

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

GRADUATE INFORMATION GUIDE **(GIG)** **2020-2021**



A Guide for Students:

MASTER OF SCIENCE IN NURSING PROGRAM

DOCTOR OF NURSING PRACTICE PROGRAM

**ARKANSAS STATE UNIVERSITY
SCHOOL OF NURSING
COLLEGE OF NURSING AND HEALTH PROFESSIONS**

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

Required Signature Forms

The following attestation forms must be signed verifying that you have read and understand the stated policies or procedures. After signing each form, submit to the appropriate School of Nursing office to be placed in your permanent student file.

- Verification of Reading Graduate Information Guide (GIG)
- Student Confidentiality Contract
- College Code of Honor
- Permission to Provide/or Post Non-directory
- Permission to write letters of recommendation
- Disabilities Statement
- Student Criminal Background Checks
- Criminal Background Check for Initial Licensure-Nurse Practice Act 17-87-312
- Substance Abuse Policy and Procedures
- Substance Abuse Compliance Contract
- Hepatitis B Vaccine Declination (If Applicable)
- RELEASE AND LICENSE TO USE IMAGE, NAME AND VOICE

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**VERIFICATION OF RECEIVING GRADUATE INFORMATION GUIDE (GIG)
SIGNATURE PAGE**

This is to verify that I have been informed of the Arkansas State University, College of Nursing and Health Professions, Graduate Information Guide located on the CNHP School of Nursing website. I understand that I am responsible for the information contained in the *GIG* and that it is my responsibility to review the *GIG* each semester for any changes or additions and to keep the *GIG* up to date by inserting all new pages or attachments given to me by faculty of the nursing programs.

Student's name (*please print*)

Student's signature

Date

*****To be signed and returned to the School of Nursing for placement in Student's File*****

ARKANSAS STATE UNIVERSITY
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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 confidentiality is subject to immediate termination from the clinical course. 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.

I understand the information presented to me regarding 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.

Student's name *(please print)*

Student's signature

Date

****To be signed and returned to the School of Nursing for placement in Student's File****

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

COLLEGE CODE OF HONOR

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.

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 protect 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 another career choice.

I have read the explanation of the College Code of Honor located on the website <http://www.astate.edu/conhp/nursing/> I understand that, as an admitted student in any 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's name (*please print*)

Student's signature

Date

Rev. 8/2002

******To be signed and returned to the School of Nursing for placement in Student's File******

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ARKANSAS STATE UNIVERSITY
OFFICE OF THE REGISTRAR

**PERMISSION TO PROVIDE/OR POST NON-DIRECTORY
INFORMATION TO STUDENTS VIA E-MAIL**

I give permission for faculty of the School of Nursing to use E-mail to provide or exchange non-directory information such as grades, assignments and other course related information with me during my enrollment in the nursing program. I understand that there is no guarantee of confidentiality on the Internet and it is possible for a third party to gain access to this information.

Student's name *(please print)*

Student's signature

Email Address

Student ID Number

Date

*** *To be signed and returned to the School of Nursing for placement in Student's File* ***

ARKANSAS STATE UNIVERSITY
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ARKANSAS STATE UNIVERSITY
OFFICE OF THE REGISTRAR

PERMISSION TO WRITE LETTER (S) OF RECOMMENDATION TO INCLUDE NON-DIRECTORY INFORMATION

I give permission for _____
(Name of instructor)

to write a letter of recommendation to the following:

1. Name or Organization _____

Address _____

2. Name or Organization _____

Address _____

3. Name or Organization _____

Address _____

I grant permission for the inclusion non-directory information such as my grades, GPA, class rank, and/or student identification/social security number to be included as needed.

Other comments or information: _____

Student's name (*please print*)

Student's signature

Date

To be signed and returned to the School of Nursing for placement in Student's File

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DISABILITIES STATEMENT

Disability Services (DS) is responsible for the coordination and provision of support services to students with disabilities. We strive to ensure access for students with disabilities and to comply with ADA, ADAAA amendments act of 2008, Section 504 and Section 508 of Rehabilitation Act. Any AState student with a disability may utilize services through DS. More information is available at: <https://www.astate.edu/disability> or by calling 870-972-3964.

In accordance with the Americans with Disabilities Act, I, _____

(Check one item below)

_____ Require no special accommodations to fully participate in this course.

_____ Require the following special accommodations to fully participate in this course.

Student's name (*please print*)

Student's signature

Date

Make sure you have provided all required signatures.

****To be signed and returned to the School of Nursing for placement in Student's File****

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

CRIMINAL BACKGROUND

Student name: _____

(Please Print)

I understand that criminal background checks may occur as part of my professional education at ASTATE. 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 Name *(please print)*

Student's signature

Date

****To be signed and returned to the School of Nursing for placement in Student's File****

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Criminal Background Check for Initial Licensure Nurse Practice Act §17-87-312

This is to verify I read the Nurse Practice Act §17-87-312 Criminal background checks. I understand a first-time applicant for any license issued by the Arkansas State Board of Nursing will have a state and national criminal background check. I further understand that the identification of any offenses identified in this section of the Nurse Practice Act may prohibit me from obtaining a license to practice as a Licensed Practical Nurse, Registered Nurse or Advanced Practice Nurse in the state of Arkansas. Furthermore, although an appeal may be possible there are offenses that permanently disqualify an applicant from a license issued by the Arkansas State Board of Nursing.

Student Name (*please print*)

Student Signature

Date

****To be signed and submitted to the School of Nursing to be placed in the student's file****

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**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 name (*please print*)

Student's signature

Date

Time

Witness' signature

Date

Time

****To be signed and submitted to the School of Nursing to be placed in the student's file****

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SUBSTANCE ABUSE COMPLIANCE CONTRACT

I _____, have read the Board of Trustee-approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions located on the website <http://www.astate.edu/conhp/nursing/> and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substances and appropriate release of that information. Furthermore, I agree to abide by the provisions for dismissal and to follow the conditions of readmission as outlined.

Student's name (*please print*)

Student's signature

Date

****To be signed and submitted to the School of Nursing to be placed in the student's file****

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HEPATITIS B Vaccine Declination

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's name (*please print*)

Student's signature

Date

****To be signed and submitted to the School of Nursing to be placed in the student's file.****

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ARKANSAS STATE UNIVERSITY

RELEASE AND LICENSE TO USE IMAGE, NAME AND VOICE

I, the undersigned student, hereby grant to Arkansas State University permission to use my image, name, and voice contained or displayed in any educational session which is recorded by sound, video, or other media. I understand that by participating in educational sessions which are recorded, my image, name, or voice may be captured and reproduced when the recording of the educational session is rebroadcast.

By signing this Release and License to use Image, Name, and Voice, I hereby assign, transfer, and convey all my rights, titles, and interests, including all copyrights and other intellectual property rights, contained in the recording of the educational sessions in which I participate to Arkansas State University. I further consent to the editing and reproduction of the educational session or sessions by Arkansas State University without any additional consent and without any payment for the use of my image, name, or voice.

I understand that the use of my image, name and voice will be primarily for the purposes of education or promotion of Arkansas State University. I hereby waive any right that I may have to inspect or approve the final audio, video, or media product that may contain my image, name, or voice. I understand and agree that Arkansas State University is and shall be the exclusive owner of all rights, titles, and interests, including copyrights, in any recorded educational session containing my image, name, or voice.

I certify that I am of legal age and have full authority to execute this Release and License to use Image, Name, and Voice. If I am not of age, my parent or legal guardian hereby consents on my behalf.

Name: _____

Signature of Student: _____

Printed Student Name: _____

Address: _____

Phone number: _____

***To be signed and submitted to the School of Nursing to be placed in the student's file. ***

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MSN AND DNP INFORMATION

The Graduate Information Guide (GIG) is to advise the graduate nursing student (MSN and DNP) of policies, procedures and other information unique to the graduate nursing program. For general information, students are referred to the AState *Graduate Bulletin* and the AState *Student Handbook*. The GIG is a supplement to, and not a substitute for, the Arkansas State University Graduate Bulletin. While every effort is made to keep this document current, students are encouraged to direct any questions about the program and its requirements to their advisor, the Graduate Program Director or the Nursing Department Chairperson at Post Office Box 910,

College of Nursing and Health Professions, State University, AR 72467, (870) 972-3074. The Office of Admissions and Records can be reached at (870) 972-3024 or by writing to Post Office Box 1630, State University, AR 72467.

INTRODUCTION

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.

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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.

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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.

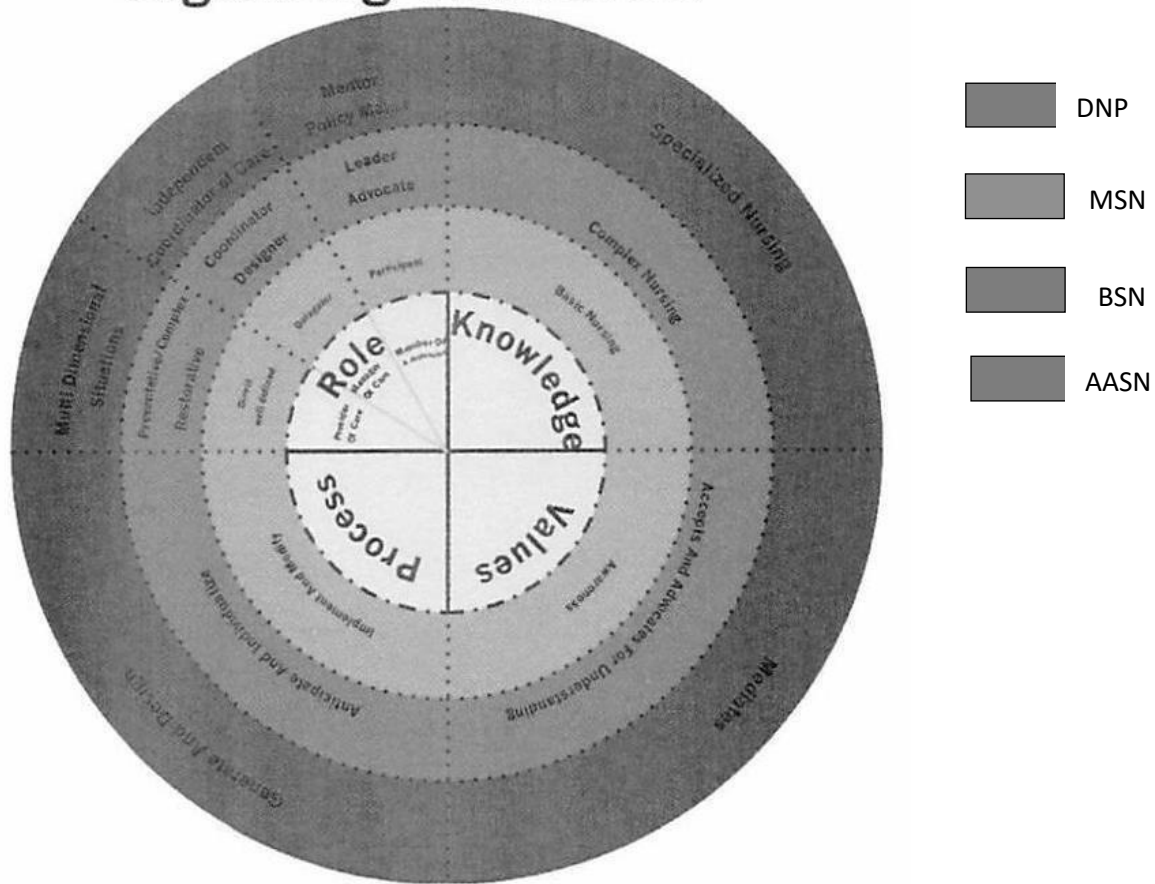
The purpose of the associate level is to prepare graduates who apply the nursing process in the provision of direct nursing care for individuals with common, well-defined problems. Therefore, the associate curriculum is grounded in the liberal arts and includes professional values, core competencies, 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 Doctor 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 area. 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.

Organizing Framework



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 three levels of education.

Role

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

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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 Doctor 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 gradate 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.

Knowledge

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. 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.

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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.

Values

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 Doctor 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 Doctor 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.

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MSN PROGRAM

Mission

The mission of the graduate nursing program is to prepare nurses who can provide and support advanced nursing practice, integrate nursing and related theories, utilize and participate in research, engage in collaborative relationships, provide leadership in the nursing arena, and demonstrate an understanding of the political, economic, social, professional, educational, legal and ethical realities which have an impact on nursing and health care.

Program Purpose

The purposes of the MSN program are:

- I. To prepare nurses who possess theoretical knowledge, leadership, collaborative, and advanced practice skills necessary to enhance the nursing profession and improve health care.
- II. To prepare advanced clinicians whose research knowledge enables them to evaluate and utilize research findings in practice and participate in scientific investigation.
- III. To provide a basis for professional growth and a foundation for doctoral study in nursing.

Graduate nursing education builds on a foundation of undergraduate nursing education and provides an opportunity for professional nurses to develop a specialty practice that is congruent with an expanding theoretical and empirical knowledge base. The graduate program in nursing is designed to assist professional nurses to prepare for advanced clinical and functional roles that demand increased accountability, expertise, and leadership. The master's program facilitates the use of the research process through the course of study and prepares the graduate to be a critical thinker and a self-directed professional who collaborates with consumers and other health care providers.

Program Outcomes

The program objectives emphasize study in the areas of theory, research, role, practice, and health policy. Upon completion of study for the Master of Science in nursing, the student is expected to be able to:

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End of Program Student Learning Outcomes (EPSLO)	
I.	Synthesize theories and concepts from nursing the arts, humanities, sciences, and evidence-based practice to guide clinical judgement in nursing practice.
II.	Develop person-centered care while respecting diversity and the unique determinants of individuals and populations.
III.	Assume leadership and collaborative roles in the planning, providing, and managing of services to influence policy for individuals, families, and populations.
IV.	Demonstrate authentic leadership within complex health systems to improve safe, cost-effective, and quality health care for diverse populations.
V.	Demonstrate professionalism in nursing practice through accountability to ethical and legal standards.
VI.	Employ critical inquiry to advance the discipline and profession of nursing.
VII.	Utilize information systems and technology to evaluate programs of care, outcomes of care and care systems.

AACN Essentials and MSN Program Outcomes

Essential I: Background for Practice from Sciences and Humanities

1. Integrate theories and concepts from nursing and related disciplines in the implementation of the advanced practice role.

Essential II: Organizational and Systems Leadership

Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

2. Propose culturally appropriate solutions for complex health care situations presented by individuals, families and populations using processes and knowledge from nursing and related disciplines to foster quality improvement.
8. Assume leadership and consultation roles in the planning, providing, and managing of services and in influencing policy for the health care of individuals, families and populations.

Essential III: Quality Improvement and Safety

Recognizes that a master's-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

3. Demonstrate evidence based clinical practice and decision-making in providing nursing care to individuals, families and populations in states of wellness or illness.

Essential IV: Translating and Integrating Scholarship into Practice

Recognizes that the master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

5. Critique research in nursing and related disciplines as a basis for application to advanced nursing care.
9. Integrates mastery of nursing knowledge and relevant sciences in the advancement of nursing as a practice discipline and social force.

Essential V: Informatics and Healthcare Technologies

Recognizes that the master's-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

10. Utilize information systems and technology to evaluate programs of care, outcomes of care and care systems.

Essential VI: Health Policy and Advocacy

Recognizes that the master's-prepared nurse is able to intervene at the systems level through the policy development process and to employ advocacy strategies to influence health and health care.

7. Synthesize knowledge of policy issues in managing and delivering health care to individuals, families and populations as applied to research, education and administration.
8. Assume leadership and consultation roles in the planning, providing and managing of services and in influencing policy for the health care of individuals, families and populations.

Essential VII: Inter professional Collaboration for Improving Patient and Population Health Outcomes

Recognizes the master's-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

6. Initiate cooperative and collaborative relationships to implement evidence based practice to foster improved individual, families and population health outcomes.

Essential VIII: Clinical Prevention and Population Health for Improving Health

Recognizes that the master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

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2. Propose culturally appropriate solutions for complex health care situations presented by individuals, families and populations using processes and knowledge from nursing and related disciplines to foster quality improvement.
3. Demonstrate evidence based clinical practice and decision-making in providing care to individuals, families and populations in states of wellness or illness.
4. Analyze learning needs of patients, families, populations and care providers in establishing educational programs to foster an environment conducive to achieving an optimal level of health.

Essential IX: Master's-Level Nursing Practice

Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

9. Integrates mastery of nursing knowledge and relevant sciences in the advancement of nursing as a practice discipline and social force

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DNP PROGRAM

Mission

The mission of the doctor of nursing program is to prepare nurses to practice at the most advanced level, to enhance their ability to evaluate health care systems and to improve both practice and health care delivery. The graduates receive preparation in health policy, leadership and advanced clinical experience.

Purpose

The purpose of the DNP Program is to prepare graduate nurses to provide safe, high quality, cost-effective, coordinated and comprehensive clinical care based on evidence-based practice. 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 which significantly impact health care outcomes, having the potential to transform health care delivery. Graduates with this terminal practice degree will be prepared for roles in direct care or indirect, systems-focused care.

Program Objectives

Doctor nursing education builds on a foundation of undergraduate and master's nursing education and provides an opportunity for professional nurses to develop leadership skills, along with knowledge of health policy and improve clinical skills congruent with an expanding theoretical and empirical knowledge base. The Doctor program in nursing is designed to assist professional nurses to prepare for advanced clinical and functional roles that demand increased accountability, expertise, and leadership. The Doctor's program facilitates the use of the research process through the course of study and prepares the graduate to be a critical thinker and a self-directed professional who collaborates with consumers and other health care providers.

Program Outcomes

The DNP program outcomes (AACN's Essentials of Doctoral Education for Advanced Nursing Practice, 2015), constitute the foundation of the program and run throughout all courses.

Assessment includes DNP Essentials (AACN, Program and Course Learning Outcomes. Upon completion of study for the Doctor of nursing practice, the student learner/graduate is expected to be prepared in:

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN):

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

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VII. Clinical Prevention and Population Health for Improving the Nation's Health

VIII. Advanced Nursing Practice

DNP Program Learning outcomes:

1. Apply best evidence from nursing and other disciplines to solve complex health issues (DNP Essentials, I, III, V, VI, VII, VIII)
2. Lead continuous quality improvement efforts within the health care system (DNP Essentials III, IV)
3. Integrate information systems and technology to support and improve patient care and healthcare systems. (DNP Essential IV)
4. Create health policy that shapes health care financing, regulation, and/or delivery (DNP Essentials II, V, VI, VIII)
5. Collaborate with other health professionals to provide high quality, ethical patient-centered care that meets current standards of practice. (V, VI, VII, VIII)
6. Implement evidence-based clinical prevention and population health services for individuals, aggregates and populations. (DNP Essential VIII)
7. Apply expert clinical judgment in providing comprehensive assessment, diagnosis, and management of health and illness in diverse populations. (DNP Essential VIII)

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PROGRAMS

Introduction

The Master of Science in Nursing program is designed for individuals who hold the Bachelor of Science in Nursing (BSN) degree. After admission, a Graduate Information Guide (GIG) is available that explains policies and requirements unique to the graduate nursing programs. A mandatory Orientation prior to beginning the program reviews information provided in the GIG. The MSN program prepares nurses with the complex practice skills and theoretical knowledge necessary for advanced nursing practice in the contemporary health care system. Graduate study in nursing is the basis for professional growth in advanced practice roles and the foundation for doctoral study in nursing.

MSN Specializations

The majors offered at the MSN level include the following Options:

- Adult Gerontology Acute Care Nurse Practitioner (AGACNP)
- Family Nurse Practitioner (FNP)
- Nurse Anesthesia (NA)
- Nurse Educator
- Nurse Administration

Additional certificates are offered in Nurse Education and Nurse Administration.

Doctor of Nursing Practice (DNP) program is an online program that includes an on-campus immersion experience prior to the start of each semester. The DNP Program is offered as a post-master's nursing degree. Applicants are required to have a current Advanced Practice Nursing license (Nurse Practitioner, Clinical Nurse Specialist, Nurse Anesthetist, Nurse Mid-Wife). After admission, a Graduate Information Guide (GIG) is available that explains policies and requirements unique to the graduate nursing program. A mandatory Orientation/Immersion prior to beginning the program reviews information provided in the GIG. The practice-focused doctoral program prepares nursing leaders for the highest level of clinical nursing practice beyond the initial and master's preparation in the discipline.

The Accreditation Commission on Education in Nursing (ACEN) accredits the Master of Science in Nursing (MSN) Program. Effective October 2, 2019 the Doctorate of Nursing Practice program at Arkansas State University-Jonesboro located in Jonesboro, AR is a candidate for initial accreditation by the Accreditation Commission for Education in Nursing. This candidacy status expires on October 2021.

Web: www.acenursing.org

3343 Peachtree Rd NE, Suite 850 Atlanta, GA 30326

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The Adult Gerontology Acute Care Nurse Practitioner (AGACNP) program prepares nurses with the complex practice skills and theoretical knowledge necessary for roles in advanced nursing and leadership in the contemporary health care system. Graduate study in nursing is the basis for professional growth in advanced practice roles and the foundation for doctoral study in nursing.

University Requirements	
See Graduate Degree Policies for additional information (p. 39)	
Core Courses:	Sem. Hrs.
NURS 6103, Research Design and Methodology	3
NURS 6203, Theory Development in Nursing	3
NURS 6303, Health Care Issues and Policy	3
NURS 6402, Professional Role Development in Advanced Nursing	2
Sub-total	11
Support Courses:	Sem. Hrs.
NURS 6003, Advanced Clinical Physiology	3
NURS 6013, Advanced Clinical Pharmacology	3
NURS 6023, Advanced Assessment and Diagnostic Evaluation	3
Sub-total	9-15
Advanced Practice Courses:	Sem. Hrs.
NURS 6213, AGACNP Seminar I	3
NURS 6214, AGACNP Practicum I	4
NURS 6363, AGACNP Seminar II	3
NURS 6364, AGACNP Practicum II	4
NURS 6483, AGACNP Seminar III	3
NURS 6484, AGACNP Practicum III	4
Sub-total	21
Total Required Hours:	41

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Nurse Educator Option

Minimum hours required for this option: 11 additional credit hours

Courses in the Nurse Educator option are:

- NURS 6623: Curriculum Development in Health Professions
- NURS 6853: Teaching in Advanced Nursing Roles
- NURS 6713: Practicum in Nursing Education
- HP 6043: Measurement and Evaluation in Health Sciences

Nurse Educator may also be taken as an informal graduate certificate without earning the MSN degree or a post graduate certificate.

Semester:	Course:	Sem. Hrs.
Fall	NURS 6402 Role Development in Advanced Nursing	2
	NURS 6203 Theory Development in Nursing	3
	NURS 6303 Health Care Issues and Policy	3
Spring	NURS 6023 Advanced Assessment and Diagnostic Evaluation	3
	NURS 6013 Advanced Clinical Pharmacology	3
	NURS 6003 Advanced Clinical Physiology	3
Summer	NURS 6103, Research Design and Methodology	3
	HP 6043, Measurement and Evaluation in Health Sciences	3
Fall	NURS 6623, Curriculum Development in Health Professions	3
	NURS 6853, Teaching in Advanced Nursing Roles	3
Spring	NURS 6762, Applied Clinical Research and Role Seminar	2
	NURS 6713, Practicum in Nursing Education	3
Total Hours		34

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MSN: Nurse Administration Option

The Nursing Administration option is available to MSN students. Course work in the Advanced Adult-Gerontology Option includes: NURS 6103, 6203, 6303, and 6402.

Students earning a degree and completing the Nurse Administrator option must be enrolled in a MSN option, such as Family Nurse Practitioner (FNP). Students earning a degree and completing the Nursing Administration track will be required to take: NURS 6443, 6453, 646V, and 6473. Nursing Thesis is Optional (NURS 6893). **Minimum hours required for this option: 15 additional credit hours**

Nurse Administrator may also be taken as an informal graduate certificate without earning the MSN degree or a post graduate certificate.

Additional Courses in the Nurse Administrator option are:

- NURS 6313 Power, politics and influence
- NURS 6353 Budgeting and financial management
- HP 6323 Healthcare Law and Quality Improvement
- MGMT 6013 Human resource management for healthcare organizations
- NURS 687V Healthcare Management Seminar

Semester:	Course:	Sem. Hrs.
Fall	NURS 6402 Role Development in Advanced Nursing	2
	NURS 6203 Theory Development in Nursing	3
	NURS 6303 Health Care Issues and Policy	3
Spring	NURS 6023 Advanced Assessment and Diagnostic Evaluation	3
	NURS 6013 Advanced Clinical Pharmacology	3
	NURS 6003 Advanced Clinical Physiology	3
Summer	NURS 6103, Research Design and Methodology	3
	HP 6323, Healthcare Law and Quality Improvement	3
Fall	HP 5113, Leadership in Health Professions	3
	NURS 6353, Budgeting and Financial Management	3
Spring	NURS 6762, Applied Clinical Research and Role Seminar	2
	NURS 687V, Healthcare Management Seminar	3-6
Total Hours		37-40

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MSN: Family Nurse Practitioner Program (FNP) Option

The Family Nurse Practitioner (FNP) Concentration prepares nurses with the complex practice skills and theoretical knowledge necessary for roles in advanced nursing and leadership in the contemporary health care system. Graduate study in nursing is the basis for professional growth in advanced practice roles and the foundation for doctoral study in nursing.

University Requirements	
See Graduate Degree Policies for additional information	
Core Courses:	Sem. Hrs.
NURS 6103, Research Design and Methodology	3
NURS 6203, Theory Development in Nursing	3
NURS 6303, Health Care Issues and Policy	3
NURS 6402, Professional Role Development in Advanced Nursing	2
Sub-total	11
Support Courses:	Sem. Hrs.
NURS 6003, Advanced Clinical Physiology	3
NURS 6013, Advanced Clinical Pharmacology	3
NURS 6023, Advanced Assessment and Diagnostic Evaluation	3
NURS 689V, Thesis Option	0-6
Sub-total	9-15
Advanced Practice Courses:	Sem. Hrs.
NURS 6513, FNP Clinical Management I	3
NURS 6514, Clinical Management I Practicum	4
NURS 6613, FNP Clinical Management II	3
NURS 6615, FNP Clinical Management II Practicum	5
NURS 6753, FNP Clinical Synthesis Seminar	3
NURS 6815, FNP Clinical Synthesis	5
Sub-total	23
Total Required Hours:	43-49

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MSN: Nurse Anesthesia

The Nurse Anesthesia program offers students a full scope of practice and educational experiences. Additional requirements to the Nurse Anesthesia program include the submission of the Graduate Record Examination (GRE) general test scores. In addition, a minimum of two years of critical care experience as a Registered Nurse during which time the applicant has had the opportunity to function as an independent decision maker, demonstrate advanced psychomotor skills, and use and interpret advanced hemodynamic monitoring techniques. Review additional admission requirements for the Nurse Anesthesia program under the NA program link. **Minimum hours required for this program: 88.**

University Requirements	
See Graduate Degree Policies for additional information	
Program Requirements:	Sem. Hrs.
NURS 6023, Advanced Assessment and Diagnostic	3
Evaluation NURS 6042, Technology and Equipment for Nurse Anesthesia	2
NURS 6043, Regional Anesthesia and Analgesia	3
NURS 6103, Research Design and Methodology	3
NURS 6113, Anesthesia Pharmacology I	3
NURS 6123, Anesthesia Pharmacology II	3
NURS 6203, Theory Development in Nursing	3
NURS 6223, Anatomy, Physiology and Pathophysiology I	3
NURS 6233, Anatomy, Physiology and Pathophysiology II	3
NURS 6243, Anesthesia Pharmacology III	3
NURS 6253, Anatomy, Physiology and Pathophysiology III	3
NURS 6311, Clinical Practicum I	1
NURS 6322, Clinical Practicum II	2
NURS 6333, Clinical Practicum III	3
NURS 6346, Clinical Anesthesia Practicum IV	6
NURS 6413, Advanced Chemistry and Physics Related to	3
NURS 6423, Professional Aspects of Nurse Anesthesia	3
NURS 6523, Basic Principles of Anesthesia I	3
NURS 6533, Advanced Principles of Anesthesia I	3
NURS 6543, Advanced Principles of Anesthesia II	3
NURS 6553, Advanced Principles of Anesthesia III	3
NURS 6723, Synthesis Seminar I	3
NURS 6736, Clinical Internship I	6
NURS 6773, Synthesis Seminar II	3
NURS 6787, Clinical Internship II	7
NURS 6797, Clinical Internship III	7
Sub-total	88
Total required hours	88

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Graduate Certificate in Family Nurse Practitioner

Family Nurse Practitioner Certificate is available to RNs who have recent clinical experience and have completed a MSN with advanced preparation in another specialty area from an accredited institution. Graduates of a MSN program with a FNP option that did not include the required certification eligibility requirements from the American Nurses Credentialing Center (ANCC) and/or the American Academy of Nurse Practitioners (Advanced Physiology/Pathophysiology; Advanced Health Assessment, including diagnostics and disease management; Advanced Pharmacology; and/or minimum of 500 faculty supervised clinical hours) are also eligible to apply. A request for a curriculum "Gap Analysis" to determine an individual Plan of Study will be requested from the Program Coordinator prior to admission.

University Requirements	
See Graduate Degree Policies for additional information	
Requirements:	Sem. Hrs.
NURS 6003, Advanced Clinical Physiology	3
NURS 6013, Advanced Clinical Pharmacology	3
NURS 6023, Advanced Assessment and Diagnostic	3
Sub-total	9
Advanced Practice Courses:	Sem. Hrs.
NURS 6513, FNP Clinical Management I	3
NURS 6514, Clinical Management I Practicum	4
NURS 6613, FNP Clinical Management II	2
NURS 6615, FNP Clinical Management II Practicum	5
NURS 6753, FNP Clinical Synthesis Seminar	3
NURS 6815, FNP Clinical Synthesis	5
Sub-total	23
Total Required Hours:	32

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Graduate Certificate in Nurse Administration

Students seeking a certificate as a Nurse Administrator may complete the required 15-18 credit hours without being admitted to the Master of Science in Nursing program or may complete as a Post Graduate Certificate with completion of the MSN degree in another option. This Nurse Administrator Certificate will prepare nurses for Nursing Administration and eligibility for Certification by American Nurses Credentialing Center (ANCC) and /or American Organization of Nurse Executives (AONE).

University Requirements	
See Graduate Degree Policies for additional information	
Requirements:	Sem. Hrs.
HP 5113, Leadership in Health Professions	3
HP 6323, Healthcare Law and Quality Improvement	3
NURS 6303, Health Care Issues and Policy	3
NURS 6353, Budgeting and Financial Management	3
NURS 687V, Healthcare Management Seminar	3-6
Sub-total	15-18
Total Required Hours:	15-18

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Graduate Certificate in Nurse Educator

Students seeking a certificate as a Nurse Educator may complete the required 12 credit hours without being admitted to the Master of Science in Nursing program or may complete as a Post Graduate Certificate with completion of the MSN degree in another option. This Nurse Educator Certificate will prepare nurses for formal and informal teaching of nurses, patients, and students, in the healthcare or academic environment.

University Requirements	
See Graduate Degree Policies for additional information	
Requirements:	Sem. Hrs.
HP 6043, Measurement and Evaluation in Health Sciences	3
NURS 6623, Curriculum Development in Health Professions	3
NURS 6713, Practicum in Nursing Education	3
NURS 6853, Teaching in Advanced Nursing Roles	3
Sub-total	12
Total Required Hours:	12

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Doctor of Nursing Practice

The curriculum of 41 credit hours is completed in a program of study of 2.5 years in length. These 41 credit hours include 11 courses, with 3 of those courses identified as clinical internship courses. The total clinical clock hours required for those 3 clinical internship courses (12 credit hours) totals 540 clock hours, represented by a 1 credit to 45 clock hour ratio.

	University Requirements:	
	See Graduate Degree Policies for additional information	
	Program Requirements: Minimum number of Clinical Clock Hours = 540	
Semester:	Course:	Sem. Hrs.
Spring, Year 1	NURS 8113, Theoretical Foundations for Doctor of Nursing Practice	3
	NURS 8133, Epidemiology for the DNP	3
	Sub-total	6
Fall, Year 1	NURS 8143, Healthcare Finance in Advanced Nursing	3
	NURS 8153, Healthcare Informatics in Advanced Nursing	3
	Sub-total	6
Spring, Year 2	NURS 8123, Leadership, Policy, and Healthcare Systems	3
	NURS 8213, Translational Research for Doctor of Nursing Practice I	3
	Sub-total	6
Summer, Year 2	NURS 8314, Introduction to Internship <i>1 credit = 45 clock hours (180)</i>	4
	NURS 8163, The Principles Healthcare Ethics and Genetics	3
	Sub-total	7
Fall, Year 2	NURS 8223, Translational Research for Doctor of Nursing Practice II	3
	NURS 8323, Doctor of Nursing Practice Clinical Internship I <i>1 credit = 45 clock hours (135)</i>	3
	Sub-total	6
Summer, Year 2	NURS 8235, Doctor of Nursing Practice Evidence Based Project	5
	NURS 8335, Doctor of Nursing Practice Clinical Internship II <i>1 credit = 45 clock hours (225)</i>	5
	Sub-total	10
Total Hours		41

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Plans of Study

MSN Adult Gerontology Acute Care Nurse Practitioner (AGACNP)

*Prerequisite graduate statistics course prior to admission

Year 1

		Credit Hours
Fall		
NURS 6402	Role Development in Advanced Nursing	2 (2-0)
NURS 6203	Theory Development in Nursing	3 (3-0)
NURS 6303	Health Care Issues and Policy	3 (3-0)
Subtotal		8 (8-0)
Spring		
NURS 6023	Advanced Assessment and Diagnostic Evaluation	3 (3-0)
NURS 6013	Advanced Clinical Pharmacology	3 (3-0)
NURS 6003	Advanced Clinical Physiology	3 (3-0)
Subtotal		9 (9-0)
Summer		
NURS 6103	Research Design and Methodology	3 (3-0)
NURS 6213	AGACNP Seminar I	3 (3-0)
NURS 6214	AGACNP Practicum I	4 (0-4)
Subtotal		10 (6-4)

Year 2

Fall		
NURS 6363	AGACNP Seminar II	3 (3-0)
NURS 6364	AGACNP Practicum II	4 (0-4)
Subtotal		7 (3-4)
Spring		
NURS 6483	AGACNP Seminar III	3 (3-0)
NURS 6484	AGACNP Practicum III	4 (0-4)
Subtotal		7 (3-4)
Total		41 (29-12)

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MSN Family Nurse Practitioner (FNP) option

<u>Year 1</u>		Credit Hours
Fall		
NURS 6402	Role Development in Advanced Nursing	2 (2-0)
NURS 6203	Theory Development in Nursing	3 (3-0)
NURS 6303	Health Care Issues and Policy	3 (3-0)
	SUBTOTAL	8 (8-0)
Spring		
NURS 6023	Advanced Assessment and Diagnostic Evaluation	3 (3-0)
NURS 6013	Advanced Clinical Pharmacology	3 (3-0)
NURS 6003	Advanced Clinical Physiology	3 (3-0)
	SUBTOTAL	9 (9-0)
Summer		
NURS 6103	Research Design and Methodology	3 (3-0)
NURS 6513	FNP Clinical Management I	3 (3-0)
NURS 6514	Clinical Management Practicum (240)	4 (0-4)
	SUBTOTAL	10 (6-4)
<u>Year 2</u>		
Fall		
NURS 6613	FNP Clinical Management II	3 (3-0)
NURS 6615	FNP Clinical Management Practicum II (300)	5 (0-5)
	SUBTOTAL	8 (3-5)
Spring		
NURS 6753	FNP Synthesis Seminar	3 (3-0)
NURS 6815	FNP Clinical Synthesis (300)	5 (0-5)
	SUBTOTAL	8 (3-5)
	TOTAL	43 (29-14)

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MSN Nurse Anesthesia Full-time Plan of Study

Prerequisite graduate stats course prior to application

Year 1			
Spring			Credit Hours
NURS 6523	Basic Principles of Anesthesia I		3 (3-0)
NURS 6113	Anesthesia Pharmacology I		3 (3-0)
NURS 6223	Anesthesia Anatomy, Physiology and Pathophysiology I		3 (3-0)
NURS 6042	Technology and Equipment for Nurse Anesthesia		2 (2-0)
NURS 6413	Advanced Chemistry and Physics related to Anesthesia		3 (3-0)
NURS 6311	Clinical Practicum I		1 (1-0)
	Subtotal		15 (14-1)
Summer			
NURS 6533	Advanced Principles of Anesthesia I, (Geriatrics, Pediatrics, Obstetrics)		3 (3-0)
NURS 6123	Anesthesia Pharmacology II		3 (3-0)
NURS 6233	Anesthesia Anatomy, Physiology and Pathophysiology II		3 (3-0)
NURS 6043	Regional Anesthesia and Analgesia		3 (3-0)
	Subtotal		15 (15-0)
Fall			
NURS 6023	Advanced Assessment and Diagnostic Evaluation		3 (3-0)
NURS 6543	Advanced Principles of Anesthesia II (CV, Thoracic, Organ Transplant)		3 (3-0)
NURS 6243	Anesthesia Pharmacology III		3 (3-0)
NURS 6253	Anesthesia Anatomy, Physiology and Pathophysiology III		3 (3-0)
NURS 6322	Clinical Practicum II		2 (2-0)
NURS 6333	Clinical Practicum III		3 (3-0)
	Subtotal		17 (12 -5)
Year 2			
Spring			
NURS 6553	Advanced Principles of Anesthesia III (Trauma, Burns, Neuro)		3 (3-0)
NURS 6423	Professional Aspects of Nurse Anesthesia		3 (3-0)
NURS 6346	Clinical Practicum IV		6 (6-0)
	Subtotal		12 (6-6)
Summer			
NURS 6203	Theory Development in Nursing		3 (3-0)

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NURS 6103	Research Design and Methodology	3 (0-3)
NURS 6736	Clinical Internship I	6 (0-6)
Subtotal		12 (6-6)
Fall		
NURS 6723	Synthesis Seminar I	3 (3-0)
NURS 6787	Clinical Internship II	7 (0-7)
Subtotal		10 (3-7)
<u>Year 3</u>		
Spring		
NURS 6773	Synthesis Seminar II	3 (3-0)
NURS 6797	Clinical Internship III	7 (0-7)
Subtotal		10 (3-7)
Total		88 (56-32)

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DNP PLAN OF STUDY – PART-TIME STUDY

PREREQUISITE GRADUATE STATS COURSE PRIOR TO ADMISSION

<u>Year 1</u>			
<u>Spring</u>			Credit Hours
NURS 8113	Theoretical Foundations for DNP		3 (3 – 0)
NURS 8113	Epidemiology for DNP		3 (3-0)
	Subtotal		6 (6-0)
<u>Fall</u>			
NURS 8143	Healthcare Finance		3 (3-0)
NURS 8153	Healthcare Informatics		3 (3-0)
	Subtotal		6 (6-0)
<u>Year 2</u>			
<u>Spring</u>			
NURS 8213	Translational Research for DNP Practice I		3 (3-0)
NURS 8123	Leadership, Policy, and Healthcare Systems		3 (3-0)
	Subtotal		6 (6-0)
<u>Summer</u>			
NURS 8314	Introduction to Internship*		4 (4-0)
NURS 8163	Principles of Healthcare Ethics and Genetics		3 (0-3)
	Subtotal		7 (3-4)
<u>Fall</u>			
NURS 8223	Translational Research for DNP Practice II		3 (3-0)
NURS 8233	DNP Clinical Internship I*		3 (3-0)
	Subtotal		6 (3 – 3)
<u>Year 3</u>			
<u>Spring</u>			
NURS 8235	DNP Evidence Based Project		5 (5-0)
NURS 8335	DNP Clinical Internship II*		5 (5-0)
	Subtotal		10 (5-5)
	Total		41 (29-12)

* DNP Clinical hour ratio is 1 credit to 45 hours

Disclaimer

Given the rapid changes in health care and technology, the programs in the College of Nursing and Health Professions reserve the right and responsibility to revise the curriculum to anticipate societal needs for health care. Therefore, students are strongly advised to contact the advisor and/or directors for current requirements.

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POLICIES AND PROCEDURES

Admission Requirements are found in the Graduate Bulletin: Students seeking admission into the Master of Science in Nursing programs or the Doctor of Nursing Practice must meet the admission requirements of the Graduate School and the specific MSN or DNP program requirements. Completed Graduate School application forms and Department of Nursing application forms must be received in the Graduate School by February 1st for applicants seeking admission for full or part time study in the following Fall semester. DNP Students must submit their completed applications by December 1st for applicants seeking admission in the Spring semester. Visit AState Graduate Admissions for admission requirements.

Traditional Graduate Programs (MSN Options)

Arkansas State University Graduate Admissions

(870) 972-2031

P.O. Box 1570, State University, AR 72467

gradadmissions@astate.edu

Online Graduate Programs (DNP)

Arkansas State University Online Services

(870) 972-2920

P.O. Box 2520, State University, AR 72467

astateonline@astate.edu

The MSN and the DNP application form and admission requirements may be found on the Department of Nursing website

<http://www.astate.edu/college/conhp/departments/nursing/degrees/>

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MSN

Students are offered admission to their selected MSN Program Option only. Should the student desire to change specialty focus, the student should notify his/her advisor and complete a change of option/major form for Graduate Admissions. A revised goal statement and admission to the new specialty must be accepted by the MSN Program Admissions, Progressions and Credits Committee. Approval of the MSN faculty of the School of Nursing is required for admission.

MSN ADMISSION REQUIREMENTS

Prerequisites for all MSN specialties

1. Health Assessment - Graduate Nursing students are required to show evidence of satisfactory competency (minimum of B) in health assessment at the undergraduate level. This requirement must be met prior to admission. Students may do this by producing a transcript with a health assessment course listed, by submission of evidence of a satisfactory continuing education course, or by demonstration of proficiency. To demonstrate proficiency the student should contact the MSN student advisor and obtain an outline of the expected practical examination. The graduate advisor will then arrange for the practical exam at a time convenient to the examiner and the student. Students are advised that the planning of the exam may take several weeks depending on the university calendar and availability of faculty.
2. Statistics – A graduate-level statistics course is required. Please check with the CRNA MSN/DNP Program office and/or your MSN advisor about meeting this requirement. Graduate-level statistics is not a requirement for cohorts admitted to the AG AGACNP/FNP MSN options beginning fall 2019. The graduate level statistics course may be taken prior to graduate study and should be consistent with the AState course description of ELFN 6773 Intro to Stat and Research.
3. Computer Competency. Students enrolled in the MSN and DNP programs are required to possess specific computer competencies. These include the use of electronic mail, use of the World Wide Web, uploading and downloading of files, and access to server capability to support academic programs.

TRANSFER CREDITS TO MEET MSN PROGRAM REQUIREMENTS ARE NOT
ACCEPTED. Post Masters Certificates may be excluded. (Effective JAN 1, 2014)

ADDITIONAL MSN ADMISSION REQUIREMENTS

1. Hold a BSN degree from an accredited institution
2. Hold a current unencumbered license to practice nursing
3. Cumulative GPA
 - a. AGACNP
 - i. GPA of 3.0 overall or 3.0 on the last 60 hours of course work
 - b. FNP and Nurse Anesthesia

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- i. GPA of 3.0 overall or 3.0 on the last 60 hours of course work
- 4. Be CPR certified (professional level)

Unconditional Admission

To establish unconditional admission at the master's degree level, applicants must have a grade point average of 3.0 overall or 3.0 on the last 60 hours of undergraduate work and an approved criminal background check. All courses attempted, including any repeated courses, are considered in the computation of the grade point average.

****ADMISSION TO THE GRADUATE ADMISSION'S OFFICE AND MEETING ELIGIBILITY REQUIREMENTS FOR MSN PROGRAM OPTIONS DOES NOT GUARANTEE ADMISSION TO ALL MAJORS.***

*****ADMISSION DECISIONS TO THE SCHOOL OF NURSING ARE NON-GRIEVABLE and are based on posted ADMISSION CRITERIA.***

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ADMISSION PROCEDURES

Applying to Graduate Admissions

All applicants for any MSN or DNP programs must first be accepted for Graduate Studies.

1. Send official transcript of all undergraduate and graduate work (personal copies will not be accepted) to:

ASTATE Graduate Admissions
PO Box 1570
State University, AR 72467
gradadmissions@astate.edu

OR

ASTATE Online Programs for DNP
PO BOX 2520
State University, AR 72467
astateonline@astate.edu

2. Designated, non-refundable application fee (as applies)
3. Written documentation of measles, mumps and rubella (MMR) immunization
4. US citizens must be registered or exempt with Selective Service.

For questions, contact the Graduate Admissions

Applying to the School of Nursing MSN Options

1. Must be accepted by the Graduate School to be eligible for admission.
2. Complete the application (available on website) and mail in a comprehensive packet to:

AState (AGACNP, Nurse Educator, Nurse Administrator, FNP or Nurse Anesthesia) Program
P.O. Box 910
State University, AR 72467
3. All Program Option Applications (All options) are available on website.
4. Meet the Application Deadlines:
 - a. AGACNP, FNP, Nurse Educator, Nurse Administrator
 - I. Fall term admission only
 - II. Application deadline is Feb 1st.
 - b. Nurse Anesthesia
 - I. Spring term admission only
 - II. Application Deadline is July 1st.
5. Additional Requirements
 - a. AGACNP and FNP
 - I. 1,500 clinical practice hours as RN prior to coursework* [*Admission to clinical courses requires a grade of B or better in all graduate level courses, NURS 6003, NURS 6013, and NURS 6023.]
 - II. CPR Certification
 - III. TB skin test

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- IV. Evidence of Hepatitis B immunization
- V. Professional liability insurance (1,000,000-3,000,000) vi. Valid, unencumbered RN license in the state of practice
- VI. Influenza vaccination required
- b. Nurse Anesthesia
 - I. A minimum of one (1) year full-time work experience or its part-time equivalent as a registered nurse in a critical care setting at the time of admission within two (2) years of application. Critical care setting examples include but are not limited to: *Surgical Intensive Care, Medical Intensive Care, Neuro Intensive Care, Cardiothoracic or Cardiovascular Intensive Care, Burn/Trauma Intensive Care, Neonatal or Pediatric Intensive Care*. AState Nurse Anesthesia does not accept *Emergency Room, Post-Anesthesia Care Unit, Operating Room or Obstetrical – Labor & Delivery Unit* experience.
 - II. ACLS, BLS, PALS certification
 - III. GRE within the past 5 years
 - A combined verbal and quantitative score of 1000 preferred for tests taken prior to August 1, 2011.
 - A combined verbal and quantitative score of 300 preferred for tests taken on and after August 1, 2011.
 - An analytical writing section score
 - IV. TB skin test
 - V. Evidence of Hepatitis B immunization
 - VI. Professional liability insurance
 - VII. Valid, unencumbered RN license in the state of practice
 - VIII. Professional Resume
 - IX. Professional goal statement of 500 – 1000 words
 - X. Three (3) professional references (current and/or former work supervisors and faculty).
 - XI. Influenza vaccination required

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DNP ADMISSION REQUIREMENTS

The Doctor of Nursing Practice (DNP) Program is offered as a post-master's Nursing degree.

1. All applicants must first apply online and be accepted to the ASTATE Online.
2. Master's Degree in nursing from a CCNE, COA, or ACEN accredited program.
3. A minimum graduate cumulative GPA of 3.0 (4.0 scale).
4. A current unencumbered APN license in the USA with national specialty certification as appropriate.
5. Successfully completed a graduate-level statistics or biostatistics course with a grade of "B" or above.
6. Submit curriculum vitae/have at least one (1) year experience (2000 hours) as an APN prior to application to the DNP program verified by employer.
7. An essay of no more than 450 words, to discuss your DNP career goals.
8. Three work reference forms completed: one by an individual who has direct supervision over you and two professional colleagues who can provide a valid evaluation of your performance based on the behaviors identified in the reference form.
9. Satisfactory criminal background check through the School of Nursing.
10. English Proficiency is required. If your primary language is not English, a TOEFL score of 83 on the preferred internet-based test, (IBT), 570 on the paper-based test, or 213
11. on the computer-based test is required.

ADMISSION PROCEDURES for the DNP Program

1. Apply to ASTATE Online
2. Applicants must also complete an online application to the DNP Program which is found on the website.
3. Any prospective student's application will not be processed until both the Graduate School and DNP Program application and supporting materials have been received.
4. Meet the application deadline, which is December 1st of the year prior to January entry.
5. In addition to the application, the following documentation must be submitted to the School of Nursing. Evidence of the following is required before registering for clinical practicums.
 - i Copy of unrestricted RN and advanced practice RN Licenses ii. Copy of Advanced Practice Certification (NP, CNS, NA) iii. Curriculum Vitae (CV)
 - ii Three (3) professional work references sealed in an envelope with signature on the seal
 - iii Copy of current CPR (AHA for Professionals) valid through the academic year
 - iv Copy of TB skin tests valid through the academic year
 - v Evidence of Hepatitis B immunization or signed declination statement

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- vi Copy of professional liability insurance
 - ix. Copy of valid health insurance
 - vii Copy of TOEFL score if applicable
 - viiiCriminal background check/ verified credentials
6. Complete the following and mail in a comprehensive packet to:
- AState University College of Nursing and Health Professions
ATTN: DNP Program Coordinator
P.O. Box 910
State University, AR 72467

DNP Applicant Interviews

Applicants will interview with a potential advisor and DNP admissions and progressions committee. Interviews of applicants are considered in the selection process.

INACTIVE STATUS

STUDENTS WHO ARE NOT ENGAGED IN CONTINUOUS STUDY ARE PLACED ON INACTIVE STATUS.

1. Students not enrolled in MSN Program or DNP Program courses for three sequential semesters, not including summer session, will be moved to inactive status. The Graduate Admissions office will be notified by the School of Nursing Office about the status of the student.
2. Students with an inactive status designation in the MSN Program must petition the MSN or DNP Admission, Progressions, and Credits Committee for reinstatement. The petition should be directed to the MSN or the DNP Program Director. The Program Director will consult with the program faculty represented by the

Admissions, Progressions, and Credits Committee, student's advisor and the Graduate Admissions Office about reinstatement of the student. A revised program of study will be filed. [Students should note that Graduate School policy states, "The time limit allowed for completion of the master's degree is six years . . ." Please refer to current edition of the *ASTATE Graduate Bulletin* for additional information.] (Policy approved April 12, 1999 by MSN Faculty, Admission, Progressions, and Credits Committee.)

STATUS OF RN LICENSURE

MSN Students must hold a current, unencumbered license to practice as a Registered Nurse or an Advanced Practice Registered Nurse license for the DNP student. The unencumbered RN or APRN license must be active in the state where clinical practice is scheduled. Individuals admitted pending NCLEX-RN examination results are required to withdraw from the program at the end of the first semester if the examination is not passed. The individual may reapply for admission upon successful completion of the licensing examination. Evidence will be requested throughout the program and the student is responsible for maintaining the

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unencumbered license throughout the program. If the license status should change at any time, the student is responsible for notifying the faculty advisor and dismissal from the program may be necessary.

RETENTION

Students must maintain a GPA of 3.0, according to the Graduate school requirements. Admission to clinical courses requires a grade of B or better in all graduate level courses.

Effective January 2009, all MSN students will be required to earn a minimum grade of "B" in all courses before progression in the curriculum. All policies as represented in the AState Graduate Bulletin remain in effect, including requisites and co-requisites identified for each course. Effective Fall 2013, all DNP students will be required to earn a minimum grade of "B" in all courses before progression in the curriculum.

READMISSION for MSN

If students are not allowed to continue in a program because of the above stipulations, readmission will be considered only after the student submits a formal application for readmission to the appropriate program.

- A. Students are not eligible for readmission if:
 - 1. The cumulative grade point average is lower than 3.0.
 - 2. The student has received a final grade lower than "B" twice in the same course, or has received a grade lower than "B" in professional courses in two separate semesters in the same program. [In Nursing, withdrawal from a nursing course to avoid a failing grade is considered the same as receiving a grade lower than "B."]
- B. Procedures for application for readmission:
 - 1. A student must submit to the School of Nursing MSN Program a completed Nursing application packet by the deadline date for applications. See MSN website for applications.
 - 2. All applications for readmission must include a current and complete official transcript.
 - 3. Reapplication is not a guarantee of readmission. Readmission is a competitive process dependent on the applicant pool at the time and space availability.
- C. Adherence to the MSN Program Options or DNP Program's application deadlines are mandatory to be considered for readmission. See MSN and DNP Program websites for the deadline for submitting applications for admission.

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READMISSION for DNP

If students are not allowed to continue in the program or are unable to complete the DNP plan of study, readmission will be considered only after the student submits a formal application for readmission to the DNP program.

- A. Students are not eligible for readmission if:
 - 1. The cumulative grade point average is lower than 3.0.
 - 2. The student has received a final grade lower than "B" twice in the same course, or has received a grade lower than "B" in professional courses in two separate semesters in the same program. [In Nursing, withdrawal from a nursing course to avoid a failing grade is considered the same as receiving a grade lower than "B."]

- B. Procedures for application for readmission:
 - 1. A student must submit to the School of Nursing DNP Program a completed application packet by the deadline date for applications. See DNP website for applications and deadlines.
 - 2. All applications for readmission must include a current and complete official transcript.
 - 3. A student must submit to School of Nursing DNP Program a summary of DNP project work completed before withdrawal from the program.
 - 4. If project work is not sufficient for completion, the audit of prior courses in preparation for DNP project will be decided by faculty.
 - 5. Readmission to any program will be dependent upon space available, regardless of student qualifications and will follow the described admission process above.

- C. Adherence to the DNP Program's application deadlines are mandatory to be considered for readmission. See DNP Program websites for the deadline for submitting applications for readmission consideration.

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DISMISSAL POLICIES

CLINICAL AGENCY DISMISSAL POLICY

Students dismissed or removed from clinical agencies at the request of the preceptor or contracting agency will be placed on probation for no less than one (1) month. Faculty will make every attempt to locate another suitable clinical practice site. Faculty will work with student to produce a plan of action for student to correct the behavior that led to dismissal. By the end of the probationary period student must demonstrate improvement or correction of the behavior that led to dismissal. If the student fails to improve or demonstrate correction of the behavior that led to removal, dismissal from the program can result.

**IF THE STUDENT IS REMOVED FROM A CLINICAL AGENCY A SECOND TIME, HE/ SHE WILL FAIL THE COURSE.*

GENERAL DISMISSAL POLICY

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 advanced practice in nursing.
2. Failure to exhibit behavior of: a.) Integrity, b.) Dependability and accountability, c.) Concern for human and societal needs. (see Honor Code)
3. Clinical nursing performance that jeopardizes safety of patients.
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. Having excessive absences, or inadequate clinical contact hours obtained throughout clinical rotation (see attendance policy).

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 confidentiality is 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:

The fact that the individual is a patient at a contracted clinical agency.

- A. The patient's name, address, employer, etc.
- B. 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. This includes any pictures made with electronic devices of patients or patient documents. Prior to the start of the clinical rotation, each student will receive a briefing regarding confidentiality from the clinical instructor and must comply with HIPAA law.

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CLINICAL ROTATION POLICIES

Clinical Requirements

If you are enrolled in:

1. NURS 6023 Advanced Assessment and Diagnostic Evaluation;
2. Nurse educator practicum, NURS 6713; Healthcare Management Seminar NURS 687V; or
3. FNP option courses: NURS 6513, 6514, 6613, 6614, (6615*), 6753, and 6818 (6815*), you will need to have completed the clinical requirements listed in order to successfully complete the course. Documentation verifying your completion of these requirements must be on file in the MSN Nursing Office in order to progress to the next clinical course. (* 6615 and 6815-beginning fall 2018)

NURS 6023 and NURS 6013 must be taken the immediate semester before beginning clinical courses.

FNP Clinical Rotation: Policies/Procedures

Students will be asked to recommend a short-list of potential preceptors to the clinical coordinator upon acceptance to the FNP Program. The Clinical Coordinator will assure each clinical site meets the university's criteria as a clinical affiliate facility and will arrange any necessary clinical contracts. Students may not begin their clinical rotation until they receive written acceptance of clinical site and confirmation of an Arkansas State University contract with the precepting facility from the assigned Clinical Instructor in writing.

All students are required to dress professionally. A white lab coat will be worn which is freshly laundered and ironed. A name-tag will be worn identifying the student as an AState FNP student. Name tags can be ordered through the AState bookstore.

Clinical preceptor packets will be distributed during the first two weeks of the semester. A link is provided to all clinical preceptors for access to the online Preceptor Manual by the assigned clinical faculty.

A clinical log of all clinical practicum hours will be maintained through an electronic format throughout the clinical rotations. These logs will be reviewed throughout the course of the semester during clinical site visits, at semester end, upon completion of program, or at faculty member's request. Every effort should be made to obtain a preceptor initial or signature to verify clinical time at the completion of each day's clinical experience.

AGACNP/FNP students will be required to attend an ANCC or similar approved Review Course as part of their program of study at the student's expense during the last year of course work.

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Current Contract with Clinical Facility

When sites for student clinical experiences are identified, unless a special form is required, the chair or program director submits a request for preparation/ execution of the *Clinical Affiliation Agreement* (Appendix A) to the dean's office. If special forms are required by the agency, the chair or program director should obtain and prepare these and submit them to the dean for review. Signed copies are maintained by the Dean and the VCRAA. ****Before sending students to a clinical site, chairs/program directors/clinical coordinators should be sure the College has a current and valid clinical agreement and note what special stipulations are required by the facility.*

CPR CERTIFICATION POLICY

All students are required to show proof of professional level CPR certification (adult, children and infants) before the first day of clinical courses. It is the student's responsibility to provide the graduate advisor/course faculty and/or MSN/DNP Office with a photocopy of the current certification.

LICENSURE AND COMPACT STATES POLICY

All students are required to provide a copy of a current license to practice nursing or evidence that they are awaiting the results of the NCLEX-RN examination. A copy of a current unencumbered Arkansas RN License must be in the student's files before the first clinical nursing course. An Arkansas R.N. license or a compact state license is required of all MSN students enrolled in clinical courses. An unencumbered APRN license is required for all DNP students for admission and enrollment in clinical courses.

CRIMINAL BACKGROUND CHECKS AND DRUG SCREENS

Arkansas law requires that applicants for licensure, including advanced practice licensure, submit to criminal background checks. Verified Credentials is the resource that students are required to submit. Payment for Verified Credentials is the student's responsibility (prior to admission to program). Each MSN program may utilize different companies for preclinical background checks and or drug screens as well as random drug screens throughout the program. See individual MSN program policies for background checks and drug screens. Students graduating and planning on applying for advanced practice licensure should submit applications four (4) to six (6) months in advance of graduation in order to allow time for processing.

DRESS CODE POLICY

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

1. All students are required to dress professionally. A white lab coat will be worn which is freshly laundered and ironed.

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2. A name-tag will be worn identifying the student as an AState student. Name tags can be ordered through the AState book store. AState ID badges are to be worn as required by the clinical facilities.
3. Hair must be neat; clean; away from face; men are to be clean shaven or beards closely trimmed.
4. Fingernails must be short and clean. Clear or light colored, non-gel nail polish is acceptable. No artificial nails permitted.
5. 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 is allowed. No facial or tongue jewelry is allowed.
6. Any visible tattoo must be covered and not visible to patients or providers.
6. Personal hygiene must be maintained at all times. No cologne, perfume or aftershave should be worn in the clinical setting.
7. Chewing gum is not allowed in the clinical areas.
8. 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 preceptor, to leave the clinical area and correct the identified deficiency. The student will receive no credit for the time missed to correct such deficiencies.

DRUG TESTING POLICY

In the event an institution requests drug testing, students will be responsible for the cost. Immediate compliance is expected and required, and any delayed days of clinical attendance will be a violation, subject to dismissal from the program.

IMMUNIZATIONS POLICY

In addition to the university requirement for measles\rubella, nursing graduate students are required to have a photocopy of immunizations on file with the graduate advisor before the first clinical course. These immunizations are: Hepatitis B virus (HBV) or documented history of Hepatitis infection or antibody positive titer and a tetanus booster within the past 5 years. Students are also required to have a negative PPD skin test result or a negative chest x-ray, when reactive to TB skin testing for any semester that they are enrolled in clinical courses as defined above. All students must submit a physical examination form to the Department of Nursing office prior to taking clinical courses. Annual influenza immunizations are required by many sites. Students must adhere to the policies of the assigned clinical site in regards to the requirement of the influenza vaccination.

PROFESSIONAL LIABILITY INSURANCE POLICY

All graduate students must have professional liability insurance for advanced nursing practice prior to the first clinical nursing course. Coverage must be for a minimum of \$1,000,000/\$3,000,000. 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. In addition, students in the FNP/AGACNP option must have a nurse practitioner student policy before enrolling in FNP/AGACNP clinical courses and nurse anesthesia students must have a student nurse anesthetist policy prior to enrolling into nurse anesthesia clinical courses.

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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 advised to meet with their advisor for this purpose.

Completion Options

COMPREHENSIVE EXAMS

All candidates for graduate degrees are required to take a comprehensive examination over course work. This examination is given during the last enrollment period of the degree program. The comprehensive exam shall be written and students may be required to use a computer for the examination. In addition to the written exam, an oral exam may be required by the faculty. The exam will incorporate nursing science, theory, issues, role, research, and clinical physiology/pathophysiology. A student who fails a comprehensive exam is required to retake the examination in the next regularly scheduled time period. A student who incurs two failures in a comprehensive examination will no longer be eligible to receive a master's degree.

THESIS OPTION

The thesis option is a learning opportunity to complete supervised research experience under the direction of faculty thesis advisor and committee. The thesis must be submitted the final semester of enrollment. The student must be enrolled in subsequent semesters until completion of thesis. Student must discuss thesis option with their advisor during their first clinical course to allow 3 semesters for completion.

FINAL SEMESTER REQUIREMENTS

The following criteria must be met during the final semester.

1. The student's registration will include a Graduation Fee.
2. The student must submit an "Intent to Graduate" form with the Graduate School via School of Nursing.
3. The student must successfully complete a comprehensive exam according to the requirements listed above.

GRADING SYSTEM POLICY (see pg. 38 Graduate Bulletin)

Grading Scale:

GRADE	Range
A	90 – 100%
B	80 – 89.99
C	75 – 79.99
D	70 – 74.99
F	<70

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.

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GENERAL POLICIES AND PROCEDURES

ARKANSAS STATE UNIVERSITY 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.

A. PLAGIARISM

Plagiarism is the act of taking and/or using the ideas, work and/or writings of another person as one's own.

To avoid plagiarism, give written credit and acknowledgment to the source of thoughts, ideas, and/or words, whether you have used direct quotation, paraphrasing, or just a reference to a general idea.

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).

Self-Plagiarism is considered an honor code violation and violation of academic integrity. The violation of Self-Plagiarism is when a student submits their own work but for more than one purpose without the knowledge of the instructor.

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 cases should be referred to the student conduct system.
5. Recommend sanctions, including disciplinary expulsion from the university. All cases 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.

Observing and/or copying from another student's test, paper, reports, computer files and/or other class assignments.

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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.)

Using class notes, outlines, and other unauthorized information during an examination.

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.

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. This act is defined as “self-plagiarism”.

Exchanging places with another person for the purpose of asking 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 a zero if a numerical grade is used).
2. Seize the test of the offending student and give a failing grade on the paper. Give the offending student a failing grade in the course.
3. Recommend sanctions, including disciplinary expulsion from the university. All cases should be referred to the student conduct system.

NOTE: COLLEGES AND DEPARTMENTS (e.g., ART, NURSING, BIOLOGY) MAY ADD TO THESE GUIDELINES IN ORDER TO ENFORCE ACADEMIC INTEGRITY AND PROFESSIONAL ETHICS TO MEET THEIR SPECIAL NEEDS (e.g., CLINICAL COMPUTER, LABORATORY EXPERIENCES).

<https://www.astate.edu/a/student-conduct/student-standards/>

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.

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

Cheating is to practice fraud or deceit; academic fraud is a form of cheating and includes such things as plagiarism (including Internet resources), false citations, false data, and submission of the same work to fulfill academic requirements in multiple classes.

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Stealing is to take the property of others without permission or right; to take ideas, credits, or words without right or acknowledgement; to accept credit for another's work.

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.

All students in The College of Nursing and Health Professions 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 protect 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 another career choice.

I have read the explanation of the College Code of Honor located on the website: <https://www.astate.edu/college/conhp/> I understand that, as an admitted student in any of the programs in the college, I have accepted the pledge of honor and will be expected to meet the standards as set forward. The form provided with this statement must be signed and submitted to the MSN/DNP Office to be admitted or remain in the academic programs of the College of Nursing and Health Professions.

ADVISEMENT AND REGISTRATION POLICY

Advising is mandatory in the College of Nursing and Health Professions. The advisor places a hold on registration each term until students have been advised after which the advisor will clear the student for registration. Students should meet with assigned advisor to plan a program of study.

Each student is assigned an advisor who will work with the student in planning for 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. Meeting may be face-to-face, virtual, phone, email, or equivalent correspondence.

At the time scheduled for pre-registration for the University as a whole, students should follow the registration format as outlined in the semester schedule of classes. Advisors will post hours when they will be available for student advisement.

Students are responsible for their own education. Each student is given a curriculum plan (located in the AState Graduate 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 new policies and procedures are adopted by the faculty, students will be provided this information. Notice will

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be provided via courses enrolled, on Program List-Serve, or other. See CNHP website for new information.

AMERICAN WITH DISABILITIES (ADA) POLICY

The Rehabilitation Act of 1973 as amended. With the passage of federal legislation entitled

Americans with Disabilities Act (ADA), pursuant to section 504 of the Rehabilitation Act, there is renewed focus on providing this population with the same opportunities enjoyed by all citizens.

Faculty members are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing faculty of their need for accommodation and in providing **authorized documentation** through designated administrative channels. It is the student's responsibility to register with the Disabilities Office provided on campus.

APA FORMAT POLICY

APA style manual will be used for all Graduate courses. A current APA Manual is required.

ATTENDANCE POLICY

Regular class and clinical attendance is expected of all students in accord with the policy set forth in both the current academic year Graduate Bulletin and Student Handbook of the University. Students have the responsibility for making arrangements satisfactory to the faculty member regarding all absences. Such arrangements should be made prior to the absence. Make up policy is course specific.

Students are expected to be present and on time for each clinical learning experience. If it is necessary to be absent for adequate reasons, the primary clinical faculty, the clinical area, and clinical preceptor should be notified no later than one hour before the clinical experience is scheduled.

Absences and tardiness interfere with meeting course objectives and attaining clinical competence. Consequently, absences and tardiness will be reflected in the evaluation of the student's ability to meet 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 course instructor to receive a grade of incomplete IF the reasons for the student's incomplete are identified by the university as "incomplete". Refer to Graduate Bulletin ["**ASTATE Bulletin: "A grade of 'I' is appropriate on the final grade roster when a student fails to meet all the course requirements for reasons beyond his/her control, i.e., illness of the student, serious illness of death in the family, or extended research project. Procrastination, pressure of work in other courses, or work not connected with the student's academic load are not satisfactory reasons for an 'I' grade."**"]

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CELL PHONES AND ELECTRONIC DEVICES POLICY

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 School of Nursing office. Any use of cell phones or other Personal Digital Assistants (PDAs) that could be used as a mechanism for dishonorable conduct in the classroom (cheating, plagiarism, or other) will not be tolerated and the student may be dismissed from the class and program.

Cell phones are not allowed in the clinical setting for personal use, which includes calls and texting. Use of any PDAs to store/enter any type of patient information is a violation of the Healthcare Information Portability Accessibility

Act of 1996 (HIPAA). PDAs' /cell phones may be used as a student resource, essentially as a textbook or calculator ONLY with the **approval** of the instructor. Taking of photographs in the clinical settings is strictly prohibited.

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 Program 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.

COMPLAINT PROCEDURE POLICY

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

Procedure: All written complaints lodged against the nursing program or department will be resolved through a process listed in the procedure. A written complaint lodged against the program or department 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 department 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 Program Chair.

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

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STUDENT RIGHTS AND 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 as to the student's role and options. *See Arkansas State University Student Handbook "Academic Rights and Responsibilities".*

COMPUTER 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 microcomputer software or related reference manuals for commercial or personal use is a violation of federal copyright laws and will not be allowed. Exceptions to this are those software programs provided by IT services with limited availability to all students enrolled. Using microcomputers for anything other than educational purposes, such as playing games, will not be allowed.

Using microcomputers 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. AState is a Microsoft campus. See website for free downloads:

<http://www.astate.edu/a/its/software-downloads/index.dot>

CURRENT MAILING AND E-MAIL ADDRESS POLICY

All graduate (MSN/DNP) students are required to have their current home address and telephone numbers on file in the Graduate office. All graduate students that are currently enrolled in classes **ARE REQUIRED** to have their own AState E-Mail account. Due to program and Internet changes within the AState system, instructors will no longer be able to communicate through NON-ASTATE e-mail accounts. The student is responsible for checking the AState E-Mail account keeping the MSN Chair's office, Program Coordinator, and faculty advised of any changes. It is the student's responsibility to keep their account active and memory available to accept email/communications daily. Arkansas State University has facilities for students to have their own e-mail accounts. Accounts may be established electronically by accessing the following web address: <http://smaill.astate.edu> on the login page, click on the link follow the directions to establish a new account.

INSTITUTIONAL REVIEW BOARD (IRB) POLICY

Under federal regulation, all institutions receiving funds from any of 16 federal agencies, including USDA, NASA, NSF, EPA, Department of Education, and NIH, are required to establish institutional review boards to monitor all funded research involving humans. **Human research** is defined as any systematic activity involving the collection and/or analysis of data on human subjects for the purpose of advancing generalizable knowledge, unless this activity is specifically exempted by current federal regulations. It is the policy of this university to apply the regulations to all research and research related activities, funded or not, which involve humans. Copies of the Arkansas State University Institutional Review Board Information Packet are available in the Office of Research and Technology Transfer and available electronically on their website at <https://www.astate.edu/a/ortt/research-compliance/cayuse-irb/>.

PARKING SERVICES

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

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Services, at 2301 E Johnson, Suite D, Jonesboro, Arkansas. A fee is charged to your account at the Finance Office. For additional information call Parking Services at 870-9722945. All distant sites adhere to the parking policies for their campuses.

SMOKING 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. Further, the School of Nursing prohibits all tobacco products including smoked and smokeless on campuses and in classrooms, computer labs and clinical sites. Please see the University policy regarding vaping and E-cigarettes.

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

Any student that smokes on hospital grounds 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.

SOCIAL MEDIA POLICY

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 CODE OF ETHICS

Students in the graduate program at Arkansas State are held to the ANA Code of Ethics (See Appendix C) for American Nurses Association Code of Ethics.

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STUDENT IDENTIFICATION TAGS

Students enrolled in the graduate nursing program must obtain a student ID for library privileges, admission to selected sporting events and for clinical identification. Student ID photos may be obtained during the first week of each semester and by special arrangement.

Students are required to wear an AState name tag during clinical experiences. Order forms are available in the Nursing Office. Name tag orders may take several weeks to process.

TUITION AND FINANCIAL AID POLICY

- A. In-state criteria – Students in selected counties in Missouri, Tennessee and Mississippi that lie within 75 miles of the University may qualify for in-state tuition rates at ASTATE. The counties to which the policy applies are:
 - 1. *Missouri* - Butler, Carter, Dunklin, Howell, Mississippi, New Madrid, Oregon, Pemiscot, Ripley, Scott, and Stoddard;
 - 2. *Tennessee* - Dyer, Fayette, Haywood, Lake, Lauderdale, Obion, Shelby, and Tipton;
 - 3. *Mississippi* - DeSoto and Tunica.ASTATE graduates and their dependent children (as defined by Internal Revenue Service guidelines) qualify for in-state tuition rates no matter where they reside.
- B. Graduate Assistantships –AState has a limited number of assistantships available to students in the nursing program. The student must have applied for admission to the graduate school to be eligible for a graduate assistantship position. Assistantships are available to qualified students in fall, spring and summer sessions. Applications are through the program director, or the Graduate School.
- C. Traineeships – Federal nurse traineeships are available as funds are allocated by the Department of Health and Human Services, U.S. Public Health Service Programs. The MSN Program Director has information on this program.
- D. Scholarships – MSN students are eligible for one scholarship(s) offered by the College of Nursing and Health Professions. Notification about scholarships is done through the MSN student listserv and announcements to classes. Scholarship applications are usually filed in Spring Semester of each year.
- E. State Scholarship/Loan Funds – A scholarship/loan fund for students residing in Arkansas who, after graduation, practice in a rural area as a NP or teach in an Arkansas school of nursing as a nurse educator. Loan forgiveness is based on fulfilling work obligations as a rural NP or nurse educator. Information and applications are available from the Program Director.

SUBSTANCE ABUSE POLICY

[COLLEGE OF NURSING AND HEALTH PROFESSIONS]

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

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professionals are expected to be free from the abusive influence of chemical substances/drugs¹. 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 his/her 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 the information.

¹The 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 licensed clinician, as long as the drug is taken in accordance with the provider's instructions and do not impair the students ability to perform his/her duties, are exempt from this policy. However, drugs that do have the ability to impair a student's ability to perform his/her duties safely are prohibited and are subject to this policy.

Reference:

Reiss, B. & Melick M. (1987). *Pharmacological Aspects of Nursing Care* (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

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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.
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.

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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) and mandatory drug testing.

1. Attention Deficit/Cognitive Impairment
 - a. ataxia
 - b. tremors, especially of the hands
 - c. slowed response time in a familiar skill
 - d. diminished from the usual in coordination/dexterity
2. Social Impairment
 - a. *inappropriate verbal remarks (subjects/words/expletives)
 - b. *inappropriate behaviors or those beyond the societal norm such as:
 - i. angry outbursts/unrestrained agitation
 - ii. crying that cannot be explained
 - iii. euphoria
 - iv. paranoia
 - v. hallucinations
 - c. *behaviors that are markedly changed from that individual such as
 - i. introversion
 - ii. extroversion
 - iii. sullen/irritable
 - iv. giddy
 - v. defensiveness
3. Somatic Manifestations/Discomforts
 - a. *odor of alcohol on breath
 - b. nausea/vomiting/thirst
 - c. frequent trips to bathroom/complaint of urinary frequency or diarrhea
 - d. hiccoughs
 - e. reddened sclera (bloodshot eyes)
 - f. pupil changes/drooping eyelids
 - g. complain of blurred vision or inability to focus
4. Speech/Communication Impairment
 - a. *slurred (thick tongue)

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- b. *rapid/choppy communication pattern
- c. *incoherent speech

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

CRITERIA FOR DRUG SCREENS

NOTICE: PROVIDE LAB WITH THIS CRITERIA

ANY DRUG SCREEN REPORTS 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.
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:

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- 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.
 - a. *10-PANEL INCLUDES:
 - b. Amphetamines
 - c. Cannabinoids
 - d. Opiates
 - e. Barbiturates
 - f. Methaqualone
 - Benzodiazepines
 - Cocaine
 - PCP
 - Methadone
 - Propoxyphene
7. The Drug Screen may also include: Phencyclidine, Alcohol, Meperidine, and/or Drug of Choice

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

¹Clinical Laboratory Improvement Act: Set of Federal Regulations which clinical labs must meet for certification.

²Gas Chromatography Mass Spectrometry

Adopted from Arkansas State Board of Nursing, January 1997.

Any student that smokes on hospital grounds 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.

Health Clearance for Clinical Participation

A new *Provider Statement/Ability to Return to Clinical* form should be submitted each time the student returns to clinical after having lost time from work or clinical from any incapacitation. This is to be completed by the medical provider of record.

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HEALTH REGULATIONS

A completed health form, verification of a Tetanus Booster within the last ten years, proof of measles/rubella immunity as mandated by Arkansas law, and negative chest x-ray or PPD skin test, and a current influenza immunization as required for admission and entry into the clinical arena. 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).

Every student must present the following evidence to the School of Nursing: PPD skin test for tuberculosis or 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.

Hepatitis-B Vaccine

In keeping with the American Hospital Association Advisory Committee on Infections within Hospitals, the College of Nursing and Health Professions provides the following information to advise its students as to the risk associated with their chosen occupation.

Certain groups of health care workers are at risk of contracting Hepatitis-B through exposure to blood or accidental inoculation. A new inactivated hepatitis-B vaccine has been developed to prevent hepatitis-B virus (HBV) infection, a potentially fatal disease, in health care personnel. Studies on the safety and efficacy of the vaccine have shown it to be without serious side effects. For Hepatitis B Risk Categories for Health Care Personnel and FAQs about Hepatitis B see Appendix A.

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.

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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.

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 results 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.

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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 clinical facility (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 8/18/2006

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INFECTION CONTROL GUIDELINES AND PROCEDURES (5/15/2009)

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

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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 A- State Student/Faculty Handbooks).

LATEX ALLERGY

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.

STANDARD UNIVERSAL PRECAUTIONS

All College of Nursing and Health Professions students and faculty will employ Standard Precautions while in the clinical setting. College of Nursing and Health Professions students will receive instruction and annual evaluation regarding transmission of blood borne pathogens and the use of Standard Precautions. Protocols for Standard Precautions (previously referred to as Universal Precautions) can be found in the OSHA Blood borne Pathogens Standard document located in Appendix B.

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STUDENT SERVICES

AUDIOVISUAL AND CLINICAL LEARNING CENTER

The AV lab, located on the third floor of the College of Nursing and Health Professions Jonesboro campus, houses instructional media. Media of interest to graduate students includes material on nurse theorists, research and ethics. The AV lab is open Monday through Friday with hours posted at the beginning of each semester.

The Clinical Learning Center is located in Room 325 in the Reynolds Health Science Building and is equipped with mannequins, equipment and supplies which may be used to practice procedures and skills. The CLC is open Monday through Friday with hours posted at the beginning of each semester.

BOOKSTORE

All required textbooks are available at the AState Bookstore. Students are responsible for acquiring textbooks. The usual hours for the AState bookstore are 7:45 a.m. - 4:30 p.m., Monday through Thursday; 7:45 a.m. - 4:00 p.m., Friday. Students may reach the Bookstore at (870) 972-2058 for additional information. The Bookstore will ship books ordered with a credit card.

COMPUTER USAGE

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.

AState is a Microsoft campus. Microsoft software products are ONLY available @ <http://www.astate.edu/a/its/software-downloads/>

STUDENT HEALTH CENTER

The Student Health Center has an array of medical services from treating minor illnesses and 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:

<https://www.astate.edu/a/student-health-center/>

Clinic Hours of business are:

Monday-Friday from 8:00 am to 5:00 pm

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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 psychologist 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 Counseling Center is located in Suite 2203 in the Reng Student Service Center. Call 870-972-2318 or see website:

<https://www.astate.edu/a/counseling-services/>

LIBRARY SERVICES

All AState students have access to the Dean B. Ellis Library- ASTATE/Jonesboro. Students must have a current student ID in order to utilize many of the services provided by the library. The library handbook, available at the library, offers a description of the resources and hours of operation. The website for the library (<http://www.astate.edu/a/library/>) has information online. The library can be contacted at (870) 972-3077. Online services are available at the Dean B. Ellis Library (Jonesboro). Several databases are available via remote access (your home computer, for example) if you are enrolled in a web course or a Jonesboro section of a course. Selected full-text articles may be available. Databases that have some full-text articles include *Academic Search Premier*, *CINAHL*, *Ovid*, *Lexis-Nexis* (medical section), *Electric Library*, and the *Health and Wellness Reference Center* (formerly Health Trac). *Medline Plus* also has some full text articles. [If *Medline Plus* materials are not full text, you may order (without cost) from Interlibrary Loan Services.] Materials not found online are available at AState-J Library, and some branch campus libraries as well as a number of other area libraries. Students may use inter-library loan (usually without cost; you can limit what you are willing to spend) for materials not in the AState Library collection.

STUDENT INFORMATION BULLETIN BOARDS

A graduate student bulletin board is located on the 6th floor adjacent to the elevator. Students are advised to check there frequently for important announcements and information. Pertinent information about policies is also transmitted to MSN students via electronic mail/listserv as well as posted on the Nursing web site.

STUDENT ORGANIZATIONS

GRADUATE STUDENT ADVISORY COUNCIL

Students in all graduate programs at AState have an organization of their own. This organization, which works with the Graduate School and Graduate Dean is The Graduate Student Advisory Council. A student from one of the graduate programs represents the College of Nursing and Health Professions. If you have concerns about graduate study in general or campus services to graduate students, contact your representative to the Graduate Student Advisory Council. The Constitution and By-Laws of the Graduate Student Advisory Council are on file in the Department of Nursing Office for review.

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SIGMA THETA TAU

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:

Graduate students must have a cumulative grade point average (GPA) of at least 3.5 and have completed at least ¼ of the program of study.

APPENDICES

APPENDIX A

Hepatitis B 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 perform autopsies;
5. Blood bank personnel; AND
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 hematologists, 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.

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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.

*Source: "Morbidity and Mortality Weekly Report," Centers for Disease Control, Feb. 9, 1990, Vol. 39, No 5-2, p. 14.

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 think 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?

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- 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.

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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 rationale 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 HbsAg 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

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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 A to Section 1910.1030 - Hepatitis B Vaccine Declaration (Mandatory)

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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

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APPENDIX B

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.

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"*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 results 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.,

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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.

"Sterilize" 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 blood borne 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*

(A) 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.

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

- i The exposure determination required by paragraph (c)(2), 1910.1030 (c)(1)(ii)(B),

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- ii The schedule and method of implementation for paragraphs
 - iii Methods of Compliance,
 - iv HIV and HBV Research Laboratories and Production Facilities,
 - v Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up,
 - vi Communication of Hazards to Employees, and
 - vii Recordkeeping, of this standard, and
 - viii The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.
- (i) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).
- (ii) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- (iii) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

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; A list of job classifications in which some employees have occupational exposure, and
 - (B) 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***
1. *General*

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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 handwashing facilities that are readily accessible to employees.

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/ paper towels or antiseptic towelettes.

- iv 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:

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- (A) puncture resistant;
 - (B) labeled or color-coded in accordance with this standard;
 - (C) leakproof 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 benchtops 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 that is puncture-resistant in addition to the above characteristics.

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(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless 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.*

a. 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.

b. Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extra-ordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

c. Accessibility. The 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, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

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- d. 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.
- e. Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- f. 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.
- g. All personal protective equipment shall be removed prior to leaving the work area.
- h. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- i. 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.
 - i 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.
 - ii Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - iii 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.
 - iv If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
 - a Periodically reevaluate this policy;
 - b Make gloves available to all employees who wish to use them for phlebotomy;

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- c Not discourage the use of gloves for phlebotomy;
and
- d 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

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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 which 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] Leakproof 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:

- [b] Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
- [c] Maintained upright throughout use; and

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- [d] Replaced routinely and not be allowed to overfill.
- (3) When moving containers of contaminated sharps from the area of use, the containers shall be:
 - [e] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - [f] 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) 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

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[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 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.

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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 blood borne 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

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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 blood borne 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.

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- (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).

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(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 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

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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 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,

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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 in-formed of the results of the evaluation; and

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(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)(i)(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.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

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- (i) Regulated waste that has been decontaminated need not be labeled or color-coded.
 - (ii) Signs.
 - (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend: **BIOHAZARD**

(Name of the Infectious Agent) (Special requirements for entering the area) (Name, telephone number of the laboratory director or other responsible person.)
 - (B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.
- (2) *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 blood borne 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:

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- (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.

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(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 Laboratories 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

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(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).

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(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.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal

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APPENDIX C

American Nurses Association Code of Ethics

Provision 1 The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2 The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3 The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4 The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
Provision 5 The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6 The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7 The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8 The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9 The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

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APPENDIX D

STUDENT RECORD PROCEDURE

Family Educational Rights and Privacy Act of 1974 (Buckley Amendment)

Arkansas State University Department 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.

1. **Student-** any person formally admitted and attends or has attended Arkansas State University nursing program
2. **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. A personal record kept by a faculty or staff if it is kept in the sole possession of the maker of the record and is 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 or she wishes to inspect. The Department Chair will need to make the needed arrangements for access as promptly as possible and notify the student of the time and place where 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 or 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

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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.

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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 or a lawfully issued subpoena.

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

X. To an alleged victim of any crime of 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, any 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 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 or other 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 violation of the student's 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

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IV. Place in the record a statement commenting on the challenged information and /or a statement setting forth reasons for disagreeing with the decision

V. 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.

VI. 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.

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APPENDIX E

COMPUTER LITERACY AND COMPETENCIES

Graduate study in the Master of Science in Nursing /Doctor of Nursing Practice Program at Arkansas State University requires a certain level of computer literacy. Courses in the MSN / DNP (graduate) programs may be web-based or web-enhanced. Course work may include internet assignments.

Student must be able to use word processing as well as perform other computer skills. The following competencies are needed:

1. Send and Receive electronic mail including attachments
2. Use cut and paste to move between files, websites, and documents
3. Participation in a professional listserv.
4. Search the Internet for sources of health information that might be used by professionals or consumers.
5. Evaluate web sites for credibility and usefulness.
6. Write a paper with proper formatting including references. Attach paper as a file and send via electronic mail. Paper should retain correct formatting.*
7. Upload and download files.
8. Print from the computer.
9. Use a modem (or other connection to the Internet).

* Microsoft Word 97 or later is the required word processing program. [Corel WordPerfect 8.0 or later usually does not present problems in retaining formatting. Earlier versions of WordPerfect do not retain formatting.]

If you intend to purchase a new computer, please see the computer hardware and software recommendations at the site of the Delta Health Education Partnerships (a Robert Wood Johnson Foundation Partnerships for Training grant to AState Department of Nursing).

<http://www.astate.edu/common/files/kivuto.pdf>

Arkansas State University

Master of Science in Nursing Program

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APPENDIX F

Arkansas State University School of
Nursing

Verified Credentials, Inc.

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. New students should use the link and code found on the letter provided. If after reviewing these instructions you continue to have questions or experience difficulty, please contact the Verified Credentials Client Services team at clientservices@verifiedcredentials.com or 1.800.938.6090. **If you already have a QualifiedFirst (QF) account and need to use an additional code, log into your QF account and enter the code where it says "Have a code" and click Go. If you forgot your password, click Forgot Password? at the login page and follow the instructions. Contact Client Services if you need further assistance.

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

Go to www.myvci.com/asu

Select AState- CNHP from the drop down menu.

Complete and sign disclosure.

Complete information page.

Step 3 allows payment by credit card or bank transfer. Make selection and place order.

Print the "Confirmation Page" and turn in to your clinical instructor. This will serve as documentation that the process has been initiated and will be placed in your file.

Upon completion, the results of the background screening will be sent to you via email that 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

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. If you have any questions, please contact Verified Credentials Client Services at 800.938.6090.122

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APPENDIX G

Arkansas State Board of Nursing

Nurse Practice Act

17-87-312. Criminal Background Checks.

- (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 of 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) give 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 § 5-11-102;
 - (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;123
 - (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;

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- (17) Incest as prohibited in § 5-26-202;
 - (18) Offenses against the family as prohibited in §§ 5-26-303 - 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);
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 in a sexual performance by producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-27-303 - 5-27-305, 5-27-402, and 5-27-403;
 - (22) Felony adult abuse as prohibited in § 5-28-103;
 - (23) Theft of property as prohibited in § 5-36-103;
 - (24) Theft by receiving as prohibited in § 5-36-106;
 - (25) Arson as prohibited in § 5-38-301;
 - (26) Burglary as prohibited in § 5-39-201;
 - (27) Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5-64-608 as prohibited in § 5-64-401;
 - (28) Promotion of prostitution in the first degree as prohibited in § 5-70-104;
 - (29) Stalking as prohibited in § 5-71-229;
 - (30) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited 124 in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this subsection;
 - (31) Computer child pornography as prohibited in § 5-27-603; and
 - (32) 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 (l) (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 provisions of subsections (e) and subdivision (f) (2) of this section may be waived by the board upon the request of:
- (A) An affected applicant for licensure; or
 - (B) The person holding a license subject to revocation.

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- (2) Circumstances for which a waiver may be granted shall include, but not be limited to, the following:
 - (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 purposes of this section, an **expunged** record of a conviction or a plea of guilty or nolo contendere to an offense listed in 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;

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- (F) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-203 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-204;
- (G) Incest as prohibited in § 5-26-202;
- (H) Arson as prohibited in § 5-38-301;
- (I) Endangering the welfare of incompetent person in the first degree as prohibited in § 5-27-201; and (J) Adult abuse that constitutes a felony as prohibited in § 5-28-103.

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Appendix H

Provider Statement/Ability to Return to Clinical

Student: _____

The above student is enrolled in the AState-MSN nursing program. Program requirements include participation in a variety of clinical settings and providing direct care to patients of various age ranges.

In order to participate in or return to clinical the following Essential Functions must be present.

Visual ability

- Read for prolonged periods of time either hardcopy or on computer screen
- Visualize small font (6 font) written words and information on paper, computer screen and medication labels
- Distinguish and appropriately respond to multiple visual inputs
- Prepare and administer medications including correct use of small calibrated syringes (1/2 cc), ampules etc.
- Monitor and assess subtle changes in patient status (ex: signs/symptoms, drainage, wound color/appearance, wound depth, cyanosis etc.)

Auditory ability

- Hear monitor alarm(s), emergency signals, ringing telephones, telephone interactions, calls for assistance
- Respond and react immediately to spoken instruction and/or monitor equipment
- Tolerate occasional exposure to loud and unpleasant noises
- Distinguish changes in tone and pitch in heart, lung, and bowel sounds using a stethoscope or modified stethoscope
- Distinguish sounds and understand verbal communication in environments with multiple auditory inputs

Olfactory ability

- Ability to detect smoke and odors
- Ability to tolerate occasional unpleasant odors

Tactile ability

- Palpate for pulses, temperature, texture hardness or softness, physical landmarks etc.
- Discriminate subtle differences between sharp/dull and hot/cold

Motor function ability

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- Handle small delicate equipment/objects or hand-held devices without extraneous movement, contamination or destruction
- Move, position, turn, transfer, assist with lifting or lift and carry adult patients without injury to patient, self, or others
- Lift, push, pull or transfer (bed-to-chair, chair-to-chair, bed-to-bed) an adult or pediatric patient xxxvii
- Use hands, wrists, and arms to apply up to 10 pounds of pressure to bleeding sites or when performing CPR
- Coordinate eye/hand, fine and gross motor movements
- Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil
- Stand, bend, walk, stoop, squat while providing patient care *Communication abilities*
- Effectively read, write, comprehend, and speak the English language
- Communicate relevant, accurate, and complete information in a concise and clear manner both verbally and in writing to patients and health care members
- Communicate and function effectively in environments with multiple auditory and visual inputs *Cognitive abilities*
- Perform mathematical calculations accurately for medication preparation and administration
- Make appropriate rapid decisions in stressful or emergency situations
- Manage multiple priorities and function effectively in stressful situations
- Remember multiple messages and information
- Adapt rapidly to environmental changes and multiple task demands
- Maintain concentration and focus in professional care settings

My signature indicates that the above student/patient has no activity restrictions and is able to perform all of the above and may return to clinical practice on the following

Date: _____

Printed Name of Provider: _____

Provider's Signature: _____

Office Telephone Number: _____

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Appendix I

COVID-19

The Graduate Nursing programs/options will follow national/state/local directives relevant to the Covid-19 pandemic. Please refer to your individual program and or instructors for specific information each semester.