It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.
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June 16, 2010

Dear Nursing Assistant Student:

On behalf of the college administration, nursing faculty and staff, I would like to welcome you to the Nursing Assistant/Home Health (NA/HHA) Program. We congratulate you for selecting Shelton State Community College (SSCC) for your nursing preparation and we accept the commitment to provide you with a quality educational program.

We will make available to you the faculty and support services necessary for your success. You however, must assume the responsibility for taking advantage of all learning opportunities provided. We urge you to seek advice and utilize the services not only of the NA/HHA program but of the entire college system. The NA/Home Health Student Handbook provides you with accessible information to help you assume responsibility for your educational program.

Best wishes to you for success in your endeavors toward becoming a certified nursing assistant/home health aide. Together, we can look forward to a future that is bright and prosperous.

With warmest regards,

Kim I. Smith, MSN, RN
Director of Nursing Programs
Shelton State Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Associate in Arts, Associate in Science, and the Associate in Applied Sciences Degrees.

Alabama State Board of Education

A member of The American Association of Community and Junior Colleges and the Alabama College Association

The Nursing Assistant Program is approved by the Alabama Department of Public Health
The RSA Tower, Suite 600
201 Monroe Street
Montgomery, AL 36104

Disclaimer Clause: The Nursing Program at Shelton State Community College reserves the right to make changes in the policies and procedures in this handbook. If changes are made, the student will be given notice of those changes in writing.
The Nursing Assistant/Home Health (NA/HHA) Program is a certificate program that consists of one semester of classroom, skills lab, and clinical experiences. After completing this semester, students may write the National Nurse Aide Certification Exam (NNAAP) administered by Pearson VUE. Successful completion of the courses will also qualify the students for employment as a Home Health Aide.

The Shelton State Community College Nursing Assistant Program operates within the policies of Shelton State Community College. All policies and services common to students enrolled in the College are in effect for nursing assistant students as well. College policies and services are published in the SSCC Catalog to which students have access.

The purpose of this Handbook is to provide additional information regarding specific policies unique to the NA/Home Health Aide program and to the performance of responsibilities as a nursing assistant student. The NA/HH Aide Handbook has been prepared by the NA faculty, staff, and students and is reviewed and updated every 2 years. It is designed to:

1. Assist the faculty in decision-making and giving consistent, equitable advisement to students.
2. Serve the student as a supplement to orientation, course packet guidelines, instructor advising, and as a resource for general information.

Students are required to obtain a copy of this Handbook on admission to the program. Students are responsible for knowing and abiding by the information presented in the NA Handbook as well as the SSCC Catalog. Changes in any policy will be communicated.

NON-DISCRIMINATION STATEMENT
It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment. The NA faculty accepts this policy as their own, will consider for admission all qualified applicants without discrimination, and will provide equal educational opportunity to all students accepted into the program (see non-discrimination statement in the SSCC Catalog).
NURSING ASSISTANT / HOME HEALTH AIDE PROGRAM

STATEMENT OF PHILOSOPHY

The philosophy of the Nursing Assistant/Home Health Aide (NA/HHA) Program is reflective of and consistent with the purpose and objectives of Shelton State Community College as recorded in the SSCC Catalog. In addition, the NA/HHA faculty endorses the following beliefs:

* The individual is a unique being of inherent worth and dignity who is in constant interaction with the internal and external environment while seeking to meet basic needs in culturally acceptable ways.
* Adult learners must take responsibility for their own learning with the instructor functioning as a facilitator of learning. Furthermore, we believe that learning has occurred when a change in behavior is demonstrated.
* The Nursing Assistant is a vital member of the health care team who provides hands-on patient care. The NA/HHA can best be prepared through a sound educational program that provides the knowledge and skills needed for entry level practice.
* The practice of the NA/HHA progresses from the simple to the complex; therefore nursing education should take place in postsecondary institutions and build on a foundation of basic education.

PROGRAM OBJECTIVES

Based on the above philosophy, the curriculum has been designed to provide learning experiences that will enable the NA/HHA student to:

1. Demonstrate sufficient knowledge and understanding of the basic concepts of wellness and health care necessary to obtain and maintain personal and family wellness.
2. Utilize effective communication skills to establish and maintain positive interpersonal relationships with patients, families, and members of the health care team.
3. Identify basic physical and emotional needs of culturally diverse patients.
4. Perform therapeutic and preventive nursing procedures with concern for the safety of both the patient and the Nursing Assistant/Home Health Aide.
5. Explain the role of the Nursing Assistant/Home Health Aide as a contributing member of the health care team.
6. Recognize that because the Nursing Assistant/Home Health Aide so often functions as the most personal health care provider, he/she must have the ability to provide care that manifests empathy and compassion.
7. Assume responsibility for ongoing personal and practice-related growth.

I. ADMISSION POLICIES AND PROCEDURES

Students are admitted to the NA/HHA Program every semester. The space available at clinical sites and student-teacher ratios may impact decisions relating to enrollment.

ENROLLMENT REQUIREMENTS

Shelton State Community College has an open door admission policy. Students seeking admission to the NA/HHA Program must meet the following requirements:

1. Completed application for admission to Shelton State Community College.
2. Complete application for the NA/HHA Program.
3. A copy of official high school transcript (send transcript to Office of Admission, 9500 Old Greensboro Rd., Tuscaloosa, AL 35405) or GED.
4. A cumulative score of 2.0 on 4.0 scale on previous college work (if applicable).
5. Eligibility to enroll in COM 100 and MTH 101 or higher as measured by COMPASS Testing. Placement testing can be scheduled through the counseling office (391-2232).

### NURSING ASSISTANT/HOME HEALTH AIDE CURRICULUM

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credit</th>
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<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Contact Hours</th>
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<td>5</td>
<td>6</td>
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<tr>
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<tr>
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<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>*COM 100 Introductory Technical English or higher</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
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<tr>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>Total Hours</strong></td>
<td><strong>16</strong></td>
<td><strong>10</strong></td>
<td><strong>8</strong></td>
<td><strong>9</strong></td>
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### REGISTRATION

Students are expected to participate in regular or pre-registration as directed. Tuition and fees must be paid as set by the college. There is no late registration for nursing courses or clinical courses.

### AUDITING A COURSE

Students who wish to attend credit courses as auditors must follow standard admission procedures. They must be registered for the courses, must pay all required fees, are expected to attend all class meetings and must conform to all requirements of the instructor of the course.

### FINANCIAL AID

Financial assistance is available to students in need of help in order to pay the cost of their education. Students should consult the Shelton State Community College Catalog for specific information, the Office of Financial Aid, and the Shelton State Foundation Office. Shelton State is approved for Federal Financial Aid, Veteran Benefits, Vocational Rehabilitation Training, Alabama Pre-paid Affordable College Tuition (PACT), Institutional Scholarships and Private Scholarship Programs.
WITHDRAWAL POLICY

A student who wishes to withdraw from a course(s) must officially withdraw on or before the date designated as the last day to withdraw for the semester. The last day to withdraw will be the Monday of the last full week of classes prior to the beginning of final exams. This date will be published each semester in the Schedule of Classes. There will be no withdrawals after this date. The student will receive a grade of "W" regardless of the student’s average at the time of the withdrawal; the grade of W will be recorded on the student’s permanent record. Students who remain in the course after the last day to withdraw will receive the grade earned for the course. Withdrawal forms must be on file in the Office of Admissions and Records before the close of business on the day designated as the last day to withdraw.

STUDENTS WITHDRAWING FROM COURSES SHOULD DO THE FOLLOWING:

1. Access the online student portal via www.sheltonstate.edu.
2. Complete the drop/add process within the Office of Admission and Records on the Martin Camus.
3. Complete an NA withdrawal form in the NA Department.
4. Schedule an exit interview with the Director of Nursing Programs.
5. NA students may withdraw during the program but no assurance is guaranteed for re-admittance.

*Leaving the College or program without filing formal withdrawal notices will result in a failing grade in all courses in which the student is enrolled.

II. HEALTH RELATED MATTERS

HEALTH POLICIES

STUDENT HEALTH EXAMINATION

Students accepted into the Nursing Assistant/Home Health Aide Program are required to submit the following health status documentation:

1. Health form completed by a licensed physician or practitioner to include the status of any current mental or physical health problems and clearance for the student to enter the nursing program (see Appendix A).
2. Initial negative 2-step TB Skin Test or negative Chest x-ray.
3. Vaccinations: MMR (German Measles, Mumps, Rubella) if born in or after 1957 or evidence of immunity.
4. The nursing faculty reserves the right to require a currently enrolled student who has an identified physical condition (i.e. surgery, pregnancy or childbirth, accident related injuries or other health problems) to have a written statement by a licensed physician releasing the student to return to full classroom and clinical activities.
5. A drug screen is required on all nursing students prior to the first clinical day (Refer to complete policy in Appendix D).
6. A background check is required on all nursing students. (Refer to Appendix E).

Note: The Centers for Disease Control recommends that students in health professions be vaccinated with the Hepatitis-B vaccine. As a nursing student, it is important that you be aware of the risks involved in exposure to Hepatitis-B and the benefits of Hepatitis-B vaccination (see appendix C for further information). The nursing programs recommend that the student complete the Hepatitis series, but it is not required.

INSURANCE

Liability insurance is required prior to entering the clinical area. Students will purchase the policies upon admission to the NA Program. Liability and Accident insurance is provided to the student through the College and is assessed to the NAS 120 course. Students are encouraged to carry personal medical insurance while enrolled in the program.
CPR CERTIFICATION

All health care agencies require that students show evidence of current certification in Cardiopulmonary Resuscitation (CPR) for health care providers. Students will receive instruction during the semester. The cost for the CPR card will be given at time of training, payable to the instructor. Students are required to show evidence of current CPR certification to the instructors or nursing office two weeks prior to the first day of clinical rotation. Students who are not certified will not be allowed to participate in the clinical lab and will be considered to have an unexcused absence.

HIV REPORTING POLICY

Students are informed of Public Law #102-141, Section 633 and "The Alabama Infected Health Care Worker Management Act" during orientation to the program. This law requires that HIV and HBV infected health care workers report to the State Health Officer his/her condition within 30 days of the time he/she is aware of his/her infection. The infected health care worker must realize that any physician providing care to any infected health care worker must notify the State Health Officer of the infected status within seven days of the time he/she is diagnosed. All students must comply with this law.

ESSENTIAL FUNCTIONS POLICY - SEE APPENDIX B

Students and their health care provider are required to review and sign the Essential Function Form at the beginning of the program of study. If these skills and behaviors cannot be achieved by the student, with or without reasonable accommodations, the faculty reserves the right to decline admission or withdraw the student from clinical courses. Questions concerning faculty decisions are referred to the Office of Disability Services.

DISABILITY DOCUMENTATION

The Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 state that qualified students with disabilities who meet the technical and academic standards at Alabama College System institutions are entitled to reasonable accommodations. Under these laws a disability is defined as any physical or mental impairment which substantially limits a major life activity, a history of such an impairment, or the perception of such an impairment. Alabama College System institutions do NOT provide disability documentation for students. It is the student’s responsibility to provide appropriate documentation to the college office responsible for handling the request and to request accommodations. Students must acquire further documentation criteria from the Office of Disability Services. Disability accommodations must be properly documented prior to the start of courses in the nursing programs. No accommodations will be made for students without notification from the Office of Disability Services.

III. STUDENT CONDUCT

CLASS ATTENDANCE

Policies on attendance are published in the SSCC Catalog, Standard College Policies Sheet, and are included in each course overview. They are reviewed by the instructor the first class day of each semester. Punctual and regular attendance is expected for all classes and laboratories. If sign in sheets are used, students will sign only their own names to the attendance record.

- Students are expected to attend all classes for which they are registered, to be prompt and to remain in class / lab for the entire time. Attendance will be recorded at every class / lab meeting. Students who are unable to attend class regularly, regardless of the reason or circumstance, should withdraw from the class. Withdrawal from class can affect eligibility for federal financial aid. In addition to the SSCC policy, nursing program attendance is as follows: A student is considered excessively absent after missing more than 2 weeks of classes, or 10% of laboratory / clinical unless all absences are accompanied by extenuating circumstances and proper documentation provided within one week of returning to class in order for an absence to be excused.
- Make up work, test(s), or assignments given for excused absences, as allowed by the Standard College Policies, shall be left solely to the discretion of the instructor.
- Students will be considered tardy on arrival to the class after the official class starting time. After the first late arrival, each subsequent late arrival will be counted as one-half (½) class absence.

CLASSROOM BEHAVIOR

Students are expected to be alert, attentive, and courteous to others while in class, show a willingness to respond to questions and participate in class discussions, and have a lively interest in the subject matter, as evidenced in alertness and attentiveness during classroom activities.

The College and the nursing programs have “zero tolerance” for disruptive class behavior. Since enrollment in College is by choice, students who fail to demonstrate common courtesy and cooperation in the classroom are choosing, by their behavior to cancel their enrollment. The Dean of Students will be notified of all such violations and appropriate steps taken.

CLASSROOM RESTRICTIONS

Food and drink are not permitted in the classroom. Special health problems will be considered on an individual basis. Visitors (including children) are not allowed in the classroom. Cell phones will not be used during class, lab or clinical. All phones, beepers or other electronic devices must be turned off while in class or lab.

CLINICAL/LAB ATTENDANCE

Students must notify the clinical instructor at least a week prior to intended absences (e.g. legal obligations, elective surgery, etc.); at the time a written explanation and date of intended absence will be submitted. In the event of unforeseen extenuating circumstances on the day of a clinical, the unit and assigned clinical instructor must be notified at least 30 minutes before time to report for assignment.

ABSENCES DUE TO EXTENUATING CIRCUMSTANCES

In the event of extenuating circumstances, the equivalent of two (2) weeks of class hours and ten percent (10%) of skill lab hours or clinical hours for each course will be recognized as legitimate absences. Absences in excess of these parameters are considered unexcused absences and may contribute to the student’s inability to achieve the objectives required to pass the course. Extenuating circumstances include sickness, death in immediate family or certain legal obligations. Work related, child care, and travel circumstances will not excuse an absence. Students must verify the extenuating circumstances by proper documentation and be responsible for their own attendance record. The student must submit appropriate documentation of extenuating circumstance to the instructor within one (1) week of returning to class in order for an absence to be excused. Missed material will not be re-taught by the instructor. Instructors are not required to notify students in danger of excessive absences or if the student has exceeded the absence policy rules. If a student is unable to attend class regularly, the student should withdraw from the class before excessive absences contribute to the student’s inability to achieve the objectives required to pass the course.

There are no provisions to make-up clinical absences. However, when a clinical/lab assignment is missed and is within the ten percent allowed, an alternate assignment may be completed at the discretion of the instructor (check course syllabus for further information).

CLINICAL/LAB TARDINESS

Tardiness to lab/clinical is not acceptable. Tardiness is defined as any arrival after scheduled clinical/lab start time. Students who arrive within 15 minutes after the assigned clinical time will be counted absent for ½ day. Students who arrive later than
15 minutes after scheduled clinical start time will be dismissed and counted absent unless the clinical instructor has been previously notified and has approved the late arrival.

*Any time accumulated as a result of the preceding protocol will be counted towards the 10% allotted for absences.

**TRAVEL EXPENSES CLINICAL/LAB**

Students are responsible for their transportation to clinical agencies. The amount of travel varies with each clinical course. Students are encouraged to form car pools when possible. Due to insurance restrictions, students are not to transport patients in their cars. Students will park in designated areas specified by the clinical agency.

**SKILLS LAB POLICIES**

The Nursing Skills Lab is an opportunity for students to practice the nursing skills they will need to succeed in the NA Program. Students should take advantage of the opportunity to practice procedures several times. Students are responsible for knowing and adhering to the following skills lab policies and procedures:

1. Students are required to attend all skills lab classes. More than one skills class absence is considered excessive absences.
2. Although Skills Lab sessions are casual and informal, dress must be appropriate. Wear comfortable shoes. Do not wear skin-tight clothes, shorts or short style clothing or off-the-shoulder styles.
3. All Skills Lab equipment and supplies should remain in the designated area at all times when not in use.
4. Removal of any equipment or supplies from the Skills Lab requires the permission of an instructor or Skills Lab Assistant and the completion of an inventory check out form.
5. All equipment checked out must be returned within 24 hours and must be signed in by the instructor or lab assistant.
6. The depletion of, or need for, supplies should be reported to the instructor or Skills Lab Assistant.
7. Students should ask for assistance if unsure of equipment usage.
8. Students will have access and/or be provided with supplies needed to become skilled in their assigned nursing procedures. Students are responsible for following the protocols of the care of supplies and equipment used in the skills lab.
9. Students will be provided theory, principles and demonstration of medial asepsis, use of equipment and correct techniques to perform procedures. Students are expected to perform an accurate return demonstration that is satisfactory according to established criteria.
10. When skills lab is not in use, students may request permission and schedule time to use the Skills Lab for additional practice. Check with instructor or lab assistant for practice times each month.
11. Following use of the Skills Lab, students are required to leave the area clean, neat, and in order.
12. All parenteral and/or invasive procedures performed in the Skills Lab are demonstrated on mannequins **ONLY**.
13. Students are not to lie or sit on the beds, counter tops or behind the nurses’ station.
14. No finger sticks by faculty or students are to be done in the Skills Lab.
15. Needles and syringes will be disposed of in the sharps disposal container. Should the student receive a needle stick injury during the Skills Lab experience, the instructor will be notified (even though the likelihood of the presence of blood borne pathogens is minimal). An exposure report will be written and submitted to the Director of Nursing Programs.
16. **NO EATING OR DRINKING** allowed in the campus Skills Lab.
17. The Skills Lab is to be utilized by students in the nursing programs only (no visitors are permitted).
18. Gloves are not to be exchanged.
19. Stethoscope & ear pieces should be cleaned before and after each use.
20. Thermometer sheaths should be disposed of properly. Needles and syringes should be disposed properly. Faculty or the Nursing Skills Lab Assistant will orient students on proper disposal.
21. Students are to place books or items not needed for practice in the cubicles at the front of the Lab.
22. Students are not permitted in the Lab without an instructor.
23. Students are not authorized to use the phone in the Lab.
24. The Skills Lab shall be locked at all times. Full time faculty and Skills Lab Assistant are authorized to have keys.

NOTE: Cell phones and electronic devices MUST be turned off during lab classes.

UNIFORM POLICY

The uniform provides identification of the SSCC nursing assistant student in the clinical agency. Students should be constantly aware that they represent nursing and the College to the public when dressed in the uniform. They, therefore, are charged with portraying a positive image of nursing. Clinical/lab attire will be addressed in each clinical course.

Each student is required to have the school’s designated uniform the first clinical day. The uniform must be neat, clean, well-pressed and well fitted. Uniform must meet the guidelines developed by the Nursing Program faculty and students. Students will not be allowed to deliver patient care if the uniform guidelines are not met. Maternity uniforms must be approved by the Director of Nursing Programs or NA faculty. The school uniform is secured during the first few weeks of class.

Hair Nails and Miscellaneous:

1. Hair must be natural in color. Hair that is shoulder length or longer must be pulled back and pinned up away from the face and off the collar. Large, brightly colored or ornate bows, ribbons or clips are not to be worn.
2. Men must be clean shaven or have neatly trimmed beards or moustache.
3. Nails must be short, clean and neatly filed. Acrylic nails are prohibited.
4. A wedding band and one pair of small hoops or stud earrings of gold, silver or pearl (no larger than ½ inch in diameter) may be worn in the ear(s) only. Other body piercing ornaments are prohibited.
5. Tattoos are not to be visible while in the clinical/laboratory areas.
6. A watch with a second hand may be worn when providing the client with care. NO other jewelry or ornament may be worn on the body.
7. Because some persons are adversely affected by odors, cologne and perfume should not be worn to administering nursing care.
8. Chewing gum is not to be used in any clinical laboratory experience.
9. Students must practice good dental hygiene; teeth must be clean and in good repair. Any missing teeth will require a written treatment explanation from a dentist.
10. Undergarments of clean, white, fitted short or long-sleeve t-shirts may be worn under the uniform top. The t-shirt should only be visible at the neck and the sleeve for the long-sleeved t-shirt.

UNIFORM

1. Full uniform should be worn each clinical day, even when changing to specialty area scrub clothes. A lab coat should also be available.

<table>
<thead>
<tr>
<th>Male and Female Nursing Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated, monogrammed, green uniform top</td>
</tr>
<tr>
<td>Designated, monogrammed, green uniform pants</td>
</tr>
<tr>
<td>Designated, monogrammed, white uniform lab coat</td>
</tr>
<tr>
<td>White socks and white undergarments</td>
</tr>
<tr>
<td>White leather shoes</td>
</tr>
<tr>
<td>ID Badge</td>
</tr>
</tbody>
</table>
2. Students may wear the designated, monogrammed, uniform laboratory coat during the following clinical laboratory experiences:
   a. When the policy of the clinical agency does not specify a particular uniform.
   b. Those clinical laboratory experiences in which the nursing instructor and the health agency agree full uniform is not necessary.
3. Uniforms must be clean, neat, pressed, and reasonably well fitted.
4. White nursing shoes or all white leather sport shoes may be worn for clinical experiences. Shoes must be clean, in good repair, polished and worn only for clinical experiences. Sandals, open-toed, and canvas shoes are not acceptable.

GENERAL POLICIES FOR CLINICAL/LAB

1. The clinical instructor will arrange orientation to the clinical Agencies prior to having students provide patient care. The Orientation will include but not be limited to:
   A. Fire and disaster policies and procedures.
   B. Infection Control policies and procedures.
   C. Policies and procedures related to compliance with OSHA Regulation on blood borne pathogens.
2. Students will make their assigned patient(s) aware of their student status.
3. Complete uniforms will be worn to each clinical lab assignment.
4. Students will follow the policies and procedures of the clinical Agency to which they are assigned. A policy and procedure Manual is available on every unit and the school library.
5. Students will do only those procedures in which they have had classroom instruction, practice in Skills Lab and subsequently checked-off by the clinical instructor.
6. Students will not take physicians verbal orders. They will explain their student status and locate a qualified person to take the order.
7. Students will have nursing documentations approved and verified by the clinical instructor. Students are required to provide team leader with a complete verbal report of patient’s condition before leaving or terminating.
8. Any assistance with patient admission and/or discharge procedure completed by a student must be reviewed and cosigned by the staff RN/team leader responsible for the patient.
9. Students will handle specimens of blood or other potentially infectious material, and decontaminate and/or dispose of contaminated material according to the policies of the clinical agency to which they are assigned.
10. Eating or socializing is prohibited at the nurse’s station or in the hallways. A 15 minute break is allowed and should be taken in the designated break area.
11. Students will remain on the assigned unit unless authorized by the clinical instructor or staff RN to leave.
12. Breaks are limited to 15 minutes and 30 minute for lunch. Students will report to the clinical instructor or staff RN/team leader when leaving and returning.
13. Students will report the status of their patient(s) to the staff RN/team leader responsible for the care of the patient if absent for an extended period, including meal times.
14. Smoking regulations will be complied with according to the policy of the respective clinical agency.
15. Students are not to use clinical unit telephones for personal calls. In case of emergency permission may be granted to use the clinical agency's phone. Personal beepers, cell phones, and electronic devices are prohibited in clinical or laboratory, but may be used during breaks or lunch periods.
16. Each student should give their family a copy of their clinical and class schedule to include instructors name, course number and room number at the college and name of assigned clinical unit. If the family needs to contact the student the family should call the instructor and the instructor will notify the student.
17. Students will not divulge information about patients’ conditions over the telephone.
18. Confidentially of patient information must be maintained. No information via verbal or electronic means is to leave the patient care area according to HIPPA guidelines.
19. A student will notify the clinical instructor when she suspects she is pregnant. This information will assist the faculty in making assignments for the student in the clinical lab. **Pregnant students must have documentation from the physician to participate in clinical/lab classes.**

20. Students will not report to the clinical lab or remain on the clinical unit if physically or emotionally impaired.

21. Students’ communication with patients should be patient centered. No personal affairs/problems will be discussed within the patient’s hearing.

22. Students are not to give or receive gifts from patients.

23. Students will be respectful and courteous to others.

24. Upon completion of patient care assignments, students are expected to use available time productively, (e.g. spending time sitting and talking with (or listening to) the patient (s) assisting other students with nursing care, doing research about an assigned patient or topic for the clinical objective of the day.

25. Anecdotal records are used to communicate satisfactory an unsatisfactory behaviors.

**SMOKING POLICY**

SSCC smoking policy is published in the SSCC Catalog. This policy will apply when on the SSCC Campus. During clinical rotations nursing students will abide by the smoking policies of the clinical agency to which they are assigned.

**CHEMICAL ABUSE POLICY**

The Nursing Department and the College assumes that entering students are mature adults who have developed mature behavior patterns, positive attitudes, and conduct above reproach. Students are treated in accord with this belief.

The College reserves the right to dismiss any student who’s on or off campus behavior is considered undesirable or harmful to the College. The presence, sale, consumption or use, and/or being under the influence of alcoholic beverage or illegal drugs is forbidden on campus, at campus sponsored functions, or clinical laboratory experiences. Violations of the chemical abuse policy of the college will render a student subject to disciplinary action, under specific procedures, which provides for adequate notice and a fair hearing. Penalties for violation include reprimand, probation, suspension or expulsion. Referral for assistance will be made as appropriate.

**DRUG SCREEN POLICY**

Any student who enrolls in the Shelton State Community College Nursing programs and desires to participate in courses which have a clinical component is required to submit to an initial pre-clinical drug screen. The drug screen will be conducted prior to entering the nursing programs. The student must abide by the Nursing Programs Drug Screen Policy and Clinical agency policy for which the student is assigned clinical practice. This includes pre-clinical and random drug screening should the student exhibit behaviors indicative of substance abuse at any time while enrolled in the nursing program (see Appendix D).

**BACKGROUND CHECK POLICY**

All students who enroll in SSCC Nursing programs are required to submit to a background check. Students may also be required to have a background check if requested by the clinical agency for which the student is assigned for clinical/lab rotations. All students must sign a release form for permission to perform a background check as required by federal law pursuant to the fair credit reporting act. The student must abide by the nursing programs background check policy and clinical agency policy for which the student is assigned clinical practice (see Appendix E background check policy). Every effort will be made to provide students with the required clinical experiences to meet program objectives. Any student denied access by a clinical affiliate will be subject to dismissal from the program. The student must abide by the nursing programs background check policy and clinical agency policy for which the student is assigned clinical practice (See Appendix E2).
HARASSMENT POLICY

The harassment policy is published in the SSCC Catalog. Complaints of harassment by a student in the clinical agency should be reported to the clinical instructor. Clinical instructors will complete written documentation of the incident and submit it to the Director of the Nursing Program, Assistant Dean of Health Services, and the Dean of Student Services.

TELEPHONE AND VISITORS POLICY

The use of campus telephones and relay of messages is published in the SSCC CATALOG. Students may receive only emergency phone calls. The caller must give the nursing clerk their name and the nature of the call. Phones are located on the College campus and assigned clinical facilities for students use. Students are not allowed to use the College business telephones for personal calls. Cell phones are not be used during class, lab or clinical. All phones and beepers must be turned off while in class, lab or clinical. Students may use cell phones during breaks, or after class/labs/clinicals. Visitors are not permitted to attend classes. At no time are children permitted to attend classes.

IV. STUDENT MISCONDUCT

All SSCC students are expected to be honorable and to observe higher standards of conduct than the minimum required to avoid discipline (see Student Conduct and Academic Misconduct policies in the SSCC Catalog). Misconduct includes, but is not necessarily limited to, the following:

ACADEMIC MISCONDUCT

1. Cheating - Using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
2. Aiding and Abetting Academic Dishonesty - Intentionally or knowingly helping or attempting to help another student commit an act of academic dishonesty.
3. Plagiarizing - Representing the works, ideas, or data of another as one’s own in any academic exercise.
4. Fabrication - unauthorized falsification or invention of any information or citation in an academic exercise.

CLINICAL MISCONDUCT

The faculty of the NA/HHA Program recognizes its responsibility to the nursing profession and to the consumer of health care. Therefore, any act by a nursing assistant student considered to be unprofessional behavior shall be defined as clinical misconduct and shall be deemed cause for disciplinary action. The NA/HHA faculty reserves the right to recommend to the Dean of Instruction that a student be terminated from the nursing assistant program or not allowed to progress in the nursing course for any of the reasons stated below. Behaviors considered as clinical misconduct include, but not limited to:

1. Failing to keep confidentiality - Discussing clinical situations inside or outside of health agencies with unauthorized persons.
2. Failing to abide by clinical agency’s and NA/HHA policies and procedures including dress code and professional conduct.
3. Failing to practice safe nursing care.
4. Failure to document valid clinical information on a patient or falsifying records.
5. Reporting to clinical or remaining on the clinical unit when physically or mentally incapacitated (e.g. chemical/alcohol usage, etc.)
6. Failure to report to appropriate personnel any pertinent changes in a patient's condition.
7. Failure to function according to the level of competence outlined in the course objectives.
8. Insubordination.
Violations and/or infractions of any of the above will render a student subject to disciplinary action and could result in permanent dismissal from the Nursing Assistant / Home Health Aide Program. Students should be familiar with other disciplinary procedures as described in the SSCC Catalog.

**CLINICAL MISCONDUCT PROCEDURE**

1. The clinical faculty member observes the behavior or verifies the report of another who was actually present.
2. The faculty member seeks consultation with the Director of Nursing Programs, describes the situation in writing and gives a copy to the Director, the student, the Assistant Dean of Health Services and Instructional Dean.
3. At the discretion of the Director, the Clinical Misconduct Committee will convene. This committee serves as an action body to help determine if grounds exist for disciplinary in determining the decisions regarding the misconduct behavior. Penalties may range from reprimand to expulsion depending on the severity and consequences of the student's action. The Instructional Dean informs the student in writing of the decisions.
4. A student whose conduct is judged to be clinical unsafe will be dismissed at any time from the clinical unit. Unsafe clinical performance is defined as that behavior that is actually or potentially injurious to patients, staff or the reputation of the Clinical Agency.

**PROCEDURE FOR DISMISSAL:**

a. The clinical faculty member observes the behavior or verifies the report of another who was actually present.
b. The faculty member determines that the behavior was unsafe or injurious. The judgment is based on the professional knowledge of the faculty and does not require further confirmation.
c. The faculty member informs the student dismisses the student from the clinical area.
d. The faculty member then follows the procedure as listed under clinical Misconduct Guidelines.

The student has the right to grievance/appeal of all penalties imposed for clinical misconduct and is assured a fair and impartial hearing and due process. Grievance/Appeal procedures are published in the SSCC catalog.

**NOTE:** The Clinical Agency may request SSCC withdraw any student who they feel could have a detrimental effect on their nursing staff or patients.

**V. ACADEMIC INFORMATION**

**STUDENT ADVISOR**

The instructor(s) of the Nursing Assistant/Home Health Aide Program will function as the advisor for all NA students. She may choose to refer students to SSCC Nursing Director, Assistant Dean of Health Services, or counselors when appropriate.

**GRADING POLICY:**

The Nursing Program records student achievement by means of a letter grade system. To facilitate the completion of grade averages, a grade point value is placed on the grades. The following table gives the letters used, the meaning and the corresponding grade-point values. See the individual course syllabus for further specific grading information.
A. **Clinical laboratory performance:** Unless denoted otherwise in the course overview, clinical laboratory performance is graded as Satisfactory or Unsatisfactory – The Clinical/laboratory grade earned must be “Satisfactory” to receive a passing grade in the course. **A student who fails to satisfactorily meet the criteria for clinical/lab component of a nursing course will receive an “F” for that course regardless of the grade in the theory component.**

B. **Theory:** No rounding of test scores will be done. (Ex. 78.6 is 78.6). Only the final grade is rounded: 0.5 or higher will is raised to the next whole number.

**Grade Scale for Nursing Courses**

A = 90 – 100 = Excellent  
B = 80 – 89 = Good  
C = 75 – 79 = Average  
D = 60 – 74 = Poor= Failing in Nursing Programs  
F = 59 and below = Failure  

**Grades that do not affect GPA**

W = Withdraw  
AU = Audit  
S = Satisfactory  
U = Unsatisfactory  
I = Incomplete

The grade point average (GPA) is determined by multiplying the number of grade points for each grade received by the number of semester hours for the course; then the total number of grade points is divided by the total number of semester hours attempted. A grade of Incomplete (I) indicates that the student, for reasons satisfactory to the instructor, has been unable to complete the requirements of the course by the end of the semester. For credit in the course, the work must be completed within the following semester, otherwise the grade (I) is automatically calculated as a failure. At the close of each semester final course grades are submitted to the Admission’s Office by the course instructor. Final Course Grades can be viewed via the internet by going to the Shelton State web page (www.sheltonstate.edu) and clicking on semester grades, then clicking on view grades and following instructions on that page. Grades on exams are given within one week of exam. Grades are not posted, given by telephone, or e-mail.

A grade of “C” or above **(75% or above)** must be maintained in each nursing assistant course to complete the program. Courses which have a theory and laboratory component, a student must pass both components with a 75% or above in order to pass the course. If a course is failed, it may be repeated **ONE time only**. If a passing grade of 75% or above is not attained upon the second attempt, the student will be suspended from the NA Program.

**CLINICAL/LABORATORY PERFORMANCE:**

Unless denoted otherwise in the course overview clinical laboratory performance is assigned as follows: Satisfactory/Unsatisfactory- clinical performance must be satisfactory to receive a passing grade in the course. A student who fails to satisfactorily meet the criteria for clinical/lab component of nursing course will receive an “F” for the course regardless of the grade in the theory component.

**Examination Policy:**

To insure equal opportunity and prevent distractions during examination writing the following policies will apply.

1. Instructors reserve the right to control seating arrangements, departures from the room and communication exchanges between students.

2. Books, notebooks, etc. and personal property will be placed in a designated area as directed by the instructor before writing an examination.
3. Examination booklets answer sheets and scrap paper if used will be submitted to the instructor upon or after completion of the exam.
4. Students are not to write in the exam booklet unless instructed to do so by the instructor.
5. Students are to check their answer sheets very closely before submitting to the instructor on exam day. Should the student erase an answer, they are instructed to erase carefully and completely, and to write the selected response letter at the end of the test item. **Erasures will only be considered if the student follows these guidelines.**
6. Students may not leave during the exam testing period without prior permission from the instructor.
7. Caps and sunglasses are prohibited during exam testing period.
8. Cell phones of any type are prohibited during exam testing period.
9. Other electronic devices are prohibited unless permission is given by the instructor.

**Note:** Academic Dishonesty will not be tolerated. If examination monitors suspect an incident of cheating the student will be referred to Dean of Instructional Services. Penalties for Academic Misconduct can range from a reprimand to suspension from the college. Students who have an excused absence from an exam will be given an opportunity to write the exam during the week of finals. See examination attendance for further information.

**Examination Reviews:**

The purpose of the exam review is to enhance the student’s learning process in developing increased knowledge and comprehension of tested material/subject.

The Nursing Faculty has approved the following exam review guidelines:

1. Exam reviews may or may not be conducted. If a review of an exam is conducted, the manner in which it is carried out is at the discretion of the instructor (s) teaching the course.
2. Students who have not taken the exam are not allowed to attend the exam review.
3. Students may choose not to attend an exam review. If the student chooses not to attend, the student will forfeit any additional points or grade change after the review is completed.
4. The exam review is conducted by the course coordinator or a faculty designee. The review is usually held within two weeks after the exam. The course coordinator will set the review date and time.
5. Students participating in the exam review must abide by the following rules:
   A. No pencils or pens are allowed on desk top during the review.
   B. Exam score sheets may or may not be returned to those students who are present. Returning answer sheets is at the discretion of the instructor.
   C. Test booklets may or may not be given to students. If given to the student, there will be no writing during the review.
6. Any discrepancy in the exam grade must be discussed with the instructor at the time of the exam review.
7. If a discrepancy in scoring is found by the instructor, adjustments will be made to all affected students’ grades.
8. Any and all grade change is at the discretion of the course coordinator / instructor.
9. No changes to the exam grade will occur after the review is completed.
10. If extenuating circumstances prevent a student from attending a scheduled exam review, the student must notify the instructor before the exam review date. The student may then request an appointment to discuss his/her status consideration. There will be no makeup exam reviews.

**Note:** If a review is not held after an exam, the students’ grades will be assigned based on the score the student achieved using the standard accepted grading policies/procedures.
CLINICAL EVALUATIONS

Each student is responsible for making arrangements with the assigned course faculty member for a midterm and final evaluation conference. Other conferences may be requested at the discretion of the student or a faculty member.

VI. STUDENT SUPPORT SERVICES

COLLEGE-WIDE SUPPORT SERVICES

Students are encouraged to become familiar with the College-wide support services listed in the SSCC CATALOG. Guidance and counseling services are available to assist students in making decisions about educational, vocational, or personal problems. The Counseling Office is open from 7:30 am to 6:00 pm Monday thru Thursday and 8:00 am to 12:00 noon on Friday. Appointments may be arranged by calling the office.

The Learning Center, located in room 2456 Martin Campus, provides individual instruction and assistance with general education courses including English, math, reading and writing. In addition, computers are available for student use with word processing, statistics, spreadsheets study skills, job skills, and resume’ writing. The lab contains computers with Internet access. Students are encouraged to seek assistance at the center as needed.

The Financial Aid Program is fully applicable and assessable to NA/HHA students. Information concerning assistance programs, eligibility, and application can be obtained from the Financial Aid office. Several scholarships specific to nursing are offered through the Foundation office during the Spring semester each year.

TRAFFIC/PARKING

Students are required to purchase a SSCC hang tag for college parking. Campus traffic and parking policies are published in the SSCC Catalog. The SSCC permit also enables students to park in designated student parking areas at clinical agencies. Students are expected to abide by the parking regulations of the College and clinical agencies. After dark, students are encouraged to seek an escort to vehicles.

ID CARDS

ID card policies are published in the SSCC Catalog. Nursing photo ID badges are obtained by the nursing assistant students prior to their first clinical lab assignment. They are worn as part of the nursing uniform and are used for identification as a SSCC nursing student to the clinical agency. The cost of the nursing photo ID badge is $5.00. It must be paid to the Business office and receipt shown prior to getting ID badge made in the Learning Center.

NURSING COMPUTER LAB

The Nursing Computer Laboratory offers an opportunity for students to become familiar with the computer and to use software that will facilitate success in the nursing program. The laboratory offers practice with simulated nursing programs, word processing programs, internet use and other applications. Students in the computer lab should obey the following policies and procedures:

1. Absolutely no eating, drinking or gum allowed in the laboratory.
2. The laboratory is to be used only by authorized students under the supervision of an instructor or lab assistant or with special permission from the nursing office. No children or visitors are permitted.
3. All student who utilize the laboratory must sign in and out of the laboratory on the sign in sheet located near the front entrance.
4. Software and hardware problems should be reported immediately by using the sign in/problem sheet attached to the clipboard at the front desk. Please be specific in your reporting to assist in better problem diagnosis and therefore more timely repairs. Students under no circumstances should attempt repairs or fix the problem.

5. Students are to bring a flash drive to work on when word processing or for work to be saved. Under no circumstances should students save work on the hard drive.

6. Absolutely no software may be loaded on computers without the written permission form the Director of Nursing Programs or nursing office personnel.

7. Students may purchase a personal portable headphone set for use in the computer lab for programs which have sound. NOTE: Students may check out sets from skills lab Assistant in the skills lab.

8. Please leave the laboratory as you find it. Turn off computers, replace chairs, remove garbage if any is accumulated, and erase board.

9. Follow directions of your course instructors or as outlined in the nursing packet.

10. Refer to the nursing laboratory operating hours for each semester. The operating hours will be posted on the door of the laboratory to facilitate your learning process.

LIBRARY SERVICES

Libraries are published in the SSCC Catalog. The library has computer terminals available to access an on-line cataloging system to facilitate student library usage. All books owned by the college can be accessed by subject area, title, author, etc. Special resources for nursing students including periodicals, Cumulative Index to Nursing Allied Health Literature (CINAHL), and health related books. Practical nursing students are expected to learn how to effectively use the library.

- **Reserve/Circulation Desk**
  Materials placed on reserve by nursing instructors for student use are located at this desk. A current I.D. card or driver's license is required to check out all library materials.

- **Audiovisual (AV) Service**
  The AV service of the library houses many health-related and nursing specific learning programs. Catalog listings for holdings are available at library. Audiovisuals may be checked out for independent study. Audiovisuals may also be used by instructors for group classroom learning.

- **Other Libraries**
  Nursing students have access to the libraries at Bryce Hospital, Veterans Administration Medical Center, and Health Sciences Library a department of the University of Alabama. These libraries house periodicals, audiovisuals, books and other materials to support student learning in nursing courses. Nursing students are subject to all library rules and fines.

LOST AND FOUND

The lost and found policy is published in the SSCC Catalog. Students are encouraged to put their name and telephone number on their books, folders, carrying cases and other personal items. Students may also check the lost and found bin in the Nursing Skills Lab for misplaced or left items in the laboratory.

VII. COMMUNICATION

WRITTEN COMMUNICATION

NA faculty and clinical instructors encourage open communication with nursing students. Thus, written communication and documentation in the form of memos, letters, and anecdotal notes are utilized throughout the curriculum.
LINES OF COMMUNICATION

Students are encouraged to seek the guidance from their faculty advisor when problems arise. If problems occur which are directly related to nursing courses, resolutions should be sought through conference with the course faculty. If the problem is not resolved at that level, the subsequent steps include a conference with the Director of Nursing Programs with documentation of complaint/concern in writing, and then a conference with the Assistant Dean of Health Services (see SSCC Catalog for Grievance Policy).

BULLETIN BOARDS

Designated bulletin boards are located near the nursing classrooms. These bulletin boards are used to post general nursing program information and notices, as well as relevant information specific to nursing courses. Students are responsible for reading information and notices posted. When appropriate, students are notified by mail of forthcoming events or changes in schedule, etc. Students should verify their mailing address each time they register and at other times as changes occur. Commercial notices are not permitted.

ELECTRONIC COMMUNICATION

Nursing faculty and staff have access to electronic communication. Students may log on the SSCC Web page at www.sheltonstate.edu for information about the college. The Nursing Program Web page may be accessed from the College's Web page. Information specific to the Nursing Programs are posted. Updates are made on a regular basis. E-mail messages are not private or confidential. Students and faculty are encouraged to be selective in information sent via this method. It is the policy of the Nursing Programs that student grades are not to be emailed. Students are asked to provide nursing faculty with an e-mail address to facilitate the flow of information.

VIII. EMERGENCY INFORMATION

ACCIDENT / INJURY IN THE CLINICAL SETTING

Clinical agencies by contractual agreement will provide access to emergency care in the event of injury to a student. In the event of accident or injury the following policies and procedures must be followed:

1. A student who is injured in the clinical setting should immediately notify the clinical instructor.
2. Follow the post-exposure procedure, which has been established by the nursing programs at SSCC (see appendix F).
3. The student is required to complete a written SSCC Exposure Incident Report (see appendix G).
4. The clinical instructor should submit the report to the Director of Nursing Programs.
5. Emergency care will be handled according to the clinical agency policy.
6. A student is responsible for all expenses charged by the facility for medical care received by the student.
7. The College and the clinical facility are not responsible for any claims for expenses that result from any action of a student in the clinical setting.
8. Students in the Nursing Assistant/HHA Program are strongly urged to carry personal health insurance.
9. Students are required to carry liability insurance. Liability and Accident insurance is provided to the student through the College and is assessed to the NAS 112 course. Information can be obtained from the Nursing Office or Director of Nursing.

ACCIDENT / INJURY IN THE SKILLS LAB

In the event of accident or injury in the Skills Lab the following policies and procedures must be followed:

1. Should the student receive a needle stick injury during the Skills Lab experience, the instructor must be notified (even though the likelihood of the presence or blood borne pathogens in minimal). A student
exposure/incident report must be written and submitted to the Director of Nursing Programs and Assistant Dean of Health Services (see Appendix G).

2. Should the student experience any other accident or injury during the Skills Lab experience, the instructor must complete an exposure/incident report and submit it to the Director of Nursing Programs and Assistant Dean of Health Services.

3. The NA program will follow the general policies for accident and/or injury published in the SSCC Catalog.

4. The student may file with the accident insurance company required by the College if treatment is needed.

GENERAL EMERGENCY PROCEDURES

FIRST AID

The Nursing Assistant/Home Health Aide Program will follow the first aid procedures published in the SSCC Catalog.

SEVERE WEATHER POLICY

In the event of inclement weather on class days, students should listen to the local radio and television for information regarding cancellation of classes. In the event of inclement weather on clinical/lab days, students should listen to local news media and follow the instructions. Students who live in other counties should use judgment relative to safety. During snow or other severe weather, if closing is not announced on the local media, students should assume that the College is open and that classes will be held. Refer to SSCC Catalog for other emergency procedures and information.

CHANGE OF NAME OR ADDRESS POLICY

Students are expected to inform the Nursing Assistant Department clerk about changes of name, telephone number, or address. The student must also complete a change of name/address form in the registrar’s office.

GRADUATION / COMPLETION INFORMATION

To complete the Nursing Assistant Program, the student must have met all requirements for the program. Graduation is held at the end of the Spring Semester (May) and Fall semester (December). All students completing courses prior to these dates are eligible to participate. See graduation requirements in SSCC Catalog.

RECOGNITION OF ACHIEVEMENT

An Outstanding Nursing Assistant Student Award is presented to the nursing assistant student(s) who earns high academic and clinical achievement. This student(s) is recognized during Honors Day.

INFORMATION ABOUT CERTIFICATION

The Alabama Department of Health has contracted with Pearson Vue to develop score and report the results of the Competency exam required for certification and placement in the Alabama Nurse Aide Registry. NACES Plus Foundation, Inc. works with Pearson Vue to schedule and administer the examination. To be eligible, candidates must have completed a nurse aide training course approved by the Alabama Department of Health’s Division of Provider Services within the last twenty-four months. Individuals who demonstrate competency on the exam are placed on the Nurse Aide Registry maintained by the Alabama Department of Public Health (334) 206-5169. To maintain certification a nurse aide must work at least eight (8) hours in twenty-four (24) months. If not, the nurse aide must retain and retest.

The examination process consists of two parts, the Skills Evaluation and the Written (or Oral) Exam, which is administered on the same day. A candidate must pass both parts in order to be certified and placed on the registry. Information about the
certification exam may be obtained by contacting the nursing office or call the Alabama National Nurse Aide Assessment Program (NNAAP) at 1-877-889-0939. A candidate may also download a Candidate Handbook at www.nacesplusfoundation.com

NURSING ASSISTANT / HOME HEALTH AIDE
Faculty, Staff & Administration

Kim I. Smith, RN, MSN, Director of Nursing Programs
Phone .................................................................(205) 391-2446
E-mail: ksmith@sheltonstate.edu

Gladys Hill, Assistant Dean of Health Services
Phone .................................................................(205) 391-2457
E-mail: ghill@sheltonstate.edu

Anne Clark, Nursing Clerk II
PN & NA Programs
Phone .................................................................(205) 391-2445
E-mail: aclark@sheltonstate.edu

Nursing Office Fax number....................................................(205) 391-2448
Skills Lab Phone ....................................................(205) 391-2911
Skills Lab Fax number ....................................................(205) 391-2932
College Switchboard ....................................................(205) 759-1541
College Information Desk ....................................................(205) 391-2996
College Security ....................................................(205) 391-2377
APPENDICES
### HEALTH FORM

<table>
<thead>
<tr>
<th>1. Student Name (Last, First M)</th>
<th>2. Telephone</th>
<th>3. Social Security Number</th>
</tr>
</thead>
</table>

4. Address

<table>
<thead>
<tr>
<th>5. Date of Birth</th>
<th>6. Sex</th>
<th>7. USA Citizen: (Circle One) YES NO</th>
<th>8. Food/Drug Allergy</th>
</tr>
</thead>
</table>

9. Proof of Immunization: SIGNATURE OF PERSON VERIFYING IMMUNIZATION REQUIRED IF OTHER THAN PHYSICIAN SIGNING FORM. PLEASE FILL IN ALL BLANKS. ALL INFORMATION IS REQUIRED AND MUST BE FILLED IN COMPLETELY ON THIS HEALTH FORM. NO PRINT OUTS WILL BE ACCEPTED.

Tetanus must be within the last ten years. Date: ______________ Have you had the Chicken Pox? YES __ NO __

Varicella Vaccine Date ____________ Titer Results ____________

MMR Vaccine given prior to 1969 must be repeated. Rubella Titer of 1:8 or above is sufficient in lieu of MMR immunization date.

________________________ MMR Vaccine Date __________________ Rubella Titer Date __________________ Rubella Titer Results __________________

Two-Step TB Skin Test ____________ Test Date __________________ Results __________________

Hematocrit/Hemoglobin: __________________ Results __________________

________________________ Test Date __________________ Results __________________

Chest X-Ray Test Date & Results (Required if positive skin test)

Hepatitis B Series: 1. ____________ 2. ____________ 3. ____________ Titer: ____________

Date ____________ Date ____________ Date ____________

10. Are there any dental/medical / psychiatric conditions being presently controlled or treated? If so, please describe:

11. Is student taking any prescribed medications on a regular basis? If so, please list

12. Is this person’s mental and physical health sufficient to perform the classroom and clinical duties of a nursing student?

   NOTE: Refer to the Essential Functions listed on the back of this form when answering this section.

   YES _____ NO _____ If no, please explain (use additional sheet if needed)

13. Physician’s PRINTED Name, Address, and Phone Number

   ___________________________ ___________________________ ___________________________
   Physician’s PRINTED Name, Address, and Phone Number

Physician’s Signature ___________________________ Date ___________________________

For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Services to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: A Health Form must be completed yearly. Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.

__________________________ ___________________________
Student’s Signature Date
The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Essential Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Perception</td>
<td></td>
</tr>
<tr>
<td>Visual</td>
<td>• Observe and discern subtle changes in physical conditions and the environment</td>
</tr>
<tr>
<td></td>
<td>• Visualize different color spectrums and color changes</td>
</tr>
<tr>
<td></td>
<td>• Read fine print in varying levels of light</td>
</tr>
<tr>
<td></td>
<td>• Read for prolonged periods of time</td>
</tr>
<tr>
<td></td>
<td>• Read cursive writing</td>
</tr>
<tr>
<td></td>
<td>• Read at varying distances</td>
</tr>
<tr>
<td></td>
<td>• Read data/information displayed on monitors/equipment</td>
</tr>
<tr>
<td>Auditory</td>
<td>• Interpret monitoring devices</td>
</tr>
<tr>
<td></td>
<td>• Distinguish muffled sounds heard through a stethoscope</td>
</tr>
<tr>
<td></td>
<td>• Hear and discriminate high and low frequency sounds produced by the body and the environment</td>
</tr>
<tr>
<td></td>
<td>• Effectively hear to communicate with others</td>
</tr>
<tr>
<td>Tactile</td>
<td>• Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics</td>
</tr>
<tr>
<td>Olfactory</td>
<td>• Detect body odors and odors in the environment</td>
</tr>
<tr>
<td>Communication/</td>
<td>• Engage in a two-way communication and interact effectively with others, verbally and in writing, from a variety of social, emotional, cultural and intellectual backgrounds</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>• Work effectively in groups</td>
</tr>
<tr>
<td>Relationships</td>
<td>• Work effectively independently</td>
</tr>
<tr>
<td></td>
<td>• Discern and interpret nonverbal communication</td>
</tr>
<tr>
<td></td>
<td>• Express one’s ideas and feelings clearly</td>
</tr>
<tr>
<td></td>
<td>• Communicate with others accurately in a timely manner</td>
</tr>
<tr>
<td></td>
<td>• Obtain communications from a computer</td>
</tr>
<tr>
<td>Cognitive/Critical</td>
<td>• Effectively read, write and comprehend the English language</td>
</tr>
<tr>
<td>Thinking</td>
<td>• Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator</td>
</tr>
<tr>
<td></td>
<td>• Satisfactorily achieve the program objectives</td>
</tr>
<tr>
<td>Motor Function</td>
<td>• Handle small delicate equipment/objects without extraneous movement, contamination or destruction</td>
</tr>
<tr>
<td></td>
<td>• Move, position, turn, transfer, assist with lifting or lift and carry clients with injury to clients, self or others</td>
</tr>
<tr>
<td></td>
<td>• Maintain balance from any position</td>
</tr>
<tr>
<td></td>
<td>• Stand on both legs</td>
</tr>
<tr>
<td>Required Physical Abilities</td>
<td>Professional Behavior</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>• Coordinate hand/eye movements</td>
<td>• Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others</td>
</tr>
<tr>
<td>• Push/pull heavy objects without injury to client, self or others</td>
<td>• Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client</td>
</tr>
<tr>
<td>• Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others</td>
<td>• Handle multiple tasks concurrently</td>
</tr>
<tr>
<td>• Walk without a cane, walker or crutches</td>
<td>• Perform safe, effective nursing care for clients in a caring context</td>
</tr>
<tr>
<td>• Function with hands free for nursing care and transporting items</td>
<td>• Understand and follow the policies and procedures of the College and clinical agencies</td>
</tr>
<tr>
<td>• Transport self and client without the use of electrical devices</td>
<td>• Understand the consequences of violating the student code of conduct</td>
</tr>
<tr>
<td>• Flex, abduct and rotate all joints freely</td>
<td>• Understand that posing a direct threat to others is unacceptable and subjects one to discipline</td>
</tr>
<tr>
<td>• Respond rapidly to emergency situations</td>
<td>• Meet qualifications for certification by examination as stipulated by the Alabama Department of Public Health</td>
</tr>
<tr>
<td>• Maneuver in small areas</td>
<td>• Not to pose a threat to self or others</td>
</tr>
<tr>
<td>• Perform daily care functions for the client</td>
<td>• Function effectively in situations of uncertainty and stress inherent in providing nursing care</td>
</tr>
<tr>
<td>• Coordinate fine and gross motor hand movements to provide safe effective nursing care</td>
<td>• Adapt to changing environments and situations</td>
</tr>
<tr>
<td>• Calibrate/use equipment</td>
<td>• Remain free of chemical dependency</td>
</tr>
<tr>
<td>• Execute movement required to provide nursing care in all health care settings</td>
<td>• Report promptly to clinicals and remain for 6-12 hours on the clinical unit</td>
</tr>
<tr>
<td>• Perform CPR and physical assessment</td>
<td>• Provide nursing care in an appropriate time frame</td>
</tr>
<tr>
<td>• Operate a computer</td>
<td>• Accepts responsibility, accountability, and ownership of one’s actions</td>
</tr>
</tbody>
</table>

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or reasonable accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual’s health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the nursing program. The nursing faculty reserves the right at any time to require an additional medical examination at the student’s expense in order to assist with the evaluation of the student’s ability to perform the essential functions.

Requests for reasonable accommodations should be directed to: The Dean of Students

Student Name: ________________________________  Student I.D. #: _____________________

(Check one)

_____ I have read and understand these essential functions and I certify, to the best of my knowledge, that I have the ability to perform these functions.

_____________________________________________   _______________________________
Student’s Signature       Date

OR
I have read and understand these essential functions and, to the best of my knowledge, I will be unable to perform these functions due to a disability. I understand that I need to provide documentation of my disability and recommendations for accommodations of my disability from my physician. I am requesting the following reasonable accommodation(s):

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

_____________________________________________   ________________________________
Student’s Signature       Date

(To be completed by physician)

(Check one)

_____ I feel that this student is physically and mentally able to perform the functions that have been listed on the previous page.

_____ I feel that this student is not physically and mentally able to perform the functions that have been listed on the previous page.

______________________________________________   ________________________________
Physician’s Signature       Date

COMMENTS:

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.
Type B Hepatitis

Type B Hepatitis is an infection of the liver caused by the hepatitis B virus (HBV). The hepatitis B virus is transmitted by infective blood or body fluids. Infective blood or body fluids can be introduced by contaminated needles, by unapparent or unnoticed contact with infectious secretions from skin lesions or mucosal surfaces, or through sexual contact.

Hepatitis B is the most commonly reported type of hepatitis in the United States. It is an unpredictable disease with a variety of presentations and outcomes. It is estimated that 60-75% of people who are infected do not become ill. In this circumstance prior infection can only be detected by presence of antibody in the blood. Acute symptomatic hepatitis B infection may result in serious liver injury which may incapacitate a person for weeks to months. Approximately 6-10% of persons with type B hepatitis become carriers of the virus and death occurs in 1-2% of patients either as a result of acute liver failure or complications. Hepatitis B virus also has a role in the development of cirrhosis and liver cancer. There is no effective treatment for hepatitis B infection or disease.

Hepatitis B Vaccine

The Recombinant hepatitis vaccine is a genetically designed vaccine derived from yeast (not plasma). It is indicated for active immunization against infection caused by all known subtypes of hepatitis B virus. It will not prevent hepatitis caused by other viruses known to infect the liver. Full immunization requires 3 intramuscular doses of vaccine given over a six month period. In an adult the vaccine should be administered in the deltoid muscle of the arm. The vaccine has been found to be effective in producing hepatitis B antibodies at protective levels in more than 90% of healthy individuals who received the recommended three doses of the vaccine in the deltoid muscle of the arm. The duration of immunity is unknown at this time. A small percentage of healthy persons do not respond to the vaccine and do not develop immunity to HBV. Antibody status can be determined by blood testing. Hepatitis B has a long incubation period. HBV vaccination may not prevent HBV infection in individuals who have an unrecognized HBV infection at the time of vaccine administration.

POSSIBLE VACCINE SIDE EFFECTS

The observed incidence of side-effects is very low. Injection site reactions consist principally of tenderness and redness. The most frequent systemic complaints include, but are not limited to, fatigue/weakness, headache, fever, and malaise. It is not possible to contract hepatitis B from the vaccine since the vaccine is produced synthetically and not from human blood.

WHO SHOULD CONSIDER THE VACCINE

Vaccination is recommended by the Alabama Department of Public Health and the Centers for Disease Control (CDC) for persons of all ages who are or will be at increased risk of infection with HBV. Health care workers who have direct clinical patient contact or handle potentially infective materials or items are considered to have an increased risk for contracting hepatitis B.

CONTRAINDICATION

Vaccination is contraindicated for pregnant or nursing women and for anyone with hypersensitivity to yeast or any component of the vaccine. Persons experiencing hypersensitivity reactions after an infection of the vaccine should not receive further injections.
The Centers for Disease Control recommends that student in health professions be vaccinated with the hepatitis-B vaccine. As a nursing student, it is important that you be aware of the risks involved in exposure to hepatitis-B and the benefits of hepatitis-B vaccination. The following consent to receive the hepatitis-B vaccination must be submitted upon enrollment in the nursing program. You must complete and submit the attached validation forms within six months following enrollment in the first nursing course.

Vaccination can be arranged through your physician at an approximately cost of $150.00.

The following information on Hepatitis-B is extracted from the Morbidity and Mortality Weekly Report, June 23, 1992, published by the U.S. Department of Health and Human Services/Public Health Service.

-Hepatitis B virus (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and Primary hepatocellular carcinoma in the U.S. and worldwide. Hepatitis B is the most commonly reported type of hepatitis in the U.S.

-A safe and effective vaccine for prevention of Hepatitis B is available. It is given in a series of 3 doses over a 6-month period.

-Health care workers having blood-or-blood products-to blood contact (such as accidental needle-stick exposures) are identified as persons whom Hepatitis B is recommended.

-In vaccinated persons who experience percutaneous or needle exposure, serologic testing to access immune status is recommended unless testing within the previous 12 months has indicated adequate levels of antibody. In other words, once you have developed antibodies, no further action is required for approximately 7 years.

Please keep in mind the following items:

1. When an incident occurs that involves accidental exposure to blood or blood products, the situation is one that demands immediate attention because of the potential effects it can have on the health of the student.

2. Students are responsible for reporting immediately to their faculty member or preceptor any incident that involves accidental exposure to blood or blood products.

3. Students assume responsibility for adhering to established policies and procedures of the Clinical agency when situations of accidental exposure to blood or blood products occur.

4. Students have an accident policy through Shelton State to cover the cost of emergency department fees and laboratory tests for students should an accidental exposure to blood or blood products occur. However, the cost of prophylaxis is necessary, will be the student’s financial responsibility.

Your signature below indicates that you have read and understand the information printed above.

I consent to receive the Hepatitis B vaccine and understand it is my responsibility to arrange and pay for vaccinations. I agree to receive the complete series of immunizations according to the following schedule.

1st dose of vaccine at a date prior to attending clinical lab
2nd dose of vaccine one month later
3rd dose of vaccine six months after the initial dose
Failure to complete the vaccine series will result in dismissal from the nursing program. I agree to hold SSCC and any and all of its agents, officials, or employees harmless from injury, complication or side effect(s) caused by the administration of said vaccine.

<table>
<thead>
<tr>
<th>Student SSN</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Witness Signature

Date

Students who have had the series completed more than 2 years prior to admission must have a titer drawn. A titer less than 10 requires the student to complete the three vaccine series again.

Revised October 2009
Any student who enrolls in the Shelton State Community College Health programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the program. The student must abide by the College’s Drug Screen Policy and Clinical agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicious screening.

I. PRE-CLINICAL SCREENING
1. All students will receive notice of the drug screening guidelines prior to admission to the health program.
2. The program will maintain on file a signed consent to drug screening from each student. Students have the right to refuse to consent to drug testing under this program; however, students who decline participation in the program will not be permitted to participate in courses with a clinical lab component.
3. Drug screening will be scheduled and conducted by Behavioral Health Systems Inc. at the cost of $26.00 per student. The fee for testing is to be paid by the student.
4. Any student failing to report for screening at the designated time and place (Laboratory Corporation of America) must complete testing within 24 hours of that date and/or provide documentation of extenuating circumstances.
5. Failure to complete drug screening with a negative test result on the 9 Classes of Drugs as required by the College and/or Clinical Agency will prohibit the student from completing the clinical component of required nursing courses.
6. Positive drug screens will be confirmed by the Medical Review Officer. No sample is reported as positive before it has been tested at least three times.
7. Results will be sent to the Director of Nursing Programs at Shelton State Community College.
8. A student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the nursing program. The student will be considered for readmission according to the criteria in Section V of this document.

II. RANDOM DRUG SCREENING
At any point or time in a student’s enrollment, they may be subject to a random drug screen. The Director of the program will establish the number of the random screening sample. The selection will be made from all currently enrolled health students using a statistically random procedure. After being notified of their selection, students will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (2-13) outlined in Section IV Student Drug Screen Procedure will be used except that there is no cost to the student for a random screen (step #1 Section IV).

III. REASONABLE SUSPICION SCREENING Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the College and/or Clinical Agency while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:
1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug;
2. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness or deterioration in performance;
3. Evidence of tampering with a drug test;
4. Information that the individual has caused or contributed to an incident in the clinical agency;
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs while enrolled in the nursing programs.

At any point or time in a student’s enrollment, the student may be subject to a reasonable suspicion drug screen. After a student’s behavior is noted as suspicious, the student will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (1-13) outlined in Section IV Student Drug Screen Procedure will be used.

IV. STUDENT DRUG SCREEN PROCEDURE

1. Students must pay the $26.00 screening fee prior to time of specimen collection.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments (coats, sweaters, bags, etc.) and remove items from pockets when entering the collection site. It is important.
5. The collector will ask the student if he or she is currently taking any medications. It is important that the student bring all prescription medication at the time of testing.
6. The collector will collect a monitored urine specimen.
7. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal and affix an identification label with code number.
8. The student will verify the information on the identification label, initial the security seal, read and sign the Chain of Custody Form.
9. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
10. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
11. Specimens will be screened for nine (9) classes of drugs:
   1. Amphetamines
   2. Barbiturates
   3. Benzodiazepines
   4. Cocaine
   5. Cannabinoids
   6. Metaqualone
   7. Opiates
   8. Phencyclidine
   9. Propoxyphene
12. Positive screens will be confirmed by the Medical Review Officer.
13. Students will be informed of the screening results by the Director of Nursing Programs within seven (7) working days of testing.

V. CONFIDENTIALITY

The Director of the Program will receive all test results. Confidentially of the test results will be maintained. Only the Director and the student will have access to the results, the exception being if any legal actions occurs which require access to test results.

VI. READMISSION

To be considered for readmission, students who withdraw from the program due to a positive drug screen must:
1. Have the treatment agency mail a letter verifying completion of a substance abuse treatment program which is approved by the Health Program and the Regulatory Body of the Program.

2. Submit to an unannounced drug screen at the student’s expense prior to readmission. A positive screen will result in ineligibility for readmission.

Drug screening policies/programs suggested or required by the Program Regulatory Board, Shelton State Community College, and/or various institutions with which the College contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening which satisfies the program or requirement established by the Program Regulatory Board or any clinical agency with whom the College contracts for clinical experience, whether it is pre-clinical drug screening, random drug screen or reasonable suspicious screening.

Some of the nine classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the nine classes of drugs which are legally prescribed by a health care practitioner does not necessarily, in and of itself, excuse the student from the effect of this policy. The Medical Review officer will follow up and give recommendation(s).

I have read, understand, and agree to the above drug screen guidelines.

I hereby release Behavior Health Systems, Laboratory Corporation of America, the Medical Review Officer, Shelton State Community College, and the nursing faculty from any claim in connection with the Drug Screen Policy.

I understand that should any legal action be taken as a result of the Drug Screen Policy, that confidentiality can no longer be maintained.

_________________________  ____________________________
Student Signature       Date

_________________________  ____________________________
Witness         Date

May 2002
Revised October 2009
SHELTON STATE COMMUNITY COLLEGE
HEALTH PROGRAMS
STUDENT DRUG SCREEN POLICY PARTICIPATION FORM

I understand that any student who enrolls in the Shelton State Community College Health programs and desires to participate in courses which have a clinical component is required to have an initial pre-clinical drug screening. I certify that I have received a copy of the Shelton State Community College Drug Screen Policy, have read, and understand the requirement of the policy and guidelines. I further understand that if I fail to provide a certified negative drug screen result that I will be unable to participate in the clinical portion of the nursing program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE REQUIREMENT TO HAVE A DRUG SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE NURSING PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG SCREEN TO THE SHELTON STATE COMMUNITY COLLEGE NURSING PROGRAM.

I further understand that my continued participation in the Shelton State Community College Health Program is conditional upon satisfactory of the requirements of the clinical agencies providing clinical rotations for the nursing program.

________________________________________ ___________ ___________________
Student Printed Name                 Witness Printed Name

Date ________________________________ Date ________________________________

Student Signature                     Witness Signature

May 2002
Revised October 2009
Appendix E

SHELTON STATE COMMUNITY COLLEGE
Health Related Programs
Background Screen Policy

Students must abide by the policies established by the health care (clinical) agencies with which Shelton State Community college Health Programs contracts for clinical experiences. This may include a pre-clinical background screening. Fees for all background screening must be paid by the student.

1. All students will receive notice of the background screening requirement prior to admission and will receive a copy of the policy upon admission to the program.
2. Background screening will be scheduled and conducted by the assigned clinical agency and/or by Bullet Investigations.
3. Failure to pay appropriate fees or to consent to the background screening by the published deadline will prohibit the student from completing the clinical component of the required nursing courses.
4. A student who is denied acceptance at a clinical facility due to a questionable/suspect background screen may be assigned to an alternative clinical facility for the required clinical experience. In the event that the alternative clinical facility denies acceptance due to the questionable/suspect background screen, the student will not be able to complete the required course(s) to complete the program. (See Progression and Readmission criteria for further information).

Procedure:

1. Students must pay $17.00 (or fee in effect at the time of screening) for the background screening to the Program clerk or as directed.
2. Students must sign appropriate consents prior to the screening. Consent will be kept on file in the office of the Director of the Program.
3. Background screening may include the following:
   - Skip Trace: Checks for other names used, other states lived in or addresses used by the individual for linking of cases.
   - Criminal History: Reveals felony and misdemeanor convictions, and pending cases usually include date, nature of offense, sentencing date, disposition and current status.
   - Nurse Aide Registry: Reports whether a Certified Nurse Aid is in good standing or if the individual has been involved in an abuse case.
   - Social Security Number Trace: Is verification that the number provided by the individual was issued by the Social Security Administration, and is not listed in the files of the deceased.
   - Office of Inspector General: Identifies those individuals who may no longer be capable of being provided with Medicare benefits.

4. The Program Director will notify the student of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.
5. Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. The clinical facility will determine if the student will be accepted for clinical experience. If a clinical facility denies a student’s placement then the Program Director will seek placement in a similar clinical facility for
which the program has a contract using the same procedure of notification as described above. If all clinical facility options available to the program deny the student’s placement, then the student would not be able to complete the required clinical component of the course(s) and will not receive a passing grade for the course(s).

6. Background screens which would render a student ineligible for placement include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment.

Confidentiality:

1. The Program Director will receive all screening results which will be maintained in a locked file in the Director’s office. Confidentiality of test results will be maintained will only the Director and the student having access to the results with the exception of legal actions that require access to test results.

2. Students must sign consent prior to disclosure of the screening results to the Director of Human Resources or other designated person at the clinical facility.

I acknowledge and have read and understand the policies and procedures set forth above.

________________________________________  _________________________________
Student Signature       Witness

________________________________________
Date

December, 2005
I understand that as part of clinical agency requirements any students who enroll in the Shelton State Community College Health Programs and desires to participate in courses which have a clinical component is required to have a pre-clinical background screen. I certify that I have received a copy of the Shelton State Community College Background Screen Policy, have read, and understand the requirement of the policy and guidelines.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. I understand that the Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required background screen to participate in the clinical component of the health program. I further hereby authorize Shelton State Community College, by and through an independent contractor to complete a background screen prior to clinical assignments and to release the original results of the screen to Shelton State Community College.

I further give my permission for Shelton State Community College to release the results of the background screen to other authorized agents if deemed necessary. I understand these results are confidential and will not be otherwise released without my authorization. I hereby release Shelton State Community College and its affiliates from any and all liability, claims, and/or demands of whatever kind related to my completed background screen.

_______________________________________  __________________________________
Student Signature       Witness Signature

________________________________________
Date

December, 2005
SHELTON STATE COMMUNITY COLLEGE
NURSING PROGRAMS
EXPOSURE CONTROL PLAN

In the interest of preventing accidental exposure to blood borne pathogens and other infectious materials, SSCC nursing programs has established a policy of employee and student protection. Nursing students providing care to patients in the clinical lab are at increased risk of exposure to various blood borne pathogens (see Appendix D.1).

The Occupational Safety and Health Administration (OSHA) is enforcing classification A rules and regulations aimed at controlling the spread of blood borne pathogens. In an effort to comply with these rules and regulations, the Nursing Programs at Shelton State Community College has developed an Exposure Control Plan. The following measures to reduce the risk of infection by blood borne pathogens have been adopted:

1. All nursing students will be provided with access to a written copy of the OSHA Rules and Regulations. A copy is located in the SSCC Nursing Skills Lab Manual housed in the skills lab.
2. All students will be provided with written instruction on the Exposure Control Plan for the SSCC nursing programs.
3. Students enrolled in the Associate Degree and Practical Nursing Programs are at increased risk for exposure to hepatitis B. Prior to enrolling in the program, the student will be required to:
   a. Sign a Consent for hepatitis vaccination and receive the first in the series of three (3) vaccinations, prior to enrollment into the nursing program;
   b. Provide verification of previous vaccination for hepatitis B;
   c. Provide verification of antibody testing revealing immunity to hepatitis B.
4. All students will participate annually in the SSCC Nursing Programs Exposure Control Class prior to participation in the first clinical lab of the academic year. A class will be scheduled during the student’s regularly scheduled class time. During the class students will be given the opportunity to ask questions. All students will be required to sign a form indicating that they have attended the Nursing Programs Exposure Control Class and will assume responsibility for understanding the material provided (See Appendix A & B) prior to attending the first clinical lab each academic year. This form should be submitted to the course coordinator. The nursing programs Exposure Control Plan Class is mandatory. Students are responsible for getting the vaccination from the private physician and for covering the cost of the vaccinations. Verification of all vaccinations/immunity must be provided to the Director of Nursing Programs (See Appendix D). Vaccination status of all students will be maintained on file in the nursing office.
5. No parenteral or invasive procedures will be performed in the campus skills lab except on mannequins.
6. Students will be oriented by the course coordinator pertaining to the control of blood borne pathogens policies and procedures of the agency to which they are assigned for clinical lab prior to first patient care assignment. All students must familiarize themselves and will follow the Exposure Control Plan of each agency in which they are assigned to during clinical lab experiences. Failure to follow these procedures will result in an unsatisfactory (U) for the clinical/lab day. The incident must be recorded in writing by the clinical lab instructor and signed by both the instructor and the students.

The report will be filed in the student’s permanent record and a copy submitted by the instructor as soon as possible to the Director of Nursing Programs. An incident involving failure to follow procedure aimed at controlling the spread of blood borne or other pathogens may result in dismissal from the program (see SSCC Student Handbook).

A. The handling and disposal of contaminated sharps should be carried out according to agency policy. No contaminated needles are to be recapped, bent, broken, sheared, or removed following use.
B. Students are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses (personal) in immediate patient care areas or other areas where there is a potential for exposure to blood or other potentially infectious material exposure.
C. All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying and aerosolization of these substances.
D. Where there is potential for exposure to blood and/or other potentially infectious material, students will be required to use appropriate personal protective equipment. This “appropriate” equipment will not permit blood or other potentially infectious materials to pass through to reach work/street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the equipment is to be used. The equipment may include but is not limited to, gloves, gowns, eye protectors, for coverings, etc. The type and
characteristics of the protective clothing will depend upon the task and degree of exposure anticipated. The policies
of the agency to which the student is assigned for clinical lab should be followed in regard to protective apparel to
be worn in various situations.

E. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length
face shields should be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious
materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

F. Contaminated work surfaces should be decontaminated according to agency policies. Blood spills and other
infectious body materials are cleansed from surfaces areas using Clorox 1:10 dilution.

G. Broken glassware should not be picked up directly with hands but should be cleaned up using mechanical means
such as a brush, dust pan, tongs, or forceps.

H. Regulated waste materials should be handled and disposed of according to agency policy. All containers for
regulated waste should be closable, puncture resistant, leak proof on sides and bottom and properly labeled and/or
color coded for incineration.

I. Laundry should be managed according to the policies of the agency to which the student is assigned for clinical lab.
Contaminated laundry should be handled as little as possible with a minimum of agitation. Contaminated laundry
should be bagged or containerized at the location where it was used and should not be sorted or rinsed in the
location of color-coded according to the policies of the agency. Whenever contaminated laundry is wet and
presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry should be
placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.
Students who have contact with contaminated laundry should wear protective gloves or other appropriate personal
protective equipment.

J. Items which contain blood or other potentially infectious materials are contaminated by blood or potentially
infectious materials are referred to as BIOHAZARDS. Students should recognize the Biohazard label as being
fluorescent orange or orange-red with lettering or symbols in a contrasting color with the following legend: They
should recognize that red bags or red containers may be substituted for labels. Students should handle any
material labeled as a Biohazard according to agency policy. Agencies will have specific places in which redline
bags/containers are located.

K. Students should treat all blood and body fluids/substances as if known to be infectious for blood borne and/or other
pathogens.

L. All laboratory specimens of body fluids or substances are considered to be potentially infectious and should be
handled according to the policies of the agency to which the student is assigned to clinical lab.

7. Students will be given information on how to handle exposure to blood borne pathogens prior to their first clinical lab
experience each year. Any student who is exposed to blood or other potentially infectious material should follow the post-
exposure procedure which has been established by the Nursing Programs at Shelton State Community College (See
Appendix E). Students will be required to complete a written Shelton State Community College Exposure Incident Report
should exposure to blood born pathogens occur. A copy of this report and forms should be submitted to the Director of
Nursing Programs. A copy of the Student Exposure Incident Form will be made available to the Alabama Department of
Postsecondary Education by the Director of Nursing Programs through the President of the College (See Appendix D).
Students are responsible for the cost of post exposure blood testing and treatment. Failure of a student to report an
exposure incident, if discovered, or failure to follow the Post-Exposure procedure will result in an Unsatisfactory (U) for the
clinical lab day and may result in an "F" for the course and dismissal from the Nursing Programs.
Appendix F1

SHELTON STATE COMMUNITY COLLEGE
NURSING PROGRAMS
EXPOSURE CONTROL PLAN
CLASS ATTENDANCE VERIFICATION

Student Name _________________________________       Student SSN_________________________

My signature on this form indicates that I have attended the SSCC Exposure Control Class on the OSHA Regulations on Blood borne Pathogens. Topics covered in this class included:

1. An explanation of the OSHA regulations on blood borne pathogens.
2. A general explanation of the epidemiology and symptoms of blood borne disease.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of SSCC Nursing Programs Exposure Control Plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation for the basis for selection of personal protective equipment.
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated and that it is my responsibility to get the vaccination from my private physician.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that should be done.
12. Information on the post-exposure evaluation and follow-up and that it is my responsibility to see my private physician for this follow-up.
13. An explanation of the signs and labels and/or color coding required by the OSHA regulations.
14. Notification that as a student I am not considered to be an “employee” of SSCC and, therefore, not entitled to free vaccination or post-exposure evaluation and follow-up.

I was given an opportunity to ask and have my questions answered by the person presenting the class. In addition, I received a copy of the following:

1. SSCC Exposure Control Plan.
2. OSHA Regulations on Blood borne Pathogens.

I have received and been directed to read the Handbook/Policy Manual for the Nursing Program I’m enrolled in, paying particular attention to the section on clinical lab and compliance with OSHA Regulations related to Blood borne Pathogens.

____________________________________
Student Signature                                       Date

Revised, 5/2002
Reviewed, 5/1997
Reviewed, 7/1995
Appendix F2

SHELTON STATE COMMUNITY COLLEGE
NURSING PROGRAMS

POST-EXPOSURE PROCEDURE

Exposure to blood borne pathogens is considered to have occurred if blood or other potentially infectious materials or items/surfaces contaminated with blood or other potentially infectious materials come in contact with a student’s eyes, mouth, other mucous membranes, or non-intact skin or if mucous membranes or skin is pierced by items contaminated by blood or other infectious materials through such events as needle sticks, human bites, cuts, or abrasions.

In the event that a student is exposed to blood borne pathogens the following procedures should be followed:

1. Immediately or as soon as feasible the skin areas should be washed thoroughly with soap and water and/or the mucous membranes, eyes, and/or mouth should be flushed with water. Any contaminated clothing should be removed. Any emergency care needed will be given by the clinical agency at the student’s expense.

2. As soon as feasible the incident should be reported to the Shelton State clinical instructor and the RN in charge of the area where the student is assigned for clinical lab.

3. A Shelton State Exposure Incident Report form should be filled out by the student and signed by the student and the clinical instructor. This report should be submitted as soon as feasible to the Director of Nursing Programs. A copy will be given to the student and one filed in the student’s file in the nursing office.

4. The policies and procedures of the agency in which the student is assigned for clinical should be followed by the student with the assistance of the RN in charge and the clinical instructor.

5. The RN in charge will make arrangements to gain consent and test for the source individual’s blood if the source is known. The student may be responsible for the expense of the blood testing. The student should see the Director of Nursing Programs to initiate and file accident insurance claims if applicable.

6. Result of the source individual’s blood testing will be made available to the exposed student. The student will be informed that he/she is prohibited by law from disclosing the identity of the source individual.

7. The exposed student should see their private physician for follow up care. This follow up care will be at the student’s expense. The student will be provided with the following information for physician by the Director of Nursing Programs.
   A. Information on the student’s HBV vaccination status.
   B. A copy of the OSHA regulations pertaining to blood borne pathogens.
   C. A copy of the Shelton State Exposure Incident Report which includes documentation of the route(s) of exposure and circumstances under which exposure occurred.
   D. A description of the student’s duties as they relate to the exposure incident.
   E. A copy of the student’s completed Student Health Examination Form.
   F. Results of the source individual’s blood testing if available.

8. It is the student’s responsibility to get follow up care from the private physician following an exposure incident and to pay for the cost of that care. Verification that follow up care has been done must be provided to the Director of Nursing Programs by the students.

9. Documentation of the follow up of care will be noted on the student exposure incident report.

Reviewed, 5/2002
Reviewed, 5/1997
7/1995
SHELTON STATE COMMUNITY COLLEGE
NURSING PROGRAMS

STUDENT EXPOSURE INCIDENT REPORT
(Please Print)

NAME: ___________________________ STUDENT#: _________________________________

COURSE NAME & NUMBER __________________________________________________________

LOCATION OF INCIDENT (Specify clinical agency, area): __________________________________

POTENTIALLY INFECTIOUS MATERIALS INVOLVED:
BLOOD: _______________________ OTHER: _________________________________________

TYPE OF EXPOSURE:
NEEDLE STICK: _______________ TO WHICH BODY PART: ______________________
CONTACT OF BARE SKIN WITH BLOOD/OTHER (Describe the part of the body exposed, the condition of the skin, amount of potentially infectious material):
________________________________________________________________________
________________________________________________________________________

CONTACT OF MUCOUS MEMBRANES, EYES, AND/OR MOUTH WITH BLOOD/OTHER
(Describe the part of the body exposed, the condition of the skin, and amount of potentially infectious material):
________________________________________________________________________
________________________________________________________________________

DESCRIBE ANY INJURIES SUFFERED IN THE EVENT:
________________________________________________________________________
________________________________________________________________________

NAME OTHER PERSONS EXPOSED OR INJURED:
________________________________________________________________________
________________________________________________________________________

PERSONAL PROTECTIVE EQUIPMENT BEING USED AT THE TIME OF EXPOSURE:
________________________________________________________________________
________________________________________________________________________

WITNESSES TO EXPOSURE INCIDENT:
________________________________________________________________________
________________________________________________________________________

BRIEFLY DESCRIBE EXPOSURE INCIDENT (Work being performed, how incident was caused, and estimation of duration of exposure):
________________________________________________________________________
________________________________________________________________________

ACTIONS TAKEN (Persons involved, decontamination, clean-up, reporting, etc.):
________________________________________________________________________
________________________________________________________________________
RECOMMENDATIONS FOR AVOIDING REPETITION:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SOURCE OF EXPOSURE KNOWN: YES__________ NO____________

WAS BLOOD TESTING DONE ON EXPOSURE SOURCE: YES______ NO___________

IF NO, WHY NOT? _____________________________________________________________________

NAME AND ADDRESS OF PHYSICIAN I PLAN TO SEE FOR FOLLOW-UP:

____________________________________________________________________________________

WERE YOU TOLD TO KEEP THE NAME OF THE SOURCE CONFIDENTIAL BY YOUR
CLINICAL LAB INSTRUCTOR: YES________________ NO__________________

______________________________________________          ________________
Signature of Student                                      Date

______________________________________________          ________________
Signature of Clinical Lab Instructor                     Date

Follow-up care of the above incident:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________________  _______ ___________________________
Signature                         Date

Reviewed, 5/2002
Reviewed, 5/1997
7/1995
I, _____________________________ have purchased or downloaded a copy of the Shelton State Community College Nursing Assistant/Home Health Aide Program Student Handbook / Policy Manual and assume responsibility for being knowledgeable of the content. I agree to be governed by the policies and procedures described within the Handbook.

Student Signature: _____________________________

Student ID #: _____________________________

Date Signed: _____________________________

*This form is to be turned into the nursing office by the end of second week of classes.