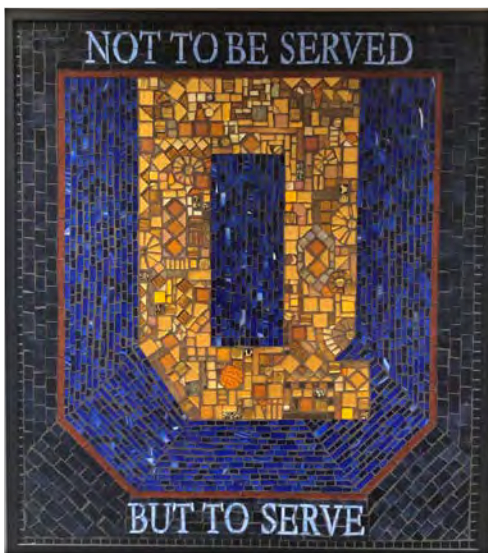




# PSON Student Handbook



This handbook is reviewed and affirmed annually by the faculty of the Presbyterian School of Nursing.

The student handbook provides guidance and regulations for students applying, accepted, and, or enrolled in the Presbyterian School of Nursing (PSON) at Queens University of Charlotte. Students are held accountable for the current academic year handbook and do not revert to the year of admission to either Queens or the nursing program. The Presbyterian School of Nursing Student Handbook is used in conjunction with and does not replace the Queens University of Charlotte Catalog or Handbook. The PSON Student Handbook serves as a general reference guide regarding the School's policies and procedures. It does not contain all regulations, nor does it constitute a contract between the School and students or applicants. Queens University and the PSON reserve the right to revise, amend, or change items set forth in this Student Handbook.

Students will be notified of revisions, amendments, or changes by their university email. Students are held accountable for revisions implemented during the academic year.

Approved August 18, 2023

2023-2024

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## History and Overview

Nursing has been an integral part of the Queens community since the early 1930s. From the 1930s through the 1960s, Queens offered a baccalaureate degree in nursing for Registered Nurses, many of whom were Presbyterian Hospital School of Nursing (PHSON) alumni. In the 1980s, a program was established between the university and PHSON in which PHSON students attended Queens before and after becoming RNs and subsequently received a BSN from Queens.

The Vail Bachelor of Science in Nursing (BSN) program was established at Queens College in 1980, graduating the first class in 1984. This program focused on traditional undergraduate students. At this time in nursing education, it was common practice that registered nurses seeking a BSN degree took courses with pre-licensure students.

In 1998, a Master of Science in Nursing (MSN) program with a focus in Health Systems Management was established. A Health Ministries track was added in 2002. The university acquired the PHSON in 2004 and began to offer an Associate of Science in Nursing degree. The combined ASN, BSN, and MSN programs were named the Presbyterian School of Nursing. The MSN Health Ministries track ended in 2007 when the Nurse Educator track was added. The Associate of Science degree in Nursing was offered until 2013.

The School of Nursing was the first to offer online education at Queens. The upper division courses for the RN-BSN track have been offered online since 2008. In 2013, the MSN program was one of three Master's programs to be offered entirely online. In fall 2020, the RN to MSN option became available; nurses with an associate's degree matriculate into the MSN curriculum after completing two transition courses.

The BSN and MSN programs have been nationally accredited continuously since 1985, first by the National League for Nursing and subsequently by the Commission for Collegiate Nursing Education. In addition, the pre-licensure program is approved by the North Carolina Board of Nursing. (The North Carolina Board of Nursing only approves pre-licensure nursing programs.)

The BSN program currently offers three tracks: traditional, accelerated for students seeking a second degree, and RN-BSN for licensed nurses seeking a degree. The MSN program includes four tracks, the Nurse Administrator, the Nurse Educator, Clinical Nurse Leader, and Nurse Informatics track. As of spring 2017, the PHSON began to offer an innovative Nurse Educator and Nurse Administrator curriculum. Students take courses in both tracks and select their specialty in their final practicum courses. All MSN tracks are delivered online and students from across the country are enrolled.

Today the Presbyterian School of Nursing serves over 350 students per year. There are over 16 full time faculty and more than 20 adjunct faculty, many of whom are nationally recognized for their certifications, publications, presentations, and service to national organizations.

## **Presbyterian School of Nursing Mission, Vision, and Values**

### **Mission**

The mission of the Presbyterian School of Nursing is to educate individuals to practice professional nursing in a variety of roles and settings with the commitment to nursing scholarship, leadership, and service to diverse populations within a global context.

### **Vision**

The Presbyterian School of Nursing aspires to be recognized regionally for its undergraduate and graduate program in nursing as models of academic excellence, for its students as caring and competent professionals, and for its faculty as leaders and scholars in the discipline of nursing.

### **Values**

The Presbyterian School of Nursing at Queens University of Charlotte embraces and affirms the stated core values of Queens University of Charlotte:

- Focus on students
- Integrity and respect
- Stewardship
- Creativity and innovation
- Service to others

Revised: May 2013

## **Approval and Accreditation**

The baccalaureate degree in nursing and master's degree in nursing at Queens University of Charlotte are accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791.

The pre-licensure tracks of the BSN program are approved by the North Carolina Board of Nursing.

Queens University of Charlotte is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate and master's degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404 679-4500 for questions about the accreditation of Queens University of Charlotte.

## **Bachelor of Science in Nursing Program**

### **BSN Statement of Purpose**

The Bachelor of Science in Nursing Program at Queens University of Charlotte prepares individuals to assume entry level, generalist professional nursing positions. The program creates an atmosphere in which the individual can develop the knowledge, skills, and attitudes consistent with values-based practice and evidence-based care. A positive, supportive educational environment is provided to sustain and promote lifelong learning. The program provides the necessary background commensurate with pursuit of graduate nursing education.

### **BSN Student Learning Outcomes**

1. Demonstrate safe and competent patient-centered nursing care within a variety of health care settings.
2. Communicate effectively and collaboratively within interdisciplinary contexts.
3. Implement therapeutic interventions, planned in partnership with other health care providers, to promote the health of individuals, families and populations.
4. Integrate critical thinking, creativity and problem-solving skills into professional practice which result in the evidence to support safe nursing care.
5. Provide culturally sensitive, respectful nursing care.
6. Facilitate and coordinate resources that ultimately provide advocacy and access for individuals, families and populations, while continually striving for quality improvement for all.
7. Interpret the dynamic influences of a global perspective on health care, including issues relevant to populations, environment and economics.
8. Utilize an array of current information-systems and technology to support evidence-based care.
9. Demonstrate explicit individual commitment to values-based practice.

For students admitted fall 2022 and following semesters:

### **BSN Student Learning Outcomes:**

1. Translate evidence-based practice in diverse practice settings.
2. Formulate person/population centered care from a global culturally responsive perspective.
3. Uses clinical judgement to select interventions based on quality, safety, technology, and informatics.
4. Practice on interprofessional teams within the healthcare system.
5. Model professional behavior through reflective personal development.

In addition to describing and defining the program's theoretical base, the program purpose statement and the BSN Student Learning Outcomes align with the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) and *The Essentials: Core Competencies for Professional Nursing Education* (2021). The BSN program values the tenets of the American Nurses Association Scope and Standards of Practice (4<sup>th</sup> ed.) (American Nurses Association, 2021) and the National Academy of Sciences Engineering and Medicine (2020), *The future of nursing (2020-2030)*.

## **Master of Science in Nursing Program**

### **MSN Statement of Purpose**

The Master of Science in Nursing Program at Queens University of Charlotte is designed to prepare professional nurses to practice in advanced roles as collaborative, innovative and critical thinking leaders within a variety of health care and educational settings. Synthesis of practice, theory and research concepts within selected areas of nursing specialization prepare the graduate for advanced roles and lay a foundation for doctoral study.

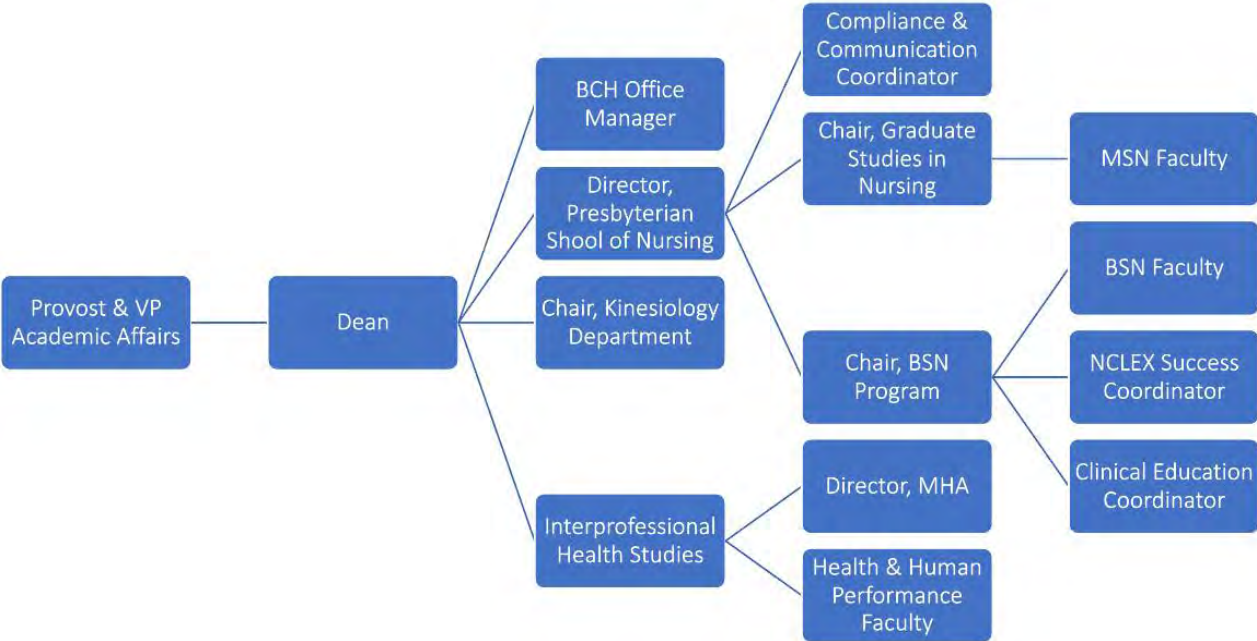
### **MSN Student Learning Outcomes**

1. Develop a theoretical basis for safe advanced practice that includes nursing theory, health policy and related disciplines.
2. Promote professional environments that reflect advanced communication processes.
3. Plan therapeutic interventions which interface with accepted standards, quality improvement processes and evidence across varied populations and settings.
4. Develop a broadened contextual basis of scholarship and data analysis which informs best practice in varied health care and educational settings.
5. Engage in culturally sensitive practice which reflects advocacy and dignity.
6. Evaluate resources at a systems level.
7. Distinguish relevant global health care trends which support practice initiatives across populations.
8. Differentiate health information technologies which maximize evidence-based care and quality in health care and education settings.
9. Appraise individual and collective workplace environments that support values-based practice.

In addition to describing and defining the program's theoretical base, the program purpose statement and MSN Student Learning Outcomes align with the American Association of Colleges of Nursing (AACN) *Essentials of Masters Education in Nursing* (2011). The MSN program values the tenets of the American Nurses Association Scope and Standards of Practice (4<sup>th</sup> ed.) (American Nurses Association, 2021) and the National Academy of Sciences Engineering and Medicine (2020), *The future of nursing (2020-2030)*.



# Blair College of Health Organizational Chart 2023-2024



## **Queens University of Charlotte Honor Code**

The Honor Code Handbook outlines the University process and procedures for both community and academic violations. A complete copy of the Honor Code Handbook is available at:

<http://www.queens.edu/About-Queens/Get-to-Know-Queens/Honor-Code.html>

PSON Students found responsible for an academic Honor Code violation will receive a grade of zero on the assignment or exam.

## **Nursing Student Organizations**

### **QUCANS**

The Queens University of Charlotte Association of Nursing Students (QUCANS) is an organization for students interested in the nursing major. The organization promotes growth and development of the student through community projects, fundraising, and health related programs.

### **Sigma Theta Tau International Honor Society of Nursing**

The Sigma Theta Tau International Honor Society of Nursing is a non-profit organization that is recognized as the only global organization in nursing that is dedicated to the advancement of nursing knowledge and scholarship. For a complete description of the organization and its mission and vision, please refer to the following website: <https://www.sigmanursing.org/>

Queens University of Charlotte is privileged to have its own chapter affiliation within Sigma Theta Tau International, the Mu Psi Chapter. The chapter celebrated its 30th year anniversary in spring 2022.

Students enrolled in baccalaureate and higher degree programs are eligible to be invited for membership on an annual basis based upon the criteria published by Sigma Theta Tau. The Mu Psi chapter elects a faculty counselor in the School of Nursing at Queens University of Charlotte. The faculty counselor is charged with applying the membership eligibility criteria to issue invitations to students in the spring of the academic year. Students are referred to the above-named web site for specific information regarding the organization and membership criteria.

## **Student Resources**

The following are examples of resources available to students at Queens University of Charlotte. For additional resources, please check the Queens website ([www.queens.edu](http://www.queens.edu)) or ask your academic advisor.

### **Bookstore**

The Student Bookstore is a Queens' student's source for nursing student uniforms, textbooks, school supplies, Queens' apparel, novelties, and gift items. The Bookstore stocks required textbooks and class materials (in new or used condition), plus offers a textbook buy back system or rental system. Because nursing books are used across multiple courses and semesters, it is recommended that students do not rent their books. For students' convenience, the bookstore has an active online ordering system.

<https://www.bkstr.com/queensucharlottestore/home>

### **Center for Student Success**

The Center for Student Success, "The Center," provides important academic support programs and learning assistance courses for students. The use of "The Center" is free for all Queens' students, enhances your college experience and helps you strive for excellence. Services offered include individual peer tutoring, review sessions, knowledge workshops, academic success strategies, individual academic assistance and guidance, access to the Writing Center and referrals to the Office of Accessibility Services.

Email: [sashelp@queens.edu](mailto:sashelp@queens.edu) and website: <https://www.queens.edu/academics/academic-support/>

### **Department of Diversity, Inclusion, and Community Engagement**

The Office of Diversity, Inclusion and Community Engagement (DICE), within the Division of Student Life provides resources, training, and support to Queens and the broader Charlotte community to help unite and bring people of diverse backgrounds together to appreciate, respect and celebrate their differences and commonalities. We are committed to inclusion and towards working to create a society that is fair and just.

DICE also provides support in connecting the curricular and the co-curricular by working closely with faculty to identify, develop and maintain meaningful partnerships with community organizations. We connect our students with those organizations as they seek to perform various levels of community engagement and live out the Queens motto of "not to be served but to serve".

### **Everett Library**

Dedicated in 1960, Everett Library serves a community of faculty, students, staff and Friends of Everett Library with more than 100,000 books and bound periodicals designed to support all programs of the University. There is open access to 60+ databases for academic research as well as over 300 periodicals and newspapers. More than 70 computer workstations are available in-house for research and study.

(<https://library.queens.edu/lib/home> )

### **Information Technology Services**

Information Technology (IT) Services are coordinated by the staff of the Queens IT Services Department. IT Services manages hardware, software and network services to support the academic and administrative missions of the University. Among these services are email MyQueens Online Portal, wireless access on campus, residence halls technology, print management, educational discounts, support requests, classrooms and lab computing. The staff is available via email

([helpdesk@queens.edu](mailto:helpdesk@queens.edu)) to assist with connecting to the Queens WiFi, Canvas, or portal.

## **Student Resources, continued**

### **QALERT**

QALERT is the on-campus system designed to inform students of emergency situations, inclement weather, or class cancellation. Voicemail, email, and text messaging delivers status and details of a situation. Students are automatically registered for QALERT (enterprise resource management system). To review or update your contact information, including your cell phone number for text messages, please log in using your network user name and password and maintain current contact information.

### **Service Center**

The Service Center is a satellite post office which provides daily mail service to Queens' students, faculty and staff and express delivery via UPS and the US Postal Service. Students may purchase stamps, color or black and white copies, or send and receive facsimiles.

### **Student Financial Services**

Queens makes every effort to meet the demonstrated financial needs of students. For information on financial aid, students are referred to the Student Financial Services Office. Students who apply for a need-based scholarship must be fully admitted to Queens as a degree seeking candidate and must have completed and submitted a Free Application for Federal Student Aid (FAFSA) to the Student Financial Services Office. The form is available in that office and online at <http://www.fafsa.ed.gov>.

### **Student Health and Wellness Center**

The Student Health and Wellness Center offers medical and mental health services to full-time undergraduates in the BSN program (Traditional and Accelerated tracks) by appointment and on a walk-in basis. The Counseling Center is a unit of Student Health and Wellness Center and offers individual and group counseling and community referrals. All information is confidential.

### **Office of Student Accessibility Services**

The Office of Student Accessibility Services at Queens University of Charlotte seeks to provide equal opportunity to students with disabilities to ensure equal access to higher education, programs, services, benefits and a welcoming campus environment for those requiring protection. Support services and accommodations are provided through the Office of Student Accessibility Services, which also advocates for students with disabilities and seeks to empower students to become their own and best advocates.

#### **Location and Contact Information**

The Office of Student Accessibility Services is located in room 102F of Knight-Crane Hall.

#### **Contact:**

Director, Student Accessibility Services

Phone: 704-337-2508

Email: [sashelp@queens.edu](mailto:sashelp@queens.edu)

## **PSON Ceremonies**

### **Blessing of the Hands and Pinning Ceremony**

Blessing of the Hands is an ancient sacrament of cleansing and anointing. During the ceremony, individuals commissioned to heal others through the use of their hands are invited to the altar to be blessed by members of the local clergy.

New nurses receiving their School pins is a time-honored tradition which signifies a rite of passage into the nursing profession. Each pin is a symbolic representation of the program and of the Presbyterian School of Nursing at Queens.

This ceremony is held twice a year for graduating students. Awards are also presented at this ceremony.

### **Commencement**

Commencement is held once a year in celebration of the academic achievements of December, May and August graduates. Students graduating in August and December are invited to participate in the commencement ceremonies in May of that academic year. Additional details on all of the commencement ceremonies may be found at [www.queens.edu/commencement](http://www.queens.edu/commencement).

## **BSN Awards**

Award recipients in the traditional and accelerated track are recognized and receive a recognition plaque at the Blessing of the Hands and Pinning Ceremony in May and December. Full-time nursing faculty members select the recipient.

### **Outstanding Senior Nursing Student Award**

This award is presented to a member of the graduating class selected by the faculty to best represent the qualities of scholarship, leadership, motivation and service.

### **Jones Image of Nursing Award**

This award was established by the Class of 1989 to honor the senior nursing major who best represents the qualities of the nursing image portrayed by Dr. Carolyn M. Jones, Chair of the Vail Program of Nursing from 1982 to 1992. These qualities include being professional, compassionate, patient, empathetic, honest, service-minded, clinically creative, confident, efficient and effective.

**Academic Policy Numbers**

Policy Numbers 01 – 99 ..... Presbyterian School of Nursing Policies

Policy Numbers 100 – 199 ..... Pre-licensure BSN Policies

Policy Numbers 200 – 299 ..... BSN Program Policies

Policy Numbers 300 – 399 ..... Graduate Program Policies

**Students are responsible for knowing and adhering to the policies as described below.**

<b>BSN Students (Accelerated Track; Traditional Track; RN-BSN Track)</b>	<b>MSN Students</b>
Policy Numbers 01 – 99	Policy Numbers 01 – 99
Policy Numbers 100 – 199	Policy Numbers 300 – 399
Policy Numbers 200 – 299	



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

<b>Title of Policy:</b>	Confidentiality
<b>Date Effective:</b>	9/07
<b>Date Revised:</b>	8/11; 8/12; 8/17; 8/18; 8/19
<b>Policy:</b>	<p>Nursing students have access to data of a sensitive nature. Students are expected to abide by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).</p> <p>Misuse of health information includes but is not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Accessing medical record information about any patient by someone who is not assigned to care for the patient.</li> <li>2. Discussing a particular patient's case in an inappropriate location, such as in a public location or on social media.</li> <li>3. Removing confidential data from the clinical site in any format, such as but not limited to any portion of the medical record or chart, daily worksheets, care plans, or report documents.</li> </ol> <p>Misuse of educational information includes but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Recording or videotaping an educational experience without permission.</li> <li>2. Disclosing any information regarding the performance of peers in all educational settings.</li> </ol> <p>Students must regard their Queens ID badge and/or agency identification badge and technology password as equivalent to a personal signature (identification) and it should be protected as such. Lending or using an ID badge or password belonging to someone else is prohibited.</p> <p>Any student who witnesses or suspects a breach of any confidentiality policy is expected to report the incident to his/her instructor or academic advisor. Students who violate the confidentiality policy will be subject to discipline up to and including dismissal from the School and criminal charges.</p> <p>Students who violate this policy will be subject to disciplinary action up to and including dismissal from the nursing program and any additional consequences related to a HIPAA violation.</p>
<b>Procedure:</b>	<p>Students sign the Presbyterian School of Nursing Confidentiality Agreement located in the CastleBranch compliance material before matriculation into the program. Students who do not sign the Nursing Confidentiality Agreement will not participate in clinical experiences.</p> <p>If warranted, students will receive a copy of a clinical agency's policy on confidentiality and will be required to sign a copy of the agency's Confidentiality Agreement. This form will be retained as per the direction of the clinical agency. Students are required to follow the more restrictive policy.</p>

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Photography

**Date Effective:** 9/07

**Date Revised:** 8/11; 8/12; 8/17, 5/21

**Policy:** Photographing a patient, their family members, or any part of the electronic health record is a violation of HIPAA and PSON policy. No faculty or student may photograph anyone in any facility by any means when working or studying under the auspices of the Presbyterian School of Nursing.

**Procedure:** Students who violate this policy will be subject to disciplinary action up to and including dismissal from the nursing program and any additional consequences related to a HIPAA violation.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Student Medical Forms

**Date Effective:** 9/07

**Date Revised:** 8/11; 8/12; 8/13; 8/14; 5/15; 8/16; 8/19

**Policy:** Evidence of physical and emotional health that will enable the applicant to provide safe nursing care to the public is required for admission to, progression within and graduation from the nursing programs. Student medical forms are provided by the Presbyterian School of Nursing and must be completed by a physician, physician assistant, or nurse practitioner.

State law requires all students entering college in the state of North Carolina to meet certain immunization requirements. Our clinical agencies used for student practice may request additional immunizations as noted in the student medical forms or through communication from the PSON. All immunizations and an annual tuberculosis screening must remain up to date during enrollment. If these requirements are not met, students shall not attend clinical or complete any practicum hours.

**Procedure:** Students shall submit the required material as specified in the policy. Refer to the Clinical Requirements and Deadline policy for further instruction.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Clinical Requirements and Deadlines  
**Date Effective:** 9/07  
**Date Revised:** 8/11; 8/12; 8/13; 8/14; 8/16; 8/17; 8/18; 8/19

**Policy:** Students are responsible for maintaining continuous compliance, including for requirements that require updates or renewal. Students must be in compliance with all requirements in order to participate in clinical experiences. Clinical experiences include Nursing Simulation Center clinical days and off-campus clinical agency experiences. Students who do not meet the clinical requirements may not take any upper division nursing courses. Students who are not in compliance with any element, including renewal or updates of previously submitted items (tuberculosis screening, CPR, immunizations, agency orientation or policy documents) may not participate in clinical experiences and will receive a grade of unsatisfactory for each missed experience. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

The deadlines apply to the following items, including but not limited to:

- Student Medical Forms
- Immunizations / vaccines and boosters
- Tuberculosis Screening– initial and annual (per current requirements)
- Drug Screen
- Criminal Background Checks
- CPR Certification – current
- Agency Orientation and Safety Training
- Bloodborne Pathogen Training
- Additional items designated by the PSON or clinical agencies

Deadlines may be revised, and additional items required by the PSON or clinical agencies at any time. Students will be notified of revisions and additional requirements via their university email account.

Students must submit all required items in sufficient time to receive approval by CastleBranch. Please note that the approval process may take several weeks therefore items must be submitted well in advance of the following deadlines.

The clinical agency reviews compliance material and makes the final decision to allow a student's participation in clinical experiences at that agency. If a clinical agency denies permission to participate in clinical experiences, the School is under no obligation to provide alternate experiences and the student may be dismissed from the program.

Students retain access to their CastleBranch account during and following enrollment in a PSON program. Students returning to graduate study may

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Clinical Requirements and Deadlines, continued

**Policy:** continue to use their original account but must provide updated information as required by the policy at the time of enrollment in graduate programs.

**Procedure:**

- Students must submit all required items in sufficient time to receive approval by CastleBranch. Please note that the approval process may take several weeks; therefore, items must be submitted well in advance of the following deadlines. If the deadline falls on a weekend or holiday, the deadline will be extended to the next University business day.
- Undergraduate and graduate students beginning clinical coursework and returning out-of-sequence students follow the deadlines below:

<b>Semester enrolled in coursework</b>	<b>Compliance material approved by:</b>
Fall semester	August 3 for BSN
Spring semester	December 15 for BSN
Summer semester	April 30 for ABSN
MSN students	4 weeks prior to first clinical experience

- Students with required material not approved by CastleBranch by the stated deadline may have their offer of admission/reenrollment withdrawn or registration administratively withdrawn.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Tuberculosis Screening  
**Date Effective:** 4/99  
**Date Revised:** 11/07; 8/11; 8/12; 8/13; 5/15; 8/16; 8/17; 8/18, 8/20

**Policy:** While enrolled in the Presbyterian School of Nursing, all students are required to maintain annual tuberculosis screening. Students who fail to submit the required documentation shall not attend clinical. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course. All results are reported to clinical agencies, per the affiliation agreement or by request of the clinical agency. The requirements are based on CDC requirements for healthcare workers (<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>)

**Procedure:**

- The following are required:
  - The initial TB/PPD: 2-step process within the last 12 months or a QuantiFERON TB or T-Spot. The only exception is the MSN or RN-BSN student who completes all clinical where they are employed may submit a single tuberculosis screening report.
  - Following the initial TB/PPD – An annual TB Risk Assessment and Attestation Form will be submitted.
  - ([https://www.wakeahec.org/pdf/CCEP/TB\\_Attestation.Final.11.13.2019.pdf](https://www.wakeahec.org/pdf/CCEP/TB_Attestation.Final.11.13.2019.pdf))
  - An annual TB skin test is required only if there is a known exposure to TB or ongoing transmission at a healthcare facility.
  - If tuberculosis screening is positive, chest X-ray should be negative for active TB disease; X-ray should be no older than 5 years and individual asymptomatic for TB.
  - If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, a chest x-ray will be required along with the Baseline Individual TB Risk Assessment and TB symptom evaluation. (Note: If a PPD is positive, chest X-ray should be negative for TB disease; X-ray should be no older than 5 years and individual asymptomatic for TB).
- Clinical sites may have additional requirements. Students must meet the requirements of the site where they complete clinical.
- Students shall submit the required material as specified.
- Students receive annual TB education via the Core Orientation.
- Refer to the Clinical Requirements and Deadline policy for further instruction.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Drug Screen  
**Date Effective:** 4/99  
**Date Revised:** 11/07; 8/11; 8/12; 8/13; 8/14; 5/15; 8/16

**Policy:** Consistent with healthcare practice regarding a drug-free environment, all clinical students in participating educational programs must provide documentation of a negative (urine), drug screen based on current requirements of clinical agencies by the designated deadline. The urine must be collected and processed using a NIDA (National Institute on Drug Abuse) approved laboratory. Testing must be done through CastleBranch, using one of their approved labs. Chain of custody in handling of the specimen must be maintained.

Students readmitted to the PSON following a leave of absence or withdrawal are required to repeat the drug screen prior to reenrollment.

For a positive drug screen:

- a) Legal drugs: Valid prescription must be provided for any positive report. Medical Review Officer (MRO) review may be required at the facility level.
- b) Illegal drugs: Clinical access denied by specific facility protocol.
- c) Negative-Dilute or Out of Range Results (temperature, specific gravity and/or creatinine): Retest required.

Results will be reported to clinical agencies, per the Affiliation agreement. Clinical agencies make final determination of student eligibility to participate in clinical experiences at that site.

Students are subject to random or for cause screening at any time during a clinical experience in compliance with the agency policy. Random testing may be at student's expense and performed at labs designated by the clinical facility.

If students are charged of any crime related to substance use or abuse during their enrollment in the program, they must notify the Compliance Coordinator within 48 hours, who will notify the clinical agencies. The agency will re-evaluate eligibility to participate in clinical experiences. Students who do not report being charged with a crime related to substance use or abuse may be dismissed from the program.

**Procedure:** Students shall submit the required material as specified.  
Refer to the Clinical Requirements and Deadline policy for further instruction.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Criminal Background Checks  
**Date Effective:** 4/99  
**Date Revised:** 8/11; 8/12; 8/13; 8/14; 16, 8/17

**Policy:** Accreditation agencies require hospitals, childcare facilities and other agencies/organizations to perform criminal background checks on all persons involved in direct patient care, which can include employees, volunteers and students. Students are required to complete a criminal background check at their expense. Refusal to complete the self-disclosure or sign consent to conduct a background check will prevent the student from participating in the PSON program. Criminal background results will be reviewed by the clinical agencies with whom we have agreements for clinical placement. Students may be asked to provide additional documentation regarding a positive background check as requested by the clinical agency. In many instances a prior criminal history will be revealed on a background check, even if it was expunged.

If students are charged of any crime during their enrollment in the program, they must notify the Compliance Coordinator within 48 hours, who will notify the clinical agencies. The agency will re-evaluate eligibility to participate in clinical experiences. Students who do not report being charged with a crime may be dismissed from the program.

**Procedure:**

- Results of all Criminal Background Checks will be reported to clinical agencies. Clinical agencies make final determination of student eligibility to participate in clinical experiences at that site.
- Students shall submit the required material as specified.
- Refer to the Clinical Requirements and Deadline policy.
- Clinical agencies may have additional requirements that will be addressed on a case by case basis and met in order for students to participate in clinical at the site.



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** CPR Certification

**Date Effective:** 4/99

**Date Revised:** 8/11; 8/12; 8/13; 8/14; 5/15; 8/16; 8/19

**Policy:** While enrolled in the Presbyterian School of Nursing, all students are required to maintain continuous CPR/basic life support certification for healthcare providers. The PSON only accepts American Heart Association HeartCode<sup>®</sup> BLS.

**Procedure:** Students shall submit the required material as specified.  
Refer to the Clinical Requirements and Deadline policy for further instruction.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Retention of Compliance Files

**Date Effective:** 8/13

**Date Revised:** 8/15; 8/16; 8/18

**Policy:** Compliance documents for students enrolled in the PSON are retained by CastleBranch.

**Procedure:**

- Students may access their compliance documents during and following enrollment in a PSON program through their CastleBranch account.
- Students enrolled in a PSON program are responsible for all expenses to establish and maintain the CastleBranch account.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Agency Orientation and Agency Policy and Procedure Documents

**Date Effective:** 8/11

**Date Revised:** 8/11; 8/12; 8/14; 8/16; 8/17; 8/18

**Policy:** Clinical agencies have agency specific orientation requirements. The Clinical Education Coordinator or the Compliance Coordinator will instruct students to complete the appropriate agency orientation material for their clinical experience and will communicate the deadline for completion. Documentation as designated by each agency will be retained.

**Procedure:** Students will upload all required material to their CastleBranch and MyClinicalExchange account or submit to Clinical Education Coordinator as directed.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Technical Standards  
**Date Effective:** 9/07  
**Date Revised:** 12/10; 8/11; 8/12; 8/13; 8/14; 8/15

**Policy:** Technical standards are required functions that are non-academic in nature and include the areas of general abilities, communication, sensory abilities, emotional abilities, behavioral/social abilities, motor abilities, critical thinking, and professional conduct. These skills are required to ensure the health and safety of patients, students, faculty, and other health care providers.

The PSON acknowledges its legal obligation to provide appropriate and reasonable accommodations for students with documented disabilities. If a student has a disability and is seeking accommodations, they should contact the Office of Student Accessibility Services. Students should initiate this process as soon as possible, allowing sufficient time for a request for an accommodation to be considered. Students may be responsible for the cost of accommodations. Clinical settings may not provide or permit accommodations a student receives in a Queens' classroom environment. This may hinder a student's ability to successfully complete the nursing program.

A student must meet all course outcomes and satisfactorily demonstrate the essential clinical competencies to successfully complete each course. All students are held accountable to the same minimum functions, standards, and competencies for successful program completion.

Some clinical situations may require the student to meet additional standards based on agency requirements.

The list of essential standards and examples of necessary activities is detailed below.

*Note: The term "patients" as used herein includes patients, clients, family, individuals, and groups.*

Core Performance	Standard	Examples of Necessary Activity (not all-inclusive)
General Abilities	The student must be able to observe a client accurately at a distance and at close range. In addition, a student must be able to respond promptly to urgent situations that may occur during clinical practice activities	<ul style="list-style-type: none"> <li>• Possess the ability to perceive pain, pressure, temperature, position, equilibrium and movement.</li> <li>• Possess functional use (with or without use of adaptive device) of the senses of vision, touch, hearing, taste and smell so that data received by the senses can be integrated, analyzed and synthesized in a consistent and accurate manner.</li> </ul>
Communication	The student must be able to effectively communicate and receive communication, both verbally and non-verbally and to respond. This requires the ability to see, speak, hear, read, write, and effectively utilize the English language.	<ul style="list-style-type: none"> <li>• Elicit information, describe changes in condition, including but not limited to mood, activity and posture, and perceive nonverbal communications as well as communicate effectively and sensitively with patients.</li> <li>• Communication includes written and oral communication to patients, families, and members of the health care team.</li> </ul>
Sensory Abilities	Observation necessitates the functional use of all the senses. The student is expected to demonstrate sufficient abilities to allow the student to gather data from: the patient, written reference materials, oral presentations, demonstrations, and observations of a patient in the healthcare setting.	<ul style="list-style-type: none"> <li>• Demonstrate sufficient capacity to perform health assessment and interventions; obtain diagnostic specimens and information from digital, analog and waveform representations of physiologic phenomena to determine a client's condition.</li> <li>• Be able to assess and intervene safely on the client's behalf.</li> </ul>
Emotional Abilities	The student must be able to: demonstrate a calm demeanor in response to uncertain or rapidly changing environmental and patient conditions while still providing competent care; continued ...	<p>The student must be able to safely manage:</p> <ul style="list-style-type: none"> <li>• Unexpected worsening of a client's condition</li> </ul> <p>continued ...</p>

Core Performance	Standard	Examples of Necessary Activity (not all-inclusive)
Emotional Abilities, continued	The student must be able to: effectively cope with strong emotions without excessive need for faculty coaching; focus attention and manage multiple responsibilities simultaneously; provide care and emotional support to patients whose decisions may conflict with the student's own personal opinions or values; establish and maintain professional boundaries with patients and their families.	The student must be able to safely manage: <ul style="list-style-type: none"> <li>• Strong emotions, including: Anger, sadness, frustration, etc.</li> <li>• Care of two or more patients</li> <li>• Care of a client who refuses life-saving treatment</li> <li>• Declining gifts or disclosing sensitive/personal information</li> </ul>
Behavioral/Social Abilities	The student must demonstrate professional behavioral/social skills.	<ul style="list-style-type: none"> <li>• Relate to patients, colleagues, faculty and other health care professionals with integrity, honesty and without discrimination, prejudice, or intolerance</li> <li>• Maintain sensitive, harmonious and effective relationships with patients, faculty, colleagues and other health care providers.</li> </ul>
Motor Abilities	The student must be able to demonstrate manual dexterity, gross, and fine motor abilities sufficient to provide safe and effective nursing care in the clinical setting.	<ul style="list-style-type: none"> <li>• Execute movements (pushing, pulling, extending, rotating, bending, etc.) to provide general and emergency care (for example but not limited to, the ability to perform CPR) in a timely manner, including the ability to maneuver small spaces and from room to room.</li> <li>• Physically endure assigned periods of clinical practice</li> <li>• Able to calibrate, operate, and maintain equipment</li> <li>• Able to use sterile techniques, universal precautions, and personal protective equipment.</li> <li>• Possess the tactile ability sufficient to perceive changes and differentiate between structures, textures, and temperatures.</li> </ul>

Core Performance	Standard	Examples of Necessary Activity (not all-inclusive)
Critical Thinking	The student must have the ability to learn, critically think, analyze, and solve problems sufficient for safe clinical judgment and a trusting relationship in the classroom and clinical setting.	<ul style="list-style-type: none"> <li>• Gather complete data, develop a plan of action, establish priorities, monitor treatment plan, and identify safe alternatives in complex situations</li> <li>• Make decisions under varying degrees of stress</li> <li>• Ability to read, comprehend, and communicate detailed information in the English language</li> </ul>
Professional Conduct	The student must demonstrate professional behavior and refrain from actions that violate university, school and agency policies. Additionally, students must conduct themselves consistent with the state board of nursing, the ANA Nurse Practice Act, and the ANA Code of Ethics for Nurses.	<ul style="list-style-type: none"> <li>• Practice in a safe and competent manner.</li> <li>• Respect the dignity, culture, ethnicity, values, and beliefs of people receiving care and treatment, and of their colleagues.</li> <li>• Treat personal information obtained in a professional capacity as private and confidential in accordance with HIPAA and Queens/PSON policies.</li> <li>• Provide impartial, honest, and accurate information in relation to nursing care and health care products.</li> <li>• Support the health, well-being, and informed decision-making of people requiring or receiving care.</li> <li>• Promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.</li> <li>• Maintain and build on the community's trust and confidence in the nursing profession.</li> <li>• Practice nursing reflectively and ethically.</li> </ul>

**Title of Policy:** Technical Standards, continued

### References

- American Nurses Association, Inc. (2015). *Code of Ethics for Nurses*. Retrieved from: <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses>
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- HIPAA Administrative Simplification 45 C.F.R., Parts 160, 162 and 164 (2009). Retrieved from: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule>
- Southern Regional Education Board (2014). *The Americans with Disabilities Act: Implications for Nursing Education*. Retrieved from: <http://www.sreb.org/publication/americans-disabilities-act>



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Latex Reactions  
**Date Effective:** 5/07  
**Date Revised:** 8/11; 8/12; 8/13; 8/14; 8/18

**Policy:** When working in the Nursing Simulation Center and healthcare environment, the potential exists for exposure to latex and other allergens. Students and faculty members with a known sensitivity or allergy to latex are responsible for assessing their personal level of risk.

**Procedure:** Students or faculty members with a known sensitivity or allergy to latex are responsible for:

- Consulting with their healthcare provider about the level of sensitivity, risks, and treatment
- Requesting latex-free equipment when available
- Informing the faculty member (or co-worker in the case of faculty sensitivity/allergy) of the plan to manage a reaction, including the location of your prescribed Epi-Pen.
- Hypoallergenic gloves, glove liners, or powder-free gloves are not to be assumed to be non-latex or latex free.

Education will be provided in the first semester of the BSN curriculum and in NUR 655 of the MSN curriculum regarding the types of reactions, levels and routes of exposures and common products containing latex.

Students and faculty in the Nursing Simulation Center or clinical setting shall report any signs and symptoms that might be indicative of latex allergy.

In the event that a student or faculty member experiences any signs/symptoms of a reaction, emergency medical services (911) shall be contacted immediately. Students are responsible for the cost of transport and treatment.

In the event of an initial confirmed latex reaction, clearance must be obtained from a health care provider prior to re-entering the Nursing Simulation Center or clinical setting. Documentation of clearance must be submitted to the Compliance Coordinator.

Depending on the severity of a latex allergy, students may be eligible to seek accommodations through the Office of Student Accessibility Services.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Student Contact Information

**Date Effective:** 9/07

**Date Revised:** 8/11; 8/12; 8/17; 8/19

**Policy:** Prior to the first day of each semester and upon any changes, students will assure that the University and PSON have accurate contact information. This includes phone number(s), and local and permanent mailing addresses.

Faculty will use the Queens E-mail to contact students. Faculty and staff will not respond to non-Queens email addresses.

**Procedure:** The student must maintain current and accurate contact information and addresses through MyAccount and with lead course faculty member.

It is requested that upon graduation, students provide an alternate email for alumni communication purposes.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Infectious / Communicable Disease or Injury

**Date Effective:** 5/07

**Date Revised:** 8/11; 8/13; 8/20

**Policy:** Faculty, staff with faculty privileges, and students, because of performing learning and instructional activities, may engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated. Faculty, staff, and students are therefore considered to have the potential for occupational exposure. This includes, but is not limited to, activities on campus and at clinical or research sites. Likewise, faculty, staff with faculty privileges, and students may participate in activities with the risk of injury.

Students will be instructed in clinical agency infection control guidelines prior to beginning patient care experiences in any new facility. Clinical agencies may have additional criteria that must be met by students and approved by the agency to participate in patient care experiences. The PSON recognizes and accepts the variation in criteria between clinical agencies, and will hold students, faculty, and staff accountable, accordingly. Students, faculty, or staff who have infectious/ communicable disease are relieved of classroom/lab attendance and patient contact until they have been determined to be free of infection and/or present no risk to the health of classmates, employees, or patients. Students, faculty, or staff with an injury must be cleared by the clinical agency to participate in clinical experiences.

Students are responsible for the cost of treatment for any infectious/communicable disease or injury incurred during enrollment in a PSON program and the cost of return to school/clinical testing or medical examinations as required by clinical agencies. Faculty and staff will follow the policies of Queens Human Resource department. For additional information, refer to the Bloodborne Pathogen Exposure Control Plan.

The PSON reserves the right to suspend class, laboratory, and clinical experiences in the event of an infectious or communicable disease outbreak or threat that may pose a danger to the students, faculty, or staff. University decisions about student participation in course and clinical experiences will supersede those of the PSON.

**Procedure:**

- Faculty members may preclude a student from clinical experience if in the faculty member's judgment, the student's illness poses a potential health hazard to patients.
- Students, faculty, and/or staff who have had an infectious/ communicable

disease may be required to provide written and dated clearance from a healthcare provider on official letterhead to return to clinical. This documentation should be submitted to the Compliance Coordinator ([PSONcompliance@queens.edu](mailto:PSONcompliance@queens.edu)). Copies of clearance to return to clinical may be provided to clinical agencies per affiliation agreement requirements or by request of the clinical agency.

- Students, faculty, and/or staff who have recently traveled to areas with outbreak of infectious/ communicable disease, regardless of if they are showing symptoms, may be required to participate in a quarantine period until they are determined to be free of infection and/or no longer pose harm to others. Additional documentation from a healthcare provider indicating the individual's ability to return to the public may be requested.
- Faculty, staff and students may be screened for signs and symptoms of infectious/communicable disease prior to entering class, laboratory, or clinical experiences to ensure that they do not pose a risk to others. Refusal to participate in screening will prohibit participation in the class, laboratory, or clinical experience.
- Faculty, staff, and/or students may be required to adhere to additional requirements during a class, laboratory, or clinical experience to maintain a safe working/learning environment that mitigates the risk of illness or injury. Failure to adhere to these requirements will prohibit participation in the class, laboratory, or clinical experiences and could be reported to the university as an Honor Code violation.
- Any student who presents to a PSON-sponsored event, gathering, or class that is experiencing symptoms of illness, will be directed by faculty or staff to self-isolate and/or seek medical attention until authorization to return is verified.
- Students unable to attend class, laboratory, and clinical experiences due to exposure to infectious/ communicable disease or injury should notify their faculty, and if indicated, Student Accessibility Services, as soon as possible after the diagnosis. Students shall work with their faculty to obtain coursework and make-up assignments. Students are responsible for initiating this conversation with faculty and maintaining the open flow of communication. Options for remote attendance to classes may be provided by the faculty within the constraints of the NC Board of Nursing and CCNE.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Bloodborne Pathogens

**Date Effective:** 5/07

**Date Revised:** 6/12

**Policy:** All students in the PSON shall abide by the Bloodborne Pathogen (BBP) Exposure Control Plan, located in the Forms and Appendices section of this handbook.

All students shall submit verification of annual BBP training.

**Procedure:** Students who do not comply with the Bloodborne Pathogen Exposure Control Plan will be in violation of PSON policy. Violation will result in disciplinary action up to and including dismissal from the program.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Transportation to and from Clinical Sites

**Date Effective:** 6/91

**Date Revised:** 8/06; 8/11; 8/12

**Policy:** Students are responsible for reliable transportation to and from their assigned clinical site. Requests for specific sites based on transportation needs of the student will not be honored.

**Procedure:** Students who are late or absent due to transportation reasons will follow the program's policy for tardiness or absence.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Inclement Weather  
**Date Effective:** 1/08  
**Date Revised:** 8/11; 8/12; 8/14; 8/19

**Policy:** The PSON will normally abide by the university's decision to cancel or delay classes due to inclement weather. Clinical faculty may cancel or delay clinical if, in their opinion, travel conditions are or may become hazardous during the scheduled clinical time. This includes any course or clinical experience related to the School of Nursing.

**Procedure:**

- Students, faculty, and staff are notified of changes in the university class schedule by QAlert.
- All classes and clinicals will be cancelled in the event the university is closed.
  - The clinical faculty member is responsible for notifying the clinical unit if clinical is cancelled, including when the university is closed.
  - If the students are in the clinical setting when the announcement is made that the university is closed (or closing), students shall bring their clinical work to a close and will be dismissed by their clinical instructor as close to the university announced time as is reasonably possible.
- If the clinical faculty is unable to safely travel to the clinical site, the faculty member's section may not participate in clinical. Students will be notified if the time is to be made-up on an open clinical day.
  - Clinical faculty must pre-arrange a method to contact all students in their clinical group.
  - Decisions to cancel or delay clinical will normally be made and students notified at least one and a half hours prior to the scheduled start time for clinical.
  - The clinical faculty member is responsible for notifying the program Chair that their clinical experience is cancelled or delayed. The initial notification may be by phone or text, but the faculty is responsible for sending an official notification to the Chair via email.
- At times, classes will be held when road and weather conditions may vary across the area.
  - The decision to travel to campus or clinical sites during inclement weather ultimately rests with the students and faculty members.
  - Students are responsible for academic work they miss due to these absences.
  - Graduate students must notify their preceptors if they are unable to attend a clinical experience due to inclement weather.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Student Parking (Campus & Clinical Sites)

**Date Effective:** 8/11

**Date Revised:** 8/11; 8/12; 8/16; 8/17

**Policy:** Students shall follow the Queens and Clinical Agency current parking regulations and display the proper vehicle permit or hangtag while parking on campus or at clinical facilities.

**Procedure:**

- Students at clinical sites will be directed to student parking locations by their clinical faculty member.
- Students may request a security escort to and from parking locations.
- Students are responsible for any fees associated with parking.



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Class Attendance and Engagement

**Date Effective:** 3/96

**Date Revised:** 8/06; 8/11; 8/12; 8/14

**Policy:** The instructional work of the School is designed for regular attendance and participation. Students are expected to be present and on time for all class and clinical experiences. Students will be responsible for any learning activity missed due to absence or tardiness. Students in hybrid and online classes are expected to actively participate in discussions and assignments. Students should refer to the syllabus for attendance requirements specific to the course.

**Procedure:** Refer to the course syllabus for details.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Substance Abuse  
**Date Effective:** 5/07  
**Date Revised:** 8/11; 8/12; 8/13; 8/16

**Policy:** The illegal use, and/or sale or possession of narcotics, drugs or controlled substances by a student at any time is grounds for dismissal from the nursing program.

The consumption of alcoholic beverages is not permitted while students are practicing in the student nurse role.

Students who are perceived to be impaired and represent a potential danger to themselves, other students, employees, or patients will be removed from the site and disciplined according to established University policy.

The PSON or clinical agency may require that the student submit to a random or for cause drug screen. Refusal to be tested is considered equivalent to a positive test. Students who refuse testing are prohibited from participating in clinical experiences. Each missed experience for this reason is considered unsatisfactory performance for that activity.

**Procedure:**

- Any student violating the Substance Abuse Policy will be subject to disciplinary action ranging from temporary removal from clinical to dismissal from the nursing program and University sanctions.
- Facilities requiring random or for cause drug screens may require students complete drug screens at their facility.
- Students are responsible for the cost of drug screens.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Social Media  
**Date Effective:** 8/12  
**Date Revised:** 8/12

**Policy:** If an online presence is established by a student, the Presbyterian School of Nursing (PSON) expects the student to maintain an ethical and professional digital citizenship aligning with the Queens Honor Code and all policies outlined in the current edition of PSON Student Handbook. The posting of certain content, or participating in a post, can violate federal privacy laws, and PSON policies, placing the student at risk of disciplinary action up to and including immediate dismissal from the PSON. It is the intent of the PSON to embrace the use of social media by students while protecting the public, the reputation of Queens and the PSON, and following the letter and spirit of all applicable laws.

**Guidelines** Students shall not:

- Participate in unacceptable online behaviors which can include but are not limited to cyberbullying, defamation, harassment, offensive content, aggressive behavior or illegal activities.
- Write or post anything (text, video and/or photographs) that would jeopardize the integrity of the PSON or compromise a student's ability to work in a clinical setting.
- Engage in any disclosures (inadvertent or not) or the perception of disclosures in relation to any information protected by the Health Insurance Portability and Accountability Act (HIPAA).
- Share confidential information in any fashion; patient privacy must be maintained at all times. Offenses most pertinent to this discussion are those concerning the release of identifiable patient demographics or any combination of identifiable facts that may jeopardize patient's confidentiality; photography and/or video of any kind from the clinical setting; and release of any patient information to any outlet.
- Partake in the "friending" of patients on social media websites. Students in patient care roles generally should not initiate or accept friend requests (or the like) except in unusual circumstances such as the situation where there is an established relationship prior to the date of treatment.
- Comply with HIPAA regulations while on social networking sites. Violators are subject to the same prosecution as with any other HIPAA violations.
- Ensure that your social media activity does not interfere with your commitments while in class or in a clinical setting.
- Clearly indicate that you are speaking for yourself and not on behalf of Queens or the PSON. In circumstances where your connection to Queens and/or PSON is apparent, you should include a disclaimer such as: "The views expressed on this [blog; page; website] are my own and do not reflect the views of Queens University of Charlotte or the Presbyterian School of Nursing."

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Social Media, continued

Students shall:

- Assume that everything you post, exchange or receive on a social media site is public information even if you use privacy settings (determining who can view your page or profile, for instance).
- Assume that your professional life and your personal life will merge online regardless of your effort in separating them.
- Think before posting anything to a social media site. Using social media sites means that you (and the content you exchange) are subject to the online organization's terms of service. There may be legal implications and there is a possibility that your interactions could be subpoenaed by a third-party. The social media organization has access to and final control over everything previously disclosed on or through their service. Content may sometimes be handed over to law enforcement without the knowledge and notification of the user.

**References:**

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**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Temporary Removal from Class or Clinical  
**Date Effective:** 4/00  
**Date Revised:** 9/03; 5/07; 8/11; 8/12; 8/18

**Policy:** A faculty member may remove a student from participating in any class or clinical experience for any reasons such as, but not limited to:

- Failure to meet technical standards
- Failure to adhere to dress code policy
- Suspected violation of substance abuse policy
- Presenting physical or emotional problems which conflict with the safety essential to nursing practice (21 NCAC 36.0320 (d) (1))
- Demonstration of behavior which conflicts with the safety essential to nursing practice (21 NCAC 36.0320 (d) (2))
- Failure to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media (21 NCAC 36.0320 (d) (3))

**Procedure:** If a student demonstrates behaviors unfit for the class or clinical experience the faculty will remove the student from the area immediately.

## ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

**Title of Policy:** Student Practice Event Policy  
**Date Effective:** 8/10  
**Date Revised:** 8/12; 8/16; 8/17; 8/18

**Policy:** The faculty of the PSON strives to promote a learning environment in which students practice and provide care based on evidence, standards of practice, and professional values. When an event occurs in which a student fails to perform at the expected level of practice based upon their level in the program or the student compromises the values of the nursing profession, the event will be assessed under the North Carolina Board of Nursing *Just Culture* philosophy.

Events related to academic cheating, confidentiality, inappropriate use of social media, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, and mental or physical impairment are not subject to the *Just Culture* philosophy. These events will be addressed with the appropriate policies and procedures of the PSON or Queens University of Charlotte.

**Procedure:**

- A Student Practice Event Report (located in the Forms section of the handbook) may be initiated by any faculty member when a student fails to meet the expectations of performance or behavior for a student at that particular level of any nursing program. Examples of events that may initiate a report are (but not limited to):
  - Any event that triggers the equivalent of an agency incident report
  - Student unable to recall content knowledge or skills from previous semesters
  - Student unable to recognize or accept responsibility for errors in practice or judgment
  - Negligence or failure to act according to policy or standards of practice
  - Near misses
  - Concealing or hiding errors

Please refer to the following link for reference:  
<https://www.ncbon.com/education-resources-for-program-directors-just-culture-information>
- The faculty member observing the event will complete the Student Event Form and SPEET (Student Practice Event Evaluation Tool) according to their observation of the situation.
  - Clinical faculty members may use their professional judgment about removing the student from the clinical setting at the time of an event or permitting them to finish the clinical day.
  - The faculty member observing the event will discuss the event with the student and request the student to submit a SPEET.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Student Practice Event Policy, continued

Notification:

- Clinical faculty will notify and consult with the course lead faculty member about the event and review the outcome of the SPEET with the lead faculty member and Program Chair
- The Program Chair will coordinate remediation that may continue into the subsequent semester.
- Any faculty member may consult an Educational Consultant at the NC Board of Nursing about the event. All consultations must be documented on the SPEET form, including outcomes of the consultation.

Response to SPEET:

- Events deemed to be Human Error:
  - Console the student
  - When indicated, develop a remediation plan for student improvement. The faculty member initiating the report is responsible for evaluating the result of remediation.
- Events deemed to be At-Risk Behavior:
  - Develop a remediation plan for student improvement. The faculty member initiating the report is responsible for evaluating the result of remediation.
  - Faculty member initiating the report will monitor and coach the student until the end of the timeframe designated on the remediation plan. Normally, the minimum amount of coaching is to the end of the semester. If less than three weeks remain in the semester, monitoring and coaching will continue through the end of the subsequent semester.
- Events deemed Reckless Behavior:
  - Student is subject to disciplinary action according to the policies of the PSON or Queens University of Charlotte.
  - Students who remain enrolled are required to complete a remediation and coaching plan. The faculty member who initiated the report will monitor and coach the student until the end of the timeframe designated on the remediation plan. Normally, the minimum amount of coaching is to the end of the semester. If less than three weeks remain in the semester, monitoring and coaching will continue through the end of the subsequent semester.

All documentation of the event, including the Student Event form, SPEET completed by faculty member and student, remediation, coaching, and follow-up will be filed in the Student Clinical File.

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## ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

**Title of Policy:** Dismissal from the Program – Clinical or Professional Reasons  
**Date Effective:** 6/91  
**Date Revised:** 7/01; 12/04; 8/11; 8/12; 8/15; 8/16

**Policy:** The faculty of the Presbyterian School of Nursing has academic, legal and ethical responsibilities to protect the safety of the public. It is within this context that a student enrolled in the nursing program at Queens University of Charlotte may be dismissed for either academic or professional (non-academic) reasons, congruent with [NCBON 21 NCAC 36. 0320](#). Students who:

- (1) Present physical or emotional problems which conflict with safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives;
- (2) Demonstrate behavior which conflicts with safety essential to nursing practice;
- (3) Fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media while in the nursing program of study.

**Procedure:**

- If a student’s dismissal is due to failure to meet the requirements of the Progression Policy, that policy and procedure will be followed. For all other dismissals, the following procedure will guide the process:
  - When a faculty member determines a student's behavior may warrant dismissal, the faculty member shall notify the student verbally or in writing. If the student is participating in a clinical experience, they shall immediately cease attendance in that clinical experience. The faculty member will notify the lead course faculty member and the program Chair. If the program Chair is initiating the action, they notify the Director of the PSON.
  - The faculty member will provide a written description of the student's behavior to the Program Chair and Director of the PSON. The student may provide a written statement to the Program Chair and Director of the PSON.
  - Normally, a meeting will be convened by the Program Chair or their designee within 5 business days to discuss the event(s) that initiated the dismissal. The following will normally be present: faculty who initiates dismissal, lead course faculty, Program Chair, other faculty and/or staff involved in the situation, and the student. If a student fails to appear at the called meeting, the meeting will proceed. Normally all parties will be notified of the final decision within 5 business days, unless additional time is required to gather information.



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Title:** Appeal of Dismissal  
**Date Effective:** 4/10  
**Date Revised:** 8/11; 8/12; 8/14

**Policy:** Students who are dismissed from the nursing program for academic and/or clinical reasons may appeal the dismissal if the dismissal procedure was breached. Students are limited to a single reenrollment over the course of an academic program in nursing and may not appeal another dismissal if a dismissal were to occur. Dismissal from the program due to failure to progress and/or failure of a course is not grounds to request an appeal. Late requests for appeals will not be considered.

**Procedure:**

- The appeal process must be initiated by the student within 10 university business days of the last day of class for the semester of appeal. The last day of class is listed on the Queens University of Charlotte academic calendar.
- The appeal may only be submitted on the “PSON Appeal of Dismissal Form” available on the PSON Student Services website. Students must address each item on the form. Do not submit additional forms, letters, or letters of support/reference. Only information on the “PSON Appeal of Dismissal Form” will be used in the review process. Students will not be granted meetings with college administration while the appeal is being considered.
- Students submit the appeal via email to [pson\\_da@queens.edu](mailto:pson_da@queens.edu)
- Appeals will be reviewed by an administrative committee designated by the Director of the PSON.
- Normally, decisions will be rendered within 10 university business days unless additional information gathering extends the time frame.

## ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

<b>Title of Policy:</b>	Leave of Absence from the Nursing Program
<b>Date Effective:</b>	2007
<b>Date Revised:</b>	8/11; 8/12; 8/16; 8/17; 8/18, 8/20; 8/23
<b>Policy:</b>	All PSON students are limited to one Leave of Absence from their program during their enrollment in the Nursing program. Any student requesting a temporary separation from the program must submit a leave of absence request form. BSN students also submit a university leave of absence request form.
<b>Procedure:</b>	<p>Students must complete a PSON Leave of Absence Request Form and submit it to the Program Chair.</p> <ul style="list-style-type: none"> <li>• Undergraduate students in the ABSN track will be transferred to the BSN track if/when reenrolled.</li> <li>• Graduate students may request a leave of absence from a nursing program equal to the time designated in the Graduate leave of absence policy in the Queens Catalog.</li> <li>• Prior to taking a leave of absence, nursing students should: <ul style="list-style-type: none"> <li>○ discuss the decision with their academic advisor.</li> <li>○ consult the PSON policy “Program Reenrollment” for requirements.</li> <li>○ consult their Student Financial Services Counselor related to account or financial aid implications.</li> </ul> </li> <li>• Students called to active military duty refer to the university policy.</li> <li>• Students taking a Leave of Absence from the University shall also refer to the university policy.</li> <li>• A student who does not obtain a formal leave of absence from the program or who does not return in the agreed-upon time will be withdrawn from the program and is required to reapply for admission to the program.</li> </ul>

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Dropping or Withdrawing from a Nursing Course

**Date Effective:** 4/10

**Date Revised:** 8/12; 8/14; 8/16; 8/18, 8/22

**Policy:** Any student who drops or withdraws from any required course within the nursing curriculum will be out of sequence in the curriculum plan. Students originally admitted as Direct Admit no longer have the Direct Admit status. Reenrollment is on a space available basis and is not guaranteed.

**Procedure:**

- Students who are considering dropping or withdrawing from a course are encouraged to discuss the decision with their academic advisor.
  - Dropping or withdrawing from a course requires dropping or withdrawing from co-requisite courses.
  - Dropping or withdrawing from a course results in the student being out of sequence with the curriculum course plan, which will delay progression and exit/graduation from the program.
- Prior to dropping or withdrawing from a course, students should consult the PSON policy “Program Reenrollment”.
- Because dropping or withdrawing from a course may result in account or financial aid adjustments, students should consult their Student Financial Services Counselor.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Program Reenrollment  
**Date Effective:** 6/91  
**Date Revised:** 11/07; 8/11; 8/12, 8/15; 8/16; 8/18

**Policy:** Students who have taken a leave of absence, dropped a course, or withdrawn from a course are categorized as “out of sequence” with their admission course plan.

Undergraduate students who become out of sequence must reenroll within one semester. Students who are not reenrolled within the designated deadline will be administratively dismissed from the program.

Graduate students who become out of sequence must reenroll within 12 months. Students who are not reenrolled within the designated deadline will be administratively dismissed from the program.

To assist students with reenrollment and success in the nursing program, the PSON reserves the right to review and place requirements on reenrollment into a nursing program. All requirements must be completed according to program deadlines. Reenrollment to the BSN program in the next semester is on a space available basis and is not guaranteed.

**Procedure:**

- Students must complete requirements for reenrollment by the stated deadline. All clinical agency compliance requirements shall be up to date and compliant in CastleBranch according to program deadlines.
  - If the student is accepted for reenrollment, the Chair of the Student Qualifications Committee will notify the Program Chair and the Compliance Coordinator
  - If the student has not met the requirements of reenrollment according to program deadlines, the student will be administratively dismissed from the program.
- ABSN students who become out of sequence for any reason will be transferred to the BSN track if/when reenrolled. Reenrollment in the next semester is on a space available basis and not guaranteed.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Lines of Authority for Students

**Date Effective:** 8/07

**Date Revised:** 8/11; 8/12; 8/13

**Policy:** Students shall follow the lines of authority as delineated in the organizational chart for the Presbyterian School of Nursing.

**Procedure:**

- Concerns should be addressed with the person who is directly involved, and then the issue will move up the lines of authority, as appropriate.
- For students, the appropriate line of authority is as follows:
  1. The Course Faculty member
  2. The Lead Faculty for the course
  3. The Chairperson of the program
  4. The Director of the PSON
  5. Dean of Blair College of Health

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Formal Complaint

**Date Effective:** 8/13

**Date Revised:** 8/18

**Policy:** Queens University of Charlotte is committed to providing an educational climate that is conducive to the personal and professional development of individuals. The University Course Catalog has a policy outlining how students may file formal complaints, academic, and non-academic grievances.

The PSON defines formal complaints as any signed claim authored by a student, staff member, faculty member or external constituent alleging discriminatory, indecorous or arbitrary treatment.

Issues concerning earned grades, failure to meet progression standards, requests for reenrollment and appeals do not fall under this policy.

Anonymous or unsigned submissions are not considered formal complaints.

No retaliation or adverse action shall be taken against anyone initiating or participating in a formal complaint.

If the complaint cannot be resolved at the School level, it will be taken to the appropriate university official.

**Procedure:** Complaints may be submitted in letter form and must include date, hand signature and details concerning the complaint. Complaints will not be accepted via electronic submissions. All complaints should be mailed to:

Director of the Presbyterian School of Nursing  
Queens University of Charlotte  
1900 Selwyn Ave  
Charlotte, NC 28274

Upon receipt, the Director of the PSON will review the complaint and provide a follow-up response to the author.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** CastleBranch

**Date Effective:** 05/15

**Date Revised:** 8/18

**Policy:** Students enrolled in the PSON are required to use CastleBranch to submit all of their compliance requirements.

**Procedure:** Immediately upon admission into the BSN program, students shall create their account through CastleBranch.

- Students will submit all of their compliance documents to their CastleBranch account for review, by the stated deadlines.
- Students who fail to create their CastleBranch account and submit their compliance documents by the stated deadlines may not participate in their clinical experiences which could impact course grades and progression in the program.
- Students are responsible for all costs related to establishing and maintaining the CastleBranch account.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Location of Residence for Distance Education (Online) Students  
**Date Effective:** 8/14  
**Date Revised:** 8/15; 8/18

**Policy:** Enrollment in an online track is contingent on the student's physical residency remaining in a state where Queens is authorized to operate. Delivery of the program is contingent upon authorization by the state of residence and the individual Board of Nursing. Information for each state is on the [Queens](#) website.

**Procedure:** If a student plans to change physical residency while enrolled in the program, they must contact the Program Chair and notify Queens of the official move. The Program Chair will validate whether or not the program may be offered in the new state of residency and inform the student of any ramifications the move will have on their ability to complete the program.

Students who move to a state in which Queens is not authorized to deliver a degree program must cease enrollment and withdraw from the program. Students who do not voluntarily withdraw will be administratively withdrawn.



**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** Online Testing Policy and Procedure

**Date Effective:** 8/16

**Date Revised:**

**Policy:** The following guidelines will be followed across programs to promote a fair and effective online testing environment.

**Procedure:** Students are testing under the Queens University of Charlotte Honor Code, and online testing occurs in a password-protected environment.

Students will:

- Review all course-specific instructions related to online exams, including dates and times when the exam(s) are available.
- Contact technical support posted in Canvas immediately if there is a problem while taking the exam.
- Work independently without the use of textbooks, notebooks, or audio, visual, or written input from others, unless advised otherwise.
- Discuss any potential issues that impact testing with their instructor.
- Comply with instructions for proctoring.

Students may not:

- take screenshots.
- access online, printed, or handwritten resources during testing.
- print out or email any exam content.
- discuss the content of an exam with another student until all students have taken the exam.

Exams will:

- Have date and time limitations for availability.
- Close at the end of the time limit indicated, whether or not the student has answered every question.
- Be submitted once, unless multiple attempts are permitted.

**ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS**

**Title of Policy:** PSON Student and Faculty Forum  
**Date Effective:** 8/16  
**Date Revised:** 8/18

**Policy:** Students in the PSON have a variety of avenues to provide feedback to the faculty and administration of the PSON.

At the end of each course, students are encouraged to complete course, faculty and clinical evaluations, which are subsequently reviewed by committees within the PSON.

The PSON Student and Faculty Forum provides a space where faculty and students discuss topics of interest to both parties. The forum provides the opportunity for in depth discussion while promoting student participation in the governance process.

**Procedure:**

	<b>Students</b>	<b>Faculty</b>
BSN	One selected representative from each cohort	Program Chair and the Chairs of the Curriculum Committee, BSNQC, and Program Evaluation Committee
MSN	One selected representative from each track	Program Chair, two MSN Faculty, and Chair of the Program Evaluation Committee

1. The BSN and MSN Program Chairs will select representatives each academic year.
2. A variety of methods may be selected by the program Chairs to gain student feedback including meetings, forums, and surveys.
3. Minutes of meetings will be recorded. Notes will be compiled of alternate methods for communication.
4. Outcomes of the forums will be summarized and reported to the faculty in the department meeting.
5. Outcomes, including any changes to curriculum, policy, or services will be recorded in the PSON Continuous Evaluation Plan.

**Title of Policy: COVID-19 POLICIES AND STATEMENTS FROM CLINICAL PARTNERS**

**Date Effective:** 8/20

**Date Revised:** 8/21

**Policy:** Students must abide by the current clinical agency policies and meet all requirements during their clinical experiences.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** BSN Test Security  
**Date Effective:** 8/15  
**Date Revised:**

**Policy:** In order to foster a positive and supportive educational environment which sustains and promotes lifelong learning, the following guidelines will be followed during the proctoring of on campus quizzes and exams within the BSN program. Additional measures may be implemented at the discretion of the faculty member/proctor. Students receiving testing accommodations shall follow the same guidelines with respect to their accommodation and testing policies of Student Accessibility Services.

Make up exams, if permitted, will have guidelines determined by the faculty. Make up exams may be in an alternate format.

**Procedure:** The following guidelines are in effect for test security in a class or laboratory environment:

- All personal belongings will be brought to the designated area of the classroom prior to the exam/quiz being distributed.
- All electronic devices, including wearable technology, must be turned off or put on sleep mode prior to the exam/quiz being distributed. Cell phones must be placed on airplane mode, turned off, and stored in the space designated for personal items.
- Only noise cancelling earplugs may be used during the examination. Electronic wired earbuds are allowed when computerized testing requires an auditory component.
- No headgear, hat or cap may be worn which obstructs the proctor's view of the student's face. Religious head coverings are permitted.
- Food and drink are not permitted in the classroom or lab during exams/quizzes.
- Students should use the restroom prior to the beginning of the exam/quiz. A student should not plan to leave the room or lab until their exam/quiz is submitted to the proctor.
- Students are only permitted to use number 2 pencils to record answers for examinations not taken on a computer. A highlighter is the only other form of writing utensil allowed to be on the desk during the examination.
- Students may not use personal calculators. A simple calculator will be provided in Canvas.
- Students may write on the exam, but only answers on the answer sheet will be accepted and graded.
- Seating arrangement during the exam may be assigned at the discretion of the proctor.
- The proctor will not interpret questions or explain words for students.
- Students who arrive after the exam has begun will not be provided

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Dress Code for Pre-Licensure Students

**Date Effective:** 8/07

**Date Revised:** 8/11; 8/12; 8/13; 8/14; 8/19, 8/20

**Policy:** When in uniform, in clinical or the Hunt Nursing Simulation Center, the dress code must be followed.

The Queens University of Charlotte uniform consists of the following and must be purchased in the Queens Bookstore. Substitutions are not permitted:

- Uniform tops and bottoms must be Galaxy Blue
- Individuals choosing to wear a skirt may wear a Galaxy Blue skirt in a basic uniform style. The skirt must be below the knee in length and purchased through the Queens Bookstore.
- Plain solid black or white T-shirt or turtleneck shirt may be worn under scrub tops if it meets clinical agency policy.
- Shoes worn in the clinical setting shall be flat, clean, with no open weave, cloth or canvas material, and no open-back clogs. Athletic shoes are permissible. No Crocs or shoes with holes are permitted in the clinical area. Shoes must be black or white only.
- Plain white pantyhose worn with skirts or plain black or white socks worn with scrub pants are acceptable.
- Uniforms MUST be clean, unwrinkled and worn as designed.
- Valid Student identification badge with student picture MUST be worn whenever in uniform.
- Other items considered required parts of the student uniform are:
  - wristwatch (cellphones are not an acceptable substitute)
  - stethoscope
  - bandage scissors
  - penlight
- Hair must be dry, neat, clean, and styled so that it does not interfere with patient care. Hair on or below the shoulder must be pulled back. Hair may be secured with a plain head band of a neutral solid color (black, blue, white, brown) or other method (clip, pins, etc.) that is unobtrusive and in compliance with facility policies.
- Beards and mustaches must be kept clean and neatly trimmed.
- Nails must be clean, short and well-manicured. Only colorless nail polish is permitted. Artificial nails, shellac and gel polishes are not permitted.
- Jewelry is limited to:
  - wristwatch
  - maximum of 2 rings (rings with prongs are not acceptable)
  - earrings must comply with clinical agency policies
  - no visible body ornaments, except as identified above
- Tattoos, branding, and other forms of body art must comply with clinical agency policies.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Dress Code for Pre-Licensure Students, continued

- The face may not be covered at any time while in the clinical setting with the exception of personal protective equipment.
- Make-up, cologne or perfume must comply with clinical agency policies.

Modifications to the dress code will be considered on an individual basis by the Clinical Education Coordinator.

Clinical instructors will inform students of agency dress code requirements to which students must adhere while in that particular agency. Students are required to follow the more restrictive policy.

Students are not permitted to wear Queens University of Charlotte nametag or uniform when not in the nursing student role.

Failure to comply with the dress code may result in removal from clinical for an assigned experience with an unsatisfactory clinical evaluation for the day. Unsatisfactory performance can impact a student's ability to pass the course.

**Procedure:** Faculty will identify students not in compliance with the dress code and permit student to come into compliance within one hour. Students unable to come into compliance within the one-hour time period will be removed from clinical. See "Temporary Removal from Class or Clinical" Policy.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Clinical Attendance  
**Date Effective:** 4/00  
**Date Revised:** 9/03; 8/11; 8/12; 8/14; 1/16; 8/17; 1/18; 5/19, 8/21, 8/22; 8/23

**Policy:**

1. Clinical Absences:
  - A. Number of absences for each clinical course:
    - 45-hours or less courses, 0 absences
    - 90-hours or more courses, 1 absence
  - B. Unsatisfactory on the Student's Weekly SLO will be assigned for each missed clinical day, clinical make-up day will be required for every missed clinical day for every absence over the permitted absences in Part A. Failure to attend the assigned clinical make-up day may result in course failure.
2. Tardy:
  - A. Tardy is defined as more than 15 minutes late to the assigned start time of the clinical day (no matter the reason, unsatisfactory is assigned for the clinical day on the Student's Weekly SLO (1.b. will apply).
  - B. Two tardies will equal 1 absence (1.b. will apply).
3. Clinical Paperwork:
  - A. Students have until 3 days post clinical day end to complete and submit clinical paperwork (11:59pm).
  - B. Late paperwork will result in an unsatisfactory for the day, 2 unsatisfactory scores will equal 1 clinical absence (1.b. will apply).

Title IX Compliance: Students who anticipate absences as a result of pregnancy, childbirth, recovery from any related conditions, or parenting should consult with the program Chair.

ADA Compliance: Student situations requiring temporary accommodations under the ADA will be reviewed on a case-by-case basis. These types of situations may include but are not limited to the student wearing a brace or cast, use of crutches, lifting restrictions, or concussions. The clinical agency reviews the student's ability to perform and/or their policy concerning assistive devices in the clinical setting and makes the final decision to permit a student's participation in clinical experiences at that agency. Each agency evaluates the situation based upon their policies and procedures. If a clinical agency denies permission to participate in clinical experiences, the School is under no obligation to provide alternate experience until the situation is resolved.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Clinical Attendance, continued

**Procedure:** Pre-licensure students should notify the Clinical Education Coordinator and the Coordinator of Student Accessibility Services as soon as possible when a situation occurs that may require temporary accommodations. Post-licensure students, including MSN students, shall notify the program Chair and the Coordinator of Student Accessibility Services. Students may be asked to provide documentation and progress reports from a healthcare professional, including a statement that the student may return to full activities and/or participation in clinical.

In the event of an absence, for any reason, the student must notify faculty at least 60 minutes prior to the time that the clinical experience is scheduled to begin. The clinical faculty member will designate the manner in which they should be notified.

Absence or clinical tardiness will be documented on the weekly formative clinical evaluation.

Students may be required to provide clearance from a healthcare provider to return to a clinical setting. All documentation should be submitted to the Compliance Coordinator. Clinical faculty may not accept or evaluate this documentation.

Students who miss more than two weeks of clinical experiences due to pregnancy, childbirth, recovery from any related conditions, or parenting must provide documentation from a healthcare provider stating that they are unable to participate in clinical.

- All documentation should be submitted to the Compliance Coordinator. Clinical faculty may not accept or evaluate this documentation.
- The student will receive a grade of Incomplete in the course and will be permitted to complete clinical requirements the next semester the course is offered pending availability of a clinical site and section.
- The student will not be permitted to progress in the program until the grade of incomplete is resolved.



## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

- Title of Policy:** Health Education Systems, Incorporated (HESI)  
(Testing and Remediation Program)
- Date Effective:** 12/11
- Date Revised:** 8/12; 8/14; 8/18; 4/19
- Policy:** All pre-licensure students are required to complete the program designated assignments and exams in the HESI Testing and Remediation program. Failure to participate in testing will be recorded as a zero for the course grade designated for the test.
- Procedure:**
- Students shall be oriented to the HESI system in the first semester of the program.
  - Students shall use the HESI study materials throughout their program and in preparation for the NCLEX-RN after graduation.
  - The course syllabus will designate if a HESI Specialty Exam or Exit Exam will be administered in that course.
  - In first semester courses, HESI Specialty Exams will constitute 5% of the course grade. HESI Specialty Exams will constitute 7% of the course grade in the remaining courses. Students are required to review/remediate each question missed on the specialty exam; if all questions are not reviewed 5 points will be deducted from the conversion score.
    - The Exit Exam (average of the initial and repeat) will constitute 10% of the course grade.
    - Specialty Exams and Exit Exams are administered in a proctored setting on campus on the date and time designated in the course syllabus. This may be outside of the normally scheduled class time.
    - Accommodations will be made for students officially receiving services from the Office of Student Accessibility Services.
    - When requested, students shall present their Queens Student identification card at time of testing. Students will not be permitted to test without the appropriate form of ID.
  - The course syllabus will designate HESI Assignments and/or Case Studies, which are course requirements. These assignments/case studies may be designated as single attempt or repeated as often as necessary to achieve mastery level. Should there be a course in which HESI does not provide assignments, practice exams, and/or case studies, the faculty may substitute an outside resource assignment for the HESI product.
  - All students are required to complete a three day in-person live NCLEX-RN review course as designated in the course syllabus.

\*\*\* Please note that Policy No. 34, Online Testing Policy and Procedure applies to HESI testing. \*\*\*

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** ABSN Student transfer to Traditional BSN Track  
**Date Effective:** 8/16; 8/18  
**Date Revised:**

**Policy:** ABSN track students who have been admitted but have not started classes may request to transition to the traditional BSN track. These students will be placed on the Traditional BSN track waitlist in ranked order.

Students who have completed a minimum of one semester in the ABSN track may request to transition to the traditional BSN track. Approval for the transfer to the traditional track will be on a space available basis as determined by the BSN Program Chair.

ABSN students who fail to progress and are eligible to repeat a course are required to transfer to the traditional track and may do so when space is available.

**Procedure:**

- ABSN track students who have been admitted but have not started classes may request to transition to the traditional BSN track by submitting a written request to their assigned admissions counselor.
- ABSN track students who have completed a minimum of one semester in the ABSN track may request to transition to the traditional BSN track by submitting a written request via university E-mail to the BSN Program Chair before the last day of finals for the summer or fall term as designated on the Academic Calendar.
- Students making a request to change tracks are not required to reapply to the nursing program. Students remain under the policies of the PSON, including the progression policy.
- Students will not be permitted to transfer if their enrollment requires an additional section of any course, including a clinical section.
- Students are required to meet all compliance requirements applicable to the deadlines for the semester to which they are transitioning.
- Students who transition to the traditional track will receive a new course plan from the program Chair, which may require a semester of part-time coursework before they can transition to an existing full-time cohort. Transition from ABSN to the traditional BSN track will delay graduation from the program.
- Transition from ABSN to the traditional BSN track may result in account or financial aid adjustments. Students should consult their Student Financial Services Counselor.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** NCLEX-RN® and Licensure

**Date Effective:** 8/07

**Date Revised:** 8/11; 8/12; 8/15; 8/16

**Policy:** Instructions to take the NCLEX-RN® examination, requirements for licensure and the level of license eligibility are determined by individual states. Individual State Boards of Nursing or the designated state agency approve or deny licensure within their jurisdiction.

Verification of program completion shall be made after a student successfully completes all academic degree requirements and the degree is officially awarded by the Registrar's Office. In addition, any financial obligation to the University must be settled before verification will be provided.

**Procedure:** Students testing in North Carolina must complete the North Carolina online registration process by the last day of class of the student's final semester as indicated on the Academic Calendar.

Students testing in a state other than North Carolina shall contact the state in which they desire to be licensed to obtain the required verification forms. The student shall complete their portion of the form. All forms must be submitted to the PSON Director by the last class day of the student's final semester as designated on the academic calendar. If the state requires transcripts the student is responsible for obtaining them through the Registrar's Office.

Students who change their name during or following enrollment in a pre-licensure program must inform the Director of the PSON via email by the last day of class as indicated on the academic calendar. The information shall include their name during enrollment and the name on their NCLEX-RN application.

Detailed information on the NCLEX-RN testing process and how pass/fail decisions are available on the National Council of State Boards of Nursing website at [www.ncsbn.org](http://www.ncsbn.org)

**ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE BSN PROGRAM**

**Title of Policy:** BSN Course Grades and Grading Scale  
**Date Effective:** 6/91  
**Date Revised:** 8/12; 8/16  
**Policy:** Official course grades are available to students via the MyQueens portal at the end of each term. Course grades and any portion of the grade (i.e. exam grades) will not be communicated by telephone or email.

Extra credit will not be awarded in any nursing course.

**Procedure:** All courses in the BSN program use the following system of grades:

<b>Grade</b>	<b>Equivalency</b>
A	93-100 %
A-	91-92%
B+	88-90%
B	86-87%
B-	84-85%
C+	81-83%
C	79-80%
C-	77-78%
D+	74-76%
D	69-73%
F	68% and below

Course grades are not rounded until the final course grade is calculated. The final grade is carried to 2 decimal points and then will be rounded. A grade of X.5 will be rounded up to the next whole number. A grade of X.49 will be rounded down to the lower whole number. Rounding occurs only once in the final grade calculation.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Grading BSN Courses with a Clinical Component

**Date Effective:** 6/91

**Date Revised:** 8/06; 8/11

**Policy:** The clinical component of each clinical course and the performance examination in Health Assessment are graded as follows:

- S – Satisfactory Performance – performance that is within the scope of safe nursing practice and is in full accordance with the criteria listed in the clinical and course outcomes.
- U – Unsatisfactory Performance – performance that is not in accordance with safe nursing practice or with criteria specified in the clinical and course outcomes.
- NI – Needs Improvement (grade at midterm only) – performance that is within the scope of safe nursing practice but is not in full accordance with criteria specified in the clinical and course outcomes.

To be successful in clinical courses the student must achieve satisfactory performance on all the criteria listed in the clinical and course outcomes.

A final grade of “U” in the clinical portion of any nursing course automatically results in a course grade of “F”.

**Procedure:** As part of the formative evaluation, a clinical evaluation will be completed at midterm.

Students who receive an NI or U at midterm shall consult with their clinical faculty member to identify areas of improvement, which will be documented on the clinical evaluation form.

## ACADEMIC POLICIES AND PROCEDURES

**Title of Policy:** Health Insurance Requirement

**Date Effective:** 8/11

**Date Revised:** 8/11; 8/12

**Policy:** All students are required to have health insurance.

**Procedure:** All students enrolled in a pre-licensure nursing program will be charged health insurance each semester. If students have comparable coverage they may wish to waive this coverage. To decline participation in and to remove charges from a student account for this insurance, students must complete an opt-out verification on-line with the University's insurance provider the first academic term of every academic year the student is enrolled.

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Progression in the Major  
**Date Effective:** 6/91  
**Date Revised:** 8/11; 8/12; 8/14; 8/15; 8/17; 8/18; 8/19, 8/22

**Policy:** Standards for academic progression through the nursing major are consistent with but may be higher than the Queens University of Charlotte academic regulations (see Catalog).

- ♦ All courses required in the nursing curriculum must be successfully completed with a C- or higher.
- ♦ For students entering the BSN courses in fall 2022 and afterwards, all courses required in the nursing curriculum must be successfully completed with a C or higher.
- ♦ Course prerequisites/co-requisites must be met as outlined in the university catalog. Deviations from the identified sequence for any reason must be approved by the program BSN Student Qualifications Committee.

During the period of upper division enrollment, students must earn a grade of C- or higher in all nursing courses to progress. Students who earn a grade of less than C- may repeat one course only. Students who earn a grade less than a C- in two or more nursing courses are dismissed from the program.

**For students entering BSN courses in fall 2022 and afterwards:**

During the period of upper division enrollment, students must earn a grade of C or higher in all nursing courses to progress. Students who earn a grade of less than C, may repeat one course only. Students who earn a grade less than a C in two or more nursing courses are dismissed from the program.

Students who repeat a course in the final semester of the program are required to participate in the NCLEX-RN Success Action Plan. Failure to successfully complete coaching (as outlined in the current semester NUR 497 course) will result in a failing grade (F) in the course in which the student is enrolled.

**Procedure:** BSN students who are dismissed from the major and the PSON may remain a student in the university.

Students repeating a course, must successfully complete it on the second attempt. Only after the successful completion of the course (earned final grade of **C- or higher**) may the student progress in the major. Student is responsible for all tuition, fees, and financial aid ramifications for repeating the course.

An NCLEX-RN Success Action Plan (Action Plan) must be completed by any student repeating a course in the final semester of the BSN pre-licensure program. Students are required to successfully complete all parts of the Action Plan. Students who do not successfully complete the action plan will receive a

grade of F in all nursing courses in the final semester of enrollment. The plan may be revised during the academic year. The Action Plan will consist of:

1. An Action Plan signed and dated by both the NCLEX-RN® Success Coordinator and student.
2. Completion of practice tests in preparation for the NCLEX-RN® that including assigned exams in the *Elsevier Adaptive Quizzing Program for NCLEX-RN®*.

Policy No. 203

## ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

Failure to Progress in the Major Flowchart (in reference to Policy No. 203)

**The student receives official notification of their academic status.** The student will receive a notification letter via email indicating their academic status in the nursing program. If appropriate, a Letter of Intent will be included.

### Student's Academic Status

Failing grade in <b>ONE</b> course attempt	Failing grade in <b>TWO</b> or more courses attempts
<p>The student has the option to repeat the course. The student must sign and return the <b>Letter of Intent</b> by the designated deadline.</p> <p>If the student does not submit a signed copy of the <b>Letter of Intent</b> by the designated deadline, they forfeit the option to repeat a course and are dismissed from the nursing program.</p> <p>ABSN students are transferred to the traditional BSN track on a space available basis as determined by the BSN Program Chair.</p> <p>Students that choose to repeat a course may check with their advisor to determine if other non-nursing graduation requirements can be completed.</p> <p>If the student submits a signed <b>Letter of Intent</b> by the deadline, students will register into the appropriate nursing course section that they are repeating.</p>	<p>The student is dismissed from the nursing program and counseled about other majors at Queens.</p> <p>The following majors are often of interest to these students due to the similarities to the nursing curriculum.</p> <ul style="list-style-type: none"> <li>♦ Health &amp; Human Performance</li> <li>♦ Human Services Studies</li> <li>♦ Psychology</li> </ul> <p>It is the student's responsibility to register for courses in their new major process. A <b>Change of Major</b> form must be filed by the student with the Registrar's Office. For advising assistance related to a change of major please contact Academic Advisor, BCH.</p> <p>The student will be administratively removed from all nursing courses.</p>



**ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS**

**Title of Policy:** Dismissal from the Program – Academic Reasons

**Date Effective:** 6/91

**Date Revised:** 7/01; 12/04; 8/11; 8/12; 8/14; 8/15, 8/22

**Policy:** Students who earn a failing grade in any repeated course at any time during their enrollment in upper division coursework are dismissed from the program. Dismissal will occur regardless if the grades are earned in the same or different semesters.

**Procedure:** Students are notified of their official grades via MyQueens.

Students will be administratively removed from nursing courses.

**ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS**

**Title of Policy:** Transfer Credits

**Date Effective:** 5/12

**Date Revised:**

**Policy:** Students may not transfer any credits into the upper division BSN program.

**Procedure:** Students admitted to the BSN program must complete all upper division (300-400) coursework at Queens.

### ACADEMIC POLICIES AND PROCEDURES FOR PRE-LICENSURE BSN STUDENTS

**Title of Policy:** Readmission for to the BSN Program  
**Date Effective:** 8/20, 8/22  
**Date Revised:**

**Policy:** A former Queens BSN student may request readmission to the BSN program after a separation for reasons that include, but are not limited to the following situations:

- Previous failure to progress
- Failure to return from a leave of absence within specified time frame
- Withdrawal from the university

**Procedure:** A former Queens BSN student applies for readmission to the BSN program via the established process and review.

If the student is offered readmission, the nursing courses completed at Queens will be evaluated.

- Only courses that remain unchanged in the current curriculum will be considered.
- Students must have an earned grade of C or higher.
- There may be no more than 2 years between course completion and the same course in the readmission course plan.

Examples:

Course Completed	Course in Readmission course plan	Accepted
Fall 2018 (traditional)	Fall 2020	Yes
Fall 2018 (traditional)	Spring 2021	No
Fall 2019 (ABSN)	Fall 2020	Yes
Fall 2019 (ABSN)	Fall 2021 (traditional track)	Yes
Fall 2019 (ABSN)	Spring 2022 (traditional track)	No

**Title of Policy:** Laptop Computer Requirement

**Date Effective:** 1/2022

**Date Revised:**

**Policy:** Students in both the traditional and accelerated tracks of the BSN program are required to have a laptop that meets the university specifications below.

#### University Computer Specifications

For best performance, you should access the Learning Management System with a computer that supports the most recent browser versions. It is recommended to use a computer five years old or newer with at least 1GB of RAM. Tablets will qualify.

**Operating System:** Our LMS only requires an operating system that can run the latest compatible web browsers. Your computer operating system should be kept up to date with the latest recommended security updates and upgrades.

**Internet Speed:** It is recommended to have a minimum Internet speed.

#### Screen Readers:

- Macintosh: [VoiceOver](#) (latest version for Safari)
- PC: [JAWS](#) (latest version for Firefox)
- PC: [NVDA](#) (latest version for Firefox)
- There is no screen reader support for Canvas in Chrome

See University guidelines.

**Procedure:** Students will bring their laptops to class as directed for both instructional and assessment purposes. Students are responsible for having laptops fully charged and functioning for classroom use.

**ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE MSN PROGRAM**

**Title of Policy:** MSN Course Grades and Grading Scale

**Date Effective:** 2004

**Date Revised:** 8/12; 8/16

**Policy:** Official course grades are available to students via the MyQueens portal at the end of each term. Course grades and any portion of the grade (i.e. exam grades) will not be communicated by telephone or email.

Extra credit will not be awarded in any nursing course.

**Procedure:** All Nursing courses in the MSN program use the following system of grades:

<b>Grade</b>	<b>Equivalency</b>
A	92 – 100%
B	83 – 91%
C	74 – 82%
F	73% and below

Course grades are not rounded until the final course grade is calculated. The final grade is carried to 2 decimal points and then will be rounded. A grade of X.5 will be rounded up to the next whole number. A grade of X.49 will be rounded down to the lower whole number. Rounding occurs only once in the final grade calculation.

**ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE MSN PROGRAM**

**Title of Policy:** MSN Progression

**Date Effective:** 8/19

**Date Revised:**

**Policy:** Standards for academic progression through the graduate nursing program are consistent with the Queens University of Charlotte graduate academic policies (see Catalog).

**Procedure:** Refer to the Student Qualifications section in the Queens University of Charlotte Catalog, graduate academic policies.

## ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE MSN PROGRAM

**Title of Policy:** Post-licensure Admission Policy and Procedure  
**Date Effective:** 4/21  
**Date Revised:** 4/21

**Policy:** In congruence with the *North Carolina State Board of Nursing Education Rules* and the Commission on Collegiate Nursing Education (CCNE) *Standards of for Accreditation for Baccalaureate and Graduate Programs*, the Bachelor of Science in Nursing faculty shall have the authority and responsibility for:

- student admission, progression, and graduation requirements; and
- the development, implementation, and evaluation of the curriculum.

Accurate, complete, and consistent information about the admission policy and procedures is communicated across all mediums and accessible by the public.

To be considered for admission to the MSN program, all application material, including transcripts, must be received by the admissions office by the application deadline.

Students with incomplete applications and those who do not meet all of the minimal requirements will not be considered for admission.

Students are admitted three times per year. It is the applicant's responsibility to submit all application documents to allow sufficient time for review prior to the intended term of admission.

The admission process is competitive. The admission decision is based on the academic history of the applicant and ranking during each application cycle. Meeting minimal requirements does not guarantee admission to the program.

### **Minimal requirements to apply for admission to the post-licensure MSN program.**

The following are required to be considered for admission to the MSN program:

1. Completed Graduate Application
2. Official transcripts of all post-secondary academic coursework, indicating evidence of one of the following:
3. BSN degree earned at a regionally accredited institution and nursing program accredited by ACEN, NLNAC, or CCNE.
4. Associate degree in nursing with bachelor's degree in another field will be considered.
5. Associate degree in nursing from a regionally accredited institution and nursing program accredited by NLNAC or CCNE when applying for the RN-MSN Track
6. Applicants will be considered for admission if the following requirements are both met:
  - Cumulative GPA of at least a 2.5 on a 4.0 scale
  - Last 60 nursing credits GPA of at least 2.5 on a 4.0 scale
7. Current unrestricted license to practice as a registered nurse in the state in which the student will complete any practicum requirements of the program.
8. No GRE required.

# **PSON STUDENT FORMS AND APPENDICES**

**THE FOLLOWING ARE PROVIDED AS  
EXAMPLES OF STUDENT FORMS**

**INDIVIDUAL FORMS WILL BE PROVIDED, AS NEEDED,  
THROUGH CASTLEBRANCH, FROM PROGRAM CHAIRS, OR  
FROM YOUR ADVISOR.**



**Acknowledgement of the PSON Student Handbook**

I, \_\_\_\_\_, a student in the Presbyterian School of Nursing,  
PRINTED NAME  
hereby signify that:

- 1) I have read and understand the content of the PSON (Insert Current Year) Student Handbook.
- 2) I had the opportunity to ask questions regarding the content of the PSON Student Handbook.
- 3) I understand that I am bound by the rules and regulations stated in the current PSON Student Handbook during each semester of enrollment.
- 4) I understand that I am bound by the rules and regulations if changes are made to the PSON Student Handbook during the academic year.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Release of Information to Clinical Partners**

Student's Name: \_\_\_\_\_  
PRINTED NAME

As a Presbyterian School of Nursing (PSON) student, you may choose or be required to participate in learning experiences in a hospital, medical office, or other clinical setting. As stated in the Student Handbook, you agree to provide PSON with documentation to fulfill all clinical requirements and also agree to keep that information current by updating it as necessary.

To fulfill the requirements of Affiliation Agreements, you agree that PSON may release information to any entity with which you may participate in clinical learning experiences, including without limitation hospitals, medical offices, and other health services providers. Examples include, but are not limited to:

- **Criminal Background Information** you agree to update the PSON of any charges that occur during your enrollment.
- **Personal Health Information**
- Directory Information as permitted under FERPA.

This authorization is valid until canceled. You may cancel this release at any time by submitting a written request to the PSON Compliance Coordinator. Cancellation or placing a non-disclosure (hold) on directory information may result in agency revocation of privileges to attend clinical.

By signing this form, you release the PSON, Queens University of Charlotte, and its trustees, officers, employees, agents, and assigns from any and all liability related to the release of the above-named records and information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Hepatitis B Vaccine Declination Form**

I understand that as a nursing student or nursing faculty member I am at risk of exposure to the hepatitis B virus (HBV). By signing this declination form I am declining to have the vaccination at this time, although I understand the seriousness of HBV infections and the implication of my decision. I further understand that I may choose to receive the vaccination at any time.

\_\_\_\_\_  
Signature of Student/Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Student Practice Event Form**

Student: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Program: \_\_\_\_\_ Course: \_\_\_\_\_ Type of Event:  Clinical  Other

Name of Faculty Member Initiating Report Process: \_\_\_\_\_

Describe Event (Include witnesses, context. Do not include patient names):

**Student Practice Event Evaluation Tool (SPEET) Scores**

**SPEET Score (Faculty):** \_\_\_\_\_

**SPEET Score (Student):** \_\_\_\_\_

Human Error

Human Error

At-Risk Behavior

At-Risk Behavior

Reckless Behavior

Reckless Behavior

**Student Comments:**

Continued on next page ...

**Student Practice Event Form, continued**

**Outcome:**

- Console Student
- Coaching by \_\_\_\_\_ until \_\_\_\_\_
- Remediation plan to be monitored by faculty member completing report:
  1. Goals of remediation (list course objectives, professional behaviors, etc.)
  2. Method to achieve goals:
  3. Timeframe to achieve goals: (may include step-by-step description)
  4. Evaluation of Goals:
- Disciplinary Action (to be completed and documented per policy)

Resolution of Event: To be signed when all elements of Outcome are complete.

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Form will be filed in Student Clinical File\*\***

**PSON Appeal of Dismissal**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Program: (Check one)  BSN  MSN

Reason for Dismissal from the program: \_\_\_\_\_

Please review the dismissal and appeal policies in the PSON Student Handbook and provide an explanation, based on those policies, about why you are appealing your dismissal:

My signature represents that I have responded truthfully in completing this appeal request in accordance with the Queens University of Charlotte Honor Code.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(Note: Typing your name on this line constitutes your electronic signature and is considered an official signature.)

**\*\*Late requests for an appeal will not be considered\*\***

**PSON Request for a Leave of Absence from a Nursing Program Form**

**Note: Students requesting a Leave of Absence from the University are referred to the university policy in the Queens Catalog and must also complete a Leave of Absence form from the Registrar’s Office. All students considering a Leave of Absence are advised to consult with their Student Financial Services counselor.**

Printed Name: \_\_\_\_\_

Original Program/Track: (Check one):  Traditional BSN       ABSN  RN-BSN  
 MSN Administrator       MSN- CNL       MSN Educator  
 Informatics

Reason for Leave of Absence:

Date Leave of Absence will begin: \_\_\_\_\_

Anticipated Date of Return: \_\_\_\_\_

I have read the Program Reenrollment following Leave of Absence or Becoming Out of Sequence Due to Dropping a Course or Course Withdrawal Policy. I understand that reenrollment is on a space available basis. I agree to conditions determined by my program’s Student Qualification Committee. I understand that all conditions, including those required for agency compliance, must be completed by the first day of the academic semester in which a will be reenrolled. Failure to meet the conditions or timeframe will result in my dismissal from the program.

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

**Submit PSON Leave of Absence Form to the Program Chair**

**Progression in the Major - Letter of Intent Form**

By signing below, I understand I have not met the requirements to progress in the nursing program. I also understand my options as a student and acknowledge assistance has been offered to help me with the following decision.

I have selected the following option (check one box below):

- Continue in the nursing program and repeat the nursing course for which I earned a grade of D+ or below.
- Remain a student at Queens University of Charlotte and change to a different major. Please complete a Change of Major form and turn it in to the Registrar’s Office
- Leave Queens University of Charlotte. Please see Registrar’s Office.

\_\_\_\_\_ If you select to continue in the nursing program, please initial here, indicating the following:

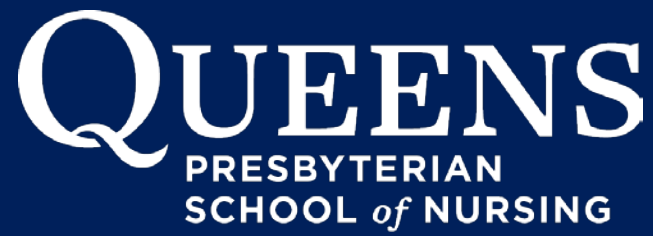
- (1) I have read PSON Student Handbook policy “Progression in the Major/Failure to Progress.”
- (2) I acknowledge that I have been advised to speak with my counselor in Student Financial Services.
- (3) I acknowledge that earning another grade of D+ or below will result in my dismissal from the nursing program.

Student’s Name: \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date





BLAIR COLLEGE OF HEALTH  
BLOODBORNE PATHOGEN EXPOSURE  
CONTROL PLAN – 2022-2023

Date Effective: 8/11  
Date Reviewed: 7/12; 8/12; 8/13; 8/15; 8/16; 8/17; 8/18; 8/19; 8/20; 8/22  
Date Revised: 8/13; 8/14, 8/18

## Blair College of Health Bloodborne Pathogen Exposure Control Plan

**In the event of a true, life-threatening emergency, all Queens' BCH faculty, staff, and students are advised to call 911 for emergency services.**

**Purpose:** The purpose of the Exposure Control Plan is to eliminate or minimize exposure to bloodborne pathogens. This plan is in accordance with OSHA Standard 29: CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens and will remain housed on the portal of the Blair College of Health, in the Blair College of Health Faculty and Staff Handbook, and in the PSON Student Handbook. This plan applies to all Blair College of Health (BCH) faculty, staff with faculty privileges (hereby referred to as "staff"), and students enrolled in a BCH major or participating in research studies (hereby referred to as "students").

### **I. Exposure Determination:** Addresses OSHA item (c) (2)

Faculty, staff with faculty privileges, and students, because of performing learning and instructional activities, may engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated. Faculty, staff, and students are therefore considered to have the potential for occupational exposure. This includes, but is not limited to, activities on campus and at clinical or research sites. Examples of potential exposure include, but are not limited to: invasive procedures, blood glucose monitoring, phlebotomy (obtaining blood samples), starting IVs, exposure to blood, urine, stool, amniotic fluid, and spinal fluid, during the provision of CPR or first aid, and when handling contaminated sharps or equipment.

Students may not perform any invasive procedure on each other, faculty, staff, or volunteers. Faculty, staff, and students will take necessary precautions to avoid direct contact with fluids and shall not, except when absolutely necessary for the performance of duties, participate in activities nor enter areas that will require them to come in contact with body fluids, needles, or other instruments or surfaces that are contaminated with other potentially infectious materials. Any procedure that can be avoided is not to be undertaken. Moreover, even in cases of occupational exposure (i.e. unavoidable contact with contaminated equipment or sharps), extreme caution must be observed.

Occupational Exposure is defined as any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the duties of the employee's or student's duties. This definition is without regard to the use of Personal Protective Equipment.

## II. Schedule and Methods of Implementation: Addresses OSHA item (c) (1) (ii) (B)

**A. Methods of Compliance: Note: Methods of compliance are the responsibility of the clinical agency when the faculty, staff, or students participates in an off-campus clinical experience.**

### **(1) Universal Precautions: Addresses OSHA item (d) (1)**

Universal precautions shall be observed by all faculty, staff, and students to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

### **(2) Engineering and Work Practice Controls: Addresses OSHA item (d) (2)**

Engineering and work practice controls shall be used to eliminate or minimize exposure. Where engineering controls will reduce exposure, either by removing, eliminating, or isolating the hazard, they must be used. (CPL 2-2.44D) Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

- a. Hand washing facilities are available in the Nursing Simulation Center, on campus, and at research study sites, and shall be provided by affiliated clinical agencies.
- b. When the provision of handwashing facilities is not feasible in the Nursing Simulation Center, on campus, or at research study sites, the BCH shall provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- c. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either non-antimicrobial soap and water or antimicrobial soap and water.
- d. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other situations.
  - (1) after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
  - (2) after contact with inanimate objects, including medical equipment, that is likely to be contaminated.
  - (3) after removing gloves and/or personal protective equipment.
- e. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- f. Antimicrobial-impregnated wipes (i.e. towelettes) may be considered as an alternative to washing hands with non-microbial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- g. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.

- h. Faculty, staff, and students shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- i. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (1) and (2) below. Shearing or breaking of contaminated needles is prohibited.
  - (1) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can demonstrate that no alternative is feasible or that such action is required by a specific procedure.
  - (2) Such bending, recapping or needle removal must be accomplished through the use of mechanical device or a one-handed technique.
  - (3) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded in accordance with this standard, and leak-proof on the sides and bottom
  - (4) In accordance with the requirements set forth for reusable sharps:
    - Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires faculty, staff, or students to reach by hand into the containers where these sharps have been placed.
      - a. Specimens of blood or other potentially infectious materials shall be placed in an appropriate container that prevents leakage during collection, handling, processing, storage and transport. The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped.
      - b. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure.
      - c. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, desktops or countertops where blood or other potentially infectious materials are present.
      - d. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
      - e. Mouth pipetting and suctioning of blood or other potentially infectious materials is prohibited.
      - f. Equipment in the Nursing Simulation Center, on campus, and at research study sites which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless a representative of the BCH can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. Clinical agencies are responsible for their equipment.
      - g. A readily observable label shall be attached to contaminated equipment stating which portions remain contaminated.

- h. Information about equipment contamination is to be conveyed to all affected faculty, staff, students, and the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipment so that appropriate precautions will be taken.
- i. Selection of equipment: The BCH will institute changes in technology that reduce/eliminate exposure. There will be annual documentation of consideration and implementation of safer devices. There will be solicitation of input from non-managerial employees to identify, evaluate and select work place controls. The BCH will select and implement appropriate engineering controls to reduce or eliminate exposure. New devices must be implemented as appropriate and available, following training of faculty, staff, and students.
- j. Clinical agencies or research sites may have additional Engineering and Work Practice Controls. The faculty, staff, and students shall follow the policy that provides the highest level of protection.

**(3) Personal Protective Equipment (PPEs):**

- a. Provision: When there is the anticipated risk of occupational exposure in the Nursing Simulation Center, on campus, and at research study sites, the BCH shall provide, at no cost to the faculty, staff, or students, the appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the faculty, staff, or student's work clothes, uniform, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- b. Use: Students, faculty, and employees shall use appropriate personal protective equipment unless an employee representative of the BCH shows that the subject briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the subject's personnel judgment that in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the subject. When the subject makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- c. Accessibility: The BCH shall ensure that appropriate personal protective equipment in the appropriate sizes is readily available on site or is issued to the faculty, staff, or student. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those individuals who are allergic to the gloves normally provided.
- d. The BCH shall repair or replace personal protective equipment used in the Nursing Simulation Center, on campus, and at research study sites, as needed to maintain its effectiveness, at no cost to employees.
- d. Cleaning, Laundering, and Disposal: The BCH shall red bag contaminated items and follow established procedure of the department owning the contaminated items.
  - (1) If a garment is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

- (2) All personal protective equipment shall be removed prior to leaving the nursing lab, clinical, or research area, using care not to expose the wearer to contamination from the equipment itself.
  - (3) When personal protective equipment is removed, it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.
- e. Gloves: Gloves shall be worn when it can be reasonable anticipated that the faculty, staff, or student may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin: when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

If a faculty, staff, or student in a volunteer blood donation center judges that routine gloving for phlebotomies is not necessary, then the employer/school shall periodically reevaluate this policy; make gloves available to all employees who wish to use them for phlebotomy, not discourage the use of gloves for phlebotomy; and require that globes be used for phlebotomy in the following circumstances:

- When the faculty, staff, or student has cuts, scratches, or other breaks in his or her skin;
  - When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on uncooperative source individual; and when the faculty, staff, or student is receiving training in phlebotomy.
- f. Masks, Eye Protection and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- g. Gowns, Aprons and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinical jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

#### **(4) Housekeeping:**

The BCH shall ensure the physical environment in the Nursing Simulation Center and at research study sites is maintained in a clean and sanitary condition. The cleaning schedule and method of decontamination will be implemented based upon the activity being performed.

- a. All equipment and environmental and working surfaces shall be cleaned and decontaminated immediately after contact with blood or potentially infectious materials.
- b. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- d. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- e. Broken glassware shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and disposed of in an appropriate puncture proof container.

**(5) Regulated Waste: Contaminated Sharps Discarding and Containment:**

- a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - (1) Closable
  - (2) Puncture resistant
  - (3) Leak proof on sides and bottom and labeled or color-coded in accordance with the biohazard label
  - (4) Labeled or color-coded in accordance with this policy.
- b. During use, containers for contaminated sharps shall be:
  - (1) Easily accessible to faculty, staff, or students, and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
  - (2) Maintained upright throughout use
  - (3) Replaced routinely and not be allowed to overfill
- c. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose a person to the risk of percutaneous injury.
- e. The Clinical Coordinator, researcher, or designated employee is responsible for making arrangements for the disposal of full and/or sealed sharps containers in accordance with applicable regulations of the United States and state of North Carolina.

**(6) Contaminated Laundry:**

- a. Contaminated laundry is to be handled as little as possible with a minimum of agitation or movement.
- b. Contaminated laundry is to be bagged at the location where it was used.
- c. Contaminated laundry shall be placed and transported in bags or containers labeled with biohazard symbol or colored red.
- d. Wet contaminated laundry is to be placed and transported in bags or containers that will prevent soaking through and/or leakage of fluids to the exterior.
- e. Persons handling contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- f. Garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as possible by the user. This includes if contamination occurs at a satellite location.

**B. HIV and HBV Research Laboratories and Production Facilities:** Addresses OSHA item (e) – N/A

**C. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up:** Addresses OSHA item

(f):

**(1) General:**

Queens shall make available the Hepatitis B vaccine and vaccination series to all faculty and staff who have the potential for occupational exposure, and post-exposure evaluation and follow-up to all faculty and employees who have had an exposure incident, at no cost to the employee.

- a. Queens shall ensure that all medical evaluations and procedures including the Hepatitis

B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis:

- (i) Are performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- (ii) Are provided according to recommendations of the U.S. Public Health Service current at the time the evaluations and procedures take place.
- (iii) And include that all laboratory tests are conducted by an accredited laboratory.

**(2) Hepatitis B Vaccination – Faculty and employees - Addresses OSHA item (f) (2) –**

Hepatitis B vaccination is available after the faculty or staff member has received training and within 10 working days of initial assignment unless the faculty or employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed immunity, or the vaccine is contraindicated for medical reasons.

If the faculty or staff member initially declines the Hepatitis B vaccination, but at a later time while employed by Queens decides to accept the vaccination, Queens shall make available Hepatitis B vaccination at that time, at no cost to the employee.



Faculty and staff who decline to accept the hepatitis B vaccination must sign the Hepatitis B Declination Form (Appendix A).

If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health service at a future date, such booster dose(s) shall be made available.

Faculty and staff are not permitted to participate in any clinical or research activities until they are in the process of receiving the vaccine series or have signed the declination statement.

### **(3) Hepatitis B Vaccine – Students**

Upon admission to any nursing program, conducting or assisting with a research study, students are notified of the requirement to obtain the Hepatitis B vaccine or the option to sign the Hepatitis B Vaccine declination statement. Students shall obtain counseling and the vaccine from their private health care provider or the Queens Student Health and Wellness Center. Students will assume the cost for the Hepatitis B Vaccine. Nursing students who choose to decline the vaccine shall be directed to the Clinical Coordinator before signing the Hepatitis B Declination. Students conducting or assisting with a research study shall be directed to the faculty member supervising the research study before signing the Hepatitis B Declination. The Coordinator or faculty supervisor will review the rationale for the vaccine and discuss the student's concerns before the student signs the declination statement. Students will not be permitted to participate in any clinical nursing or research activities until they are in the process of receiving the vaccine series or have signed the declination statement.

### **(4) Post-exposure Evaluation and Follow-up: Addresses OSHA (f) (3)**

Exposure incidents for faculty, staff, or students may occur in the Nursing Simulation Center, on campus, at clinical sites, and at research study sites. The location of the exposure will dictate the post exposure plan. All critical elements of the Post-exposure Evaluation must be followed, regardless of where post-exposure evaluation and follow-up are received. (Appendix B).

Post exposure treatment for needlestick or sharps injury or exposure of eyes, nose, mouth or broken skin to blood or other body fluid includes:

- (1) Flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available
- (2) Irrigate the eyes with clean water, saline or sterile irrigant
- (3) Seek immediate medical attention
- (4) Report immediately to the appropriate supervisor

All Queens' faculty, staff, or students with an occupational exposure occurring in the Nursing Simulation Center or on campus, shall seek immediate treatment at the Queens Student Health and Wellness Center or through Queens Health Promotion Nurse during regular business hours.

If the Queens Student Health and Wellness Center or Health Promotion Nurse is unable to provide treatment, the exposed individual is to seek immediate treatment at the nearest Emergency Department, Urgent Care facility, or their private physician.

Nursing students report to their onsite clinical or lab faculty member, who is then responsible for reporting exposure to the Director of the School of Nursing. Students conducting research or assisting with a research study report exposure to their supervising faculty member. Faculty and staff report an exposure incident to the Dean of the Blair College of Health. The Dean is responsible for reporting exposures that occur on campus to Campus Safety and Security, who will contact those persons involved to complete a Queens Incident Report.

Theoretically, initiation of antiretroviral Post Exposure Prophylaxis for HIV soon after exposure might prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes. It is recommended that treatment begin as soon as possible, and when possible, within seventy-two hours of exposure.

Cost of evaluation and treatment/prophylaxis for faculty and staff will be covered by the Queens' Workmen's Compensation policy. Cost of evaluation and treatment/prophylaxis for students is the responsibility of the student.

The faculty, staff, or student may choose to continue with follow-up care at their private health care provider or at the Queens Student Health and Wellness Center (students at their own cost, faculty under the Queens' Workmen's Compensation policy. Faculty and employees who choose to follow-up with their private physician will be subject to the Queens' Workmen's Compensation policy).

Essential elements for post-exposure evaluation:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless identification is infeasible.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
- When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known status need not be repeated.
- The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained.
- Results of the source individual's testing shall be made available to the exposed student or faculty member, and the exposed individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source

individual.

- If the exposed individual consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, will be completed as recommended by the US Public Health Service.
- The agency that completes initial blood work will provide counseling to the exposed individual.
- The agency that completes initial blood work will provide evaluation of reported illnesses.

**(5) Information Provided to the Healthcare Professional: Addresses OSHA (f) (4)**

Queens will ensure that the healthcare professional responsible for the faculty or employee's Hepatitis B vaccination is provided a copy of the OSHA Bloodborne Pathogen Regulatory text. Students may obtain a copy for their private physician on the internet at [www.osha.gov](http://www.osha.gov) – Standard 1910.1030.

Queens shall ensure that the healthcare professional evaluating a faculty or staff member after an exposure incident is provided the following information:

- A copy of the OSHA Bloodborne Pathogen regulatory text
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available. The results may need to be obtained from the affiliated clinical agency or research investigator where the exposure occurred.
- All medical records relevant to the appropriate treatment of the exposed individual including vaccination status that are maintained by Queens.

**(6) Healthcare Professional's Written Opinion. (c) (1) (ii) (f) (5)**

Queens shall obtain and provide the faculty member or employee or their designated healthcare provider with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. Students shall obtain a copy from the healthcare provider that drew the original lab work and proceeded with the follow-up evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the exposed individual and if the exposed individual has received such vaccination. The healthcare professional's written opinion for postexposure evaluation and follow-up shall be limited to the following information:

- That the exposed individual has been informed of the results of the evaluation; and

o That the exposed individual has been told about any medical conditions resulting from exposure to blood and other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**(7) Medical Recordkeeping - Addresses OSHA item (f) (6)** Medical records required by this standard shall be maintained in accordance with OSHA item (h) (1)

**D. Communication of Hazards to Faculty, Employees, Students and Healthcare Providers:**

(1) Labels: addresses OSHA item (g) (1)

(i) Warning labels shall be affixed to containers of regulated waste used to store, transport or ship blood or other potentially infectious materials, except when red bags or red containers are substituted.

Labels shall include the following legend:

- a) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.



- b) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- c) Red bags or red containers may be substituted for labels.
- d) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement
- e) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment are contaminated.

(2) Signs: addresses OSHA item (g) (1) (ii) – Not Applicable

(3) Information and Training: addresses OSHA item (g) (2)

The BCH shall ensure that all faculty, staff, and students with the potential for occupational exposure participate in a training program that is provided at no cost and is available during working hours.

Training shall be provided:

- o At the time of initial assignment to tasks where occupational exposure may take place. o Within 90 days after the effective date of the standard; and at least annually thereafter.

For faculty, students, and employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need to be provided.

Annual training for all faculty, students, and employees shall be provided within one year of their previous training. Annual training takes place during the month of August for all faculty, employees, and returning students. Any other student must complete Bloodborne Pathogen training within one month of admission or during orientation to conducting or assisting with a research project, and subsequently in August.

New BCH employees will receive the training during employee orientation. The BCH shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

**The training program shall consist of the following elements:**

- a) A copy of the OSHA Bloodborne Pathogens Regulatory text standard 1910.1030 available at [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10051&p\\_table=S](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=S)  
[TANDARDS](#)
- b) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c) An explanation of the modes of transmission of bloodborne pathogens.
- d) An explanation of the BCH exposure control plan – available on the on the portal of the Blair College of Health, in the Blair College of Health Faculty and Staff Handbook, and in the PSON Student Handbook.
- e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f) 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.
- g) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- h) An explanation of the basis for selection of personal protective equipment.

- i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated.
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k) 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 will be made.
- l) Information on the post-exposure evaluation and follow-up that Queens is required to provide for the exposed individual following an exposure incident.
- m) An explanation of the signs and labels and/or color coding required by D1 and D2.
- n) An opportunity for interactive questions and answers with the person conducting the training sessions is provided. Questions can be submitted by E-mail, phone or personal contact.
- o) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

**E. Recordkeeping:**

Medical Records: addresses OSHA item (h) (1)

The BCH will establish and maintain an Occupational Exposure Log, shared electronically with the Queens Campus Safety and Security. An accurate medical record for each faculty and staff member with an occupational exposure shall be established and housed in the Queens Department of Human Resources. It will include:

- (1) The name and social security number
- (2) A copy of the hepatitis B vaccination status including the dates of all the hepatitis B vaccination and any medical records relative to ability to receive vaccination as required by paragraph C.
- (3) A copy of all results of examination, medical testing and follow-up procedures as required by paragraph C.
- (4) The copy of the healthcare professional's written opinion as required by paragraph C (6).
- (5) A copy of the information provided to the healthcare professional as provided in paragraphs C (5).

Confidentiality: Queens shall ensure that faculty, staff, and student medical records are:

- (1) Kept confidential.
- (2) Not disclosed or reported without the subject's express written consent to any person within or outside Queens except as required by this section or as may be required by law.

Queens shall maintain the records required by OSHA item h (employee with Occupational Exposure) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Training Records: addresses OSHA item (h) (2)

Training records shall be housed in individual departments and shall include the following information:

- (1) The dates of the training sessions
- (2) The contents or a summary of the training sessions
- (3) The names and qualifications of persons conducting the training
- (4) The names and job titles of all persons attending the training sessions
- (5) Training records shall be maintained for 3 years from the date on which the training occurred.
- (6) Trainees shall retain a photocopy of their training verification form for 3 years.

Availability: Addresses OSHA item (h) (3)

Upon request, both medical and training records will be made available to the Director of the National Institute for Occupational Safety and Health (NIOSH) and to the Assistant Secretary of Labor for Occupational Safety and Health. Training records required by this paragraph will be made available to faculty, staff, or students upon request for examination and copies will be available for the subject or their representative. Medical records can be obtained by the subject or anyone providing treatment to the subject with the subject's written consent.

Transfer of Record: Addresses OSHA item (h) (4)

If Queens or the BCH ceases to do business, medical and training records will be transferred to the successor employer. If there is no successor employer, Queens must notify the Director, NIOSH, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least 3 months prior to intended disposal.

Sharps Injury Log: addresses OSHA item (h) (5)

The BCH shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the exposed individual. The sharps injury log shall contain, at a minimum:

- (1) The type and brand of device involved in the incident
- (2) The department or work area where the injury occurred.
- (3) An explanation of how the incident occurred.
- (4) The date of the injury
- (5) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6., and shared electronically with Queens' Campus Safety and Security.

## Policy for Nursing Care of Clients with Bloodborne Pathogens

The American Nurses' Association *Code of Ethics for Nurses* states:

- 1.1 Respect for Human Dignity: A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity and human rights of every individual. The need for health care is universal, transcending all individual differences.
- 1.2 Relationships with Patients: Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice.

<https://www.nursingworld.org/coe-view-only>

Therefore:

All faculty, staff, and students will be instructed and expected to follow the Bloodborne Pathogen Exposure Control plan. Following instruction, nursing students, under faculty supervision, may care for clients with HIV, AIDS, Hepatitis and other bloodborne pathogens as part of their nursing clinical experience. No faculty, staff, or student may refuse to provide care to a person with known HIV, AIDS, hepatitis, or other bloodborne pathogen. It is expected that faculty and staff will serve as positive role models for students by demonstrating skillful and compassionate care for all people.



## Glossary

**Assistant Secretary:** Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood:** human blood, human blood components, and products made from human blood.

**Bloodborne Pathogen:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory:** workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated:** the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item of surface.

**Contaminated Laundry:** laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps:** any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination:** the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Director:** Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Engineering Controls:** controls (e.g. sharps disposal container, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Handwashing Facilities:** a facility providing an adequate supply of running water, soap, and a single-use towels or air-drying machines.

**HBV:** hepatitis B Virus

**HCV:** hepatitis C virus

**HIV:** human immunodeficiency virus

**Licensed Healthcare Professional:** a person whose legally permitted scope of practice allows him or her to independently perform the activities required related to Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**Needleless System:** a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's (student or faculty) duties.

**Other Potentially Infectious Materials:** (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead) and (3) HIV-containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:** piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE):** specialized clothing or equipment worn by a person for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

**Production Facility:** facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**Regulated Waste:** liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory:** a laboratory producing or using research-laboratory-scale amount of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharps with Engineered Sharps Injury Protection (SESIP):** a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure. Examples include but are not limited to hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

**Sterilize:** the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions:** an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

## Appendix B: References

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