Orvis School of Nursing Bachelor of Science in Nursing Program
Undergraduate Student Handbook
**General Note**

This handbook is a document for OSN nursing students to find answers to policy/procedure guidelines and questions. It is important for undergraduate nursing students to be aware of the University's policies and procedures for undergraduate programs and to understand the policies relevant to their program contained in the General Catalog. For more information about UNR's Orvis School of Nursing (OSN) from the university catalog, visit the website at:

http://catalog.unr.edu/preview_entity.php?catoid=0&ent_oid=601

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.
BSN Pre-requisite Summary

UNIVERSITY OF NEVADA RENO
ORVIS SCHOOL OF NURSING
BACHELOR OF SCIENCE in NURSING (BSN) CHECKLIST
PRE-NURSING & MAJOR 2013-2014 Catalog

Pre-Nursing students apply to the nursing major a semester prior to completion of the prerequisites. Applicants may have up to 13 credits remaining of which no more than 4 may be science credits. Students must have a 3.0 or better on selected courses to apply. See additional guidelines on website before applying.

<table>
<thead>
<tr>
<th>University Requirements</th>
<th>Major Requirements</th>
</tr>
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<tbody>
<tr>
<td>(CORE Curriculum)</td>
<td>(Nursing Prerequisites)</td>
</tr>
<tr>
<td>ENGL 101 3 cr</td>
<td>*CHEM 220A 3 cr</td>
</tr>
<tr>
<td>ENGL 102 3 cr</td>
<td>*CHEM 220L 1 cr</td>
</tr>
<tr>
<td>*CORE MATH (1) 3-5 cr</td>
<td>*BIOL 223 (5) 4 cr</td>
</tr>
<tr>
<td>CH 201 (2) 3 cr</td>
<td>*BIOL 224 (5) 4 cr</td>
</tr>
<tr>
<td>CH 202 3 cr</td>
<td>*BIOL 251 (5) 4 cr</td>
</tr>
<tr>
<td>CH 203 3 cr</td>
<td>*HDFS 201 3 cr</td>
</tr>
<tr>
<td>*CHEM 121A 4 cr</td>
<td>*Communication(s) 3 cr</td>
</tr>
<tr>
<td>*CHEM 121L (3)</td>
<td>*NUTR 223 (7) 3 cr</td>
</tr>
<tr>
<td>PSY/ANTH/SOC or WMST 101</td>
<td>*NURS 300 2 cr</td>
</tr>
<tr>
<td>Fine Art 3 cr</td>
<td>*BSE (8) 3 cr</td>
</tr>
<tr>
<td>Diversity 3 cr</td>
<td>Statistics (9) 3 cr</td>
</tr>
<tr>
<td>General Capstone(4)</td>
<td>33 cr</td>
</tr>
<tr>
<td>(300-400)</td>
<td></td>
</tr>
</tbody>
</table>

Credit & other Requirements (See additional guidelines on website before applying.)

128 Total Credits Required to graduate
64 Credits from 4-year School required to graduate
64 Upper-Division credits required to graduate
59 credits from NURS major courses (11)

To apply for the nursing major, one must be a current UNR student with a major of pre-nursing (PM-NU) for the semester prior to entering the major, obtain an accurate DARS report reflecting all pre-requisites with nursing admission GPA and complete the application process.

Students for whom English is not their Native language must score > 55 on the TSE or SPEAK. Scores
BSN Pre-requisite Summary - continued

BACHELOR OF SCIENCE IN NURSING (BSN) CHECKLIST

Comment details

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Nursing recommends MATH 126R. Please refer to CORE MATH in UNR catalog for details. <a href="http://www.unr.edu/catalog/">http://www.unr.edu/catalog/</a></td>
</tr>
<tr>
<td>(2)</td>
<td>English requirement must be completed before taking Core Humanities. Students who place into English 102 are not required to complete English 101.</td>
</tr>
<tr>
<td>(3)</td>
<td>CORE MATH is a prerequisite to CHEM 121A/L.</td>
</tr>
<tr>
<td>(4)</td>
<td>General Capstone is not a prerequisite; it must be completed prior to graduation. Must be 300-400 level. Second capstone is in the nursing major (10). UNR requires junior standing (&gt;60 credits) to take a capstone course.</td>
</tr>
<tr>
<td>(5)</td>
<td>BIOL 190, not required by Nursing, has a prerequisite of CHEM 121A/L. BIOL 223 has a prerequisite of BIOL 190 &amp; CHEM 121A/L. BIOL 224 has a prerequisite of BIOL 223. BIOL 251 has a pre-requisite of BIOL 190. <strong>NO online courses accepted for science requirement or equivalent.</strong></td>
</tr>
<tr>
<td>(6)</td>
<td>Approved courses: CHS 310: COM 202, 302, 312, 315, 400, 434. <strong>NO online courses accepted for communication requirement or equivalent.</strong></td>
</tr>
<tr>
<td>(7)</td>
<td>NUTR 223 has a prerequisite of CHEM 121A/L.</td>
</tr>
<tr>
<td>(8)</td>
<td>Behavioral Science Elective (BSE). See nursing advisor for suggestions; this is an elective that deals with human behavior. Suggest 300 or 400 level class.</td>
</tr>
<tr>
<td>(9)</td>
<td>Approved courses: PSY 210, or APST 207 or 270, STATS 152.</td>
</tr>
<tr>
<td>(10)</td>
<td>Major Capstone course.</td>
</tr>
<tr>
<td>(11)</td>
<td>May need 0-7 upper division credits outside of the nursing courses.</td>
</tr>
</tbody>
</table>
BSN Admission Requirements

Nursing Major Application and Admission Guidelines
OSN PROCESS AND PROCEDURE
FOR STUDENT APPLICATION & SELECTION TO THE NURSING MAJOR

All applicants must adhere to the following criteria:

1) Be officially admitted to the University of Nevada, Reno (UNR) as a declared pre-nursing major and possess a NSHE ID number. Students who are not currently active or enrolled at the University of Nevada, Reno will need to reapply. UNR application fee may apply.

2) In order for all official transcripts to be evaluated and to ensure applicants have met program prerequisites; new or transfer students must apply to the University of Nevada, Reno and have all official transcripts sent to the Office of Admissions and Records.

3) Have submitted and finalized all transfer credits which appear on the student’s unofficial transcript report in My Nevada. All pre-requisite courses and in progress courses must appear on the report. If you have taken or are taking courses from another school(s) you must have official transcripts sent to UNR admissions. This will provide documentation and list the course as in progress. Once the course is completed you will need to submit an updated official transcript with grade/credits earned. THE OSN DEPARTMENT MUST BE ABLE TO VERIFY THAT ALL PREREQUISITE COURSES ARE COMPLETED.

4) Have no more than 13 pre-requisite credits outstanding or in progress with a grade no lower than “C” during the current semester before entering the nursing major. Of the 13 credits in progress no more than 4 credits may be science credits (includes CHEM and BIOL lecture and lab courses not NUTR 223).

5) Have at least a 3.0 GPA or better on the selected pre-nursing coursework.

6) If English is not your Native language, you will need to take the TSE or SPEAK test. A score ≥ 55 must be obtained for admission to the major. Scores must be submitted with your application. Please contact the Intensive English Language Center at UNR to schedule your speak test.

7) Submit the attached application form with your current permanent address (notification of acceptance and other correspondence will be sent to this address). Please attach the completed Nursing GPA Calculator (Excel file) and a copy of your My Nevada Unofficial Transcript Report and Transfer Credit Report. Applications are not complete without calculator, academic reports, and signatures.

8) Applicants must meet with their advisor prior to submitting the application. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE STUDENT AND ADVISOR’S SIGNATURE.

9) Selection to the nursing major is accomplished by a rank order list of qualified applicants based on the pre-nursing major GPA, OSN established preferences, and the applicants individual interview (see OSN website for additional information regarding admission selection criteria).

10) Selected applicants will be notified for interviews.

11) After completion of selection to the nursing major, 64 students will be sent a letter of acceptance. All selected students must reply to this letter to secure their official enrollment in the nursing major by the designated date.

12) Letters of non-acceptance will also be sent to those who will remain on the waiting list until after the beginning of classes. No waiting list is maintained semester to semester. Students may reapply during the next application period.
Petitions
Students, after consulting with their 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, Progressions/Student Affairs Committee by petition for consideration and recommendation to the Director of the School of Nursing.
**Academic Requirements Report**

Requirements for graduation are included in the Academic Advising Report. This is available to you in My Nevada. 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 submitting a graduation application. This is available to you in My Nevada. 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
OSN Progression Policies

A. Students eligible to progress to the upper-division nursing major must meet the following requirements:

1. Submit a formal application to the School of Nursing by the date specified by the Admissions, Progression and Student Affairs (APSA) committee. No more than 13 prerequisite credits can be outstanding for the semester prior to admission. No more than one science course or 4 credits may be taken in the semester prior to admission.

2. Earn at least a 'C' grade in all prerequisite courses. The cumulative grade-point average earned in selected prerequisite courses is used to determine which students are selected to the upper-division nursing major.

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

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

5. Have junior classification at the University of Nevada, Reno by the end of the application period for admission to the nursing major is required.

6. Take all prerequisite courses for a grade, and not on a satisfactory/unsatisfactory (S/U) basis. Transfer credit and courses taken for S/U credit are evaluated on an individual basis. 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.

B. In order to progress within the nursing sequence, 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” or satisfactory in each nursing course.

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

Withdrawal

Academic Withdrawal
Students who are failing a nursing course, those who are considered clinically unsafe, or those students who have received less than 'C' as a final grade in any course in the nursing major will be expected to withdraw from the nursing major. If a student fails Level I, they must reapply to the nursing major to be considered for readmission.

Level II, III or IV students who must withdraw for academic reasons may be given the option to return to the upper-division nursing program during the following academic year. This requires approval from APSA and the OSN Director and is on a space available basis. Following withdrawal for academic reasons, students may re-enter the upper-division nursing major only one time. See process below.

If a student has been out of the program for greater than one year, if readmitted, the student must reenter the program into Level I.

Nonacademic Withdrawal
Students who withdraw from the program for 'personal reasons' are required to present 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 a 'C' in clinical and all theory courses at the time of withdrawal. The privilege to return to the program is given at the discretion of the director of the School of Nursing in consultation with the Admissions, Progressions/Student Affairs Committee.

Following withdrawal from the program for nonacademic reasons, the student's re-entry is at the discretion of the Director of the School of Nursing in consultation with the Admissions, Progressions/Student Affairs Committee. See process below.

Readmission: space available basis
Students who seek readmission to the upper-division nursing program must, at least four months prior to their return, meet the following requirements:

1. Withdraw from classes according to the following guidelines:
   a. student must withdraw from a class after earning a less than a "C" grade and other courses as specified here
b. Courses which must be taken or dropped as a unit:
   1. NURS 301R, 301LR, 317R, 318
   2. NURS 343R, 353, 346
   3. NURS 433, 434, 439
   4. NURS 453, 454

   c. Courses which may be continued: NURS 331, 332, 418R, 441R, 485

2. See their advisor at least four months prior to the appropriate academic semester to complete a withdraw & readmission petition

3. Apply directly to the APSA Committee at Orvis School of Nursing in order to be reconsidered for readmission

4. Inform the Associate Director for Undergraduate Programs of their intent to return to the upper-division program

5. Formulate and follow a plan for remediation and readiness to demonstrate competency in academic and nursing skills

6. Confirm that the problems causing their academic or nonacademic withdrawal have been resolved.

Students who withdraw and request readmission to the upper-division nursing major must:

1. Show evidence of follow-through with specified plans made upon withdrawal and intent to return

2. Understand that placement back into the nursing major depends upon space available and whether the student has met the readmission plan and has met current School of Nursing requirements for the major.

3. Final readmission petition must be approved by APSA and the OSN Director.

4. Complete the upper-division nursing major within three years of their initial admission date.

5. Under certain circumstances, APSA may require a student to be readmitted into and repeat a previously completed level.
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>Score Range</th>
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<tbody>
<tr>
<td>A</td>
<td>93 or &gt;</td>
</tr>
<tr>
<td>A-</td>
<td>90.0 - 92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87.0 - 89.9</td>
</tr>
<tr>
<td>B</td>
<td>84.0 - 86.9</td>
</tr>
<tr>
<td>B-</td>
<td>81.0 - 83.9</td>
</tr>
<tr>
<td>C+</td>
<td>78.0 - 80.9</td>
</tr>
<tr>
<td>C</td>
<td>75.0 - 77.9</td>
</tr>
<tr>
<td>C-</td>
<td>72.0 - 74.9</td>
</tr>
<tr>
<td>D+</td>
<td>69.0 - 71.9</td>
</tr>
<tr>
<td>D</td>
<td>66.0 - 68.9</td>
</tr>
<tr>
<td>D-</td>
<td>63.0 - 65.9</td>
</tr>
<tr>
<td>F</td>
<td>&lt;63</td>
</tr>
</tbody>
</table>

A grade of 75% or better is required to pass this class per policy, as in the general catalog.

Patsy L. Ruchala, DNSc, RN
Director

Approved by the OSN Faculty: December 11, 2013
Grade Appeal Policy

See UNR Website:


http://www.unr.edu/Documents/academic-central/forms/Grade_Appeal_Policy_and_Procedure_20120814.pdf
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 Dishonesty Policy**

Academic dishonesty of any kind (for example, plagiarism, cheating on exams) is incompatible with behavior inherent in becoming a professional nurse. Academic dishonest 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. You 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://catalog.unr.edu/content.php?catoid=6&navoid=1432&hl=%22academic+dishonesty%22&returnto=search).

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 2013-2014 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.
**Surreptitious Taping of Class Lectures**

In accordance with NSHE policy on surreptitious taping of class lectures; Surreptitious or covert video-taping of class or unauthorized audio recording of class is prohibited by law and by Board of Regents policy. This class may be videotaped or audio recorded **only with the written permission of the instructor**. In order to accommodate students with disabilities, some students may have been given permission to record class lectures and discussions. Therefore, students should understand that their comments during class may be recorded.
**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.
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.
Orvis School of Nursing Undergraduate 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.

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 intradermal 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

**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 unites per hour/minute
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. Clinical faculty will have final judgment on the congruence of student attire with the clinical setting. Students who do not adhere to this policy will not be allowed to participate in clinical activities.

This dress code is subject to modification and could be modified significantly depending upon the student’s clinical placement. Students must conform to the dress code of the agency.

**Standard Uniform**

The standard uniform consists of:

- Gray’s Anatomy style white top and navy blue uniform pants. 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).
- Short white uniform lab coat
- Any shirt worn under the uniform top must be white only, without decoration.
- Student’s photo identification tag (this will be supplied in Level I). The photo identification is required at every clinical facility and activity and must be readily visible at all times.

**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.

**Other required parts of the uniform**

- A watch with a second hand or display
- A penlight
- Stethoscope
- Bandage scissors
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.

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. 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.

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.

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
University of Nevada Reno
Orvis School of Nursing

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

3. Witnesses to exposure incident:
   Name: _________________________ Name: _________________________
   Address: ______________________ Address: _______________________
   Phone #: ______________________ Phone #: _______________________

4. 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.

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

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

7. 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

8. 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: __________________________

9. What type of device caused the injury?
   - Hollow Bore Needle
   - Surgical Needle
   - Lancet
   - Glass

10. Brand/Manufacturer of product (i.e. ABC Medical Company):

11. 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
   - Not applicable

   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

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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

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

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

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

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

16. 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: __________________________

17. If the exposure was the result of an equipment failure, please specify:
- Equipment type: __________________________  Manufacturer: __________________________

18. 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

19. 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
SOURCE PATIENT DATA & POST-EXPOSURE FOLLOW UP

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
   ☐ Hepatitis C
   ☐ HIV
   ☐ Respiratory tuberculosis
   ☐ Bacterial meningitis
   ☐ 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
   ☐ Injection drug use
   ☐ Elevated liver enzymes
   ☐ Hemophilia
   ☐ Sexual history
   ☐ 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
   ☐ NNRTI Class Drugs
   ☐ NtRTI Class Drugs
   ☐ Protease Inhibiting Drugs
   ☐ Fusion Inhibiting Drugs
   ☐ Not applicable
   ☐ Unknown
   ☐ Other anti-retroviral: ____________________________

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
    ☐ Baseline testing only
    ☐ HAART post-exposure prophylaxis
    ☐ Other prophylaxis: ____________________________
    ☐ Other: ____________________________
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)

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

Faculty Call National Clinician's Post-Exposure Hotline
(888) 448-4911

• National Clinician's Post-Exposure Hotline is available 24/7 and will triage the exposure.
• HIGH RISK EXPOSURE (Hotline 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 a high risk BBP exposure
  • DO NOT send a student with a high risk exposure to student health
• LOW RISK EXPOSURE (Hotline indicates that PEP is not indicated)
  • Send student to UNR Student Health for baseline testing and follow up. Student Health is open Monday - Thursday: 8A - 6P & Friday 8A - 5P
  • If student health is closed, send student to ER covered by their medical insurance

Immediate Information Needed Before Calling Hotline

• Date & Time of Exposure
• Details of Incident
  a. 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

2. 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

Report & Document

• Report ASAP to facility leadership to assist with facility-based reporting/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. Ruchala (775/682-7140) and/or Mary Ann Lambert (775/682-7150) ASAP
• Complete OSN BBP/TB Exposure form and submit to Dr. Ruchala within 24 hours

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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>Basic Regime</th>
<th>Expanded 3 Drug Regimen</th>
<th>Other Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Severe</td>
<td>HIV+ - Class 1 (Asymptomatic HIV/known low viral load [&lt; 1,500 RNA copies/mL])</td>
<td>Recommend basic 2 drug regimen</td>
<td>Recommend expanded 3 drug regimen</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP for source with HIV risk factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Truvada¹: One tablet daily for 28 days (Tenofovir 300 mg + lamivudine 300 mg)</td>
<td>- Basic Regime PLUS</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP in settings where exposure to HIV-infected persons is likely (i.e. healthcare settings)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR - Comvir²: One tablet daily for 28 days (Zidovudine 300 mg + lamivudine 150 mg)</td>
<td>- Raltegravir³: 400 mg BID</td>
<td>No PEP indicated</td>
</tr>
<tr>
<td>More Severe</td>
<td>HIV+ - Class 2 (Symptomatic HIV infection/AIDS, acute seroconversion, or known high viral load)</td>
<td>Recommend expanded 3 drug regimen</td>
<td>Recommend expanded 3 drug regimen</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP for source with HIV risk factors</td>
</tr>
<tr>
<td></td>
<td>Unknown Source Status Source patient refuses testing or is unavailable</td>
<td>- Basic Regime PLUS</td>
<td>- Basic Regime PLUS</td>
<td>Generally, no PEP warranted; consider basic 2-drug PEP in settings where exposure to HIV-infected persons is likely (i.e. healthcare settings)</td>
</tr>
<tr>
<td></td>
<td>Unknown Source</td>
<td>OR - Kaletra⁴: 1 tablet BID</td>
<td>OR - Kaletra⁴: 1 tablet BID</td>
<td>No PEP indicated</td>
</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

Revised 12/2013 KDB/JLE
OSN Health Policies

Impaired Nursing Student – Policy Currently Under Revision
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 in to 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 traveling in their own vehicle will maintain the vehicle in good repair and assure that their gas tank is at least one-half full.
10. At no time will students use their own vehicle to transport clients or client family members/friends. Similarly, students will not ride in a client’s vehicle.
11. 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.

12. 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.
**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 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.
National Student Nurses’ Association, Inc.
Code of Academic and Clinical Conduct

PREAMBLE

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments. The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A CODE FOR NURSING STUDENTS

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adopted by the NSNA House of Delegates, Nashville, TN, on April 6, 2001

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