NURSING STUDENT HANDBOOK
2018 - 2019

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Welcome to the Department of Nursing at Tri-County Technical College. You have chosen a school committed to offering students opportunities for growth, and a nursing program that is known for its educational strength.

The nursing faculty will be your guide throughout the educational process to prepare you to meet the challenges of a nursing career. You are encouraged to work closely with faculty as instructors and advisors to help you achieve course expectations and program goals.

The purpose of this handbook is to assist you as a nursing student at Tri-County Technical College. You are urged to review the information it contains, and to utilize it for reference regarding Department of Nursing policies and procedures.

Best wishes for a successful academic year.

Jackie Rutledge, Department Head
Kristen Lundkovsky, ADN Program Director
Julie Vernon, PN Program Director

The Handbook is updated yearly. Students are required to follow the handbook for the current academic year.

The Associate Degree Nursing and Practical Nursing Programs are accredited by the Accreditation Commission for Education in Nursing (ACEN). The ACEN is a resource for information regarding fees and length of program. They can be reached at the Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326. P. 404.975.5000 F. 404.975.5020

www.acenursing.org
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BLOOD BORNE SAFETY AND HIPAA PRIVACY FORM
IMMUNIZATION RECORD
CLASS ACKNOWLEDGEMENT
STUDENT HANDBOOK DISCLAIMER
WORKERS COMPENSATION INJURY PROTOCOL
Remediation
TECHNICAL STANDARDS
GRADUATION
NURSING SUCCESS
SOUTH CAROLINA BOARD OF NURSING ADVISORY OPINIONS
PHILOSOPHY
Associate Degree and Practical Nursing Program

MISSION
The Mission of the Nursing Program is to prepare caring, competent, beginning practitioners who function within the role of the Associate Degree Nurse or Practical Nurse.

VISION
The Associate Degree Nursing and Practical Nursing Programs will be recognized by the community as an accountable, responsive, and quality provider of nursing education. The program will enhance the transfer of knowledge, skills, and caring from competent and effective faculty who model nursing professionalism to students by focusing on the holistic learning needs of students. In order to support the goal of meeting the nursing workforce needs in the community, the Associate Degree and Practical Nursing Programs will participate in professional development and collaborative activities related to the nursing field. These activities will help faculty expand and use new resources for classroom and clinical delivery to promote improved student learning, promote faculty development and collaboration to expand its resources for student learning.

PHILOSOPHY
In keeping with the admissions policy of the institution, the nursing programs serve a student population that is diverse in gender, age, race, culture, ethnicity and educational background.

The Nursing Faculty believes that nursing practice provides safe, holistic, quality, health care to clients across the life span in diverse settings, taking into consideration the uniqueness and dignity of each individual and his/her special needs. Practice is guided by client advocacy, the ethical and legal framework of nursing as well as evidence based practice which requires each nurse to be accountable for his or her own actions.
ASSOCIATE DEGREE NURSING PROGRAM

ORGANIZATIONAL FRAMEWORK

The educational courses and lessons within the program are organized using the following:

- Nursing Process
- Clinical Judgment
- Communication
- Evidence-Based Practice
- Teamwork and Collaborative
- Professional Practice
- Advocacy

ASSOCIATE DEGREE NURSING INDIRECT OUTCOMES

a. Eighty percent of students pass NCLEX-RN on the first writing. South Carolina requires scores will be maintained annually at no greater than five percent below the national pass rate.

b. Graduation Rates: Seventy percent of the students that start the first nursing course will complete the program in three years.

c. Ninety percent of graduates will be employed in nursing within six months of graduation or enrolled in a BSN completion program.

PROGRAM OUTCOMES

1. Advocate for patients and families across the lifespan.
2. Provide safe and effective patient care using nursing judgement.
3. Develop your role as a professional nurse.
4. Evaluate evidence-based practice to improve patient care.
PRACTICAL NURSING PROGRAM

ORGANIZATIONAL FRAMEWORK

The educational courses and lessons within the program are organized using the following:

- Professionalism
- Nursing Process
- Safety
- Communication
- Education

PRACTICAL NURSING INDIRECT OUTCOMES:

a. Eighty percent of students pass NCLEX-PN on the first writing. South Carolina requires scores will be maintained annually at no greater than five percent below the national pass rate.
b. Graduation Rate: Seventy percent of the students that start the first nursing course will complete the program two years.
c. Within six months of graduation, ninety percent of the graduates will be employed or be seeking advanced education.

PROGRAM OUTCOMES

1. Perform nursing skills within the scope of practice
2. Apply the Nursing Process
3. Communicate therapeutically
4. Work effectively in a team
5. Teach health related concepts
6. Maintain professionalism

Revised Philosophy – 03/2006
Revised 6/2018
Nursing Department
June 2018

Associate Degree Nursing

- Enrollment in the major courses begins in the Fall and Spring terms
- Entry to clinical Program options:
  - Traditional Associate Degree Nursing: four semesters are required to complete the degree
  - LPN to ADN Transition Nursing: Three semesters are required to complete the degree

Practical Nursing Diploma

- Enrollment in the major courses begins in the Fall and Spring terms
- All PN courses are held at the Easley campus.
- Students complete requirements in two semesters and one Summer term.

Nursing Program Outcomes

**Outcome:** NCLEX scores for First-Time Candidates Licensed Pass Rates (National Council State Board Nursing Education Program Summary)

**Expected Level of Achievement:** Eighty percent of students pass NCLEX-RN on the first writing. South Carolina requires scores will be maintained annually at no greater than five percent below the national pass rate.

**Outcome:** Associate Degree Nursing Program Graduation Rate

**Expected Level of Achievement:** Seventy percent of the students that start the first nursing course will complete the program in three years.

**Outcome:** Practical Nursing Program Graduation Rate

**Expected Level of Achievement:** Seventy percent of the students that start the first nursing course will complete the program in two years.

**Outcome:** Graduate Rate of Employment

**Expected Level of Achievement:** Within six months of graduation ninety percent of the graduates in both, the Associate Degree Nursing and Practical Nursing Programs will be employed or be seeking advanced education.
STUDENT RIGHTS WITH ACCOMPANYING RESPONSIBILITIES

Nursing Students at TCTC have the following rights:

1. To be treated with respect, civility, and dignity, to include receiving answers to questions
   a. To treat the instructor and other students in the class with respect, civility, and dignity
   b. To ask questions in good faith and in as clear a manner as possible

2. To enjoy an orderly and non-distracting classroom environment
   a. Not to distract others in class (“Golden Rule”)
   b. To try sincerely to become interested and engaged in the course material and classroom activities

3. To be treated fairly and equitably as other students
   a. Not to request preferential treatment
   b. To follow course policies
   c. To know and understand the contents of the syllabus and nursing student handbook

4. To receive clear learning objectives
   a. To ask for explanation of any unclear learning objectives

5. To receive appropriate and effective instruction that makes good use of in- and out-of-class time
   a. To come to class on time and prepared, with any homework that is due

6. To receive thorough and prompt feedback on work
   a. To turn in assignments on time
   b. To receive the feedback and follow it

7. To receive accommodations to a learning disability
   a. To bring honest documentation of the disability to the instructor and the university appropriate office
   b. To explain before classes begin what accommodations are needed

8. To have grades and other personal information kept private, as specified in FERPA
   a. Individual grades are private and are intended to guide individual improvement strategies, not group strategies.
ADMISSION
ADMISSION:

Admission to the Nursing Department starts with admission to the College. After acceptance to the College, the student will declare a program of study. Students may find the curriculum guide representative of their course of study by going to the TCTC public website, www.tctc.edu. It is the responsibility of the student to track the progress of program prerequisites. The student must meet with an assigned program advisor each semester for guidance and to ensure prerequisite changes have not occurred. Changes in program and curricular requirements can occur.

COMPETITIVE CLINICAL ENTRY

Competitive clinical entry guidelines have been implemented for all Practical, Associate Degree, and LPN to RN Transition Nursing students. Competitive clinical entry allows the most qualified students to enter the clinical portion of the program. Nursing students are strongly encouraged to have certified nursing assistant training prior to the competitive clinical entry application process. Interested students can go to www.tctc.edu or contact the Health Education Admissions Liaison office (Pendleton Campus, Fulp Hall, Room 401) for more information. The application is an automated document found on the Get Set tab in eTC for eligible students.

To have eligibility, an Associate Degree Nursing student must:
- have a minimum AITS (Adjusted Individual Total Score) ATI TEAS score
- have a minimum transfer or institutional GPA of 2.5; and
- Complete before clinical entry ENG 101, BIO 101, MAT 120 and Hum

To have eligibility, a Practical Nursing student must:
- have a minimum AITS (Adjusted Individual Total Score) ATI TEAS score,
- have a minimum transfer or institutional GPA of 2.0, and
- Participate in the online Updates to Nursing/Pre-Nursing Workshop.

To have eligibility, an LPN to RN Transition Nursing student must:
- Graduation from an ACEN accredited, credit-bearing program or equivalent Military training.
- Have minimum scores on ATI TEAS test and ATI Fundamentals of Nursing test of level 2 or higher
- Have a current, active and unencumbered Multi-State PN license
- BIO 101, ENG 101, MAT 120 and BIO 210 with a grade of “c” or higher;
- Have a transfer or institutional GPA of 2.5 or higher

Applications must be submitted each term until clinical entry occurs. Application deadlines will be firm. Information, such as detailed instructions, complete worksheet and policy, can be found at the TCTC public website for Associate Degree at http://www.tctc.edu/x1121.xml and for Practical Nursing at http://www.tctc.edu/x1120.xml.
Entry to Clinical Program - LPN Transition to RN

The program curriculum guide can be found on the TCTC public website at http://www.tctc.edu/x1148.xml. It is the responsibility of the student to track the progress of program prerequisites. The student must meet with an assigned program advisor each semester for guidance and for confirmation that prerequisite changes have not occurred. (Changes in program and curricular requirements can occur.)

Once requirements are completed, the student must go to the Nursing Office, Pendleton Campus, Fulp Hall, Room 401 or 404 to submit a “Notice of Completion” form with all required documentation. (The form is available on eTC public website at http://www.tctc.edu/x1148.xml.)

*Program acceptance is based on space availability and submission of application does NOT automatically guarantee a seat in the Transition Nursing Program. Notice of Completion form and Competitive Clinical Entry application must be submitted each semester to be considered for eligibility.

Program Notification

Accepted students will receive an e-mail through the student’s Tri-County Technical College e-mail account. This e-mail serves as an official offer for a seat into the program and identifies the non-refundable program deposit fee deadline date. Failure to pay the program deposit fee by the specified date may result in loss of seat. The student must continue to maintain the minimum GPA even though the program deposit fee has been paid.

INSTRUCTIONS TO STUDENTS: ASSOCIATE DEGREE, PRACTICAL NURSING, and LPN TO RN TRANSITION

1. **Application for Competitive Clinical Entry**
   Study the guidelines and download the Nursing Clinical Entry Application Worksheet.
   a. Point values have been assigned to selected requirements. Each student is allowed to retake a course or test to improve point totals.
   b. Submit the printed application to the Nursing Office, Fulp Hall 401 (Health Science Building).
   c. Students desiring a clinical seat must submit a Nursing Clinical Entry Application for **that semester** by the deadline date. The deadline date will be posted on public site at www.tctc.edu.
   d. The email address listed on eTC is the address that will be used to contact the student for clinical entry.
   e. If the contact information changes, it is the student’s responsibility to make the change to the eTC account and notify the Nursing Office, Fulp Hall, 401.

2. **Questions**
   Admissions Liaison: Bailey Woods (Fulp 401) at wwoods@tctc.edu Office phone: 646-1620. Alternate contact: Joan Venet (Fulp 404) at jvenet@tctc.edu or 646-1479
GUIDELINES FOR COMPETITIVE CLINICAL ENTRY - ASSOCIATE DEGREE NURSING and LPN TO RN TRANSITION

1. Students must have a GPA of 2.5 or above to apply.

2. Students must have successfully completed the ATI TEAS test with a minimum AITS score. If students are transferring in ATI TEAS scores, they must be transferred in no later than one week prior to the application deadline.

3. General Education transfer courses must have been evaluated by TCTC Student Records no later than a week prior to any deadlines.

4. Students desiring a clinical seat must submit a Nursing Clinical Entry Application by the deadline date. This includes the Nursing Clinical Entry Application (found at eTC → Get Set Tab) plus any attachments. The deadline date will be posted on the worksheet and Criteria and Instructions on the program information page of the College’s website. Applications will not be accepted after the posted deadline.

5. The student is responsible for the accuracy of the information found on the Nursing Clinical Entry Application as it relates to points earned. For errors or incomplete information about transfer credits or grades, a request must be submitted for review or change, to Student Records one week prior to the application deadline. If the question is about degrees from other colleges not showing, contact Admissions. There are no exceptions to this one week requirement.

6. Incomplete Competitive Clinical Entry applications will not be considered.

7. Applicants with the highest point totals will be offered seats in the NUR class. If two or more students have the same total points, rank will be based on:
   1) the student’s successful ATI TEAS score
   2) technical GPA

8. To get points for a degree, the system must show an awarded degree, or a graduation application approved.

9. To get points for an Associate of Science (AS), the graduation application must have been submitted to the Arts & Science Division office.
   a. The Admission Liaison will track the completion of the degree

10. If a student successfully challenges a course or gets CLEP credit for a course, (s)he will be awarded the point value of a C in that course.

11. Students with AP credit for an applicable course will receive a point equivalent of 3 for a C, 4 for a B or 5 for an A. If a score report is not available, the default will be a C.

For more information and to see associated handouts, please refer to www.tctc.edu
GUIDELINES FOR COMPETITIVE CLINICAL ENTRY - PRACTICAL NURSING

1. A minimum institutional GPA of 2.0 or above to apply.

2. Students must have a minimum AITS ATI TEAS score. If students are transferring in TEAS scores, they must be transferred in no later than one week prior to the application deadline.

3. General Education transfer courses must have been evaluated by TCTC Student Records no later than one week prior to the application deadline.

4. Students desiring a clinical seat must submit a Nursing Clinical Entry Application by the deadline date. This includes the Nursing Clinical Entry Application (found at eTC → Get Set Tab) plus any attachments. The deadline date will be posted on the worksheet and Criteria and Instructions on the Program Information Page of the College’s website. Applications will not be accepted after the posted deadline.

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7. Applicants with the highest point totals will be offered seats. If two or more students have the same total points, rank will be based on:
   1) the student’s successful ATI TEAS score
   2) technical GPA

8. To get points for a degree, the system must show an awarded degree, or a graduation application approved.

9. To get points for an Associate of Science (AS), the graduation application must have been submitted to the Arts & Science Division office. The Admission Liaison will track the completion of the degree

10. If a student successfully challenges a course or gets CLEP credit for a course, they will be awarded the point value of a C in that course.

Students with AP credit for an applicable course will receive a point equivalent of 3 for a C, 4 for a B or 5 for an A. If a score report is not available, the default will be a C. It is the intent of
the Competitive Clinical Entry process that a student who accepts a seat in a program, remains in that program until the program has been completed, or they are academically withdrawn.

For more information and to see associated handouts, please refer to www.tctc.edu

**AHS 117**

**Students who have experience but no credential, or have an expired credential/training:**
If a student works in a health care setting, but has no credential, they may challenge the course final and demonstrate skills, or take the AHS 117 Patient Care course for a grade. Successful completion of the challenge exam will result in work experience credit. This also applies to CNAs who have an expired certification. **AHS 117 is strongly recommended and will provide additional points to Competitive Entry Application.**

Current CNAs and Students who have completed CNA training/PCT
A student who has a current CNA certification, or a student who has successfully completed the training, (for example, HS or Corporate and Community Education) can receive work experience credit by providing the training certificate, credential (or transcript)

If a student has completed Patient Care Technician (PCT) classes (at a SC Technical College), they may receive full credit for the course by submitting a satisfactory grade on the official transcript to Student Records.

Students who wish a waiver for AHS 117 should contact Joan Venet via email at jvenet@tctc.edu, or via phone at 864-646-1479.

**Fee for a course exemption by challenge exam $75.00***
*Subject to change

**ACADEMIC ADVISEMENT**

Each student will be assigned a nursing faculty advisor to assist in advisement and scheduling of courses. The student is responsible for scheduling an appointment to be seen by his/her advisor during the early advisement period. Appointments for advisement during this period should be scheduled through Starfish. Students are required to meet with the assigned faculty member prior to each registration period. NO telephone or email advising will be permitted by College policy.

Once an appointment is scheduled, the student is expected to attend the appointment. If the student is unable to attend the student should notify their Advisor or the Nursing Division’s administrative assistant in advance of the appointment that he/she will not be able to attend. If a student misses two scheduled advising appointments they will be required to meet with the Health Education Dean.
PROGRAM FEES (ADN AND PN PROGRAMS)

- Pocket Nurse kit $95.00 (one-time fee)
- ATI fee per semester: $542.00 (ADN) $498.00 (PN)
- E-Value fee $110.00 per year
- Drug Screen fee $35.00 per year
- Malpractice fee $5.00 per clinical course
- HealthStream fee $15.00 per year
- Packet fee $12.00 per course
- Course material fee AD $12.00 PN $10.00

Other Expenses

- Entry seat fee in program $100.00 (one-time fee)
- Books for nursing courses $1200.00 (ADN) and $500 (PN) (New books estimated cost at TCTC Campus Store)
- Uniforms $200.00 for program
- Stethoscope, scissors, hemostats, penlight, etc. $200.00

Note: All fees are subject to change

BACKGROUND CHECKS

All clinical agencies require background checks. Certain clinical agency requirements may necessitate more than one background check and/or drug screen. The results of the background check may determine if a student is eligible to enter clinical agencies.

1. A student must be able to enter and/or remain in all clinical agencies to progress within a program. Inability to progress within a major for this reason will result in administrative withdrawal from the program.

2. Students are responsible for paying for, and signing any release forms at the start of the initial semester in any clinical course to obtain the background checks.

3. Failure to complete a background check will result in administrative withdrawal from the program. The check must be done prior to the start of the semester that the student enrolls in a clinical course in the Health Science Division. There are directions for this on-line service in the “Plan My Schedule” section of the “Get Set” tab on eTC.
**DRUG SCREENS**

All of the hospital clinical agencies that are used by the program require that the students be drug screened.

1. Drug screen is a fee attached to the following courses (NUR 139, NUR 229, Transition, and PNR 175) for the RN and LPN programs.
2. If a student becomes out of sequence for any reason they will be notified by the Health Education Division Office about paying separately for the drug screen.
3. All students will be drug screened at least annually while they are in the program.
4. The time and date of the drug screening will be sent in an email to the students’ college account from the Health Education Division Office.
5. Any student with a positive drug screen will be required to meet with the Dean.
6. Failure to complete the drug screen will be seen as a positive result with subsequent removal from the program.
7. A student must be able to enter and/or remain in all clinical agencies to progress within the program. Inability to progress within a major for this reason will result in administrative withdrawal from the program.

**HEALTHSTREAM**

All of the hospital clinical agencies that are used by the program require that the students complete HealthStream.

1. HealthStream is a fee attached to the following courses (NUR 139, Transition, NUR 229 and PNR 175) for the RN and LPN programs.
2. If a student becomes out of sequence for any reason they will be notified by the Health Education Division Office about paying separately for HealthStream.
3. All students will be required to complete HealthStream annually while they are in the program.
4. Failure to complete all assigned HealthStream modules will result in subsequent removal from the program.

**TECHNICAL STANDARDS**

All students will fill out a Technical Standards form at the beginning of the program. This form outlines the standards that need to be able to be performed in the Health Education Division. If NO is answered to any statement the student will be referred to Student Disability Services for the appropriate accommodations. See Appendix G
NURSING SUCCESS
Nursing Success Committee Policy

1. A minimum nursing course grade of “80” is required to progress to subsequent associate degree nursing (ADN) courses and Satisfactory Clinical Performance. A minimum nursing course grade of “75” is required to progress to subsequent practical nursing (PN) courses and Satisfactory Clinical Performance.

2. After acceptance in the nursing program:
   - Students MUST complete all didactic/clinical nursing coursework within 3 years (36 months) for ADN and 2 years (24 months) for PN.
   - These students may be required to show competency if they sit out more than one term. Competency requirements will be determined by the Program Director and recommended to the Nursing Department Head.

3. All students who do not achieve the minimum nursing course grades (“80” for ADN and “75” for PN with satisfactory clinical performance) must submit a written request to repeat the course through the Nursing Success Committee. All students are reminded of the submission procedure and due date via eTC email. The ability to repeat a course is ultimately based upon seat availability, as determined by the Nursing Department Head or Program Director. Students who repeat a course must satisfactorily complete all remediation requirements recommended and assigned by the committee.

Please refer to the following as they pertain to continued success within the program:

- A final weighted course grade of less than “80” in any ADN course or a final course grade of less than “75” in any PN course constitutes one (1) failure.
- If a student fails the same ADN or PN course twice, he/she will not be allowed to continue in the program.
- If a student fails two (2) different ADN or two (2) different PN courses in the same semester (example: NUR 104 and NUR 106 or PNR 130 and PNR 140, he/she will not be allowed to continue in the program.
- If a student fails any two (2) ADN or any two (2) PN courses at any time in the sequence of the programs (example: NUR 139 and NUR 230 or PNR 120 and PNR 140, he/she will not be allowed to continue in the program.
- Revised AY 2017 Nursing Department Grading Scale (Advisory Board Approval for both ADN and PN)
  - A = 90 to 100
  - B = 80 to 89
  - C = 75 to 79
  - D = 70 to 74
  - F = 69 or <
• A student can fail for other reasons to include safety concerns in clinical as identified by a clinical agency, adjunct, or full time nursing faculty and/or violating agency contract, such as HIPAA, etc. This provision is in every HE clinical course that involves off-campus or animal labs.

**SUPPORT COURSE FAILURE**

A course grade of "D" or "F" in a general education course that is required for the curriculum will require retaking the course during the next semester the course is available. All co-requisite courses must be completed by the time indicated on the curriculum plan.
# CURRICULUM PLAN – ADN

## Generic Track

### 1st Semester
- **BIO 101 Biological Science** 3 3 4
- **ENG 101 English Composition I** 3 0 3*
- **XXX Humanities Requirement** 3 0 3*
- **MAT 120 Probability & Statistics** 3 0 3*

### 2nd Semester
- **BIO 210 Anatomy & Physiology I** 3 3 4*
- **NUR 104 Nursing Care Management I** 2.5 4.5 4
- **NUR 106 Basic Pharmacology** 2 0 2
- **NUR 139 Introduction to Nursing Concepts** 2.5 1.5 3
- **PSY 201 General Psychology** 3 0 3*

### 3rd Semester
- **BIO 211 Anatomy and Physiology II** 3 3 4*
- **NUR 162 Psychiatric and Mental Health Nursing** 3 0 3

- **NUR 145 Physiological Adaptation and Risk Reduction I** 2.5 4.5 4
- **NUR 146 Physiological Adaptation and Risk Reduction II** 2.5 4.5 4

### 4th Semester
- **BIO 225 Microbiology** 3 3 4*
- **NUR 229 Nursing Care Management** 4 6 6
- **NUR Elective** 3 0 3
- **SPC 205 Public Speaking** 3 0 3*

### 5th Semester
- **NUR 221 Advanced Nursing Concepts** 2 9 5
- **NUR 230 Physical Assessment** 1.5 4.5 3

Total Program Hours: 68

*All courses scheduled in the curriculum plan must be taken prior to or concurrent with the nursing course scheduled for that term. No concurrent course may be delayed. Any alterations or substitutions to the curriculum plan must be approved by the Department Head and/or Program Coordinator. **Humanities electives include University Transfer courses in literature, art, music, philosophy, history, 200 level foreign language or HSS 205. C – class hours per week L – lab hours per week*
# CURRICULUM PLAN – LPN to RN Transition

## FIRST YEAR

<table>
<thead>
<tr>
<th>1st Term</th>
<th>C</th>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>BIO 211 Anatomy and Physiology II</td>
<td>3</td>
<td>3</td>
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</tr>
<tr>
<td>NUR 145 Physiologic &amp; Risk Reduction I**</td>
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<td>4.5</td>
<td>4</td>
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<tr>
<td>NUR 146 Physiologic &amp; Risk Reduction II**</td>
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<td>4.5</td>
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<tr>
<td>NUR 162 Psychiatric and Mental Health Nursing</td>
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<tr>
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<tr>
<td>BIO 225 Microbiology</td>
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<td>PSY 201 General Psychology</td>
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<tr>
<td>NUR Elective Requirement</td>
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## SECOND YEAR

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<th>3rd Term</th>
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<tr>
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<tr>
<td>SPC 205 Public Speaking</td>
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<td>NUR 230 Physical Assessment</td>
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<tr>
<td>Humanities</td>
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<tr>
<td></td>
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<td>14 hours</td>
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</tbody>
</table>

Total Program Hours: 68

LPN articulation agreement allows for 9 hours credit to be awarded after successful completion of NUR 145/146 with a grade of “B” or higher in each course, for a total of 68 credit hours total in the curriculum.

NOTE: BIO 101, ENG 101, BIO 210, and MAT 120 are general education courses that must be successfully completed prior to starting the transition program (NUR 145/146). All courses scheduled in the curriculum plan must be taken prior to or concurrent with the nursing course scheduled for that term. No concurrent course may be delayed. Any alterations or substitutions to the curriculum plan must be approved by the Department Head and/or Nursing Faculty.

** Six week courses

***Humanities electives include university transfer courses in literature, art, music, philosophy, history, 200 level foreign language or HSS 205.

C – class hours per week L – lab hours per week
# LPN CURRICULUM PLAN

## LPN August Entry

### FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>BIO 101 Biological Science I</td>
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<tr>
<td>ENG 101 English Composition I</td>
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<tr>
<td>PNR 175 Practical Nursing Skills</td>
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<tr>
<td>PNR 120 Medical-Surgical Nursing 1</td>
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</table>

16 hours

### SPRING SEMESTER

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<th>Course</th>
<th>C</th>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>BIO 210 Anatomy and Physiology I</td>
<td>3</td>
<td>3</td>
<td>4*</td>
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<tr>
<td>PNR 121 Fundamentals of Pharmacology</td>
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<tr>
<td>PNR 130 Medical-Surgical II</td>
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<tr>
<td>PNR 140 Medical-Surgical III</td>
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16 hours

### SUMMER TERM

<table>
<thead>
<tr>
<th>Course</th>
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<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>BIO 211 Anatomy and Physiology II</td>
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<td>3</td>
<td>4*</td>
</tr>
<tr>
<td>MAT 120 Probability and Statistics</td>
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<td>3*</td>
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<tr>
<td>PNR 154 Maternal/Infant/Child Nursing</td>
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<tr>
<td>PNR 181 Special Topics</td>
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<tr>
<td>PSY 201 General Psychology</td>
<td>3</td>
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<td>3*</td>
</tr>
</tbody>
</table>

16 hours

Total Program Hours: 48

*All courses scheduled in the curriculum plan must be taken prior to or concurrent with the nursing course scheduled for that term. No concurrent course may be delayed. Any alterations or substitutions to the curriculum plan must be approved by the Department Head and/or Nursing Faculty.*

C – class hours per week  
L – lab hours per week
## LPN January Entry

### SPRING SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>C</th>
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<tbody>
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<tr>
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<td>3</td>
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<tr>
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<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>PNR 120 Medical-Surgical Nursing 1</td>
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16 hours

### SUMMER SEMESTER

<table>
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<tr>
<th>Course</th>
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<td>PNR 121 Fundamentals of Pharmacology</td>
<td>2</td>
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<tr>
<td>PNR 130 Medical-Surgical II</td>
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</tr>
<tr>
<td>PNR 140 Medical-Surgical III</td>
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16 hours

### FALL SEMESTER

<table>
<thead>
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</tr>
</thead>
<tbody>
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<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>PNR 181 Special Topics</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PSY 201 General Psychology</td>
<td>3</td>
<td>0</td>
<td>3*</td>
</tr>
</tbody>
</table>

16 hours

Total Program Hours: 48

*All courses scheduled in the curriculum plan must be taken prior to or concurrent with the nursing course scheduled for that term. No concurrent course may be delayed. Any alterations or substitutions to the curriculum plan must be approved by the Department Head and/or Nursing Faculty. C – class hours per week L – lab hours per week
ATTENDANCE POLICY
Attendance and promptness are expected professional behaviors of all nursing students. If a student misses more than 2 classes of lecture or 10% clinical time, within the enrolled session, then the student will be administratively withdrawn from the course.

Attendance for all clinical, including skills lab, is expected. All clinical absences must be reported to the clinical instructor and/or facility as soon as possible before the beginning of the clinical experience. Any missed clinical will result in an “Unsatisfactory” for that clinical experience. No special consideration for extended vacations will be made.

Clinical Make-Up
Make-up of clinical or skills lab absences will be at the discretion of the clinical instructor and in consultation with the course coordinator. The clinical make-up may entail alternate times and sites. The opportunity to make-up clinical cannot be guaranteed and may result in a clinical failure.

Exam Make-Up
Absence from an examination is a special circumstance that must be managed according to the following policy.
1. All exams will be made up and may be given in an alternate manner.
2. The student must contact the course coordinator prior to the exam start time to set up a date for taking the missed exam.
3. Missing a second exam that term may result in administrative withdrawal or a WF for the course.

Grading System
The grading scale used by The Associate Degree Nursing and The Practical Nursing program to compute grades is as follows:

   A  90 - 100
   B  80 - 89
   C  75 - 79
   D  70 - 74
   F  69 or <

Clinical = Satisfactory/Unsatisfactory

All written assignments are due on the date and time stipulated. Assignments submitted after the due date and time will have 5 points deducted for each day late, at discretion of Instructor.

EVALUATION – Practical Nursing
Grading Information
To meet course requirements and pass this course you must:
1. Theory Component
   A. Complete scheduled unit exams with a 75% or higher.
B. Complete any assigned standardized testing.

2. Clinical Component
   A. Satisfactory on all Clinical, simulation and lab outcomes

3. Course Grade
   A. To receive a passing grade the student must have both:
      1. An overall theory grade of 75% or higher.
      2. A satisfactory on all clinical outcomes.
   B. A student receiving an overall unsatisfactory in clinical will be unable to complete
      the course requirements.

EVALUATION – Associate Degree Nursing

Grading Information
To meet course requirements and pass this course you must:

1. Theory Component
   A. Achieve a weighted exam average of 80 or greater on the unit exams and the final
      exam.
   B. Other assignments will be added to the grade per the Grading Rationale once the
      80 average is achieved on the unit and final exams to calculate the overall theory
      grade. See grade calculation method below for all components of the theory grade.
   C. Complete all scheduled unit exams
   D. Complete ATI assigned test modules on assigned dates.
   E. Complete Shadow Health Modules on assigned dates.
   F. Complete all quizzes (announced or unannounced)
   G. Complete any assigned group work or projects

2. Clinical Component
   A. Achieve satisfactory on all clinical outcomes
   B. Attend all assigned clinical experiences including simulation. Any clinical
      experience that is missed will count as unsatisfactory for clinical. NOTE: That 3
      unsatisfactory(s) will result in failure of clinical.
   C. E-Value must be completed by the student within 24 hours of the clinical day. Any
      student who fails to complete E-Value is failing to complete one of the required
      components of clinical and therefore failing to complete E-Value will result in an
      unsatisfactory in clinical.

3. Course Grade
   A. Course Grade: The Clinical Component must have a satisfactory grade and the
      weighted exam average must be > 80 to be satisfactory in the course
   B. Actively participate in assigned team activities. Failure to participate will result in a
      grade of "0" on the activity.
   C. Receive a satisfactory final evaluation for clinicals. A student receiving an
      unsatisfactory final evaluation for clinicals and simulation experiences will not be
      allowed to complete the course requirements.
Exam Grades
1. Unit exam grades may be given to the students at the next class meeting or posted to Black Board. Exam reviews will be conducted at the discretion of the teaching faculty. The students will not have access to their exam booklet except under faculty supervision.
2. Final exam grades will not be posted or given to the students until the final grade for the course is posted in the computer system. Students are encouraged to record grades in their personal records as they are given.

CONFIDENTIALITY
All nursing students may be required to sign a confidentiality statement related to clinical agencies. The student is expected to comply with the terms of the statement throughout the nursing program. (Failure to comply provides grounds for the inability to progress in the nursing course in which the incident occurs.) All students are expected to comply with HIPAA guidelines as stipulated by clinical agencies.

IMMUNIZATIONS AND CPR
All students entering the nursing sequence are required to submit a current, complete, and accurate immunization form along with proof of immunizations (source document from doctor’s office, health department, pharmacy or hospital). (see appendix B). Students must upload the immunization source documents into E’value and keep them updated throughout the program.

This information should be submitted by the deadline provided in the student’s acceptance packet. Entry into the clinical areas WILL NOT be allowed until this requirement is met. Failure to comply will result in removal from the course.

All students entering the nursing sequence must provide documentation of certification in cardiopulmonary resuscitation for the adult, infant, and child, and include AED and choking. CPR certification must remain current throughout the entire proceeding semester. Online CPR certification is prohibited, unless the course includes a demonstration of skills competencies.

CHANGE IN HEALTH STATUS
Documentation of emotional and physical ability to carry out the normal activities of nursing care may be required for continuation in the program if the health status of a student changes following admission to the program. Students are to notify faculty and /or Program Director or Department Head immediately if they have an infectious disease.
POLICY OF TRANSMITTED DISEASES

Nursing students and faculty should be particularly aware of the potential contamination from infectious agents in the health care environment. It is important that everyone be alert to prevent accidental exposure. Since faculty cannot reliably identify all patients with a transmissible disease, especially those in an emergency situation, it follows that health care practitioners should treat all patients at all times as if they were a potential source of infection. This approach includes precautions for contact with patient’s blood and body fluids. This is referred to by CDC (Center for Disease Control) as "precautions". Practice of these precautions will ensure protection against HIV (Human Immunodeficiency Virus), the cause of AIDS; HBV (Hepatitis B Virus), the primary cause of viral hepatitis; and all other blood borne infectious agents. Rigorous adherence to these guidelines will be required of all students and faculty.

STANDARDIZED TESTING (ATI)

Standardized examinations will be scheduled. A fee is required by the testing agency and is attached to the student’s tuition as a course-fee. The fee is subject to change. It is the student's responsibility to complete the tests as scheduled. Refer to the course calendar for the testing schedule.
CLINICAL
CLINICAL OUTCOMES
Clinical outcomes are derived from the stated course objectives. Students are expected to meet each clinical outcome with a satisfactory performance by the end of the course. Selected behaviors are identified for each of the five outcomes. Satisfactory performance on each behavior is expected and will determine satisfactory completion of the outcome.

Rating scale is as follows:
- **Exceeds**: Proficient; self-reliant, able to act completely independently without supportive cues; accurate each time; safe
- **Satisfactory**: Efficient, coordinated, and confident; usually independent or needs occasional supportive cues; accurate each time; safe
- **Progressing**: Skillful in parts of behavior and/or procedure/interventions related to clinical objective; lacks efficiency and coordination; needs occasional verbal and/or physical cues in addition to supportive ones; requests supervision appropriately; safe
- ** Unsatisfactory**: Unable to demonstrate behavior and/or procedure/interventions related to the clinical objectives; lacks confidence, coordination and efficiency; needs frequent verbal and physical cues; unprepared; unsafe
- **N/A**: Opportunity Unavailable

STUDENT RESPONSIBILITIES
- Each week the student is expected to evaluate his/her own performance on each behavior for each of the clinical outcomes.
- Record date in appropriate section and evaluate self, using 4 (Exceeds), 3 (Satisfactory), 2 (Progressing), 1 (Unsatisfactory), or 0 (Opportunity unavailable)
- Evaluation tool is completed through E*Value in accordance with Clinical Instructor deadlines. Please note that the Clinical Instructor cannot perform their part of the evaluation until the student has submitted the evaluation through E*Value to the instructor.
- Incorporate prior learning into planning and administering care.
- Attend and be on time to all assigned clinical sites
- Comply with the remediation plan when such is required.
- Under no circumstances are students to leave the clinical facility during their clinical experience. Doing so will be viewed as patient abandonment and result in failure of the course.
- A student will be expected to perform to the level of her/his current license even if they are in a student role.
- If extreme circumstances prohibit student from attending clinical, simulation or lab, student must notify clinical instructor and clinical site prior to clinical/lab start time.
- After missing a clinical, lab, or simulation, a request for clinical make-up should be initiated by student and scheduled at faculty discretion.
FACULTY RESPONSIBILITIES

- Determine accurateness of student’s self-evaluation and through E*Value and evaluate the student using a 4 (Exceeds), 3 (Satisfactory), 2 (Progressing), 1 (Unsatisfactory), or 0 (opportunity unavailable) for each clinical behavior. Any difference between the student and teacher rating will be discussed in the comment section.
- Evaluate the student’s overall clinical performance as satisfactory or unsatisfactory.
- Provide comments regarding the rating of clinical behaviors and offer the student remediation as needed.

OUTCOMES OF UNSATISFACTORY PERFORMANCE

- Students who receive a 1 (Unsatisfactory) or 2 (progressing) on any behavior are expected to show improvement the following clinical.
- Students with a 1 (Unsatisfactory) for a given behavior(s) may require remediation. The faculty member and student will discuss the options and write a plan of action. The plan will be documented in E*Value.
- If remediation is required, the student will not be allowed to return to the clinical area until the remediation is complete.
- A continued “Unsatisfactory” rating in the “Overall Performance” section on clinical performance evaluations may result in clinical failure for the course.

Other considerations: Any student exhibiting unprofessional/unsafe behavior may be dismissed from clinical immediately and fail the clinical portion of the course. These include but are not limited to:

- Unsafe acts
- Repeated medication errors
- Violating confidentiality
- Being unprepared for clinical
- Not completing or turning in clinical paperwork on time
- Failure to demonstrate progression in clinical performance
- Failure to report significant changes in client status
- Unprofessional behaviors
- Clinical absence and tardiness, especially without notification

STUDENT WHO IS UNSUCCESSFUL IN THE CLINICAL SETTING

It is the goal of the Nursing Program and each clinical instructor to give the nursing student varied and valuable experiences in patient care. An equally important requirement is to provide safe nursing practice for each patient. This requirement is one that both contractual clinical agencies and the College view as priority for patient care.

If a student cannot demonstrate the skills and competencies required for safe practice to pass the clinical component of a nursing course, the Department Head for Nursing in collaboration with the clinical instructor will make the final decision as to whether or not the severity of the clinical deficiencies warrant failure of the course. A sentinel event may warrant withdrawal from the program.
In addition, the student will need to follow the guidelines established in the “Policy for Repeating a Course” to determine if the student will be able to continue in the program. As stated in the College Catalog, a student must be able to enter and/or remain in all clinical agencies to progress within a program.

GUIDELINES FOR NURSING LABORATORY

- Laboratory practice sessions are scheduled during open - laboratory time and/or by appointment. Student partners should assist and check each other during non-scheduled practice sessions. Faculty will facilitate learning during the scheduled practice sessions.
- Students are expected to return practice and check-off equipment to appropriate storage areas and to leave units in readiness for the next session. Linen soiled during these times will be laundered by students per faculty instructions.
- Audio-visual materials and equipment are to be used according to instructions, and with care.
- During scheduled check-off sessions, students are expected to perform the psychomotor skill according to the identified criteria WITHOUT faculty assistance. Check-off sessions are evaluation, not practice sessions. Students may also be required to upload a skill check off to a private You-tube account for faculty evaluation of competency.
- If a student is unsuccessful on the first attempt at demonstrating competency of a skill, a practice session is to be scheduled with assigned faculty. Following faculty guidance and critique during the practice session, the student will schedule a second session for demonstrating competency. No repeat check-offs are allowed until required practice sessions have been completed. Students will get an “unsatisfactory” on clinical evaluations for each nursing skill they have not successfully completed in check-offs.
- Simulation – students are expected to treat simulation as real time clinical experiences. Uniforms and student badges are required. Attendance and preparation are expected as if the student were attending at a clinical site. Preparation is expected just as a bedside experience would be.

TRANSPORTATION

Students are expected to provide their own transportation to and from the clinical agencies. A student having difficulty making these arrangements should contact his/her clinical instructor in advance during the instructor’s scheduled office hours. Carpooling is encouraged.

PROFESSIONAL DRESS STANDARDS

Purpose: The purpose of outlining professional dress parameters is to assist the beginning student in establishing a professional appearance. Projecting a professional image of the Tri-County Technical College nursing student to nurse colleagues and the profession is the responsibility of each student at all times. Those not meeting the dress criteria will be asked to leave the clinical area to make necessary changes. Time missed will be counted as absences. Specific questions or concerns about professional dress should be addressed to the current course faculty member.
Uniform Standards

The Female Uniform will be:
- Steel Gray pants (no scrub pant cuffs) or white skirt.
- Steel Gray uniform shirt (short sleeves). Tri-County Nursing will be embroidered over the left breast in red thread.
- White hose, or non-patterned white socks (appropriate to uniform chosen)
- Black, grey or white leather duty shoes (must be leather with backs on heels and tops on toes). Tie shoes with solid laces are preferred.
- Black warm-up jacket with college patch for both programs.
- Required undergarments include:
  - Bra
  - Underpants
  - Undergarments should not be visible
- Skirt Length: The hemline for a skirt uniform should extend to a level below the knees (to the bottom of the patella) and be no longer than mid-calf.

The Male Uniform will be:
- Steel Gray uniform pants (no scrub pant cuffs)
- Steel Gray uniform shirt, (short sleeves). Tri-County will be embroidered above the left breast in red thread.
- White socks, non-patterned
- Black, grey or white leather duty shoes (all leather, with back on heels). Tie shoes with solid laces are preferred.
- Black warm-up jacket with college patch for both programs.
- Required undergarments includes:
  - Boxer or jockey shorts
  - Undergarments must not be visible
- Pants: The waistband must fasten at the natural waistline.

Notice for Males and Females:
- Photo name badges plus hospital supplied ID badges as necessary are to be worn close to the face.
- The black warm-up jacket shall have the college patch neatly sewn on the left arm.
- Uniforms will be clean and neatly pressed.
- Uniforms are to be worn by students when providing nursing care or in campus labs. The uniform is to be worn only in the clinical setting (including simulation lab) and to classes that occur immediately before clinical. At all times students are to wear name tags when in uniform or functioning as a clinical student.
- Warm-up: The black warm-up is to be worn over the uniform or over conventional street clothes when in the clinical facility.
Accessories:
Uniform accessories are a part of each uniform and include the following:
- Watch with sweep second hand
- Photo name badge
- Black pen
- Pocket-size note pad
- Nursing equipment as required by the specific courses, e.g., stethoscope

Jewelry:
Only the following jewelry may be worn while in uniform:
- Wedding band - NO engagement ring or rings with stones are allowed because of possible patient injury or contamination from bacteria.
- One pair of small stud-style earrings – silver, gold, white, or navy may be worn. NO dangle or loop earrings or those with stones are allowed.
- No necklaces or bracelets are to be worn.
- No other visible piercings, or “gauging” are permissible.

Other Apparel: Outer apparel appropriate to weather conditions should be worn over the uniform to and from the clinical facility. Sweaters are not allowed during clinical practice. Students may wear a grey or white undershirt or turtle neck under the scrub top.

Clinical Agencies: Students are expected to follow the dress policy modifications specific to the clinical area, e.g., labor and delivery, nursery, critical care, mental health areas.
NOTE: The uniform dress policy guidelines apply as related to dress length; jewelry etc. even when uniform is modified for the agency.

PERSONAL HYGIENE STANDARD CLEANLINESS

Hair: Hair must be neat at all times. Hair should be neatly pinned up to keep it off the uniform collar. NO un-natural hair color is allowed. Ornamental clips, banana clips, or ribbons are not permitted. Headbands if worn can be no more than 1 inch thick and only plain white, grey or black colors are allowed. Beards and mustaches are to be kept trimmed and neat.

Fingernails: Nails should be kept clean and short enough to avoid scratching the patient. They should be no longer than even with fingertips. Only clear or neutral polish may be worn. No artificial nails will be worn.

Fragrances: Scented lotions and perfume are not recommended allowed in the clinical area per hospital policies. Many individuals are highly sensitive to odors. Additionally, some people are allergic to certain perfumes.
PROFESSIONAL BEHAVIOR STANDARD

Gum Chewing: Gum chewing will not be permitted in the clinical facility.

Smoking and Tobacco Use: Smoking is not recommended at any time, and will not be permitted prior to or during the clinical day. The odor of cigarettes is offensive to many sick individuals. Additionally, some people are allergic to cigarettes. Smoke smell on the student’s clothing, hair, or body may be cause to be dismissed from clinical and get an “unsatisfactory” for the day. Additionally, the use of other tobacco products will not be permitted in the clinical facility.

Drugs: Students will NOT attend clinical if taking medication that impairs their abilities and decision-making skills. This includes alcohol and prescription drugs.

Cell Phones: Cell Phones are not permitted in clinical area or used in class.

Tattoos/Piercings Students with tattoos or piercings, must conform to clinical agency policies.

STUDENT INJURY

1. If a student is injured while in the clinical facility, the injury MAY be covered by Worker’s Compensation.
2. Follow the direction on APPENDIX E. This form is also found with the clinical evaluation tool.
3. Procedure for Reporting Potential Exposure: Any incident of potential contamination, including needle sticks, must be reported to and fully documented by the immediate supervisor, college or clinical faculty, and the appropriate college department head and Division Chair.
4. Students who are pregnant or who have immunosuppression validated by a physician must advise the course instructor of their status for safety in clinical assignments (avoiding unnecessary communicable disease exposure).

CLINICAL SCHEDULES: When registering for a clinical section, please be aware that the stated days and times may not reflect your actual clinical schedule. Clinical days and times are subject to change due to clinical agencies availability and permission. Your actual clinical schedule will be distributed after the course has begun.
GRADUATION REQUIREMENTS
NCLEX REVIEW COURSE for ADN and PN Students
Students are required to complete an ATI Capstone, live review and virtual ATI courses. Failure to complete the ATI “green light” review will result in a delay in graduation and in submission of the Letter of Endorsement to the South Carolina Board of Nursing.

GRADUATION REQUIREMENTS
The following criteria must be met for a student to graduate, as set forth by College Policy:
- Submit an “Application for Graduation” form. Letter of Endorsement will not be submitted to the Board of Nursing unless a graduation application has been submitted.
- The procedure for Graduation Applications is located in Appendix G.

ELIGIBILITY FOR LICENSURE
Upon successful completion of the program, graduates are eligible to take the licensure examination administered by the State Board of Nursing for South Carolina, and upon satisfactory completion, they will be designated as a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Candidates who have criminal records may be required to appear before the State Board of Nursing which will determine eligibility to write the licensing examination.

It is the student’s responsibility to obtain accommodations if required for the NCLEX exam. See Candidate Bulletin on NCSBN. website org for instruction.

Note: Background checks are required at the student’s expense. While in the program, if a student has any criminal conviction more serious than a minor traffic violation, he/she MUST notify the Department Head and State Board of Nursing for South Carolina no later than 90 days prior to the date of program completion (803-896-4550, Columbia, SC). Failure to do so may hold up the permit to test.
PROFESSIONAL BEHAVIOR
ANA (American Nurses Association) Code of Ethics

Provision 1 - The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
1.1 Respect for Human Dignity
1.2 Relationships with Patients
1.3 The Nature of Health
1.4 The Right to Self-Determination
1.5 Relationships with Colleagues and Others

Provision 2 - The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
2.1 Primacy if the Patient's Interests
2.2 Conflict of Interest for Nurses
2.3 Collaboration
2.4 Professional Boundaries

Provision 3 - The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
3.1 Protection of the Rights of Privacy and Confidentiality
3.2 Protection of Human Participants in Research
3.3 Performance Standards and Review Mechanisms
3.4 Professional Responsibility in Promoting a Culture of Safety
3.5 Protection of Patients Health and Safety by Acting on Questionable Practice
3.6 Patient Protection and Impaired Practice

Provision 4 - The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
4.1 Authority, Accountability, and Responsibility
4.2 Accountability for Nursing Judgements, Decisions and Actions
4.3 Responsibility for Nursing Judgements, Decision, and Actions
4.4 Assignments and Delegation of Nursing Activities or Tasks

Provision 5 - The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
5.1 Duties to Self and Others
5.2 Promotion of Personal Health, Safety, and Well-Being
5.3 Preservation of Wholeness of Character
5.4. Preservation of Integrity
5.5 Maintenance of Competence ad Continuation of Professional Growth
5.6 Continuation of Personal Growth

Provision 6 - The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
6.1 The Environment and Moral Virtue
6.2 The Environment and Ethical Obligation
6.3 Responsibility for the Healthcare Environment
Provision 7 - The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
7.1 Contributions through Research and Scholarly Inquiry
7.2 Contribution through Developing, Maintaining, and Implementing Professional Practice Standards
7.3 Contributions through Nursing and Health Policy Development

Provision 8 - The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
8.1 Health is a Universal Right
8.2 Collaboration for Health, Human Rights, and Health Diplomacy
8.3 Obligation to Advance Health and Human Rights and Reduce Disparities
8.4 Collaboration for Human Rights Complex, Extreme, or Extraordinary Practice Setting

Provision 9 - The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principle of social justice into nursing and health policy.
9.1 Articulation and Assertion of Values
9.2 Integrity of the Profession
9.3 Integrating Social Justice
9.4 Social Justice in Nursing and Health Policy

ACADEMIC HONESTY
Students are expected to complete their own work in class and outside of class. Students suspected of cheating on any assignments, class exams, or quizzes will be approached by a faculty member. Students should not loan class written assignments to classmates prior to submitting the work for grading. Plagiarism is a serious form of cheating. Refer to “Academic Integrity,” Tri-County Technical College Catalog

CLASSROOM BEHAVIOR
Guidelines for student behavior when attending class have been established in order to provide an optimal learning environment.

Students are expected to exhibit professional behavior in class and in the laboratory. Respect is to be shown to the instructor, visitors, and fellow members of the class. Disruptive or disrespectful behavior may result in dismissal from the class and count as an unexcused absence.

It is the policy of Tri-County Technical College to provide a healthy, comfortable and productive work environment for students, faculty and staff and to fully comply with the laws governing smoking. Based on this policy and in recognition of the health hazards to non-smokers by involuntary exposure to secondary smoke, smoking is prohibited throughout the college facilities except in designated areas.

Students should not bring children or animals to class. This can create problems for instructors and fellow students. The college does not accept responsibility for minors on campus.

HEALTH EDUCATION DIVISION POLICY ON DISRUPTIVE BEHAVIOR
Disruptive behavior in the classroom or other academic setting is strongly discouraged by the Health Education Division at Tri-County Technical College. Disruptive behavior is defined as any behavior that interferes (disrupts) with the collegiate educational process, college administration, and/or sanctioned college program activities. Determination of a behavior as disruptive is at the discretion of the division faculty or staff and can be dependent on many factors.
Behavior which health education personnel may declare disruptive includes, but is not limited, to the following:

- Entering class late or leaving early (without permission)
- Eating/drinking in class without permission
- Sleeping in class
- Persistent speaking without faculty invitation to do so as part of the learning process
- Inappropriate use of electronic devices
- Disputing the authority of faculty or staff
- Arguing with faculty, staff, or other students
• Electronic communications which are abusive, harassing, or excessive
• Incivility
• Threats of any kind and/or harassment
• Physical or verbal disruptions or assault

Procedure:
Disruptive behavior occurring within and outside the academic setting will be reported to the Dean of Health Education, the appropriate Department Head, and the Dean of Student Development (if deemed serious or repetitive by the Division Dean). Serious or repetitive disruptive behavior will be generally reported and processed according to the conduct procedures outlined in the Student Code as outlined in the College catalog. There may be instances involving program accreditation guidelines in clinical settings involving safety that are processed immediately by the Program Director.

Disruptive behavior occurring during academic activities will be addressed using the following procedure. The instructor will inform the student that he or she is disruptive. If the behavior continues or escalates, the instructor will ask the student to leave the activity/class/clinical for the day, possibly resulting in grade penalties for work missed. If the student does not leave, the instructor will call Campus Police to escort the student from campus if necessary. If disruptive behavior occurs during academic activities conducted outside a physical classroom, such as in on-line instruction or during clinical or field trips the instructor may dismiss the student from participation in that activity. If disruptive behavior occurs during a college sanctioned event, the instructor or staff member may dismiss the student from participation in that activity. In any of the previously described situations, the instructor should consult with the Coordinator of Community Standards or the Dean of Student Development to determine if the disruptive behavior should be reported and processed according to the conduct procedures outlined in the Student Code.

Instructors should call Campus Police immediately if any or the following situations occur. The Division Dean and the Dean of Student Development should subsequently be notified.
• A student threatens or intimidates faculty, staff or other students
• A student engages in violent behavior
• Faculty suspect criminal activity
• A situation begins to escalate, such as discussion turning into shouting

The instructor of record will retain documentation of disruptive academic behavior in the student’s file and will meet with the student within 5 business days after the incident. If the disruption is deemed repetitive and/or serious the behavior will be reported and processed according to the conduct procedures outlined in the Student Code as outlined in the College catalog. There may be instances involving program accreditation guidelines in clinical settings involving safety that are processed immediately by the Program Director.
HEALTH EDUCATION DIVISION POLICY OF SOCIAL AND ELECTRONIC MEDIA

PURPOSE: To provide guidelines outlining how Tri-County Technical College Health Education (HE) students (ADN, PNR, VET, MLT, MED, EDDA, SUR) support area clinical agencies, physician offices, and the division in terms of knowing boundaries of appropriate communication with social media (HIPAA, FERPA)

Social media is defined in the Oxford Dictionary as “Websites and applications that enable users to create and share content or to participate in social networking.” This includes any tools that are used for collaborative projects such as wikis, blogs and micro-blogs, content communities, virtual communities, and social media platforms and applications.

Students are prohibited from posting or sharing any personal health information, including patient images or data, on any social media site or application. The use of social media provides the ability for students to communicate with their peers in an expedient and even real-time basis. However, students should understand that any information posted or shared to social media cannot be considered private and confidential. Information on social media site should be considered public, as the information can be easily viewed and shared by others, and is searchable in order to trace activity back to them as individuals for long periods of time. Negative perceptions or actions resulting from inappropriate use of social media not only affect the student, but also the program, division and the College.

Students in all areas of Health Education are preparing for professions which provide services to the public who expect high standards of care and in the handling of confidential information. Therefore, students should be constantly aware of HIPAA and or FERPA guidelines which require that confidential information related to patients or agencies/offices must not be disclosed. Students may be personally as well as legally responsible for anything that they post on social media sites and applications. In addition, potential employers now commonly utilize analysis of public personal web sites as a determination of possible job offers.

MOBILE DEVICE USE

Mobile devices, including phones, watches, tablets, laptops, and similar devices can provide students with quick and easy access to up-to-date evidenced-based information in both the classroom and clinical setting. However, mobile device use must be appropriate and within established guidelines by an instructor/clinical agency. HIPAA/FERPA guidelines still apply. During clinical and class time, it is expected that any mobile device be utilized only when expressly authorized by TCTC faculty. Mobile devices should be silenced. No personal conversation or texting is allowed at any time in a patient/animal care area. Please remember that in patient areas, mobile devices may act as a reservoir for microorganisms and have the potential to deleteriously affect immunocompromised patients. Misuse of mobile and other electronic devices can be interpreted as a classroom or clinical disruption and students may be dismissed by the instructor (See TCTC Student Code).
ETC ACCOUNTS

Tri-County Technical College (TCTC) uses email as one of several means of communication with HE students. An official eTC email address is issued to each student at the time of admission to the College. This is the only email address that the College maintains for sending official communications to students. Students must check email on a regular basis (at least three times a week) in order to read important e-mail messages and notifications/announcements in a timely manner. In addition, certain communications may be time-sensitive, i.e. drug testing dates. Failure to read official College communications sent to the student’s official eTC email address does not absolve the student from knowing and complying with the content of those communications.

Each HE student must manage his/her College email account to assure that the Inbox file has sufficient space to allow for email delivery. Students who choose to forward their eTC account email to another email address risk not receiving important official emails from the College. The HE Division will not be responsible for the non-receipt of any official communication that has been forwarded by a student to another email account.

RESPONSIBLE USE OF COMPUTER TECHNOLOGY AND SOCIAL MEDIA IN HEALTH EDUCATION

All forms of communication and behavior that are conducted in an electronic environment (TCTC procedure titled “External Communications” 1-2-1024.1) demand the same adherence to rules that provide expected levels of civility, safety, privacy, and respect. Students are, therefore, expected to govern their “electronic” behavior (social media) with the same care and self-control they exhibit face-to-face with patients, peers, instructors, and clinical employees.

FACULTY/STAFF OFFICES

A faculty/staff office should never be entered if the faculty or staff member is not present unless a student has been specifically instructed to do so. Students should leave any papers, notebooks etc. in folders outside the faculty doors. All appointments with faculty should be made through Starfish.
MISCELLANEOUS
**SCANTRON USE**

**Nullification of Test Questions**

When grading tests, the following procedure is used by the Tri-County Technical College Nursing Faculty:

1. A SCANTRON key for the test is scanned and programmed into the computer.

2. Each individual student’s SCANTRON sheet is scanned into the computer using the key for that particular test. The computer scores each test individually.

3. After ALL student SCANTRON sheets have been run, the computer is asked to perform an item analysis for each question. Each question is reviewed using standardized statistical procedures generated by the computer program.

4. If a question is nullified (declared null and void) by the faculty based on the outcome of the test item analysis, the question is no longer considered a part of the test. All students receive the full value of the question to benefit the student.

Example: If 2 (two) questions on a 50 question test were nullified, the student would receive 4 (four) points for the nullified questions.

5. If the test has questions that contain math, free writing, or extra credit, those points are added to the grade by hand, and will be written on the student’s score sheet.

6. If a multiple answer question (example: select all that apply) is on the test, the student must select all of the correct responses to get credit for the question.

7. If a student wishes to dispute a test grade, they will have five instructional days to discuss it with a course faculty member.

**PERMISSION TO COPY STUDENT WORK**

The faculty may copy work submitted by students. Copies are made when deemed necessary to maintain permanent records of papers upon which course grades and/or clinical evaluations are based and/or papers which demonstrate a high level of originality and preparation.

**MALPRACTICE INSURANCE**

All Nursing students are required to purchase, through the college, malpractice insurance each year as part of their student fees. However, proof of personal malpractice policies in effect will suffice. The minimum amount of coverage required is $1,000,000 per incident with an aggregate of $3,000,000. The approximate cost of this coverage is $5.00/clinical course. This amount is subject to change without notice.
FIRE EMERGENCIES
A Tri-County Technical College Procedure has been developed to guide students and faculty in the appropriate and safe way to respond to fire emergencies. The procedure can be found in the college handbook. Please read this policy.

NURSING DEPARTMENT COMMITTEES

Curriculum Committee (ADN):

Purpose: The purpose of this committee shall be to coordinate, research, develop, and implement the curriculum.

Membership: Membership shall consist of at least three faculty members
Ex-officio: Department Head of Associate Degree Nursing.

Advisory Board:

Purpose: To provide input from the community to the nursing programs.

Membership: Department Head, Program Directors, SNA representatives. Community members invited to serve.

CAMPUS ACTIVITIES
All students have the opportunity and are encouraged to participate in student organizations and associations. In addition, special meetings and events of interest to students may be scheduled during the scheduled college activity hours. (E.g. guest speakers, entertainment groups, and student talent shows)
STUDENT NURSES ASSOCIATION

Students are strongly encourage to participate in the Tri-County Student Nurses Association (TCTC-SNA). This organization provides leadership opportunities at the local, state and national level. TCTC-SNA is a service organization run by nursing students.

Eligibility:
- Any student enrolled in the TCTC nursing program whether LPN or RN licensure
- A pre-nursing student is eligible for membership
- RN faculty teaching in a program preparing students for licensure

Dues: Currently the membership dues are a donation of $5.00 for local membership. This fee is subject to change by vote of board of officers. The membership dues for the National Student Nurses Association are $40 for the 1st year or $80 for 2 years. Only officers are required to pay National Dues, local members are strongly encourage to do so.

The benefits of the National Dues include:
(http://www.nsna.org/Portals/0/Skins/NSNA/pdf/AboutNSNAandBenefits.pdf)

- ImprintCareer Planning Guide (offering informative articles about nursing specialties and land your first graduate nursing position)
- Career Development Center at national meetings
- Specialty nursing panel presentations
- NSNA Career Center Online
- Job seeking skill programs
- Educational mobility workshops
- State board examination review course, books and online review

FINANCIAL RESOURCES
All financial support is handled through the Financial Aid Office. However, students who are experiencing acute unforeseen financial difficulties should IMMEDIATELY consult your advisor or the Student Life and Counseling Office located in Miller Hall.

STUDENT EMPLOYMENT
The need for students to work in order to help finance their education is recognized. However, students are strongly discouraged from working 11 p.m. - 7 a.m. when they have classes or clinical labs the next day. Being over tired is a safety issue in the clinical area. It is recommended that students limit work to 20 hours per week or less. Education must take priority in the students' energies and loyalties to ensure both the safety of assigned patients and adequate preparation/participation in class.
INSURANCE

Students are covered by Tri-County Tech Worker Compensation for work related injuries. Individual Health insurance is strongly advised; the College disclaims any medical coverage except that which is covered under Worker Compensation.

STUDENT SERVICES

CAREER SERVICES

The Career Services Office offers students and graduates a variety of services, including the following:

- **Career Counseling Services**: Assists students and graduates in understanding their potential, interests, attitudes, and personal values as they apply to career planning. Career information, career assessment, and computerized guidance are available.

- **Job Placement Assistance**: Assists students and graduates in obtaining employment in area businesses and industries through an online job placement system. Assistance with interviewing techniques, resume writing, and job-search strategies is provided.

- **Cooperative Education**: Integrates the classroom and the workplace by providing students with classroom training and related work experience through local employers when available.

(864) 646-1577
Toll-free number (within 864 area code): 1-866-269-5677 x1577

Pendleton Campus:
Location: Miller Hall, Room 140
Office Hours: Monday - Thursday: 8:00 AM to 5:00 PM; Friday: 8:00 AM to 2:00 PM

Easley Campus: Available by appointment
Anderson Campus: Available by appointment.

STUDENT SUPPORT/ENGAGEMENT

Student Support/engagement provides opportunities for student engagement and assistance to students experiencing barriers to success. In order to facilitate success, staff members may refer students to resources both on and off campus. In addition, students also have access to free professional counseling through the REACH Program (800) 950-3434. Students experiencing difficulties with any aspects of the College experience are encouraged to visit or contact the Student Support/Engagement Office, Pendleton Campus, Student Success Center, Suite 120, 864-646-1562.
Accessibility Resource Center provides services for students who have disabilities. Students needing assistance in participating in College programs should contact the Accessibility Resource Coordinator in the Student Development Office on the Pendleton Campus, Miller Hall 137, or call 864-646-1563 at least 30 days prior to the first day of classes. Students on the satellite campuses may schedule an appointment with the Accessibility Resource Coordinator on the satellite campus.

**STUDENT RECORDS**
Students needing assistance with or having questions regarding Student Records should contact them at the appropriate campus location.

(864) 646-1600
Toll-free number (within 864 area code): 1-866-269-5677 x1600
registrar@tctc.edu

_Pendleton Campus:
Location: Miller Hall
Office Hours: Monday - Thursday: 8:00 AM to 6:30 PM; Friday: 8:00 AM to 2:00 PM

_Easley Campus:
Location: EC-101C
(864) 220-8888

_Anderson Campus:
(864) 260-6700

**FINANCIAL AID**
Students needing assistance with or having questions regarding financial aid matters should contact the Financial Aid office directly. Information can also be found on the “Get Set” tab of eTC (Section #2) and on [www.tctc.edu](http://www.tctc.edu) under Financial Aid.

(864) 646-1650
Toll-free number (within 864 area code): 1-866-269-5677 x1650
Fax: (864) 646-1890
finaid@tctc.edu

_Pendleton Campus:
Location: Miller Hall
Office Hours: Monday - Thursday: 8:00 AM to 5:00 PM; Friday: 8:00 AM to 2:00 PM

_Easley Campus:
Location: EC-101C
(864) 220-8888
Anderson Campus:
(864) 260-6700

BUSINESS OFFICE
Students needing assistance tuition and fee payments or other business items should contact the Business Office directly

(864) 646-1802
Toll-free number (within 864 area code): 1-866-269-5677 x1802
busof@tctc.edu

Pendleton Campus:
Location: Miller Hall
Office Hours: Monday - Thursday: 8:00 AM to 5:00 PM; Friday: 8:00 AM to 2:00 PM

Easley Campus:
Location: EC-101
Phone: (864) 220-8895
Office Hours: Monday - Thursday: 8:00 AM to 1:00 PM and 2:00 PM to 5:00 PM; Friday: 8:00 AM to 2:00 PM

Anderson Campus:
Phone: (864) 260-6701
Office Hours: Monday - Thursday: 8:00 AM to 1:00 PM and 2:00 PM to 5:00 PM; Friday: 8:00 AM to 2:00 PM
# FACULTY DATA (FULL-TIME)

<table>
<thead>
<tr>
<th>NAME</th>
<th>OFFICE</th>
<th>PHONE #</th>
<th>TITLE AND MAJOR AREA OF TEACHING</th>
<th>DEGREES OBTAINED</th>
</tr>
</thead>
</table>
| BEARD, Julie    | EC 213 | 220-8011| PN Instructor                    | BSN – Clemson University  
|                 |        |         |                                   | MSN – Clemson University                                                  |
| BURKETT, Lori   | HS 412 | 646-1537| ADN Instructor                    | BSN – South University  
|                 |        |         |                                   | MSN – South University                                                     |
| CURTIS, Susan   | HS 413 | 646-1480| ADN Instructor                    | BSN – University of Georgia  
|                 |        |         |                                   | MSN – Clemson University                                                  |
| FULLER, Janet   | HS 416 | 646-1378| ADN Instructor                    | DIP - Marion County Gen. Hosp.  
|                 |        |         |                                   | BSN – Univ. of NC - Charlotte  
|                 |        |         |                                   | MSN – Univ. of NC - Charlotte  
|                 |        |         |                                   | CNE Certified Nurse Educator                                               |
| HARRIS, Rhonda  | HS 410 | 646-1618| ADN Instructor                    | BSN - Clemson University  
|                 |        |         |                                   | MSN – University of Phoenix                                               |
| KING, Crystal   | HS 407 | 646-1336| ADN Instructor                    | BSN – Lander University  
|                 |        |         |                                   | MSN - - Walden University                                                  |
| LUNDKOVSKY, Kristen | HS 401A | 646-1342| ADN Program Director              | ADN – Greenville Tech  
|                 |        |         |                                   | BSN – Clemson University                                                  
|                 |        |         |                                   | MSN – University of Phoenix                                               |
| RUTLEDGE, Jacqueline | HS-415 | 646-1338| Department Head                   | BSN – Univ. of South Carolina  
|                 |        |         |                                   | MSN – Clemson University                                                  |
| SMITH, Stacy    | HS-402 | 646-1540| ADN Instructor                    | BSN – Clemson University  
|                 |        |         |                                   | MSN - - Gonzaga University                                                |
| VERNON, Julie   | EC 212 | 220-8010| PN Program Director               | BSN – Clemson University  
|                 |        |         |                                   | MSN - - Clemson University                                                |
| WEBBER, Elizabeth| HS-414 | 646-1345| ADN Instructor                    | BSN – Washington State University  
|                 |        |         |                                   | MSN – St. Joseph College                                                  |
| WRIGHT, Cindy   | HS-411 | 646-1335| ADN Instructor                    | BSN – Brenau University  
|                 |        |         |                                   | MSN - - Kaplan University                                                 |
Tri-County Technical College Health Education Division has made the student aware of the following Blood borne Safety and HIPAA:

1. Blood borne Infection
2. Transmission of Blood borne Infection
3. Exposure Control
4. Using Personal Protective Equipment
5. Work Practice Controls
6. HIPAA Privacy: A Compliance Overview

______________________________  _______________
PRINTED NAME OF STUDENT          T NUMBER

______________________________
CURRICULUM ENROLLED

______________________________  _______________
SIGNATURE OF STUDENT          DATE

Revised 05/2003, Reviewed 2010, 2014, 2018
APPENDIX B
TRI-COUNTY TECHNICAL COLLEGE – HEALTH EDUCATION DIVISION
IMMUNIZATION RECORD

Circle the initials of the program that you are entering.

<table>
<thead>
<tr>
<th>ADN</th>
<th>EDDA</th>
<th>MED</th>
<th>MLT</th>
<th>PHM</th>
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Name: ___________________________ Date of Birth: ___________________________
T#: ______________________________

IMMUNIZATION HISTORY: PLEASE GIVE DATES (MONTH, DAY, AND YEAR) OF IMMUNIZATIONS.

Effective immediately: All Health Education students submitting the completed immunization form for clinical program entry must attach documentation for proof of all requirements.

1. **CPR** Expiration Date ___________________________
   (If Required by Program)

2. **CHICKEN POX** (Varicella): (Date of Vaccination, OR Date of Titer with results)
   Date of Vaccination #1 ___________________________ #2 ___________________________
   Date of Titer ___________________________ Results ___________________________

3. **HEPATITIS B VACCINE OR SCREEN**
   Vaccine Series: Date of First Administration ___________________________
   Date of Second Administration ___________________________
   Date of Third Administration ___________________________
   Screen (Some hospitals require) ___________________________ Results ___________________________

4. **MMR** (Measles, Mumps, & Rubella): (Date of Vaccination, OR Date of Titer with results) Do not receive if pregnant or plan to become pregnant within three months.
   Dates of MMR Vaccination #1 ___________________________ #2 ___________________________
   Date of Titer ___________________________ Results ___________________________

5. **TETANUS**
   Date of Vaccination ___________________________

Immunization requirement #6 & 7 will have program specific deadline dates. Students should abide by the individual program deadline dates for these immunizations.

6. **FLU**
   Date of Vaccination ___________________________
   (If Required by Program)

7. **TUBERCULIN SKIN TEST (PPD)**
   Placed: Read: Results
   First Step Date __________ Date __________ POS NEG (circle one)
   Second Step Date __________ Date __________ POS NEG (circle one)
   If positive: Chest X-ray Date __________ Results ___________________________
   Annual 1-Step PPD Date __________ Date __________ POS NEG (circle one)

8. Do you know of any communicable medical disease that could prevent entry into your chosen field?

   ____________________________________________________________

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT FALSE INFORMATION WILL BE SUFFICIENT CAUSE FOR THE COLLEGE TO CANCEL MY ENROLLMENT AND REQUIRE WITHDRAWAL. I WILL REPORT ANY CHANGES IN MY HEALTH STATUS TO MY DEPARTMENT HEAD/PROGRAM DIRECTOR. I UNDERSTAND THAT THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED AS A SCREENING PROCEDURE IN THE ADMISSIONS PROCESS. I FURTHER UNDERSTAND THAT THIS INFORMATION IS REQUESTED BY AREA CLINICAL AGENCIES PRIOR TO ANY CLINICAL EDUCATION ASSIGNMENT REQUIRED IN MY PROGRAM OF STUDY, AND I HEREBY GIVE MY PERMISSION TO ALLOW THE COLLEGE TO SHARE THIS RECORD WITH APPROPRIATE AGENCY OFFICIALS.

Student’s Signature ___________________________ Date ___________________________
Instructions for Immunization Record Form

A minimum of a month and year is required for each item listed in the Immunization History.

CPR
Healthcare provider CPR is required, which includes adult, infant, and children CPR with AED and choking. Online CPR Certification or recertification is not acceptable.
*In addition to the above CPR requirements, the Medical Assisting program requires first aid.

Chickenpox (Varicella)
Documentation of Immunity must be determined either with proof of immunization (2 vaccines), or titer (blood test) showing positive immunity. If titer is negative, 2 vaccine series must be completed. History of disease is not sufficient.

Flu
Documentation of Flu vaccination is required annually each fall. No titer can be used for this vaccination.
Vaccines should be administered after September 1 of that current year.
(Program specific deadline dates may apply)

Hepatitis B Vaccinations
Documentation of either the series of three vaccinations must be completed or a titer must be performed showing positive immunity. If the titer is negative, student must repeat 3 series vaccine and repeat the titer after series. If still negative after repeating the series, student must provide documentation as a non-responder with a Doctors signature. The normal course of administration is one month between the first and second administrations, with the third administration following five months after the second.

MMR (Measles, Mumps, Rubella)
Documentation of Immunity must be determined either with documentation of 2 series immunization, or titer (blood test) showing positive immunity. If titer is negative, on one component (mumps, measles, or rubella) then student must have a booster shot for that component. If the titer is negative on more than one component then the student must have a 2 vaccine series completed. If born prior to 1957, documentation of one MMR, or live virus vaccine must be provided. If born on or after January 1, 1957, documentation of receipt of two doses MMR must be provided.

Tetanus
Documentation of a Tetanus vaccination is required and must be renewed every ten years. No titer can be used for this vaccination.

TB Skin Test (program specific requirements and deadline dates may apply)
A two-step TB Skin Tests (PPD) is required for all Health Education students with an annual 1-Step PPD. Previous two steps are accepted, as long as the two step has been within a year of entering the program, then only a 1-Step PPD will be required thereafter. If a positive skin test occurs, the student will need to have a chest x-ray completed showing that the student has no evidence of TB. Chest x-rays must be repeated every five years.

Revised 4/2016
Reviewed 6/2017, 6/2018
APPENDIX C.1

TRI-COUNTY TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

All aspects of the course ________________, including course and clinical objectives, course policies (including attendance) and evaluation criteria have been explained and/or clarified to my satisfaction.

I am aware of and understand the consequences should I not meet the course requirements, including:

- Immunization Requirements and deadlines
- Book and uniform requirements
- Background check and consequences
- Drug screen and consequences
- Abide by course policies as outline in the syllabus or reference in the Nursing Student Handbook.
- **Achieve a passing test average of 80 or greater on the unit exams and the final exam.**
- **Other assignments will be added to the grade per the Grading Rationale once the 80 average is achieved on the unit and final exams to calculate the overall theory grade.**
- **Course Grade- The Clinical Component must have a satisfactory grade and the exam average must be > 80 to be satisfactory in the course**
- Clinical/Simulation Lab Expectations

I am aware that the Nursing Student Handbook is available on the College website and understand the following policies:

- Nursing Success Committee Policy
- Scantron Use
- Social Media

I also understand the course is managed at the discretion of the nursing instructors.

*By signing this form, I am stating I have had the opportunity to review and agree to abide by all policies as outlined in this course and the Nursing Student Handbook.*

__________________________________________
Student Name (Please Print)

__________________________________________
Student Signature

__________________________________________
Date

Revised 6/2018
TRI-COUNTY TECHNICAL COLLEGE
PRACTICAL NURSING PROGRAM

All aspects of the course ___________________, including course and clinical objectives, course policies (including attendance) and evaluation criteria have been explained and/or clarified to my satisfaction.

I am aware of and understand the consequences should I not meet the course requirements, including:

- Immunization Requirements and deadlines
- Book and uniform requirements
- Background check and consequences
- Drug screen and consequences
- Abide by course policies as outline in the syllabus or reference in the Nursing Student Handbook.
- Achieve a passing test average of 75 or greater on the unit exams and the final exam.
- Other assignments will be added to the grade per the Grading Rationale once the 75 average is achieved on the unit and final exams to calculate the overall theory grade.
- Course Grade The Clinical Component must have a satisfactory grade and the exam average must be >75 to be satisfactory in the course
- Clinical/Simulation Lab Expectations

I am aware that the Nursing Student Handbook is available on the College website and understand the following policies:

- Nursing Success Committee Policy
- Scantron Use
- Social Media

I also understand the course is managed at the discretion of the nursing instructors.

*By signing this form, I am stating I have had the opportunity to review and agree to abide by all policies as outlined in this course and the Nursing Student Handbook.

____________________________
Student Name (Please Print)

____________________________
Student Signature

____________________________
Date

Revised 6/2018
APPENDIX D

Tri-County Technical College
Nursing Program

Student Handbook Disclaimer

The statements and provisions in this handbook are not to be regarded as a contract between the student and the College. The College reserves the right to change, when warranted, any provisions, schedules, programs, courses, syllabi or fees. This handbook has been revised to reflect current curriculum changes. Tri-County Technical College does not discriminate on the basis of race, color, national origin, sex, age, (except when age is a bona fide occupational qualification), religion, marital status, political affiliation, sexual orientation, or other non-merit factors, or disability in its education programs, recruitment efforts, employment opportunities, programs or activities.

This handbook becomes effective Fall 2018.

Tri-County Technical College provides its website, catalog, handbooks, and any other printed materials or electronic media for your general guidance. The college does not guarantee that the information contained within them, including, but not limited to, the contents of any page that resides under the DNS registrations of www.tctc.edu is up-to-date, complete and accurate, and individuals assume any risks associated with relying upon such information without checking other credible sources, such as a student’s academic advisor, program faculty or program director. In addition, a prospective student’s reliance upon information contained within these sources, or individual program catalogs or handbooks, when making academic decisions does not constitute, and should not be construed as, a contract with the College. Further, the College reserves the right to make changes to any provision or requirement within these sources, as well as changes to any curriculum or program, whether during a student’s enrollment or otherwise. Links or references to other materials and websites provided in the above referenced sources are also for information purposes only and do not constitute the college’s endorsement of products or services referenced.

Your signature on this page is to acknowledge that you have received, read, understand and will adhere to the concepts contained in this handbook.

__________________________________  __________________________
Student’s name (printed)               Date

__________________________________
Student’s Signature

Revised 6/2018
Tri-County Technical College
Worker’s Compensation
Injury Protocol

- As soon as the injury occurs, call CompEndium at 1-877-709-2667

- Give your name and company name (Tri-County Technical College) and tell the operator that you have an injury to report.

- A medical manager nurse consultant will take your call and ask the name of the injured worker and specific questions about the accident.

- CompEndium will assist the injured worker in selecting a physician and scheduling an appointment or will direct the injured worker to the emergency room (ER).

- CompEndium will notify the physician or the ER of the injury and the arrival of the injured worker.

- The physician or the ER will call CompEndium before the injured worker leaves the facility to receive authorization for treatment.

- Immediately following, the medical manager nurse consultant will call with a report on the status of the employee’s condition and work status.

- The physician’s report/case notes will be faxed within 24 hours of receipt of treatment.

- CompEndium Nurses are available 24 hours a day – 7 days a week at 1-877-709-2667, Fax 1-877-710-2667.

I, the undersigned, acknowledge that I have received the above notice of the Worker’s Compensation Injury Protocol for Tri-County Technical College and am aware of what steps I should take in the event of an injury.

______________________________  ______________________________
Student Signature               Date

______________________________
Student Name (Printed)

White copy – Student File  Yellow Copy – Student

Reviewed 6/2017, 6/2018
APPENDIX F

Tri-County Technical College
Nursing Program

Remediation

Student Name______________________ Date___________________
Course____________________________

I have met with the faculty for the course and understand what I need to do to help in my success.

Remediation for:

____________________________________
____________________________________
____________________________________

Remediation will be initiated by

____________________________________

I understand that I am required to meet with the Nursing Instructor recommending the remediation after working with the lab coordinator.

I acknowledge that I understand my present situation; options, remediation and consequences of unsuccessful remediation have been discussed with me.

_________________________
Student’s Name – Print

_________________________
Student’s Signature

_________________________
Faculty Signature

Reviewed 6/2017, 6/2018
Required of all Health Education Division Students for Admission and Progression in a Health Sciences Program

Applicants and students should be able to perform these essential functions or with reasonable accommodations, such as the help of compensatory techniques and/or assistive devices and be able to demonstrate ability to become proficient in these essential functions.

<table>
<thead>
<tr>
<th>Essential Function</th>
<th>Technical Standard</th>
<th>Some Examples Of Necessary Activities (not all inclusive)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking and problem solving ability sufficient for appropriate clinical judgment.</td>
<td>Identify cause-effect relationships in clinical situations, use problem solving methods to assess, plan, carry out, and evaluate nursing or health professions care. Make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establish and maintain effective working relationship with patients, peers, the public and clinical and college personnel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Ability</td>
<td>Sufficient for interaction with others in verbal and written form. Read, write and speak with sufficient skill to communicate. Computer literacy desirable.</td>
<td>Communicate, in fluent English, both verbally and in writing with the patient, family, college, and hospital personnel, to transmit and receive information. Hear verbal responses from the patient, and hospital personnel while performing appropriate procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/Psychological Ability</td>
<td>Remain continuously on task for several hours while standing, sitting, walking, lifting, bending and/or transporting patients/clients.</td>
<td>Very mobile and able to tolerate long periods of standing, sitting, and heavy work load. Lift and/or move patients and equipment. Withstand the stress and demands of an active position. Refrain from nourishment or restroom breaks for periods up to 6 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Condition</td>
<td>Skin must be in good condition. Lesions on the face, hands, or forearms, will prevent student from attending clinical (examples include but are not limited to: psoriasis, eczema, etc.)</td>
<td>Perform hand washing and/or surgical scrub and wear appropriate gloves. (A written excuse from a physician is mandatory for students who are latex sensitive.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate Height</td>
<td>Ability to reach and operate overhead equipment.</td>
<td>Reach, manipulate, and operate all equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from area to area and maneuver in small spaces; full range of motion; manual and finger dexterity; and hand-eye coordination.</td>
<td>May be exposed to kicking, biting or scratching injuries. May be exposed to equipment-related hazards. Withstand long hours of standing, walking, stooping, bending, and sitting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective care of clients and operate equipment. Ability to reach and operate overhead equipment.</td>
<td>Demonstrate manual dexterity and good eye-hand coordination in daily work. Be able to lift independently up to 50 pounds. May be required to lift greater weights on demand. Reach above head at least 18 inches.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Ability</td>
<td>Auditory ability sufficient to access non-direct essential information.</td>
<td>Must be able to hear and understand verbal instructions. Must be able to hear soft whispers of clients, equipment alarms, equipment malfunctioning sounds and emergency signals within normal hearing range. Must be able to tolerate loud, sustained, high pitched noises. If corrective hearing devices are required, must be worn while on duty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Ability</td>
<td>Normal or corrected visual ability sufficient for observing, assessment and/or treatment of patient/client; ability to discriminate between subtle changes in density (black to gray) of a color in low light/ability to discern color variations.</td>
<td>Read procedure manuals, standard operating procedures, patient identification bracelets, and other pertinent materials for patient care and professional practice. Vision must be able to be corrected to no less than 20/40. If corrective lens devices are required, must be worn while on duty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tactile Ability</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Perform palpation, functions of physical examination, functions related to a care giver: perception relating to touch, textures, temperatures, weight, pressure, and one’s own body position, presence or movements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ofactory Ability</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ofactory senses (smell) sufficient for maintaining environmental safety, and</td>
<td>Must be able to distinguish odors. Must be able to distinguish</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>patient/client’s needs.</td>
<td>smells which are contributory to assessing and/or maintaining the patient’s health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>status or environmental safety(fire). Has a significant tolerance to foul</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>smells which may be part of the routine job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>Ability to present professional appearance and attitude; implement measures to</td>
<td>Demonstrate emotional stability and psychological health in the day-to-day interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>maintain own physical and mental health and emotional stability.</td>
<td>with clients, peers, and healthcare personnel related to work environment. Work under</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>stressful conditions and irregular hours. Show concern for others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exceptions</td>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been dismissed from any clinical facility? Yes ☐ No ☐

I understand that in addition to this form a criminal background check, a drug screen and health/immunization form are required for clinical/lab placement.

_________________________  ____________________________
Student Name (Please Print)  Program Enrolled

_________________________
Student Signature

_________________________
Advisor Signature

Revised 6/2017
ADN and PN Graduates Please Note

It is important to submit your ADN and PN graduation application even if you don’t plan to participate in graduation.

The graduation application must be submitted to the student’s advisor for an endorsement for NCLEX-RN and NCLEX-PN to be submitted.

And-

Many employers require a transcript showing proof you have an ADN.*

Graduation Application

A. Must be submitted to the student’s advisor by the application deadline date *
   1. See Academic Calendar on eTC.
   2. See Student Announcements on eTC
   3. If you have previously submitted an application but did not graduate for any reason, you must submit a new application.
   4. Students can refer to the following website for graduation application and important deadlines: https://www.tctc.edu/life-at-tctc/student-services-and-support/registrars-office-student-data-center/graduating-from-tri-county/

A late application submission will cause the application to automatically be moved to the next graduation.

Effective 2/2012
Reviewed 5/2013; 07/2015; 6/2016. 6/2017
Revised 6/2018
APPENDIX I
Request to Repeat (or Re-Enter) a Nursing Course/Program
Student Information for Practical Nursing and Associate Degree Nursing

Dear Student,
The Faculty Progression Committee was formed to identify students whose retention in the Nursing Program is at risk.

We regret that you failed to progress from a nursing course. Evidence shows that students who repeat a course without an academic and/or personal plan after a failure are less likely to be successful on the second attempt. You are asked to write a Plan for Success appeal letter to request to return to the program. Your Plan for Success appeal letter will be reviewed by the nursing program’s Faculty Progression Committee.

The committee will use your appeal letter, information from other instructors, and your transcript to evaluate your eligibility and readiness to successfully continue in the program. Please take time and care in creating this Plan for Success appeal letter. The faculty members who form the Faculty Progression Committee will be looking for your thoughtfulness and reflection.

The Faculty Nursing Success Committee will make the determination of eligibility. Committee decisions are final.

Student submission instructions for “Request to Repeat a Nursing Course / Program”:

- Complete the following “Request to Repeat a Nursing Course/Program” form.
- Create a “Plan for Success” appeal letter.
  - This letter should be typed using a word document and must include the following.
    - Describe changes you need to make for future success and strategies that you will do to make these changes.
    - Identify factors that you believe contributed to your lower performance. Emphasize how you will correct or minimize these factors if you are allowed to retake the course.
- Attach your “Plan for Success” appeal letter to the form below, Request to Repeat a Nursing Course/Program. Students are to submit both completed forms in grey metal lock box outside room 404 on the 4th floor of Fulp Hall. Incomplete forms will not be considered by the committee.
### Request to Repeat a Nursing Course/Program

**Name** ____________________________________________________________

**T** ___________________________________________ **Phone** ____________________________

**Email** ____________________________________________@tctc.edu

**Course/Program You Request to Repeat** ________________________________

**Your assigned program advisor** ________________________________________

List all, if any, general education courses you still need for graduation. Refer to your Curriculum Guide ________________________________

---

**Plan for Success** appeal letter is attached to this form. ______ I have read and understand the Nursing Success Policy.

Students should be aware of the following fees for re-entry to the nursing program:

- Drug screen fee $35.00
- HealthStream fee $15.00
- E-value fee $110.00
- ATI fee may apply depending on course that is being repeated. Student will be notified.

The above fees are to be paid prior to the first day of class to the TCTC business office and the paid receipt given to the Office Manager in Fulp Hall room 300.

My signature acknowledges that I am aware due to my progression that I may be subject to the above fees.

**Student Signature:** ____________________________ **Date:** ______________________

"The following rubric will be used to assist in evaluating the quality of your "Plan for Success" appeal letter"

<table>
<thead>
<tr>
<th></th>
<th>0 Information Provided</th>
<th>1 Provides reasons with no clear indication of relationship to failure</th>
<th>2 General explanation of issues that he/she thinks are related to failure in college work.</th>
<th>3 Appropriate Linking of personal issues with unsatisfactory outcome</th>
<th>4 Insight connects student holistically with unsatisfactory outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical or Mental Issue that prevented Completion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Self-Assessment of Reason for Failure</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Identification of Study Skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Time Management</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Memorization vs Understanding</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Test Taking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Responsibility for Learning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Actual Planning Underway</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total**
Appendix J

Advisory Opinions
from
South Carolina Department of
Labor, Licensing and Regulation

- South Carolina Nurse Practice Act
- Scope of Practice
  - Registered Nurse
  - Licensed Practical Nurse
- Steps of the Delegation Process
- Joint Statement on Delegation
  - American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)
- South Carolina Board of Nursing
  - Delegation Decision Check List for South Carolina’s Licensed Nurses
  - Position Statement on Delegation of Nursing Care Tasks to Unlicensed Assistive Personnel (UAP)
ADVISORY OPINION # 3

FORMULATED: July 31, 1997


QUESTION: Is it within the role and scope of responsibilities of the registered nurse (RN) and licensed practical nurse (LPN) to make pronouncements of death in a health care institution or in the home as a representative of an agency where care is being provided?

The State Board of Nursing for South Carolina (Board) has determined that it is NOT within the role and scope of responsibilities of the RN to make pronouncements of death under state law; however, it is within the role and scope of the RN to make an assessment of death utilizing guidelines established by a healthcare institution, home care or hospice agency. It is NOT within the scope of practice of the LPN to make pronouncements or assessments of death.

The State Board of Nursing for South Carolina acknowledges that Regulation 61-19 of the Department of Health and Environmental Control (DHEC) speaks to the preparation, signing, and filing of the death certificate, which requires the signature of a physician, medical examiner or coroner to certify death. Although neither the South Carolina Medical Practice Act nor the South Carolina Nurse Practice Act states that pronouncing or declaring death is a medical act which must be performed by a licensed physician, pronouncing or declaring death has consistently been viewed as meaning a function of the person who certifies death.

The RN may assess that a person has died and notify the appropriate persons, including the physician, supervisory personnel, family, and funeral home staff. The Board recommends that institutions/agencies have in place guidelines addressing the assessment of death by the RN.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

Advisory Opinion 3
Title 40 - Professions and Occupations

CHAPTER 33

Nurses

ARTICLE 1

Nurse Practice Act

(46) "Practice of nursing" means the provision of services for compensation, except as provided in this chapter, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care. Nursing practice occurs in the state in which the recipient of nursing services is located at the time nursing services are provided.

(47) "Practice of practical nursing" means the performance of health care acts that require knowledge, judgment, and skill and must be performed under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The practice of practical nursing includes, but is not limited to:

(a) collecting health care data to assist in planning care of persons;

(b) administering and delivering medications and treatments as prescribed by an authorized licensed provider;

(c) implementing nursing interventions and tasks;

(d) providing basic teaching for health promotion and maintenance;

(e) assisting in the evaluation of responses to interventions;

(f) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(g) participating with other health care providers in the planning and delivering of health care;

(h) delegating nursing tasks to qualified others;

(i) performing additional acts that require special education and training and that are approved by the board including, but not limited to, intravenous therapy and other specific nursing acts and functioning as a charge nurse.

(48) "Practice of registered nursing" means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. This practice requires specialized independent judgment and skill and is based on knowledge and application of the principles of biophysical and social sciences. The practice of registered nursing includes, but is not limited to:

(a) assessing the health status of persons and groups;

(b) analyzing the health status of persons and groups;

(c) establishing outcomes to meet identified health care needs of persons and groups;

(d) prescribing nursing interventions to achieve outcomes;
(e) implementing nursing interventions to achieve outcomes;

(f) administering and delivering medications and treatments prescribed by an authorized licensed provider;

(g) delegating nursing interventions to qualified others;

(h) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(i) providing counseling and teaching for the promotion and maintenance of health;

(j) evaluating and revising responses to interventions, as appropriate;

(k) teaching and evaluating the practice of nursing;

(l) managing and supervising the practice of nursing;

(m) collaborating with other health care professionals in the management of health care;

(n) participating in or conducting research, or both, to enhance the body of nursing knowledge;

(o) consulting to improve the practice of nursing; and

(p) performing additional acts that require special education and training and that are approved by the board.
ADVISORY OPINION # 6

FORMULATED: July 31, 1987


QUESTION: Is it within the role and scope of the licensed nurse to perform procedures related to gastrostomy and jejunostomy tubes in the patient with a permanent gastrostomy or jejunostomy?

The State Board of Nursing for South Carolina acknowledges the following role and scope of responsibility for the licensed nurse regarding the care of the patient with a permanent gastrostomy or jejunostomy tube. See also the applicable Nursing Management of Invasive Devices chart.

The activities of the licensed nurse must be ordered by the authorized licensed provider. The Licensed Practical Nurse (LPN) must be under the supervision of the Registered Nurse who is on site or available on call.

1. It is not within the scope of practice for the RN/LPN to reinsert a jejunostomy tube.
2. Unless the gastrostomy tube is sutured in place, the licensed nurse may: replace, reposition and remove the gastrostomy tube for the purpose of managing the tube through a well established stoma (3-4 weeks old).
3. Initiate infusions, regulate flow and maintain infusions via gastrostomy and jejunostomy tubes.
5. Monitor the gastrostomy and jejunostomy tube insertion site and perform dressing changes and stoma care.
6. Maintain patency of gastrostomy and jejunostomy tubes; and,
7. Collect specimens from gastrostomy and jejunostomy tubes.

This is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 9A

FORMULATED: July 31, 1987


QUESTION: What is the scope of responsibility of the registered nurse (RN) in the administration of peripheral and central intravenous therapies/procedures?

The State Board of Nursing for South Carolina acknowledges it is within the scope of practice of the RN to perform procedures and to administer ordered treatments via central and peripheral venous access devices according to the following stipulations:

1. Established agency policy and procedure are approved and signed by the nursing administrator and applicable medical director. Procedure is to include guidelines for patient monitoring, types of fluids and therapies and standing orders dealing with potential complications or emergency situations.

2. The RN must complete an organized course of study relative to the administration/maintenance of fluids and therapies via central and peripheral venous access devices and lines. The course is to include didactic classroom instruction followed by a period of supervised clinical instruction including return demonstrations.

DEFINITION:
1. Central catheters are catheters whose distal tip is located in the superior vena cava. Infusion Nursing Standards of Practice, (2011).

2. A “flush” is performed to promote and maintain patency and to prevent the mixing of medications/solutions. A “flush” must be defined by written agency policy and procedure. Infusion Nursing Standards of Practice, (2011).

3. A “bolus” is defined as a concentrated medication/solution given rapidly over a short period of time. Infusion Nursing Standards of Practice, (2011).


This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 9B

FORMULATED: July 31, 1987


QUESTION: What is the scope of responsibility of the licensed practical nurse (LPN) in the administration of peripheral and central intravenous therapies and procedures?

The State Board of Nursing for South Carolina acknowledges it is within the expanded role practice of the selected LPN to perform procedures and to administer ordered treatments via peripheral and central venous access devices and lines according to the following stipulations:

1. The agency has established policy and procedures that are approved by the nursing administrator and applicable medical director. Procedures include:
   a. criteria for the qualification and selection of the LPN;
   b. description of the additional education and training necessary for assuming the additional acts;
   c. specific standing orders for the administration, monitoring and discontinuation of peripheral and central venous lines;
   d. specific standing orders to deal with potential complications or emergency situations and provision for supervision by the RN.

2. The selected LPN shall document completion of special education and training to include:
   a. Cardiopulmonary resuscitation
   b. Intravenous therapy course relative to the administration of fluids via peripheral and central venous access devices/lines that includes both didactic and supervised clinical competency training with return demonstration.

Upon documentation of meeting the above requirements the selected LPN may perform the following peripheral therapies/procedures:

1. Venipuncture including scalp vein needles and peripheral catheters over needles;
2. Initiate, maintain/monitor, regulate and discontinue:
   a. intravenous lines and/or intermittent access devices/lines;
   b. electronic infusion pumps;
   c. fluids and therapies with or without medications added. The medications must be added and labeled by the RN, licensed physician, licensed pharmacist, or licensed dentist.
3. Administer heparin and saline flushes. A "flush" must be defined within written agency policy and procedure.

The selected LPN may perform the following peripheral therapies/procedures under the direction of the RN, licensed physician or licensed dentist, except as authorized by the Laws Governing Nursing in Section 40-33-20. Central line therapies/procedures require that an RN must be immediately available on site for supervision.

1. Obtain pump device history and provide care for the patient receiving patient controlled analgesia (PCA) therapy. The LPN may NOT initiate the intravenous analgesics or adjust the rate, but may discontinue the infusion.

2. Maintain/monitor, and discontinue nonextravasating (non-tissue toxic) medications via peripheral intravenous route if medications are added and labeled by the RN, licensed physician, licensed pharmacist or licensed dentist. May not mix medications, but may reconstitute medications provided the employing agency institutes safety measures to assure that the medication and diluent are dispensed as a commercially prepared point of use medication delivery system such as MiniBag Plus or AD-Vantage. Fluids with medications must be in amounts no less than 50 milliliters. (See also Advisory Opinion #30).

3. Initiate, maintain/monitor, regulate and discontinue fluids/therapies with and without medications added via central venous access lines/devices.

4. Administer heparin and saline flushes of central venous access devices/lines. A "flush" must be defined within written agency policies and procedures.

THE LPN MAY NOT BEGIN BLOOD, BLOOD PRODUCTS/COMPONENTS HYPERALIMENTATION OR CHEMOTHERAPEUTIC AGENTS. THE LPN MAY NOT GIVE MEDICATIONS DIRECTLY INTO THE VEIN (INTRAVENTOUS PUSH) OR INSERT MEDICATION VIA AN EXTERNAL CATHETER SITE.

DEFINITIONS:

1. A "flush" is performed to promote and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. Infusion Nursing Standards of Practice, (2011).

2. An IV infusion is an amount of 50 milliliters or more given over an extended period of time directly into a vein.

3. Reconstituting medications is adding the proper amount and type of diluent to a powdered medication. (Craven and Hirnle, Fundamentals of Nursing and Human Health and Function, 4th Ed., 2003, pp. 544-546.)

The LPN may NOT perform procedures/therapies listed as being solely within the scope of practice of the RN (see related advisory opinions.)

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 11

FORMULATED: July 31, 1987

REVISED: November 1989, May 2003


QUESTION: What is the appropriate policy and procedure for the management of physicians’ telephone orders received by health care agencies from physicians’ office personnel?

The Board of Nursing for South Carolina acknowledges that the best interests of all members of the health care team are served by having the physician/APRN/PA write all orders on the patient’s medical record. Nevertheless, verbal, telephone, fax and computer orders have become accepted practice within guidelines established by applicable regulations, policies and procedures.

The Board of Nursing acknowledges that under the direction of the prescribing physician, the RN or LPN is the most appropriate person in a physician’s office to communicate orders to licensed nursing personnel in the health care agency where the patient is receiving care.
ADVISORY OPINION # 16

Formulated: July 31, 1987


Question: Is it within the role and scope of responsibility of the registered nurse (RN) and licensed practical nurse (LPN) to inject Lidocaine (without epinephrine) intradermally, prior to the insertion of a peripheral IV line, for the purpose of providing for patient comfort?

The Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the RN and LPN to inject Lidocaine (without epinephrine) intradermally, prior to the insertion of a peripheral line, for the purpose of providing for patient comfort.

Recognizing these responsibilities are an additional act for the LPN, the Board recommends special education and training should include documented safety practices and other didactic material as well as clinical skill competency components.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 19

FORMULATED: September 25, 1987

REVISED: May 1993


QUESTION: Is it within the role and scope of responsibilities of the licensed practical nurse (LPN) to verify blood or blood products with a registered nurse (RN) before infusion by the RN?

The State Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the LPN to verify blood and blood products with an RN prior to the administration by the RN. The administration of blood and blood products is NOT within the role and scope of responsibilities of the LPN; it remains the responsibility of the RN.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 21

FORMULATED: January 29, 1988


QUESTION: Is it within the role and scope of responsibilities of the licensed practical nurse (LPN) to perform physical assessment?

It is not within the role and scope of practice for the licensed practical nurse (LPN) to perform physical assessment. The State Board of Nursing for South Carolina recognizes the role of the licensed practical nurse (LPN) in assisting with assessment of the patient and collection of patient health data to be used for the complete physical assessment. However, the analysis and synthesis of clinical information and the formulation of problem statements and/or nursing diagnoses requires the knowledge base and skills that are within the scope of practice of the registered nurse (RN) and may NOT be delegated to the LPN.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 26

Formulated: July 31, 1987


Question: Is it within the scope of practice of the selected licensed practical nurse (LPN) to manage existing arterial access lines/devices?

The State Board of Nursing for South Carolina acknowledges that it is within the scope of practice and is an additional act for the selected licensed practical nurse (LPN) to manage arterial access lines/devices. See the applicable Nursing Management of Invasive Devices Chart – Cardiovascular LPN (http://www.llr.state.sc.us/POL/Nursing/pdf/Charts/CardiovascularLPN.pdf) for specific approved responsibilities. These practices are acceptable if the following stipulations are met:

1. Agencies establish written policies and procedures to include guidelines for patient monitoring, standing orders for potential complications and emergency situations and immediate availability of the registered nurse for supervision.

2. The LPN has completed an organized course of study relative to arterial access and management. The course must include didactic instruction and supervised clinical instruction with verification of skill competency. Verification of competency needs to be ongoing with periodic competency checks.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 30

FORMULATED: July 1996

REVISED: July 2007, July 2001


QUESTION: May the selected licensed practical nurse (LPN) administer IV push medications to patients in a dialysis center?

The Laws Governing Nursing in South Carolina provide that the selected LPN may perform additional acts requiring special education and training. The Board of Nursing acknowledges that the administration of medications intravenously is considered an additional act for the selected LPN, and has formulated an advisory opinion describing the scope of responsibilities of the LPN in the administration of peripheral and central intravenous therapies and procedures (see Advisory Opinion #9b). Nothing in this opinion is intended to alter that position. This Advisory opinion addresses the scope of responsibility of the selected LPN practicing in the dialysis center.

The selected LPN may administer the following IV push medications to only those patients who have been diagnosed with End Stage Renal Disease (ESRD). The Registered Nurse (RN) is responsible for providing the initial dose of intravenous medications for patients referred to the dialysis center and must be present and responsible for the supervision of the LPN at all times.

- Medications which stimulate production of Red Blood Cells (e.g., erythropoietin)
- Calcium Replacement Medications (e.g., calcitrol)
- Heparin
- Mannitol utilized as a volume expander for Blood Pressure support
- Hypertonic Sodium as a Blood Pressure support & for muscle cramping
- Vitamin D analogs
- Iron Preparations
- Carnitine

Prior to the selected LPN being authorized to perform IV push medication therapy, the employer must document the following in the personnel file:

1. Successful completion of an IV therapy course to include didactic and skill competency verification as required by state and federal regulations;
2. Documentation of completion of an orientation to the facility and care of the End Stage Renal Disease patient;
3. Annual documentation of competency to include, but not limited to:
   a. administration of set prescribed dose of routine and chronic medications;
   b. lab value parameters;
   c. technical administration process monitoring;
   d. emergency plan according to facility policy and procedures; and,
   e. all medications to be administered, to include appropriate dosage, actions, side effects and contraindications.

The dialysis center which employs the LPN in this role must have evidence of staffing levels that meet the requirements of state and federal regulations governing ESRD facilities. Appropriate written policies and procedures must be readily available to the staff outlining the criteria for selection of the LPN and procedures to be followed in the administration of the IV medications.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 32

FORMULATED: January 2001


REVIEWED: July 2005, May 2006

QUESTION: Is it within the role and scope of the licensed practical nurse (LPN) to perform additional acts as (1) Charge Nurse or (2) in an Intensive Care Unit?

The State Board of Nursing for South Carolina acknowledges that it is within the role and scope of the LPN to perform the additional acts as (1) charge nurse or (2) in an Intensive Care Unit. The additional acts may be performed by the selected LPN as designated by the registered nurse (RN), or authorized licensed provider as defined below:

1. **Charge Duty**
   The selected LPN may function as a Charge Nurse in a skilled care facility or intermediate care facility under the supervision of a RN who is available on call.

2. **Intensive Care Units**
   The selected LPN may function in an intensive care unit under the direct supervision of a RN who is present and in charge of the unit.

If the nursing department determines that implementation of these duties is in order, appropriate policies, procedures and protocols should be developed. These policies, procedures and protocols must specify qualifications, special education, and training regarding the specific role of the LPN to include didactic and clinical competencies.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 37

FORMULATED: May 2001


REVIEWS: May 2006, July 2005

QUESTION: Is it within the role and scope of practice for the registered nurse (RN) and licensed practical nurse (LPN) to remove, reposition or reinsert tracheostomy tubes in children and adults with well established stomas in the home, school or other community setting?

The State Board of Nursing for South Carolina (Board) acknowledges that it is within the role and scope of practice of a RN and LPN to temporarily remove, reposition or reinsert tracheostomy tubes in children and adults with well established stomas in the home, school or other community setting providing the environment is supportive to emergency medical care (e.g. 911). This responsibility is an expanded role for the RN and LPN.

The Board recommends that home care agencies, schools, and other community settings have in place written policies and procedures that address how the following will be assured:

- Education, training and clinical skills competency evaluations of RNs/LPNs who will remove, reposition or reinsert tracheostomy tubes in children and adults in the home, school or other community setting,
- Orders from a physician or another authorized licensed provider are on file to allow removal, repositioning or reinsertion of tracheostomy tubes, and
- the home, school or community setting is supportive to emergency medical care (e.g. 911).

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 46

FORMULATED:  September 2003
REVISED:      November 2012

QUESTION:    Is it within the role and scope of responsibilities of the licensed practical nurse (LPN) to evaluate and/or stage vascular, diabetic/neuropathic or pressure ulcers?

The Board of Nursing for South Carolina recognizes that it is NOT within the role and scope of the licensed practical nurse (LPN) to evaluate and/or stage vascular, diabetic/neuropathic or pressure ulcers. However, the LPN may collect and document health data related to vascular, diabetic/neuropathic and/or pressure ulcer(s) in order to assist the RN with decisions regarding wound classification/stage and continued management.

The Board has determined that the analysis and synthesis of clinical information to determine wound classification/stage and the formulation of problem statements, nursing diagnoses and treatment plans related to vascular, diabetic/neuropathic and pressure ulcers requires the knowledge base and skills that are within the scope of practice of the registered nurse (RN) and may not be delegated to the licensed practical nurse (LPN).

The Board recommends that agency policies and procedures address:

- Required education, training and ongoing competency evaluation for LPNs collecting / documenting health data related to vascular, diabetic/neuropathic and/or pressure ulcers.
- Supervisory requirements for LPNs by the RN with regard to frequency of the RN’s wound assessment and reassessments.

This statement is an advisory opinion of the South Carolina Board of Nursing as to what constitutes competent and safe nursing practice.
ADVISORY OPINION # 57

FORMULATED: November 2011

QUESTION: Is it within the role and scope of responsibility of the registered nurse (RN) and licensed practical nurse (LPN) to perform basic (Level I), intermediate (Level II) and advanced (Level III) foot and nail care?

The Board of Nursing for South Carolina has determined that Level I and Level II foot and nail care are within the role and scope of professional nursing practice for the LPN and RN. Level III foot and nail care can only be provided by an RN with specialized education, training and documented competency and must be ordered by a licensed independent practitioner (LIP) or APRN.

Definition for Levels of Foot and Nail Care Interventions:

- **Level I Foot and Nail Care:** The goals are to provide hygiene, comfort and patient education to patients with intact skin and normal circulation, sensation and nails.

- **Level II Foot and Nail Care:** The goals are to educate the patient in self foot care maintenance, maintain toenails that are of normal length and thickness (by filing or buffing), smooth hyperkeratotic lesions (corns and calluses), promote skin integrity, and prevent injuries. Level II foot and nail care includes the components of Level I care. Patients who require Level II foot and nail care have intact skin, normal circulation, long thick nails and corns or calluses. They might have impaired sensation and skin problems such as dryness, peeling, flaking, fissures, maceration, or edema.

- **Level III Foot and Nail Care:** The goals of Level III foot and nail care are to provide assessment, education, and interventions for special management of foot and nail complications (e.g., paring/sharp debridement of corns and calluses, debriding thick toenails, footwear recommendations) as ordered by the LIP or APRN. Patients with Level III foot and nail care needs often have impairments in function, circulation, and sensation. Level III foot and nail care does not include the care of patients with foot wounds and/or severe ischemia. This care required advanced practice performed by LIPs or APRNs. Level III foot and nail care includes the components of Level I and Level II foot and nail care.
Level III foot and nail care is considered an expanded role for the RN. Only an RN who has successfully completed an organized course of study on foot and nail care, including assessment and debridement techniques, should provide Level III foot and nail care. The course must include didactic classroom instruction followed by a period of supervised clinical instruction, including return demonstration and documented assessment of clinical competency.

An LPN may provide Level I and Level II foot and nail care; however, it is not within the role and scope of practice for the LPN to provide Level III foot and nail care. LPNs providing foot and nail care do so under the supervision of an RN who has first assessed (at least within 30 days) the patient's lower extremity (i.e., hygiene, circulation, sensation, skin, feet, toenails, mobility, footwear, patient understanding of foot care) to determine the level of foot and nail care needed.

Patient education regarding foot and nail care should only be provided by licensed nurses and may not be delegated to unlicensed assistive personnel (UAP). The UAP may only provide the hygiene and comfort measures associated with Level I foot and nail care.

The Board recommends that agency policy and procedures address:
- Required education, training and ongoing competency evaluation of RNs and/or LPNs performing Level II foot and nail care.
- Required education, training and ongoing competency evaluation of RNs performing Level III foot and nail care.
- Supervisory requirements for LPNs by the RN with regard to Level I & II care including the frequency of the RN's assessment to determine the level of foot and nail care needs.
- How the agency will assure a LIP/APRN evaluates and provides orders for patients with Level III foot and nail care needs.
- Guidelines for identification and referral of patients with high risk foot conditions (i.e., impaired circulation/ischemia, foot wounds, infection/cellulitis, specialized footwear needs, edema).

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.
The Four Steps of the Delegation Process

Step One: Assessment and Planning – The RN's Responsibility

Is the task within the scope of the delegating RN?  
- **YES**
- **NO**  
  Do not delegate.

Has the RN assessed the patient's needs?  
- **YES**
- **NO**  
  Assess the patient's needs and then proceed to a consideration of delegation.

Is the delegating RN competent to make delegation decisions?  
- **YES**
- **NO**  
  Do not delegate until evidence of appropriate education is available, then reconsider delegation; otherwise do not delegate.

Is the task consistent with the recommended criteria for delegation to LPN/VN or nursing assistive personnel (NAP)? Must meet all the following criteria:
- Is within the LPN/VN or NAP range of functions;
- Frequently recurs in the daily care of a patient or group of patients;
- Is performed according to an established sequence of steps;
- Involves little or no modification from one patient-care situation to another;
- May be performed with a predictable outcome;
- Does not inherently involve ongoing assessment, interpretation, or decision making which cannot be logically separated from the procedure(s) itself; and
- Does not endanger a patient's life or well-being.

- **YES**
- **NO**  
  Do not delegate.

Does the LPN/VN or NAP have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?  
- **YES**
- **NO**  
  Do not delegate until evidence of education and validation of competency is available, then reconsider delegation; otherwise do not delegate.

Does the ability of the LPN/VN or NAP match the care needs of the patient?  
- **YES**
- **NO**  
  Do not proceed without the use of policies, procedures and/or protocols; unless it is determined that it is in the best interest of the patient to proceed with delegation.

Are there agency policies, procedures and/or protocols in place for this task/activity?  
- **YES**
- **NO**  
  Do not delegate.

Is appropriate supervision available?  
- **YES**
- **NO**  
  Do not delegate.

**PROCEED WITH DELEGATION.**

The Delegation Decision Tree above represents the first step in the delegation process. The other three steps are summarized below.

* The RN is accountable for the decision to delegate to implement steps of the delegation process, and to assure that the delegated task/function/action is completed competently.
The Four Steps of the Delegation Process

Step Two: Communication – The RN Delegating to the LPN/VN or NAP

Communication must be a two-way process

The RN:
- Assesses the LPN/VN's or NAP's understanding of:
  - How the task is to be accomplished
  - When and what information is to be reported, including:
    - Expected observations to report and record
    - Specific patient concerns that would require prompt reporting
  - Individualizes for the LPN/VN or NAP and patient situation
- Addresses any unique patient requirements and characteristics, and expectations
- Assesses the LPN/VN's or NAP's understanding of expectations, providing clarification if needed
- Communicates his or her willingness and availability to guide and support the LPN/VN or NAP
- Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility

The LPN/VN or nursing assistive personnel:
- Asks questions regarding the delegation and seeks clarification of expectations if needed
- Informs the RN if he or she has not done a task/function/activity before, or has only done it infrequently
- Asks for additional training or supervision
- Affirms understanding of expectations
- Determines the communication method between the RN and the NAP
- Determines the communication and plan of action in emergency situations

Documentation:
- Timely, complete and accurate documentation:
  - Facilitates communication with other members of the health care team
  - Records the nursing care provided

Step Three: Surveillance and Supervision – The RN Delegating to the LPN/VN or NAP

The purpose of surveillance and monitoring is related to the RN's responsibility for patient care within the context of a patient population. The RN supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with the needs of the patient and the experience of the LPN/VN or NAP.
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<td>- Awareness of LPN/VN's or NAP's difficulties in completing delegated activities</td>
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<td>- Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation</td>
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The Four Steps of the Delegation Process

Step Four: Evaluation and Feedback – The RN Delegating to the LPN/VN or NAP

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the RN addresses the following questions:

- Was the delegation successful?
  - Was the task/function/activity performed correctly?
  - Was the patient's desired and/or expected outcome achieved?
  - Was the outcome optimal, satisfactory or unsatisfactory?
  - Was communication timely and effective?
  - What went well; what was challenging?
  - Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the patient's need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any “learning moments” for the LPN/VN or NAP and/or the RN?
- Was appropriate feedback provided to the LPN/VN or NAP regarding the performance of the delegation?
- Was the LPN/VN or NAP acknowledged for accomplishing the task/activity/function?
Decision Tree – Delegation to Nursing Assistive Personnel

Step One – Assessment and Planning

Are there laws and rules in place that support the delegation?  

- **YES**
- **NO**  
  If not in the licensed nurse’s scope of practice, then cannot delegate to the nursing assistive personnel (NAP). Authority to delegate varies; so licensed nurses must check the jurisdiction’s statutes and regulations.

Is the task within the scope of the delegating nurse?  

- **YES**
- **NO**  
  Do not delegate.

Has there been assessment of the client needs?  

- **YES**
- **NO**  
  Assess client needs and then proceed to a consideration of delegation.

Is the delegating nurse competent to make delegation decisions?  

- **YES**
- **NO**  
  Do not delegate until evidence of appropriate education available, then reconsider delegation; otherwise do not delegate.

Is the task consistent with the recommended criteria for delegation to nursing assistive personnel (NAP)? Must meet all the following criteria:  

- **YES**
- **NO**  
  Do not delegate.

  - Is within the NAP range of functions;  
  - Frequently recurs in the daily care of a client or group of clients;  
  - Is performed according to an established sequence of steps;  
  - Involves little or no modification from one client-care situation to another;  
  - May be performed with a predictable outcome;  
  - Does not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself; and  
  - Does not endanger a client’s life or well-being.

Does the nursing assistive personnel have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?  

- **YES**
- **NO**  
  Do not delegate.

Does the ability of NAP match the care needs of the client?  

- **YES**
- **NO**  
  Do not delegate until evidence of education and validation of competency available, then reconsider delegation; otherwise do not delegate.

Are there agency policies, procedures and/or protocols in place for this task/activity?  

- **YES**
- **NO**  
  Do not proceed without evaluation of need for policy, procedures and/or protocol or determination that it is in the best interest of the client to proceed with delegation.

Is appropriate supervision available?  

- **YES**
- **NO**  
  Do not delegate.

**PROCEED WITH DELEGATION.**

The Delegation Decision Tree above represents the first step in the delegation process. The other three steps are summarized below.
Decision Tree – Delegation to Nursing Assistive Personnel continued

Step Two – Communication
Communication must be a two-way process

The nurse:
- Assesses the assistant’s understanding of
- How the task is to be accomplished
- When and what information is to be reported, including
  - Expected observations to report and record
  - Specific client concerns that would require prompt reporting
- Individualizes for the nursing assistive personnel and client situation
- Addresses any unique client requirements and characteristics, and expectations
- Assesses the assistant’s understanding of expectations, providing clarification if needed
- Communicates his or her willingness and availability to guide and support assistant
- Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility

The nursing assistive personnel:
- Asks questions regarding the delegation and seek clarification of expectations if needed
- Informs the nurse if the assistant has not done a task/function/activity before, or has only done infrequently
- Asks for additional training or supervision
- Affirms understanding of expectations
- Determines the communication method between the nurse and the assistive personnel
- Determines the communication and plan of action in emergency situations

Documentation:
- Timely, complete and accurate documentation:
  - Facilitates communication with other members of the health care team
  - Records the nursing care provided

Step Three – Surveillance and Supervision
The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

The nurse considers the:
- Client’s health care status and stability of condition
- Predictability of responses and risks
- Setting where care occurs
- Availability of resources and support infrastructure
- Complexity of the task being performed

The nurse determines:
- The frequency of onsite supervision and assessment based on
  - Needs of the client
  - Complexity of the delegated function/task/activity
  - Proximity of nurse’s location

The nurse is responsible for:
- Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include:
  - Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client’s condition deteriorates significantly)
  - Awareness of assistant’s difficulties in completing delegated activities
  - Providing adequate follow-up to problems and/or changing situations
Decision Tree – Delegation to Nursing Assistive Personnel continued

Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the nurse addresses the following questions:

- Was the delegation successful?
- Was the task/function/activity performed correctly?
- Was the client's desired and/or expected outcome achieved?
- Was the outcome optimal, satisfactory or unsatisfactory?
- Was communication timely and effective?
- What went well; what was challenging?
- Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the assistant and/or the nurse?
- Was appropriate feedback provided to the assistant regarding the performance of the delegation?
- Was the assistant acknowledged for accomplishing the task/activity/function?
Introduction
There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.¹ Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.

Terminology
Although there is considerable variation in the language used to talk about delegation, ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation.

Both papers define assignment as the distribution of work that each staff member is responsible for during a given work period. The NCSBN uses the verb “assign” to describe those situations when a nurse directs an individual to do something the individual is already authorized to do, e.g., when an RN directs another RN to assess a patient, the second RN is already authorized to assess patients in the RN scope of practice.

Both papers consider supervision² to be the provision of guidance and oversight of a delegated nursing task. ANA refers to on-site supervision and NCSBN refers to direct supervision, but both have to do with the physical presence and immediate availability of the supervising nurse. The ANA refers to off-site supervision, and NCSBN refers to indirect supervision. Both have to do with availability of the supervising nurse through various means of written and verbal communication.

¹ ANA and NCSBN have different constituencies. The constituency of ANA is state nursing associations and member RNs. The constituency of NCSBN is state boards of nursing and all licensed nursing. Although for the purpose of collaboration, this joint paper refers to registered nurse practice, NCSBN acknowledges that in many states LPN/VNs have limited authority to delegate.
² ANA defines supervision to be the active process of directing, guiding, and influencing the outcome of an individual’s performance of a task. Similarly, NCSBN defines supervision as the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a delegated nursing task by assistive personnel. Individuals engaging in supervision of patient care should not be construed to be managerial supervisors on behalf of the employer under federal labor law.
Policy Considerations

- State nurse practice acts define the legal parameters for nursing practice. Most states authorize RNs to delegate.
- There is a need and a place for competent, appropriately supervised nursing assistive personnel in the delivery of affordable, quality health care.
- The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated, and the context of other patient needs.
- All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public.

Principles of Delegation

- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN individualizes communication regarding the delegation to the nursing assistive personnel and client situation and the communication should be clear, concise, correct and complete. The RN verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
- Communication must be a two-way process. Nursing assistive personnel should have the opportunity to ask questions and/or for clarification of expectations.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
  1. The right task
  2. Under the right circumstances
  3. To the right person
  4. With the right directions and communication; and
  5. Under the right supervision and evaluation.
- Chief Nursing Officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.
Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

- There is both individual accountability and organizational accountability for delegation. Organizational accountability for delegation relates to providing sufficient resources, including:
  - Sufficient staffing with an appropriate staff mix
  - Documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competence information for the staff to whom the RN is delegating care
  - Organizational policies on delegation are developed with the active participation of all nurses, and acknowledge that delegation is a professional right and responsibility.

Delegation Resources
Both the ANA and NCSBN have developed resources to support the nurse in making decisions related to delegation. Appendix A of this paper provides the ANA Principles of Delegation. Appendix B presents the NCSBN decision tree on delegation that reflects the four phases of the delegation process articulated by the NCSBN.

Delegation in Nursing Education
Both the ANA and the NCSBN acknowledge that delegation is a skill that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. Nursing schools should provide students with both didactic content and the opportunity to apply theory in a simulated and realistic context. Nursing curricula must include competencies related to delegation. RNs are educated and mentored on how to delegate and supervise others. The effective use of delegation requires a nurse to have a body of practice experience and the authority to implement the delegation.

Delegation in NCLEX®
The NCLEX-RN® Examination Test Plan includes competencies related to delegation.

Delegation in the Provision of Nursing Care
The ANA paper outlines some basic elements for the nurse that is essential to form the foundation for delegation, including:

1. Emphasis on professional nursing practice;
2. Definition of delegation, based on the nurse practice act and rules/regulations;
3. Review of specific sections of the law and regulations regarding delegation;
4. Emphasis on tasks/functions that cannot be delegated or cannot be routinely delegated;
5. Focus on RN judgment for task analysis and the decision whether or not to delegate.
6. Determination of the degree of supervision required for delegation;
7. Identification of guidelines for lowering risk related to delegation;
8. Development of feedback mechanisms to ensure that a delegated task is completed and to receive updated data to evaluate the outcome.
The NCSBN paper discusses these elements as part of the preparation to delegate. The NCSBN paper also articulates the following steps of the delegation process:

- **Assess and plan** the delegation, based on the patient needs and available resources.
- **Communicate** directions to the delegate including any unique patient requirements and characteristics as well as clear expectations regarding what to do, what to report, and when to ask for assistance.
- **Surveillance and supervision** of the delegation, including the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up to problems or a changing situation.
- **Evaluation and feedback** to consider the effectiveness of the delegation, including any need to adjust the plan of care.

Delegation skills are developed over time. Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, the skill and the confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation is an essential part of employment orientation and staff development.

Many nurses are reluctant to delegate. This is reflected in NCSBN research findings and a review of the literature as well as anecdotal accounts from nursing students and practicing nurses. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively to not knowing the skill level and abilities of nursing assistive personnel to simply the work pace and turnover of patients. At the same time, NCSBN research shows an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and resultant increase in the need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel.

**Conclusions**

The topic of delegation has never been timelier. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization. The RN determines appropriate nursing practice by using nursing knowledge, professional judgment and the legal authority to practice nursing. RNs must know the context of their practice, including the state nurse practice act and professional standards as well as the facility/organization’s policies and procedures related to delegation. Facing a shortage of epic proportions, the nursing community needs to plan how we can continue to accomplish nursing care while assuring the public access to safe, competent nursing care. RNs are urged to seek guidance and appropriate direction from supervisors or mentors when considering decisions about delegation. Mastering the skill and art of delegation is a critical step on the pathway to nursing excellence.

**Attachments:**

Attachment A: ANA Principles of Delegation
Attachment B: NCSBN Decision Tree – Delegation to Nursing Assistive Personnel
Appendix A
American Nurses Association Principles for Delegation

The following principles have remained constant since the early 1950s.

**Overarching Principles:**
- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct patient care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN accepts aid from nursing assistive personnel in providing direct patient care.

**Nurse-related Principles:**
- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence experience and facility/agency policies and procedures.
- The RN uses critical thinking and professional judgment when following *The Five Rights of Delegation:*
  1. Right task
  2. Right circumstances
  3. Right person
  4. Right directions and communication
  5. Right supervision and evaluation (NCSBN 1995)
- The RN acknowledges that there is a relational aspect to delegation and that communication is culturally appropriate and the person receiving the communication is treated respectfully.
- Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation, both for RNs and delegates.
- RNs monitor organizational policies, procedures and position descriptions to ensure there is no violation of the nurse practice act, working with the state board of nursing if necessary.
Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Organization-related Principles:

- The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competency information for staff to whom the RN is delegating patient care.
- Organizational policies on delegation are developed with the active participation of all nurses (staff, managers and administrators).
- The organization ensures that the education needs of nursing assistive personnel are met through the implementation of a system that allows for nurse input.
- Organizations have policies in place that allow input from nurses indicating that delegation is a professional right and responsibility.
Appendix B National Council of State Boards of Nursing
Decision Tree for Delegation to Nursing Assistive Personnel

Step One – Assessment and Planning

Are there laws and rules in place that support the delegation?

Yes

Is the task within the scope of the delegating nurse?

No

Do not delegate

Yes

Has there been assessment of the client needs?

No

Assess client needs and then proceed to a consideration of delegation

Yes

Is the delegating nurse competent to make delegation decisions?

No

Do not delegate until can provide and document additional education, then reconsider delegation, otherwise do not delegate

Yes

Is the task consistent with the recommended criteria for delegation to nursing assistive personnel (NAP)?

Must meet all the following criteria:

- Is within the NAP range of functions
- Frequently recurs in the daily care of a client or group of clients
- Is performed according to an established sequence of steps
- Involves little or no modification from one client-care situation to another
- May be performed with a predictable outcome
- Does not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself; and
- Does not endanger a client's life or well-being

No

Do not delegate

Yes

Does the nursing assistive personnel have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?

No

Do not delegate until evidence of education and validation of competency available, then reconsider delegations; otherwise do not delegate

Yes
Joint Statement on Delegation
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Are there agency policies, procedures and/or protocols in place for this task/activity?  

- YES 
- NO

Is appropriate supervision available?  

- YES 
- NO

Proceed with delegation*

Do not proceed without evaluation of need for policy, procedures and/or protocol or determination that it is in the best interest of the client to proceed to delegation.

Do not delegate

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Step Two – Communication

**Communication must be a two-way process**

<table>
<thead>
<tr>
<th>The nurse:</th>
<th>The nursing assistive personnel</th>
<th>Documentation: Timely, complete and accurate documentation of provided care</th>
</tr>
</thead>
</table>
| - Assesses the assistant’s understanding  
  - How the task is to be accomplished  
  - When and what information is to be reported, including  
    - Expected observations to report and record  
    - Specific client concerns that would require prompt reporting  
  - Individualizes for the nursing assistive personnel and client situation  
  - Addresses any unique client requirements and characteristics, and clear expectations of  
  - Assesses the assistant’s understanding of expectations, providing clarification if needed  
  - Communicates his or her willingness and availability to guide and support assistant  
  - Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility | - Ask questions regarding the delegation and seek clarification of expectations if needed  
- Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently  
- Ask for additional training or supervision  
- Affirm understanding of expectations  
- Determine the communication method between the nurse and the assistive personnel  
- Determine the communication and plan of action in emergency situations | - Facilitates communication with other members of the healthcare team  
- Records the nursing care provided |
Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Step Three – Surveillance and Supervision
The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

<table>
<thead>
<tr>
<th>The nurse considers the:</th>
<th>The nurse determines:</th>
<th>The nurse is responsible for:</th>
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<tbody>
<tr>
<td>• Client’s health care status and stability of condition</td>
<td>• The frequency of onsite supervision and assessment based on:</td>
<td>• Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include:</td>
</tr>
<tr>
<td>• Predictability of responses and risks</td>
<td>○ Needs of the client</td>
<td>○ Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client’s condition deteriorates significantly).</td>
</tr>
<tr>
<td>• Setting where care occurs</td>
<td>○ Complexity of the delegated function/task/activity</td>
<td>○ Awareness of assistant’s difficulties in completing delegated activities.</td>
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<tr>
<td>• Availability of resources and support infrastructure.</td>
<td>○ Proximity of nurse’s location</td>
<td>○ Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.</td>
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<tr>
<td>• Complexity of the task being performed.</td>
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Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the nurse addresses the following questions:

- Was the delegation successful?
  - Was the task/function/activity performed correctly?
  - Was the client’s desired and/or expected outcome achieved?
  - Was the outcome optimal, satisfactory or unsatisfactory?
  - Was communication timely and effective?
  - What went well; what was challenging?
  - Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client needs?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any “learning moments” for the assistant and/or the nurse?
- Was appropriate feedback provided to the assistant regarding the performance of the delegation?
- Was the assistant acknowledged for accomplishing the task/activity/function?
Appendix A

Delegation Decision Check List for South Carolina’s Licensed Nurses

- If the answer to all of the questions below is “yes” and the licensed nurse is not aware of preclusions to delegation, proceed with the delegation.
- If the answer to any of the questions below is “no”, determine if there is an intervention that can be initiated to change the answer to one where delegation would be possible. (Example: If the answer to question #16 is “no”, training along with a knowledge and skills assessment may be implemented. The answer to the question can then be reconsidered.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Does the SC Nurse Practice Act support the delegation?</td>
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<td>2. Is the task within your scope of practice?</td>
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<td>3. Does your job description support the delegation?</td>
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<td>4. Are you competent to carry out the delegation process?</td>
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<td>5. Does the assessment of the patient’s overall health condition performed by the registered nurse responsible for and/or supervising the patient’s care support the delegation?</td>
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<td>6. Can the task be performed without repeated on-going nursing assessment?</td>
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<td>7. Is the outcome of the task predictable?</td>
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<tr>
<td>8. Can the task be safely performed according to exact, unchanging directions?</td>
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<tr>
<td>9. Can the task be performed without complex observations or critical decisions?</td>
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<td>10. Does the task recur frequently in the daily care of the patient or is the task necessary for treatment of a medical emergency?</td>
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<td>11. Does the task require little or no modification from one client-care situation to another?</td>
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<td>12. Is the task safe and not threatening to the patient’s life or well-being?</td>
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<td>13. Are there agency policies, procedures and/or protocols in place to support delegation of this task/activity?</td>
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<tr>
<td>14. Is there a UAP available who is willing to accept the delegation?</td>
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<tr>
<td>15. Does the job description of the UAP being considered for the delegated task support the delegation?</td>
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<tr>
<td>16. Has the UAP being considered for the delegated task demonstrated appropriate knowledge, skills and abilities to accept the delegation?</td>
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<tr>
<td>17. Does the ability and availability of the UAP being considered for the delegated task match the needs of the patient?</td>
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<tr>
<td>18. Is appropriate staffing available for monitoring, supervision and evaluation of the UAP?</td>
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</table>

Additional Questions For School Nurses *
| 19. Does the principal support the delegation?*                           |     |    |
| 20. Does the parent/guardian of the student support the delegation?*      |     |    |
* Approval or disapproval by a principal or parent/guardian does not connote that delegation is or is not safe nursing practice. Questions 19 and 20 are included for school nurses to promote inclusion of school administrators and parents/guardians in the care planning process for meeting students' health needs in the school setting. If a principal does not support delegation, the school nurse should follow the school's procedures for determining how a student's health needs will be met prior to delegating the act. If a parent/guardian does not support the delegation, the school nurse should follow the school's procedures for notifying administrators of the parent's/guardian's concerns prior to delegating the act.
South Carolina Board of Nursing
Position Statement on Delegation of Nursing Care Tasks
To Unlicensed Assistive Personnel (UAP)

Formulated: July 29, 2010
Revised: November 2014

Introduction
The Board of Nursing has the legal responsibility to regulate nursing practice and provide guidance regarding delegation of nursing tasks. The licensed nurse’s specialized education, professional judgment and discretion are essential for quality nursing care. Nurses are uniquely qualified for promoting the health of the whole person by virtue of their education and experience. Nursing is a knowledge-based process discipline and cannot be reduced solely to a list of tasks. Therefore, the nurse must coordinate and supervise the delivery of nursing care, including the delegation of nursing tasks to others. While some nursing tasks may be delegated to unlicensed assistive personnel (UAP), the practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated. All decisions related to delegation of nursing tasks must be based on the fundamental principle of protection of the health, safety and welfare of the public. The issues surrounding delegation are complex and multi-faceted. It is the responsibility of the licensed nurse to determine which tasks can be appropriately delegated and accept accountability for the outcomes. “Assigning unqualified persons to perform nursing care functions, tasks or responsibilities or failing to effectively supervise persons to whom nursing functions are delegated or assigned” constitutes misconduct (SC Code of Laws Section 40-33-110(23)).

This position statement is designed to be used in concert with applicable laws and regulations from the Nursing Practice Act to assist licensed nurses in making delegation decisions as well as to assist employers in developing policies and/or procedures for delegation of nursing tasks to UAP. Guidance provided herein may be used in clinical and administrative settings.

Definitions

Accountability: Being responsible and answerable for actions or inactions of self or others in the context of delegation.

Competence: Possessing verifiable knowledge and skill to perform an activity or task safely and efficiently.

Delegation: The transferring to a competent individual the authority to perform a selected nursing task in a selected situation by an individual authorized by law to perform the task. The delegator retains accountability for the outcome.

Delegator: The person making the delegation.

Delegatee: The person receiving the delegation; sometimes referred to as the delegate.

Nursing Judgment: Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions and the delegation of nursing tasks.
Nursing Task: A well-defined act or action that does not require nursing judgment and can be outlined step-by-step by the licensed nurse for completion by an individual not currently licensed by the Board of Nursing.

Practice of Nursing: The provision of services for compensation, except as provided in the Nurse Practice Act, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing practice is provided by advance practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care.

Supervision: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing service or nursing task delegated to UAP.

Unlicensed Assistive Personnel (UAP): Persons not currently licensed by the Board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse (Section 40-33-20(61)).

Rules for Safe Delegation

While certain nursing tasks may be delegated, the licensed nurse may never delegate nursing judgment and those core competencies of the nursing process to include assessment, planning, and evaluation of nursing care which constitute the practice of nursing as defined in 40-33-20(46-48). Supervision, monitoring, evaluation and follow-up by the licensed nurse are crucial components of delegation. Some rules for safe delegation of nursing tasks are outlined below to provide the licensed nurse with guidance to protect the licensee against disciplinary action.

Rule 1: Know and Observe Authority Parameters

As noted in the Definitions section of this position statement, delegation involves transferring to a competent individual the authority to perform a selected nursing task in a selected situation by an individual authorized by law to perform the task. The licensed nurse must decide 1) if the task is within her/his scope of nursing practice, 2) what authority the UAP will need to perform the activity and 3) the anticipated outcome from delegating the task.

The general scopes of practice for licensed nurses are outlined in Sections 40-33-20 (5, 47, 48) of the SC Code of Laws. Actual scopes of practice vary among nurses. A nurse's scope of practice is commensurate with the educational preparation and demonstrated competencies of the individual nurse.

Section 40-33-20 (47) of the SC Code of Laws requires the licensed practical nurse (LPN) to work under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The LPN's supervisor must approve the delegation and be a part of the delegation process.

The authority for UAP to accept a delegated task must be fundamentally outlined in the employer's policies and procedures. Authority for accepting delegated tasks is also usually part of the UAP's job description. The licensed nurse must know and understand the employer's policies and procedures in order to grant authority to those who are qualified and who have the legal agency authority to accept delegated activities.

Inappropriate delegation by a licensed nurse may lead to disciplinary action by the Board of Nursing for violation of SC Code of Laws Section 40-33-110(23), which describes unprofessional
conduct as "assigning unqualified persons to perform nursing care functions, tasks or responsibilities or failing to effectively supervise persons to whom nursing functions are delegated or assigned."

In an employer-employee relationship, there may be instances in which the licensed nurse as an employee believes delegation cannot occur safely. The nurse has a responsibility to communicate the concerns to the employer. The employer has a responsibility to provide adequate resources for the provision of safe and effective nursing care and is liable for damages that may result related to outcomes of care.

Also note that delegation of nursing care by individuals who have no authority to practice nursing is unlawful and may lead to legal action against the unauthorized delegator and/or the delegatee.

**Rule 2: Perform a Thorough Assessment**

Prior to determining whether a selected nursing task may be safely delegated, the licensed nurse shall consider the following:

1. whether the client's condition is stable and predictable;
2. the nature and complexity of the nursing task (including the environment in which the task will be performed);
3. the risk to the client if the task is done inappropriately or incorrectly;
4. the necessary knowledge, skills and abilities needed to perform the task;
5. the competency of the UAP;
6. whether the outcome anticipated is stable and predictable; and
7. the number of UAP that can safely be supervised by the licensed nurse.

As noted in item number five above, prior to delegating a nursing task, the licensed nurse has the responsibility to determine the competency of the UAP to perform the task as well as to validate that the necessary training has been provided to the UAP. If a specified course of training has been provided to the UAP by the employer, the licensed nurse should know the extent of the training provided. Instruction on performing selected delegated nursing tasks should be patient-specific and taught by the licensed nurse. The plan of instruction should include:

1. step-by-step instruction and rationale for the task;
2. observation of the UAP in performing the task to evaluate competency and to assure accuracy and safety;
3. provision of written instructions as a reference;
4. a plan for emergency intervention;
5. a plan for ongoing supervision and evaluation of client outcomes by the licensed nurse,
6. documentation of initial competency of the UAP and periodic re-evaluation of competency; and
7. documentation of the instruction provided.

**Rule 3: Delegate Nursing Tasks Judiciously**

Delegation requires thoughtful consideration by the licensed nurse. See the Delegation Check List in the Appendix A.

**Rule 4: Maintain Accountability**

Once a licensed nurse has verified authority parameters (Rule 1), performed a comprehensive assessment (Rule 2), and delegated a task (Rule 3), the licensed nurse is accountable for assuring that the delegated task is performed as delegated and according to the facility required competencies and established policies and procedures.
To maintain accountability, the licensed nurse must provide for ongoing supervision and evaluation of the tasks delegated. Supervision and evaluation include:

1. frequent contact with the UAP to determine client responses to care (contact must always be available by telecommunication);
2. regular collection of data of the patient by the licensed nurse to determine progress toward goals of care;
3. regular review of collected data and assessment of the patient by the registered nurse
4. a plan for backup supervision; and
5. a plan for intervening in an emergency situation.

Periodic direct evaluation of client care shall be provided as determined by the licensed nurse. The frequency with which direct supervision is provided is dependent upon the setting, the client's status, the complexity of the delegated tasks, the risks to the client, and the proximity of the licensed nurse.

If the outcomes do not meet the expected level of quality, the licensed nurse must intervene. The licensed nurse may need to provide additional instruction to the UAP or rescind the delegation.

Evaluation of the communication process used to provide instruction and feedback to the UAP should be the first factor to assess if the outcome of delegation did not satisfy the goal. The outcome of delegation is directly related to how clearly the assignment was communicated. If communications were vague or too detailed, the UAP may not be able to comprehend the scope or set priorities within the assignment.

While the licensed nurse is accountable for having provided accurate instruction and supervision, the UAP is accountable for accepting the delegated nursing task and for his/her own actions in carrying out the task. UAP should only accept a delegated task following training and competency determination by the licensed nurse and must perform the task as instructed by the licensed nurse. A task delegated to a UAP cannot be re-delegated by the UAP.

In summary, the safe and effective delegation of selected nursing tasks remains the responsibility of the licensed nurse who is authorized by law to practice nursing. There is a place for competent, appropriately supervised UAP in the delivery of affordable, quality health care; however, it must be remembered that UAP are to assist - not replace - the licensed nurse. Thus, UAP should be assigned to assist the licensed nurse, rather than assigned to clients. The Nurse Practice Act holds the licensed nurse responsible for the competency assessment and supervision of the person to whom the nurse has delegated nursing tasks. The licensed nurse may never delegate the core competencies of nursing practice which include nursing judgment, assessment, planning and evaluation of nursing care.

Questions regarding delegation of nursing tasks may be directed to the Board of Nursing at (803) 896-4550 or nurseboard@lrr.sc.gov