NURSING STUDENT HANDBOOK
2026 - 2027

Prepared by:

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Revised 06/2022; 06/2023; 6/2024, 6/2025, 6/2026

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.

Mrs. Lori Burkett, Nursing Department Head
Ms. Kristen Lundkovsky, Associate Degree Nursing Program Director
Mrs. Julie Bryant, Practical Nursing 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)**, 3390 Peachtree Road NE, Suite 1400, Atlanta, GA 30326. P. 404.975.5000
www.acenursing.org

Table of Contents

PHILOSOPHY

Tri-County Technical College

VISION

Passionate people transforming lives and building strong communities one student at a time.

MISSION

Tri-County Technical College provides students an exceptional and affordable learning experience that improves their quality of life. The College advances economic development in the tri-county region by preparing a highly-skilled workforce.

VALUES

Integrity: We lead by example and are steadfast in upholding high ethical standards.

Respect: We engage with one another in a manner that promotes civility, trust, openness and understanding.

Learning: We promote a growth mindset and use what we learn to deliver a transformative experience for our students and employees.

Collaboration: We achieve more when we work together, especially when we bring diverse groups of people together to solve problems and generate change.

Innovation: We encourage creative ideas that lead to positive outcomes for our students, our employees, and our community.

Diversity and Inclusion: We are committed to creating a diverse and inclusive community that fosters a sense of belonging where every individual feels welcome and valued.

COMMITMENTS

To Our Students: Provide a dynamic teaching and learning experience in which every student has an opportunity to grow, succeed and improve their quality of life.

To Our Employees: Cultivate a workplace that honors and promotes our values.

To Our Community: Serve as a solutions provider in meeting the workforce needs of the tri-county region.

ROLE AND SCOPE

Tri-County Technical College is a public, two-year community and technical college serving Anderson, Oconee and Pickens counties in South Carolina.

As an open-door institution of higher education, the College offers affordable, accessible, collaborative and learner-centered instruction. Offerings include university transfer associate degree programs and applied technical associate degrees, diplomas and certificates in more than 70 majors associated with business, health, public service, and industrial and engineering technologies. The College also offers developmental courses for students who need to improve their basic academic skills as well as a variety of academic and support services.

The College promotes economic development in the tri-county region through customized education and training for local businesses and industries through credit and continuing education offerings and a variety of workforce training programs.

Associate Degree and Practical Nursing Program

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.

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.

VALUES

Integrity: We lead by example and are steadfast in upholding high ethical standards.

Respect: We engage with one another in a manner that promotes civility, trust, openness and understanding.

Learning: We promote a growth mindset and use what we learn to deliver a transformative experience for our students and employees.

Collaboration: We achieve more when we work together, especially when we bring diverse groups of people together to solve problems and generate change.

Innovation: We encourage creative ideas that lead to positive outcomes for our students, our employees, and our community.

Diversity and Inclusion: We are committed to creating a diverse and inclusive community that fosters a sense of belonging where every individual feels welcome and valued. The nursing programs serve a student populationthat is diverse in gender, age, race, culture, ethnicity, and educational background.

COMMITMENTS

To Our Students: Provide a dynamic teaching and learning experience in which every student has an opportunity to grow, succeed, and improve their quality of life. Nursing faculty will participate in professional development and collaborative activities to expand and use new resources for classroom and clinical delivery to promote improved student learning.

To Our Clinical Partners/Community: Serve as an educational training provider in meeting the workforce needs of the tri-county region.

ROLE

The Nursing Faculty believes that nursing practice provides safe, holistic, quality, and 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.

TCTC Nondiscrimination Statement

Tri-County Technical College is committed to a policy of equal opportunity for all persons and does not discriminate in employment, admissions, financial aid, and educational programs and activities on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran's status, pregnancy, childbirth or other categories protected by applicable law.

This policy of non-discrimination is intended to meet Tri-County Technical Colleges responsibilities under the Age Discrimination in Employment Act of 1967, the Age Discrimination Act of 1975, Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Pregnancy Discrimination Act of 1978, The Vietnam Veterans Readjustment Assistance Act of 1974, the Violence against Women Act, the SC Pregnancy Accommodations Act, the Americans with Disabilities Act of 1990 as well as the ADA Amendments Act of 2008, (ADAAA), the Genetic Information Nondiscrimination Act of 2008 (GINA) and applicable provisions of the South Carolina Human Affairs Law.

Tri-County Technical College is committed to providing an environment that is free from sexual harassment/discrimination.

Tri-County Technical College does not discriminate in admission or employment on the basis of race, color, religion, sex, qualifying disability, veteran's status, age or national origin.

Student inquiries regarding compliance may be directed to:

Dr. Darren Lipscomb
Vice President, Student Affairs
Pendleton Campus
Student Success Center, Room 126
(864) 646-1562

Employee inquiries may be directed to:

Rhonda Gibby
Vice President, Human Resources
Miller Hall, Room 131
(864) 646-1790

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. NCLEX Pass Rates: Eighty percent of students pass NCLEX-RN on the first writing. South Carolina requires scores to be maintained annually at no greater than five percent below the national pass rate.
b. Completion Rates: Sixty percent of the students that start the first nursing course will complete the program in four semesters.
c. Job Placement Rates: Eighty percent of graduates will be employed as a Registered Nurse within six months of graduation.

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.

Revised 4/2015
Reviewed 6/2016, 6/2017, 6/2020, 6/2021, 6/2024, 6/2026
Revised 6/2018, 6/2019, 06/2022, 6/2023, 6/2025

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. NCLEX Pass Rates: Eighty percent of students pass NCLEX-PN on the first writing. South Carolina requires scores to be maintained annually at no greater than five percent below the national pass rate.
b. Completion Rates: Sixty percent of the students that start the first nursing course will complete the program three semesters.
c. Job Placement Rates: Eighty percent of graduates will be employed as a Licensed Practical Nurse within six months of graduation.

PROGRAM OUTCOMES

1. Perform nursing skills within the scope of practice.
2. Apply the Nursing Process.
3. Teach health-related concepts.
4. Demonstrate professional behaviors of a Licensed Practical Nurse.

Revised 4/2015
Reviewed 6/2016, 6/2017, 6/2020, 6/2021, 6/2026
Revised 6/2018, 6/2019, 06/2022, 6/2023, 6/2024, 6/2025

Tri-County Technical College
Nursing Department

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

Nursing Program Outcomes

Outcome: Associate Degree Nursing Program NCLEX scores for First-Time Candidates Licensed Pass Rates (National CouncilState 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 thanfive percent below the national pass rate.

Outcome: Associate Degree Nursing Program Completion Rates
Expected Level of Achievement: Sixty percent of the students that start the first nursing course will complete the program in four semesters.

Outcome: Associate Degree Nursing Program Job Placement Rates
Expected Level of Achievement: Eighty percent of graduates will be employed as a Registered Nurse within six months of graduation.

NURSING PROGRAM OUTCOMES

Revised: 06/2022, 5/2023, 6/2025, 5/2026 – *per TCTC Institutional Research and Evaluation Department*
Reviewed: 6/2021, 6/2024
Revised by Nursing Department: 6/2025

Tri-County Technical College
Nursing Department

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: Licensed Practical Nursing Program NCLEX scores for First-Time Candidates Licensed Pass Rates (National CouncilState Board Nursing Education Program Summary)
Expected Level of Achievement: Eighty percent of students pass NCLEX-PN on the first writing. South Carolina requires scores to be maintained annually at no greater thanfive percent below the national pass rate.

Outcome: Practical Nursing Program Completion Rates
Expected Level of Achievement: Sixty percent of the students that start the first nursing course will complete the program three semesters.

Outcome: Licensed Practical Nursing Program Job Placement Rates
Expected Level of Achievement: Eighty percent of graduates will be employed as a Licensed Practical Nurse within six months of graduation.

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
    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 feedback and follow it

7. To receive accommodations to a learning disability
    a. To bring honest documentation of the disability to the Accessibility Resource Center office
    b. To explain when a new course begins 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. AHS 163/CNA certification is encouraged and will provide additional points to Competitive Clinical Entry Application.

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 MyTCTC under the “Academic Resources” tile for eligible students.

To have eligibility, an Associate Degree Nursing student must:

- have a minimum transfer or institutional GPA of 2.5;
- have minimum AITS (Adjusted Individual Total Score) ATI TEAS score of 64%;
- participate in the Pre-Nursing Workshop and submit verification which may take 2 business days to process; and
- have taken BIO 101, ENG 101, MAT 120 and BIO 210 (or be registered for it) with a grade of "C" or higher.
- BIO 101, BIO 210, BIO 211, and BIO 225 courses may be attempted only two times to achieve a passing grade of “C” or higher. An attempt is defined as completing the course and receiving a grade or a withdrawal from the course after the drop date. If a student fails to achieve a “C” or higher after two attempts, they will not be eligible to apply to the program for at least 5 years after the first unsuccessful attempt. The student will still be required to retake the course and achieve a grade of “C” or higher. This criterion is in effect for students completing these courses in Spring 2021 or after.
- BIO 210, BIO 211, and BIO 225 courses once completed, expire in 5 years. For those applicants whose BIO 210, BIO 211, or both are greater than 5 years old, students can elect to take the ATI Anatomy and Physiology test in an effort to exempt repeating BIO 210 and/or BIO 211. The required minimum score is 61% or higher. If the minimum score is not achieved, students are required to repeat BIO 210 and/or BIO 211. There are no test-out options for BIO 225.

To have eligibility, a Practical Nursing student must:

- have a minimum transfer or institutional GPA of 2.0;
- have a minimum AITS (Adjusted Individual Total Score) ATI TEAS score of 50%;
- participate in the Pre-Nursing Workshop and submit verification which may take 2 business days to process; and
- have taken BIO 101 with a grade of "C" or higher or be registered for it.
- BIO 101, BIO 210, and BIO 211 courses may be attempted only two times to achieve a passing grade of “C” or higher. An attempt is defined as completing the course and receiving a grade or a withdrawal from the course after the drop date. If a student fails to achieve a “C” or higher after two attempts, they will not be eligible to apply to the program for at least 5 years after the first unsuccessful attempt. The student will still be required to retake the course and achieve a grade of “C” or higher. This criterion is in effect for students completing these courses in Spring 2021 or after.
- BIO 210 and BIO 211 courses once completed, expire in 5 years. For those applicants whose BIO 210, BIO 211, or both are greater than 5 years old, the ATI Anatomy and Physiology test is required with a minimum score of 61% or higher. If the minimum score is not achieved, students are required to repeat BIO 210 and BIO 211.

To have eligibility, an LPN to RN Transition Nursing student must:

- LPN Nursing Education must be from a nationally (ACEN) credentialed college/program or Paramedics require an Associate in Applied Science Degree
- have a transfer or institutional GPA of 2.5 or higher;
- have a minimum AITS (Adjusted Individual Total Score) ATI TEAS score of 50%; have a minimum score of level 2 on ATI Fundamentals for RN test;
- participate in the Pre-Nursing Workshop and submit verification which may take 2 business days to process; and
- have a current, active and unencumbered Multi-State PN license or Paramedic Certification must be current and unencumbered; and
- have taken BIO 101, ENG 101, MAT 120 and BIO 210 (or be registered for it) with a grade of "C" or higher.
- BIO 101, BIO 210, BIO 211, and BIO 225 courses may be attempted only two times to achieve a passing grade of “C” or higher. An attempt is defined as completing the course and receiving a grade or a withdrawal from the course after the drop date. If a student fails to achieve a “C” or higher after two attempts, they will not be eligible to apply to the program for at least 5 years after the first unsuccessful attempt. The student will still be required to retake the course and achieve a grade of “C” or higher. This criterion is in effect for students completing these courses in Spring 2021 or after.
- BIO 210, BIO 211, and BIO 225 courses once completed, expire in 5 years. For those applicants whose BIO 210, BIO 211, or both are greater than 5 years old, students can elect to take the ATI Anatomy and Physiology test in an effort to exempt repeating BIO 210 and/or BIO 211. The required minimum score is 61% or higher. If the minimum score is not achieved, students are required to repeat BIO 210 and/or BIO 211. There are no test-out options for BIO 225.

Applications may 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 all nursing programs at www.tctc.edu/nursing.

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 may submit a Nursing Application online. The Nursing Application is available on MyTCTC under the "Academic Resources" tile. A confirmation email will be sent to the student through the student's Tri-County Technical College e-mail account once the application has been submitted correctly.

*Program acceptance is based on space availability and submission of application does NOT automatically guarantee a seat in any Nursing Program. Competitive Clinical Entry application must be submitted each semester during the posted application dates 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 and complete in-progress course requirements 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.
   b. Submit the nursing application online available on MyTCTC under the "Academic Resources" tile.
   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/nursing.
   d. If the contact information changes, it is the student's responsibility to make the change to the MyTCTC account.
   e. The email address listed on MyTCTC is the address that will be used to contact the student for clinical entry.

2. **Questions**
   Health Education Admissions Liaison: Bailey Woods (Fulp 401) at wwoods@tctc.edu or (864) 646-1620.
   Alternate contact: Health Education Division Office, Fulp 300 or (864) 646-1400

GUIDELINES FOR COMPETITIVE CLINICAL ENTRY - ASSOCIATE DEGREE NURSING and LPN TO RN TRANSITION

1. A minimum institutional GPA of 2.5 or above to apply.

2. All 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 no later than one week prior to the application deadline.

3. LPN to RN Transition Students are also required to complete the ATI Fundamentals Nursing test with a level 2 or higher.

4. ATI TEAS test & ATI Fundamentals Nursing test scores expire 3 years after test date.

5. General Education transfer courses must have been evaluated by TCTC Registrar's Office no later than a week prior to any deadlines.

6. Students desiring a clinical seat must submit a Nursing Clinical Entry Application by the posted deadline dates on MyTCTC under the "Academic Resources" tile. Applications will not be accepted after the posted deadline dates.

7. The student is responsible for the accuracy of the information found on the Nursing Clinical Entry Application as it relates to points earned. For questions regarding Application point discrepancies, please email the Nursing department at nursing@tctc.edu by the Application deadline date.

8. Applicants with the highest point totals will be offered seats in the NUR course. If two or more students have the same total points, rank will be based on the technical GPA.

9. Degree credit for points requires the system must show an awarded degree, or a graduation application approved.

10. Degree credit for points for an Associate of Science (AS) requires the graduation application to be submitted online by the posted deadline dates on MyTCTC under the "Graduation" tile.

11. 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.

12. Students with AP credit for an applicable course will receive 2 points.

13. For Associate Degree Nursing applications, all CNA Certifications, LPN Licenses, Paramedic Certifications or Medical Assisting Certifications must be submitted by the application deadline date to be processed for points on the application.

14. For LPN to RN Transition Nursing applications, all CNA Certifications or Medical Assisting Certifications must be submitted by the application deadline date to be processed for points on the application.

GUIDELINES FOR COMPETITIVE CLINICAL ENTRY - PRACTICAL NURSING

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

2. All 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 no later than one week prior to the application deadline.

3. ATI TEAS test Nursing test scores expire 3 years after test date.

4. General Education transfer courses must have been evaluated by TCTC Registrar's Office no later than one week prior to the application deadline.

5. Students desiring a clinical seat must submit a Nursing Clinical Entry Application by the posted deadline dates on MyTCTC under the "Academic Resources" tile. Applications will not be accepted after the posted deadline dates.

6. The student is responsible for the accuracy of the information found on the Nursing Clinical Entry Application as it relates to points earned. For questions regarding Application point discrepancies, please email the Nursing department at nursing@tctc.edu by the Application deadline date.

7. Applicants with the highest point totals will be offered seats in the PNR course. If two or more students have the same total points, rank will be based on the technical GPA.

8. Degree credit for points requires the system must show an awarded degree, or a graduation application approved.

9. Degree credit for points for an Associate of Science (AS) requires the graduation application to be submitted online by the posted deadline dates on MyTCTC under the "Graduation" tile. 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 2 points.

12. All CNA Certifications or Medical Assisting Certifications must be submitted by the application deadline date to be processed for points on the application.

It is the intent of the Competitive Clinical Entry process that a student who accepts a seat in a Nursing program remains in that program until the program has been completed, or they are academically withdrawn.

AHS 163 – Long-Term Care

AHS 163/CNA Certification is encouraged and will provide additional points to Competitive Clinical Entry Application.

If a student has a current CNA Certification or has completed Patient Care Technician (PCT) classes (at a SC Technical College, SC High School Career Center, or Hospital System) with a current certification, they may receive points on the Competitive Clinical Entry Application.

A copy of the certification must be provided to the Health Education Admissions Liaison, Bailey Woods, at wwoods@tctc.edu. All CNA Certifications must be submitted by the application deadline date to be processed for points on the application.

ACADEMIC ADVISEMENT

Each student will be assigned a 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 every semester during the early advisement period. Appointments for advisement during this period should be scheduled through TriView. Students are required to meet with the assigned faculty member prior to each registration period.

Once an appointment is scheduled, and accepted by the advisor through TriView, the student is expected to attend the appointment. If the student is unable to attend, they should notify their Advisor or the Nursing Division's administrative assistant in advance of the appointment. If a student misses three scheduled advising appointments, (s)he will be required to meet with the Health Education Dean.

PROGRAM FEES (ADN, LPN TO RN TRANSITION, AND PN PROGRAMS)

Effective Fall 2023, TCTC replaced most of our current course fees with a per semester program fee. The purpose of this change is to make course fees easier to understand and to help students' budget and plan more accurately. Accordingly, this transition will narrow students' costs down to three primary items: tuition, program fee, and digital course content. Several fees that used to be listed separately on student bills will become part of the program fee. The Nursing Programs fee is $805 and includes Nursing Supply Kit, ATI fee, E-value fee, Drug screen fee, Malpractice fee and Packet fee and will be charged to your account upon registration for the semester.

Other Expenses:

- Passport online training fee $15.00 per year
- Entry seat fee in program $100.00 (one-time fee for ADN, LPN to RN Transition, and PN Nursing)
- Books for nursing courses $1200.00 (ADN/LPN TO RN TRANSITION) and $1000.00 (PN) (New books estimated cost at TCTC Campus Store)
- Uniforms $200.00 for program (estimated)
- Stethoscope $100.00 (estimated)

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.

Health Education Division
Student Drug Screen Policy and Procedure

Policy

All healthcare agencies that accept students for clinical training require drug screening. Annual drug screens will be conducted on all new, returning, and current Health Education Division students. Any student who has been out of the program for greater than two semesters, as well as all transfer or readmitted students, will also be required to complete a drug screen. The drug screening test will be given prior to clinical rotation. The results of the drug screen determine eligibility to participate in clinical training. A student must be able to enter and/or remain in all clinical sites to progress within the program. A positive drug screen without proof of a medical prescription is an indication that a student is unable to progress within a program and will be administratively withdrawn from the program. The results of the student drug screen will remain confidential in Health Education Division Dean's office and will not be shared with any Tri-County Technical College employee.

A 10-panel urine drug screen will be utilized. This test screens marijuana, cocaine, amphetamines, opiates, PCP, benzodiazepines, barbiturates, methadone, methaqualone, and propoxyphene. Random drug screening may be required of a student at any time throughout the course of clinical study if actions indicate reasonable suspicion.

Procedure

- Drug screening requirements will be emailed to TCTC accounts only. Students should check their TCTC email daily for such notification. Work or school schedule conflicts WILL NOT BE AN ACCEPTABLE EXCUSE for this one-time event.
- The cost is $64.25. This charge has already been included in tuition fees.
- Students should be prepared to present a valid photo identification at the time of the screening.
- If a student does not attend their scheduled drug screen test for any reason, they will be contacted by the Health Education Division office and will be required to meet with the Dean of Health Education Division.
- Any extenuating circumstances that might interfere with the drug screening must be presented to the Health Education Division Dean in writing via email prior to screening date.
- Health Education Division Dean has the discretion to determine if students will be allowed a second opportunity to drug screen within 24 hours of the original screening. If a student is allowed to test, there will be a fine of $10 late fee payable to the Cashier's window in the Ruby Hicks building for this screening. After providing a receipt of late fee payment to the Health Education Division office, the Dean's assistant will schedule a new drug screening date and time.
- Any student with a positive drug screen will be required to meet with the Health Education Division Dean.

- If a substance is detected, the Medical Review Officer (MRO) will attempt to contact the student using the phone number provided during online registration of the testing. If the MRO is usable to reach the student, the result may show “Non-Contact Positive.” During MRO review, students may be asked about medications. If the MRO confirms a student’s medication is current and valid, the result may be updated to negative.
- Students should not discuss or show medical documentation to their instructors, program directors, or department heads, in the event of positive drug screen results.
- Students should only share any medical documentation with the MRO if contacted or with the Health Education Division office if prompted.
- Any student who may have concerns or received positive drug screen results could contact the Health Education Division Dean at 864-646-1400.
- The initial test is included in course fees. If you do not provide a sufficient urine sample, it will be considered a “refusal to test” and may be considered a positive drug screen. At the dean’s discretion, you may be allowed to complete a second drug test, but you will be charged $64.25 for the test to be paid at TCTC Cashier’s window in the Ruby Hicks building.
- Failure to complete the drug screen will be seen as a positive result with subsequent removal from the program.
- Any student that leaves during the drug screening without giving an adequate specimen will be considered as avoiding the test.
- Any student without drug screening will not be allowed to attend clinical and may be administratively withdrawn from all clinical courses.
- If the student does not comply with the second drug screening attempt, this lack of action will constitute avoidance. Avoidance will result in administrative withdrawal from the program.
- The Health Education Division does not assume responsibility for the delivery of TCTC emails that are forwarded to personal email accounts.

PASSPORT

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

1. Passport is a fee required for the following courses (NUR 120, NUR 121 LPN to RN Transition, NUR 229 and PNR 175).
2. All students will be required to complete Passport annually while they are in the program.
3. If a student becomes out of sequence for any reason and the Passport modules have expired, they will be required to update Passport.
4. Failure to complete all assigned Passport 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 Technical Standard Essential Function, the student will be referred to Student Disability Services for the appropriate accommodations.

If "**YES**" is answered to "Have you been dismissed from any clinical facility?", the student will be referred to the Program Director and/or the Department Head for additional review.

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.

See Appendix F

CURRICULUM

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 are 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) are required to 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 MyTCTC email. The ability to repeat a course is ultimately based upon seat and course availability. 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:

- Associate Degree Nursing/LPN to RN Transition Program:
  a. If a student fails and/or withdraws from the same ADN course twice, he/she will not be allowed to continue in the program and will be administratively withdrawn from the program.
  b. If a student fails and/or withdraws from two different ADN courses in the same semester, he/she will not be allowed to continue in the program (examples, NUR 120 and NUR 106; NUR 121 and NUR 162) and will be administratively withdrawn from the program.
  c. If a student fails and/or withdraws from any two ADN courses at any time in the sequence of the program, then he/she will not be allowed to continue in the program and will be administratively withdrawn from the program.
  d. A student who is administratively withdrawn from the nursing program due to two unsuccessful course failures or withdrawals, will be allowed to reapply to the program through Competitive Clinical Entry after one year from the end of the student's last enrolled semester. Students are limited to **two total applications** to the nursing program (the initial application and one reapplication).
     - The Nursing Success Committee will outline when a student is eligible to reapply based on the one-year time frame.
     - If accepted into the ADN/Transition program, the student will begin at the first nursing course i.e., NUR 120 or NUR 121 LPN to RN Transition.
     - Students who have two unsuccessful course failures or withdrawals after their one permitted reapplication will not be eligible to reapply for admission to the nursing program for 5 years.

- Practical Nursing Program:
  a. If a student fails and/or withdraws from the same PN course twice, he/she will not be allowed to continue in the program and will be administratively withdrawn from the program.
  b. If a student fails and/or withdraws from two different PN courses in the same semester, he/she will not be allowed to continue in the program (examples, PNR 175 and PNR 121; PNR 140 and PNR 181) and will be administratively withdrawn from the program.
  c. If a student fails and/or withdraws from any two PN courses at any time in the sequence of the program, then he/she will not be allowed to continue in the program and will be administratively withdrawn from the program.
  d. A student who is administratively withdrawn from the nursing program due to two unsuccessful course failures or withdrawals, will be allowed to reapply to the program through Competitive Clinical Entry after one year from the end of the student's last enrolled semester. Students are limited to **two total applications** to the nursing program (the initial application and one reapplication).
     - The Nursing Success Committee will outline when a student is eligible to reapply based on the one-year time frame.
     - If accepted into the PN program, the student will begin at the first nursing course i.e., PNR 175.
     - Students who have two unsuccessful course failures or withdrawals after their one permitted reapplication will not be eligible to reapply for admission to the nursing program for 5 years.

- Nursing Department Grading Scale

  - 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. All co-requisite courses must be completed by the time indicated on the curriculum plan.

CURRICULUM PLAN – ADN

Generic Track

1st Semester	C	L	Credit Hours
BIO 101 Biological Science	3	3	4
ENG 101 English Composition I	3	0	3*
Humanities Requirement**	3	0	3*
MAT 120 Probability & Statistics	3	0	3*
			13 hours
2nd Semester			
BIO 210 Anatomy & Physiology I	3	3	4*
NUR 120 Basic Nursing Concepts	4.5	7.5	7
NUR 106 Pharmacologic Basics	2	0	2
PSY 201 General Psychology	3	0	3*
			16 hours
3rd Semester			
BIO 211 Anatomy and Physiology II	3	3	4*
NUR 162 Psychiatric and Mental Health Nursing	3	0	3
NUR 121 Intermediate Nursing Concepts	5	9	8
			15 hours
4th Semester			
BIO 225 Microbiology	3	3	4*
NUR 229 Nursing Care Management IV	4	6	6
NUR Elective Requirement	3	0	3
SPC 205 Public Speaking	3	0	3*
			16 hours
5th Semester			
NUR 221 Advanced Nursing Concepts	2	9	5
NUR 230 Physical Assessment	1.5	4.5	3
			8 hours

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 Director.
**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

1st Semester	C	L	Credit Hours
BIO 211 Anatomy and Physiology II	3	3	4
NUR 162 Psychiatric and Mental Health Nursing	3	0	3
NUR 121 Intermediate Nursing Concepts	5	9	8
			15 hours

2nd Semester			
NUR 229 Nursing Care Management IV	4	6	6
BIO 225 Microbiology	3	3	4
PSY 201 General Psychology	3	0	3
NUR Elective Requirement	3	0	3
			16 hours

SECOND YEAR

3rd Semester			
NUR 221 Advanced Nursing Concepts	2	9	5
SPC 205 Public Speaking	3	0	3
NUR 230 Physical Assessment	1.5	4.5	3
Humanities Requirement	3	0	3
			14 hours

Total Program Hours: 68

LPN articulation agreement allows for 9 hours credit to be awarded after successful completion of NUR 121 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 121).
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 Director.

**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

August Entry

Fall Semester	C	L	Credit Hours
BIO 101 Biological Science I	3	3	4*
ENG 101 English Composition I	3	0	3
PNR 175 Practical Nursing Skills	2	6	4
PNR 120 Medical-Surgical Nursing I	3	6	5
			16 hours

Spring Semester			
BIO 210 Anatomy and Physiology I	3	3	4*
PNR 121 Fundamentals of Pharmacology	2	0	2
PNR 130 Medical-Surgical II	3	6	5
PNR 140 Medical-Surgical III	3	6	5
			16 hours

Summer Semester			
BIO 211 Anatomy and Physiology II	3	3	4*
MAT 120 Probability and Statistics	3	0	3*
PNR 154 Maternal/Infant/Child Nursing	3	6	5
PNR 181 Special Topics	1	0	1
PSY 201 General Psychology	3	0	3*
			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 Program Director.
C – class hours per week L – lab hours per week

CURRICULUM PLAN – LPN

January Entry

Spring Semester	C	L	Credit Hours
BIO 101 Biological Science I	3	3	4*
ENG 101 English Composition I	3	0	3
PNR 175 Practical Nursing Skills	2	6	4
PNR 120 Medical-Surgical Nursing 1	3	6	5
			16 hours

Summer Semester			
BIO 210 Anatomy and Physiology I	3	3	4*
BIO 211 Anatomy and Physiology II	3	3	4*
PNR 121 Fundamentals of Pharmacology	2	0	2
PNR 130 Medical-Surgical II	3	6	5
			15 hours

Fall Semester			
MAT 120 Probability and Statistics	3	0	3*
PNR 154 Maternal/Infant/Child Nursing	3	6	5
PNR 140 Medical-Surgical III	3	6	5
PNR 181 Special Topics	1	0	1
PSY 201 General Psychology	3	0	3*
			17 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 Program Director.
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 clinicals, including hospital, outside clinical facilities, skills lab and simulation, is required. Each clinical course requires a specific number of clinical hours to meet the course requirements. 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 any clinical absence will be at the discretion of the clinical instructor and in consultation with the course team leader. 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 all nursing programs 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, per discretion of the instructor(s).

EVALUATION – Practical Nursing

Grading Information

To meet course requirements and pass this course you must:

1. Theory Component
    A. Achieve a weighted exam average of 75% or greater on the unit exams and thefinal exam.
    B. 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. 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 all quizzes (announced or unannounced)
    F. Complete any assigned group work or projects

2. Clinical Component
    A. Achieve satisfactory on all clinical outcomes
    B. Attend all assigned clinical experiences. Any clinical experience that is missed will count as unsatisfactory for clinical. NOTE: Three overall clinical unsatisfactory(s)may 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 clinical components 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 75% or greater to be satisfactory in the course.
    B. Achieve an overall course average of 75% or greater. Course grades are not rounded.
    C. Actively participate in assigned team activities. Failure to participate will result in a grade of "0" on the activity.
    D. Receive a satisfactory final evaluation for clinicals. A student receiving an unsatisfactory final evaluation for clinical and simulation experiences will not beallowed to complete the course requirements.

EVALUATION – Associate Degree and LPN to RN Transition 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 thefinal 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. Any clinical experience that is missed willcount as unsatisfactory for clinical. NOTE: Three overall clinical unsatisfactory(s) may 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 requiredclinical components 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% or greater to be satisfactory in the course.
   B. Achieve an overall course average of 80% or greater. Course grades are not rounded.
   C. Actively participate in assigned team activities. Failure to participate will result in a grade of "0" on the activity.
   D. Receive a satisfactory final evaluation for clinicals. A student receiving an unsatisfactory final evaluation for clinical and simulation experiences will not be allowed to complete the course requirements.

EXAM GRADES

Unit exam grades will be posted to the Online Learning System within one week of the exam. Students have the option to review exams with their teaching faculty by appointment. The students will not have access to their exam booklet except under faculty supervision.

STUDENT CONCERNS/COMPLAINT

If you have a concern/complaint during the course, the expectation is that you speak with the instructor involved. If your concern/complaint is not resolved with the instructor, your next step is to contact, Ms. Vandiver, the Nursing Administrative Assistant at pvandive@tctc.edu or (864) 646-1479 to complete the Nursing Department Student Concerns/Complaint Form that outlines the next steps.

ACADEMIC CONCERNS AND COMPLAINTS

If you have a concern/complaint during the course, regarding decisions or actions related to learning experiences in a class, academic programs, or similar items of an academic nature, you can submit a complaint. The expectation is that you first speak with the instructor involved. If your concern/complaint is not resolved with the instructor, your next step is to contact, Ms. Vandiver, the Nursing Administrative Assistant at pvandive@tctc.edu or (864) 646-1479 to complete the Nursing Department Student Concerns/Complaint Form that outlines the next steps. This process is governed by college procedure 3-2-1060.1 Academic Concerns and Complaints Procedure.

STUDENT GRIEVANCE PROCEDURE

The purpose of the student grievance procedure is to provide a system to channel and resolve student complaints against a college employee concerning decision-making or actions taken. A decision or action can be grieved only if it involves a misapplication of the College's policies, procedures, or regulations, or violation of a state or federal law. For more information or to submit a grievance, visit: https://www.tctc.edu/life-at-tctc/student-services-and-support/your-rights-and-responsibilities/student-grievancecomplaint-process/. This procedure is outlined in SC Technical College System procedure 3-2-106 The Student Grievance Procedure for the SCTCS. Questions about this procedure can be directed to the dean of students, Dr. Mark Dougherty at mdougher@tctc.edu.

CONFIDENTIALITY

All nursing students will 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 A). Students must upload the immunization source documents into E-Value and keep themupdated throughout the program.

American Heart Association Healthcare provider CPR is required, which includes adult, infant, and children CPR with AED and choking. We accept the blended learning courses where the course is online, and the skills checkoff is in person. However, complete Online CPR Certification or recertification is not acceptable. CPR certification must remain current throughout the entire 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 unless this requirement is met. Failure to comply will result in removal from the course and/or program.

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.

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. Examples include but not limited to: Influenza, COVID, Strep-throat, Mononucleosis, Meningitis, Chicken pox/Shingles, Monkey Pox, etc.

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 students' 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 (4): Proficient; self-reliant, able to act completely independently without supportive cues; accurate each time; safe

Satisfactory (3): Efficient, coordinated, and confident; usually independent or needs occasional supportive cues; accurate each time; safe

Progressing (2): Skillful in parts of behavior and/or procedure/interventions relatedto clinical objective; lacks efficiency and coordination; needs occasional verbal and/or physical cues in addition to supportive ones; requests supervision appropriately; safe

Unsatisfactory (1): 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 (0): 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 & SIMULATION

- Nursing uniforms, student ID badges and nursing bags are required at all times during skills lab, practice and check-off.
- Laboratory practice sessions are scheduled during open – laboratory time and/or by appointment. Student partners should assist and help 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.
- 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.
- 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 checkoffs are allowed until required practice sessions have been completed. Students must successfully complete all skills checkoffs to progress in the course.
- Simulation – students are expected to treat simulation as real time clinical experiences. Uniforms, student ID badges, and nursing bags 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. 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 for Skills Labs, Simulation Labs and Clinical facilities. Those not meeting the dress criteria will be asked to leave the lab/clinical facility 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/jogger pants) or gray/navy skirt.
- Steel Gray uniform shirt (short sleeves). Tri-County's logo will be embroidered over the left chest, and Nursing will be embroidered over the right chest.
- Sweaters are not allowed during clinical practice. Students may wear a navy, gray, or white undershirt or turtleneck under the scrub top. A Navy lab jacket can be worn over scrubs. Tri-County's logo will be embroidered over the left chest, and Nursing will be embroidered over the right chest.
- Navy, gray, or white socks, non-patterned or White hose (appropriate to uniform chosen)
- Black, gray, or white leather/non-mesh tennis shoes (must have backs on heels and solid tops on toes).
- Required undergarments include:
  - Bra
  - Underwear
  - All undergarments should be full coverage and 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/jogger pants).
- Steel Gray uniform shirt (short sleeves). Tri-County's logo will be embroidered over the left chest, and Nursing will be embroidered over the right chest.
- Sweaters are not allowed during clinical practice. Students may wear a navy, gray, or white undershirt or turtleneck under the scrub top. A Navy lab jacket can be worn over scrubs. Tri-County's logo will be embroidered over the left chest, and Nursing will be embroidered over the right chest.
- Navy, gray, or white socks, non-patterned
- Black, gray, or white leather/non-mesh tennis shoes (must have backs on heels and solid tops on toes).
- Required undergarments includes:
  - Underwear
  - All undergarments should be full coverage and not be visible
- Pants: The waistband must fasten at the natural waistline.

Notice for Males and Females:

- TCTC name badges plus hospital supplied ID badges as necessary are to be worn close to the face.
- 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.

Accessories:

Uniform accessories are a part of each uniform and include the following:

- Watch with second hand capability
- TCTC name badge
- Black pen
- Pocket-size note pad
- Nursing equipment as required by the specific courses, i.e., 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, or white 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.

Clinical Agencies: Students are expected to follow the dress policy modifications specific to the clinical area, i.e., 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. Hair clips or ribbons are not permitted. Headbands if worn can be no more than 1 inch thick and only plain white, grey, or navy 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 allowed in the clinical area per hospital policies. Many individuals are highly sensitiveto 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/tobacco use, including vaping, 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 result in dismissal from clinical and result in an "Unsatisfactory" for the day. Additionally, the use of other tobacco and vape products will not be permitted in or on the property of the clinical facility.

Drugs/Alcohol: Students will NOT attend clinical if taking medication that impairs their abilities and decision-making skills. This includes alcohol and prescription drugs. Alcohol smell on the student's clothing, hair, or body may result in dismissal from clinical and result in an "Unsatisfactory" for the day.

Cell Phones: Cell Phone use is not permitted in patient clinical areas or in on-campus labs, including the use of smart watches or other devices.

Tattoos/Piercings: Students with tattoos or piercings must conform to clinical agency policies and cover/remove if possible.

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 D. 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 modules in order to be successful in NUR 221 or PNR 181. Failure to complete any of these components may result in receiving an "Incomplete" in the course which would cause a delay in graduation and Certificate of Endorsement submission.

Students desiring licensure in a state outside South Carolina should contact the Nursing Board in that state.

Many employers require a transcript showing proof you have graduated from a nursing program.

GRADUATION REQUIREMENTS

The following criteria must be met for a student to graduate, as set forth by College Policy:

- Submit a "Graduation Application" form online at by the posted deadline dates on MyTCTC under the "Graduation" tile.
- The Certificate of Endorsement will not be submitted to the Board of Nursing unless a graduation application has been submitted and all college financial obligations have been met.
    - See Academic Calendar on MyTCTC for Graduation Application deadlines.
    - If you have previously submitted an application but did not graduate for any reason, you must submit a new application.
    - A late application submission will cause the application to automatically be moved to the next graduation.
- Any student who has an outstanding financial obligation must resolve the obligation by the registrar's provided deadline to be eligible to graduate.

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 attempt the licensing examination.

It is the student's responsibility to obtain accommodations if required for the NCLEX exam. See Candidate Bulletin on www.NCSBN.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 delay or prohibit your ability 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 of 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 Patient 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 and 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 Settings

Provision 9 - The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

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

American Nurses Association, Code of Ethics for Nurses with Interpretive Statements, Washington, D.C.: American Nurses Publishing, 2015

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," https://www.tctc.edu/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.

Students should not bring children or animals to class with the exception of an ADA Service Animal. 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 Department Head.

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 Department Head.

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, EMT, 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 sites 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 evidence-based informationin 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 anymobile 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 ina 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.

MyTCTC ACCOUNTS

Tri-County Technical College (TCTC) uses email as one of several means of communication with HE students. An official MyTCTC 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 daily in order to read important email 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 MyTCTC 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 MyTCTC 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 TriView.

MISCELLANEOUS

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.

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:

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

Nursing Success Committee:

Purpose: The purpose of this committee shall be to evaluate and provide guidelines for students to successfully repeat a nursing course.

Membership: Membership shall consist of at least three faculty members

Simulation Committee:

Purpose: The purpose of this committee shall be to provide structure and guidelines using INACSL standards of best practice for simulation.

Membership: Membership shall consist of at least three faculty members and student representatives.

Advisory Board:

Purpose: The purpose of this committee shall be to provide input from the community to the nursing programs**.**

Membership: Membership shall consist of department head, program directors, faculty and SNA representatives. Community members invited to serve.

Exam Blueprinting Committee:

Purpose: The purpose of this committee shall be to provide structure and guidelines using NCSBN NCLEX test plan.

Membership: Membership shall consist of at least three faculty members.

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. (i.e. guest speakers, entertainment groups, and student talent shows)

STUDENT NURSES ASSOCIATION

Students are strongly encouraged 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 $42 for the 1st year, $45 renewal or $80 for 2 years. Officers attending the South Carolina State SNA convention are required to be a member of the National Student Nurses Association in order to run for state office or vote in elections. Local members are strongly encouraged to seek membership at a national level.

The benefits of the National Student Nurses Association membership include:

- Imprint Magazine (offering informative articles about nursing specialties and land your first graduate nursing position)
- Digital Career Planning Opportunities
- NSNA Leadership University Honor Society
- State Board Examination Review Course, Books and Online Review
- Discounts on Nursing Supplies, Nursing Insurance, NSNA Conventions, and more!
- Scholarship Opportunities
- Many More!

NSNA Membership Benefits

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 Student Development and Wellness located in the Student Success Center.

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 overly 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.

CAREER AND EMPLOYABILITY RESOURCES

The Career and Employability Resources 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: Ruby Hicks, Room 180
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
Oconee Campus: Available by appointment

STUDENT DEVELOPMENT AND WELLNESS

Student Development and Wellness 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 McLaughlin Young Group (MyGroup) Student Assistance Program (FREE), Call Toll-free: 1-800-633-3353, or Visit the MyGroup webpage, Request an Appointment | MYgroup Consulting.

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) 646-1569, within your MyTCTC account under the Student Support tile or visit the webpage at Student Wellness Support Resources.

Accessibility Resource Center provides services for students who have disabilities. Students needing assistance in participating in college programs should visit Accessiblity Resources for Accomodations to complete the Initial Request for Accessibility Services form. Accessibility Resource Center islocated in the Student Support/Engagement Office, Pendleton Campus, Student Success Center, Suite 120, phone (864) 646-1563, email ARCenter@tctc.edu. Students should plan tostart this process at least 30 days prior to the first day of classes.

REGISTRARS OFFICE/STUDENT DATA CENTER

Students needing assistance with or having questions regarding Student Records should contact the Registrar's Office/Student Data Center at the appropriate campus location.

(864) 646-8282 – Option 1
Toll-free number (within 864 area code): 1-866-269-5677 – Option 1
registrar@tctc.edu

Pendleton Campus:
Location: Ruby Hicks
Office Hours: Monday - Thursday: 8:00 AM to 6:30 PM; Friday: 8:00 AM to 2:00 PM

Easley Campus:
(864) 220-8888

Anderson Campus:
(864) 260-6700

Oconee Campus:
(864) 613-1900

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 My Financial Aid tile in MyTCTC.

(864) 646-8282 – Option 1
Toll-free number (within 864 area code): 1-866-269-5677 – Option 1
finaid@tctc.edu

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

Easley Campus:
(864) 220-8888

Anderson Campus:
(864) 260-6700

Oconee Campus:
(864) 260-6700

BUSINESS OFFICE

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

(864) 646-8282 – Option 2
Toll-free number (within 864 area code): 1-866-269-5677 – Option 2
busof@tctc.edu

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

Easley Campus:
(864) 220-8888

Anderson Campus:
(864) 260-6700

Oconee Campus:
(864) 613-1900

FACULTY DATA (FULL-TIME)

NAME	OFFICE	PHONE #	TITLE AND MAJOR AREA OF TEACHING	DEGREES OBTAINED
AGUERO, Cheryl	HS 414	(864) 646-1618	ADN Instructor	ADN – Tri-County Technical College BSN – Western Governors University MSN – Western Governors University
ANDERSON, Katie	HS 408	(864) 646-1361	ADN Instructor	ADN – Tri-County Technical College BSN – Western Governors University MSN – Western Governors University
BRYANT, Julie	EC 212	(864) 220-8011	PN Program Director	BSN – Clemson University MSN – Walden University
BURKETT, Lori	HS 415	(864) 646-1537	Nursing Department Head	ADN – Greenville Technical College BSN – South University MSN – South University
FINLEY, Lisa	EC 219	(864) 220-8010	PN Instructor	ADN – Greenville Technical College BSN – Regis University MSN – Regis University
LOONEY, Malisa	HS 403	(864) 646-1339	ADN Instructor	BSN – University of SC Spartanburg MSN – University of SC Columbia
LUNDKOVSKY, Kristen	HS 401A	(864) 646-1342	ADN Program Director	ADN – Greenville Technical College BSN – Clemson University MSN – University of Phoenix
MYERS, Penny	HS 412	(864) 646-1354	ADN Instructor	ADN – Greenville Technical College BSN – Drexel University MSN – Chamberlain University
PROEHL, Jeri	HS 410	(864) 646-4902	ADN Instructor	BSN – University of South Carolina MSN – Liberty University MHA – Liberty University
PORTER, Christy	EC 213	(864) 220-8030	PN Instructor	BSN – University of SC Spartanburg MSN – University of Phoenix
SMITH, Stacy	HS 402	(864) 646-1540	ADN Instructor	BSN – Clemson University MSN – Gonzaga University
VAUGHAN, Tara	HS 406	(864) 646-1652	ADN Instructor	ADN – Piedmont Technical College BSN – Western Governors University MSN – Western Governors University
VAUGHN, Mary Anne	HS 411	(864) 646-1599	ADN Instructor	ADN – Tri-County Technical College BSN – Lander University MSN – South University
ZANGAS, Joan	HS 414	(864) 646-1729	ADN Instructor	BSN – Clemson University MSN – Western Governors University

APPENDICES

APPENDIX A

TRI-COUNTY TECHNICAL COLLEGE – HEALTH EDUCATION DIVISION
IMMUNIZATION RECORD

Circle the initials of the program that you are entering.

ADN PNR Transition

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 _____

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 Second Administration _____
   Date of Titer: _____ 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-#8 will have program specific deadline dates. Students should abide by the individual program deadline dates for these immunizations.

6. **FLU**:
   Date of Vaccination_____

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_____	Date_____	Results _____

8. **COVID-19 VACCINE** 1ST Step Date _____ 2nd Step Date _____ Exempting? Y/N
   (If received)

9 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 doctor's 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. In cases of partial negative titers: If only the Rubella is negative, you need to receive 1 MMR vaccine. If either Measles (Rubeola) or Mumps titer is negative, you must receive 2 MMR doses. Equivocal titer results are considered negative. A childhood immunization record showing that 2 MMR vaccinations were received is acceptable in addition with the titer results. 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 Nursing students. 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, 6/2019. 1/2021, 6/2024
Reviewed 6/2017, 6/2018, 6/2020, 6/2021, 6/2022, 6/2023, 6/2025, 6/2026

APPENDIX B.1

TRI-COUNTY TECHNICAL COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

All aspects of the course NUR _____, 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 Exam 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**
- **Achieve an overall course average of 80% or greater. Course grades are not rounded.**
- 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
- Health Education Division Policy on Disruptive Behavior
- Health Education Division Policy of Social and Electronic Media
- Mobile Device Use
- Confidentiality/HIPPA Policy

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, 6/2021, 6/2024, 6/2025
Reviewed 6/2019, 6/2020, 6/2022, 6/2023, 6/2026

APPENDIX B.2

TRI-COUNTY TECHNICAL COLLEGE

PRACTICAL NURSING PROGRAM

All aspects of the course PNR _____, 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 Exam 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.**
- **Achieve an overall course average of 75% or greater. Course grades are not rounded.**
- 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
- Health Education Division Policy on Disruptive Behavior
- Health Education Division Policy of Social and Electronic Media
- Mobile Device Use
- Confidentiality/HIPPA Policy

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)**

_____
Signature

_____
Date

Revised 6/2018, 6/2021, 6/2023, 6/2024, 6/2025
Reviewed 6/2019, 6/2020, 6/2022, 6/2026

APPENDIX C

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 2026.
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 Name **(Please Print)**

_____
Student Signature

_____
Date

APPENDIX D

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, 6/2019, 6/2020, 6/2021, 6/2022, 6/2023, 6/2024, 6/2025, 6/2026

APPENDIX E

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

APPENDIX F

TRI-COUNTY TECHNICAL COLLEGE
HEALTH EDUCATION DIVISION
TECHNICAL STANDARDS

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.

Essential Function	Technical Standard	Some Examples Of Necessary Activities (not all inclusive)	YES	NO
Critical Thinking	Critical thinking and problem solving ability sufficient for appropriate clinical judgment.	Identify cause-effect relationships in clinical situations, use problem solving methods to assess, plan, carry out, and evaluate nursing or allied health care. Make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.		
Interpersonal Skills	Sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish and maintain effective working relationship with patients, peers, the public and clinical and college personnel.		
Communication Ability	Sufficient for interaction with others in verbal and written form. Read, write and speak with sufficient skill to communicate. Computer literacy desirable.	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.		
Physical/ Psychological Ability	Remain continuously on task for several hours while standing, sitting, walking, lifting, bending and/or transporting patients/clients.	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.		
Skin Condition	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.)	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.)		
Adequate Height	Ability to reach and operate overhead equipment.	Reach, manipulate, and operate all equipment.		
Mobility	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.	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.		
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care of clients and operate equipment. Ability to reach and operate overhead equipment.	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.		
Hearing Ability	Auditory ability sufficient to access non-direct essential information.	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.		
Visual Ability	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.	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.		
Tactile Ability	Tactile ability sufficient for physical assessment.	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.		

Olfactory Ability	Olfactory senses (smell) sufficient for maintaining environmental safety, and patient/client's needs.	Must be able to distinguish odors. Must be able to distinguish smells which are contributory to assessing and/or maintaining the patient's health status or environmental safety (fire).Has a significant tolerance to foul smells which may be part of the routine job.		
Professional Presentation	Ability to present professional appearance and attitude; implement measures to maintain own physical and mental health and emotional stability.	Demonstrate emotional stability and psychological health in the day-to-day interaction with clients, peers, and healthcare personnel related to work environment. Work under stressful conditions and irregular hours. Show concern for others.		
Exceptions	NONE			

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 Date

Revised 2/2011, 6/2020
Reviewed 6/2017, 6/2018, 6/2019, 6/2021, 6/2022, 6/2023, 6/2024, 6/2025, 6/2026

APPENDIX G

Request to Repeat (or Re-Enter) a Nursing Course/Program
Student Information for Practical Nursing and Associate Degree Nursing

Dear Student,

The Faculty Nursing Success 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 Nursing Success Committee.

The committee will use your appeal letter 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 Nursing Success Committee will be looking for your thoughtfulness and reflection.

The Nursing Success Committee will make the determination of eligibility. Committee decisionsare 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 letter and Request to Repeat a Nursing Course/Program in the grey metal box outside Fulp 404 for ADN and Transition students or to the black metal box outside of Room 212 at the Easley Campus for PN students.**

- 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.

- The ability to repeat a course is ultimately based upon seat and course availability.

_____ I have read and understand the Nursing Success policy.

PROGRAM FEES (ADN, LPN TO RN TRANSITION, AND PN PROGRAMS)
Effective Fall 2023, TCTC replaced most of our current course fees with a per-semester program fee. The purpose of this change is to make course fees easier to understand and to help students' budget and plan more accurately. Accordingly, this transition will narrow students' costs down to three primary items: tuition, program fee, and digital course content. Several fees that used to be listed separately on student bills will become part of the program fee. The Nursing Programs fee is $805 and includes Nursing Supply Kit, ATI fee, E-Value fee, Drug screen fee, Malpractice fee and Packet fee and will be charged to your account upon registration for the semester.

Other Expenses

- Passport online training fee $15.00 per year

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"

	0 No Information Provided	1 Provides reasons with no clear indication of relationship tofailure.	2 General explanation of issues that he/she thinks are related to failure in college work.	3 Appropriate Linking of personal issueswith unsatisfactory outcome	4 Insight connects student holistically with unsatisfactory outcome	
Physical or Mental Issue that prevented Completion	0	1	2	3	4	
Self-Assessment of Reason for Failure	0	1	2	3	4	
Identification of Study Skills	0	1	2	3	4	
Time Management	0	1	2	3	4	
Memorization vs Understanding	0	1	2	3	4	
Test Taking	0	1	2	3	4	
Responsibility for Learning	0	1	2	3	4	
Actual Planning NUR 106, 120, 121, 162, 221, 229, 230, 232, 274 PNR 175, 120, 121, 130, 140, 154, 181	0	1	2	3	4	**Total**

Reviewed 6/2018, 6/2023, 6/2025
Revised 6/2019, 02/2020, 6/2020, 2/2021, 7/2021, 6/2022, 6/2024, 6/2026

APPENDIX H

Advisory Opinionsfrom

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)

Reviewed 6/2017, 6/2018, 6/2019, 6/2020, 6/2021, 6/2023, 6/2024, 6/2025, 6/2026

South Carolina
Department of Labor, Licensing and Regulation

Board of Nursing

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Post Office Box 12367
Columbia, SC 29211-2367
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FAX: (803) 896-4515

Henry D. McMaster
Governor

Emily H. Farr
Director

ADVISORY OPINION # 3

FORMULATED: July 31, 1997

REVISED: January 2019**,** October 2018, November 1991, November 2000, March 2003, September 2006

REVIEWED: July 2022, March 1993, January 1997, July 1998, July 2005, July 2007

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 acknowledges that it is **NOT** within the role and scope of responsibilities of the RN or LPN to make pronouncements of death under state law.

The State Board of Nursing 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.

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 or hospice agency. 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 State Board of Nursing recommends that institutions/agencies have guidelines in place that address 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.

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.

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ADVISORY OPINION # 9A

FORMULATED: July 31, 1987

REVISED: July 2017, May 2014, July 2007, November 2002, July 2000, July 1991, March 1991, November 1989

REVIEWED: October 2019, March 2011, May 2006, July 2005, July 1998, May 1997

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 guidelines 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.

DEFINITIONS:
1. Central catheters are catheters whose distal tip is located in the superior vena cava.
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.
3. A “bolus” is defined as a concentrated medication/solution given rapidly over a short period of time.
4. A “push” is the manual administration of medication under pressure.

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

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ADVISORY OPINION # 9B

Formulated: July 31, 1987

Revised: April 2023, July 2017, May 2014, January 2011, September 2009, July 2007, September 2003, July 2003, November 2002, September 2000, January 1992, July 1991, March 1991, December, 1990, November 16, 1989, September 29, 1989

Reviewed: July 2020, July 2017, May 2006, July 2005, July 1998, May 1997

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 guidelines for the administration, monitoring and discontinuation of peripheral and central venous lines;
d. specific guidelines to deal with potential complications or emergency situations and provision for supervision by the APRN, RN, licensed physician, licensed dentist, or another authorized licensed independent practitioner.
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 APRN, RN, licensed physician, licensed pharmacist, licensed dentist, or another authorized licensed independent practitioner.

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 (this does not apply to PICC lines).

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 non-extravasation (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 Mini-Bag 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 (INTRAVENOUS 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.
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.

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

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

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ADVISORY OPINION # 11

FORMULATED: July 31, 1987

REVISED: April 2021, November 1989, May 2003

REVIEWED: March 2011, July 2007, May 2006, July 2005, February 2001, July 1998, January 1997, May 1993

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 State Board of Nursing for South Carolina 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.

The State Board of Nursing for South Carolina also acknowledges that the best interests of all members of the health care team are served by having the physician/APRN/PA write or document all orders in the patient's electronic medical record. Nevertheless, verbal, telephone, and faxed orders still exist and must be handled by established ~~by~~ applicable regulations, policies and procedures.

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

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ADVISORY OPINION # 16

Formulated: July 31, 1987

Revised: July 2017, July 2007, September 2002, March 2001, May 1993, March 1991

Reviewed: April 2022**,** October 2019**,** March 2011, May 2006, July 2005, July 1998, January 1997, May 1992

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

The State Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the RN and LPN to inject Xylocaine (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 RN and 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.

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
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South Carolina ADVISORY OPINION # 19

FORMULATED: September 25, 1987

REVISED: May 1993

REVIEWED: April 2021, March 2018, March 2016, September 2013, March 2011, July 2007, May 2006, July 2005, April 2003, February 2001, July 1998, January 1997, May 1992

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 South Carolina Board of Nursing as to what constitutes competent and safe nursing practice.

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ADVISORY OPINION # 21

FORMULATED: January 29, 1988

REVISED: September 2016, September 2013, July 2007, March 2001, September 1999, June 1999, January 1993

REVIEWED: April 2021**,** March 2011, May 2006, July 2005, April 2003, July 1998, May 1997, January 1990

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

The State Board of Nursing for South Carolina has determined that it is **NOT** within the role and scope of practice for the licensed practical nurse (LPN) to perform physical assessments. It is within the role of the LPN to assist with the collection of patient health date 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.

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Henry D. McMaster
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Emily H. Farr
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ADVISORY OPINION # 26

Formulated: July 31, 1987

Revised: July 2017**,** November 2014, March 2011, July 2007, September 2002, September 2000, July 1993, January 1992, November 16, 1989

Reviewed: July 2022, October 2019, May 2006, July 2005, July 1998, May 1997

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 selected licensed practical nurses (LPN) to manage arterial access lines/devices. See the applicable Nursing Management of Invasive Devices Chart-Cardiovascular LPN (http://www.llr.state.sc.us/PO/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.

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ADVISORY OPINION # 30

FORMULATED: July 1996

REVISED: July 2007, July 2001

REVIEWED: July 2021, January 2018**,** March 2011, May 2006, July 2005, February 2001, May 1998, May 1997

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

The Board of Nursing for South Carolina acknowledges that the laws governing nursing 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.

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ADVISORY OPINION # 32

Formulated: January 2001

Revised: April 2023, November 2012, September 2002, July 2007

Reviewed: July 2020, July 2017, 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 South Carolina State Board of Nursing acknowledges that it is within the role and scope of the LPN to perform additional acts according to specific criteria. Listed below are additional acts that may be performed by the selected LPN as designated by the APRN, registered nurse (RN) licensed physician or licensed dentist.

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 performing additional acts in an intensive care unit shall be under the direct supervision of a RN who is present and in charge of the unit.

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

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ADVISORY OPINION # 37

FORMULATED: May 2001

REVISED: 2016**,** September 2013, March 2011, July 2007, July 2003

REVIEWED: October 2021**,** July 2018**,** 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 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, ~~or~~ 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).

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ADVISORY OPINION # 46

FORMULATED: September 2003

REVISED: October 2019, October, 2017**,** November 2012

REVIEWED: April 2023, July 2005, July 2007, May 2006

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 State 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 LPN deemed clinically competent may apply compression wraps, remove wound drains and attend to the application of wound dressings and wound vacs.
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.
- The LPN participates in the ongoing assessment, development and modification of the plan/strategy of care.

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

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ADVISORY OPINION # 57

FORMULATED: November 2011

REVISED: July 2021, July 2018, 2016

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 State 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.

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, trimming (clipping) 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 licensed independent practitioner 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 requires advanced practice performed by LIPSs 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 organized courses 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 advanced foot and nail care. LPNs providing foot and nail care do so under the supervision of the 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 needs.

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 each organization's 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 and Level II care including the frequency of the RN's assessment to determine the level of foot and nail care needs.
- How the organization 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.

South Carolina Board of Nursing

Position Statement on Delegation of Nursing Care Tasks

To Unlicensed Assistive Personnel (UAP)

Formulated: July 29, 2010

Revised: January 2018, November 2014

Introduction

The State Board of Nursing for South Carolina 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. 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 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.

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@llr.sc.gov

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.)

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

DECISION TREE FOR DELEGATION TO UAP

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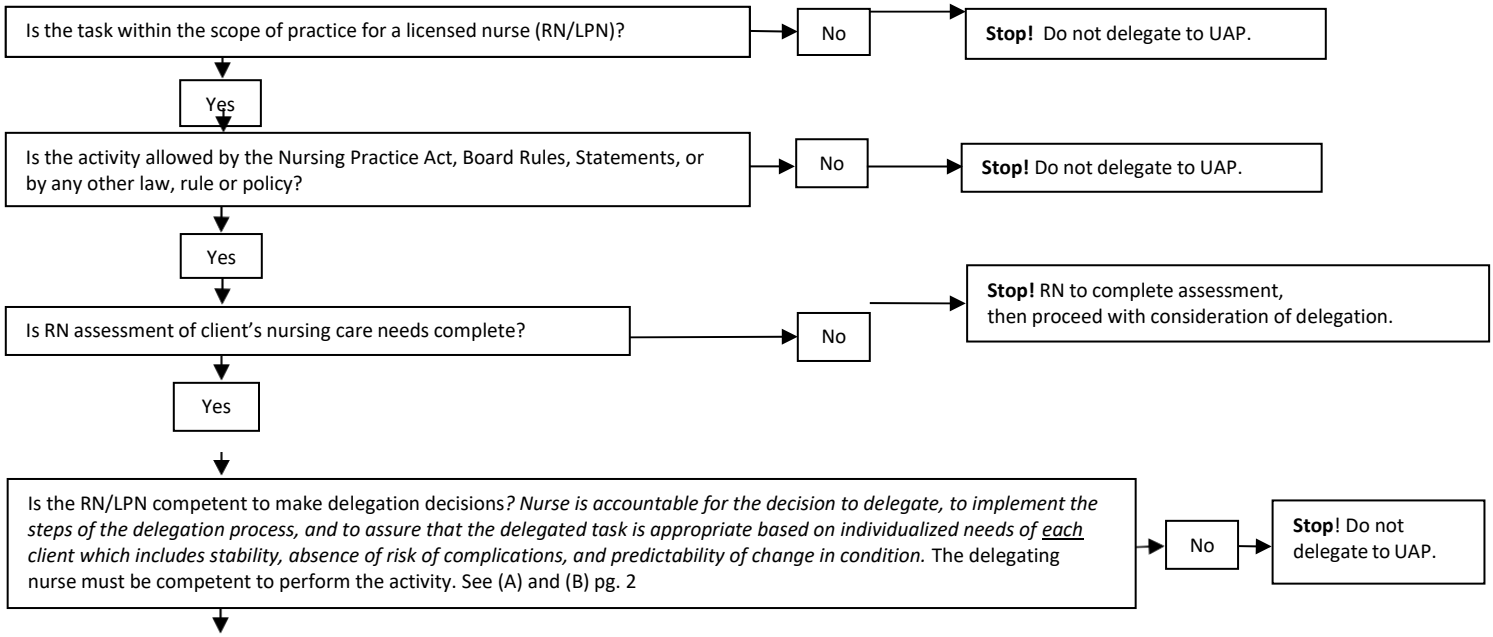
Step 1 of 4: Assessment and Implementation



Proceed with delegation.

Yes

The UAP is responsiblefor accepting the deiegation, seeking ciarification of and affirming expectations, performing the task correctiy and timeiy communicating resuits to the nurse. Oniy the impiementation of a task/activity may be deiegated. Assessment, pianning, evaiuation and nursing judgment cannot be deiegated. **Delegation is a client and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision.** Specific direction by the nurse (RN, LPN) to UAP when assisting the nurse with a task or nursing activity and under the direct visuai supervision of the nurse is not considered deiegation.

IMPORTANT COMPONENTS FOR DELEGATION TO UAP

Prior to proceeding to Step 2, consider the following:
Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to UAP are based on the RN's assessment of the client's nursing care needs. The LPN may delegate nursing tasks/activities to UAP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

(A) Variables:	**(B) Use of critical thinking and professional judgment for The Five Rights of Delegation:**
▪ Knowledge and skill of UAP ▪ Verification of clinical competence of UAP ▪ Stability of the client's condition which involves predictability, absence of risk of complication, and rate of change ▪ Variables specific for each practice setting: o The complexity and frequency of nursing care needed by a given client population o The proximity of clients to staff o The number and qualifications of staff o The accessible resources ▪ Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to UAP	1. Right Task – the task must meet all of the delegation criteria 2. Right Circumstance – delegation must be appropriate to the client population and practice setting 3. Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (UAP) and competence has been validated by an RN, and the delegation is for the individualized needs of the client 4. Right Communication – the nurse must provide clear, concise instructions for performing the task 5. Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of UAP performance of the task

<u>Step 2 of 4: Communication</u> - Communication must be a two-way process

The nurse:	**The UAP:**	**Documentation by nurse and UAP (as determined by facility/agency policy) is:**
▪ Assesses the UAP's understanding of: o Task to be performed and expectations of performance of tasks o Information to report including client specific observations, expected outcomes and concerns o When and how to report/record information ▪ Communicates individualized needs of client population, practice setting, and unique client requirements ▪ Communicates and provides guidance, coaching, and support for UAP ▪ Allows UAP opportunity for questions and clarification ▪ Assures accountability by verifying UAP accepts delegation ▪ Develops and communicates plan of action in emergency situations ▪ Determines communication method between nurse and UAP	▪ Asks questions and seeks clarification ▪ Informs the nurse if UAP has never performed the task or has performed it infrequently ▪ Requests additional training or guidance as needed ▪ Affirms understanding and acceptance of delegation ▪ Complies with communication method between nurse and UAP ▪ Reports care results to nurse in a timely manner ▪ Complies with emergency action plans	Timely, complete and accurate documentation of provided care: ▪ Facilitates communication with other members of the health care team ▪ Records the nursing care provided.

Step 3 of 4: Supervision and Monitoring – The RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the UAP.

(C) The nurse takes into consideration the:	(D) The nurse determines:	(E) The nurse:
▪ Client's health stability, status, and acuity ▪ Predictability of client response to interventions and risks posed ▪ Practice setting and client population ▪ Available resources ▪ Complexity & frequency of nursing care needed ▪ Proximity of clients to staff ▪ Number and qualification of staff ▪ Policies, procedures, & channels of communication established	▪ The amount/degree of supervision required ▪ Type of supervision: direct or indirect ▪ The Five Rights of Delegation have been implemented: 1. Right Task 2. Right Circumstances 3. Right Person 4. Right Directions and Communications 5. Right Supervision and Evaluation	▪ Maintains accountability for nursing tasks/activities delegated and performed by UAP ▪ Monitors outcomes of delegated nursing care tasks ▪ Intervenes and follows-up on problems, incidents, and concerns within an appropriate timeframe ▪ Nursing management and administration responsibilities are beyond LPN scope of practice. To assure client safety, the LPN may need authority to alter delegation or temporarily suspend UAP per agency policy until appropriate personnel action can be determined by the supervising RN. ▪ Observes client response to nursing care and UAP's performance of care ▪ Recognizes subtle signs and symptoms with appropriate intervention when client's condition changes ▪ Recognizes UAP's difficulties in completing delegation Activities

Step 4 of 4: Evaluation and Feedback – Evaluate effectiveness of delegation and provide appropriate feedback

- Evaluate the nursing care outcomes:
  - (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed
  - (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the RN
- Evaluate the effectiveness of delegation:
  - Task performed correctly?
  - Expected outcomes achieved?
  - Communication was timely and effective?
  - Identify challenges and what went well
  - Identify problems and concerns that occurred and how they were addressed
- Provide feedback to UAP regarding performance of tasks/activities and acknowledge the UAP for accomplishing the task

References:

G.S. 90-171.20 (7)(d) & (i) and (8) (d) Nursing Practice Act
21 NCAC 36.0221 (b) Licensed Required
21 NCAC 36.0224 (a) (b) (c) (d) (e) (f) (i) & (j) Components of Nursing Practice for the Registered Nurse
21 NCAC 36.0225 (b) (c) (d) (e) (f) Components of Nursing Practice for the Licensed Practical Nurse
21 NCAC 36.0401 (c) Roles of Unlicensed Personnel

American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
Joint Statement on Delegation ANA and NCSBN Decision Tree for Delegation to Nursing Assistive Personnel, 2019
National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive Personnel, 2005

Origin: 5/2000; Revised 4/2007, 9/2013, 9/2022; Reviewed 2/2013, 9/2018

Decision Tree for Delegation by RNs