General Note

This handbook is a document for Orvis School of Nursing (OSN) nursing students to review the policy & procedure guidelines. It is important for undergraduate nursing students to be aware of the university’s policies and procedures for the BSN undergraduate program and to understand the policies relevant to their program contained in the General Catalog.

For more information about UNR’s Orvis School of Nursing program, visit the General Catalog website at: http://catalog.unr.edu/

The following are the key points from the undergraduate program materials, plus additional guidelines relevant to the BSN program. It is the student’s responsibility to be aware of and meet all general university requirements and OSN requirements and policies.
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Mission
The mission of the Orvis School of Nursing at the University of Nevada, Reno is to prepare individuals for both entry level and advanced nursing roles by providing excellent academic programs integrating recognized educational standards. The curriculum emphasizes nursing care of individuals, families & populations throughout the lifespan; among diverse cultures & beliefs; and across all socioeconomic groups in the context of their environments by providing a strong foundation for evidence-based practice, critical thinking, and leadership. As an essential part of its mission as a land grant institution, Orvis School of Nursing provides service to the state of Nevada and to the professional community at large.

Vision
The vision of the Orvis School of Nursing at the University of Nevada, Reno is to be a leader in quality nursing education, research and service in partnership with our community of interest, locally, statewide and worldwide.
BACHELOR OF SCIENCE IN NURSING (BSN) Prerequisite Checklist

Pre-Nursing and Major 2018-2019 Catalog

UNR Pre-Nursing candidates submit an application for the nursing major a semester prior to completion of the nursing prerequisite courses. Applicants must satisfy all prerequisites. Applicants may have up to 13 credits in progress of which no more than 4 science credits can be in progress at the time of application. CHEM and BIOL lecture and lab courses must be within the past 10 years.

See additional guidelines at Bachelor of Science in Nursing (BSN). Visit General Catalog for course descriptions. Students must have a 3.0 or better GPA on selected courses to apply for the nursing major. All prerequisite grades must be a grade of “C” or above to satisfy the requirement.

Highlighted prerequisites are the selected courses used to evaluate the admission GPA.

<table>
<thead>
<tr>
<th>University Silver Core Curriculum</th>
<th>Nursing Major Prerequisites</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course</strong></td>
<td><strong>Credits</strong></td>
</tr>
<tr>
<td>ENG 101</td>
<td>3</td>
</tr>
<tr>
<td>ENG 102</td>
<td>3</td>
</tr>
<tr>
<td>C01 &amp; C03-Critical Analysis &amp; Use of Information</td>
<td></td>
</tr>
<tr>
<td><strong>Core Math</strong></td>
<td>3</td>
</tr>
<tr>
<td>MATH 126</td>
<td>OR higher Level Math Course</td>
</tr>
<tr>
<td><strong>C02-Quantitative Reasoning</strong></td>
<td>3</td>
</tr>
<tr>
<td>CH 201 OR CH 202 or CH 212 and CH 203</td>
<td>3</td>
</tr>
<tr>
<td>C05-History and Culture Courses verified for C08</td>
<td></td>
</tr>
<tr>
<td><strong>General Chemistry</strong></td>
<td>3</td>
</tr>
<tr>
<td>CHEM 121A</td>
<td></td>
</tr>
<tr>
<td>CHEM 121L</td>
<td></td>
</tr>
<tr>
<td>C04/C04L Natural Sciences</td>
<td>3</td>
</tr>
<tr>
<td>NUTR 223</td>
<td></td>
</tr>
<tr>
<td>C04/C04L Natural Sciences</td>
<td>3</td>
</tr>
<tr>
<td><strong>Social Science</strong></td>
<td>3</td>
</tr>
<tr>
<td>PSY/ANTH/SOC/or WMST 101 Courses verified for C06</td>
<td></td>
</tr>
<tr>
<td><strong>Fine Art</strong></td>
<td>3</td>
</tr>
<tr>
<td>Courses verified for C07</td>
<td>3</td>
</tr>
<tr>
<td><strong>Global Context</strong></td>
<td>3</td>
</tr>
<tr>
<td>Courses verified for C011</td>
<td></td>
</tr>
<tr>
<td><strong>Capstone &amp; Integration &amp; Synthesis</strong></td>
<td>3</td>
</tr>
<tr>
<td>Courses verified for C013</td>
<td></td>
</tr>
</tbody>
</table>

General Education and Silver Core Total Credits: 34
Nursing Major Prerequisite Total Credits: 31
Total Credits: 65

Total Prerequisite Credits: 65
Notes:

1) **Silver Core Math**: Nursing requires MATH 126 (Precalculus I) OR higher level Math (Core Objective 2).
   
   **MATH 126** Prerequisite(s): ACT Score of 22, SAT score of 500, or MATH 096 with a “C” or above or an “S.” Credit may not be received for MATH 126 if credit has already been awarded for **MATH 128** or above.

2) **Silver Core Humanities**: CH 201 & 202-Core Objective 5. CH 203-Core Objectives 5 and 8. Prerequisite: Core English requirement must be completed before taking Core Humanities courses. Students who place into English 102 are not required to complete English 101.

3) **Silver Core Natural Science**: CHEM 121A/L – Core Objective 4 and 4L. Prerequisite: completion of MATH 126 (or higher level math course). See [General Catalog](#) for further prerequisite details.

4) **Capstone Integration & Synthesis**: Nursing prerequisite which must be in progress or completed prior to application. *Beginning Spring 2016, applicants to the nursing major must satisfy the Capstone & Integration & Synthesis Course. Honors and sophomore students can meet with their advisor for an enrollment action plan.* UNR requires junior standing (greater than 60 credits) to take a capstone course.

5) **BIOLOGY 189a OR BIOLOGY 190**: Science prerequisite that does not satisfy Silver Core objectives. **Biol 189a** and **Biol 190** have a prerequisite of CHEM 121 A/L. **Biol 223 A/L** has a prerequisite of BIOL 189A or BIOL 190 and CHEM 121A/L or CHEM 201. **Biol 224A/L** has a prerequisite of BIOL 223 A/L. **Biol 251** has a prerequisite of BIOL 189A or BIOL 190.

6) **Communication**: Approved courses are CHS 310, COM 202, 302, 312, 315, 407, 412 and 434. The communication prerequisite can satisfy a maximum of two prerequisite requirements. See [course descriptions](#) for core objective details.

7) **Nutrition**: **NUTR 223** – Core Objective 4 and 4L. Prerequisite of CHEM 121 A/L.

8) **Behavioral Science Elective**: Core Objective C06. Refer to behavior science elective courses found on the MyNEVADA Academic Advising Report (AAR) or speak with your pre-nursing advisor. Suggested courses are 300 and 400 level. (Students may view their AAR by visiting [https://www.unr.edu/mynevadahelp](https://www.unr.edu/mynevadahelp).

9) **Statistics** – Approved courses for statistics:
   
   **PSY 210** – Prerequisite(s) **PSY 101**: completion of University Core Curriculum Mathematics requirement.
   
   **APST 207** – Prerequisite(s) ACT Math score of 22 or SAT Math score of 500 or Accuplacer EA of 80 and CL of 63 or **MATH 120** or MATH 126 or higher.
   
   **APST 270** – Prerequisite(s) ACT Math score of 27 or SAT Math score of 610 or Accuplacer EA of 80 and CL of 84 or **MATH 126** or **MATH 127** or **MATH 128** or **MATH 176** or **MATH 181**.
   
   **STAT 152** – Prerequisite(s) ACT score of 27 or SAT score of 10 or revised SAT score of 630 or MATH 126 with a C- or better. *Credit may not be received for STAT 152 if credit has already been awarded for MATH 352 or STAT 352 and above.*
   
   **CHS 280** – UNR Prerequisite MATH 126 or higher.
**Nursing Major Course Sequence**

**Level 1 (15 credits)**
- NURS 301 – Health Assessment of the Individual (3 credits) **AND**
- NURS 301L – Health Assessment of the Individual: Laboratory (1 credit)
- NURS 317 – Nursing Care of the Individual I: Theory (3 credits) **C012**
- NURS 318 – NGS Care if Ind I: Practi (5 credits)
- NURS 331 – Pathophysiology/Pharmacology I (3 credits)

**Level 2 (17 credits)**
- NURS 332 – Pathophysiology/Pharmacology II (3 credits)
- NURS 343 – Nursing Care of the Individual II: Theory (2 credits)
- NURS 346 – Nsg Care Ind & Fam: Practi (5 credits)
- NURS 353 – Nursing Care of Families: Theory (4 credits)
- NURS 418 – Nursing Research (3 credits)

**Level 3 (13 credits)**
- NURS 433 – Nursing Care of Community and Specialized Populations: Theory (4 credits) **C010**
- NURS 434 – Care of Community, Mental Health, Chronically Ill: Practice (5 credits)
- NURS 439 – Care of the Chronically Ill: Theory (2 credits)
- NURS 441 – Nursing Management and Leadership (2 credits)

**Level 4 (12 credits)**
- NURS 453 – Care of Clients with Complex Health Alterations: Theory (4 credits) **C09**
- NURS 454 – Human Care Nursing II: Practicum (5 credits) **C014**
- NURS 485 – Trends and Issues in Nursing (3 credits)

**57 Total Credits for the Nursing Major**

Credit and other requirements (see additional guidelines on website before applying).

**122** Total credits required to graduate

**61** Credits from 4-year school required to graduate

Associate-degree students transferring to UNR may need 1-3 elective credits to meet the University upper-division credits from a 4-year institution.

**60** Upper-division credits required to graduate (**57 credits plus Capstone = 60 credits from NURS major courses**)

To apply for the nursing major, one must be a current UNR student for the semester prior to entering the major. Purchase an admission application to UNR. Select Community Health Science as a major and then select the Pre-Nursing sub-plan. Students must obtain an accurate Academic Advising Report via their MyNevada account which reflects all prerequisites for nursing admission, the Orvis GPA calculator, HESI A2 exam scores, and complete the Nursing major application process.

Students for whom English is not their native language must score ≥ 55 on the TSE or SPEAK test. Scores must be submitted with the application for consideration.
Petition

Students, after consulting with their academic advisor, may petition for course substitutions or other considerations pertaining to the Orvis School of Nursing’s curriculum requirements, if a student completes required courses, more than 10 years before applying to the nursing major, the courses must be evaluated. Requests for course substitutions or waivers must be submitted to the Admissions, Progression, & Student Affairs Committee (APSA) by petition for consideration and recommendation to the Associate Dean for Undergraduate Studies.
Academic Requirement Report

Requirements for graduation are included in the Academic Advising Report. This is available to you in MyNevada. It is the student’s responsibility to check and verify that all requirements for graduation have been successfully completed.

Viewing your academic advising report: http://www.unr.edu/mynevadahelp/studentcenter/academicprogress/academicadvisingreport

Graduation

Students are responsible for purchasing a graduation application via their MyNevada account. Failure to submit an application by the specified deadline will result in delaying your graduation.

Applying for graduation: http://www.unr.edu/mynevadahelp/studentcenter/academicprogress/graduationapplication
Orvis School of Nursing Prelicensure Student Progression Policy

**Prelicensure students must meet the following requirements to apply to the nursing major.**

1. Submit a formal application to the Orvis School of Nursing by the date specified by the Admissions, Progressions, and Student Affairs (APSA) committee. No more than 13 prerequisite credits can be in progress during the application period. No more than one laboratory science course (4 credits) may be taken during the application period.

2. Earn at least a 'C' grade in all nursing prerequisite courses and in all University of Nevada, Reno academic core courses. The cumulative grade-point average earned in selected prerequisite courses is used, in part, to determine which students are selected to the upper-division nursing major.

3. Complete all prerequisite course requirements for the nursing major by the end of spring semester for fall admission and by the end of fall semester for spring admission to the nursing major.

4. Students must have a minimum GPA of 3.0 in selected pre-nursing courses to qualify for application to the upper-division nursing major.

5. All prerequisite courses must be taken for a grade (not S/U). Transfer credits taken for S/U credit from an institution that does not offer letter grades are evaluated on an individual basis.

6. Applicants with diverse backgrounds are encouraged to apply. The Orvis School of Nursing actively supports the University of Nevada, Reno’s policies that ensure equal opportunity/affirmative action and diversity.

**To progress within the nursing major, students must meet the following requirements:**

1. Maintain at least a 2.0 cumulative grade-point average and achieve no less than a grade of 'C' in each nursing course.

2. Students in the upper-division nursing major may have to withdraw from the program for academic or nonacademic reasons.

**Academic Withdrawal**

1. A student who fails a nursing course, is considered clinically unsafe, and/or has received less than 'C' as a final grade in any didactic nursing course and/or any clinical rotation in the nursing program is
expected to withdraw from the nursing major.

2. A Level II, III or IV student who withdraws from the nursing major for academic reasons may be given the option to return to the upper-division nursing major during the next academic semester in which the course is offered. Space for a student seeking reinstatement into levels II, III, or IV will not be reserved for any reason.

3. A Level I student who fails a level I course, or withdraws for academic or non-academic reasons after completion of the 12th week of the academic semester, may petition the APSA committee for reinstatement into the next level I student cohort. Space for a student seeking reinstatement into level I will not be reserved for any reason. Space availability in level I exists only if an accepted student is unable to begin the nursing program as scheduled. If space is not available for a student seeking reinstatement, the student must reapply to the nursing major to be considered for readmission. A Level I student who fails or withdraws prior to completion of the 12th week of an academic semester must reapply to the nursing major to be considered for readmission.

4. Reinstatement to the nursing major requires that the student submit a petition to the Admissions, Progressions, and Student Affairs (APSA) committee seeking reinstatement into the nursing program. The APSA committee will consider written feedback from faculty teaching the courses in which the student was most recently enrolled in its deliberation. The APSA committee will provide a recommendation regarding reinstatement to the Dean of the Orvis School of Nursing. Reinstatement is available solely on a space available basis. Students may re-enter the upper-division nursing major only one time.

5. If a student has been out of the nursing program for greater than one year (three academic semesters inclusive of summer), the student must reenter the program into Level I.

**Academic Integrity Withdrawal**

1. A student who withdraws from or fails a nursing course subsequent to a substantiated academic dishonesty infraction may not reapply to or seek reinstatement to the prelicensure nursing program.
   a. Academic dishonesty is defined for the purposes of this policy as any behavior described in the University Administrative Manual 6,502 (Subsection A).
b. Substantiated is defined for the purposes of this policy as (a) admission of guilt; (b) acceptance of an academic integrity sanction presented by the charging faculty and/or the Associate Dean of Undergraduate Programs; and/or (c) the UNR Academic Integrity Board finds the students responsible for an act of academic dishonesty.

**Non-Academic Withdrawal**

1. Students who withdraw from the nursing major for 'personal reasons' are required to provide a written explanation at the time of withdrawal. The explanation must clearly state the exact reason for withdrawal, whether the student plans to return to the program, and the expected date of re-entry. The student must be receiving at least a grade of 'C' in clinical and all didactic courses at the time of withdrawal.

2. The privilege to return to the nursing program is granted at the discretion of the Dean of the Orvis School of Nursing in consultation with the Associate Dean of Undergraduate Programs, and the APSA Committee.

**Reinstatement Process for Students Wishing to Return to the Nursing Major**

Students who wish to seek reinstatement to the nursing major must meet the following requirements:

1. Withdraw from all co-requisite courses per the following guidelines:
   a. The following courses must be taken or dropped as a unit:
      i. NURS 301, 301L, 317, 318
      ii. NURS 343, 346, 353
      iii. NURS 433, 434
      iv. NURS 453, 454
   b. The following courses may be continued at the time of withdrawal from the nursing major at the discretion of the Associate Dean of Undergraduate Programs:
      i. NURS N331, N332, 418, N439, N441, N485

2. Meet with the Associate Dean of Undergraduate Programs to withdraw from co-requisite courses and prepare a petition for reinstatement.

3. The student must present a petition to the Admissions Progressions and Student Affairs committee that:
a. Articulates a plan for remediation and readiness to demonstrate competency in academic and nursing skills.

b. Describes the degree to which the deficiencies that led to withdrawal from the nursing major have been resolved.

4. Reinstatement to the nursing major is not automatic, and is contingent upon the degree to which the student has complied with the remediation plan, and has met the reinstatement goals approved by the APSA committee and the Associate Dean of Undergraduate Programs. Students seeking reinstatement to the nursing major must:
   a. Show evidence of completion of the remediation and readiness plan presented to the Admission, Progressions, and Student Affairs Committee.
   b. Complete the upper-division nursing major within three years of their initial admission date.

5. Under certain circumstances, a student may be reinstated into and required to repeat a previously completed level before being permitted to progress in the nursing major.

(Approved by OSN Faculty 3/5/2018)

OSN Undergraduate Grading Policy

Purpose: To provide consistency in grading across the Orvis School of Nursing undergraduate curriculum.

The following grading scale is to be used by the Orvis School of Nursing faculty for all undergraduate courses:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93 or &gt;</td>
</tr>
<tr>
<td>A-</td>
<td>90 – 92.99</td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89.99</td>
</tr>
<tr>
<td>B-</td>
<td>84 – 86.99</td>
</tr>
<tr>
<td>C+</td>
<td>81 – 83.99</td>
</tr>
<tr>
<td>C</td>
<td>78 – 80.99</td>
</tr>
<tr>
<td>C-</td>
<td>72 – 74.99</td>
</tr>
<tr>
<td>D+</td>
<td>69 – 71.99</td>
</tr>
<tr>
<td>D</td>
<td>66 – 68.99</td>
</tr>
<tr>
<td>D-</td>
<td>63 – 65.99</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 63</td>
</tr>
</tbody>
</table>

A final grade of 75% or better is required to pass this class per grading policy as listed in the general catalog.
Grade Appeal Policy

See UNR website:

Academic Central Forms:
http://www.unr.edu/academic-central/forms-and-policies/forms
OSN In-Class Examination Procedure

Each course faculty, at the beginning of course, will provide students with the following information orally and in writing:

- Criteria utilized for evaluating student performance.
- Specific weight given to examinations.
- Examination format (essay, multiple choice, etc.).
- How the final grade is derived.

Faculty will announce the duration of any examination and time the question and answer sheets and/or essays must be retrieved, immediately prior to the beginning of any examination.

At the end of each written examination, all examination questions must be turned in with the answer sheets. Faculty will keep examination materials for one year.

The following procedures have been established to insure that, in the specific area of course examinations, the standards of professional behavior of Orvis are maintained:

**Proctoring**
A uniform method of proctoring examinations has been established with proctors clearly instructed as to their responsibilities and duties.

- Written examinations will be given in areas that provide easy visibility, for example, large lecture halls. The proctors must ascertain that each student has cleared his/her desk area of all material prior to the examination. Seats in the lecture halls may be numbered. When examinations are given in these areas, students will be asked to record the seat number on the answer form.
- Examination booklets and scantron sheets may be numbered.
- A sufficient number of faculty proctors will be present to insure the honesty of the examination procedure.
- At least one of the proctors will be a faculty member whose function is not only that of a proctor but who is also able to answer any questions during the examination. Faculty responses will be uniform and available to all students taking this examination.
- The faculty and undergraduate coordinator will establish the need for and numbers of proctors.
Student Behavior During Examinations

Students are expected to behave professionally during examinations. Academic Dishonesty of any kind is incompatible with behavior considered inherent in becoming a nurse. The existence of firm guidelines during the examination period emphasizes the commitment of administration and faculty to neither foster nor tolerate such behavior. Guidelines include:

- Students may not communicate with one another during examinations.
- Students will be seated in a wide distribution to diminish the opportunity of academic dishonesty.
- Books, note pads, calculators, and hand-held electronic information systems may not accompany students to their seats and will be left in the front of the room. Open-book exams are the exception to this procedure.
- Students who leave the room during an examination must leave their examination material with the proctor and may be asked to sign in and out of the room.
- Students taking examinations are expected not to communicate the contents of the examination to those students who have not yet taken this examination.
Academic Standards Policy for Students

Specific to the academic pursuits of students, the University of Nevada, Reno, believes the maintenance of academic standards is a joint responsibility of the students and faculty of the University. Freedom to teach and to learn is dependent upon individual and collective conduct to permit the pursuit and exchange of knowledge and opinion. Faculty have the responsibility to create an atmosphere in which students may display their knowledge. This atmosphere includes an orderly testing room and sufficient safeguards to inhibit dishonesty. Students have the responsibility to rely on their knowledge and resources in the evaluation process. The trust developed in the maintenance of academic standards is necessary to the fair evaluation of all students.

The Academic Standards Policy can be found here.

Academic Dishonesty Policy

**Academic Dishonesty:** A student may receive academic and disciplinary sanctions for cheating, plagiarism, or other attempts to obtain or earn grades under false pretenses.

Academic dishonesty of any kind is incompatible with behavior inherent in becoming a professional nurse. Academic dishonesty of any type will result in academic and/or administrative action: any assignment completed for this course through academic dishonesty will receive a zero on the exam/assignment in question.

In more severe cases, for example, extensive plagiarism of other people’s work, the case may be referred to University authorities. Students are expected to read and be familiar with the Policies and Guidelines related to academic dishonesty. These can be found in the university catalog at the following website: http://www.unr.edu/student-conduct/policies/university-policies-and-guidelines/academic-standards/resolving-charges

The OSN Administration in conjunction with the involved faculty and student will handle all administrative actions.
Class Conduct and Civility

In accordance with Undergraduate Academic Standards related to Class Conduct, as identified in the University of Nevada, Reno catalog for 2016-2017 states: Students may be dropped from class at any time for negligence or misconduct, upon recommendation of the instructor and with approval of the college dean.

This course will be conducted as a civil, respectful, inclusive, and collaborative community, comprised of individuals with diverse experiences and perspectives, whose rich interchange of ideas fosters a dynamic learning environment. All participants within this course community will be responsible for their behaviors and interactions.

If there are any uncivil and/or disrespectful interactions that are disruptive to the course community they will be reported and dealt with as in compliance with university policies.
Recording Class

Under department policy, classes may not be videotaped in any form, and if you wish to audiotape a class, you must notify the instructor and obtain their permission.

Surreptitious or covert video-taping of class or unauthorized audio recording of class is prohibited by law and by Board of Regents. The Board of Regents policy states: Classes may be videotaped or audio recorded only with the written permission of the instructor. In order to accommodate students with disabilities, some students may be given permission to record class lectures and discussions. Therefore, students should understand that their comments during class might be recorded.

The Disability Resource Center offers support services and accommodations for all undergraduate and graduate students with disabilities.
Student Feedback

Communicating Student Concerns
The student has the obligation to express concerns by utilizing the following order of communication guidelines set forth by the Orvis School of Nursing.

1. Conference with instructor involved.
2. Conference with Course Coordinator (if course does not have a coordinator skip to step 3).
3. Conference with Associate Dean for Undergraduate Programs.
4. Conference with the OSN Dean.

Evaluation of Faculty by Students

The University By-Laws require that faculty members be evaluated annually in order to assess the quality of professional performance of academically assigned responsibilities.

Students will be expected to participate in the evaluation process by objectively rating the faculty's teaching effectiveness in the classroom and clinical settings. Professional responsibilities are a requirement for tenure, promotion or merit recognition. Students should be aware of the importance of their role in this evaluation process.
OSN Inclement Weather Policy

All students and faculty should keep themselves apprised of weather conditions for travel to classes and clinical. This must be done in advance of any specific weather conditions which can and do arise at any time.

Guidelines for inclement weather:

- If the university delays or cancels classes due to snow, nursing faculty and students are obligated to follow that decision.
- Students may find it helpful to participate in the UNR Emergency Alerts program which sends a text message notification of closures and delays among other things.
- More information and sign-up is available at http://www.unr.edu/alerts/
- As some students may be geographically located where they leave very early to arrive at class or clinical, they must be aware of any and all communications which involve decisions in a timely manner.
- If, as is common in this geographic area, there are regional differences in snow distribution, each student must make their own decision regarding the safety of their trip to clinical.
- That decision will of course include consideration of the vehicle that you travel in, your own experience / expertise driving in snow, etc.
- For some that means a decision to stay nearer to the school or hospital when a snow storm threatens.
- It is the student's responsibility to communicate in a professional manner with the clinical instructor regarding that decision prior to the clinical day if at all possible.
- If an individual faculty member is unable to make it to clinical due to weather conditions, there will not be clinical for that student group.
- It is the clinical faculty member's responsibility to communicate that information to the respective clinical group and clinical agency unit in a timely manner.
- Multiple missed classes and or clinical may be a detriment to passing the course.

Ultimately, each student must decide and or make arrangements which will allow him/her to attend class or clinical.
OSN Clinical Absence Policy

In the event a student misses clinical for any reason, the STUDENT must do the following:

a. Notify the clinical faculty prior to the clinical absence.
b. Follow up with the faculty regarding clinical absence within 24 hours.
c. Students will be contacted by the clinical course coordinator each semester to confirm absences.

Any absence from clinical will result in a reduction of the final course grade. If a student misses any part of the clinical day for any reason, 1% will be deducted for every increment of 2 (two) hours missed, minimum. For every 8 (eight) hours of absence, the final grade will be reduced by 4%. There will be no make-up of clinical time missed for any reason.

More than four days (or 32 hours) of missed clinical time in one semester, may result in not progressing in the nursing major.
OSN Mathematics Competency Policy

Purpose
The Orvis School of Nursing is committed to ensuring that students are prepared to safely administer medications in the clinical setting. Accurate calculation of medication doses is an essential competency in medication administration. The following policy has been developed to outline mathematic competency expectations for the faculty and students.

Policy
All Orvis School of Nursing students must pass a medication calculation competency exam with a score of 95% during each level of the undergraduate program. Each exam will reflect the content and complexity of the level in which the student is enrolled. In most clinical courses, the expectation is that each student is expected to pass the mathematics competency exam prior to the first clinical experience.

A student who does not pass the exam with a score of 95% on the first attempt will be required to retake the exam prior to the beginning of the following clinical week. If a student does not pass the exam with a score of 95% on the second attempt, he or she will be required to withdraw from the clinical nursing course and all co-requisite nursing courses.

All mathematic competency exams will be administered in a free-response format and proctored by a clinical faculty member. A student who has not yet received a score of 95% on a medication calculation exam may not administer medications in that level under any circumstances. Inability to administer medications will adversely affect the student’s ability to meet the objectives of a clinical practicum course.
Math Competency Policy Continued:

The content of the mathematics competency exams will progress as follows:

**Level I**
The level 1 medication calculation competency exam will be administered during clinical frontloading (approximately the 3rd week of the semester). The level 1 medication calculation competency exam will include:
1. Metric, household, and apothecary conversions
2. JCAHO approved abbreviations
3. Calculation of non-parenteral medication doses measured in:
   a. Tablets
   b. Pre-measured liquid formulations
   c. Reconstitution of liquid medications
   d. Creams
   e. Ointments
   f. Drops

**Level II**
The level 2 medication calculation competency exam will be administered during the first clinical week of the student’s second semester. The level II medication calculation competency exam will include:
1. All level 1 competencies
2. Administration of medications intended for subcutaneous, intramuscular, and intra-dermal administration
3. Intravenous push medications
4. Calculation of medication doses measure in units
   a. Insulin administration
   b. Heparin administration (bolus and weight based administration)
5. Calculation of intravenous flow rates (i.e. milliliters per hour)
6. Calculation of intravenous drip rates (i.e. drops per minute)
7. Calculation of pediatric medications including:
   a. Medications dosed by body weight (i.e. mg/kg)
   b. Safe dose based on body weight
   c. Therapeutic dose range
Math Competency Policy Continued:

Level III
The level 3 medication calculation competency exam will be administered during the first week of the third semester. The level III medication calculation competency exam will include:

1. All level 1 and 2 competencies
2. Administration of vaccinations

Level IV
The level IV medication calculation competency exam will be administered during the first week of the fourth semester. The level IV medication calculation competency exam will include:

1. All level 1, 2, and 3 competencies
2. Administration of medication doses measured in micrograms per minute
   a. Calculation of micrograms per minute from milliliters per hour
   b. Calculation of milliliters per hour from micrograms per minute
3. Administration of medication doses measured in micrograms per kilogram of body weight per minute
   a. Calculation of micrograms per kilogram per minute from milliliters per hour
   b. Calculation of milliliters per hour from micrograms per kilogram per minute
4. Administration of medication doses measured in units per hour
   a. Calculation of units per hour/minute from milliliters per hour
   b. Calculation of milliliters per hour from units per hour/minute
Medication Administration: “Special Products”

- OSN students are not allowed to administer non-FDA regulated cannabis in any form or any marijuana-related products to patients in any clinical practicum setting in which they are in the role of a UNR Orvis School of Nursing student.

- OSN students under the age of 21 years are not allowed to administer any ethyl alcohol to patients.

(Approved by OSN Faculty, 10/19/2015)

Safe/Unsafe Clinical Practice

Any of the following behaviors are sufficient grounds for faculty to determine that a student is clinically unsafe and cannot continue in the clinical practice course. This decision has serious consequences and adequate documentation is necessary.

- Failure to meet clinical objectives.
- Placing self, patients, co-workers, families and other human contacts in physical jeopardy.
- Refusal/failure to follow OSN regulations and agency protocols.
- Illegal behavior.
- Verbally or otherwise revealing confidential information.
- Failure to execute critical elements of procedures/protocols/practice.
- Absences/tardiness (see Policy on Absences).
- Inability to articulate rationale for care given to patients/clients.
- Dispensing inaccurate, untrue information.
- Failure to comply with Clinical Evaluation Tool (CET) Guidelines
Student Uniform Policy/Dress Code
The University of Nevada, Reno, Orvis School of Nursing expects students to reflect professionalism and maintain high standards of appearance and grooming in all clinical settings. Students who do not adhere to this policy will not be permitted to participate in clinical activities.

Standard Uniform

- Grey’s Anatomy™ style navy blue top and matching navy blue uniform pants. The uniform top is to be embroidered with the Orvis School of Nursing logo on left upper chest (embroidery available at Reno Uniforms – 70 Taylor St., Reno, NV 89509).
  - Women:
    - Grey’s Anatomy™ Women’s V-Neck Shirred Back Solid Scrub Top in Indigo Blue (Item #: Barco 71166-23)
    - Grey’s Anatomy™ Four Pocket Cargo Pant in Indigo Blue (Item #: Barco 4245-23)
    - OPTIONAL: White Long Sleeve Shirt (Item#: WonderWink 2009 – WHT or Barco 2306-10)
  - Men:
    - Grey’s Anatomy™ Men’s Top in Indigo Blue (Item #: Barco 0103-23)
    - Grey’s Anatomy™ Men’s Pant in Indigo Blue (Item #: Barco 0203-23)
    - OPTIONAL: White Long Sleeve Shirt (Item#: WonderWink 2009 – WHT or Barco 2306-10)

- Uniforms must be neat, clean, pressed, and odor free for all clinical activities. Rolling down the waist band of uniform pants is not acceptable.
- Solid white socks with white shoes, or solid navy blue socks with navy/black shoes.
- Shoes are to be closed toed, closed heel, clean, and in good repair.
- Shoes must be made of a material that can be cleaned and will not absorb bio-hazardous material (leather or rubber).
- Any shirt worn under the uniform top must be white only, and be without decoration.
- OSN student identification tag (this will be supplied in Level I). This photo identification is required at every clinical activity, must be worn on the upper right chest, and must be readily visible at all times.
Standard Uniform continued:

- Other required parts of the uniform
  - A watch with a second hand or display
  - A penlight
  - Stethoscope
  - Bandage scissors
  - Hemostat forceps

Clinical settings requiring street clothes

- Professional attire (business casual) is expected. Skirt length must be knee length or longer.
- The following attire is **not acceptable:**
  - Jeans/western cut pants
  - Sweatshirts
  - Sleeveless shirts (or shirts of underwear type)
  - See-through clothing
  - Any clothing that exposes a bare midriff, back, or chest
  - Any clothing that exposed underwear

- Student’s photo identification is required and must be readily visible at all times.
General Appearance Guidelines

Hair
- Hair is to be clean, neat, and well groomed. Shoulder length hair or longer must be pulled back behind the ears and off the neck in all clinical settings.
- Men are expected to be clean-shaven. Established beards and moustaches must be neatly trimmed. Moustaches must be trimmed to the contour of the lip line. Beards should be trimmed to the contour of the jaw and chin. Beards and moustaches may not be started during a clinical rotation.
- Extreme hairstyles and/or colors (not nature provided), including wigs, are not acceptable. Brightly colored and/or jeweled hair ornaments or clips are not acceptable.

Jewelry
- Watches, wedding/engagement rings, one small stud earring (per ear) are the only acceptable jewelry in all clinical settings.
- Other than the one small stud earring, no other body piercing jewelry is acceptable. All facial jewelry (including tongue) must be removed. There are no exceptions to this.

Nails
- Nails are to be cleaned, groomed and manicured. They must be cut to the tip of the finger.
- Artificial nails of any type are not acceptable in any clinical setting.
- Only clear nail polish may be worn. Fingernail jewelry is not acceptable.

Other appearance
- Makeup must be minimal and subdued.
- Personal hygiene, including oral care, daily showering/bathing, and the use of deodorant are expected.
- No perfume or scented lotions are to be worn.
- Gum chewing is not permitted.
- Hats and/or caps are not acceptable in any clinical setting.
- Tattoos (permanent and temporary) must be covered and not visible.
General Appearance Guidelines continued:

**Technology**

- PDAs, iPhones, iPads, Blackberrys and other smart devices loaded with required clinical reference books are acceptable if permitted by clinical faculty.
- Personal beepers, cell phones, and other technology for personal use may only be utilized during breaks away from direct patient care areas.
- The telephone, text message and camera functions of smart phones and iPhones are prohibited while in the direct patient care area unless directed for use by clinical faculty.
Biologic Exposure Guidelines

I. Purpose and Policy
The purpose of these guidelines is to reduce the risk of student exposure to pathogens encountered in the clinical setting such as, but not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), the Human Immunodeficiency Virus (HIV), and Tuberculosis (TB).
Standard Precautions requires implementation of blood and body fluid precautions for all patients and patient specimens regardless of diagnosis. Standard precautions will be the minimum standard of practice in all Orvis School of Nursing clinical experiences. Barrier precautions will be used at all times when students are in contact or potentially may come in contact with moist body substances or surfaces. All human blood and body fluids will be handled as if they are infectious.

II. Prevention of Pathogen Exposure
Education and Training in Exposure Prevention Procedures:
Students will be required to complete Blood Borne Pathogen and TB Exposure Prevention Training prior to beginning patient care in level one. Training must be renewed during the first week of level four clinical. The student must also have satisfactorily demonstrated skill in using personal protective equipment and procedures before receiving a patient care assignment. The OSN office will maintain documentation of annual training.

Hepatitis B Vaccine:
Students will be required to have completed the hepatitis B vaccine series, have documentation of titer immunity, or to have signed a declination prior to going to clinical sites. Students may receive the series through UNR Student Health Services, the Washoe County Health Department, or their own private health care provider.

III. Methods of Compliance
Students will comply with the Blood Borne Pathogen and TB Exposure Policies of the clinical sites to which they are assigned.

IV. General Screening
The Orvis School of Nursing will not undertake any program of screening faculty or students for antibodies to HIV. Any student or faculty wishing to be tested will be referred to his/her private physician, the UNR Student Health Center, or the county health department.
**V. Accidental Exposure Incidents**
A student in the School of Nursing who has blood or body fluid exposure while in a clinical agency is treated in a similar manner to any type of accident occurring within a clinical agency. The student must immediately notify the clinical faculty who will assist the student in triaging the exposure. The faculty member will contact the National Clinician’s Post-Exposure Hotline (888/448-4911) to assist in evaluating the exposure. Before contacting the Post-Exposure Hotline, the faculty member will determine the date and time of the exposure, where and how the exposure occurred, the type of device used, and the severity of the exposure (i.e. mucotaneous splash, superficial scratch without bleeding, moderate puncture or cut with a small amount of bleeding, or a deep puncture or cut with profuse bleeding).

If the exposure occurs in an acute facility, the faculty member will inform the patient of the exposure and work with unit staff to obtain patient consent for a STAT needlestick panel. If the exposure occurs in a community agency, the faculty will inform the patient of the exposure if possible and contact the National Clinician’s Exposure Hotline for direction. The faculty member will review the patient’s medical record, if available, to identify whether the patient has a known history of HIV, HCV, or HBV. If the patient has a known history of HIV, the faculty member will attempt to obtain a recent CD4 count and viral load of the source patient. The National Clinician’s Post-Exposure Hotline staff will triage the exposure as low-risk (PEP is not indicated), potentially high risk (PEP may be indicated), or high risk (PEP is indicated).

If the student is deemed by the Post-Exposure Hotline to have experienced a potentially high-risk or a high risk exposure, the student will be immediately referred to the emergency room covered by the student’s private medical insurance. It is the responsibility of the student to know which facility is covered by their individual insurance policy. If the determination is that the student’s exposure is low risk, the student will be sent to UNR Student Health Services for baseline testing and evaluation. If an exposure occurs outside of Student Health Services hours or if the clinical experience takes place more than 50 miles from the University campus, the student is to be referred to the nearest emergency room that is covered by their individual health policy regardless of the triaged exposure risk.
Biologic Exposure Guidelines continued:

The University of Nevada Reno is not liable for treatment or medication costs and students are not covered by the clinical agencies’ workers compensation policies. Each student enrolled in the School of Nursing must carry individual medical insurance coverage at all times and all costs are the responsibility of the student.

Immediate first aid for a percutaneous exposure includes cleansing the area with soap and water. Mucotaneous exposures should be flushed with water, and eye exposures should be flushed with normal saline. No attempt should be made to express blood from a percutaneous exposure site and the site should not be cleaned with caustic agents (i.e. bleach). If the student has sustained a deep laceration, the student should be referred to the emergency room of their participating provider for injury management. The exposed student is encouraged to submit to testing for HIV, HCV, and HBV at baseline, 6 weeks, 12 weeks and 6 months. The decision to be tested, however, is the choice of the individual exposed.

In the event of a potential or documented exposure to a patient with active Tuberculosis, the exposed student is encouraged to have a PPD skin test at baseline at three months after exposure. A student who has a positive PPD skin test within 18 months of a previous negative result should discuss treatment options with his or her medical provider. A student with a positive PPD skin test will be excluded from clinical practice until a chest x-ray or QuantiFERON-TB blood test demonstrates the absence of active disease.

An incident/occurrence report must be completed at the clinical agency. Faculty will consult unit management to facilitate timely reporting. The clinical course coordinator and/or the program coordinator will be contacted to assist with student triage and reporting as necessary. Faculty will complete the OSN Bloodborne Pathogen & Communicable Disease Student Exposure Form and submit the completed form to the OSN director within 24 hours of a communicable disease exposure. The OSN director will keep this documentation on file for a period of not less than ten (10) years following the date of the exposure.
Biologic Exposure Guidelines continued:

VI. Guidelines for Exempting Students from Clinical Assignment to Clients with Blood Borne Diseases.

Confirmed Pregnancy:
There is no epidemiological reason to exempt pregnant students from caring for patients with blood borne diseases. The risk of transmission of communicable diseases to pregnant health care workers is not known to be greater than the risk to those not pregnant. However, a pregnant student may not be eligible to receive triple therapy post-exposure prophylaxis in the event of a high-risk exposure due to the teratogenic effects of protease inhibiting medications.

Incompetent Immunological Systems:
Students with diagnosed immunological deficiencies may be at an increased risk for developing opportunistic infections that may be present in the clinical setting. Students with HIV infection need not be restricted from clinical experience unless they have some other illness for which any health care worker would be restricted. Symptoms of HIV (i.e. fatigue, paresthesia, vision problems, or dementia) may limit a health care worker's ability to safely practice.

The Centers for Disease Control (CDC) and the American Nurses Association do not recommend barring HIV-infected health care workers from practice. However, in the event that a patient is exposed to the blood or body fluids of a student, disclosure of the student’s status may be indicated and mandated by law.

Students with HIV infection or other immunocompromising conditions may be at higher risk to develop active tuberculosis infection in the event of a TB exposure. Students with immunocompromise should not care for patients with active tuberculosis.

Any student with an infectious process could further compromise the client with an incompetent immunological system. All students with exudative or weeping skin lesions should be restricted from direct patient care activities.
Biologic Exposure Guidelines continued:

The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course. Decisions about longer exemptions (more than one clinical session) will be made in consultation with the course coordinator, the program coordinator, and the OSN director.

VII. **Student Acceptance of Clinical Assignment**

Students who have received formal classroom instruction in blood borne pathogen exposure control and can satisfactorily demonstrate the knowledge and skills required to safety care for potentially infectious patients are expected to care for all patients in order to meet the course objectives.

The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course.

VIII. **Confidentiality**

Healthcare providers (and students) who know they are infected with a blood borne disease are ethically and legally obligated to conduct themselves responsibly in accordance with the following protective behaviors.

All confidential medical/health care information is protected by statutes and unauthorized disclosures may create legal liability. No specific or detailed information concerning symptoms or diagnoses will be provided to faculty, administrators, or parents of students, without the express written permission of the individual in each case except as required by law.

Revised February 2012

Approved by Director & OSN Faculty February 27, 2012
BLOOD BORNE PATHOGEN & COMMUNICABLE DISEASE STUDENT EXPOSURE REPORTING FORM

- This form must be completed by the clinical faculty in collaboration with the student for any exposure or potential exposure to a communicable disease that occurs during the course of a clinical rotation. An exposure or potential exposure is defined as a percutaneous injury, direct skin and/or mucous membrane contact with blood or body fluids, unprotected exposure to a patient with active tuberculosis, or a reasonable belief that an exposure may have occurred.

- Please complete this form as thoroughly as possible. This form is required in addition to any form required by the clinical agency.

- While the first priority is to obtain appropriate exposure management and post-exposure prophylaxis therapy if indicated for the student, this form must be completed and returned to the OSN director within 24 hours of a student exposure.

- This information will remain confidential and will be maintained in a locked cabinet at the Orvis School of Nursing for a period of not less than ten years following the exposure. Information in this form will remain confidential and will only be utilized by public health agencies in the mandated reporting of diseases, or as required by law.

1. Name of Exposed Individual: __________________________________________________

   Address: ____________________________________________________________________

   Phone: _________________________ Date of Birth: _______________________

2. Date of Exposure: ____________________ Time of Exposure: ____________________
BLOOD BORNE PATHOGEN & COMMUNICABLE DISEASE STUDENT EXPOSURE REPORTING FORM continued:

Exact location where exposure occurred (i.e. patient room #, hallway, utility room):


2. Witnesses to exposure incident:

| Name: ___________________________ | Name: ___________________________ |
| Address: _______________________ | Address: _______________________ |
| Phone #: _______________________ | Phone #: _______________________ |

3. Describe the circumstances of the exposure:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
THE FOLLOWING SECTION IS APPLICABLE ONLY TO SHARP OBJECT INJURIES. IF THIS EXPOSURE WAS NOT THE RESULT OF A SHARP OBJECT INJURY, PLEASE CONTINUE TO PAGE 3.

4. Was the injured worker the original user of the sharp item?
   - Yes
   - No
   - Unknown
   - Not applicable+

5. The sharp item was:
   - Contaminated
   - Uncontaminated
   - Unknown
   - Not applicable

6. For what purpose was the sharp item originally used:
   - Unknown
   - Injection into muscle, vein, or artery
   - Heparin or saline flush
   - Injection into (or aspiration from)
     - IV injection site or IV port
   - To connect IV line
   - To gain intravenous access
   - To draw a venous blood sample
   - To draw an arterial blood sample

7. Did the injury occur:
   - Before use of item
   - During use of item
   - After use of item
   - Between steps of a multi-step procedure
   - While recapping a used needle
   - While withdrawing needle from a rubber port
   - Device left on floor, table, or bed
   - In transit to disposal
   - While disposing of item
   - After disposal/protruding from sharps container
   - Other: ______________________

8. What type of device cased the injury?
   - Hollow Bore Needle
   - Surgical Needle
   - Lancet
   - Glass

9. Brand/Manufacturer of product (i.e. ABC Medical Company):
   ____________________________________________
   - Unknown

10. If the item causing the injury was a needle or a sharp medical device, was it a “safety design” with a shielded, recessed, retractable, or blunted needle or blade?
    - Yes
    - No
    - Unknown
    - a. Was the protective mechanism activated?
      - Yes, fully
      - No
      - Yes, partially
      - Unknown
    - b. Did exposure incident happen
      - Before activation
      - During activation
      - After activation
      - N/A

Please mark the location of the injury
THE FOLLOWING SECTION IS APPLICABLE ONLY TO BLOOD AND/OR BODY FLUID EXPOSURES TO SKIN OR MUCOUS MEMBRANES. IF THIS EXPOSURE WAS THE RESULT OF A SHARP OBJECT INJURY, PLEASE CONTINUE TO PAGE 4

11. Which body fluids were involved in the exposure?
   □ Blood or blood products  □ Saliva  □ Peritoneal fluid
   □ Vomit  □ Sputum  □ Pleural fluid
   □ Amniotic fluid  □ CSF  □ Urine
   □ Other: ______________________

12. Was the body fluid visibly contaminated with blood?
   □ Yes  □ No  □ Unknown  □ Not applicable

13. Was the exposed part:
   □ Intact skin  □ Eyes (conjunctiva)  □ Nose (mucosa)
   □ Non-intact skin  □ Mouth (mucosa)  □ Other: -

14. Did the blood or body fluid:
   □ Touch unprotected skin  □ Soak through protective barrier garment
   □ Touch skin between gap in PPE  □ Soak through clothing

15. Which barrier garments, if any, were worn at the time of exposure:
   □ Latex/vinyl gloves  □ Face shield  □ Protective gown
   □ Goggles  □ Surgical mask  □ Lab coat
   □ Eyeglasses  □ Other: ______________________

16. If the exposure was the result of an equipment failure, please specify:
    Equipment type: __________________  Manufacturer: __________________

17. For how long was the blood or body fluid in contact with your skin or mucous membranes:
   □ < 5 minutes  □ 5 – 15 minutes  □ 15 minutes – 1 hour  □ > 1 hour

18. How much blood/body fluid came in contact with your skin or mucous membranes?
   □ Small amount (< 5 cc)  □ Moderate amount (up to 50 cc)  □ Large amount (> 50 cc)

Please mark the location(s) of the exposure
1. Name of student: ________________________

2. Date of injury: ________________________

3. Was the source patient identifiable
   ☐ Source known and tested
   ☐ Source known, but not tested
   ☐ Source not known

4. Was the source patient known to be positive for any of the following pathogens
   (check all that apply):
   ☐ Hepatitis B   ☐ Respiratory tuberculosis
   ☐ Hepatitis C   ☐ Bacterial meningitis
   ☐ HIV   ☐ Other: ______________________________

5. If the source patient was believed to be in a high risk group for a blood-borne pathogen, please check
   all that apply:
   ☐ Blood product recipient   ☐ Hemophilia
   ☐ Injection drug use   ☐ Sexual history
   ☐ Elevated liver enzymes   ☐ Dialysis
   ☐ Other: ______________________________

6. If the source patient was known to be HIV+, has s/he been treated with any of the following:
   ☐ NRTI Class Drugs   ☐ Not applicable
   ☐ NNRTI Class Drugs   ☐ Unknown
   ☐ NtRTI Class Drugs   ☐ Other anti-retroviral:
   ☐ Protease Inhibiting Drugs
   ☐ Fusion Inhibiting Drugs

7. Student seen and exposure evaluated by (check all that apply):
   ☐ UNR Student Health   ☐ Clinical agency employee health
   ☐ Private health care provider   ☐ No follow-up care received
   ☐ Emergency room   ☐ Other: ______________________________

8. Was the student vaccinated against HBV before exposure?
   ☐ No   ☐ 1 Dose   ☐ 2 Doses   ☐ 3 Doses

9. Was the student pregnant at the time of the exposure?
   ☐ Yes, 1st trimester   ☐ Yes, 2nd trimester   ☐ Yes, 3rd trimester   ☐ No   ☐ Not applicable

10. What follow up care was received after evaluation of this exposure:
    ☐ None   ☐ Other prophylaxis: -
            ☐ Baseline testing only
            ☐ HAART post-exposure prophylaxis   ☐ Other:
OSN Biologic Exposure Protocol

This is a Medical Emergency and Time is Critical!

1. Do not squeeze blood from wound. Cleansing and any indicated first aid are only recommended treatment.
2. Other clinical activities requiring your presence must cease while you assist the exposed student (students may continue to work with reference nurses in an acute agency).
3. If you are in an outlying area and/or students have carpooled to a clinical site, students must be excused.

Immediate Information Needed Before Calling Hotline
- Date & Time of Exposure
- Details of incident
  - Where & how exposure occurred, type of device, severity of exposure
  - Details of Exposure
  - Source material known positive for HIV, HCV, HBV, TB
  - If source known HIV+, viral load/CD4 count of patient and ARV history
- Have STAT needlestick panel drawn on patient per facility policy

Recommended Treatment/Prophylaxis
1. Follow up testing for all BBP exposures
   - Recommended at baseline, 6 weeks, 3 months & 6 months
2. Known/possible HBV Exposure:
   - Depends on student vaccination status and antibody titer response (HBIG & initiate revaccination for unvaccinated/nonresponders)
3. Known/possible HCV Exposure
   - No HCV PEP – immediate baseline testing and follow up care
4. Known/possible HIV Exposure
   - PEP should be started IMMEDIATELY (decreased effect if delay in PEP initiation) – see back for recommended PEP
5. Known TB Exposure
   - PPD Testing: Baseline & at 3 months

---

Treat Exposure Site

- If a BBP exposure, wash with soap & water immediately
- Flush exposed mucous membranes with water
- Flush eyes with water or saline
- Do NOT apply caustic agents (i.e. bleach)

Faculty Call National Clinician's Post-Exposure Hotline
- National Clinician’s Post-Exposure Hotline is available 24/7 and will triage the exposure.
- HIGH RISK EXPOSURE: (Indicates that PEP may be needed)
- Send student to the ER covered by their medical insurance immediately - Call ahead to inform that you are sending a student with high risk BBP exposure
- DO NOT send a student with a high risk exposure to student health
- LOW RISK EXPOSURE: (Indicates that PEP is not indicated)
- Send student to UNK Student Health for baseline testing and follow up. Student Health is open Monday - Thursday: 8A - 5F and Friday: 8A - 7P
- If student health is closed, send student to ER covered by their medical insurance

Report & Document
- Report ASAP to facility leadership to assist with facility-based reporting/decision procedures
- Incident report must be filed at clinical agency or with the sponsoring agency if the exposure occurs in a community setting
- Contact your course coordinator to assist with immediate triage of student
- Report exposure to Dr. Rachals (775-882-7140) and/or Mary Ann Lambeth (775-882-7153) ASAP
- Complete OSN BBP/PTB Exposure form and submit to Dr. Rachals within 24 hours

Approved 2/27/2012
Management of HIV Exposures Occurring in Clinical Agencies
(This is a guide for faculty and does not replace calling the National Clinicians’ Post-exposure Prophylaxis Hotline 888/448-4911 to triage the exposure)

<table>
<thead>
<tr>
<th>Exposure Type</th>
<th>Infectious Status of Source</th>
<th>Recommendation</th>
<th>Risk Factors Consideration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less Severe</strong></td>
<td>HIV+ - Class 1 (Asymptomatic HIV known low viral load [≤ 1,500 RNA copies/mL])</td>
<td>Recommend basic 2 drug regimen - Truvada¹: One tablet daily for 28 days (Tenofovir 300 mg + lamivudine 300 mg) <strong>OR</strong> - Combivir²: One tablet daily for 28 days (Zidovudine 300 mg + lamivudine 150 mg)</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP⁵ for source with HIV risk factors⁶</td>
<td>No PEP indicated</td>
</tr>
<tr>
<td></td>
<td>HIV+ - Class 2 (Symptomatic HIV infection/AIDS, acute seroconversion, or known high viral load⁷)</td>
<td>Recommend expanded 3 drug regimen - Basic Regime <strong>PLUS</strong> - Raltegravir³: 400 mg BID <strong>OR</strong> - Kaletra⁴: 1 tablet BID</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP⁵ for source with HIV risk factors⁶</td>
<td>No PEP indicated</td>
</tr>
<tr>
<td></td>
<td>Unknown Source Status - Source patient refuses testing or is unavailable</td>
<td>Unknown Source Status - Source patient refuses testing or is unavailable</td>
<td>Unknown Source</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Source</td>
<td>Unknown Source</td>
<td>HIV Negative</td>
<td></td>
</tr>
<tr>
<td><strong>More Severe</strong></td>
<td>Large-bore, hollow needle - Deep puncture - Visible blood on device - Needle used in artery/vein</td>
<td>Recommend expanded 3 drug regimen - Basic Regime <strong>PLUS</strong> - Raltegravir³: 400 mg BID <strong>OR</strong> - Kaletra⁴: 1 tablet BID</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP⁵ for source with HIV risk factors⁶</td>
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</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

1. Well-tolerated; not recommended in pregnancy. Occasional renal toxicity → Monitor CMP
2. Less well tolerated than Truvada. Increased risk of bone marrow toxicity → Monitor CBC
3. Minimal drug-drug interactions
4. Multiple drug-drug interactions → Consider other medications patient is taking before prescribing
5. The designation “consider PEP” indicated that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician
6. If PEP is initiated and the source is later found to be HIV-negative, PEP should be discontinued.
7. Seek expert consultation if drug resistance is a concern. Initiation of PEP should NOT be delayed pending expert consultation

All Medications listed above are routinely carried by Walgreen’s Pharmacy 750 N. Virginia Street (South of Campus). (775) 337-8703. Open 24/7
Fit for Duty Policy: Pre-licensure Students

**Purpose:** The Orvis School of Nursing (OSN) is committed to protecting the safety, health and well-being of its student’s faculty, staff and the patients and employees of our affiliate institutions and clinical agencies. Therefore, the purpose of this policy is to establish clear expectations regarding student psychological and/or physical fitness for duty in the clinical setting and to outline the consequences of unsafe or unethical student behaviors. Every student in the Orvis School of Nursing program is expected to act in a safe and ethical manner consistent with the ANA Code of Ethics for Nurses. [http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx](http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx)

**Policy & Procedure:**
The rights of patients and the public to safe professional practice supersedes students’ learning and skill acquisition needs. Faculty have an obligation to assess and make professional judgments with respect to each student’s fitness for safe practice during clinical hours. Combined with the Orvis School of Nursing policies, “Fit for Duty” policies and requirements of our clinical agencies provide the framework and expectations for student participation and behaviors at the individual sites. Each student will be provided with a link to the appropriate agency policy as an additional reference.

In circumstances where a ‘Fitness for Duty’ evaluation may be initiated, the faculty will proceed appropriately according to this policy. If the clinical agency has a different policy of fit for duty the most restrictive policy will supersede but not exclude this policy.

- In the event that a faculty member makes a professional judgment that a student’s psychological and/or physical condition impairs the student’s ability to perform safely, the student will be asked to leave the clinical area. The student must immediately comply with this request.
- Students with a fever over 100.4°F, frequent diarrhea, vomiting, cough, visible rash of infectious nature, conjunctivitis, open wound that cannot be adequately covered, or inability to control bodily secretions may not participate in clinical activities of any kind. Students with minor upper respiratory infections may be required to wear a face make while providing patient care.
• Students must be able to meet the physical requirements of the clinical agency where they are assigned for clinical practice. If a student requires an assistive device for either a temporary or long term medical reason that does not meet the ADA requirements of reasonable accommodation related to a qualified disabling condition the device may not be allowed. The ability to maintain patient safety by providing safe patient care cannot be compromised for any reason. Patient care is integral to learning the nursing role and light duty and/or non-patient care tasks or alternative assignments are not available.

• Students demonstrating signs or symptoms of chemical impairment will be required to submit to drug and alcohol testing. When requested by faculty, the student must report for testing within one hour of leaving the clinical site.
  o Signs of chemical impairment for which a student may be required to undergo drug and/or alcohol screening include, but are not limited to: labile mood, disheveled appearance, reddened eyes, dilated or constricted pupils, tremor, decreased coordination, restlessness, difficulty concentrating, confusion, paranoid thinking, impaired perception of reality, slurred or rapid speech, unstable gait, odor of alcohol or other chemical substance, syncope, or needle marks.
  o A student who is required to undergo drug and/or alcohol screening pursuant to this policy, must arrange for transportation to an approved testing site. Students being sent for chemical screening may not operate a motorized vehicle to report for required drug and/or alcohol testing.
  o A student must undergo drug and/or alcohol testing at South Reno Concentra located at 6410 South Virginia Street. Reno, NV, 89511. The student must report to this facility within one hour of leaving the clinical site.
  o Drug and alcohol testing results must be provided to the Associate Director for undergraduate or graduate programs before the student may return to clinical. Results provided by the student must be signed by a representative of the testing facility, and enclosed in an envelope that is sealed at the testing site in a tamper-evident manner.

A student who refuses to submit to drug and/or alcohol screening when requested pursuant to this policy will be excluded from further clinical activities.
• A faculty member may remove a student from the clinical area because of failure to adhere to the OSN dress code, inadequate preparation, or unsafe or unethical practice
  o Examples of unsafe or unethical clinical practice include but are not limited to:
    ▪ Negligent patient care
    ▪ Patient abuse, either physical or verbal
    ▪ Excessive sleepiness
  o unsafe performance documented by the clinical faculty member
    ▪ Refer to the OSN Safe/Unsafe Clinical Practice Policy

• In the event that a student is asked the leave the clinical area because of signs or symptoms of physical, emotional, psychological or chemical impairment, or unprofessional behavior prohibited by this policy, including unprofessional behavior the Orvis School of Nursing absence policy will apply to any clinical time missed for any reason.
• If a student is excluded from clinical due to illness, impairment, or injury, faculty may request medical documentation that permits a student to participate in direct patient care. If requested, this documentation must be provided before a student will be permitted to return to the clinical setting.
• Prior to return to the clinical setting, the student must meet with the clinical faculty and course coordinator

**Consequences:**
Before being permitted to return to the clinical area, the student may be mandated by OSN to obtain a Fit for Duty assessment, which may include but is not limited to physical exam, psychological exam, and/or drug /alcohol testing. If recommended, the student must comply with treatment and further monitoring to continue in the clinical course. If the student refuses this assessment, treatment, and/or further monitoring the student may not be permitted to return to the clinical site, resulting in failure of the course. If dismissal is due to unethical, unprofessional, or unsafe clinical practice, then a clinical improvement plan will be initiated prior to returning to the clinical setting. If the student has been referred for medical or psychological treatment, the student will be permitted to return to clinical practice if the treatment provider has deemed the student fit for duty. Information will be shared with the treatment provider(s) and OSN designated reporting party, with the student’s written consent. If the student is removed from a clinical setting due to documented chemical impairment, the student will be dismissed from the nursing program. Failing
to present for a chemical impairment evaluation within allotted time period, failure to report for specimen collection, tampering or attempting to tamper with a specimen or the results, will result in dismissal from the program.
Fit For Duty Safety Analysis Form

Student Name: ___________________________  Clinical Site: ___________________________  Clinical Faculty: ___________________________

Date of Observation: ___________________________  Time of Observation: ___________________________

Faculty: Please check all identified behaviors and symptoms:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological/social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odor of alcohol { }</td>
<td>Student screen for harm to self { }</td>
</tr>
<tr>
<td>Blood shot eyes { }</td>
<td>Falling asleep during clinical hours { }</td>
</tr>
<tr>
<td>Inattention to personal hygiene/ uniform { }</td>
<td>Change in mood and/or speech { }</td>
</tr>
<tr>
<td>Unsteady gait { } Slurred speech { }</td>
<td>Excessive anxiety/ depression { }</td>
</tr>
<tr>
<td>Physically ill { } Flu-like symptoms { }</td>
<td>Excessive crying { }  Labile mood { }</td>
</tr>
<tr>
<td>Fatigue { } Confusion { }</td>
<td>Anger { } Disruptive { }</td>
</tr>
<tr>
<td>Other { } Please specify:</td>
<td>Other { } Please specify:</td>
</tr>
</tbody>
</table>

Student Initial all that apply:

I acknowledge that due to my condition and/or behavior, I may pose a safety risk to my patients and/or myself. My dismissal from clinical will result in the application of the OSN absence policy.

I acknowledge that I have been directed to report to South Reno Concentra to submit for a Fitness for Duty evaluation that includes a blood and/or urinalysis screening. The expense is my sole responsibility.

I acknowledge that I have a right to refuse to submit for drug/alcohol testing and that refusal will result in dismissal from the nursing program.

I acknowledge that failure to submit to testing of drugs and alcohol within 1 hour of dismissal from clinical will result in removal from the nursing program. If Concentra is closed, I must go to an Urgent Care or Emergency Department or other screening facility.

I acknowledge that I may not drive myself to Concentra, or my healthcare provider’s office, due to an identified potential safety risk and that it is my own responsibility to provide transportation to and from Concentra or the healthcare facility, whichever is directed.

Disposition of student: (To be completed by faculty)

Immediate referral to South Reno Concentra
6410 South Virginia St., Reno, NV 89511
Phone: 775-322-5757
Hours: Monday – Friday 8am-6pm
Saturday – 8am-2pm

Immediate referral to other screening agency or healthcare provider

Student notified and refused to sign form

Other:

___________________________________________  __________________________________________
Nursing Student  Date  Clinical Faculty  Date
Tuberculosis Evaluation and Screening Policy

Orvis Nursing students who routinely work in health care facilities treating individuals are at high risk for infection that all persons present in their agency are disease free and/or protected from infection.

**Purpose**
1. Identify people with TB infection and possible TB disease.
2. Treat persons with identified infection.
3. Evaluate persons infected and treated on continuing basis.

**Procedure: TB Screening and Evaluation**
All students are skin tested yearly prior to entering any clinical facility. A baseline two-step Mantoux or QuantiFERON will be done on all students who have not had a documented two-step Mantoux test and documented yearly negative Mantoux or QuantiFERON tests within each 12 month period after the baseline (This includes persons who have had BCG vaccination and women who are pregnant).

Students who are exposed to suspected TB patients in the course of their clinical experience will follow the guidelines of that facility or seek advice and testing from student health services. A person with a documented history of a positive QuantiFERON or Mantoux tuberculin skin test is exempt from future skin test or chest x-rays.

A person with a current positive skin test will have a chest x-ray once prior to entry into the nursing major and medical evaluation for active tuberculosis on required physical exam. A person with a history of TB or a positive TB test will have documented yearly medical evaluations for the presence or absence of symptoms of TB. A person with active TB will undergo medical treatment for the disease according to the American Thoracic Society.
NURS 434 – Community Health Nursing Practicum Client Visitation Policy

Policy Statement
Community health faculty has supervisory as well as faculty roles in the course. Students in the Community Health Practicum are under direct Orvis School of Nursing (OSN) faculty supervision for all client care provided. The clinical faculty member is the registered nurse of record, unless there is a situation where the student is under the supervision of agency staff when direct care is provided. Indirect faculty supervision responsibilities include communication and direction among and between students, agency personnel, clients, families, and any interdisciplinary team members.

Purpose
To ensure the safety of the OSN students, faculty, community clients, and families while providing optimal learning experiences.

Policy
A. Safety considerations are the highest priority. Faculty will work in collaboration with the student to maintain safety for students, faculty, and clients.

1. If, at any time during a visit, conditions or individuals appear threatening or unsafe for ANY reason, leave the site immediately. Always respect “gut feelings”. Always be aware of your exit route.
2. Students MUST work in pairs when visiting clients. If a student is working with an agency, the agency representative will be considered as their “pair” for the day.
3. All home visits will be completed during assigned clinical times. If an appointment is needed at a time other than assigned clinical time, the student must receive permission from the clinical faculty. Such requests must be typed, provide rationale for making the visit at the requested time, and be submitted in advance of the scheduled visit.
4. Students making client visits without an agency representative will provide the clinical faculty with a daily schedule of visits. Students will complete the “Student Daily Itinerary Data Sheet” or text the faculty prior to beginning their visit(s) and assure that the faculty is aware of their itinerary. If any changes to the itinerary are necessary, faculty must be notified prior to altering the schedule.
5. The student(s) must notify their faculty member upon completion of the visit(s). If the faculty member is not contacted, the OSN Director may be notified and appropriate action taken.

6. Student name badges will use with first name and first initial of their last name only. Name badges are to be worn at all times.

7. Students will not give out their personal contact information (phone number, address, etc.) to clients. Any contact should occur through their faculty member.

8. Students are not allowed to ride in the car of an agency health care team member.

9. Students will have their own transportation and vehicle, and will maintain the vehicle in good repair and assure that their gas tank is at least one-half full.

10. Vehicles will be parked in plain sight near the site of the client visit. Do not park in areas of questionable safety (alley ways, deserted streets) or with poor lighting.

11. All valuables, including laptop or hand held computers, purses, backpacks, etc., should be secured out of sight in the vehicle.

B. Client Visit Considerations and Guidelines

1. The OSN document “Client Consent Form” must be completed prior to initiating care for any community-based client visited without agency personnel present.

2. All health promotion activities and nursing interventions in the home will occur within the framework of the client’s current medical plan of treatment and the Nevada Nurse Practice Act.

3. If practical, clients will be called to confirm appointment prior to the visit occurring.

4. Professional, therapeutic relationships are of the utmost importance. Please use appropriate titles (i.e. Mr. Jones or Mrs. Cannon) and refrain from using terms of endearment such as “honey” or “sweetie” when speaking with clients.

5. Students will give written or oral report on client visits to their faculty member within 24 hours of the visit, earlier if conditions warrant.
6. Written documentation of student-client interactions will be maintained throughout the semester. All documentation will be kept with the faculty member when not being directly utilized by the student nurse.

7. Patient confidentiality will be maintained by using a unique identifier on all documentation created by OSN student nurses with the exception of the "OSN CLIENT CONSENT FORM". The identifier will include the initials of the client as well as their date of birth in the following format: ABmmddyy. Example DS120799.

8. The following forms will be used as appropriate:

- OSN CLIENT CONSENT FORM
- OSN OBSERVATION NOTE
- OSN CLIENT GOALS
- OSN STUDENT NURSE TO STUDENT NURSE UPDATE REPORT
- OSN REQUEST FOR RELEASE OF INFORMATION
- OSN FINAL SUMMARY
- OSN STUDENT NURSE TO AGENCY REFERRAL
- OSN STUDENT DAILY ITINERARY
- OTHER FORMS OR DOCUMENTS AS APPROPRIATE
OSN Inclement Weather Policy

All students and faculty should keep themselves apprised of weather conditions for travel to classes and clinical. This must be done in advance of any specific weather conditions which can and do arise at any time.

Guidelines for inclement weather:

• If the university delays or cancels classes due to snow, nursing faculty and students are obligated to follow that decision.
• Students may find it helpful to participate in the UNR Emergency Alerts program which sends a text message notification of closures and delays among other things.
• More information and sign-up is available at http://www.unr.edu/alerts/
• As some students may be geographically located where they leave very early to arrive at class or clinical, they must be aware of any and all communications which involve decisions in a timely manner.
• If, as is common in this geographic area, there are regional differences in snow distribution, each student must make their own decision regarding the safety of their trip to clinical.
• That decision will of course include consideration of the vehicle that you travel in, your own experience / expertise driving in snow, etc.
• For some that means a decision to stay nearer to the school or hospital when a snow storm threatens.
• It is the student's responsibility to communicate in a professional manner with the clinical instructor regarding that decision prior to the clinical day if at all possible.
• If an individual faculty member is unable to make it to clinical due to weather conditions, there will not be clinical for that student group.
• It is the clinical faculty member's responsibility to communicate that information to the respective clinical group and clinical agency unit in a timely manner.
• Multiple missed classes and or clinical may be a detriment to passing the course.

Ultimately, each student must decide and or make arrangements which will allow him/her to attend class or clinical.
Orvis School of Nursing Social Media Policy

Orvis School of Nursing recognizes the vital role that social media plays in communicating, collaborating and interacting with students, faculty staff and the general public. We encourage you to use social media to connect with the University of Nevada, Reno and Orvis School of Nursing community at large in order to foster a place for vibrant and thoughtful engagement as it relates to the university.

These guidelines apply to the Orvis School of Nursing students. Best practices to help guide your participation in Orvis School of Nursing social media efforts include:

**Definition of terms:**

**Social Media:** The term social media defines activities that integrate technology, social interaction and the construction of words, symbols and pictures. Internet-based or electronic applications and person websites that allow the creation and exchange of user-generated content such as but not limited to: profiles, opinions, insights, pictures, videos, experiences, perspectives and media itself. All social media cites are trackable, traceable, and once posted on the internet things live forever.

**Social Media Communications:** Examples of social media applications include but are NOT limited to Facebook, MySpace, Twitter, Craig’s List, YouTube, LinkedIn, BlogSpot, Second Life, Upcoming, Flickr, Wikipedia, Instagram and Snapchat. Examples of symbols include Emoticon.

**Content:** Including but not limited to: text messages, files, profiles, concepts, opinions, images, photos, videos, sounds or other materials that can be transmitted, communicated, shared, or posted on form of social media communication.

**Nevada State Board of Nursing Social Media Guidelines**

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. The very nature of this medium however can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by law even when it is long deleted.

Social Media Guidelines for Nurses Video

http://nevadanursingboard.org/media/

https://www.youtube.com/watch?v=i9FBEiZRnmo

Policy:

Orvis School of Nursing student handbook delineates adherence to the National Student Nurse Association (NSNA) code of conduct. All students must comply to school policies and regulations related to academic and clinical performance. As a student you are responsible for representing the University of Nevada, Reno, the Orvis School of Nursing, and clinical institutions. As a student you are also responsible for representing the nursing profession and is essential to maintain a professional work environment and maintaining professional boundaries.

Expectations:

- The student will maintain effective electronic communications that are consistent within this policy.
- The student will abide by the law and respect copy rights.
- The student will be compliant with Health Insurance Portability and Accountability Act (HIPAA) policies as set forth and will not use or disclose any patient identifiable information, or any patient scenarios of any kind on any social media.
- Logos from institutions may not be utilized without written consent from that institution.
- The student is obligated to report suspected violation of this policy to faculty and utilize the chain of command.
- Be compliant with policies in the Orvis School of Nursing handbook including, but not limited to, provisions concerning discrimination, harassment, and professionalism.
- Students utilizing approved video or audio recording through the University of Nevada, Reno, Disability Resource Center, will comply with the alternative media service agreement.
• It is not appropriate to establish relationships on social media with patients, families or faculty outside of the Orvis School of Nursing and the University of Nevada, Reno curriculum.

Procedures:

Inappropriate use of the internet and social media may result in:

• Academic remediation
• Loss of privileges at the institution where the violation occurred
• May result in failure to progress in the nursing program

Authors: Demitropoulos, S., Hasty, S. and Olguin, S.
Created: December 15, 2015

Resources:
Student Feedback

Communicating Student Concerns

The student has the obligation to express concerns by utilizing the following order of communication guidelines set forth by the Orvis School of Nursing.

1. Conference with instructor involved.
2. Conference with Course Coordinator (if course does not have a coordinator skip to step 3).
3. Conference with Associate Director for Undergraduate Programs.
4. Conference with the OSN Director.

Evaluation of Faculty by Students

The University By-Laws require that faculty members be evaluated annually in order to assess the quality of professional performance of academically assigned responsibilities.

Students will be expected to participate in the evaluation process by objectively rating the faculty's teaching effectiveness in the classroom and clinical settings. Professional responsibilities are a requirement for tenure, promotion or merit recognition. Students should be aware of the importance of their role in this evaluation process.
General Student Resources

**Statement for Academic Services:** Your student fees cover usage of the Math Center (784-443 or [www.unr.edu/mathcenter/](http://www.unr.edu/mathcenter/)), Tutoring Center (784-6801 or [www.unr.edu/tutoring-center](http://www.unr.edu/tutoring-center)), and University Writing Center (784-6030 or [http://www.unr.edu/writing-center](http://www.unr.edu/writing-center)). These centers support your classroom learning; it is your responsibility to take advantage of their services. Keep in mind that seeking help outside of class is the sign of a responsible and successful student.
National Student Nurses’ Association, Inc.  
Code of Professional Conduct

As a member of the National Student Nurses’ Association, I pledge myself to:

• Maintain the highest standard of personal and professional conduct.
• Actively promote and encourage the highest level of ethics within nursing education, the profession of nursing, and the student nurses’ association.
• Uphold all Bylaws and regulations relating to the student nurses’ association at the chapter, state and national levels, reserving the right to criticize rules and laws constructively, but respecting the rules and laws as long as they prevail.
• Strive for excellence in all aspects of decision making and management at all levels of the student nurses’ association.
• Use only legal and ethical principles in all association decisions and activities.
• Ensure the proper use of all association funds.
• Serve all members of the student nurses’ association impartially, provide no special privilege to any individual member, and accept no personal compensation from another member or non-member.
• Maintain the confidentiality of privileged information entrusted or known to me by virtue of an elected or appointed position in the association.
• Refuse to engage in, or condone, discrimination on the basis of race, gender, age, citizenship, religion, national origin, sexual orientation, or disability.
• Refrain from any form of cheating or dishonesty, and take action to report dishonorable practices to proper authorities using established channels.
• Always communicate internal and external association statements in a truthful and accurate manner by ensuring that there is integrity in the data and information used by the student nurses’ association.
• Cooperate in every reasonable and proper way with association volunteers and staff, and work with them in the advocacy of student rights and responsibilities and the advancement of the profession of nursing.
• Use every opportunity to improve faculty understanding of the role of the student nurses association.
• Use every opportunity to raise awareness of the student nurses’ association’s mission, purpose, and goals at the school chapter level.
• Promote and encourage entering nursing students to join and become active in NSNA.
• Promote and encourage graduating seniors to continue their involvement by joining professional nurses’ associations upon licensure as Registered Nurses.

Adopted by the 1999 House of Delegates Pittsburgh, PA at the 47th Annual NSNA Convention

References: American Society of Association Executives and the National Society for Fund Raising Executives
ANA Code of Ethics
2015 Provisions of the Code of Ethics for nurses with Interpretive Statements

Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal health care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of the employment that are conducive to safe, quality health care.

Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and the generation of both nursing and health policy.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9: The profession of nursing, collectively its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.
To access the ANA Code of Ethics with Interpretive Statements: http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html