem 1602 4u *Crit. Think 4u A3 Activity .5u G2 Info Lit 2u G4 Total 15.5u (29.5)	*Biol 2020 5u *Comm 1000/1004 4u A1 Psyc 1005 5u D1 Activity .5u G2 Total 14.5u (44)
2nd Year Pre-Nursing	*Biol 2025 5u *Stat 1000 5u B4 Hum 4u C1 ¹ Total 14u (58)	Hum 4u C2 ³ Soc Sci 4u D2 Engl 1002 4u Total 12u (70)	Soc Sci 1000 4u D3 Hum 4u C3 ³ Area F 4u Total 12u (82)
1st Year Nursing	N2020(Theory) 4u N2021(Clin)** 2u N2022(skills) 2u N2005(Pathophys) 4u N2010(Nutr) 4u Total 16u (98)	N2030 ⁴ 4u N2031 2u N2032(skills) 2u N2015(Pharm) 3u Code 1 4u Total 15u (113)	N2040 4u N2041 3u N2042(skills) 1u HDEV 3800 4u D4 ⁵ HIST4710 4u Total 16u (129)
2nd year Nursing	N3001(skills) 1u N3201 (Theory) ⁵ 4u N3402-3413 = 2 ClinTh & Lab ⁶ 6u Code 2 4u Total 15u (144)	N3002(skills) 1u N3402-3413 = 2 Clin Th & Lab 6u N3401(Legal) 2u N3502(ContCare) 2u Total 11u (155)	N3003(skills) 1u N3402-3413 = 2 ClinTh & Lab 6u N3202(leader) 4u Total 11u (166)
3rd Year Nursing	N4203(Rsch) 2 N4207&8(CHN)6 UD Sci GE 4 B6 Total 12u (178)	N4301& 02 10u Total 10u (188)	

*Prerequisites to Clinical Nursing courses: Engl 1001, Comm 1000/1004, Critical Thinking, Stat 1000, Biol 2010, Biol 2020 Biol 2025, and 2 Chem courses (Inorganic and Organic-Biochem).

**Note: Students must apply for the Clinical Nursing Major by November 30th. They must have all prerequisites completed by end of Fall quarter 2nd year.

¹ These symbols indicate GE/Breath Requirements.

² Freshmen cluster courses Chem 1605, Biol 2011, Psych 1005 =Chem 1601, Biol 2010, Psych 1000

³ Humanities GE Courses can be taken in Summer quarters

⁴ Prerequisites include Nutrition and Psychology

⁵ Human Development 3800 course is prerequisite to Nursing Theory II (N3201)

⁶ Prerequisites to Level II Clinical Theory and Lab courses are NURS 2005, 2010, and 2015



B.S. 5 Year Program in Nursing Concord

Major: Nursing

	Fall	Winter	Spring
1st Year Pre-Nursing	Biol 1001 4u B2 Biol 1002 1u B3 *Chem 1605 4u B1 ¹ *Engl 1001 4u A2 Activity 1u G1 Total 14u	*Biol 2011 5u B5 *Chem 1602 4u *Crit. Think 4u A3 Activity .5u G2 Total 13.5u (28)	*Biol 2020 5u *Comm 1000/1004 4u A1 Psyc 1001 5u D1 Activity .5 u G2 Total 14.5u (42)
2nd Year Pre-Nursing	*Biol 2025 5u *Stat 1000 5u B4 Hum 4u C1 ² Total 14u (56)	Hum 4u C2 Soc Sci 4u D2 Engl 1002 4u Info Lit 2u G4 Total 14u (70)	Soc 1000 4u D3 Hum 4u C3 Area F 4u Total 12u (82)
1st Year Nursing	N2020(Theory) 4u N2021(Clin)** 2u N2022(skills) 2u N2005(Pathophys) 4u N2010(Nutr) 4u Total 16u (98)	N2030 ³ 4u N2031 2u N2032(skills) 2u N2015(Pharm) 3u Code 1 4u Total 15u (113)	N2040 4u N2041 3u N2042(skills) 1u HDEV 3800 4u D4 ⁴ HIST4710 4u C4 Total 16u (129)
2nd Year Nursing	N3001(skills) 1u N3201 (Theory) ⁴ 4u N3402-3413 = 2 ClinTh & Lab ⁵ 6u Code 2 4u Total 15u (144)	N3002(skills) 1u N3402-3413 = 2 Clin Th & Lab 6u N3401(Legal) 2u N3502(ContCare) 2u Total 11u (155)	N3003(skills) 1u N3402-3413 = 2 ClinTh & Lab 6u N3202(leader) 4u Total 11u (166)
	Summer	Fall	
3rd Year Nursing	N4203(Rsch) 2 N4207&8(CHN) ⁶ UD Sci GE 4 B6 Total 12u (178)	N4301& 02 10u Total 10u (188)	

*Prerequisites to Clinical Nursing courses: Engl 1001, Comm 1000/1004, Critical Thinking, Stat 1000, Biol 2010, Biol 2020 Biol 2025, and 2 Chem courses (Inorganic and Organic-Biochem).

**Note: Students must apply for the Clinical Nursing Major by November 30th. They must have all prerequisites completed by end of Fall quarter 2nd year with transcripts submitted by January 30th in year of expected admission.

¹ Chem 1605, Biol 2011, Psych 1001 freshman cluster courses= Chem 1601, Biol 2010, Psych 1000

² Humanities GE Courses can be taken in Summer quarters

³ Prerequisites include Nutrition, Psychology and Sociology/Anthropology

⁴ Human Development course is prerequisite to Nursing Theory II

⁵ Prerequisites to Level II Clinical Theory and Lab courses are NURS 2005, 2010, and 2015

LEVEL I

GENERAL INFORMATION: LEVEL I

I. Theory and Lab courses.

- A. Nursing 2020, Nursing 2021, Nursing 2022: Intro to Contemporary Nursing, Nursing Support of Community Based Clients, Level I Skills I.

The first theory courses in the major are Nursing 2020/1. 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, Level I Skills I is a laboratory course in which basic techniques of nursing practice are taught. These courses will lay a foundation of concepts and skills necessary to planning and delivering patient care.

- B. Nursing 2030, Nursing 2031, Nursing 2032: Nursing Care of Adults I, and Practicum, Basic Physical Assessment.

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 biopsychosocial adaptation needs for nursing in healthcare context. Physical Assessment skills are taught in the laboratory.

- C. Nursing 2040, Nursing 2041, Nursing 2042: Care of Adults II/Practice, Level I Skills Lab II.

Care of Adults II is a Continuation of Care of Adults I. Nursing care to support patients and families experiencing mild to moderate alteration in health/function. Theories and principles necessary to anticipate, identify, meet biopsychological needs in selected pathophysiologic states. The courses are theory/lecture, clinical practice, and skills laboratory formats.

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 taken during Level I.

Nursing 2005, Clinical Pathophysiology (offered Fall Quarter).

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

Nursing 2010, Principles of Nutrition and Medical Nutrition Therapy (offered Fall quarter). This course focuses on nutrients and their sources as well as diseases/disorders caused by excess or lack of given nutrients. Nutritional needs discussed as they vary across the life span.

Nursing 2015, Pharmacology (offered Winter Quarter).

This course provides an understanding of the pharmacological basis of 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.

History 4710, History and Trends of Nursing (offered Spring and Summer Quarter to Level I students). 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.

COURSE PROGRESSION: SUGGESTED PROGRAM GUIDE

Level I: Wellness--Adaptation

<u>FALL</u>	Nurs. 2020	Intro to Contemporary Nursing Lecture
	Nurs. 2021	Nursing Support of Community-Based Clients--6 hrs./week on campus/field assignments. No uniforms required because no hospital or agency experience.
	Nurs 2022	Level I Skills Lab I
	Nurs 2005	Clinical Pathophysiology--prerequisite to Level II Nursing courses
	Nurs 2010	Principles of Nutrition and Medical Nutrition Therapy
	<u>Support Courses</u>	HDev. 3800 may be taken if students have already taken NURS 2005 or NURS 2010. **Psych.1000 must be completed before Winter. Soc 1000 or Anthro 1000 must be completed before Spring.
<u>WINTER</u>	Nurs. 2030	Nursing Care of Adults I
	Nurs. 2031	Care of Adults I Practicum – 60 hrs practice in SNF (need uniform).
	Nurs. 2032	Basic Physical Assessment
	Nurs 2015	Pharmacology
<u>SPRING</u>	Nurs. 2040	Care of Adults II
	Nurs. 2041	Care of Adults II Practicum- 90 hours practice in Acute Care (need uniform).
	Nurs 2042	Level I Skills Lab II
	<u>Support Courses*</u>	Hist 4710, History & Trends in Nursing HDEV 3800, Human Development

*These courses are strongly recommended to be taken during indicated quarters unless previously completed. Many are pre-requisite to subsequent Nursing courses.

HDEV 3800, NURS 2005, NURS 2010 and NURS 2015 are prerequisites to Level II. The department office will monitor all students to determine if course grades are C or better.

LEVEL II

GENERAL INFORMATION: LEVEL II

I. All students must present to the department office (prior to the Fall Quarter); 1) A copy of their current malpractice and health care insurance coverage; and 2) A Level II Health Screen.

II. Nursing Courses:

A. Core Theory:

NURS 3201—Patients and Families with Complex Needs.

Concepts and Principles from nursing and behavioral sciences applied to care of acutely ill patients and their families. Concepts and theories addressed include role, adaptation, communication, teaching/learning, systems and research. Prerequisites: NURS 2040, 2041, and 2042; HDEV 3800 or PSYC 4420; department permission.

B. Nursing Principles & Practicum:

There are six clinical rotations organized into 5-week blocks over the course of three quarters. Each student must successfully complete all six rotations before advancing to Level III.

Nursing Care of adults III (N3402/03); Care of Childbearing Families (N3404/05); Care of Clients with Psych/Mental Health Need (N3406/07); Nursing Care of Childrearing Families(N3408/09); Nursing Care of Adults IV (N3410/11); Nursing Care of Elder Adults (N3412/13). PREREQS: N2005, 2010, 2015, 2040, 2041, 2042, 3201(may be concurrent with N3201).

The clinical practicum and the corresponding theory course must be taken concurrently.

Hospital facilities used include the following:

Alta Bates Hospital, Berkeley

Childrens' Hospital, Oakland--Main campus

Eden Hospital, Castro Valley

Herrick Hospital, Berkeley

John Muir Health, Concord and Walnut Creek Campuses

Clinical objectives are found in the clinical syllabi for each specialty area.

Equipment and uniforms:

Full uniform is expected of each student. (See “Guidelines for Professional Appearance”)

Each agency has slightly varying regulations; e.g., color of hosiery, which do not substantially alter the need for full uniform. 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 CSUEB name pin must be affixed. Professional decorum is expected.

C. Level 2 Skills I, II & III: (NURS 3001/02/03)

The student is required to sign up in the Skills Lab in order to be checked off on the

assigned motor performance skills. All skills must be completed by the end of the eighth week of each quarter.

D. Other nursing courses

Legal Responsibilities of Health Care Providers --NURS 3401:

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.

Nursing Leadership--(NURS 3202):

This course focuses on health policy, finances, organizational management strategies, and leadership. It builds on prior content of systems, leadership, change and research.

PRE REQS: NURS 3001, 02, 3201, 3401 (maybe taken concurrent with N3402-3413)
Dept. permission.

Continuum of Care (NURS 3502):

Models of nursing case management. Facilitation of safe, efficient transitions across the continuum of care. Consideration of constraints imposed by healthcare payors. Nursing interventions of anticipation, planning, teaching and advocacy. Prerequisites: Department permission. NURS 2005, 2010, 3201.

COURSE PROGRESSION: SUGGESTED PROGRAM GUIDE

Level II: Less Wellness--Illness

FALL:

NURS 3201 Patients and Families with Complex Needs
2 Clin specialty theories & practicums
Total 15 hrs/week (12 hrs. clinical, 3 hrs. Lab)

NURS 3001

WINTER:

2 Clinical specialty theories
and practica
NURS 3002
NURS 3401

Total 15 hrs/week(12 hrs. clinical,
3 hrs. Skills Lab)

Legal Responsibilities of Health Care
Providers (offered in winter only).

NURS 3502

Continuum of Care (offered in Winter only)

SPRING:

2 Clinical specialty theory and practica)

Total 15 hrs/week (12 hrs. clinical, 3 hrs.
Skills Lab)

NURS 3003

NURS 3202

Leadership

STUDENT HEALTH DOCUMENTATION: LEVEL II

As you know, the facilities in which you practice as students require that we periodically monitor your health status. In order to comply with this, we must have current health documentation on file before you will be given permission to register for Level II courses (generally the first week of August).

At this point in the program, most students will need to: 1) submit proof of annual TB clearance; 2) submit post Hep B vaccine series titer proving immunity; 3) submit renewal health insurance; and, 4) submit proof of Tdap immunization

LEVEL III

GENERAL INFORMATION: Level III

Research Synthesis--NURS 4203

This course focuses on reading/critiquing nursing research for application to practice. Learning activities pertain to practice and/or policy recommendations based on nursing research findings.

Community Health--NURS 4207-4208:

Students complete an application for Community Health during Level II.

A. Principles of Community Health Nursing--NURS 4207:

The theory course focuses on areas needed to augment clinical practice such as: cultural aspects of family centered care, epidemiology, local, state and national resources, violence in the family, PHN role, substance abuse, communicable disease, environmental health, and disaster management.

Various in class and online activities are required.

B. Practicum of Community Health Nursing--NURS 4208:

Students are assigned in clinical groups to a specific clinical agency, just as on Level II. 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.

PRECEPTORSHIP--NURS 4301 and 4302:

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.

Students attend a weekly two-hour seminar on campus (NURS 4301). Students participate in class activities designed to assess clinical competence and prepare for the NCLEX-RN Licensing Examination.

In the practicum course (NURS 4302), 240 hours (two 12-hour shifts or three 8-hour shifts per week over a ten week quarter) are spent in a clinical setting with a Preceptor (staff RN) selected by the clinical agency. 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 Level II.

COURSE PROGRESSION: SUGGESTED PROGRAM GUIDE

Level III: Community, Society, Specialty:

Offered FALL or WINTER: Hayward

Offered SUMMER or FALL: Concord

NURS 4203 Research Synthesis (2 hours of class/week)

Take this course concurrently with Community Health.

NURS 4207 Principles of Community Health Nursing (2 hours of class/week)

NURS 4208 Practicum of Community Health Nursing (12 hours of class/week)

OR

NURS 4301 Preceptorship Seminar: 2 hours of class/week

NURS 4302 Preceptorship Practicum: 240 hours/quarter

STUDENT HEALTH DOCUMENTATION: LEVEL III

The facilities in which you practice as students require documentation of your health status and other requirements. In order to comply with these requirements, you must have on file in the Nursing office all current laboratory results, immunizations, health insurance, certifications (such as CPR) and any other agency documentation before you receive permission to register for Level III courses.

For most students, health documentation on Level III requires the following.

1. Renew any expired immunizations, such as DT or Tdap (when indicated)
2. Yearly PPD. If previously positive, you must have a yearly sign/symptom review completed by health care provider. If newly positive, a chest x-ray (CXR) is required. Depending on the clinical agency, there may be additional requirements.
3. Renew CPR certification.
4. Renew expired health insurance.
5. Provide current copy of automobile insurance to instructor on the first day of community health clinical.
6. Provide documentation of any specialty area certifications for preceptorship

RN ADVANCED PLACEMENT OPTION

RN ADVANCED PLACEMENT OPTION

General Information

The RN Advanced Placement Nursing Option is offered in two versions. It may be completed in one year, the Intensive, or two years, the part-time version.

Convenience

Many (though not all) of the courses required for completing this program can be taken at either the Hayward Campus or Concord Campus. In addition, some courses required are offered via "Blackboard" an internet classroom format, to allow for more flexible study time. Several other courses do not require weekly attendance.

Eligibility

The following steps are required to become eligible for the RN Advanced Placement Nursing Option. Meeting minimum eligibility requirements does not guarantee admission to the program.

1. Have a valid California RN License.
2. Be a graduate of an ADN Program within the last 12 months; or have 6 months or equivalent full-time nursing practice within the United States in the past 2 years.
3. Meet all University Admission requirements.

Major Requirements

The nursing major requires lower division and upper division coursework. Lower division coursework may be taken at a community college. Transfer courses used to satisfy prerequisites must be evaluated by the Nursing Admission Coordinator as part of the application process.

Degree Requirements

Upper division credit applicable to the degree will be granted for successfully passing the NCLEX exam and completing clinical courses in the student's ADN program.

<i>Total Units required for B.S. degree</i>	<i>= 180</i>
<i>@ maximum credit for Community</i>	
<i>College work</i>	<i>= 105</i>
<i>@ upper-division granted nursing credit</i>	<i>= 18</i>
<i>@ CSUEB nursing courses</i>	<i>= 41</i>
<i>@ other required course s</i>	<i>= 16</i>

RN-BSN Major Requirements (52)

- I. Prerequisite courses = 36

(Many lower division courses are included in the 105 transferred from community colleges.)

- Human Anat & Physiology I (BIOL 2010) (5)
- Human Anat & Physiology II (BIOL 2020) (5)

Introduction to Microbiology (BIOL 2025) (5)
Inorganic Chemistry (CHEM 1601) (4) OR
Organic Biochemistry (CHEM 1602) (4)
Expository Writing (ENGL 1001) (4)
Oral Communication (COMM 1004 or 1000) (4)
Statistics (STAT 1000) (5)
A course in Critical Thinking (suggested courses are PHIL 1000, PHIL 1001, PSYCH 1100) (4)

II. Transferable courses = 16

Pharmacology* (NURS 2015) (3)
Nutrition* (NURS 2010 or BIOL 3070) (4)
General Psychology (PSYC 1000) (5), AND
1) Introduction to Sociology (SOC 1000) (4), OR
2) Introduction to Anthropology (ANTH 1000), OR
3) Cultural Anthropology (ANTH 1300) (4)

Application

To be considered for admission to the RN Advanced Placement Track, students must complete two application forms:

1. The CSU Application for Admission.
2. The RN-BSN Supplemental Application.

These forms should be filed in November for the Fall Quarter of the following year. Late applications may be accepted until March 1 pending space availability. Call the department office.

Upper Division Major Requirements = 57

I. Nursing Courses = 41

NURS 2005 or BIOL 4160 (4)
NURS 3202 Nursing Leadership (4)
NURS 3401 Legal Aspects (2)*
NURS 3502 Continuity of Care (2)
NURS 3503 Physical Assessment (3)
NURS 3505 Advanced Principles I (4)
NURS 3507 Advanced Principles II (4)
NURS 3509 Advanced Principles III (4)
NURS 4203 Research Synthesis(2)
NURS 4207 Principles of Community
Health Nursing (2)
NURS 4208 Practicum of Community
Health Nursing (4)
NURS 4301 Preceptorship Seminar (2)
NURS 4305 RN Preceptorship Project or Skills
Lab Practicum (4)

II. Other required courses = 16

Hist 4710, History & Trends of Nursing-C4** (4)

Human Growth & Development-D4** (4)

HDEV 3800

Upper Division Science - B6** (4)

Upper Division Elective (4)

* Documentation of content from transcripts can be accepted for these courses. Units will then be included in the 105 transfer units.

**These courses can be used to meet the 3 Upper Division G.E. courses required to graduate provided they are taken at CSUEB after obtaining Junior standing.

For information, please consult the Web site (www.sci.csueastbay.edu/nursing - Click the RN-BSN Program link) or call the Department of Nursing and Health Sciences Office at (510) 885-3481. Hayward office hours are Monday through Friday, 8:00 a.m. - 5:00 p.m. The Hayward office is located the North Science Building, Room 143.

RN ADVANCED PLACEMENT OPTION

Preceptorship NURS 4301 and 4305

The preceptorship component of the RN Advanced Placement Option is 12 units and includes the following three courses.

1. NURS 4301 (Preceptorship Seminar-2 units)

2. NURS 4305 (Preceptorship Practicum-6 units)

There are two options for completing the preceptorship practicum (NURS 4305). Students are expected to choose an option and complete the associated application materials during the Winter quarter of the bridge year. Application information is available in the Fall quarter NURS 3505 course syllabus. Each option is described below.

➤ **RN-BSN Project Option**

This preceptorship course option offers the RN-BSN student an opportunity to develop a new role within her current place of employment. The student's work setting is analyzed for appropriate learning activities in collaboration with agency staff and preceptorship faculty. 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. The student writes a project proposal and implements the project in the work setting in collaboration with agency staff and faculty advisor. The student is expected to spend a minimum of ninety hours on this project.

➤ **RN-BSN Skills Lab Option**

This preceptorship course option allows the RN-BSN student an opportunity to develop teaching skills in collaboration with a preceptor and faculty liaison. The student works with Level I and Level II students in health assessment and skill acquisition courses. Acute care medical-surgical experience and faculty approval is required. The student is expected to complete 180 hours in the skills lab.

Please consult with your faculty advisor or preceptorship coordinator if you have any questions about the information above.

RN LICENSURE GRADUATION PROCEDURES

RN LICENSURE PROCEDURE

Board of Registered Nursing RN Licensure packets will be distributed by the Department Office. A group meeting will be scheduled in Fall Quarter. The purpose of the meeting will be:

1. to orient students to the licensure procedure;
2. to distribute and assist students in completing the paperwork; and,
3. inform students of documentation which must accompany application for licensure.

TAKING BOARDS AS A GRADUATE OR NON GRADUATE

Students may choose to take the Board exam as graduate or nongraduate

In order to be eligible to take Boards as a nongraduate, 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 NLCEX after completing the LVN 45 unit option means that your license to practice nursing may ***not*** be recognized in all 50 states.

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 quarterly schedule of classes. Also please refer to the section A Graduation Procedure, under “Student Checklist” section of the online class schedule.*

COST

The Board of Registered Nursing charges \$137 to evaluate a student’s eligibility to take the exam (this fee includes the \$30 charge for the optional Interim Permit). Once the Board determines a student to be eligible to take the exam, the student will pay a \$200 registration fee to the Test Center. These charges are subject to change.

*Students will also be reminded periodically to see Nursing Advisors about their progress through the major and degree requirements.