Arkansas State University
School of Nursing

Undergraduate
Student Handbook

2017 - 2018

School of Nursing
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72467

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The Student Handbook for nursing majors was developed by a student-faculty committee from nursing, incorporating suggestions received from ASTATE students, faculty and administrators. It is designed to inform nursing majors regarding nursing policy, and to assist the students in their educational planning.

It is the student’s responsibility to review this handbook annually.

Arkansas State University is an equal opportunity institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, handicap, or other unlawful factors in employment practices or admission and treatment of students.
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INTRODUCTION

Programs

The nursing faculty is committed to the concept of educational mobility, and has provided a variety of approaches to the Licensed Practical Nurses, Licensed Psychiatric Technician Nurses, and Registered Nurses prepared at the associate degree, diploma, and baccalaureate degree levels.

Arkansas State University offers an associate degree (AASN) and a baccalaureate degree in nursing (BSN). Upon completion of the prescribed undergraduate curriculum the graduate is eligible to write the National Council Licensure Examination to become a registered nurse (NCLEX-RN).

The nursing courses for the AASN program are planned within the framework of four semesters; with some general education and science courses being taken prior to enrolling in the first semester nursing courses.

The curriculum for the BSN program is planned within a framework of four years. During the first two semesters, the focus is on general education courses which form the base upon which the professional courses in nursing are built. A second degree accelerated BSN is offered in 13 months for students holding a Bachelor's degree in another field.

The Master of Science in Nursing offers tracks in Adult Health Nursing (Clinical Specialist, Nurse Educator, Nurse Administrator), Family Nurse Practitioner (FNP), or Nurse Anesthesia. A Doctoral Program in Nursing Practice (DNP) is also offered. (Rev. 5/15)

The nursing programs at Arkansas State University are accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, Georgia 30326, (404) 975-5000.

Revised 7/2013

History

When St. Bernard's Hospital closed its diploma school of nursing in the early 1950's, northeastern Arkansas was left with no program preparing candidates for the Registered Nurse licensure examination. With the emergence of Jonesboro as a regional medical center, it was imperative that the community be assured that nurses necessary for this changing role be provided. Initially, hospitals provided scholarships at schools in other communities, but all too frequently the recipients of those scholarships remained in the area in which their education was received rather than coming to this area.

During the middle 60's, a group of concerned citizens, including a number of nurses, approached the University regarding the establishment of a nursing program and after a great deal of study, it was decided that the Associate Degree program in nursing would be initiated. In January 1969, the first class was admitted. The desirability of establishing a baccalaureate program in nursing was discussed, and these discussions resulted in the establishment of a generic baccalaureate nursing program in 1974. Both programs continued to expand, thus providing northeast Arkansas with a source of competent nursing graduates. In 1978, plans were formulated which would enable the graduates of both associate degree and diploma programs to move more readily into the baccalaureate program. The Second Degree Accelerated BSN program admitted the first students in 2007.

Joint planning between ASTATE/AHEC-NE/UAMS in 1990 led to funding of the Master of Science in Nursing program. Courses are scheduled in a manner that allows the currently-employed nurse to attend classes without interrupting employment status.
In 2014 the School of Nursing added the Doctor of Nursing Practice Program (DNP), a post-master's degree which is practice-focused. Program graduates will be prepared for roles in direct care or indirect, systems-focused care. (Rev. 5/15)

The future focus of the nursing programs will be on the continued improvement of all nursing programs and the development of plans which will assist in meeting the health care needs of the citizens of Arkansas. The School of Nursing is committed to upgrading degrees of licensed nurses and increasing accessibility to current programs.

The School of Nursing provides nursing courses to three campuses via distance learning compressed video network and on site at ASU-Mountain Home, ASU-Beebe and ASU Mid-South (West Memphis).

Mission and Philosophy

School of Nursing Mission Statement

The mission of the School of Nursing is to educate, enhance and enrich students for evolving professional nursing practice.

The core values:

The School of Nursing values the following as fundamentals:

- **Integrity**: Purposeful decision to consistently demonstrate truth and honesty.
- **Excellence**: Highest quality of nursing education, practice, service and research.
- **Diversity**: Respect for varied dimensions of individuality among populations
- **Service**: Professional experiences in response to the needs of society.
- **Learning**: Acquisition of knowledge and skills in critical thinking, practical reasoning, and decision making.
- **Student centered**: Development of essential skills for lifelong learning, leadership, professionalism, and social responsibility.

School of Nursing Philosophy (AASN/BSN/MSN/DNP)

The faculty holds the following beliefs about personhood, environment, health, nursing and nursing education. We believe that each person has innate worth and individuality, which reflects integration of the bio-psycho-social-cultural nature of one’s being. Though each is unique, all persons possess characteristics that form the bases of identifiable shared basic human needs. We believe that individual experience, heredity, and culture influence each person, and that one’s existence depends on perception of and reaction to change. Inherent in this process is the capacity to make decisions, weigh alternatives, predict and accept possible outcomes.

The faculty believes that environment profoundly influences all persons. The environment is the sum of all conditions and forces that affect a person’s ability to pursue the highest possible quality of life. The concept of environment has two major components. The first comprises society and culture, which derive from the need for order, meaning, and human affiliation. The second component consists of the
physical and biological forces with which all human beings come in contact. Both of these components of environment are sources of stimuli that require personal adaptation and/or interaction in order for individuals to survive, develop, grow, and mature.

The faculty believes that health is a state of wholeness and integrity. We recognize that health is not a static state for individuals, families, groups, or communities, but that it is a continuum in which the mind, body and spirit are balanced, providing a sense of well-being. Health is influenced by the ability to cope with life processes. The achievement of this potential is determined by motivation, knowledge, ability, and developmental status. The faculty also believes the primary responsibility for one’s health rests with the individual or those upon whom one is dependent.

We believe that each individual has the right to quality health care. The goal of health care is to promote, maintain, or restore an optimal level of wellness. Nurses act as advocates in assisting persons to gain access to and secure maximum benefit from the health care system. The complexity of health care requires that nurses as professionals collaborate to provide the highest level of health care possible.

The faculty believes that nursing is both art and science. This unique altruistic discipline has evolved from the study and application of its own interventions as well as applying knowledge from a variety of other disciplines. The focus of nursing is the provision of care across the health care continuum utilizing a systematic nursing process.

We believe that nursing refines its practice in response to societal need, and that nursing education must prepare a professional nurse for evolving as well as traditional roles. The faculty recognizes the obligation of the nursing curriculum to include leadership, change strategies, professionalism and community service.

We believe that the education of nurses occurs at several levels in order to prepare various categories of practitioners. To acquire the knowledge and judgment inherent in practice, nursing education focuses on critical thinking, decision-making, analysis, inquiry, and research. The faculty also believes that learning is an independent, life-long process. Learning is an opportunity for teacher-student interaction in setting goals, selecting and evaluating learning experiences and appraising learners’ progress. All levels of nursing education share certain rights, duties, and characteristics, such as the scientific basis of nursing care. Accordingly, we actively support the endeavors of the profession to assist nurses in pursuing professional education at beginning and advanced levels.

The purpose of the associate level is to prepare graduates who apply the nursing process in the provision of direct nursing care for individuals with common, well-defined problems. Therefore, the associate curriculum is grounded in the liberal arts and includes professional values, core competencies, core knowledge and role development. The associate degree graduate is prepared to function as a member of the profession and a manager of care in acute and community based settings. The nurse prepared at the baccalaureate level is a professional who has acquired a well-delineated and broad knowledge base for practice. We believe that the role of a baccalaureate graduate is multifaceted and developed through extensive study in the areas of liberal education, professional values, core competencies, core knowledge and role development. This knowledge base prepares the beginning baccalaureate graduate to function as a provider of direct and indirect care to individuals, families, groups, communities and populations. The baccalaureate graduate is also a member of the profession and a designer, manager and coordinator of care.

The master’s level prepares baccalaureate nurses for advanced nursing practice roles. Preparation for advanced practice emphasizes strategies to intervene in multidimensional situations. The knowledge base is expanded in scope and depth through the scientific, theoretical and research components of nursing. Various theories inherent in advanced practice roles and strategies are analyzed and explored to synthesize the interdependence of theory, practice, and scientific inquiry in nursing. This synthesis of knowledge and experience provides the basis for creating, testing, predicting, and utilizing varied and complex interventions for problems of health care and health care delivery. The graduate of the master’s program is a leader in the profession and prepared as an independent coordinator of care.
The practice doctorate prepares master level nurses in advanced leadership skills, health policy, with increased clinical skills and expertise to provide health care, especially in rural and underserved areas. They are prepared to initiate change at all levels of current complex health care systems and to lead in implementing the changes required by the evolving health care system. They are prepared to analyze and expand boundaries to improve health care for their communities, region, nation and world.
School of Nursing Organizing Framework

The organizing framework of the nursing department is derived from the philosophy and has four major components. The four components are role, process, values and knowledge. These components are taught at each level of education and provide a construct for development of objectives and outcomes. The framework model clearly shows how each of the components increases in complexity at the four levels of education.

The first major component is role. The faculty believe provider of care, manager of care and member of the profession (NLN) are key elements of this component. To clearly explain how these roles develop, each will be examined at all three levels.

At the associate degree level, emphasis is placed on providing and managing direct care to individuals with common well-defined problems. The associate degree graduate functions as a team member using nursing diagnoses and established protocols for individuals in acute care and community-based settings. Additionally, the graduate participates as a member of the profession in appropriate specialty and politically focused nursing organizations.

The baccalaureate degree nurse provides direct and indirect nursing care to individuals, families, groups and populations. The baccalaureate graduate has the ability to individualize nursing diagnoses and protocols to enhance the design and coordination of preventative, complex and restorative care. As a member of professional organizations the graduate has the capacity to assume leadership and advocacy roles.

The master’s graduate is able to function independently in the provision for direct and indirect care. Practice settings for the master’s prepared graduate are multi-dimensional. Inherent is the ability to design, facilitate and coordinate care for individuals in a variety of health care settings. Graduates have the skills necessary to lead effect policy and mentor as members of specialty and politically focused nursing organizations.

The Doctorate of Nursing Practice graduate functions independently in the provision of direct and indirect, systems-focused care. The DNP graduate is active in evaluating existing health care systems and initiating change to meet the needs of individuals, families, groups and populations. Practice settings for the DNP prepared graduate are multi-dimensional and are not limited to existing or prescribed health care settings. Graduate have the skills to initiate change, lead and serve as mentor for other health care team members at the local, regional, state, national and world levels.

The second major component is knowledge. The general education curriculum provides a foundation of liberal arts and sciences for the associate and baccalaureate students. These courses help provide the basic psychosocial, spiritual, humanistic, and legal components which assist students in developing an appreciation of each person’s interaction with the environment. The knowledge gained enhances the nurse’s ability to think critically, reason logically, and communicate effectively.

The associate degree core focuses on liberal arts and sciences, which include courses in English, college mathematics, basic biological science, history and psychology. Content for the associate degree student provides basic nursing knowledge that is applied to common well-defined problems.

The baccalaureate student’s general education core is expanded to provide a more in depth science basis and global view of society. These courses include physical sciences, sociology, world civilization and humanities. The support courses of pathophysiology and statistics are incorporated into the nursing curriculum as the student progresses into complex nursing theory and application.

The master’s program builds on the baccalaureate curriculum. Core graduate courses include theory, research, role and health policy. These courses prepare the master’s graduate to integrate the other components of role, process and values. The key support courses for all options include advanced pathophysiology, advanced pharmacology and advanced health assessment/physical diagnosis. Content in specialty courses reinforces concepts in the core courses as well as preparing the graduate for advanced nursing.
The DNP curricula builds on traditional master's programs with education in evidenced based practice, advanced clinical, organizational, economic, and leadership skills to design and implement programs of care delivery. Translation of research into practice will significantly impact health care outcomes and have the potential to transform health care delivery.

Faculty defines the third component, values, as the system of beliefs that guide behaviors, attitudes and moral judgment. Personal values reflect cultural and social influences, relationships and individual needs. Professional values guide nurses’ behavior to act in a manner consistent with nursing responsibilities and standards of practice. We believe professional values can be formed through reasoning, observation and experience.

The associate graduate possesses an awareness of personal values and how these values may influence care delivery. Additionally, the associate graduate incorporates professional values in assisting individuals with the process of value clarification that may impact health care decisions. The baccalaureate graduate has a global perspective and is able to help individuals clarify or re-prioritize personal values, minimize conflict and achieve consistency between values and behaviors related to health. The masters’ prepared graduate applies professional values when designing health care systems in response to societal need. The master’s graduate is able to engage in activities that influence policies and service delivery to diverse populations in a variety of settings. The doctorate graduate is prepared as the nursing terminal degree that encompasses all professional role expectations in nursing. Personal values are applied when evaluating and designing health care systems, as well as leading the change of health care systems in response to research translation, population health, and needed policy development.

The profession of nursing utilizes a systematic process that incorporates the other three components, role, knowledge and values to evaluate the needs of individuals, groups and/or communities. The process involves assessment, planning, implementation, and evaluation on a continual basis. All nurses are prepared to use this process but as one acquires additional knowledge, the nurse begins to use the components of the process in unique and creative ways. As one moves through the educational program, elements such as communicating, educating, supporting, coaching and monitoring are incorporated into the process. Additionally problem solving, planning, inquiry, and appraisal are used to derive and evaluate the interventions developed.

The associate degree graduate uses a systematic process in nursing care to implement and modify known nursing interventions. The baccalaureate prepared graduate has the capability of anticipating, individualizing, implementing and evaluating various interventions according to unique situations and cultural responses. The master’s graduate generates and designs nursing interventions. The master’s graduate recognizes the interdependence of theory, practice and scientific inquiry when creating, predicting, and evaluating interventions that are complex and varied. The doctoral graduate leads and collaborates change for improved healthcare systems and designs systems for improved population health based on research translation. At all levels relevant research literature is utilized in the application of the nursing process.

(Revised 6/16)
GENERAL POLICIES AND REGULATIONS

Advisors & Registration
Each student is assigned an advisor who will work with the student in planning for orderly transition through the program. ADVISEES MUST MEET WITH THEIR ADVISORS PRIOR TO REGISTRATION FOR CLASSES. Additional meetings may be held if deemed necessary by advisee, advisor or both.

Students are responsible for their own education. Each student is given a curriculum plan (located in the ASTATE Undergraduate Bulletin) which clearly outlines the requirements of the program, semester by semester. Additional pertinent information is provided in the University Student Handbook. It is the responsibility of the student to know and to follow the requirements, policies and procedures contained in this handbook. As policies and procedures are adopted by the faculty, students will be provided this information electronically or in writing.

Students should follow the University registration format as outlined in the semester schedule of classes. Advisors will generally post hours when they will be available for student advisement.

Students should contact their advisor before making changes in their schedule of classes. Changes will be needed when a student has received a grade below "C" in any nursing course or when the student's cumulative grade-point-average has fallen below a 2.0 (AASN) and 3.0 (BSN). Students who receive a grade below "C" in any nursing course or who interrupt their program for any reason must apply for readmission to the nursing sequence and successfully pass the readmission test(s). Once interrupted in the nursing sequence, there is no guarantee that a student will be readmitted to the major.

Attendance Policy
Regular class and clinical attendance is expected of all students in accordance with the policy set forth in both the current academic year Undergraduate Bulletin and University Student Handbook. Students have the responsibility for making arrangements satisfactory to the faculty member regarding all absences. Such arrangements should be made prior to the absence if possible. Make-up policy is course specific. Normally the student who presents the faculty member with an adequate and documented reason for an absence will be given a chance to make up the work missed if make-up is feasible. Adequate reasons are circumstances beyond the student's control, such as personal illness, critical illness or death in the immediate family, or participation in an approved University activity.

Students are expected to be present and on time for each clinical and classroom learning experience. If it is necessary to be absent for adequate reasons (see definition above) the student should follow specific policies outlined in the course syllabus.

Absences and tardiness interfere with meeting course objectives and attaining classroom and clinical competence. Consequently, absences and tardiness will be reflected in the evaluation of the student's ability to meet course objectives and may be cause for the student's record to be reviewed by the Admissions, Progressions, and Credits Committee. In the event of the inability to complete required course work, the student may contract with the instructor to receive a grade of incomplete (refer to the University's Undergraduate Bulletin).

A grade of “I” (incomplete) is appropriate on the final grade roster when a student fails to meet all course requirements for reasons beyond his/her control, i.e., illness of student, or serious illness or death in the family, or extended research projects at the graduate level. Procrastination, pressure of work in other courses, or work not connected with the student's school load are not satisfactory reasons for an "I" grade. All "I" grades must have prior approval of the chair of the department in which the course is offered, which requires the “Request for Incomplete Grade” form to be on file with the department and the Office of Registrar. An incomplete grade not removed within one semester will be recorded as an F (ASTATE Undergraduate Bulletin.)

Rev. 5/2012
Auditing Courses
A student may not audit a nursing course unless the student has previously completed the course successfully (a grade of C or better). The student must register, pay the appropriate fee, and otherwise follow the policy for auditing a course as stated in the Undergraduate Bulletin. When a student takes a nursing course for audit, the student will be admitted to class on a space available basis. Students are not permitted to audit any clinical course.

NRS 2392 and NRSP 2391 (Health Assessment and Health Assessment Practicum), are companion courses. Should a failing grade be received in NRS 2392 or NRSP 2391, a student is required to re-take both courses.

Credit Hours
The ratio of clock hours to undergraduate credit hours is as follows:
- Classroom: 1:1
- Clinical: 2:1

Grading System

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<th>Grade</th>
<th>Score</th>
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<tr>
<td>A</td>
<td>90 - 100</td>
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<tr>
<td>B</td>
<td>80 - 89.99</td>
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<tr>
<td>C</td>
<td>75 - 79.99</td>
</tr>
<tr>
<td>D</td>
<td>60 - 74.99</td>
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<tr>
<td>F</td>
<td>≤ 59.99</td>
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Each course within the nursing programs has a descriptive course syllabus with information concerning content and determination of course grade. It is the student's responsibility to be familiar with and meet the requirements of each course.

Honors College
ASTATE-Jonesboro has an Honors College designed for academically qualified students. This program provides the student an opportunity to enroll in Honors courses. The minimum admission requirement for incoming freshmen beginning Fall 2016 is an **ACT composite score of 28 or higher AND a high school GPA of 3.50 or higher**. All admitted students are automatically screened for admission to The Honors College; there is not a separate application.

The admission criteria for Fall 2015 and prior was an ACT composite score of 27 and a high school GPA of 3.50.

Students with at least 18 hours can apply for admission into The Honors College if they have a **minimum cumulative GPA of 3.25 AND a faculty member/advisor recommendation**. Students must complete the Honors Transfer Application and submit it to The Honors College. One course in the BSN program is designated as Honors option each semester.

Revised 7/2013
Revised 6/2016

Major & Minor Fields of Study
Students pursuing a baccalaureate degree in nursing shall be permitted to declare a minor outside of the nursing program. Any student who chooses to pursue a minor must have a faculty member from the baccalaureate nursing program as their primary advisor.
**Tobacco Policy**

Effective August 1, 2010, Arkansas State University became a Smoke Free campus in response to Arkansas State Law, the Arkansas Clean Air on Campus Act of 2009 (Appendix B). Further, the School of Nursing prohibits all tobacco products including smoked and smokeless on campus and in classrooms, labs and clinical sites.

While in the clinical setting, students will comply with the organization’s specific policy. Effective October 1, 2005, Arkansas state law prohibited smoking on any grounds owned by a hospital including, but not limited to, buildings in and on where medical facilities operate together with all property owned by a medical facility that is contiguous to the buildings where medical services are provided.

Any student that smokes or uses smokeless tobacco products in a classroom, lab, or clinical site will be subject to that facility’s policy or procedure actions [removal from premises or fined] and will not be allowed to return to the clinical site. This may result in removal from the course. Rev. 5/12

**Substance Abuse Screening**

In the event the School of Nursing or any affiliated institution requests drug testing prior to, during and/or throughout clinical placement, students will be responsible for the cost. Specifics regarding this procedure may be found in specific course syllabi and/or the Substance Abuse Policy for the College of Nursing and Health Professions found in this document. Revised 5/2016

**Cell Phones and Electronic Devices**

Cell phones, beepers, and other electronic devices (includes telephone accessories) may not be visible or audible in the classroom. If your phone rings during class, you will be asked to leave and not return. Family emergency calls can be routed through the departmental office. Using devices to cheat on tests and papers is a violation of the Honor code.

Use of any electronic device to store/enter any type of patient information is a violation of the Healthcare Information Portability and Accountability Act of 1996 (HIPAA). However, electronic devices may be used as a student resource, essentially as textbook or calculator, at the discretion of the faculty member. Electronic devices are not to be used for personal communication during clinic hours.

No photography or videography is allowed in the clinical setting.

Violation of any of these policies may lead to a grade of F and/or dismissal from the program. Students violating the policy will be referred to the department chair. Students are expected to conduct themselves in a manner which promotes a collegiate learning environment. Behaviors and attitudes which disrupt the learning environment will not be tolerated. Revised 5/2012

**Social Media**

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook Twitter, or LinkedIn and social media anonymous sites. You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates, or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are
subject to disciplinary action. Your actions could adversely affect your standing in your health
professions program which could include program dismissal.

You should be aware that future employers may view potential candidate’s websites. Students are
advised to review their site(s) for any unprofessional images or language which could adversely
affect successful employment upon graduation.

Please make responsible decisions about your use of social media.

Student Rights & Grievance

Students should read carefully the University Student Handbook sections on "Student Rights" and
"Grievance Procedure." These sections will assist you in being more informed regarding the
student's role and options.

Complaint Procedure

Purpose: The purpose of this procedure is to provide a mechanism for resolving written
complaints lodged against a nursing program or the School of Nursing.

Procedure: All written complaints lodged against a nursing program or the School of Nursing will
be resolved through a process listed in the procedure. A written complaint lodged against the
program or School by a person(s) directly affected by nursing education or practice such as
nursing students, clinical preceptors, hospital personnel, patients, employers of Arkansas State
University nursing graduates, or institutions such as health care or higher education systems shall
be reviewed and resolved in the following manner:
A. Student complaints lodged against the program regarding grading, disciplinary action,
probation, or continuation in the program shall follow the student grievance procedure
found in the Arkansas State University Student Handbook.
B. Complaints about health care personnel shall be brought to the attention of the School of
Nursing chair, program director, or coordinator. The nursing education administrator will
investigate, collect information, propose solutions, and notify the appropriate health care
administration and the student of the findings.
C. Complaints regarding curriculum and instructional design will be reviewed by the
appropriate program curriculum committee.
D. Complaints lodged against the program involving litigation or potential litigation will be
referred to the Office of Academic Affairs.
E. All other complaints will be investigated by the Chair of School of Nursing.

Record: The written complaint and a written report of action taken will be filed in School of
Nursing office.
Approved 8/16/02

CPR Certification

Students entering the Nursing Programs are required to have completed a BLS Provider
Cardiopulmonary Resuscitation course (i.e., adult, infant, and child with AED) that is authorized by
the American Heart Association. A card or letter demonstrating completion of the course must
be presented to the School of Nursing. This letter or card is required of all beginning nursing
students (AASN and BSN). Annual proof of continued certification for the entire academic year is
required. It is the students’ responsibility to maintain current CPR certification. If not current the
student will not be allowed to remain in clinical.
Revised 5/2016
**Dress Code**

The School of Nursing expects students to reflect professionalism and maintain high standards of appearances and grooming in the clinical setting.

1. For women, the uniform will consist of white scrub uniform top and black scrub uniform pants or black skirt (hemline not above the knee), white socks or white hose with skirt, white or black closed toe leather or synthetic leather shoes (may be tennis shoes but CANNOT be canvas or cloth). Clog type shoes are permissible as long as they have the lip to cover the heel, regulation name pin, ASTATE School of Nursing patch, identification badge, and a watch with second hand.

2. For men, the uniform will consist of a white scrub uniform top and black scrub uniform pants, white socks, white or black closed toe leather or synthetic leather shoes (may be tennis shoes but CANNOT be canvas or cloth). Clog type shoes are permissible as long as they have a lip to cover the heel, regulation name pin, ASTATE School of Nursing patch, identification badge, and a watch with second hand.

3. ASTATE Nursing Patch is to be worn on the left sleeve of the uniform and/or lab coat where the top of the patch is 1.5 inches from the shoulder seam. In the event the shirt/lab coat does not have an actual shoulder/sleeve seam, the patch should be placed 1.5 inches from the shoulder joint.

4. During specific rotations, there may be variations in the dress code policy. Students rotating through pediatrics and mental health clinical experiences should consult the course instructor for appropriate uniform.

5. Uniforms must fit appropriately (e.g., no “baggy” pants, no low riding pants, no low-cut tops; no uniform should be worn that is too tight). All uniform pants need to be hemmed so they are not touching the floor. Uniforms must be clean and wrinkle free. Appropriate undergarments are necessary. Shoes should be polished and shoestrings clean at all times.

6. Students are permitted to wear either a plain white or black T-shirt under the uniform or a plain clean white sweater.

7. All students are required to purchase a laboratory coat. This coat is to be worn during clinical rotations in the community setting, during post-clinical activities and when obtaining assignments.

8. When obtaining assignments and viewing patient records, student should be attired in acceptable street clothes (i.e. no Capri's, shorts, sweats, jeans, spaghetti straps, tank tops, no flip-flops or sandals) with lab coat, regulation name pin, nursing patch and identification badge.

9. ASTATE regulation name pin and ID badges are to be worn as required by the clinical facilities.

10. Hair must be neat; clean; away from face and must be of a natural occurring color; long hair must be pulled back off of shoulders; ponytails should not hang below shoulder length in the front; men are to be clean shaven or beards closely trimmed. If headbands are worn they must be solid black or white in color.

11. Fingernails must be clean and not extend beyond the fingertip. Clear nail polish is acceptable. No artificial nails permitted.

12. Tattoos must be covered at all times while in clinical settings, including times when retrieving patient information. Most hospitals have a “no visible tattoo policy” and students violating the policy may be asked to leave the facility.

13. Wedding rings, engagement rings and watches are the only jewelry appropriate for the clinical setting. If ears are pierced, one pair of posts or small loop earrings worn on the ear lobe is allowed. No facial or tongue jewelry is permitted.

14. Chewing gum is not allowed in the clinical areas.

15. Good personal hygiene (including attention to body odor and mouth odor), must be maintained at all times. Odors such as cologne, cigarette or other smoke tends to be unpleasant to hospitalized patients. No cologne, perfume or aftershave should be worn in the clinical setting.

16. If a student's level of personal hygiene or style of appearance constitutes an unprofessional image or interferes with the ability to provide safe nursing care, the student may be requested, at the discretion of the clinical instructor, to leave the clinical area and correct the identified deficiency. The student will receive no credit for the time missed to correct such deficiencies.

Revised 6/15/17
Clinical

The nursing student is required to spend a predetermined number of hours in the clinical setting. This may consist of rotations in various hospitals, physician's offices, mental health agencies, nursing homes and the community.

As basic nursing skills and experiences are acquired, more time is spent in the clinical setting. In the clinical setting, nursing principles and scientific rationale learned in class are applied to patient care. The student is responsible for all skills previously learned.

The student should maintain a professional attitude as well as a professional standard of patient care at all times during clinical hours. While in the clinical setting, students are expected to seek the assistance of their instructors for any nursing procedure that they have not been authorized to perform or for any procedure that they feel insecure about performing. All medications are to be checked by an instructor or their designee.

The nursing student is required to dress according to the ASTATE School of Nursing Student Dress Code while in the clinical setting. Additionally, the nursing student is expected to have a watch, stethoscope, bandage scissors, penlight, and black ink pen for clinical experiences.

Student Employment

It is recommended that a student's combined employment AND classroom/clinical load not exceed 40 hours per week. Hours in excess of 40 hours per week are very likely to be detrimental to the performance of the individual, both as a student and as an employee. Professional behavior regarding patient safety is important; thus it is recommended the student refrain from working the shift immediately prior to class or clinical.

Students employed as health care personnel must adhere to the following:
1. Students are not to wear any identifiable part of the school uniform while on the job.
2. Students should wear the uniform and identification of the employing agency.
3. Students may not assume any position that requires the skills, knowledge, and/or judgment of a licensed registered nurse or licensed practical nurse in any employment situation (unless the student is an R.N. or an LPN.).
4. Students may function only within the written job description of the position for which they were hired. This means performing only skills within the job description.
5. Students are fully accountable and liable for their own actions while in an employment situation and the employing agency assumes the legal responsibility in that situation.

Revised 5/2012

Fees & Expenses

The anticipated clinical costs include (Prices may vary and are approximate costs):
1) Medical expenses: Hepatitis B series and TB skin test. (TB test is required annually) These may be obtained through personal physician, student health center, or public health center.
2) CPR certification - $30 – 50 (Proof of CPR certification is required annually. American Heart Association certification is good for 2 years.)
3) Standardized achievement tests are required at the end of each semester. The cost is approximately $36-100 each semester, depending on the nursing program.
4) Students are required to purchase a laptop computer.
5) Graduation expenses during final semester:
   a) Graduation fee--approximately $50.00 (includes diploma fee, cap and gown)
   b) Announcements (optional)
   c) Arkansas State Board of Nursing application approximately $100.00
   d) Criminal background check (for nursing license) approximately 50.00
   e) NCLEX-RN exam approximately $200.00
   f) School pin -- approximately $40.00 (optional)
   g) NCLEX-RN Review course (may be required based on testing) - approximately $350.00
6) Student Professional uniforms: *(prices vary)*
   a) White scrub top; black pant/skirt, – $40.00 – 80.00 a set
   b) shoes - $45.00 – $60.00
   c) School name pin ($7.25 each - 2 required. Ordered from the ASTATE Bookstore)
   d) ASTATE School of Nursing patch (for uniform and lab coat-$5.95 each. Ordered from the ASTATE Bookstore).
   e) ID badge cover or badge clip (less than $5.00)
   f) White lab coat - $25-35.00

7) Attendance at Research Day (BSN-Junior and Senior years) - approximately $37.00 plus travel.

8) Arkansas Student Nurses Association Convention – fall semesters - approximately $60.00 for members or $100.00 for non-members plus travel.

9) Occasional extra costs may be incurred for workshops, research days or disciplinary hearings.

10) For all clinical experiences:
    a) Clinical sites may request drug screening prior to rotation. Drug screening *is* required prior to rotation to Arkansas Children’s Hospital and Le Bonheur Children’s Hospital. Approximate cost is $40.00
    b) Students will be expected to provide their own transportation.
    c) Students are required by the clinical facility to obtain a criminal background check at a cost of approximately $95.00
    d) Students are required to purchase malpractice (professional liability) insurance from Nurses Service Organization for approximately $40.00 for all beginning AASN and BSN students; if the student is already a CNA, LPN or RN the cost is higher at approximately $55-100.

11) Textbooks are kept throughout the program of study and used in more than one course. Costs will vary depending on semester. Textbooks represent a sizeable investment, often more than $900.00 in the first semesters of the Nursing programs. Books purchased during the first semester will be used throughout the nursing program. Book costs in subsequent semesters will generally be much less. Some nursing courses have a packet of lecture notes ranging in price from approximately $5.00 to $35.00 depending on the number of pages. Recommended textbooks listed on syllabi may cost up to an additional $500.00.

12) All students in CNHP are required to take the Basic Disaster Life Support Course
The College of Nursing and Health Professions (CNHP) and the School of Nursing requires students to complete the basic Disaster Life Support (BDLS) course. BDLS may be tied to a specific course or to a specific grade level in your program. The certification is course completed. The course is offered by ASATE every semester as an online course and at least once each spring and fall semester as a grounded course on the Jonesboro campus. You will register for the course via Self-Service Banner and the course cost is $55. You may contact the department of Disaster Preparedness and Emergency Management at 870-680-8286 for specific questions regarding the course.

Revised 8/22/12
Revised 7/2013

Students are required to have access to the following equipment. *Costs are estimated prices* and prices may vary.

*Watch (with a second hand)………………………………………………………………………………………………………... $25-50
*Stethoscope (must have adult and pediatric bell and diaphragm)……………………………………………………… $20-150
*Bandage scissors …………………………………………………………………………………………………………………………… $3-10
*Pen light…………………………………………………………………………………………………………………………………….. $3-5
*Nurse Packs (BSN Sophomores & AASN during program)…………………………………………………………….$100 - 110
*Tape measure (marked in cm. plastic coated)…………………………………………………………………………………………... $2
**ECG caliper ……………………………………………………………………………………………………………………………………... $10

* Required Early in the First semester for Traditional AASN and BSN students and early in the  
  Second Semester for ALL AASN students (Traditional and LPN - AASN).

** Optional Equipment for new/incoming students, will be required later in the program
Nurse Packs are sold exclusively through the ASTATE Bookstores. Most other supplies may be obtained from any medical supply company. There are several in the Jonesboro area and distance site locations. It is recommended that you first become acquainted with the equipment, as the equipment varies widely in price and quality. In general, always test the instruments that you purchase before leaving the store. Retain your purchase receipts. Compare quality and prices carefully before buying.
Revised 4/2014

**Malpractice Insurance**

Both traditional students and those already holding a license (LPN, AASN) are required to carry their own malpractice insurance and provide proof of insurance coverage each semester, prior to beginning clinical courses. Coverage must be for a minimum of $1,000,000 / $6,000,000. A copy of the policy page containing the student’s name, policy limits and effective dates should be filed with the School of Nursing Office.

Traditional AASN and BSN students may purchase insurance through Nurses Service Organization. The cost is approximately $37.00 per year. If a student is already a CNS, LPN or RN the cost is higher at approximately $55 - $100.

Go to [www.nso.com](http://www.nso.com)

- Select Student Nurses
- Choose Arkansas from the Select State drop down menu and
- Choose RN from the Select Profession menu
- Select Next and follow the directions for application.
- If you currently hold a license or certification as a healthcare provider, but are a student in another healthcare profession program, follow the instructions or call Customer Service at 1-800-247-1500.

Revised 7/2013
Revised 5/2016

**Criminal Background Check**

Students may be subject to criminal background checks if required by the clinical agency for placement. Costs are to be borne by the student. If a student is denied placement at a specific clinical facility, alternative placement will be sought by the clinical coordinator. If no appropriate placement is available, the student will not be able to meet course objectives and will be withdrawn from the program.

All persons seeking initial licensure as a nurse in Arkansas are required to undergo a criminal background check. The approximate cost of these background checks is approximately $50.00 and is the responsibility of the student.

Anyone seeking licensure in a state other than Arkansas will need to contact the respective State Board of Nursing for specific information regarding application and background check completion.

**The Arkansas State Board of Nursing (ASBN) requires a criminal background check for all graduates applying for licensure. Graduating from a nursing program does not assure ASBN’s approval to take the licensure examination. Eligibility to take the licensure examination is dependent on meeting standards in the ASBN Nurse Practice Act and Rules. You will be required to sign a statement, before beginning the nursing program, that states you have read and understand ACA §17-87-312 and the specific offences which, if pleaded guilty, nolo contendere, or found guilty of will make an individual ineligible to receive or hold a license in Arkansas. You can access the information at [http://www.arbsn.arkansas.gov/lawsRules/Pages/nursePracticeAct.aspx](http://www.arbsn.arkansas.gov/lawsRules/Pages/nursePracticeAct.aspx)**

The Nurse Practice Act may be viewed at the Arkansas State Board of Nursing website ([www.arbsn.org](http://www.arbsn.org)) in its entirety. For a complete list of criminal acts that prevent licensure as a registered nurse see Appendix C or the ASBN website. If students have any reason to believe that they may be ineligible to write the NCLEX-RN, they should discuss this matter with someone knowledgeable about nursing laws. Students who have ever been convicted of any crime (except speeding or parking tickets) should contact the Arkansas State Board of Nursing (ASBN). Upon seeking licensure, a letter to the Arkansas State Board of Nursing
In-State Tuition (check with financial aid/admissions for most recent information)

Students in selected counties in Missouri, Tennessee and Mississippi may qualify for in-state tuition rates at ASTATE. The counties to which the policy applies are: Missouri – Barry, Butler, Cape Girardeau, Carter, Christian, Douglas, Dunklin, Green, Howell, Jasper, Lawrence, McDonald, Mississippi, New Madrid, Newton, Oregon, Ozark, Pemiscot, Ripley, Scott, and Stoddard, Stone, Taney, and Wayne; Tennessee - Dyer, Fayette, Haywood, Lake, Lauderdale, Madison, Obion, Shelby, and Tipton; Mississippi – Bolivar, Coahoma, DeSoto, Issaquena, Tunica, and Washington. ASTATE graduates and their dependent children (as defined by Internal Revenue Service guidelines) qualify for in-state tuition rates no matter where they reside (ASTATE Bulletin).

ADA Statement

It is our intention to support the full participation of all students in the learning process of the curriculum. Situations may occur where students may require specific or additional support in demonstrating their achievement of the objectives. These students should inform the instructor of such needs as soon as possible and contact the office of Disability Services at 870-972-3964 for assistance.

Abilities and Skills for the Undergraduate Nursing Major

The professional nurse must possess the knowledge and ability to effectively assess his or her client's biophysical, psychological, social, cultural, and intellectual domains. Further, the professional nurse must competently analyze the assessment data through intellectual processing to arrive at a definition of the client's status or problem, plan independently or collaboratively for full range of therapeutic interventions, execute all or part of the plans through nursing acts, and evaluate the care delivered and the client's responses to it. A candidate for professional nursing must have the abilities and skills necessary for use of the nursing process. These skills and abilities include observations; communication; motor ability; conceptualization; integration and quantification; and behavioral/social acceptability.

Standards and Functional Abilities for the Undergraduate Nursing Major

The School of Nursing affirms that all students enrolled in a nursing program must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

Technological compensation can be made for some handicaps in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary is not acceptable, in that a candidate’s judgment must be mediated by someone else’s power of observation and selection.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Functional Abilities</th>
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<tbody>
<tr>
<td><strong>Critical Thinking</strong>: ability sufficient for clinical judgment.</td>
<td>Identify cause-effect relationship; problem-solve; predict/evaluate outcomes; sequence information.</td>
</tr>
<tr>
<td><strong>Reading</strong>: ability sufficient to comprehend the written word.</td>
<td>Read written documents, graphs, policies, protocols, etc.</td>
</tr>
<tr>
<td><strong>Arithmetic</strong>: ability sufficient to perform computations at least at the tenth grade level.</td>
<td>Measure time; compute medication dosage; count rates; use measuring tools; add, subtract, multiply, divide whole numbers; compute fractions.</td>
</tr>
<tr>
<td><strong>Hearing</strong>: ability sufficient for physical and environmental monitoring.</td>
<td>Auscultate faint body sounds, voices; hear monitor alarms, emergency signals.</td>
</tr>
<tr>
<td><strong>Visual</strong>: ability sufficient for accurate observation and assessment.</td>
<td>Observe patient response/condition: distinguish color and color intensity; prepare medication; see graphs, and computer screens.</td>
</tr>
<tr>
<td><strong>Smell</strong>: ability sufficient to detect environmental and client odors.</td>
<td>Detect foul-smelling odors; detect smoke/gases.</td>
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<tr>
<td><strong>Physical strength/endurance</strong>: ability sufficient to perform full range of patient care activities.</td>
<td>Stand for long periods of time at bedside; perform nursing care duties for entire shift; push/pull/support light and heavy objects; carry equipment; support patients in ambulation, turning, standing.</td>
</tr>
<tr>
<td><strong>Motor Skills</strong>: ability sufficient to provide safe and effective nursing care.</td>
<td>Position patients; obtain specimens; calibrate instruments/equipment; prepare and administer medication; reach and bend with ease; grasp small objects, write, fine motor skills.</td>
</tr>
<tr>
<td><strong>Mobility</strong>: ability sufficient to move from room to room and within confined space.</td>
<td>Move about in populated areas; twist, stoop, squat; move quickly, administer repetitive movements (CPR).</td>
</tr>
<tr>
<td><strong>Tactile</strong>: ability sufficient for physical monitoring and assessment.</td>
<td>Perform palpation; detect hot/cold; detect differences in skin surface; shapes and sizes.</td>
</tr>
<tr>
<td><strong>Communication</strong>: ability sufficient for interaction with others, in both the verbal and written English language.</td>
<td>Teach; explain procedures; give oral report; speak on the telephone; document and interpret nursing actions and patient responses, and convey information through writing.</td>
</tr>
<tr>
<td><strong>Interpersonal skills</strong>: ability sufficient to interact with others.</td>
<td>Establish rapport with patient, family and coworkers; respect differences, negotiate interpersonal conflict, remain calm in crisis situations.</td>
</tr>
<tr>
<td><strong>Behavioral and Social Attributes</strong>: ability sufficient to possess emotional health required for full utilization of his/her intellectual abilities.</td>
<td>Compassion, integrity, concern for others, interpersonal skills, interests, and motivations are all personal qualities necessary for professional nursing.</td>
</tr>
</tbody>
</table>

The following abilities and skills are necessary to meet the requirements of the curriculum:

**Observations**: The candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and tactile sensation. It is enhanced by the functional sense of smell.

**Communication**: The candidate must be able to speak, hear, and to observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

**Motor**: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment maneuvers. A candidate must have sufficient motor skills to gain access to clients in a variety of care settings and to manipulate the equipment central to the treatment of patients receiving professional nursing care. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Examples of required fine motor skills would include, but are not limited to, preparation and administration of oral and injectable medications, assessment of vital signs, application of dressings, and insertion of drainage catheters. Examples of required gross motor skills would include, but are not limited to, positioning clients in bed, assisting with ambulation, transferring clients and maneuvering in confined spaces. In addition, the candidate should be able to lift and carry a minimum of 35% of his or her own body weight. Also, the candidate should be able to sit, bend, reach and/or walk and stand for most of the day.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities**: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of nurses, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.

The citations for these guidelines are as follows:

Section 504 of the 1973 Vocational Rehabilitation Act and 42 U.S.C. 12101 et seq., the American with Disabilities Act (ADA)
(Effective - Fall 1999)
Reviewed 4/20/12
ADMISSION, READMISSION, PROBATION, RETENTION POLICIES

For admission, readmission, probation, and retention policies see current ASTATE Undergraduate Bulletin.

All programs in the College of Nursing and Health Professions have policies governing admissions, readmission, probation, and retention which are found in the online AState Undergraduate Bulletin. All committee decisions regarding admission and readmission are non-grievable instances.

ARKANSAS STATE UNIVERSITY
PROCEDURES FOR COLLEGE STUDENT CODE OF HONOR

Academic Integrity Policy
Arkansas State University enthusiastically promotes academic integrity and professional ethics among all members of the ASTATE academic community. Violations of this policy are considered as serious misconduct and may result in disciplinary action and severe penalties.

Professionalism: Nursing students must possess the ability to reason morally and practice in an ethical manner. All nursing students are expected to exhibit professional behaviors in both the classroom and clinical settings. Professional behaviors include honesty (no lying, cheating, and plagiarism), empathy, altruism, integrity, responsibility, and respect toward all persons with whom students come in contact. Students must be willing to learn and abide by professional standards of practice. If these standards are violated and the student displays unprofessional behaviors in either the classroom or clinical area, this may be grounds for a failing grade and dismissal from the School of Nursing.

A. PLAGIARISM
Plagiarism is the act of taking and/or using the ideas, work, and/or writings of another person as one’s own.
1. To avoid plagiarism give written credit and acknowledgement to the source of thoughts, ideas and/or words, whether you have used direct quotation, paraphrasing, or just a reference to a general idea.
2. If you directly quote works written by someone else, enclose the quotation with quotation marks and provide an appropriate citation (e.g., footnote, endnote, bibliographical reference).
3. Research, as well as the complete written paper, must be the work of the person seeking academic credit for the course. (Papers, book reports, projects, and/or other class assignments).

Discipline: Faculty members may respond to cases of plagiarism in any of the following ways:
1. Return the paper or other item for rewriting; the grade may be lowered.
2. Give a failing grade on the paper or other item—“F” if a letter grade is used or zero if a numerical grade is used.
3. Give the student who plagiarized a failing grade in the course.
4. Recommend sanctions, including disciplinary expulsion from the university. All classes should be referred to the student conduct system.

B. CHEATING
Cheating is an act of dishonesty with the intention of obtaining and/or using information in a fraudulent manner.
1. Observing and/or copying from another student’s test paper, reports, computer files and/or other class assignments.
2. Giving or receiving assistance during an examination period. (This includes providing specific answers to subsequent examinees and/or dispensing or receiving information that would allow the student to have an unfair advantage in the examination over students who did not possess such information.)
3. Using class notes, outlines, and other unauthorized information during an examination.
4. Using, buying, selling, stealing, transporting, or soliciting, in part or in whole the contents
   of an examination or other assignment not authorized by the professor of the class.
5. Using for credit in one class a term paper, book report, project, or class assignment written
   for credit in another class without the knowledge and permission of the professor of the
   class.
6. Exchanging place with another person for the purpose of taking an examination or
   completing other assignments.

**Discipline:** Faculty members may respond to cases of cheating in any of the following ways:
1. Allow the testing to progress without interruption, informing the offending student about the
   offense-and award a failing grade on the test - “F” if a letter grade is used or zero if a
   numerical grade is used.
2. Seize the test of the offending student and give a failing grade on the paper.
3. Give the offending student a failing grade in the course.
4. Recommend sanctions, including disciplinary expulsion from the university. All cases
   should be referred to the student conduct system.

**College of Nursing and Health Professions College - Code of Honor Policy**

Each student admitted to a professional program in the College of Nursing and Health Professions
is charged with the responsibility of honorable conduct. A student is assumed honorable until
his/her actions prove otherwise. An honor offense is defined as an intentional act of lying, cheating,
or stealing. Formal procedures exist for violations of the Honor Code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way
so that a community of trust is established among members of the college and your clients. Honor
is a practiced ideal that will positively impact your relationship with fellow students, faculty,
administrators, patients and other members of the community. As you live an honorable life, you
will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The
atmosphere of trust and integrity that is created by an honor system enables the student to know
his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully
his/hers. The system functions best when all members of the college not only take responsibility
for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the
basic principles of honesty - no lying, cheating or stealing; be accountable for your actions; and
share information about honor offenses. If you are not prepared to accept these responsibilities,
you should select a program outside this college.

For access to the American Nurses Association Code of Ethics, visit the American Nurses
Association website at
http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStan-
dards/CodeofEthics.aspx

The College Student Code of Honor exists in addition to the University Code of Conduct and the
Academic Integrity Policy found in the Student Handbook. An honor offense by the college code is
defined as an act of lying, cheating or stealing. These terms are defined as follows:

**Lying** - a false statement (written or oral) made with the deliberate intent to deceive; something
intended to or serving to convey a false impression.

**Cheating** - to practice fraud or deceit; academic fraud is a form of cheating and includes such
things as plagiarism (including Internet resources), false citation, false data and submission of the
same work to fulfill academic requirements in multiple classes.
**Stealing** - to take the property of others without permission or right; to take ideas, credits, and words without right or acknowledgement; to accept credit for another's work.

These honor code violations apply whether they are performed individually or in groups. They apply to all program applications, didactic, laboratory and clinical experiences of the program.

Rev. 5/1

**PROCEDURES:**
If a student is aware of an honor offense, he/she should report that offense to either the faculty member of the class in question, the program director or the chair of the School of Nursing. An investigation will result.

If there is evidence to bring forward, the student will be notified, in writing, of the specific charges, who the hearing body will be and the time and place of the hearing. Such notification will be delivered at least two working days in advance of the hearing. The date of the hearing, if possible, must be set within 10 working days from the date of notification to the student.

The College Code of Ethics Committee will hear the case. The Ethics Committee is comprised of five CNHP student representatives* and two CNHP faculty appointed by the dean. Actions by the Ethics Committee may include: 1) dismissal of the case, 2) sanction the student, 3) refer the case to the Dean of Students, Student Affairs. Disciplinary sanctions by the committee may include educative, reprimand, restrictions and restitution. The committee does not have the authority to suspend or expel the student.

Student rights in this committee process are outlined in the ASTATE Student Handbook under the caption "Disciplinary Hearings". The student is entitled to one appeal rendered by the Associate Dean for Judicial Affairs. The process for appeal is found in the section on "Appeal Process".

* “CNHP student representatives” term includes students from the Main campus (Jonesboro) and the distance campuses located in Beebe, Mountain Home, and West Memphis.

**ASTATE School of Nursing - Student Confidentiality Contract**

The confidentiality of patients admitted to contracted clinical agencies of the School of Nursing at Arkansas State University is protected by state and federal laws as well as treatment center policy and ethical consideration. Any student who breaches this confidentiality will be subject to immediate termination from the clinical rotation. Such disclosure is also subject to applicable laws and regulations. All information in regard to patients is considered confidential. This includes the following:

A. The fact that the individual is a patient at a contracted clinical agency.
B. The patient's name, address, employer, etc.
C. The nature of the patient's illness or reason for admission to the treatment center.

Students are not allowed to discuss patients with individuals in the community and are not allowed to discuss patients in patient/public areas within the treatment center. Prior to the start of the clinical rotation, each student will receive a briefing regarding confidentiality from the clinical instructor. (see Appendix J)

**Critical Incident/Professional Behaviors**

The Critical Incidents form for AASN (Appendix D) students and the Professional Behavior Form (Appendix E) for BSN students will be completed and filed in the student's record for a student failing to uphold the honor code or engaging in other activities deemed unsafe or unprofessional.
**Dismissal**

A student may be asked to leave the nursing program regardless of academic grade if any of the following conditions exist:

1. Demonstrated lack of aptitude for nursing
2. Failure to exhibit behavior of:
   a. Integrity
   b. Dependability and accountability
   c. Concern for human and societal needs
3. Clinical nursing performance that jeopardizes safety of patient(s)
4. Physical or emotional condition of a nature that affects, or is affected by, one’s performance in nursing
5. Failure to conform to the legal and ethical standards of the nursing profession
6. Excessive absences (see attendance policy)

**Transfer Credit Policy**

Students who present transcripts of college level credit from other accredited institutions may receive credit toward a degree in accordance with the policy as set forth in the current academic year Undergraduate Bulletin. Students must submit their transcripts to the ASTATE-Jonesboro Registrar’s office for evaluation of all General Education courses. International transcripts may require WES or ECE evaluation.

A transfer student must apply to the School of Nursing, submit the documents requested on the application, and meet the entry criteria. Acceptance of transfer courses in nursing is the responsibility of the School of Nursing and such transfer courses are approved by the faculty of the appropriate program.

**HEALTH REGULATIONS**

*Students are required to provide documentation of malpractice insurance, PPD skin test or negative chest x-ray, CPR certification, required vaccines (note the date for flu vaccine will be different), and TB mask fitting by the Friday of the first week of classes each Fall semester.*

A verification of a Tetanus Booster within the last ten years, proof of measles/rubella immunity as mandated by Arkansas law, and PPD skin test or negative chest x-ray are required upon admission. Students entering a nursing program shall have on file prior to entry into clinical courses, a Hepatitis B virus (HBV) immunization record to include either a documented history of HBV infection, antibody status positive titer showing previous antigen response to HBV or documentation of the first (in a series of three) HBV immunization. The series must be completed within seven months (second immunization one month after first, followed by third immunization six months after second).

At the beginning of each fall semester (spring for LPN-RN students) every student must present evidence to the School of Nursing of a PPD skin test for tuberculosis given within the preceding 3 months and valid for the entire academic year or a negative chest x-ray for active disease. No clinical experience will be allowed until these requirements are completed and the importance of more extensive physical examinations on a yearly basis cannot be over-emphasized. Prior to first clinical course, students will be required to be fitted for a TB mask.

*Rev. 5/12*

**Hepatitis-B Vaccine**

The Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices recommends Hepatitis B vaccination for all unvaccinated adults at risk for HBV infection. Persons at risk for infection by exposure to blood or blood-contaminated body fluids include health-care and public safety workers and students. Risk of exposure is often highest during the professional training period. Therefore, the School of Nursing requires the hepatitis B vaccine series for all nursing students. The cost of the vaccine is the responsibility of the student.

The Hepatitis B schedule most often used is three (3) intramuscular injections with the second dose administered one (1) month after the first dose. The third dose is administered six (6)
months after the first dose or five (5) months after the second dose. The vaccine confers long-term protection against acute and chronic hepatitis B. Studies indicate immunity remains intact for 20 years among healthy vaccinated individuals. Hepatitis B vaccine contains no live virus. According to the CDC, pregnancy or lactation should not be considered a contraindication but this is a decision you and your healthcare provider will need to make.

Hepatitis B categories for health care personnel and frequently asked questions (FAQs) can be found in Appendix E. **If you chose not to be vaccinated for Hepatitis B at this time you must sign and submit the Hepatitis B Vaccine Declaration (Appendix F).**

**Influenza Vaccine**
Clinical sites may require a Flu vaccine prior to rotation. Announcements will be made in the fall semester by local Health Departments on the availability of the vaccine. Written verification of the administration of the vaccine is required. Annual proof of vaccinations may be required by clinical sites. If the student has not received the vaccine the hospital has the right to 1) Prohibit the student from facility access for clinical practice, 2) require student to wear a mask at all times or 3) other modification according to their policy. If you chose not to be vaccinated for Influenza at this time you must provide documentation from your care provider and/or sign and submit an Influenza Vaccine Declaration form provided by the clinical facility.

**Standard Precautions**
All College of Nursing and Health Professions students and faculty will employ Standard Precautions while in the clinical setting. Protocols for Standard Precautions (previously referred to as Universal Precautions) can be found in the OSHA Bloodborne Pathogens Standard document (Appendix I).

**Latex Allergy**
Upon a nursing student's written request to the Chair of the School of Nursing, latex free gloves will be available for usage in the laboratory and clinical setting at no cost to the student.

Latex free Nurse Packs will be available through the ASTATE Bookstore upon request.

The student must notify the faculty member supervising the learning experience immediately upon awareness of a known or suspected latex allergy.

Latex allergy exposure treatment and medical prophylaxis is the student’s responsibility and must be provided at the student’s expense.

**Insurance**
**Health Insurance:** The College of Nursing and Health Professions strongly recommends that students obtain their own health insurance. Injuries that occur in a clinical setting are not covered and/or paid by the agency or the university.
INTRODUCTION
The policy herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty/staff in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and other resources.

ADMISSIONS
The HIV/HBV (Human Immunodeficiency Virus/Hepatitis B Virus) or any significant blood borne pathogen status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

RETENTION
If it is determined that a student is sero-positive for HIV/HBV, or any other significant blood borne pathogen, or is clinically manifesting symptoms of a related disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

INFECTION CONTROL COMMITTEE
The Infection Control Committee will be comprised of at least one representative from each of the programs in the College of Nursing and Health Professions. The dean will be charged with appointing faculty to serve on this committee after consultation with chairs or directors of the various programs. Once the committee is established, a chair shall be elected by the members. In addition, a community member who is an expert in infectious disease will be designated as a consultant to the committee.

The committee shall function to consider the specific student/faculty situations outlined in the HIV/HBV Guidelines. In addition, this committee will function to review the HIV/HBV Guidelines on an annual basis. The committee will coordinate annual instruction on Standard Precautions for the faculty. This committee will also serve the programs by making recommendations for infection control policy that may impact both the student and faculty populations. Information regarding such policy will be included in the various programs’ Student Handbook and the CNHP Faculty/Staff Handbook.

When the Infection Control Committee convenes to consider specific student/faculty situations, a timely response is in order. Individuals will be provided a letter outlining the committee recommendations within a one-week period after convening. During this time period the student/faculty person shall not engage in direct client contact. Should an individual wish to appeal the decision of the committee, the established University Grievance process should be followed (See ASTATE Student/Faculty Handbooks).
COUNSELING

It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV, or any significant blood borne pathogen, or who manifests symptoms of a related disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

**HIV Infection Services provided by ASTATE Student Health Center:**
Students at Arkansas State University who desire HIV testing will be referred to the Craighead County Public Health Department for testing. This insures privacy and integrity of specimen collection.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located adjacent to the football stadium and can be reached at ext. 2054.

**Services offered by the Public Health Department**
The Craighead County Public Health Department is open from 8:00 a.m. until 4:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is $5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located on 611 E Washington Ave, Ste B, Jonesboro, AR 72401.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

The Public Health Department will provide the Hepatitis B vaccine for persons up to age 19. They will not provide testing for Hepatitis B.

The Public Health Department will provide follow-up care for any individual with a positive TB skin test or one with a diagnosis of tuberculosis.

**Services offered by Northeast Arkansas Regional AIDS Network (NARAN)**
This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448).

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant sites.

Reviewed by Handbook Committee 4/12/12
HIV/HBV GUIDELINES
FOR ON-CAMPUS LABORATORY AND CLINICAL SETTINGS

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

TRANSMISSION INFORMATION
All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

POLICY
Students, faculty, and staff with HIV/HBV, or any significant blood borne pathogen, should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a CASE-BY-CASE basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Students may be asked to serve as source partners in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

EXPOSURE (Laboratory and Clinical Settings)
Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP, while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

On-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol

    Should a student or faculty member be exposed to blood borne pathogen in an on-campus laboratory or clinical setting, the following post-exposure protocol is recommended:
    1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.
    2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
    3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
    4. It is suggested that the post-exposure protocol be managed by the individual's primary care provider at the individual's expense.
5. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

**Off-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol**

If a student/faculty member is exposed to blood or other potentially infectious materials in the off campus setting, this Blood Borne Pathogen protocol is to be followed.

1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.
4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:
   (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
   (b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.
      (1) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.
      (2) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.
      (3) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
   (c) The exposed student/faculty member's blood should be tested as soon as possible.
   (d) It is suggested that the post-exposure protocol be managed by the student/faculty member's personal healthcare provider.

CNHP
Infection Control Committee
5/9/2009

Reviewed by Handbook Committee 4/12/12
Substance Abuse Policy
College of Nursing and Health Professions
Arkansas State University

POLICY

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. **It is the responsibility of the student to report any medication/s taken which would adversely affect her/his ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file.** As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions all students must sign a SUBSTANCE ABUSE COMPLIANCE CONTRACT agreeing to adhere to the Substance Abuse Policy & Procedures when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information.

**PROCEDURES**

1. **If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities** the student will immediately be asked to submit to body fluid testing for substances at a lab designated by the College of Nursing and Health Professions who have identified procedures for collection (see attached). **The cost of the test will be borne by the student.** Refusal to submit for testing warrants immediate program dismissal.  
At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean's Office, College of Nursing and Health Professions, and to the student. **If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.**

2. **This policy applies only to a student exhibiting behavior creating probable cause to believe drug or alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules and regulations, whether or not related to substance abuse.**

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1. The generic meaning of the term “drug” is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances for non-therapeutic purposes. The substance alcohol (ethanol), by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a physician licensed to practice medicine and surgery, as long as the drug is taken in accordance with the provider’s instructions and do not impair the student's ability to perform his/her duties, are exempt from this policy.

3. Readmission of the student to the program is contingent upon the following conditions:
   a. Formal application for readmission to the program.
   b. Meeting specific program admission criteria as noted in the Undergraduate/Graduate Bulletin.
   c. Clinical space availability.
   d. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition. The documentation is to be submitted to the Dean's Office, College of Nursing and Health Professions by the designated treatment facility.
   e. Follow-up program as suggested by the treatment facility which may include, but is not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.

4. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.

5. Students will be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

BEHAVIORAL CHANGES ASSOCIATED WITH SUBSTANCE ABUSE

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a "drug" (see the Substance Abuse Policy for definition of the term "drug" and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

* Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom).

**Attention Deficit/Cognitive Impairment**

- Ataxia
- Tremors, especially of the hands
  * slowed response time in a familiar skill
  * diminished from the usual in coordination/dexterity

**Social Impairment**

- Inappropriate verbal remarks (subjects/words/expletives)
- Inappropriate behaviors or those beyond the societal norm such as:
  - angry outbursts/unrestrained agitation
  - crying that cannot be explained
  - euphoria
  - paranoia
  - hallucinations
- Behaviors that are markedly changed from that individual such as
  - introversion
  - extroversion
  - sullen/irritable
  - giddy
  - defensiveness
**Somatic Manifestations/Discomforts**
- odor of alcohol on breath
- nausea/vomiting/thirst
- frequent trips to bathroom/complaint of urinary frequency or diarrhea
- hiccoughs
- reddened sclera (bloodshot eyes)
- pupil changes/drooping eyelids
- complain of blurred vision or inability to focus

**Speech/Communication Impairment**
- slurred (thick tongue)
- rapid/choppy communication pattern
- incoherent speech

**BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE**

The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

- repeated tardiness
- frequent absenteeism
- numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/low energy)
- untidy personal appearance or deterioration in quality of grooming
- lack of attention to hygiene (hair, nails, skin, oral)
- multiple crises in personal life
- avoidance/lack of eye contact
- isolation/lack of peer support
- repeated excuses for below standard performance
- forgetfulness with appointments/assignments
- slowed response time in familiar activities
- behavior shifts/mood swings
- lack of trust and suspicious of the motives of others
- needle tracks on body surface
- behaviors surrounding the administration of narcotics:
  - frequent need to waste "unused" medications
  - recording the administration of larger doses than ordered
  - unauthorized possession of the narcotic key
  - unsupervised entry into narcotic cabinet
  - volunteering to be in situations to gain greater access to narcotics
  - taking frequent breaks/numerous occasions when whereabouts unknown

Reviewed by Handbook Committee 4/12/12
CRITERIA FOR URINE DRUG SCREENS

NOTICE: PROVIDE LAB WITH THIS CRITERIA

ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS SHALL HAVE MET THE FOLLOWING CRITERIA:

1. Specimen collection is witnessed.
2. BASIC 10-PANEL* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE (SEE #7).
3. Laboratory must be CLIA¹ approved.
4. Confirmation of positive results is done by GCMS². If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.
5. Report, in addition to results, will include:
   a. Chain of custody;
   b. Drug history;
   c. List of drugs screened;
   d. Confirmation of method used; and
   e. Specific gravity.
6. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

   ➢ 10-PANEL INCLUDES:
   - Amphetamines
   - Benzodiazepines
   - Cannabinoids
   - Cocaine
   - Opiates
   - PCP
   - Barbiturates
   - Methadone
   - Methaqualone
   - Propoxyphene

7. THE DRUG SCREEN SHALL TEST FOR THE FOLLOWING:
   - Amphetamines
   - Methaqualone
   - Barbiturates
   - Phencyclidine
   - Benzodiazepines
   - Propoxyphene
   - Cannabinoids
   - Alcohol
   - Cocaine
   - Meperidine
   - Opiates
   - Drug of choice
   - Methadone

DRUG SCREENS WHICH DO NOT TEST FOR THE ABOVE WILL BE CONSIDERED NON-COMPLIANT WITH THE ORDER.

¹Clinical Laboratory Improvement Act: SE1 of Federal Regulations which clinical labs must meet for certification.
²Gas Chromatography Mass Spectrometry

Adopted from Arkansas State Board of Nursing, January 1997.

Reviewed by Handbook Committee 4/12/12
ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS  
WAIVER OF RELEASE OF MEDICAL INFORMATION  
SUBSTANCE ABUSE POLICY AND PROCEDURES  

I, ____________________________, am a professional health student at Arkansas State University and have previously received, read and understand the College of Nursing and Health Professions’ Substance Abuse Policy & Procedures. 

I hereby consent to having a sample of my body fluid collected on this ______ day of _________, 20___, according to the terms set forth in the policy for the purpose of testing for identified substances at my own expense. 

I understand that a positive test result will require a subsequent confirmation test. If that result remains positive, it will affect my status in the professional program. I understand that if I am taking any medications which would adversely affect the results of the test, that I should disclose those immediately. Written medical documentation from my physician will be required by me for verification of those medication/s taken. 

I authorize the release of test results related to the screening or testing of my blood/urine specimen to the Dean, College of Nursing and Health Professions at Arkansas State University and to myself. I understand that my body fluid specimen will be sent to ________________________________ for actual testing. 

I hereby release Arkansas State University, its Board of Trustees, officers, employees, and agents from legal responsibility or liability arising from such a test, including but not limited to, the testing procedure, analysis, the accuracy of the analysis, or the disclosure of the results. 

________________________________________  ___________________________  ________________  
Student’s signature  Date  Time 

________________________________________  ___________________________  ________________  
Witness’s signature  Date  Time 

For Student File
STUDENT SERVICES

Financial Aid
The Financial Aid Office coordinates all financial assistance available to students at Arkansas State University with the exception of Veteran and Social Security benefits. For distant sites financial aid is coordinated with the local Financial Aid Office and the ASTATE Financial Aid Office.

The federal government is the primary source for student aid funds. Other sources include the state, the institution, and private donors.

Eligibility for most of the financial aid programs is based on financial need. However, there are several scholarships and grants in aid that are based on academic ability and/or special skills in certain areas. In addition, there are scholarships for nursing and health professions students which have been made possible by private organizations. Each student should check with the Chairperson of the Scholarship Committee (CNHP) for availability of these scholarships.

Library Resources
Nursing books and journals are available at both ASTATE's Dean B. Ellis Library. At the distant sites, ASU Mountain Home, ASU Beebe, and ASU MidSouth, nursing books and journals are available in the campus libraries. Additionally, the Dean B. Ellis Library can be accessed online at www.library.astate.edu. Many professional journals have full-text articles available online through the library.

Audiovisual Lab and Clinical Learning Center
Audiovisual materials and equipment are available on all campuses in the School of Nursing. Available for student use are: slides, audiotapes and players, videotapes and viewers, computers for computer-assisted instruction, as well as other self-instructional materials. The audiovisual equipment is for lab use only; however, with faculty's permission, students may at times check out equipment for class assignments or special projects. The AV lab is open Monday through Friday with hours posted at the beginning of each semester.

The Clinical Learning Center labs are equipped with mannequins, equipment and supplies that may be used to practice procedures and skills. The practice times for the CLC are posted. The labs are open Monday through Friday with hours posted at the beginning of each semester.

As appropriate, AV, CLC and computer labs are available at all sites. Contact site faculty for rules and regulations.

Revised 5/2012
Revised 7/2013

Computer Lab and Usage Policy
All Arkansas State University computing facilities, equipment, software and reference manuals are for class use only. No use of a commercial nature or use for personal gain or profit will be allowed. Copying of computer software or related reference manuals for commercial or personal use is a violation of federal copyright laws and will not be allowed.

Playing games on the computers will not be allowed.

Using computers and printers to print banners, posters, term papers, resumes, greeting cards, etc. will not be allowed unless it is for an ASTATE computer or word processing class assignment.

Revised 7/2013
**Counseling Center**

The Counseling Center provides personal, career and academic counseling to ASTATE students. While the Center staff works with students who may be experiencing a crisis, the goal is to help students deal with their concerns before they develop into more serious problems. Counseling Center services are performed by psychologists and counselors, counseling interns, and counseling practicum students. All full time staff members are licensed mental health practitioners and services are always performed by those whose skills and training are appropriate to the task. The Arkansas State University Counseling Center is fully accredited by the International Association of Counseling Services (IACS). The Counseling Center is located in Suite 2203 in the Reng Student Service Center. Call 870-972-2318 or see the website, [http://www.astate.edu/a/counseling-services/](http://www.astate.edu/a/counseling-services/).

Counseling services are available on the ASU Mountain Home campus. ASU Beebe and ASU MidSouth campus policies outline utilization of local off-campus services at local health care agencies and/or contact campus security and 911 services.

* Revised 7/2016

**Student Health Center**

The Student Health Center has an array of medical services from treating minor illnesses & injuries to providing physical exams, immunizations, female exams (including pap smears), health education, and pre/post-test HIV counseling (includes blood draw). Call for an appointment, 870-972-2054 or see the website: [http://www.astate.edu/a/student-health-center/index.dot](http://www.astate.edu/a/student-health-center/index.dot)

Clinic Hours of business are:
Monday – Friday from 8:00 am to 5:00 pm – Last Patient seen at 4:00 pm
Sick Call 8-9 and 1-2 daily walk-in times

* contact distant site faculty for additional resources in your immediate area.

* Revised 7/2013

**Parking**

All students, faculty and staff who park a vehicle on the ASTATE campus are required to register the vehicle and display a sticker. Students can register their vehicle at Parking Services, at 2301 E Johnson, Suite D, Jonesboro, Arkansas. The fee is $50.00 and is charged to your account at the Finance Office. For additional information call Parking Services at 870-972-2945.

All distant sites adhere to the parking policies for their campuses.
STUDENT ORGANIZATIONS

Student Nurses Association

The National Student Nurses Association (NSNA) is the largest independent professional student organization in the country, and it is run by nursing students, for nursing students. Being a member of the NSNA makes you eligible for a host of benefits, including career planning assistance, financial assistance, low-cost malpractice insurance, and much more.

If you are a student in any state-approved program preparing for registered nurse licensure or if you are a registered nurse in a program leading to a baccalaureate in nursing, you are eligible to become a member. You are eligible for an associate membership if you are a pre-nursing student enrolled in a college or university program leading to a degree in nursing. Membership is available on the local, state, and national level. For more information on dues and local meetings, contact any ASTATE Student Nurses Association member. Your participation and support are encouraged and welcomed.

AlphaEta Society

Associate degree students have the opportunity to become members of the CNHP AlphaEta Society. To be eligible for membership, the student has to be enrolled in an Allied Health Program leading to a baccalaureate or associate degree (includes AASN, excludes BSN) and has to be enrolled in the last year of residence. Students must also have a G.P.A. of 3.5 or better while enrolled. Students are selected for membership by chapter members.

Sigma Theta Tau International

Sigma Theta Tau is the international honor society of nursing with the ASTATE chapter, Eta Theta. The purpose of this society is: 1) to recognize superior achievement and scholarship; 2) to recognize the development of leadership qualities; 3) to foster high professional standards; 4) to encourage creative work; and 5) to strengthen commitment to the ideals and purposes of the profession.

Membership Criteria: Candidates for membership include undergraduate BSN students, MSN students, and community members. Each undergraduate candidate for membership is required to meet the criteria for the category of membership. Undergraduate students are required to have completed 1/2 of the nursing curriculum, have at least a 3.0 on a four-point scale, rank in the upper 35% of the graduating class, and meet the expectation of academic integrity.
PROGRAMS

Associate of Applied Science in Nursing

Arkansas State University School of Nursing
Associate of Applied Science in Nursing

Student Learning Outcomes Map
• Effective January 2013 through graduating class December 2017

I. Employ vigilance and standards of practice to mitigate errors and to promote a culture of safety through individual performance and system effectiveness.
II. Relate the use of the nursing process in providing evidence-based care to promote, maintain and restore an optimal level of wellness.
III. Justify clinical reasoning in contemporary practice environments based on the bio-psycho-social-cultural-spiritual concepts.
IV. Select therapeutic communication techniques to promote relationship-centered care when interacting with, patients, families, and members of the interprofessional team.
V. Formulate appropriate patient education activities based on teaching-learning principles to meet the needs of individuals and groups in contemporary practice environments.
VI. Support the inter-professional team through effective collaboration and shared decision-making to achieve safe quality patient care.
VII. Demonstrate professional responsibility and accountability while implementing the role of the Registered Nurse.

Student Learning Outcomes
(Effective for new class beginning January 2017)

I. Employ vigilance and standards of practice to mitigate errors and to promote a culture of safety through individual performance and system effectiveness in contemporary practice environments. No change
II. Use nursing judgment in providing patient centered care based on current evidence based practice to promote, maintain and restore an optimal level of wellness. Blend nursing process & clinical reasoning
III. Apply therapeutic communication and promote knowledge through use of evidenced-based information and technology to enhance relationship centered care in contemporary practice environments. Blend communication & teaching/learning
IV. Support the inter-professional team through effective collaboration and shared decision-making to achieve safe quality patient care. No change
V. Demonstrate professional nursing responsibility, accountability and integrity of practice by examining the evidence, monitoring patient outcomes, to promote and improve the quality of care of patients within a family and community context. No change

Revised 5/2017
# TRADITIONAL AASN Graduation Checklist

**ARKANSAS STATE UNIVERSITY,**
**COLLEGE OF NURSING AND HEALTH PROFESSIONS**
**ASSOCIATE IN APPLIED SCIENCE IN NURSING**
Checklist for Graduation Requirements

<table>
<thead>
<tr>
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<th>ASU Student ID # ______________</th>
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<tbody>
<tr>
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<td>SUBSTITUTION OR TRANSFER COURSE ID</td>
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## GENERAL EDUCATION REQUIREMENTS

### COMPOSITION – 6 HRS
- ENG 1003 Composition I
- ENG 1013 Composition II

### MATHEMATICS – 3 HRS
- MATH 1023 College Algebra

### NATURAL SCIENCES – 4 HRS
- BIO 2203 Human Anatomy & Phys. I
- BIO 2203 Human Anat. & Phys. Lab I

### SOCIAL SCIENCES – 3 HRS
- HIST 2763 US History to 1876, OR
- HIST 2773 US History since 1876, OR
- POSC 2103 Intro to American Gov’t

## MAJOR REQUIREMENTS – AASN

- NRS 2392 Health Assessment
- NRSP 2391 Health Assess. Practicum
- NRS 1214 Introduction to Nursing
- NRSP 1222 Fundamentals of Nsg Practicum
- NRS 1235 Nursing I
- NRS 1252 Role Development I
- NRSP 1243 Clinical Practicum I
- NRS 2212 Nursing II Mental Health
- NRS 2213 Nursing II Med-Surg
- NRS 2251 Role Development II
- NRSP 2223 Clinical Practicum II
- NRS 2232 Nursing III Maternal Child
- NRS 2233 Nursing III Med-Surg
- NRSP 2244 Clinical Practicum III
- NRSP 2272 Role Development Pract.
- PSY 2013 Introduction to Psychology
- BIO 2223 Human Anat. & Phys. II
- BIO 2221 Human Anat. & Phys. Lab II
- BIO 2103 Microbiology
- BIO 2101 Microbiology Lab
Checklist for Graduation Requirements

3 Hours – History 2763 or 2733 or POSC 2103 ________________
English Proficiency __________________________
16 Resident Hours __________________________
12 of last 18 hours ASU Campus _________
Maximum 30 hours Corr/Ext/Exam/CLEP/MS/USAFI
66 hours for degree __________________________________________________________

2.00 Average: Major __________ Overall ________ At ASU __________

The student has met all requirements for graduation providing he/she satisfactorily completes the courses of current enrollment. If there are any correspondence or transfer credits, an official transcript must be filed with the Registrar at least three weeks prior to graduation.

________________________________________________________________________
ADVISOR DATE

________________________________________________________________________
CHAIR, SCHOOL OF NURSING DATE

________________________________________________________________________
DEAN, COLLEGE OF NURSING & HEALTH PROFESSIONS DATE

Revised 6-17
# ARKANSAS STATE UNIVERSITY
# COLLEGE OF NURSING AND HEALTH PROFESSIONS
# ASSOCIATE IN APPLIED SCIENCE IN NURSING (AASN)
# LPN-AASN
# CHECKLIST FOR GRADUATION REQUIREMENTS

NAME: ___________________________________ ASU Student ID #: ____________

CATALOG YEAR: _________________________

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ARTICULATION CREDIT – ASBN Articulation Model

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CHECKLIST FOR GRADUATION REQUIREMENTS

CURRENT ENROLLMENT

1.  _____________________________

2.  _____________________________

3.  _____________________________

4.  _____________________________

5.  _____________________________

6.  _____________________________

3 HOURS – HIST 2763 or 2773 or POFC 2103

English Proficiency

16 Resident Hours

12 of last 18 hours ASU Campus

Maximum 30 hours Corr/Ext/Exam/Clep/MS/USAFI

66 hours for degree

2.00 Average: Major Overall At ASU

The student has met all requirements for graduation providing he/she satisfactory completes the courses of current enrollment. If correspondence or transfer credits, an official transcript must be filed with the Registrar at least three weeks prior to graduation.

_________________________________________  ____________________________________
ADVISOR                                      DATE

_________________________________________  ____________________________________
CHAIR, SCHOOL OF NURSING                     DATE

Revised 6-17
**GENERAL EDUCATION REQUIREMENTS**

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ARTICULATION CREDIT – ASBN Articulation Model (6 Hours)

NRS 1214 Introduction to Nursing
NRSP 1222 Fundamentals of Nursing Practicum

CHECKLIST FOR GRADUATION REQUIREMENTS

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The student has met all requirements for graduation providing he/she satisfactory completes the courses of current enrollment. If correspondence or transfer credits, an official transcript must be filed with the Registrar at least three weeks prior to graduation.

______________________________  ____________________________
ADVISOR  DATE

______________________________  ____________________________
CHAIR, SCHOOL OF NURSING  DATE

Revised 6/17

Bachelor of Science in Nursing (BSN)
Arkansas State University School of Nursing
Bachelor of Science in Nursing
Student Learning Outcomes Map
Applies to Traditional track students graduating May 2018 and May 2019 and Accelerated track students graduating August 2017.

The graduate will:

I. Value a culture of safety in all aspects of professional practice.

II. Relate and apply knowledge of the sciences to provide individualized quality patient care.

III. Use the nursing process in providing care to patients/families/communities/populations.

IV. Demonstrate effective and professional communication with patients/families/communities/populations and members of the health care team.

V. Teach patients/families/communities/populations/health care professionals.

VI. Use research in evidence-based nursing practice.

VII. Manage delivery of nursing care to patients/families/communities/populations.

VIII. Collaborate within nursing and inter-professional teams to achieve quality care.

IX. Exemplify professionalism in all aspects of practice.

Updated 5.14.13

See ASTATE Undergraduate Bulletin for prerequisites, course descriptions, course sequencing, and graduation requirements. The Bulletin is available at http://www.astate.edu/dotAsset/la23f4a1-4c57-4f92-ac61-e6ad65758fbd.pdf

Revised 7/2013
Arkansas State University School of Nursing
Bachelor of Science in Nursing
Student Learning Outcomes Map
Applies to Traditional track students graduating beginning May 2020 and Accelerated track students graduating beginning August 2018

The graduate will:

I. Value a culture of safety in all aspects of professional practice.

II. Use the nursing process to integrate concepts from sciences, liberal arts, research, and evidence based practice into patient-centered care.

III. Use verbal, nonverbal, written and emerging technologies while teaching, communicating, and collaborating with the patient, support system, and healthcare team.

IV. Implements leadership and management principles into the delivery of health care.

V. Exemplify and maintain professional standards and ethics at all times.

Updated 6.15.17

See ASTATE Undergraduate Bulletin for prerequisites, course descriptions, course sequencing, and graduation requirements. The Bulletin is available at http://www.astate.edu/dotAsset/fa23f4a1-4c57-4f92-ac61-e6ad65758f0f.pdf

Revised 7/2013
ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS  
BACHELOR OF SCIENCE IN NURSING (BSN)

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<th>SUBSTITUTE OR TRANSFER</th>
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**GENERAL EDUCATION REQUIREMENTS:**

Making Connections/FYE—3hrs  
COMMUNICATIONS—6hrs  
ENG 1003 Composition I  
ENG 1013 Composition II  

MATHMATICS—3hrs  
MATH 1023 College Algebra  

**ARTS AND HUMANITIES—9hrs**

*One of the following in Fine Arts:*  
MUS 2503 Fine Arts Musical  
THEA 2503 Fine Arts Theater  
ART 2503 Fine Arts Visual  

*One of the following in Humanities:*  
ENG 2003 Intro to Literature of the Western World I  
ENG 2013 Intro to Literature of the Western World II  
PHIL 1103 Intro to Philosophy  

**SOCIAL SCIENCES—9hrs**  
HIST 2763 U.S. History to 1876  
OR HIST 2773 U.S. History since 1876  
OR POSC 2103 Intro to U.S. Government  

and  
PSY 2013 Intro to Psychology  
and  
SOC 2213 Principles of Sociology  

**SCIENCES—8hrs**  
BIO 2103 Microbiology for Nursing & Allied Health  
BIO 2101 Microbiology Lab for Nursing/Allied H.  
CHEM 1043 Fundamental Concepts of Chemistry  
CHEM 1041 Fundamental Concepts Chem Lab
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<th>MAJOR REQUIREMENTS—BSN</th>
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**CHECKLIST FOR GRADUATION REQUIREMENTS**

Current Enrollment:
3 Hours- HIST 2763, 2773
or POSC 2103 Making Connections/FYE English Proficiency 32 Resident Hours 18 of last 24 hours ASTATE Campus
Max 60 Hours Correspondence Est/Exam/CLEP/MS/USAF Minimum 57 Hours from 4-year institutions 122 Hours for degree 45 JR/SR Hours after 30 Hours

| 2.00 Average: Major Overall At ASTATE |
|---------------------------------------|---------------|---------------|-------------|

The Student has met all requirements for graduation providing he/she satisfactorily completes the courses of current enrollment. If correspondence or transfer credits, an official transcript must be filed with Registrar at least three weeks prior to graduation.

**ADVISOR**

**DATE**

**CHAIR, DEPT OF NURSING**

**DATE**

**DEAN, COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**DATE**

rev. 6/16
GENERAL EDUCATION REQUIREMENTS:

**COMMUNICATIONS—6HRS**
- ENG 1003 Composition I
- ENG 1013 Composition II

**MATHEMATICS—3HRS**
- MATH 1023 College Algebra

**ARTS AND HUMANITIES—9HRS**
- **One of the following in Fine Arts:**
  - MUS 2503 Fine Arts Musical
  - THEA 2503 Fine Arts Theater
  - ART 2503 Fine Arts Visual

- **One of the following in Humanities:**
  - ENG 2003 Intro to Literature of the Western World I
  - ENG 2013 Intro to Literature of the Western World II
  - PHIL 1103 Intro to Philosophy

**SOCIAL SCIENCES—9HRS**
- HIST 2763 U.S. History to 1876
- OR HIST 2773 U.S. History since 1876
- OR POSC 2103 Intro to U.S. Government

and
- PSY 2013 Intro to Psychology

and
- SOC 2213 Principles of Sociology

**SCIENCES—8HRS**
- BIO 2103 Microbiology for Nursing & Allied Health
- BIO 2101 Microbiology Lab for Nursing/Allied H.
- CHEM 1043 Fundamental Concepts of Chemistry
- CHEM 1041 Fundamental Concepts Chem Lab
### MAJOR REQUIREMENTS—BSN

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<td>NRS 3312 Intro to Nursing Research</td>
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<td>NRSP 4481 Critical Decision Making and Testing</td>
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<td>BDLS Basic Disaster Life Support</td>
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### ARTICULATION CREDIT – 13 HRS

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### CHECKLIST FOR GRADUATION REQUIREMENTS

Current Enrollment:

- 3 Hours- HIST 2763, 2773
- or POSC 2103
- English Proficiency
- 32 Resident Hours
- 18 of last 24 hours ASU Campus
- Max 60 Hours Correspondence
- Est/Exam/CLEP/MS/USAFA
- Minimum 57 Hours from 4-year institutions
- 120 Hours for degree
- 45 JR/SR Hours after 30 Hours

2.00 Average: Major________  Overall________ At ASU ________

The Student has met all requirements for graduation providing he/she satisfactorily completes the courses of current enrollment. If correspondence or transfer credits, an official transcript must be filed with Registrar at least three weeks prior to graduation.

__________________________  ________________________  ________________________
ADVISOR  DATE

__________________________  ________________________
CHAIR, SCHOOL OF NURSING  DATE

__________________________  ________________________
DEAN, COLLEGE OF NURSING  DATE

AND HEALTH PROFESSIONS  rev. 6.13.16
ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SECOND DEGREE ACCELERATED BACHELOR OF SCIENCE IN NURSING
(WSN)

NAME __________________________ Student ID _________________ CATALOG YEAR ________________

**POST BACHELOR'S DEGREE**

Degree ______ Major __________________ Awarded ______ Institution ___________________

<table>
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<tr>
<th>SUBSTITUTION OR TRANSFER</th>
<th>DATE OF REGISTRATION</th>
<th>GRADE</th>
</tr>
</thead>
</table>

**GENERAL EDUCATION REQUIREMENTS:**

**COMMUNICATIONS—6 HRS**
ENG 1003 Composition I
ENG 1013 Composition II

**U.S. HISTORY/U.S. GOVERNMENT—3 HRS**
HIST 2763 OR HIST 2773
U.S. History to/since 1876 OR
POSC 2103 Intro to U.S. Government

**MAJOR REQUIREMENTS**
MATH 1023 College Algebra
PSY 2013 Intro to Psychology
SOC 2213 Principles of Sociology
BIO 2103 Microbiology for Nurses
BIO 2101 Microbiology Lab for Nurses
CHEM 1043 Fundamental Concepts of Chem I
CHEM 1041 Fund. Concepts of Chem I Lab
BIO 2203 Human Anatomy & Physiology I
BIO 2201 Human Anatomy & Physiology I Lab
BIO 2223 Human Anatomy & Physiology II
BIO 2221 Human Anatomy & Physiology II Lab
CHEM 1033 Intro to Organic/Biochemistry OR
CHEM 1052 Fundamental Concepts of Chem II
Statistics Course (3 cr hr)

NRS 2423 Intro to Essentials of Nursing
NRSP 1422 Foundations of Nursing Practice
NRS 2433 Essentials of Med-Surg Nursing I
NRS 2443 Essentials of Nursing Care of the Child-Bearing Family
NRSP 2432 Clinical Experience I
NRS 2392 Health Assessment
NRSP 2391 Health Assessment Practicum
NRS 3463 Patho-Based Pharmacology I
NRS 3422 Essentials of Mental Health Nursing
NRS 3423 Essentials of Community Health
NRSP 3433 Clinical Experience II
NRS 3445 Essentials of Med-Surg Nursing II
NRS 3473 Patho-Based Pharmacology II
NRSP 3453 Clinical Experience III
NRS 4425 Essentials Medical-Surgical Nursing III
NRS 4443 Essentials of High Acuity Nursing
NRSP 4433 Clinical Experience IV
NRS 3312 Intro to Nursing Research
NRS 4542 Health Care Administration
NRS 4362 Professional Role Development
NRSP 4456 Clinical Experience V
NRSP 4466 Clinical Experience VI
CHECKLIST FOR GRADUATION REQUIREMENTS

Current Enrollment:
3 Hours- HIST 2763, 2773
or POSC 2103
1._________________________ 4._________________________
English Proficiency _________________ 3._________________________
32 Resident Hours _________________ 5._________________________
18 of last 24 hours ASTATE Campus
6._________________________
Max 60 Hours Correspondence
7._________________________
Est/Exams/CLEP/MS/USA
Minimum 57 Hours from 4-year institutions __ 8._________________________
106 Hours for degree
45 JR/SR Hours after 30 Hours

2.00 Average:        Major _______  Overall _______  At ASTATE _______

The Student has met all requirements for graduation providing he/she satisfactorily completes the courses of current enrollment. If correspondence or transfer credits, an official transcript must be filed with Registrar at least three weeks prior to graduation.

_________________________     _______________________
ADVISOR                      DATE

_________________________    _______________________
CHAIR, SCHOOL OF NURSING   DATE

_________________________     _______________________
DEAN, COLLEGE OF NURSING  AND HEALTH PROFESSIONS   DATE

rev. 6.26.12
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<td>ENG 1003 Freshman English I</td>
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<td>ENG 1013 Freshman English II</td>
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<td><strong>MATHEMATICS - 3 HOURS</strong></td>
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<tr>
<td>MATH 1023 College Algebra</td>
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<td><strong>ARTS AND HUMANITIES -- 9 HRS</strong></td>
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<td>MUS 2503 Fine Arts Music</td>
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<td>THEA 2503 Fine Arts Theater</td>
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<td>ART 2503 Fine Arts Visual</td>
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<td><em>One of the following in Humanities:</em></td>
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<td>ENG 2003 Intro to the Literature of the Western World I</td>
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<tr>
<td>ENG 2013 Intro to the Literature of the Western World II</td>
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<td>PHIL 1103 Intro to Philosophy</td>
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<td>*<em>SOCIAL SCIENCES -- 9 HRS - <em>REQUIRED</em></em></td>
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<td>HIST 2763 or HIST 2773 U.S. History to/since 1876 OR POSC 2103 Intro to United States Government</td>
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<td>*PSY 2013 Introduction to Psychology</td>
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<td>*SOC 2213 Principles of Sociology</td>
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<td><strong>SCIENCES -- 8 HRS</strong></td>
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<td>BIOL 2103 Microbiology for Nurses BIOL</td>
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<td>2101 Microbiology Lab for Nurses CHEM</td>
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<td>1043 Fundamentals of Chemistry I</td>
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<td>ChEM 1041 Fundamentals of Chemistry I Lab</td>
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<td><strong>MAJOR REQUIREMENTS -- BSN (49 credit hours)</strong></td>
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<td>ZOOL 2011 Human Anat. &amp; Phys. II Lab</td>
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<td>CHEM 1052 Fundamentals of Chemistry II</td>
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<td>NRS 2203 Basic Human Nutrition</td>
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<td>NRS 2793 Health Assessment and Exam</td>
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<td>HP 3413 Cultural Competence in Health Professions</td>
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<td>NRS 3713 Evidence Based Practice</td>
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<td>NRS 3723 Clinical Pathophysiology</td>
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<td>Statistics</td>
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<td>NRS 4713 Chronic Illness Nursing</td>
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<td>NRS 4723 High Acuity Nursing</td>
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<td>NRS 4733 Nursing Management</td>
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<td>NRS 4743 Community Nursing</td>
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<td>NRS 4763 Professional Nursing Role</td>
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<td>NRS 4793 RN-BSN Capstone</td>
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<tr>
<td>NRS Upper Level Elective</td>
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</table>
I hereby certify that ___________________________________________ (Student Name)
has met the following three requirements to receive credit by articulation, and therefore the indicated credit
hours should be listed on the student's ASU transcript.

REQUIREMENT A. Graduation from a State Board approved Nursing Program.
Validation: Received degree from ________________________________ (State) in __________________________ (city) on ________________ (date).

REQUIREMENT B. Passing the NCLEX-RN licensure examination
Validation: RN license ____________ State
(Electronic validation that license is current and unencumbered attached).

REQUIREMENT C. Successful academic performance in the first semester of the senior level of BSN program
Validation: First semester of senior courses successfully completed: ________________ (date)

Having met these requirements of the Arkansas Nursing Education Progression Model, credit
should be recorded on the student's transcript as shown below:

CREDIT APPLIED TO ARKANSAS NURSING ARTICULATION MODEL
NRS 2313 Concepts of Nursing 3
NRS 2322 Foundations of Nursing 2
NRS 2334 Health Promotions and Intro Acute Care 4
NRS 3315 Acute Care Nursing I 5
NRS 3343 Clinical Pharmacology 3
NRS 3345 Acute Care Nursing II 5
NRSP 2321 Foundations of Nursing Practicum 1
NRSP 2343 Nursing Care II 3
NRSP 3325 Nursing Care III 5
NRSP 3355 Nursing Care IV 5

ARTICULATION CREDIT TOTAL 36

Checklist For Graduation Requirements

3 Hours - HIST 2763, 2733 OR
POS 2103
English Proficiency ____________________________
32 Resident Hours ____________________________
18 of last 24 hours ASTATE Campus ___________
Maximum 60 hours Corr/Ext/Exam/CLEP/MS/
USAF ____________________________
Minimum 57 hours from 4-year institutions /
120 hours for degree ____________________________
45 JR/SR Hours after 30 Hours ____________________________

2.00 Average: Major ____________ Overall ____________ At ASTATE ____________

The student has met all requirements for graduation providing he/she satisfactorily completes the courses of current enrollment.
If any correspondences or transfer credits, an official transcript must be filed with the registrar at least three weeks prior to graduation.

ADVISOR __________________________________________________________ DATE

CHAIR, DEPT OF NURSING ____________________________________________ DATE

DEAN, COLLEGE OF NURSING AND HEALTH PROFESSIONS ______________ DATE

Rev. 06/16
GRADUATION

It is the student's responsibility to be certain that all graduation requirements are met. Graduation requirements should be checked prior to the last day to add a class in the semester before the semester of graduation. Students are to meet with their advisor for this purpose.

Intent to Graduate
The Undergraduate online intent form can be submitted through Self Service. Instructions for the process can be found at http://registrar.astate.edu/intent-instructions.pdf.

Please visit the ASTATE myCampus portal to access the graduation tracker. The graduation tracker provides personal data on your graduation status. Visit the tracker today to see your information. Students will have access to the tracker after their intent form is coded in the system. Once the intent form is coded, students will receive an automated email acknowledging receipt.
Revised 7/2013

Licensure as a Registered Nurse
The Arkansas State Board of Nursing grants licensure to practice nursing in the state of Arkansas. Application for licensure is made upon graduation from the AASN or BSN programs. The ASBN authorizes the applicant to take the National Council Licensure Examination (NCLEX-RN). For those who plan on obtaining licensure in a state other than Arkansas, you are encouraged to write early during your last semester to the Board of Nursing in the state in which you desire to be licensed, requesting the necessary forms. The addresses of the Boards may be found on the Internet at http://www.ncsbn.org/. For those who want licensure in Arkansas, applications with instructions, such as eligibility, requirements, cost, transcripts, etc., will be provided.

The NCLEX-RN is given to graduates of state-approved nursing programs. The NCLEX is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level. One must pass the NCLEX in order to obtain a license to practice nursing. Only boards of nursing can release NCLEX examination results to candidates. The student may take the test in any state, providing that test stations are open to out-of-state students.
APPENDICES
Appendix A – College of Nursing and Health Professions: Required Signature Form

Arkansas State University  
College of Nursing and Health Professions  
School of Nursing

Required Signature Form

This attestation form must be signed, verifying that you have read and understand the stated policies or procedures. After initialing and dating beside each listed document, sign the document and return to the School of Nursing office prior to Nursing Orientation. Each form will be placed in your permanent student file.

<table>
<thead>
<tr>
<th>Document</th>
<th>Statement (Student is responsible for reading each document in its entirety.)</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Student Handbook</td>
<td>I understand that I am responsible for the information contained in the Nursing Student Handbook and agree to abide by the policies contained therein. It is my responsibility to review the Handbook for updates annually.</td>
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</tbody>
</table>
| Disabilities Statement                        | In accordance with the Americans with Disabilities Act, I (check one item below)  
  _____ Require no special accommodations to complete the program in which I am enrolled, or  
  _____ Require the following special accommodations to complete the program in which I am enrolled.  
  Annually, a copy of your card from Disability Services Card must be provided to the School of Nursing. You must notify faculty each semester of your disability needs for class/clinical. |         |      |
| College Code of Honor (p. 23)                 | I have read the explanation of the College Code of Honor. I understand that, as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward. |         |      |
| Student Confidentiality Contract (p. 24)      | I understand the information presented to me regarding the patient confidentiality and acknowledge that I will assume legal responsibility for any breach I may make. I also understand that if I breach confidentiality in any way I will be immediately terminated from my clinical course at Arkansas State University. |         |      |
| Substance Abuse Compliance Policy (p. 31)      | I have read the Board of Trustee approved Substance Abuse Policy & Procedures of Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substance abuse and appropriate release of that information.  
  **I understand that it is my responsibility to report any medication** |         |      |
As part of the professional degree program, I will be required to enroll in clinical/field courses at various sites and locations prior to my graduation. My signature on this form acknowledges that I understand I not be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field or clinical courses will take place.

**Printed Name of Student**

**Signature of Student**

**ASTATE Student ID Number**

**Date**
Appendix B – ASTATE Governing Principles: Smoke Free Environment

PURPOSE The purpose of this principle is to provide guidelines for the implementation of the prohibition of smoking on the Arkansas State University campus. This principle supersedes existing policy number 03-05 dated 07/01/94.

II. BACKGROUND
   The Arkansas Clean Air on Campus Act of 2009 prohibits smoking on each campus of state-supported institutions of higher education beginning August 1, 2010.

III. PROCEDURES
A. Smoking on all Arkansas State University properties is prohibited.

B. Effective August 1, 2010, smoking (including cigarettes, cigars and pipes) is prohibited at all times:

1. In all interior space on the Arkansas State University campus; on all outside property or grounds of the University campus, including partially enclosed areas such as walkways, breezeways and bus shelters;

2. In Arkansas State University vehicles, including buses, vans and all other university vehicles;

3. In all indoor and outdoor athletic facilities, as well as the grandstands of outdoor facilities.

C. The university prohibits the campus-controlled sale or free sampling of smoking materials on campus.

D. Littering the campus with the remains of smoking materials is prohibited.

E. Organizers and attendees at public events, such as conferences, meetings, public lectures, social events, cultural events and sporting events using Arkansas State University facilities will be required to abide by ASTATE Governing Principles. Organizers of such events are responsible for communicating these procedures to the attendees.

IV. COMMUNICATION
   Signs bearing the message “Smoke-Free Campus” will be posted at each vehicular and pedestrian entrance to Arkansas State University (as applicable), and each building will display a decal that states “Smoke-Free Campus.” However, smoke-free zones apply on the grounds around all Arkansas State University facilities, whether or not signs are posted. No ashtrays or smoking shelters will be provided on smoke-free campus grounds.

V. SMOKING CESSSION PROGRAMS
   Arkansas State University is committed to support ASTATE students and employees who wish to stop smoking. Assistance to students, faculty and staff to stop smoking is available through the Department of Wellness and Health Promotion, Employee Assistance Program and the ASTATE Counseling Center. Referrals to cessation services are encouraged.
VI. COMPLIANCE
It is expected that all students, faculty, staff and visitors to campus comply with these procedures. Members of our campus community are empowered to respectfully inform others about these procedures in an ongoing effort to enhance awareness and encourage compliance.

VII. ENFORCEMENT
Any person who violates any provision of this prohibition is guilty of a violation and upon conviction shall be punished by a fine of not less than one hundred dollars ($100) nor more than five hundred dollars ($500). This principle shall be enforced by the University Police Department.
Student name: __________________________________________________________

I understand that criminal background checks may occur as part of my professional education at ASU. Evidence of a previous charge or conviction of a felony/misdemeanor on my record may affect my progress in this program. While the faculty cannot realistically determine whether this will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student or as a graduate of the program.

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. Upon graduation, a state licensing agency could refuse to grant me a license.
5. As a licensed professional, certain health care institutions could refuse to grant me privileges.
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: _______________________________ Date: ________________
Student Background Checks

CNHP students:

Arkansas State University College of Nursing and Health Professions now requires background checks for students admitted to professional programs if the screening is required by an affiliate requirement. This is to ensure compliance with agreements between the College and Clinical Facilities.

Arkansas State University’s College of Nursing and Health Professions has worked with Verified Credentials, Inc. to establish an acceptable screening procedure. This cost of the background check varies by state from $47 - $77. Applicants who fail to submit a background check will not be eligible to participate in the clinical experience.

Please follow the directions below for submitting your application to Verified Credentials:

1. Go to http://student.verifiedcredentials.com/?organization=arkansasstate
2. Enter your 10 character program code.
   - Background Check – AR Clinical Rotation: KMFXH-63942
   - Background Check – MO Clinical Rotation: GFHCJ-43246
   - Background Check – MS Clinical Rotation: WXRPD-97738
   - Background Check – TN Clinical Rotation: JKDDP-63378
   - Drug Test Only – All Clinical Rotations: HHGCT-44273
3. Create a profile and complete all information/application pages pressing DONE when finished with each one.
4. Make your payment selection and pay by credit card, debit card or PayPal.
5. Sign the Disclosure.
6. Submit your Order.
7. Check your email (inbox, junk & spam) for 2 separate emails from QualifiedFirst@verifiedcredentials.com
   1) Congratulations you have registered with Verified Credentials through QualifiedFirst.
   2) A Track your Order receipt once you have completed payment.
   3) If you have requested a Drug Test, you will receive a third email from client.service@verifiedcredentials.com with your Donor Registration and an Order Reference number to initiate your Drug Screen.

Upon completion of the background screening, you will be sent a notice that the report is complete. The report will apprise you of the findings as well as your final score of:
   • Red—Convictions or Discrepancy found
   • Yellow—Possible Discrepancy found
   • Green—No Convictions or Discrepancies found

You will be required to share the detailed report with the clinical site. If any information is found that would negatively affect your eligibility for clinical placement in the Program, you will be given an opportunity to challenge the information through the Adverse Action process associated with Verified Credentials. The clinical site will review any information concerning reports that are yellow or red and will determine your eligibility to participate in the clinical experience base on their criteria. If you have any questions, please contact Verified Credentials Client Services at 800.938.6090.

It is important that you submit information in a timely fashion. Thank you for your prompt attention to this request.

RELEASE OF SCREENING RESULTS

I________________________, am currently enrolled in one of the Arkansas State University College of Nursing and Health Professions Programs below as indicated by the check mark:
   Nursing
   Clinical Laboratory Science
   Physical Therapy
   Medical Imaging and Radiation Science
   Communication Disorders
   Social Work
   Nutrition

I realize that the criminal background check policy/process may require that my results be shared with clinical affiliates and if a negative indicator is recorded, determine if I am permitted to participate in the clinical experience. My signature on this document serves as proof that I am granting permission for my criminal background check reports to be released as indicated.

Printed name: ____________________________________________

Signature: ____________________________________________ Date: __________________

PLEASE TAKE TO YOUR DEPARTMENT TO BE PLACED IN YOUR STUDENT FILE.
Objective: To assist students in meeting requirements for placement in certain health care facilities through documentation of a satisfactory criminal background check.

Required: Effective August 1, 2009 students must submit to and demonstrate a satisfactory criminal background check as a prerequisite for clinical practice for certain health care facilities. Students who fail to submit to a background check or to allow the Clinical facilities access to the report will be ineligible for clinical placement. Those who do not pass the background check are afforded the opportunity to explain the circumstances surrounding the situation and if the final determination is that the student is ineligible for clinical placement he/she will be given the opportunity to withdraw from the Program. Attendance in clinical practice is mandatory for successful completion of all of the Nursing or Health Professions Program.

The criminal background check will include but is not limited to: ID Search Plus; Criminal Background; Sex Offender Search; Abuse Registry; OIG Medicare Sanctioned List;

Situations in which a student does not receive a satisfactory background check will be reviewed by the Clinical Facility on a case-by-case basis. Convictions involving the following crimes, but not limited to these crimes, may serve to disqualify a student from participating in the mandatory clinical learning experiences.

- Any felony, whether listed below or not
- Crimes involving drugs, including but not limited to unlawful possession or distribution
- Crimes of physical violence to include any type of abuse (child, spousal, or of the elderly), abduction such as kidnapping, manslaughter, murder, robbery, sexual crimes, possession of a restricted fire arm or any related weapons offenses, assault and battery
- Conviction of a misdemeanor related to abuse, neglect or exploitation

A private company approved to perform Criminal Background Checks will conduct the background check. The cost of the background check will be borne by the student.

Process Guidelines:

- Arkansas State University College of Nursing and Health Professions has adopted Verified Credentials as the background screening vendor for those clinical sites that require a background check. This will become effective August 1, 2009. Students will be responsible for all associated costs.
- Students will be required to complete a background check screening with the Program’s vendor. The background check is to be completed prior to participating at the health care facility where such a requirement is stipulated.
- At present, Verified Credentials completes screening through Criminal Search (County), FACIS (Level I – Individual), IDSearchPlus and the National Sex Offender Public Registry.
- Through Verified Credentials, students are assigned a GREEN, YELLOW or RED indicator in each of the screening areas listed above. A copy of each student’s report will be sent directly to the clinical site for review and/or available for review per Verified Credentials’ WEB site. Students will be required to provide all clinical affiliates open access to criminal background check reports.
- In the event the student receives a **GREEN** indicator(s), the student will be cleared to participate in clinical experiences.
- In the event the student receives any **YELLOW** indicator(s), the student’s Verified Credentials Report will be reviewed by the clinical to determine if they will be permitted to participate in the clinical experience.
- In the event the student receives any **RED** indicator(s), the student’s Verified Credentials Report will be reviewed by the clinical site to determine if the student will be permitted to participate in the clinical experience.
- Additional background checks with other vendors may be stipulated by some clinical affiliates (e.g. mental/behavioral health). Clinical affiliates reserve the right to refuse entrance of any student based on background check information. In the event, a clinical affiliate declines a student for clinical experience the student may not be able continue in the program since program objectives cannot be met. Students will be provided a copy of the program policy regarding criminal background check screening. In the event changes are made to the background check screening process, students will receive the applicable updates.
Arkansas State University
Student Information

Arkansas State University has partnered with Verified Credentials to manage your program requirements including the following:

- Background Report
- Drug Test

To access Verified Credentials - Student go to:

http://student.verifiedcredentials.com/?organization=arkansasstate

How It Works:

1. Enter code for the program you will be attending located above the "Get Started!" button on the right side of the page.

<table>
<thead>
<tr>
<th>AR Clinical Rotations</th>
<th>MO Clinical Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>KMFXH-63942</td>
<td>GHFCJ-43246</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TN Clinical Rotations</th>
<th>MS Clinical Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JKDDP-63378</td>
<td>WXRPD-97738</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Screen Only</th>
<th>Drug Screen - Retest</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHGCT-44273</td>
<td>TVBCW-82298</td>
</tr>
</tbody>
</table>

2. Create an account or if you already have a Qualified First account, log back in as a "returning user" and enter the code at the top of your home page.

3. Enter all required information

4. Provide supporting documentation

5. Track your progress

6. Information will automatically be shared with your school.

NOTICE: if your code includes a drug test, you will receive a notification with a registration number and nearby collection sites within 1 business day of submitting your application.

If you have any questions, our Client Services Team is ready to assist you. Please call us at 800.938.6090 or email us at ClientServices@verifiedcredentials.com.
Arkansas State University  
College of Nursing and Health Professions  
School of Nursing  

Arkansas State Board of Nursing  
Nurse Practice Act  
§17-87-312 Criminal Background Check

(a) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.
(b) The check shall conform to the applicable federal standards and shall include the taking fingerprints.
(c) The applicant shall sign a release of information to the board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.
(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section.
(e) Except as provided in subdivision (j)(1)(l) of this section, no person shall be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court.
(1) Capital murder as prohibited in § 5-10-101;
(2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(3) Manslaughter as prohibited in § 5-10-104;
(4) Negligent homicide as prohibited in § 5-10-105; (5) Kidnapping as prohibited in § 11-102;
(6) False imprisonment in the first degree as prohibited in § 5-11-103; (7) Permanent detention or restraint as prohibited in § 5-11-106;
(8) Robbery as prohibited in § 5-12-102;
(9) Aggravated robbery as prohibited in § 5-12-103;
(10) Battery in the first degree as prohibited in § 5-13-201; (11) Aggravated assault as prohibited in § 5-13-204
(12) Introduction of controlled substance into the body of another person as prohibited in § 5-13-210;
(13) Terroristic threatening in the first degree as prohibited in § 5-13-301; (14) Rape as prohibited in § 5-14-103;
(15) Sexual indecency with a child as prohibited in § 5-14-110;
(16) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 – 5-14-127;
(17) Incest as prohibited in § 5-26-202;
(18) Offenses against the family as prohibited in §§ 5-2-303-5-26-306.
(19) Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;
(20) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-203;
(21) Permitting abuse of a child as prohibited in § 5-27-221 (a)(1) and (3);
(22) Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child as prohibited in §§ 5-27-303 – 5-27-305, 5-27-402, and 5-27-403;
(23) Felony adult abuse as prohibited in § 5-28-103;
(24) Theft of property as prohibited in §5-36-103; (25) Theft by receiving as prohibited in §5-36-106;
(26) Arson as prohibited in § 5-38-301;
(27) Burglary as prohibited in § 5-39-201;
(28) Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5-64-608 as prohibited in § 5-64-401;
(29) Promotion of prostitution in the first degree as prohibited in § 5-70-104;
(30) Stalking as prohibited in § 5-71-229;
(31) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection.
(32) Computer child pornography as prohibited in § 5-27-603; and
(33) Computer exploitation of a child in the first degree as prohibited in § 5-27-605.

(f)(1)(A) The board may issue a nonrenewable temporary permit for licensure to a first- time applicant pending the results of the criminal background check
(B) The permit shall be valid for no more than six (6) months. (2) Except as provided in subdivision (f)(1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately revoke the provisional license.

(g)(1) The provision of subsections (e) and subdivision (f)(2) of this section may be waived by the board upon the request of:
(A) The age at which the crime was committed;
(B) The circumstances surrounding the crime;
(C) The length of time since the crime;
(D) Subsequent work history;
(E) Employment references;
(F) Character references, and
(G) other evidence demonstrating that the applicant does not pose a threat to the health or safety of the public.

(h)(1) Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:
(A) The affected applicant for licensure, or his authorized representative; or
(B) The person whose license is subject to revocation or his or her authorized representative.
(2) No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

(i) Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

(j) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

(k) The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

(l)(1) For the purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in this subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification;
(A) Capital murder as prohibited in § 5-10-101;
(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(C) Kidnapping as prohibited in § 5-11-102;
(D) Rape as prohibited in § 5-14-103;
(E) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125.
Appendix D – AASN Remediation/Critical Behavior Form

Remediation Plan/Critical Behavior

Nursing students are expected to retain behaviors, knowledge and skills learned in the current and previous semesters. Behaviors identified as being unsafe or unprofessional require a plan for remediation or disciplinary action. “Red Rules” are student behaviors that require adherence and are categorized as safety, asepsis, medication administration and professionalism. If a “Red Rule” breech occurs in the classroom or clinical setting, the Remediation Plan/Disciplinary Action form is used to outline steps to be completed by the student. In the event of a subsequent violation, faculty will review prior Remediation Plans/Disciplinary Action forms to determine if a pattern of “at risk” or “reckless” behavior exists. If the violation is identified as “at risk behavior” or “reckless behavior” this may constitute grounds for dismissal from the course and/or program.

Red Rules

- Rules that must be followed to the letter
  - “stop the line”
- Relate to important and risky behavior
  - At-risk behavior > reckless behavior
- Simple, easy to remember
- Red rules are supported by all faculty

Behaviors

- Human error - inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake
- At-risk behavior - increased where risk is not recognized, or is mistakenly believed to be justified
- Reckless behavior - behavioral choice to consciously disregard a substantial and unjustifiable risk

Managing At-Risk/Reckless Behavior

- Remediation Plan
- Disciplinary Action

AASN Program Remediation Plan/Disciplinary Action

- “At Risk” behavior
  - This is an error made that requires additional education. The student requires guidance toward available resources and possibly will need to complete a return demonstration of the skill.
  - If unprofessional behavior is identified the student may be directed toward available resources and possibly assigned a written paper. The process is initiated with faculty informing student of behavior breach.
  - The remediation needed will be identified, the student will be notified, and a remediation plan will be completed by the student.
- “Reckless” behavior
  - This is a behavior that jeopardizes safety or reflects continued unprofessionalism.
  - This is deemed to be present if prior remediation has occurred and the behavior continues. The student has failed to apply the correct knowledge/behavior and is now performing recklessly.
  - The student will be notified. The student will be dismissed or sent home immediately from the classroom or clinical area at the discretion of the faculty. Review of all prior remediation/disciplinary action(s) will be completed by faculty.
  - The student’s case will be evaluated within three school days by a minimum of three (3) faculty with the student present. In the event of a subsequent violation, the student will meet with faculty from all AASN campuses via the compressed video network (CVN).
  - Disposition will either be retention with stipulations for additional remediation or dismissal from the course and/or program and assignment of a grade of “F”
# AASN Program Remediation Plan/Disciplinary Action

<table>
<thead>
<tr>
<th>Violation Date:</th>
<th>Student:</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ First Violation</td>
<td>□ Second Violation</td>
<td></td>
</tr>
<tr>
<td>Brief Description of the problem(s):</td>
<td>Attachments _____yes _____no</td>
<td></td>
</tr>
</tbody>
</table>

## Nature of the Problem

- □ Absenteeism
- □ Tardiness
- □ Unprepared for Clinical:
  - □ Unsatisfactory Plan of Client Care
  - □ Did not research client problems/diagnoses, lab values, medications, potential complications, etc.
- □ Unsafe Clinical Practice:
  - □ Did not demonstrate mastery of basic skills
  - □ Unable to calculate medication dosages, IV rates, heparin drips, etc.
  - □ Unable to communicate clearly or comprehend the English language
  - □ Other:
- □ Noncompliance with dress code
- □ Did not follow through on faculty recommendations for remediation
- □ Lacking in professional demeanor:
  - □ Does not relate effectively with faculty, staff, clients, and peers
  - □ Violated client confidentiality
  - □ Does not communicate truthfully/honestly with faculty and staff
  - □ Demonstrates irresponsible behavior by: ________________
  - □ Does not follow faculty directions/instructions
  - □ Breach of Astate School of Nursing/University Policy ________________
  - □ Other:
- □ Written Work Deficit
- □ Did not follow through on faculty recommendations AND/OR remediation
- □ Other:

## Recommendations:

(check all that apply)
- Improve academic/clinical preparation
- Seek counseling for personal and/or academic concerns
- Reduce outside work hours if possible
- Improve written communication skills
- Improve verbal communication skills
- Improve psychomotor skills
- Must practice in nursing skills lab with faculty/lab staff (specific arrangements documented below)
- Other:

### Remediation

(check all that apply)

- May not be late for or absent from clinical
- Must complete a satisfactory return demonstration of: by (date)
- Must review assigned content of: by (date)
- Must meet with faculty on a (frequency) basis by (date)
- Must be present in proper attire with appropriate equipment
- Must produce a satisfactory written assignment by (date)
- Other:

### Signatures:

After the Remediation Plan/Disciplinary Action meeting, the Faculty and student will sign below:

<table>
<thead>
<tr>
<th>Signed (Student)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed (Faculty)</td>
<td>Date</td>
</tr>
<tr>
<td>Signed (Faculty)</td>
<td>Date</td>
</tr>
</tbody>
</table>

Copy to: student, student file, faculty, program director and SON chair’s office

Approved August 2016
Appendix E – BSN Professional Behavior Form

Professionalism is expected to be displayed at all times in the classroom and clinical settings. The CNHP and School of Nursing Handbooks, National Student Nursing Association Code of Ethics and Handbook, and the ANA Code of Ethics are examples of documents that outline expected behaviors. These documents can be accessed online. Any behavior that jeopardizes the safety of the student or others in the classroom or clinical setting is a failure to adhere to standards. These behaviors may be intentional or unintentional and may require intervention to prevent future occurrences. These infractions include but are not limited to failure to demonstrate behaviors, knowledge, and skills learned in the current or previous semesters. If a faculty determines that a violation has occurred, a written report using the attached form and corrective plan of action will be completed according to the following steps:

1. The occurrence will be documented and the student will be notified.
2. The faculty will use discretion to determine if the student will be dismissed from the classroom or clinical area until notified of the final disposition.
3. The student’s case will be evaluated within three school days by the involved faculty, course coordinator and the program director.
4. Corrective actions may include remediation, unsatisfactory grades, dismissal from clinical day, conference with faculty, dismissal from or failure of course, or other actions with approval of the program director, School of Nursing Chair, or CNHP Dean.
5. Three or more Professional Occurrence Forms due to the same behavior will result in a faculty recommendation that the student be dismissed from the Nursing Program.
6. Copies of the Professional Occurrence Form are to be sent to student, student file, instructor, and chair’s office.

Student: _____________________________ Course: _____________________________
Instructor: ___________________________ Semester/Year: _________________________

Check the Nature of the Occurrences(s):

Unsafe clinical practice (including lack of preparation for clinical):
- Did not demonstrate mastery of basic skills
- Unable to calculate medication dosages, IV rates, etc.
- Unable to communicate clearly or comprehend the English language
- Failure to comply with clinical facility policies and procedures
- Commission or omission of a treatment/medication
- Failure to report errors
- Falsification of clinical documentation
- Violation of client privacy

Lack of preparation for clinical:
- Inadequate knowledge of treatment, medications, or plan of care in clinical setting
- Did not research client problems/diagnoses/patho, lab values, medications, etc.
- Did not adequately complete clinical data collection prior to attending clinical
- Did not provide necessary clinical documents in allotted time frame

Noncompliance with dress code:
- Failure to comply with dress code as stated in the School of Nursing handbook in clinical or lab setting

Written work deficit:
- Did not provide pre-class assignments as designated by the instructor
☐ Did not complete assignments within allotted time without prior authorization from instructor

**Tardiness/absenteeism:**
☐ Tardiness to clinical or lab without proper notification as outlined in the syllabus
☐ Absent from clinical or lab without proper notification as outlined in the syllabus
☐ Repeated absence from clinical
☐ Repeated tardiness to clinical

**Lack of Professionalism:**
☐ Unprofessional communication with peers, faculty, clients, and/or staff
☐ Does not communicate truthfully with peers, faculty, clients, and/or staff
☐ Participates in harassment/bullying to peers, faculty, clients, and/or staff (this includes written, verbal, or online/social media occurrences)
☐ Does not follow faculty directions/instructions
☐ Does not adhere to policies and standards as stated by School of Nursing/University policy (such as plagiarism, cheating, inappropriate use of cell phone/electronic device, etc.)

**Lack of adherence to remediation plan:**
☐ Failure to follow faculty recommendations and adjust actions as described on professional occurrence form

☐ **Other:**

<table>
<thead>
<tr>
<th>Brief Description of the Occurrence(s):</th>
<th>Course/Program Objectives and Handbook Policy Relating to Occurrence</th>
<th>Recommendations/Plan for Improvement (include date for achievement)</th>
</tr>
</thead>
</table>

( Student )  ( Date )  ( Faculty )  ( Date )
(Witness)  ( Date )  (Course Coordinator)  ( Date )

( Program Director/Chair )  ( Date )

Approved 1/2017
Risk Categories for Health Care Personnel

The following categories are drawn from several studies that have delineated differential risks of hepatitis-B among groups of health care personnel. Categories 1A and 1B are regarded as high risk, Category 2 as moderate risk, and Category 3 as low or negligible risk. Category 1A: Persons who have frequent, direct, intense contact with blood or infected tissues, who are at risk of trauma, needle stick, cuts and abrasions that may result in percutaneous introduction of infectious materials, and who may have the potential of transmitting hepatitis-B infection back to patients.

This group includes:
1. Surgeons and surgical house staff of all types;
2. Nonsurgical personnel who carry out invasive diagnostic and therapeutic procedures, including endoscopists, invasive cardiologists, angiographers, and other radiologists performing invasive procedures;
3. Anesthesiologists, anesthesiology house staff and nurse anesthetists;
4. Pathologists and pathology house staff who performs autopsies;
5. Blood bank personnel;
6. Phlebotomists and intravenous therapy nurses.

**Category 1B.** Persons with slightly less exposure to infected blood other than Category 1A or less frequent association with trauma, who are less likely to transmit infection to patients, but are nevertheless individuals with close and direct contact with blood or infected tissues. This group includes:
1. Clinical and clinical laboratory technical staff who work directly with blood, including but not limited to chemistry and hematology technologists, clinical hemato logically, respiratory therapy technicians, arterial blood gas laboratory technicians, endocrine, serology, clinical GI, clinical immunology, cardiac catheterization laboratory personnel;
2. Nurses at highest risk, including those employed in emergency wards, intensive care units, coronary care units, cardiac catheterization laboratories, dialysis care units, burn units, oncology units, operating rooms and obstetric suites.

**Category 2.** Persons having moderate exposure to infected blood, but only occasional, generally accidental risk of percutaneous inoculation.
1. Nonsurgical and non-invasive medical staff;
2. Housekeeping and central service personnel who may handle needles or sharp instruments.

**Category 3.** The hepatitis risk of other physician personnel, of floor nurses in non-ICU settings, and on other categories of hospital personnel is increased only slightly over the baseline risk in the general population.

**Risks.** Risks among health-care professionals vary during the training and working career of each individual, but are often highest during the professional training period. For this reason, when possible, vaccination should be completed during training in schools of medicine, dentistry, nursing, laboratory technology, and other allied professions before workers have their first contact with blood.

FAQ’S about Hepatitis B

Q. What is Hepatitis B?

A. Hepatitis B is a serious disease that kills 4,000 to 5,000 Americans each year and 1 million people worldwide. Persons who become infected with HBV (Hepatitis B Virus) have this virus circulating in their blood. Persons who become infected with HBV either recover from their infection in several months or they may remain chronically infected for most of their lives. Persons with chronic HBV infection are at high risk of death from cirrhosis and liver cancer. In addition, they are likely to transmit their infection to other people. In the US, 1.25 million persons are chronically infected with HBV.

Although HBV is a common infection, it often goes unnoticed. Only one-third of adults will have symptoms of hepatitis when they first become infected. More than 90 percent of young children who become infected will have no symptoms. Chronic infection may go undetected for 20 to 40 years until the resulting liver disease makes the person ill. HBV is a silent, unnoticed killer destroying the liver or stimulating the development of liver cancer in those who thinks they are completely well.

Q. How can HBV infection be detected?

A. Although most individuals do not have symptoms of infection, blood tests can accurately identify persons with either chronic or resolved infection.

National studies have shown that 5% of Americans—12.5 million people—have been infected with HBV. These studies also show that about 300,000 people have been infected with HBV each year for the two decades prior to 1990, and that the risk of infection is much higher among African-Americans than whites. At least 25,000 children have been infected with HBV each year.

Q. How does one become infected with HBV?

A. The virus is present in saliva and blood and is spread when these fluids come in contact with breaks in the skin or other body surfaces. Hepatitis B is approximately 100 times more contagious than HIV (Human Immunodeficiency Virus). There are certain groups of Americans who engage in activities that place them at risk, but many of the cases do not fit into these groups. Between 15 and 30 percent of cases in recent years (about 45,000 to 90,000) are newly infected persons who have no identified risk factors.

Q. Can HBV infection be prevented?

A. Hepatitis B vaccine provides protection against infection with HBV by producing immunity or antibodies to the surface protein or outer coat of the virus. This outer coat is called hepatitis B surface antigen or HbsAg. Currently, the vaccines used in the US since 1989 have been produced in yeast recombinant DNA technology as it is considered to be safer than plasma-derived vaccines, which are used widely throughout the world.

Hepatitis B vaccine provides greater than 90 percent protection to infants, children, and adults immunized before being exposed to the virus. Many studies have provided evidence that hepatitis B immunization will prevent liver cancer and chronic liver disease.

Q. Who should be vaccinated?

A. Hepatitis B vaccination of health care personnel who have contact with blood and body fluids can prevent transmission of HBV and is strongly recommended. Vaccination prior to and during training or health care professionals before such blood exposure occurs will decrease any risks
related to unintentional injuries or exposures while they are learning health care techniques and processes.

Currently, there are recommendations that all children, at a very early age, should receive HBV vaccinations. Eventually, if this plan is carried out, almost all of the population would be protected in the future. The routine immunization of infants would significantly diminish transmission of HBV infection with its ultimate outcomes.

Q. **How is the vaccine administered?**

A. The standard recommendation for HBV is a 3-dosage procedure. The hepatitis B vaccine is inoculated intramuscularly, usually in the deltoid area. The first dose is followed by a second dosage inoculation 1 month after the initial dose. The last dose then is administered 6 months following the second dose. As stated, 90% protection is usually achieved using this procedure.

Q. **How long will protection last?**

A. A number of studies have shown that the initial 3-dose immunization series provides protection from HBV infection for years. All studies indicate that the immunity is long term and may be lifelong. While immunized people may lose antibody circulating in their blood, they still retain protection from chronic HBV infection because their immune cells remember that they were vaccinated - what is called “immune memory”. The immune cells of a person immunized with hepatitis B vaccine and who has lost antibodies in their blood will remember that they were immunized and rapidly make antibodies when they are exposed to HBV. In the case of Hepatitis B, the long incubation period for HBV infections allows enough time for the immune system to mount a protective response. Currently, booster doses of vaccine are not routinely recommended.

Q. **Is post-vaccination screening for antibody production necessary?**

A. Screening for antibody to HbsAg is advised for personnel at on-going risk for blood exposure to determine whether response to vaccinations has occurred and to aid in determining the appropriate post-exposure prophylaxis or the need for revaccination.

Screening is advised but it is not mandated by CDC or by OSHA. Employers may request such testing for their employees. The cost of such testing would then generally be at the employers’ expense. If individuals wish to determine their status, then the cost of testing would revert to the individual.

Q. **What is the rational for post-vaccination screening?**

A. Individuals who do not produce antibodies or who do not complete the primary vaccination series should be revaccinated with a second three-dose vaccine series or evaluated to determine whether they are AbsAg seropositive. Revaccinated persons should be tested for anti-HBs at the completion of the second vaccine series.

If they do not respond, no further vaccination series should be given and they should be evaluated for the presence of the HbsAg (possible chronic HBV infection).

Q. **What happens if there is an exposure?**

A. The need for post-exposure prophylaxis, vaccination, or both depends on the HbsAg status of the source of the exposure as well as the immunization status of the person exposed.

If the person exposed is unvaccinated, vaccine should be offered; if the source is known to be HbsAg seropositive, Hepatitis B immune globulin (HBIG) should be given, preferably within 24 hours.
If the person exposed is known not to have responded to a three dose vaccine series, and if the source is HbsAg seropositive, a single dose of HBIG and a dose of hepatitis B vaccine need to be given as soon as possible after the exposure with subsequent vaccine doses given at 1 month and at 6 months after the initial dose.
If the exposed person is known not to have responded to a three-dose vaccine series and to revaccination, two doses of HBIG need to be given, one dose as soon as possible after exposure and the second dose 1 month later.
Appendix G

Arkansas State University
College of Nursing and Health Professions
School of Nursing

HEPATITIS B Vaccine Declamation

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. Risk of exposure is often highest during the professional training period. Therefore, the School of Nursing requires the Hepatitis B vaccine series for all nursing students. The cost of the vaccine is the responsibility of the student.

If you decline the Hepatitis B vaccinations for health or personal reasons, you must sign this form and submit it to the School of Nursing Office. If you are declining for health reasons include a note from your healthcare provider.

Student Signature ________________________________

Date ________________________________
APPENDIX H

Student Record Procedure

Family educational rights and Privacy Act of 1974 (Buckley Amendment)

Arkansas State University School of Nursing publishes the following procedures in accordance with the Family Education rights and privacy Act of 1974 (FERPA).

Definitions

For the purpose of this document, the department has used the following definitions of terms.

Student – any person formally admitted and attends of has attended Arkansas State University nursing program.

Educational records – any record (in handwriting, print, tapes, film or other medium) maintained by the department which is directly related to a student except:

A personal record kept by a faculty or staff if it is kept in the sole possession of the maker of the record and in not accessible or revealed to any other person except a temporary substitute for the maker of the record.

Procedure To Inspect Education Records

Students may inspect and review their education records upon request to the Department Chair. Students should submit to the Department Chair a written request, which identifies as precisely as possible the information he/she wishes to inspect. The Department Chair will need to make needed arrangements for access as promptly as possible and notify the student of the time and place the records may be inspected.

Right of the University to Refuse Access

The department reserves the right to refuse to permit a student to inspect the following records:

I. Letters and statements of recommendation for which the student has waived his/her right of access, or which were placed on file before January 1, 1975.

II. Those records which are excluded from the FERPA definition of education records.

Refusal To Provide Copies

The department reserves the right to refuse copies of the records in any of the following situations:

I. The student has unpaid financial obligation to Arkansas State University

II. The student has not paid for the copying expenses.

Types, Locations And Custodians Of Education Records

The following is a list of the types of records that the university maintains, their locations and their custodians.

Types Location Custodian

*Admission records/Admissions Office/Director of Admissions
*Cumulative Academic Records/Registrar’s Office/Custodian of Records (Current students and five years after graduation or withdrawal)
*Cumulative Academic Records/Registrar’s Office/Custodian of Records (Former students; over five years after graduation or withdrawal)
*Health Records/Wilson Student Health Center/Student Health Center Director
*Financial Records/Student Account Services/Administration, Office of Finance/Student Account Advisor
*Placement Records/Career Services Center/ Director of Career Services
*Disciplinary Records/Student Life/Assistant Dean of Students for Judicial Affairs (Student education records not included in the types above such as minutes of faculty committee meetings, copies of correspondence from other offices, etc.)

Disclosure of Education Records

The department will disclose information from a student’s education records only with the written consent of the student, except:

I. To school officials who have a legitimate educational interest in the records. A school official is:
   a. A person employed by the university in an administrative supervisory, academic or research, or support staff position.
b. A person employed by or under contract to the university to perform a special task, such as the attorney or auditor.

c. Performing a task that is specified in his/her position description or by a contract agreement.

d. Performing a task related to a student’s education

e. Performing a task related to the discipline of a student.

II. To officials of another school, upon request, in which a student seeks or intends to enroll.

III. To certain officials of the U.S. Department of Education, the Comptroller General, and state and local educational authorities, in connection with certain state or federally supported education programs.

IV. To appropriate parties in connection with a student’s request for or receipt of financial aid, as necessary to determine the eligibility, amount or conditions of the financial aid, or to enforce the terms and conditions of the aid.

V. To appropriate parties required by a state law requiring disclosure that was adopted before November 19, 1974.

VI. To organizations conducting certain studies for or on behalf of the university.

VII. To accrediting organizations to carry out their functions.

VIII. To comply with a judicial order to a lawfully issued subpoena.

IX. To appropriate parties in a health or safety emergency.

X. To an alleged victim of any crime or violence of the results of any institutional disciplinary proceeding against the alleged perpetrator of that crime.

Records Of request For Disclosure

The department will maintain a record of all requests for and/or disclosure of information from a student’s education records. The record will indicate the name of the party making the request, an additional party to whom it may be re-disclosed, and the legitimate interest the party had in requesting or obtaining the information. The record may be reviewed by the parents or eligible student.

Directory Information

The department designates the following items as Directory Information: student name, address, telephone number, class/semester, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, part/full time enrollment, degrees and awards received, and most recent previous school attended. The department may not disclose any of those items without prior written consent, unless notified in writing to the contrary.

Correction of Education Records

Students have the right to ask to have records corrected when they believe these records are inaccurate, misleading, or in violation of their privacy rights. Following are the procedures for the correction of records:

I. A student must ask the department to amend a record. In so doing, the student should identify the part of the record he/she wants changed and specify why he/she believes it is inaccurate, misleading, or in violation of his/her privacy rights.

II. The department may comply with the request or it may decide not to comply. If it decides not to comply, the department will notify the student of the decision and advise him/her of his/her right to grieve the record believed to be inaccurate, misleading, or in a violation of the student’s privacy rights. The department will inform the student to follow the student grievance procedure found in the student handbook.

III. If the department decides that the challenged information is not inaccurate, misleading, or in violation of the student’s right of privacy, it will notify the student that he/she has a right to place in the record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision.

IV. The statement will be maintained as part of the student’s education records as long as the contested portion is maintained. If the department discloses the contested portion of the record, it must also disclose the statement.

V. If the department decides that the information is inaccurate, misleading, or in violation of the student’s right to privacy, it will amend the record and notify the student, in writing, that the record has been amended.

Effective Date: July 1, 2010
APPENDIX I

Arkansas State University
College of Nursing and Health Professions
OSHA Regulations

OSHA Regulations (Standards - 29 CFR)
Bloodborne pathogens. - 1910.1030

Standard Number: 1910.1030
Standard Title: Bloodborne pathogens.
SubPart Number: Z
SubPart Title: Toxic and Hazardous Substances

(a) **Scope and Application.**
This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) **Definitions.** For purposes of this section, the following shall apply:

- "**Assistant Secretary**" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
- "**Blood**" means human blood, human blood components, and products made from human blood.
- "**Bloodborne Pathogens**" means 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**" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- "**Contaminated**" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- "**Contaminated Laundry**" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- "**Contaminated Sharps**" means 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**" means 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**" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
- "**Engineering Controls**" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood-borne pathogens hazard from the workplace.
- "**Exposure Incident**" means 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**" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- "**Licensed Healthcare Professional**" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
- "**HBV**" means hepatitis B virus.
- "**HIV**" means human immunodeficiency virus.
- "**Occupational Exposure**" means 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 duties.
- "**Other Potentially Infectious Materials**" means:
  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" means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means 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" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. 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.

"Sterilizer" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is 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" means 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).

(c) Exposure Control.

(1) Exposure Control Plan.

(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2), 1910.1030 (c)(1)(ii)(B), (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard.

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure Determination.

(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.
Universal precautions shall be observed 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 materials.

(2) Engineering and Work Practice Controls.

(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide hand-washing facilities that are readily accessible to employees.

(iv) When provision of hand-washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees 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.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) puncture resistant;

(B) labeled or color-coded in accordance with this standard;

(C) leak-proof on the sides and bottom; and

(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

(xi) 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.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped.

When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment that 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 the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal Protective Equipment.

(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns,
laboratory coats, face shields or masks and eye protection, and 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 employee’s work clothes, 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.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee 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.

(A) 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.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) 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.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

[i] When the employee has cuts, scratches, or other breaks in his or her skin;

[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

[iii] When the employee is receiving training in phlebotomy.

(x) 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.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic 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.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(4) Housekeeping.

(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) 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.

(B) 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.

(C) 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.

(D) Broken glassware that may be contaminated 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.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment.

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
   [a] Closable;
   [b] Puncture resistant;
   [c] Leak-proof on sides and bottom; and
   [d] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:
   [a] Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
   [b] Maintained upright throughout use; and
   [c] Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:
   [a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
   [b] Placed in a secondary container if leakage is possible. The second container shall be:
      [i] Closable;
      [ii] Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
      [iii] Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:
   [a] Closable;
   [b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
   [c] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
   [d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
   [a] Closable;
   [b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
   [c] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
   [d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry,
alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions. (3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special Practices

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment Equipment.

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for
animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be re-circulated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(1) General.

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have had occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer 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, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(v) 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 in accordance with section (f)(1)(ii).

(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee 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.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(i) Labels.

(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(ii)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

BIOHAZARD

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

(D) 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.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) 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.
BIOHAZARD

Information and Training.

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For 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 be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers 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.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(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 employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(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, and that the vaccine and vaccination will be offered free of charge;

(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 available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) 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 work-place that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Research Laboratory and Production Facilities.

Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are
learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping.

(1) Medical Records.

(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

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

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and
(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) Training Records.

(i) Training records shall include the following information:

(A) The dates of the training sessions;
(B) The contents or a summary of the training sessions;
(C) The names and qualifications of persons conducting the training; and
(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability.

(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(4) Transfer of Records.

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) Dates.

(1) Effective Date. The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.


I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

APPENDIX J

Arkansas State University
School of Nursing
Student Confidentiality Contract

The confidentiality of patients admitted to contracted clinical agencies of the School of Nursing at Arkansas State University is protected by state and federal laws as well as treatment center policy and ethical consideration. Any student who breeches this confidentiality will be subject to immediate termination from the clinical rotation. Such disclosure is also subject to applicable laws and regulations. All information in regard to patients is considered confidential. This includes the following:

A. The fact that the individual is a patient at a contracted clinical agency.
B. The patient’s name, address, employer, etc.
C. The nature of the patient’s illness or reason for admission to the treatment center.

Students are not allowed to discuss patients with individuals in the community and are not allowed to discuss patients in patient/public areas within the treatment center. Prior to the start of the clinical rotation, each student will receive a briefing regarding confidentiality from the clinical instructor.

I understand the information presented to me regarding confidentiality and acknowledge that I will assume legal responsibility for any breech I may make. I also understand that if I breech confidentiality in any way, I will be immediately terminated from my clinical course at Arkansas State University.

Signature: ___________________________________________

Date: ___________________

To be signed and returned to the School of Nursing to be placed in the student’s file.