



PRESBYTERIAN SCHOOL OF NURSING

**PRESBYTERIAN SCHOOL OF NURSING
STUDENT HANDBOOK
2012-2013**

QUEENS UNIVERSITY OF CHARLOTTE

PRESBYTERIAN SCHOOL OF NURSING (PSON)

STUDENT HANDBOOK

2012-2013

This student handbook provides guidance and regulations for students applying, accepted, and/or enrolled in the Presbyterian School of Nursing at Queens University of Charlotte. Students are held accountable for the current academic year handbook and do not revert to the year of admission to either Queens or the nursing program. The Nursing Handbook is used in conjunction with and does not replace the Queens University of Charlotte Catalog or the University Student Handbook.

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

The Presbyterian School of Nursing reserves the right to amend, revise, or modify any of these policies or procedures at any time if they feel it is in the best interest of a student or the School to do so. Changes and the date of implementation will be communicated to students in class or via their university email. Students will be held accountable for revisions implemented during the academic year.

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

HISTORY & OVERVIEW

The Presbyterian Hospital School of Nursing (PHSON) was 101 years old in 2004 when it joined with the Vail Baccalaureate Program in Nursing and the Masters of Science in Nursing Program to become the Presbyterian School of Nursing (PSON) at Queens University of Charlotte. The Presbyterian Hospital School of Nursing graduated over 3,800 registered nurses (RNs), who are known across the region for their excellence as bedside nurses. Until 2004, the students from PHSON usually became staff nurses at Presbyterian Hospital, and the brightest staff nurses often went on to complete higher degrees and to become faculty in the PHSON.

By 2004, the Vail Bachelor of Science in Nursing (BSN) program, established in 1979, graduated about 500 RNs. Historically, there were several connections between the PHSON and Queens. From the 1930s through the 1960s, Queens offered a baccalaureate program in nursing for RNs, and many of these students were PHSON alumni. In the 1980s, a program was established between the two schools in which PHSON students attended Queens before and after becoming RNs and then received a BSN from Queens. Many PHSON alumni have been strong friends of Queens throughout much of its history.

Upon its formation, the Presbyterian School of Nursing at Queens became the largest private producer of new RNs in North Carolina at the time. The students within the school, as well as the faculty and staff uphold the proud traditions that led to our formation, as we continue to lead the way for the nursing workforce of the future.

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

MISSION, VISION, AND VALUES

Mission

The Presbyterian School of Nursing at Queens University of Charlotte prepares nurses to meet the healthcare needs of diverse communities and to provide leadership to the profession. The School of Nursing creates a dynamic learning environment that provides options for seamless progression in nursing education and serves as a community resource.

Vision

The Presbyterian School of Nursing prepares nurses and nurse leaders to meet the healthcare needs of diverse communities, provides options for seamless progression in nursing education, and serves as a community resource.

Values

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

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

Reviewed: August 2011

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

UNDERGRADUATE PROGRAMS INFORMATION

ASSOCIATE OF SCIENCE IN NURSING PROGRAM

The ASN organizing framework is based on the belief that learning is self directed, logical and moves progressively from the simple to the complex. The framework is organized to achieve structure, sequence and cohesiveness of the curriculum. The horizontal concepts are nursing, health, environment and person, which serve to provide the structure and sequence. The vertical concepts are critical thinking, communication, collaboration, and therapeutic nursing interventions, which are the threads that provide cohesiveness throughout the curriculum.

ASN STUDENT LEARNING OUTCOMES

1. Practice as a generalist nurse with the essential knowledge and skills that facilitate communication, critical thinking, and a holistic caring approach to healthcare needs of society.
2. Pursue knowledge and personal growth, accountability, respect for self and others, and contribution to society.
3. Provide therapeutic nursing interventions, client education and manage the nursing care of individuals and groups in collaboration with the healthcare team in multiple acute and community healthcare settings.
4. Incorporate the IOM competencies into nursing practice using informatics, patient centered care, the interdisciplinary team, evidence based practice and quality improvement in care of the client.

ACCREDITATION

On March 23, 2012, the National League for Nursing Accrediting Commission Board of Commissioners “granted the associate nursing program continuing accreditation, placed the program on warning, and scheduled the next evaluation visit for Spring 2014.”

The National League for Nursing Accrediting Commission, Inc. is located at 3343 Peachtree Road NE, Suite 850, Atlanta, Georgia 30326, phone 404-975-5000.

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

BACHELOR OF SCIENCE IN NURSING PROGRAM

BSN STATEMENT OF PURPOSE

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

BSN PROGRAM OUTCOMES

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

In addition to describing and defining the program's theoretical base, the Program Purpose Statement and Program Outcomes support the Commission on Collegiate Nursing Education (CCNE) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) and the *Institute of Medicine's Core Competencies for the Education of Healthcare Professionals* (2003).

ACCREDITATION

The Baccalaureate Program in Nursing at Queens University of Charlotte is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791.

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

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

GRADUATE PROGRAM INFORMATION

MASTER OF SCIENCE IN NURSING PROGRAM

MSN STATEMENT OF PURPOSE

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

MSN PROGRAM OUTCOMES

1. Develop a theoretical basis for advanced practice roles through the synthesis of theories and concepts from nursing and related disciplines.
2. Integrate knowledge of health policy and economics within the context of current and emerging health care delivery systems.
3. Engage in culturally sensitive, values-based practice reflecting mutual respect for varied worldviews and perspectives.
4. Employ current technological resources within a variety of settings.
5. Synthesize principles of collaboration, innovation and critical thinking
6. Promote the use of evidence-based strategies and data analysis to support and develop best practice in varied health care and education settings.

In addition to describing and defining the program's theoretical base, the Program Purpose Statement and Program Outcomes support the Commission on Collegiate Nursing Education (CCNE) *Essentials of Masters Education in Nursing* (2011) and the *Institute of Medicine's Core Competencies for the Education of Healthcare Professionals* (2003).

ACCREDITATION

The Masters of Science in Nursing program at Queens University of Charlotte is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791.

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**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ADMINISTRATIVE RESOURCES

FACULTY

Faculty is the most important resource for academic concerns. A complete list of faculty contact information can be found on the Queens Directory (<http://portal.queens.edu/Pages/directory.aspx>)

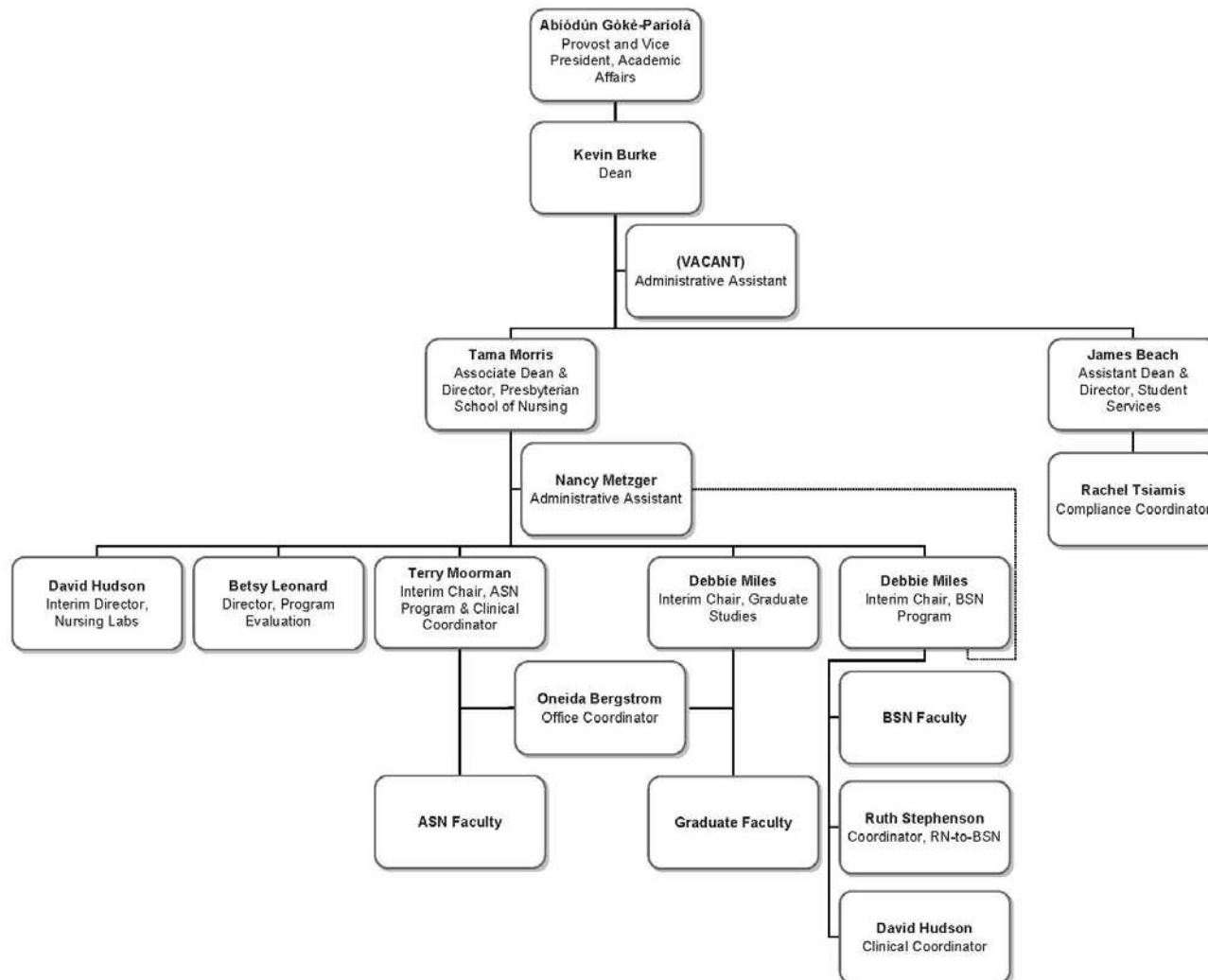
ADMINISTRATION

Kevin L. Burke, PhD.	Dean, Blair College of Health	704.337.2542	burkek@queens.edu
Tama Morris, RN, PhD, CNE	Associate Dean & Director of the PSON	704. 337.2363	morrist@queens.edu
James Beach, MLA	Assistant Dean & Director of Student Services	704.688.2866	beachj@queens.edu
Debra Miles, RN, Ed.D.	Interim Chair, BSN Program and Graduate Studies	704.337.2777	milesd@queens.edu
Terry Moorman, RN, MSN	Interim Chair, ASN Program	704.688.2873	moormant@queens.edu

**QUEENS UNIVERSITY OF CHARLOTTE
ANDREW BLAIR COLLEGE OF HEALTH
PRESBYTERIAN SCHOOL OF NURSING**

ORGANIZATIONAL CHART

Blair College of Health & Presbyterian School of Nursing



QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

QUEENS UNIVERSITY OF CHARLOTTE HONOR CODE

As a member of the Queens University of Charlotte community, I will endeavor to create a spirit of integrity and honor for its own sake at Queens University of Charlotte.

Academic Pledge: I pledge truthfulness and absolute honesty in the performance of all academic work.

Community Pledge: I pledge to be truthful at all times, to treat others with respect, to respect the property of others and to adhere to university policies.

Accepting both the privileges and responsibilities of living by this Code of Honor, I resolve to uphold this code and not to tolerate any violation of its spirit or principles.

Violations of the Honor System include, but are not limited to, destruction of academic resources, falsification and fabrication, theft, and academic dishonesty. Examples of academic dishonesty are:

1. Cheating: intentionally using or attempting to use unauthorized materials, information, notes, study aids or other devices in an academic or clinical experience;
2. Plagiarism: submitting material as own work without indicating its source; and
3. Helping another person to commit an act of academic or clinical dishonesty.

Violations of the Honor System will result in appropriate discipline up to and including permanent dismissal from the school.

A complete copy of the Honor Code Handbook is available at:

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

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

STUDENT BILL OF RIGHTS AND RESPONSIBILITIES

The National Student Nurse Association (NSNA) Student Bill of Rights and Responsibilities was initially adopted in 1975. The document was updated by the NSNA House of Delegates in San Antonio, Texas (1991); and item #4 was revised by the NSNA House of Delegates in Baltimore, MD (2006).

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.
2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom in a responsible manner.
3. Each institution has a duty to develop policies and procedures which provide and safeguard the students' freedom to learn.
4. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, life style, disability, or economic status.
5. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.
6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.
7. Information about student views, beliefs, political ideation, or sexual orientation which instructors acquire in the course of their work or otherwise, should be considered confidential and not released without the knowledge or consent of the student, and should not be used as a basis of evaluation.
8. The student should have the right to have a responsible voice in the determination of his/her curriculum.
9. Institutions should have a carefully considered policy as to the information which should be a part of a student's permanent educational record and as to the conditions of this disclosure.
10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.
11. Students should be allowed to invite and to hear any person of their own choosing within the institution's acceptable realm, thereby taking the responsibility of furthering their education.
12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, e.g., through a faculty-student council, student membership or representation on faculty committees.
13. The institution has an obligation to clarify those standards of behavior which it considers essential to its educational mission, its community life, or its objectives and philosophy.
14. Disciplinary proceedings should be instituted only for violations of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available set of institutional regulations. It is the responsibility of the student to know these regulations. Grievance procedures should be available for every student.
15. As citizens and members of an academic community, students are subject to the obligations which accrue to them by virtue of this membership and should enjoy the same freedoms of citizenship.
16. Students have the right to belong or refuse to belong to any organization of their choice.

17. Students have the right to personal privacy in their living space to the extent that the welfare and property of others are respected.
18. Adequate safety precautions should be provided by nursing programs, for example, adequate street lighting, locks, and other safety measures deemed necessary by the environment.
19. Dress code, if present in school, should be established with student input in conjunction with the school director and faculty, so the highest professional standards are maintained, but also taking into consideration points of comfort and practicality for the student.
20. Grading systems should be carefully reviewed periodically with students and faculty for clarification and better student-faculty understanding.
21. Students should have a clear mechanism for input into the evaluation of nursing faculty.

Reviewed: August 1, 2012

QUEENS UNIVERSITY OF CHARLOTTE PRESBYTERIAN SCHOOL OF NURSING

STUDENT SERVICES

STUDENT ENGAGEMENT EVENTS

Master Class

The definition of a “master class” centers on an advanced class taught by someone who is an expert in a specific field. Typically, master classes are held for areas within the visual and performing arts. The PSON recognizes that nursing is not only a science, but is also that of an art. Nursing students have the opportunity paint the canvas of their educational journey with broad strokes through various classroom and clinical experiences. The Master Class series seeks to supplement the creation of their self-portrait of a nurse in a way they have not yet experienced.

Through a series of sit-down sessions with faculty, PSON students can expect to learn about various aspects within the scope of nursing. Experts in multiple fields will bring their real life experiences to the table in candid and honest conversations about what to expect as a professional in nursing. There is something to be learned from everyone’s story and no one has better lessons to teach than nursing faculty. This event is for Queens students only.

NURSING: Reconsidered

Nursing has drastically changed over time but there are somewhat common assumptions when people envision a career in the profession. The intent of NURSING: Reconsidered is to expose students and practicing nurses to the various aspects of the field. Nurses are able to provide care and continue their professional development in ways which far extend beyond the bedside in today’s world. Once a semester we will invite professionals changing the face of nursing to share their journey with the Queens community. This event is open to the public.

...With the Deans

Nursing school is intense but everyone needs to make time to pause for moments of joy and community. Through various social events the “With the Deans” series will be blocked time for students to have access to the Dean of the Blair College of Health, Associate Dean / Director of the School of Nursing and the Assistant Dean / Director of Student Services . Events may range from coffees to afternoon snacks and beyond. These events are schedule sporadically throughout the semester and are for current PSON students only.

ORGANIZATIONS

QUCANS

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

SNAPs

The Student Nurse Association at Presbyterian School of Nursing (SNAPs) is a volunteer committee organized for the benefit of currently enrolled ASN students. It is affiliated with the National Student Nurses Association, which promotes student peer support, retention, recruitment, accountability, and

advocacy for the highest quality of patient care while using the mission of pursuing excellence in academics and clinical practice, mentoring other student nurses, building relationships, and providing community service. This organization is committed to providing students with opportunities for professional development, critical thinking exercises and service based learning. Members are encouraged to attend at least four community experiences a year. All students currently enrolled in the ASN program are welcome to join.

Sigma Theta Tau International Honor Society of Nursing

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

Queens University of Charlotte is privileged to have its own chapter affiliation within Sigma Theta Tau International, the Mu Psi Chapter at large. The chapter celebrated its 20th year anniversary in spring 2012.

Students enrolled in baccalaureate and higher degree programs are eligible to be invited for membership on an annual basis. The Mu Psi chapter elects a faculty counselor in the School of Nursing at Queens University of Charlotte who is charged with applying the membership eligibility criteria to issue invitations to students in the spring of the academic year.

Students are referred to the above named web site for specific information regarding the organization and membership criteria.

SCHOLARSHIPS

Faculty Scholarship Fund (All Nursing Programs)

The Faculty Scholarship Fund was established to assist nursing students who are in financial need. Awards are granted at the committee's discretion. Awards are also based upon availability of funds. The scholarship is funded solely on the generosity of the faculty and staff of the Presbyterian School of Nursing. Students may apply to receive funds from in the form of this scholarship when they believe they have a substantial hardship. A student interested in applying should receive the application from a faculty member (preferably his/her academic advisor).

Licensure Exam Assistance Fund (ASN and BSN pre-licensure options)

The Licensure Exam Assistance Fund (LEAF) was established to assist nursing students who are in need of financial support in applying to take the NCLEX. A committee of faculty members will review applications to determine whether or not there is a financial need warranting the Fund's assistance. Awards are also based upon availability of funds. Students may apply during their last semester in the program and up to 60 days after graduation. A student interested in applying should receive the application from a faculty member (preferably his/her course instructor or advisor).

Millennium Scholarship (ASN Program)

This scholarship was established by graduates of the class of 1950 of the Presbyterian Hospital School of Nursing. It is awarded to one student per semester upon the successful completion of NURS 191.

- Applications are available through the lead faculty of NURS 191.
- Application must be made on the official application form, which can be obtained at the 5th Street Campus.
- Application deadlines are May 15 and January 15.

The Selection Committee will be comprised of one member of Class of 1950; Chair of the ASN program; current president of the Presbyterian Hospital Alumni Association.

The Sandifer-Newbold Nursing Scholarship (ASN Program)

This scholarship was made possible by a gift from Betty and Harper Newbold. The scholarship is awarded to a first year student in the ASN program and is renewed for the same student's second year, so long as the student remains eligible. It is based on merit and financial need.

The Carolyn M. Jones Scholarship (BSN or MSN Program)

The Carolyn M. Jones Scholarship was established in 1992 in honor of Dr. Carolyn M. Jones, Chair of the Vail Program of Nursing 1982-1992. This award is a MERIT award, not need-based. Selection will be made by the nursing faculty based on the following criteria:

- Senior status in the undergraduate nursing major or completed 12 hours in the MSN program
- GPA of 3.0 for undergraduate and 3.5 for graduate students
- Effective team member
- Quiet leader among students
- Great interpersonal skills with all groups
- Non-judgmental
- Love of learning for learning's sake
- Altruistic
- Able and willing to represent the university in a favorable way in the community

The Landers Scholarship (BSN or MSN Program)

The Landers Scholarship is a need-based scholarship established in 1997 to recognize students who have distinguished themselves academically and/or professionally. Selection is made by the nursing faculty based on the following criteria:

- At least 25 years old
- Qualified for or accepted into the BSN or MSN Nursing major
- GPA of at least 3.0 for undergraduates; 3.5 for graduates
- Completed at least 12 credit hours year prior to consideration
- Abides by university Honor Code
- Able and willing to represent Queens in a favorable way in the community
- Able and willing to be helpful in recruiting new students
- Leadership
- Outstanding character

William Randolph Hearst Nursing Scholarship (BSN Program – RN-BSN Option)

This scholarship was made available through the support of the William Randolph Hearst Foundation and is made to RN-BSN students who have demonstrated academic merit and have established financial need by completed the Free Application for Federal Student Aid (FAFSA).

Career Mobility Scholarship (BSN Program – RN-BSN Option)

The Queens University of Charlotte Career Mobility Scholarship provides a 50% tuition reduction for NURS 310.

For additional information on scholarships available to Nursing students please see the Student Financial Services Office.

RESOURCES

Bookstore

The Student Bookstore is a Queens' student's best source for textbooks, school supplies, Queens apparel, novelties, and gift items. The Bookstore stocks required textbooks and class materials (in new or used condition), plus offers a textbook buy back system various times throughout the year. For students' convenience, the bookstore has an active online ordering system (www.queensuniversitycharlotte.bkstr.com) which contains expanded selections of books and merchandise. The bookstore has locations at both main campus as well as the 5th Street Campus.

Center for Academic Success

The Center for Academic Success, "The Center," provides important academic support programs and learning assistance courses for students. The use of "The Center" is free for all Queens students, and definitely enhances your college experience and helps you strive for excellence. Services offered includes individual peer tutoring, review sessions, knowledge workshops, academic success strategies, individual academic assistance and guidance, access to the Writing Center and referrals to the Office of Disability Services. The Center for Academic Success is located in Dana 014 (Main Campus).

Center for Active Citizenship

The Center for Active Citizenship (CAC) strives to empower members of our community; students (traditional aged and nontraditional aged), faculty, staff and alumni to be authentically engaged citizens on campus, off campus, and throughout the world. The CAC bridges the academic and civic missions of the University. The Center for Active Citizenship is located in 204 Morrison Building (Main Campus).

Computer Labs

Computer equipped labs and classrooms are available in several locations throughout campus.

Among these are:

- **Dickson Computing Lab (Main Campus)**
Located in the Walker Science building, this lab is available during extended hours with the use of a card access key.
- **Curriculum Resource Center (Main Campus)**
Located in the Everett Library, the CRC computers are designated for student research activities. Workstations have access to the Internet and print capabilities in addition to other curriculum specific applications. Access to the library card catalog service and online database resources are available in the CRC. CRC hours correspond to Everett Library hours of operation.
- **Other Library Computing Resources (Main Campus)**
Everett Library contains other open use lab areas designated for student research activities. Several open use workstations are also available in the Coffee Shop on the first floor of the Library. Wired and wireless Internet capability is available throughout the library for student use. Hours correspond to Everett Library hours of operation.
- **Presbyterian School of Nursing Lab (5th Street Campus)**
Located on the second floor of the 5th Street campus, this lab is available to nursing students. Hours correspond to those maintained by the School of Nursing at the 5th Street campus.
- **Mac Teaching Labs (Main Campus)**
The Mac Lab in Everett Library contains Apple computers running the latest Mac OS. A network printer is available in the lab. The Dana 110 teaching classroom also contains iMacs. Both labs offer Mac OS/ Windows dual boot capability.

Everett Library

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

Information Technology Services

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

Mail/Copy Center

The Mail / Copy Center is a satellite post office which provides daily mail service to Queens students, faculty and staff and express delivery via UPS and the US Postal Service. Students may purchase stamps, color / black and white copies, or send/receive facsimiles. The Mail/Copy Center is located on the main campus on the lower level of Trexler Student Center.

Office of Diversity & Inclusion

Queens is committed to an academic culture that promotes inclusion, diversity, equity and access to realize its mission to "to provide educational experiences that transform students' lives and foster personal and professional success." A fluid view of diversity recognizes that human identities and qualities such as age, race, sex, religion, sexual orientation, heritage, national origin, class, language, and ability influence ones world view, life choices and interpersonal relations. Our commitment to thriving in a changing world challenges us to develop cultural humility and find common ground with those unlike ourselves. The Office of Diversity & Inclusion is located in 211 Morrison Building (Main Campus).

Q Alert

All students are asked to register for Q Alert, the on-campus system designed to inform students of emergency situations, inclement weather, or class cancellation. Voicemail, email, or text messaging delivers status and details of a situation. Sign up for Q Alert at qalert.queens.edu.

Student Financial Services

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

Student Health and Wellness Center

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

Students with Disabilities

The Office of Student Disability Services at Queens University of Charlotte seeks to provide equal opportunity to students with disabilities to ensure equal access to higher education, programs, services,

benefits and a welcoming campus environment for those requiring protection. Support services and accommodations are provided through the Office of Student Disability Services, which also advocates for students with disabilities and seeks to empower students to become their own and best advocates.

The Office of Student Disability Services serves qualified students with disabilities of all varieties: learning disabilities; ADHD; psychiatric/emotional disabilities and physical disabilities including vision impairment, hearing impairment, mobility issues and medical disabilities.

In order to access the rights provided through the ADA (amended 2008) and Section 504 of the Rehabilitation Act of 1973, it is the responsibility of a student with a disability to self-identify by registering with the Office of Student Disability Services and by providing current documentation. Reasonable accommodations cannot be granted until documentation is reviewed and the student is deemed a qualified person with a disability. Letters of Accommodation will be provided to the student, listing reasonable accommodations, which are determined on a case-by-case basis. It is also the responsibility of the student to provide the Letter of Accommodation to his/her professors and to advocate for him/herself if these accommodations are not being met satisfactorily. Students requiring auxiliary services (interpreter, alternative text format) need to request this accommodation at least one month in advance so that arrangements can be made in a timely manner. The Office of Student Disability Services is located in the Center for Academic Success in Dana 014 (Main Campus).

CEREMONIES

Blessing of the Hands

The blessing of the hands is an age-old sacrament of cleansing and anointing. It is intended to impart a blessing to the person receiving it, who is someone commissioned to lay hands on another for the purpose of healing someone or some other sacred purpose. This ceremony is held twice a year for graduating seniors.

Commencement

Commencement is held once every year in celebration of the academic achievements of December, May and August graduates. Students graduating in December are invited to participate in the commencement ceremonies in May of that academic year. More details on all of the commencement ceremonies may be found at www.queens.edu/commencement

Pinning and Awards Ceremony

The pinning ceremony is a time-honored tradition which signifies a rite of passage into the nursing profession. Each pin is a symbolic representation of the program and of the Presbyterian School of Nursing at Queens. Awards for the semester/year are also presented at this ceremony. This ceremony is held twice a year for graduating seniors.

AWARDS

Presbyterian Hospital Alumni Award (ASN Program)

The Presbyterian Hospital Alumni Award was established as a scholarship in the early 1960s from donations made by Presbyterian Hospital School of Nursing alumni. This award is presented to a graduating senior who has shown high professional standards and ideals; love for humanity; and an unusual commitment to service for others. The recipient of this award receives a limited edition, hand-painted Limoges figurine of a student nurse wearing the original nursing uniform of the Presbyterian Hospital School of Nursing. Nominations for this award are made by the ASN faculty to the Presbyterian

Hospital Alumni Association's Board of Directors.

Scholastic Achievement Award (ASN Program)

This award is presented to the ASN student with the highest GPA for each graduating group. It is based on the number of hours taken at Queens University of Charlotte.

Nursing Excellence Award (ASN Program)

This award is granted by the faculty of the ASN program to a member of each graduating class to a member who consistently demonstrates scholastic achievement, clinical proficiency, service and the ethical standards of the profession.

Academic Achievement Award (BSN Program)

This award is presented to a member of each graduating group: May and December traditional BSN graduates; May ABSN graduates and May and December RN-BSN graduates. It is presented to graduating senior having the highest cumulative GPA at the end of the first semester of the senior year. This GPA is based on all work undertaken at Queens University of Charlotte with a minimum of 58 semester hours. In the event of a numeric tie, all students who have numerically tied will share the award. A plaque will be presented on awards day.

Outstanding Senior Nursing Student Award (BSN Program)

This award is presented to a member of each graduating group: May and December traditional BSN graduates; May ABSN graduates and May and December RN-BSN graduates. It is presented to the senior judged by the faculty to best represent the qualities of scholarship, leadership, motivation and service. Any graduating senior with a GPA of 3.0 or better may apply or may be nominated by students and/or faculty. NSQC processes these applications. A plaque will be presented at the awards day ceremony.

Jones Image of Nursing Award (BSN Program)

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

This award is presented once a year, in May. The senior nursing students and nursing faculty of all the BSN programs (traditional BSN, ABSN and RN-BSN) are asked to submit nominations for the award. From this list of nominees, full-time nursing faculty members will select the recipient. A plaque will be presented to the student at the graduation celebration.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES

Policy Numbers 1 – 99Presbyterian School of Nursing Policies

Policy Numbers 100 – 199Undergraduate Program Policies

Policy Numbers 200 – 299ASN Program Policies

Policy Numbers 300 – 399BSN Program Policies

Policy Numbers 400 – 499Graduate Program Policies

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

ASN Students	BSN Students	MSN Students
Policy Numbers 1 – 99	Policy Numbers 1 – 99	Policy Numbers 1 – 99
Policy Numbers 100 – 199	Policy Numbers 100 – 199	Policy Numbers 400 – 499
Policy Numbers 200 – 299	Policy Numbers 300 – 399	

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: CONFIDENTIALITY

DATE EFFECTIVE: 9/07

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Nursing students have access to data of a sensitive nature. Students are expected to abide by the Health Insurance Portability and Accountability Act (HIPAA).

- Students will sign the Presbyterian School of Nursing Confidentiality Agreement located in the Appendix of this Handbook within their first semester in the program. The signed form will be filed in the student's Clinical File and is in effect during the student's enrollment in the PSON.
- If warranted, students will receive a copy of the clinical agency's policy on confidentiality and will be required to sign a copy of the agency's Confidentiality Agreement. This form will be filed as per the direction of the clinical agency. Students are required to follow the more restrictive policy.

Misuse of health information includes but is not limited to the following:

1. Accessing medical record information about any patient by someone who is not assigned to care for the patient.
2. Discussing a particular patient's case inappropriately, such as in a public location.
3. Removing confidential data from the clinical site in any format, such as not limited to any portion of the medical record or chart, daily worksheets, care plans, or report documents.

Students must regard their Queens ID badge and/or agency identification badge as equivalent to a personal signature (identification) and it should be protected as such. Lending or using an ID badge belonging to someone else is prohibited.

Any student who witnesses or suspects a breach of any confidentiality policy is expected to report the incident to his/her instructor or academic advisor. Students who violate the confidentiality policy will be subject to discipline up to and including dismissal from the school and criminal charges.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: **PHOTOGRAPHY**

DATE EFFECTIVE: **9/07**

DATE REVIEWED/REVISED: **8/11; 8/12**

POLICY: Photographing a patient or family members is a violation of HIPAA and PSON policy. No faculty or student may photograph anyone in any facility by any means when working or studying under the auspices of the Presbyterian School of Nursing.

PROCEDURE: Students who violate this policy will be subject to disciplinary action up to and including dismissal from the nursing program.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **STUDENT MEDICAL FORMS**

DATE EFFECTIVE: **9/07**

DATE REVIEWED/REVISED: **8/11; 8/12**

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

State law requires all students entering college in the state of North Carolina to meet certain immunization requirements. Our clinical agencies used for student practice may request additional immunizations as noted in the student medical forms. All immunization and an annual PPD testing must remain up-to-date during enrollment. If these requirements are not met, students shall not be permitted to attend clinical.

Positive criminal background checks will be reported to clinical agencies, per the Affiliation agreement

Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

PROCEDURE: Students will submit Student Medical Forms as directed prior to the first day of class.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: CLINICAL AGENCY REQUIREMENTS

DATE EFFECTIVE: 9/07

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Students must be in compliance with all elements of the Clinical Agency Requirements at all times.

Students who are not in compliance with any element will not be permitted to attend clinical and will receive a grade of unsatisfactory for each missed experience.

Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

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

PROCEDURE: Students will submit all required documentation as directed and in the timeframe expressed by the PSON before being allowed to participate in any clinical experience.

All students out of sequence from original admission date shall submit all clinical requirements according to current policy prior to the first day of class. Students readmitted within six weeks of class will be considered on a case by case basis only for FBI fingerprint check requirement.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: ANNUAL TUBERCULOSIS SCREENING (PPD)

DATE EFFECTIVE: 4/99

DATE REVIEWED/REVISED: 11/07; 8/11; 8/12

POLICY: While enrolled in the Presbyterian School of Nursing, all students are required to maintain annual tuberculosis screening. Students who fail to submit the required documentation shall not be permitted to attend clinical. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

Positive results will be reported to clinical agencies, per the Affiliation agreement

PROCEDURE: A Two-Step PPD requires that a second PPD test be administered and read within 1 – 3 weeks of the first PPD test and reading.

A single PPD will be repeated annually.

Results of all PPD's must be submitted to the Compliance Coordinator.

Students with a history of a positive PPD must complete the PPD screening form and have evidence of one negative chest x-ray.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: DRUG SCREEN

DATE EFFECTIVE: 4/99

DATE REVIEWED/REVISED: 11/07; 8/11; 8/12

POLICY: Consistent with healthcare practice regarding a drug-free environment, all clinical students in participating educational programs must provide documentation of a negative (urine), drug screen based on requirements of clinical agencies prior to course enrollment. The urine must be collected and processed using a NIDA (National Institute on Drug Abuse) approved laboratory. Chain of custody in handling of the specimen must be maintained.

Testing must have been done within a 6-month period prior to the first day of class of the first semester in which the student is enrolled. Students readmitted to the PSON following a leave of absence or withdrawal are required to repeat the drug screen prior to readmission.

Students will not be permitted to enroll in courses unless the drug screen is negative or documentation is provided substantiating legitimate use.

Positive results will be reported to clinical agencies, per the Affiliation agreement

Students are subject to random screening at any time during a clinical experience in compliance with the agency policy. Random testing may be at students' expense.

PROCEDURE: Students will submit required documentation as directed and prior to the first day of class.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: CRIMINAL BACKGROUND CHECKS & FINGERPRINTING

DATE EFFECTIVE: 4/99

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: The Joint Commission requires hospitals, childcare facilities and other agencies/organizations to perform criminal background checks on all persons involved in direct patient care, which can include employees, volunteers and students. All students are required to complete a criminal background check at their expense through the schools designated agent and an FBI fingerprint check. Refusal to complete the self-disclosure or sign consent to conduct a background check will prevent the student from participating in any patient care activities. Problematic criminal background and/or FBI results will be reviewed individually by the program chair. Students readmitted to the PSON following a leave of absence or withdrawal are required to repeat the current criminal background checks prior to readmission.

Positive criminal background checks will be reported to clinical agencies, per the Affiliation agreement.

If students are accused of any crime during their time in the program they must notify the chair of the program and their enrollment will be evaluated at that time.

If students are not allowed into a healthcare facility due to the results of the criminal background check then the student will be administratively withdrawn. In many instances a prior criminal history will be revealed on a fingerprint or background check.

PROCEDURE: Students should submit forms as directed prior to six weeks before the first day of class. Results should be sent directly to the School.

Students admitted within six weeks of the first day of class will be considered on a case by case basis.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: CPR CERTIFICATION

DATE EFFECTIVE: 4/99

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: While enrolled in the Presbyterian School of Nursing, all students are required to maintain continuous CPR/Basic Life Support certification for Healthcare. The PSON only accepts American Heart Association Healthcare provider BLS.*

**Students admitted prior to Fall 2012 meet equivalent CPR requirements.*

PROCEDURE: A copy of the current card must be submitted to School prior to the first day of class. Students are responsible for obtaining their own CPR certification and recertification classes as needed. Students who fail to submit this documentation will not be allowed to attend clinical practice. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: AGENCY ORIENTATION AND SAFETY TRAINING

DATE EFFECTIVE: 8/11

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Clinical agencies have agency specific orientation requirements. Lead faculty in clinical courses will instruct students as to completion of the appropriate material for their clinical experience and the deadline for completion. Documentation (as designated by each agency) will be filed in the student's clinical file. Failure to complete the agency orientation and/or safety training will prohibit the student's participation in clinical practice. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student's ability to pass the clinical component of the course.

PROCEDURE: Students will submit all required material to clinical faculty as directed.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC ALL PERSON PROGRAMS

TITLE OF POLICY: **PROFESSIONAL LIABILITY INSURANCE REQUIREMENT**

DATE EFFECTIVE: **8/07**

DATE REVIEWED/REVISED: **8/12**

POLICY: All students are required to carry professional liability insurance.

PROCEDURE: ASN and BSN students are charged a fee with select courses.

MSN students must document and prove current coverage with minimum limits of \$1,000,000/incident and \$3,000,000 aggregate.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **TECHNICAL STANDARDS**

DATE EFFECTIVE: **9/07**

DATE REVIEWED/REVISED: **12/10; 8/11; 8/12**

POLICY: Technical standards are required functions that are non-academic in nature and include the areas of cognitive, communication, psychomotor, physical, behavioral, professional and social skills and abilities. These skills are required to ensure the health and safety of patients, students, faculty and other health care providers. Students must maintain satisfactory demonstration of academic and technical standards for admission, progression and graduation from the Presbyterian School of Nursing, with or without reasonable accommodations. Inability to meet these requirements will result in dismissal from the program.

Note: The term “patients” or “clients” as used herein includes patients, family, individuals and groups.

BEHAVIORAL/SOCIAL

All students must have the ability to demonstrate behavioral/social skills including, but not limited to:

- Relate to patients, colleagues, faculty and other health care professionals with integrity, honesty and without discrimination, prejudice, or intolerance.
- Maintain sensitive, harmonious and effective relationships with patients, faculty, colleagues and other health care providers.
- Function effectively and maintain emotional stability, in environments that may change rapidly, unpredictably and/or without warning.
- Develop effective therapeutic relationships with patients and families of diverse religious, cultural, social or economic backgrounds.
- Adapt to the environment, function in everyday activities and cope with stressors.

Examples include, but are not limited to:

- *Emotional skills sufficient to remain calm in emergency situation.*
- *Behavioral skills sufficient to demonstrate prompt completion of all responsibilities related to the care of clients.*
- *Interpersonal skills sufficient to communicate effectively with clients and families of diverse backgrounds and beliefs.*

COGNITIVE

All students must have the ability to demonstrate cognitive skills including, but not limited to:

- Read and comprehend detailed written material in English.
- Gather data, develop a plan of action, establish priorities and monitor treatment plans and therapeutic modalities.
- Engage in critical thinking in both class and clinical situations.
- Solve problems involving measurement, calculations, reasoning, analysis and synthesis.
- Consider alternatives and make decisions for managing and intervening in patient care.
- Assess and comprehend spatial relationships.

Examples include, but are not limited to:

- *Cognitive skills sufficient to calculate appropriate medication dosages with clients having different parameters*
- *Ability to comprehend spatial relationships adequate to properly administer injections or assess wounds of varying depths.*

COMMUNICATION

All students must have the ability to demonstrate communication skills including, but not limited to:

- Communicate accurately, clearly, efficiently and sensitively with patients, families, faculty, colleagues and other members of the health care team in English.
- Give and receive feedback clearly.
- Accurately communicate information on patient status in a timely manner to the appropriate person.
- Convey information to patients in a manner that is understandable by patients, families, peers, faculty and other health care providers.
- Give verbal directions to or follow verbal directions from other members of the health care team and to participate in health care team discussions of patient care.

Examples include, but are not limited to:

- *Communication skills sufficient to obtain and record information about health history, current health state or responses to treatment from patients or family members.*
- *Ability to convey information to clients and others as necessary to teach, direct and counsel patients.*

SENSORY AND MOTOR ABILITIES

All students must be able to demonstrate sensory and motor abilities including, but not limited to:

- Execute movements required to provide general and emergency care and treatment to patients in all health care settings.
- Use gross and fine motor skills, physical endurance, physical strength and mobility to carry out nursing procedures.
- Use fine motor skills to obtain assessment information by palpation, auscultation, percussion and other assessment maneuvers.
- Physically endure assigned periods of clinical practice.
- Gather data from written reference materials, oral presentation, demonstrations and observations of the patient in a variety of health care environments.

Examples include, but are not limited to:

- *Sensory and motor skills sufficient to assess and/or evaluate patient responses and perform nursing interventions safely and accurately*
- *Possess the visual acuity sufficient to distinguish color shades, observe patient responses, distinguish graduations on syringes when drawing up medications, visualize appearance of surgical or traumatic wounds;*
- *Auditory ability sufficient to hear alarms, emergency signals, cries for help, auscultatory sounds;*
- *Possess the tactile ability sufficient to palpate, percuss, perceive pulsations, temperature changes, and differentiate between structures and textures.*
- *Carry out patient care procedures, such as turning and lifting of patients, tracheotomy care or airway suctioning.*

PROFESSIONAL CONDUCT

All students must be able to demonstrate professional conduct including, but not limited to:

- Abide by professional standards of nursing practice.
- Relate with patients, colleagues, faculty and other health care professionals with integrity and honesty; without discrimination, prejudice, or intolerance.
- Deliver patient care to diverse populations and in a diverse setting.
- Demonstrate ethical behavior, including adherence to the professional nursing standards, student honor codes and school or agency policies.
- Candidates and students must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds and all belief systems.

Examples include, but are not limited to:

- *Possess skills necessary to interact positively with people from all levels of society, all ethnic background, health problems all belief systems in all setting and with a variety of health issues.*
- *Abide by the American Nurses Association Code of Ethics for Nurse.*

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: LATEX REACTIONS

DATE EFFECTIVE: 5/07

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: When working in the nursing labs (PSL) and healthcare environment, the potential exists for exposure to latex and other allergens. Students and faculty members with a known sensitivity or allergy to latex are responsible for assessing their personal level of risk.

PROCEDURE:

- Students or faculty members with a known sensitivity or allergy to latex are responsible for:
 - Consulting with their healthcare provider about the level of sensitivity, risks, and treatment
 - Requesting latex-free equipment when available
 - Informing your faculty member (or co-worker in the case of faculty sensitivity/allergy) of your plan to manage a reaction, including the location of your prescribed Epi-Pen.
- Education will be provided in NURS 191 and NURS 391 regarding the types of reactions, levels and routes of exposures and common products containing latex.
- Students and faculty in the PSL or clinical setting shall report any signs and symptoms that might be indicative of latex allergy.
- In the event that a student or faculty member experiences any signs/symptoms of a reaction, emergency medical services (911) will be contacted immediately. Students are responsible for the cost of transport and treatment.
- In the event of an initial confirmed latex reaction, clearance must be obtained from a health care provider prior to re-entering the PSL or clinical setting.
- Latex-free or powder-free gloves are available for students and faculty.
- Depending on the severity of a latex allergy, students may be eligible to seek accommodations through the Office of Disability Services. Students who have a disability, or think they have a disability are invited to contact Disability Services for a confidential discussion. The Office of Student Disability Services is located in Dana 014C (in the Center for Academic Success) or contact at 704-337-2508 or at davismm@queens.edu. Additional information is available at the SDS website <http://www.queens.edu/Life-on-Campus/Student-Disability-Services.html>

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: **STUDENT CONTACT INFORMATION**

DATE EFFECTIVE: **9/07**

DATE REVIEWED/REVISED: **8/11; 8/12**

POLICY: Prior to the first day of each semester and upon any changes, students will assure that the university and PSON have accurate contact information. This includes phone number(s), and local and permanent mailing addresses. Students will be given Queens E-mail addresses; faculty will use these to contact students. Faculty and staff will not respond to non-Queens E-mail addresses.

PROCEDURE: The student must immediately inform the Registrar's Office, the appropriate program Administrative Assistant, and appropriate faculty members of any changes in this information

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **INFECTIOUS OR COMMUNICABLE DISEASE**

DATE EFFECTIVE: **5/07**

DATE REVIEWED/REVISED: **8/11**

POLICY: Students will be instructed in clinical agency infection control guidelines prior to beginning patient care experiences in any new facility. Students who have infectious or communicable disease are relieved of classroom attendance and patient contact until they have been determined to be free of infection and/or present no threat to the health of classmates, employees, or patients.

PROCEDURE: Faculty members may preclude a student from clinical experience if in the faculty member's judgment, the student's own illness poses a potential health hazard to patients. If this occurs, the Lead Faculty must be consulted.

Students who have had an infectious or communicable disease must provide written and dated clearance from a healthcare provider on official letterhead to return to normal activities. This documentation should be submitted to the Compliance Coordinator or designee and will be filed in the student's health folder. Clinical agencies may require copies of this documentation.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: **BLOODBORNE PATHOGENS**

DATE EFFECTIVE: **5/07**

DATE REVIEWED/REVISED: **6/12**

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

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

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: TRANSPORTATION TO AND FROM CLINICAL SITES

DATE EFFECTIVE: 6/91

DATE REVIEWED/REVISED: 8/06; 8/11; 8/12

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

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

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: INCLEMENT WEATHER

DATE EFFECTIVE: 1/08

DATE REVIEWED/REVISED: 8/11; 812

POLICY: The PSON will normally abide by the university's decision to cancel or delay classes due to inclement weather. This includes any course or clinical experience related to the School of Nursing.

PROCEDURE:

- All students and faculty are encouraged to sign up for QAlerts to receive inclement weather notification by text, phone, email, or all three methods.
- Clinical faculty may cancel or delay clinical if, in their opinion, travel conditions are or may become hazardous during the scheduled clinical time.
 - Clinical faculty must pre-arrange a method to contact all students in their clinical group.
 - Decisions to cancel or delay clinical must be made and students notified at least one and a half hours prior to the scheduled start time for clinical.
 - The clinical faculty member is responsible for notifying the clinical unit and department chair that their clinical experience is cancelled or delayed.
 - If the students are in the clinical setting when the announcement is made that the university is closed (or closing), students shall bring their clinical work to a close and be dismissed as close to the university announced time as is reasonably possible.
- At times, classes will be held when road and weather conditions may vary across the area.
 - The decision to travel to campus or clinical sites during inclement weather ultimately rests with the students and faculty members.
 - Students are responsible for academic work they miss due to these absences.
 - Graduate students and pre-licensure students in precepted experiences must notify their preceptors and course faculty if they are unable to attend a clinical experience due to inclement weather.

**QUEENS UNIVERSITY OF CHARLOTTE
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ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **STUDENT PARKING (BOTH CAMPUSES & CLINICAL SITES)**

DATE EFFECTIVE: **8/11**

DATE REVIEWED/REVISED: **8/11; 8/12**

POLICY: Students shall follow the current parking regulations and display the proper vehicle permit or hangtag while parking on either campus or at clinical facilities.

- Parking regulations for the Selwyn Ave (main) campus can be found at: <http://www.queens.edu/Life-on-Campus/Campus-Safety-and-Security/Transportation-and-Parking.html>
- Students attending class at the 5th Street campus, or clinical at Presbyterian Main, Presbyterian Orthopedic, or CMC Mercy may only park on the 4th level or above of the Midtown Medical Plaza Parking Deck (1900 Randolph Road). Parking on lower levels or surrounding city streets is prohibited.
- Students at clinical sites other than those listed above will be directed as to student parking locations by their clinical faculty member.
- Students may request a security escort to and from parking locations.

**QUEENS UNIVERSITY OF CHARLOTTE
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ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: CLASS ATTENDANCE

DATE EFFECTIVE: 3/96

DATE REVIEWED/REVISED: 8/06; 8/11; 8/12

POLICY: The instructional work of the School is designed for regular attendance. Students are expected to be present and on time for all class, laboratory and clinical experiences. Students will be responsible for any learning activity missed due to absence or tardiness. Students should refer to the syllabus for attendance requirements specific to the course.

PROCEDURE: Refer to the independent course syllabus for details.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **SUBSTANCE ABUSE**

DATE EFFECTIVE: **5/07**

DATE REVIEWED/REVISED: **8/11; 8/12**

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

The use of alcoholic beverages is not permitted on corporate property while students are on school assignments.

Any use of alcohol by a student that adversely affects the student's academic or clinical performance or the public's perception of the School is not acceptable and subjects the student to disciplinary action.

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

The School may request that the student be tested for drugs and/or alcohol. Refusal to be tested is considered equivalent to a positive test. Students who refuse testing are prohibited from participating in clinical experiences. Each missed experience for this reason is considered unsatisfactory performance for that activity.

PROCEDURE: Any student suspected of violating the Substance Abuse Policy will be subject to temporary removal from clinical.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: SOCIAL MEDIA

DATE EFFECTIVE: 8/12

DATE REVIEWED/REVISED: 8/12

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

GUIDELINES:

Students must not:

- Participate in unacceptable online behaviors which can include but are not limited to: cyberbullying, defamation, harassment, offensive content, aggressive behavior or illegal activities.
- Write or post anything (text, video and / or photographs) that would jeopardize the integrity of the PSON or compromise a student's ability to work in a clinical setting.
- Engage in any disclosures (inadvertent or not) or the perception of disclosures in relation to any information protected by the Health Insurance Portability and Accountability Act (HIPAA).
- Share confidential information in any fashion; patient privacy must be maintained at all times. Offenses most pertinent to this discussion are those concerning the release of identifiable patient demographics or any combination of identifiable facts that may jeopardize patient's confidentiality; photography and/or video of any kind from the clinical setting; and release of any patient information to any outlet.
- Partake in the "friending" of patients on social media websites. Students in patient care roles generally should not initiate or accept friend requests (or the like) except in unusual circumstances such as the situation where there is an established relationship prior to the date of treatment.

Students should:

- Comply with HIPAA regulations while on social networking sites. Violators are subject to the same prosecution as with any other HIPAA violations.
- Ensure that your social media activity does not interfere with your commitments while in class or in a clinical setting.
- Clearly indicate that you are speaking for yourself and not on behalf of Queens or the PSON. In circumstances where your connection to Queens and/or PSON is apparent, you should include a disclaimer such as: “The views expressed on this [blog; page; website] are my own and do not reflect the views of Queens University of Charlotte or the Presbyterian School of Nursing.”
- Assume that everything you post, exchange or receive on a social media site is public information even if you use privacy settings (determining who can view your page or profile, for instance).
- Assume that your professional life and your personal life will merge online regardless of your effort in separating them.
- Think before posting anything to a social media site. Using social media sites means that you (and the content you exchange) are subject to the online organization’s terms of service. There may be legal implications and there is a possibility that your interactions could be subpoenaed by a third-party. The social media organization has access to and final control over everything previously disclosed on or through their service. Content may sometimes be handed over to law enforcement without the knowledge and notification of the user.

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**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **TEMPORARY REMOVAL FROM CLASS OR CLINICAL**

DATE EFFECTIVE: **4/00**

DATE REVIEWED/REVISED: **9/03; 5/07; 8/11; 8/12**

POLICY: A faculty member may remove a student from participating in any clinical experience for any reasons such as but not limited to:

- Inability to meet technical standards
- Inability to adhere to dress code policy
- Suspected violation of substance abuse policy

PROCEDURE: If a student demonstrates behaviors unfit for the clinical experience the faculty will remove the student from the area immediately and document observation of the behaviors leading to removal on the Student Event Evaluation Form.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: **STUDENT PRACTICE EVENT POLICY**

DATE EFFECTIVE: **8/10**

DATE REVIEWED/REVISED: **8/12**

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

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

PROCEDURE:

- A Student Practice Event Report (located in the Forms section of the handbook) may be initiated by any faculty member when a student fails to meet the expectations of performance or behavior for a student at that particular level of any nursing program. Examples of events that may initiate a report are (but are not limited to):
 - Student unable to recall content knowledge or skills from previous semesters
 - Student unable to recognize or accept responsibility for errors in practice or judgment
 - Negligence or failure to act according to policy or standards of practice
 - Near misses
 - Concealing or hiding errors
 - Unprofessional conduct
- Within 24 hours of the event occurrence, the faculty member observing the event will complete the Student Event Form and SPEET (Student Practice Event Evaluation Tool) according to their observation of the situation,
 - Clinical faculty members may use their professional judgment about removing the student from the clinical setting at the time of an event or permitting them to finish the clinical day.
 - Within 24 hours of the event occurrence, the faculty member observing the event will

- discuss the event with the student and request the student to submit a SPEET.
- Notification:
 - Clinical faculty will notify and consult with the course lead faculty member about the event and review the outcome of the SPEET with the lead faculty member.
 - If the clinical faculty member is also the course lead faculty member, they will notify and consult with the program chair.
 - For events outside of clinical, the faculty member initiating the report will notify the program chair.
 - If the program chair initiates the report, they will notify the Associate Dean/Director of the PSON.
 - Any faculty member may consult an Educational Consultant at the NC Board of Nursing about the event. All consultations must be documented on the SPEET form, including outcomes of the consultation.
- Response to SPEET:
 - Events deemed to be Human Error:
 - Console the student
 - When indicated, develop a remediation plan for student improvement. The faculty member initiating the report is responsible for evaluating the result of remediation.
 - Events deemed to be At-Risk Behavior:
 - Develop a remediation plan for student improvement. The faculty member initiating the report is responsible for evaluating the result of remediation.
 - Faculty member initiating the report will monitor and coach the student until the end of the timeframe designated on the remediation plan. Normally, the minimum amount of coaching is to the end of the semester. If less than three weeks remain in the semester, monitoring and coaching will continue through the end of the subsequent semester.
 - Events deemed Reckless Behavior:
 - Student is subject to disciplinary action according to the policies of the PSON Student Handbook and/or the Queens University of Charlotte Course Catalog.
 - Student who remain enrolled are required to complete a remediation and coaching plan under the direction of the faculty member who initiated the report.
- All documentation of the event, including the Student Event form, SPEET completed by faculty member and student, remediation, coaching, and follow-up will be filed in the Student Clinical File.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: **DISMISSAL FROM THE PROGRAM – CLINICAL OR
PROFESSIONAL REASONS**

DATE EFFECTIVE: **6/91**

DATE REVIEWED/REVISED: **7/01; 12/04; 8/11; 8/12**

POLICY: The faculty of the Presbyterian School of Nursing has academic, legal and ethical responsibilities to protect the public and the health care community from unsafe or unprofessional nursing practice. It is within this context that a student enrolled in the nursing program at Queens University of Charlotte may be dismissed for either academic or professional (non-academic) reasons.

PROCEDURE: When a faculty member judges a student's behavior may warrant dismissal, the faculty member shall notify the student verbally and in writing to immediately cease attendance in that clinical experience or other student activity.

The faculty member will then describe the student's behavior, in writing, to the lead faculty for the course. The lead faculty notifies the program chair. This documentation is due within twenty four hours of the occurrence whenever possible.

The lead faculty will notify the involved student and faculty member of the time and place of the called meeting with the program chair to determine appropriate action(s). The meeting will normally take place within five business days. The involved faculty member will be present and provide oral and written evidence of the student's behavior.

The involved student will be present and will be given an opportunity to provide oral and/or written evidence regarding his/her behavior. If a student fails to appear at the called meeting, the meeting will proceed.

The Chair and faculty member(s) will meet in executive session to determine action(s).

All parties will be notified of the final decision within five (5) business days, unless additional time is required to gather information.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PERSON PROGRAMS

TITLE OF POLICY: APPEAL OF DISMISSAL

DATE EFFECTIVE: 4/10

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Students who are dismissed from a nursing program for academic and/or clinical reasons may appeal the dismissal decision to the Associate Dean of the Blair College of Health / Director of the Presbyterian School of Nursing. Students are limited to a single readmission over the course of an academic program in nursing and may not appeal another dismissal if a dismissal were to occur.

Appeals will be considered only if extenuating circumstances existed during the semester for which the appeal is based and the extenuating circumstances will no longer be a factor if a student is permitted to return to the program. Presence of an extenuating circumstance does not guarantee approval of the appeal requested.

- An extenuating circumstance is defined as an unusual, out of the ordinary, unforeseen, unexpected or out of the student's control event that may have caused the student to perform less well in his or her coursework or examinations than he or she might otherwise have been expected based on previous course work, including but not limited to transcripts, clinical file, faculty and anecdotal notes.
- The extenuating event must be documented with the course, clinical faculty, or faculty advisor at the time of the event, NOT after the course grade has been earned. It is the student's responsibility to notify a faculty member when an extenuating circumstance occurs.
- The Associate Dean will verify documentation of extenuating circumstances with faculty.
- Examples of extenuating circumstances may be:
 - Death of a family member: immediate family (parent, sibling, spouse, grandparents). Aunts, uncles, cousins, associates, neighbors, and significant others are generally not included, but may be considered on an individual basis. Pets are not included.
 - Major natural disasters: earthquake, tornado, flood, hurricane involving the student or the student's immediate family. This does not include events such as snow when the university is closed.

- One time event such as trauma or major change of life situations such as being the victim of a crime, serious illness of self or immediate family member, unexpected separation or divorce, or becoming homeless.

PROCEDURE:

- The Assistant Dean / Director of Student Services is available to students to assist with understanding the appeal process.
- The appeal process must be initiated by the student within 10 university business days of the last day of class for the semester of appeal. The last day of class is listed on the Queens University of Charlotte academic calendar.
- The appeal may only be submitted on the “PSON Appeal of Dismissal Form” (located in the Forms and Appendices section of this handbook). Students must address each item on the form. Do not submit additional forms, letters, or letters of support/reference. Only information on the form will be used in the review process. Students will not be granted meetings with college administration while the appeal is being considered.
- Students submit the appeal to the Associate Dean of the Andrew Blair College of Health via email to pson_da@queens.edu.
- Normally, decisions will be rendered within 10 university business days unless additional information gathering extends the time frame.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: LEAVE OF ABSENCE FROM A NURSING PROGRAM

DATE EFFECTIVE: 2007

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Any PSON student who is in good academic standing may request a Leave of Absence for up to one year. Please refer to the Queens University of Charlotte Course Catalog for university requirements.

PROCEDURE:

- Students who are considering a leave of absence are encouraged to discuss the decision with their academic advisor.
- Prior to taking a leave of absence, nursing students should consult the PSON policy quote policy number “Program Readmission following Leave of Absence, Dropping a Course, or Course Withdrawal” for readmission requirements to the program.
- Because taking a Leave of Absence may result in account or financial aid adjustments, students should consult their Student Financial Services Counselor before officially taking a leave of absence.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: DROPPING OR WITHDRAWING FROM A COURSE

DATE EFFECTIVE: 4/10

DATE REVIEWED/REVISED: 8/12

POLICY: Any pre-licensure nursing major who drops or withdraws from any required course within the nursing curriculum will be out of sequence in the curriculum plan. RN-BSN and graduate students who drop or withdraw from a course must meet with their advisor to determine a revised curriculum plan. Pre-licensure program students who drop courses or withdraw during the first semester are required to reapply to the program through the competitive admission process.

PROCEDURE:

- Students who are considering dropping or withdrawing from a course must discuss the decision with their academic advisor.
 - Students should refer to course descriptions in the Queens Course Catalog, as dropping or withdrawing from a course may require dropping or withdrawing from co-requisite courses.
 - Dropping or withdrawing from a course results in the student being out of sequence with the curriculum course plan, which will delay progression and exit/graduation from the program.
- Prior to dropping or withdrawing from a course, students should consult the PSON policy “Program Readmission following Leave of Absence, Dropping a Course, or Course Withdrawal” for readmission requirements to the program.
- Because dropping or withdrawing from a course may result in account or financial aid adjustments, students should consult their Student Financial Services Counselor before officially taking a leave of absence.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: PROGRAM READMISSION FOLLOWING LEAVE OF ABSENCE,
DROPPING A COURSE, OR COURSE WITHDRAWAL

DATE EFFECTIVE: 6/91

DATE REVIEWED/REVISED: 11/07; 8/11; 8/12

POLICY: Students who take a leave of absence, drop a course or withdraw from a course must complete the readmission process within one year. Students who are not readmitted within a year will be dismissed from the program. To assist students with readmission and success in the nursing program, the PSON reserves the right to review and place conditions on readmission into a nursing program. Conditions of readmission and review of student achievement of the conditions is determined by the program Student Qualifications Committee. All requirements must be completed prior to the first day of the academic semester in which the student resumes. Readmission to the program is on a space available basis.

PROCEDURE:

- Students who have taken a leave of absence, dropped a course, or withdrawn from a course are considered to be out of sequence with their admission course plan.
- Students must request readmission from the program's Student Qualification Committee within one year of taking a leave of absence, dropping a course, or withdrawing from a nursing course.
 - Students who exit the program/course plan in the Spring semester must submit a request for readmission by Dec. 1 of the same calendar year of exit for readmission no later than spring of the year following the request for readmission.
 - Students who exit the program/course plan in the Summer semester must submit a request for readmission by May 1 of the next calendar year for readmission no later than summer of the year in which the request is submitted.

- Students who exit the program/course plan in the Fall semester must submit a request for readmission by August 1 of the next calendar year for readmission no later than fall of the year in which the request is submitted.
- Request for readmission must be submitted on the “Request for Readmission following a Leave of Absence, Dropping a Course, or Course Withdrawal” form. (Please see the Forms section of the handbook)
- Normally, within 5 business days, the Student Qualification Committee will determine:
 - if a seat is available for the requested semester. Students will be readmitted only if a seat is available and the readmission of the student does not require the addition of a clinical section.
 - Conditions for readmission, if any.
- Students must submit evidence of completion of conditions for readmission, including all clinical agency compliance requirements, to the chair of the program’s Student Qualification committee.
 - If accepted, the chair of the Student Qualification Committee will notify the Assistant Dean and Program Chair of the student’s readmission.
 - If the student has not met the conditions of readmission prior to the first day of the academic semester in which the student resumes, the student will be dismissed from the program.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY:	LINES OF AUTHORITY FOR STUDENTS
DATE EFFECTIVE:	8/07
DATE REVIEWED/REVISED:	8/11; 8/12
POLICY:	Students shall follow the lines of authority as delineated in the organizational chart for the Presbyterian School of Nursing.
PROCEDURE:	Concerns should be addressed with the person who is directly responsible and then the issue will move up the lines of authority as appropriate. For students, the appropriate line of authority is as follows: the immediate faculty member, the Lead Faculty for the course, the chairperson of the program, the Associate Dean and Director of the PSON, and the Dean of the Andrew Blair College of Health.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR ALL PSON PROGRAMS

TITLE OF POLICY: **STUDENT REPRESENTATION ON COMMITTEES**

DATE EFFECTIVE: **8/08**

DATE REVIEWED/REVISED: **8/11, 8/12**

POLICY: Student representation on College and Departmental committees is part of the governing structure of the Andrew Blair College of Health. Students are appointed by program chairs with faculty input. Students with interest in serving on a particular committee should contact their program chair by March 15th for appointment during the next academic year.

Students serve on the following committees:

- ASN Curriculum Committee: one ASN representative
- ASN Program Evaluation Committee: one ASN representative
- ASN Qualifications Committee (ASNQC): one ASN representative
- ASN NCLEX Committee: one ASN representative
- BSN Curriculum Committee: one BSN representative
- BSN Program Evaluation Committee: one BSN representative
- BSN Qualifications Committee (BSNQC): one BSN representative
- BSN NCLEX Committee: one BSN representative
- Graduate Studies Committee: two MSN representatives
- Dean's Student Advisory Committee: two representatives from each program

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: NURSE AIDE I REQUIREMENT

DATE EFFECTIVE: 8/07

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: Pre-licensure applicants to the ASN or BSN (Traditional and Accelerated options) programs must provide evidence of successful completion of a state approved Nurse Aide I (NA) course with a minimum of 28 direct patient care hours and must have a current listing on the NC Nurse Aide 1 Registry.

Out of state applicants must either provide evidence of completion of a state approved NA course that includes a clinical component of at least 28 direct patient care hours or provide proof of employment as an NAI.

The student's admission to PSON will be rescinded if the student fails to provide the required documentation by the date indicated on the admission letter.

PROCEDURE: Students must submit a training program's proof of direct patient care hour on agency letterhead. Alternately, students who completed a training program without the required 28 hours but are employed as a NAI may provide proof of employment in a direct patient care position for a minimum of 28 hours. A current listing on the Registry is not required throughout the duration of the program; rather, students must only prove current listing at the time of entry into the program.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: HEALTH INSURANCE REQUIREMENT

DATE EFFECTIVE: 8/11

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: All students are required to have health insurance.

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

Coverage cost is charged in Fall and Spring for convenience and affordability purposes. Brochures outlining coverage, costs and limitations are mailed in the summer to all registered full-time students paying the Comprehensive Tuition Rate and all full-time and part-time students in the ASN, BSN and Accelerated BSN programs. Information is also available through www.uhcsr.com, click on "Find My School's Plan and select Queens University of Charlotte. The information is mailed to the students' permanent home address.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: **DRESS CODE FOR PRE-LICENSURE STUDENTS**

DATE EFFECTIVE: **8/07**

DATE REVIEWED/REVISED: **8/11; 8/12**

POLICY: When in uniform, the dress code must be followed.

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

- Scrub Top: either snap-front V-neck or the V-neck for women and the V-neck tunic for men
 - Galaxy blue scrub top in the ASN or BSN program
 - White scrub top in the ABSN program
- Scrub pants for women, either Classic; eased or flare leg.
 - White for women in the traditional BSN Program
 - Galaxy Blue for women in the ASN or ABSN Program.
- Scrub pants for men with elastic drawstring
 - White for men in the traditional BSN Program
 - Galaxy Blue for men in the ASN and ABSN Program.
- Women in either program choosing to wear a skirt may do so in the color selection for the program in a basic uniform style. Skirt must be below the knee in length.
- Plain white T-shirt or turtle neck shirt may be worn under scrub tops if it meets clinical agency policy.
- Shoes in the clinical setting are to be flat, clean, no open or canvas shoes, and no open-back clogs. Sneakers (leather) are permissible. No Crocs or shoes with holes are permitted in the clinical area. Black or white shoes are suggested.
- Plain white pantyhose worn with skirts or plain white socks worn with scrub pants are acceptable.
- White lab coats, women's style and men's style, with the Queens University of Charlotte, Presbyterian School of Nursing patch on the left sleeve of the lab coat are to be worn by students when obtaining patient/client assignments, reviewing records, or visiting clinical agencies. Lab coats are to be worn either over the uniform or over acceptable, conservative street clothes. Denim attire, jogging suits, shorts, or leggings are NOT acceptable street clothes.
- Uniforms and lab coats MUST be clean, unwrinkled and worn as designed.
- Street shoes may be worn with street clothes and lab coats.

- Valid Student identification badge with student picture MUST be worn whenever in uniform or when wearing lab coat.
- Other items considered required parts of the student uniform are:
 - wristwatch
 - stethoscope
 - bandage scissors
 - penlight
- Hair must be neat, clean, and styled so that it does not interfere with patient care. Hair on or below the shoulder must be pulled back.
- Beards and mustaches must be kept clean and neatly trimmed.
- Nails must be clean, short and well-manicured. Only colorless nail polish is permitted.
- Artificial nails are not permitted.
- Jewelry is limited to:
 - wristwatch
 - maximum of 2 rings (rings with prongs are not acceptable)
 - one earring per ear lobe with less than 1” drop
 - no visible body ornaments, except as identified above
- Tattoos, branding, and other forms of body art must comply with clinical agency policies.
- The face may not be covered at any time while in the clinical setting with the exception of personal protective equipment.
- Make-up, cologne or perfume must comply with clinical agency policies.

Modifications to the dress code will be considered on an individual basis by the program chair.

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

Students are not permitted to wear Queens University of Charlotte nametag, nursing student pin or university patch when not in the nursing student role.

Failure to comply with the dress code may result in dismissal from clinical for and assigned experience and/or an unsatisfactory clinical evaluation.

PROCEDURE:

Faculty will identify students not in compliance with the dress code and permit student to come into compliance within one hour. Students unable to come into compliance within the one hour time period will be sent home. Missed clinical days due to non-compliance are designated as unsatisfactory performance and could impact a student’s ability to pass the clinical component of the course.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: CLINICAL ATTENDANCE

DATE EFFECTIVE: 4/00

DATE REVIEWED/REVISED: 9/03; 8/11; 8/12

POLICY: All clinical experiences are required. These experiences include, but are not limited to, scheduled clinical experiences (patient assignments or observational experiences), skills labs and clinical seminars/conferences.

A clinical absence is defined as any day or partial day the student is not in the clinical setting. Leaving clinical before the scheduled completion time will be considered an absence.

A clinical tardy is defined as not being present at the assigned time through the first 30 minutes of a scheduled clinical experience.

Missed clinical time cannot be made up. Excessive tardiness or absences from clinical may prevent the student from meeting clinical objectives and may lead to an unsatisfactory clinical evaluation.

PROCEDURE: Students will receive a documented verbal warning for the first tardy occurrence. A written warning will be given for each additional tardy occurrence. Two (2) clinical tardy occurrences will equal an absence.

For late arrivals of 30 minutes or more after the scheduled time, the student will receive a written warning in the form of a Critical Incident Report and may be dismissed from that day's clinical experience.

In the event of an absence, for any reason, the student must notify the agency and faculty at least 30 minutes prior to the time the clinical experience is scheduled to begin. Failure to do so may result in an unsatisfactory clinical grade for the semester.

Students will be issued a clinical warning in the form of a Critical Incident Report for the second and each subsequent clinical absence, regardless of the reason for the absence.

See course syllabus for specific guidelines for notification.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: **HEALTH EDUCATION SYSTEMS, INCORPORATED (HESI)
TESTING AND REMEDIATION PROGRAM**

DATE EFFECTIVE: **12/11**

DATE REVIEWED/REVISED: **8/12**

POLICY: All pre-licensure students are required to complete the program designated assignments and exams in the HESI Testing and Remediation program. Failure to participate in testing, assignments, or remediation will be recorded as a zero for the course grade designated for the test, assignment, or remediation activity and the assignment of “Incomplete” as the course grade. Students with an Incomplete are not permitted to progress in the program.

PROCEDURE:

1. Students shall be oriented to the HESI system in the Fundamentals course.
2. Students shall use the HESI study materials throughout their program and in preparation for the NCLEX after graduation.
3. The course syllabus will designate if a HESI Specialty Exam or Exit Exam will be administered in that course.
 - a. Specialty Exams will constitute 3% of the course grade.
 - b. The Exit Exam (initial and repeat) will constitute 3% of course grade.
 - c. Specialty Exams and Exit Exams are administered in a university computer lab on the date and time designated in the course syllabus. This may be outside of the normally scheduled class time.
 - d. Accommodations will be made for students officially receiving services from the Office of Student Disability Services.
 - e. When requested, students shall present their Queens Student identification card at time of testing. Students will not be permitted to test without the appropriate form of ID.
4. The course syllabus will designate HESI Assignments and/or Case Studies, which will comprise 2% of the course grade. HESI assignments/case studies may be designated as single attempt or repeated as often as necessary to achieve mastery level.
5. A required three day in-person live NCLEX-RN review course will be scheduled during the final exam week.
 - a. Attendance shall be designated as 10% of the grade for NURS 294 in the ASN program or NURS 497 in the BSN program.
 - b. Students must attend the entire 3 days session to earn the 10%.
 - c. Students who do not attend the entire session will receive a score of 0 for the assignment grade. There will be no partial credit. Full attendance in the HESI NCLEX Review course is a requirement to be successful in the course.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: **PROGRESSION IN THE MAJOR**

DATE EFFECTIVE: **6/91**

DATE REVIEWED/REVISED: **8/11; 8/12**

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

- All courses required in the nursing curriculum must be successfully completed with a C- or higher.
- Prerequisites/co-requisites must be met as outlined in the university catalog. Deviations from the identified sequence for any reason must be approved by program Student Qualifications Committee. A letter must be submitted to the committee before a student proceeds with the proposed course plan. The letter must outline the request with supporting rationale.
- The nursing curriculum requirements must be completed within 4 consecutive years after enrolling in the first nursing course.
- Students must have a GPA of 2.0 or greater cumulatively and in the nursing major to graduate.

Any student who receives a grade below C- in any course in the nursing curriculum will be dismissed from their program.

PROCEDURE: BSN students are dismissed from the major and the PERSON. They remain a student in their college of admission (College of Arts and Sciences or Hayworth College) and will be administratively removed from the Nursing major.

ASN students are dismissed from their program and the university.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: NCLEX-RN® AND LICENSURE

DATE EFFECTIVE: 8/07

DATE REVIEWED/REVISED: 8/11; 8/12

POLICY: NCLEX-RN® Instructions applying for licensure are made available to graduating seniors. Individual State Boards of Nursing set requirements for licensure and make the final decision to license a candidate.

Verification of program completion shall be made after a student successfully completes all academic degree requirements. Any financial obligation to the University must be settled before verification will take place.

PROCEDURE: For more information students shall contact the Board of Nursing in the state licensure is desired. Detailed information on the testing process and how pass/fail decisions are made may be directed to the National Council of State Boards of Nursing at www.ncsbn.org

Students must complete the North Carolina online registration process by the last day of class.

Students testing out of state must complete verification forms as required by the testing state and submit all forms together in one envelope to the Administrative Assistant for the appropriate program. If the state requires transcripts the student is responsible for obtaining them through the Registrar's Office.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES FOR THE UNDERGRADUATE PROGRAMS

TITLE OF POLICY: DISMISSAL FROM THE PROGRAM – ACADEMIC REASONS

DATE EFFECTIVE: 6/91

DATE REVIEWED/REVISED: 7/01; 12/04; 8/11; 8/12

POLICY: Any student earning less than a C- in any course will be dismissed from his or her respective program. ASN students are also dismissed from Queens.

PROCEDURE: Students are notified of their official grades via MyQueens. Please see the Appendix for a chart on what Nursing students may normally expect if they are dismissed for academic reasons for more information.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE ASN PROGRAM

TITLE OF POLICY: COURSE GRADES AND GRADING SCALE

DATE EFFECTIVE: 2004

DATE REVIEWED/REVISED: 2011; 8/12

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

PROCEDURE: Nursing courses in the ASN program use the following scale. Grades will not be rounded until the final score is calculated. They will then be rounded down to the nearest whole number.

Grade	Equivalency
A	95-100
A-	93-94
B+	90-92
B	88-89
B-	86-87
C+	84-85
C	82-83
C-	80-81
D+	78-79
D	75-77
F	74 and below

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE ASN PROGRAM

TITLE OF POLICY: GRADING COURSES WITH A CLINICAL COMPONENT

DATE EFFECTIVE: 2004

DATE REVIEWED/REVISED: 8/12

POLICY: The clinical laboratory portion of each nursing course is graded as follows:

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

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

PROCEDURE: A midterm evaluation will be completed. Students who receive an NI or U at midterm will have a written action plan for improvement that will be discussed with the student. A copy of the action plan will be given to the student. This plan will be completed by the end of the semester in order for the student to be satisfactory in clinical.

To be successful in the course, the student must achieve S on all criteria listed in the clinical and course objectives. Final evaluation will include strengths and growth needs. Clinical warnings, tardies, and absences will be noted on both the midterm and final evaluation.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE BSN PROGRAM

TITLE OF POLICY: COURSE GRADES AND GRADING SCALE

DATE EFFECTIVE: 6/91

DATE REVIEWED/REVISED: 8/12

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

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

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

Course grades are not rounded until the final course grade is calculated. Grades will then be rounded to the nearest whole number. A grade of X.5 will be rounded up to next whole number. A grade of X.499999 will be rounded down to the lower whole number.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE BSN PROGRAM

TITLE OF POLICY: GRADING COURSES WITH A CLINICAL COMPONENT

DATE EFFECTIVE: 6/91

DATE REVIEWED/REVISED: 8/06; 8/11

POLICY: The clinical portion of each clinical course and the performance examination in Health Assessment are graded as follows:

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

To be successful in the Arts and Sciences clinical courses and Health Assessment Across the Lifespan, the student must achieve Satisfactory Performance on all the criteria listed in the clinical and course objectives.

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

PROCEDURE: As part of the formative evaluation, a midterm clinical evaluation will be completed.

Students who receive an NI or U at midterm will have a documented action plan for improvement that will be discussed and documented with the student.

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

ACADEMIC POLICIES AND PROCEDURES SPECIFIC TO THE MSN PROGRAM

TITLE OF POLICY: COURSE GRADES AND GRADING SCALE

DATE EFFECTIVE: 2004

DATE REVIEWED/REVISED: 8/12

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

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

Grade	Equivalency
A	92 - 100
B	83 - 91
C	74 - 82
F	74 and below

**QUEENS UNIVERSITY OF CHARLOTTE
PRESBYTERIAN SCHOOL OF NURSING**

APPENDICES AND FORMS

Acknowledgement of the 2012- 2013 PSON Student Handbook

I, [print name] _____, a student in the Presbyterian School of Nursing, hereby signify that I:

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

Signed: _____ Date: _____

Presbyterian School of Nursing Confidentiality Agreement

As a student of the Presbyterian School of Nursing at Queens University of Charlotte, I agree that I will:

1. abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations.
2. access and use confidential information about patients, employees, and doctors only as necessary to fulfill my responsibilities as a student.
3. not discuss patient information with or in the presence of those who are not directly involved in the patient's care.
4. not leave confidential information (written or electronic) in view of those not permitted to see this information.
5. forward requests for patient information from persons not directly involved in the patient's care to the appropriate nursing or other supervisor.
6. maintain the security of my Queens and agency ID badges. I will not loan my badge nor borrow one from another person.
7. maintain the security of my computer password. I will not loan my computer password nor borrow one from another person.
8. inform a faculty member immediately if an ID badge or computer password is being used improperly.
9. immediately inform a faculty member if my ID badge is lost or stolen.
10. return my ID badge when my enrollment with the Presbyterian School of Nursing ends.

I have reviewed and agree to follow the confidentiality policies of the Presbyterian School of Nursing and its affiliated clinical agencies. I understand that if I violate the policies, I will be subject to disciplinary action up to including dismissal from The Presbyterian School of Nursing and criminal charges.

Print Name: _____

Signature: _____ Date: _____

***Signed form will be filed in Student Clinical File. ***

Release of Health and Criminal Background Information

Student name: (please print) _____

Health Information Release

As stated in the PERSON Student Handbook, I will provide The PERSON with current documentation of all clinical requirements. I agree to the release of my health information to clinical agencies if deemed necessary for me to participate in clinical learning experiences.

Student signature_____
Date**Criminal Background Information**

As stated in the PERSON Student Handbook, I will provide the PERSON with my current criminal background information. I agree to the release of my criminal background information to clinical agencies if deemed necessary for me to participate in clinical learning experiences. I will update the PERSON of any charges that occur during my enrollment at the PERSON.

Student Signature_____
Date

Hepatitis B Vaccine Declination Form

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

Signature of Student/Faculty Member

Date

Printed Name

Annual TB Screening Tool

Student Name: _____

ID#: _____

1. List all known allergies:

2. List all changes in your health since your last screening:

3. Do you have:

History of positive PPD	___ yes	___ no
History of positive CXR	___ yes	___ no
History of INH treatment	___ yes	___ no
History of other TB treatment	___ yes	___ no
Productive cough	___ yes	___ no
Unexplained fever	___ yes	___ no
Weight loss	___ yes	___ no
Loss of appetite	___ yes	___ no
Night sweats	___ yes	___ no
Lethargy	___ yes	___ no
Weakness	___ yes	___ no
Shortness of breath	___ yes	___ no
Chest pain	___ yes	___ no
Recent exposure to TB	___ yes	___ no
Being treated for TB	___ yes	___ no
Immunizations within last 30 days	___ yes	___ no

Student Signature: _____

Date: _____

This screening tool must be completed every 12 months while enrolled and turned in to the Compliance Coordinator or designee.

Student Practice Event Form

Student: _____ Date of Event: _____ Time of Event: _____

Program: _____ Course: _____ Type of Event: Clinical Other

Name of Faculty Member Initiating Report Process: _____

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

Student Practice Event Evaluation Tool (SPEET) Scores

SPEET Score (Faculty): _____

- Human Error
- At-Risk Behavior
- Reckless Behavior

SPEET Score (Student): _____

- Human Error
- At-Risk Behavior
- Reckless Behavior

Student Comments:

Outcome:

- Console Student
- Coaching by _____ until _____
- Remediation plan to be monitored by faculty member completing report:
 1. Goals of remediation (list course objectives, professional behaviors, etc.)

 2. Method to achieve goals:

 3. Timeframe to achieve goals: (may include step-by-step description)

 4. Evaluation of Goals:
- Disciplinary Action (to be completed and documented per policy)

Resolution of Event: to be signed with all elements of Outcome are complete. Form will be filed in Student Clinical File.

Signatures:

Student: _____ Date: _____

Faculty: _____ Date: _____

Appeal of Academic Dismissal

Name: Student ID:

Address:

Program: (Check one) ASN BSN

Reason for Dismissal from the program:

Extenuating Circumstances:

- Death of family member during the semester. (List relationship)
- Major natural disaster (Describe)
- One time event or trauma (Describe)

Who did you document this extenuating circumstance with?

If you are permitted to return to the program, how would your circumstances be different for your next semester? Briefly outline your plan for success.

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

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

Signature: Date:

Request for Readmission Following a Leave of Absence, Dropping a Course, or Course Withdrawal

Name: _____ Student ID: _____

Program/Option: (Check one) ___ ASN ___ BSN ___ ABSN ___ RN-BSN ___ MSN

How did you become out of sequence:

- Leave of Absence
- Dropped a required nursing course
- Withdrew from a required nursing course

When did you become out of sequence?

Semester: _____ Year: _____

When are you requesting readmission?

Semester: _____ Year: _____

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

Signature: _____ Date: _____

Student Qualification Committee Use Only:

Readmit for (Semester/year): _____

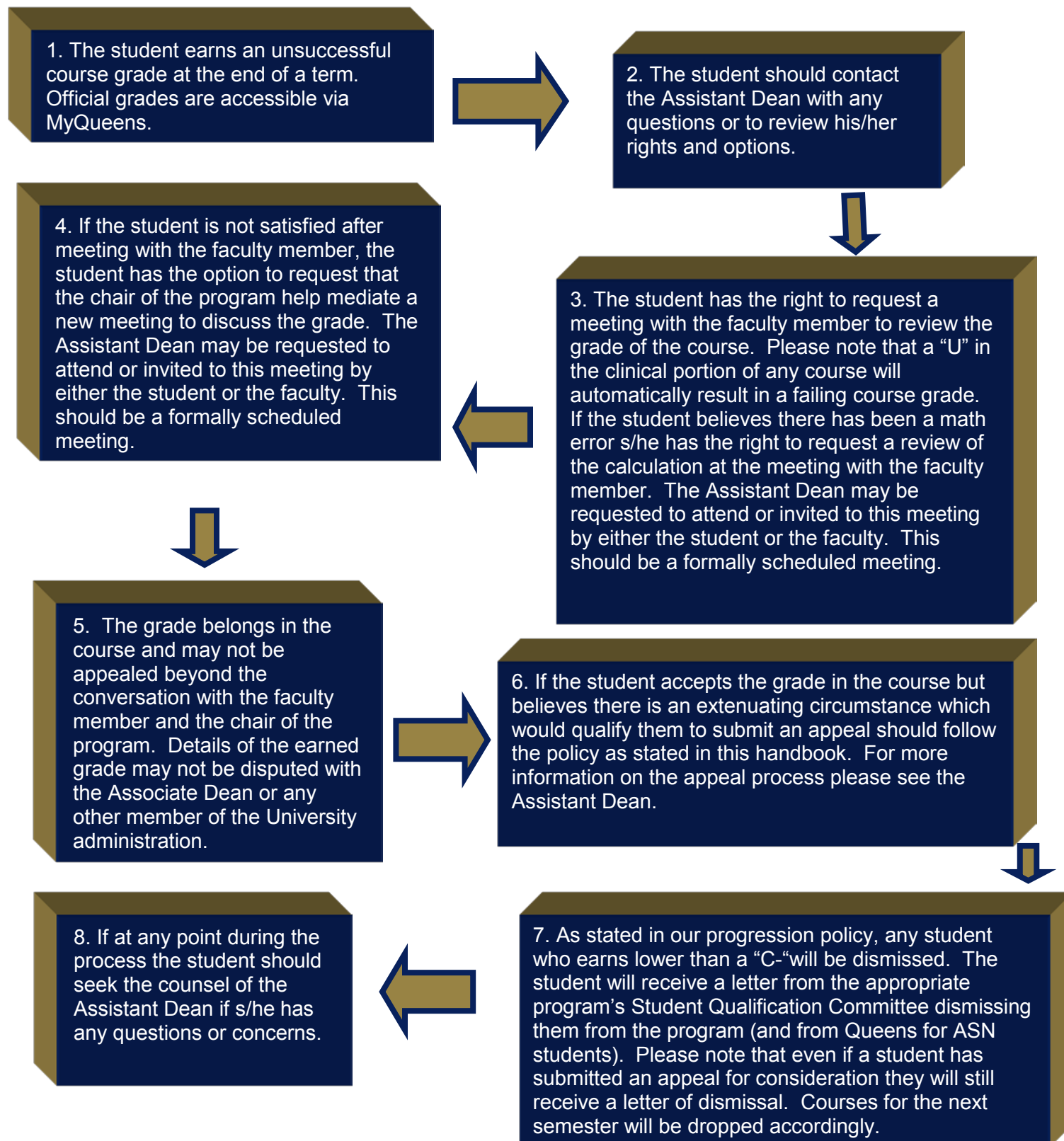
Conditions: (attach)

Do not readmit (attach statement with rationale)

Signature, Program Student Qualification Chair

Date

AN EXAMPLE OF WHAT TO EXPECT IF YOU ARE DISMISSED FOR ACADEMIC REASONS



Bloodborne Pathogen Exposure Control Plan

DATE EFFECTIVE: 8/11

DATE REVIEWED/REVISED: 7/12

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

Purpose: The purpose of the Exposure Control Plan is to minimize or reduce exposure to bloodborne pathogens. This plan is in accordance with OSHA Standard 29:CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens and will remain housed on the portal location of the Queens Campus Safety Department. This plan applies to all students, faculty, and employees of Queens University of Charlotte, hereafter referred to as Queens.

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

Certain faculty, staff, and students, as a result of performing their learning and instructional duties, might engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated. Such faculty, staff, and students are therefore considered to have the potential for occupational exposure. This includes, but is not limited to, activities on the main campus and satellite locations. Examples of potential exposure include, but are not limited to: invasive procedures, blood glucose monitoring, obtaining blood samples, starting IVs, exposure to blood, urine, stool, amniotic and spinal fluid, providing first aid and handling contaminated sharps or equipment.

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

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

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

A. Methods of Compliance:

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

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

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

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

- a. Hand washing facilities are available on the main campus and are to be provided by affiliated satellite locations.
- b. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either non-antimicrobial soap and water or antimicrobial soap and water.
- c. If hands are not visibly soiled, use an alcohol based hand rub for routinely decontaminating hands in all other situations.
 - after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
 - after contact with inanimate objects, including medical equipment, that is likely to be contaminated.
 - after removing gloves and/or personal protective equipment.
- d. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- e. Antimicrobial-impregnated wipes (i.e. towelettes) may be considered as an alternative to washing hands with non-microbial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.
- f. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.
- g. Students, faculty, and employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- h. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (1) and (2) below. Shearing or breaking of contaminated needles is prohibited.
 - (1) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless Queens can demonstrate that no alternative is feasible or that such action is required by a specific procedure.
 - (2) Such bending, recapping or needle removal must be accomplished through

the use of mechanical device or a one-handed technique.

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

These containers shall be:

Puncture resistant

Labeled or color-coded in accordance with this standard

Leakproof on the sides and bottom

- (4) In accordance with the requirements set forth for reusable sharps:
Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires students, faculty, or employees to reach by hand into the containers where these sharps have been placed.

- i. Specimens of blood or other potentially infectious materials shall be placed in an appropriate container that prevents leakage during collection, handling, processing, storage and transport.
- j. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure.
- k. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, desktops or countertops where blood or other potentially infectious materials are present.
- l. 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.
- m. Mouth pipetting and suctioning of blood or other potentially infectious materials is prohibited.
- n. 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 Queens can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
- o. A readily observable label shall be attached to contaminated equipment stating which portions remain contaminated.
- p. Information about equipment contamination is to be conveyed to all affected students, faculty, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipment so that appropriate precautions will be taken.

- q. Selection of equipment: addresses 1910.1030(c)
Queens will institute changes in technology that reduce/eliminate exposure. There will be annual documentation of consideration and implementation of safer devices. There will be solicitation of input from non-managerial employees to identify, evaluate and select work place controls. Queens will select and implement appropriate engineering controls to reduce or eliminate exposure.
New devices must be implemented as appropriate and available, following employee training.
- r. Clinical agencies may have additional Engineering and Work Practice Controls. The students and faculty are to follow the policy that provides the highest level of protection.

(3) *Personal Protective Equipment:*

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

soon as feasible.

- (2) All personal protective equipment shall be removed prior to leaving the work area, using care not to expose the wearer to contamination from the equipment itself.
- (3) When personal protective equipment is removed, it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.

e. Gloves: Gloves shall be worn when an exposure can be reasonably anticipated. 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. Re-use of disposable (single use) gloves is prohibited.

- (1) 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.

f. Masks, Eye Protection and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

g. Gowns, Aprons and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinical jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

- (4) Housekeeping: Queens shall ensure the physical environment is maintained in a clean and sanitary condition. The cleaning schedule and method of decontamination will be implemented based upon the activity being performed.

a. All equipment and environmental and working surfaces shall be cleaned and decontaminated immediately after contact with blood or potentially infectious materials.

b. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the

work shift if the surface may have become contaminated since the last cleaning.

c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

d. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

e. Broken glassware shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and disposed of in an appropriate puncture proof container.

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

a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable
- Puncture resistant
- Leak proof on sides and bottom and labeled or color-coded in accordance with the biohazard label

b. During use, containers for contaminated sharps shall be:

- 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
- Maintained upright throughout use
- Replaced routinely and not be allowed to overfill

c. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose a person to the risk of percutaneous injury.

e. The Director of Nursing Labs, or designated employee, is responsible for making arrangements for the disposal of full and/or sealed sharps containers.

(6) Contaminated Laundry:

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

B. HIV and HBV Research Laboratories and Production Facilities-

Addresses OSHA item (e) - Not applicable

C. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up -

Addresses OSHA item (f):

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

- a. Queens shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis:
 - (i) are performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - (ii) are provided according to recommendations of the U.S. Public Health Service current at the time the evaluations and procedures take place.
 - (iii) and include that all laboratory tests are conducted by an accredited laboratory.

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

(2) –

Hepatitis B vaccination is available after the faculty or employee has received training and within 10 working days of initial assignment unless the faculty or employee has previously received the complete Hepatitis B vaccination series,

antibody testing has revealed immunity, or the vaccine is contraindicated for medical reasons.

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

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

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

Nursing faculty members will not be permitted to participate in any clinical activities until they are in the process of receiving the vaccine series or have signed the declination statement.

The Head, Assistant, and Athletic Training Students are required to have received the Hepatitis B vaccination series.

Campus Safety Officers are required to have received the Hepatitis B vaccination series.

(3) Hepatitis B Vaccine – Students

Upon admission to any nursing program, students are notified of the requirement to obtain the Hepatitis B vaccine or the option to sign the Hepatitis B Vaccine declination statement. Students shall obtain counseling and the vaccine from their private health care provider or the Queens Student Health and Wellness Center. Students will assume the cost for the Hepatitis B Vaccine. Students who choose to decline the vaccine shall be directed to the Director of the Nursing Labs before signing the Hepatitis B Declination. The Director will review the rationale for the vaccine and discuss the student's concerns before the student signs the declination statement. Students will not be permitted to participate in any clinical nursing activities until they are in the process of receiving the vaccine series or have signed the declination statement. Students not in a nursing program are advised upon admission to Queens that the Hepatitis B vaccination series is recommended, but not required,

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

Exposure incidents for students, faculty, and employees may occur on the main campus or at one of the satellite locations. The location of the exposure will dictate the post exposure plan. All critical elements of the Post-exposure Evaluation must be followed, regardless of where post-exposure evaluation and follow-up are received. (Appendix B).

Post exposure treatment for needlestick or sharps injury or exposure of eyes,

nose, mouth or broken skin to blood or other body fluid includes:

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

Nursing students report to their onsite clinical or lab faculty member, who is then responsible for reporting exposure to the Assistant Dean of the School of Nursing. Nursing Faculty report an exposure incident to the Assistant Dean of the School of Nursing. If possible, provide a copy of any paperwork completed at the location of the exposure incident. The Assistant Dean of the School of Nursing is responsible for reporting the exposure to Campus Safety and Security, which will contact those persons involved to complete a Queens Incident Report.

Other Queens' students, faculty, and employees with an occupational exposure shall report the exposure incident to their immediate supervisor, who is responsible for reporting the exposure to Campus Safety and Security, which will contact those persons involved to complete a Queens Incident Report.

All Queens' students, faculty, and employees with an occupational exposure shall seek immediate treatment at the Queens Student Health and Wellness Center during regular business hours. If the Queens Student Health and Wellness Center is unable to provide treatment, the exposed individual is to seek immediate treatment at the nearest Emergency Department, Urgent Care facility, or their private physician.

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

Cost of evaluation for faculty and employees will be covered by the Queens' Workmen's Compensation policy. Cost of evaluation for students will be paid for by the student.

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

Essential elements for post-exposure evaluation:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless identification is infeasible.

- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
- When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known status need not be repeated.
- The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained.
- Results of the source individual's testing shall be made available to the exposed student or faculty member, and the exposed individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- If the exposed individual consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, will be completed as recommended by the US Public Health Service.
- The agency that completes initial blood work will provide counseling to the exposed individual.
- The agency that completes initial blood work will provide evaluation of reported illnesses.

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

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

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

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

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

Queens shall obtain and provide the faculty member or employee or their designated healthcare provider with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. Students shall obtain a copy

from the healthcare provider that drew the original lab work and proceeded with the follow-up evaluation.

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

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

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

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

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

Labels: addresses OSHA item (g) (1)

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

(a) Labels shall include the following legend:



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

b. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

c. Red bags or red containers may be substituted for labels

d. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

e. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment are contaminated.

(2) *Signs:* addresses OSHA item (g) (1) (ii)– not applicable

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

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

Training shall be provided:

At the time of initial assignment to tasks where occupational exposure may take place.

Within 90 days after the effective date of the standard; and at least annually thereafter.

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

Annual training for all faculty, students, and employees shall be provided within one year of their previous training. Annual training takes place during the month of August for all faculty, employees, and returning students. Any other student must complete Bloodborne Pathogen training within one month of admission, and subsequently in August. New Queens' employees will receive the training during employee orientation. Queens shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

The training program shall consist of the following elements:

- A copy of the OSHA Bloodborne Pathogens Regulatory text standard 1910.1030 available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the Queens' exposure control plan – available on the Queens' website.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- 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.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- Information on the post-exposure evaluation and follow-up that Queens is required to provide for the exposed individual following an exposure incident.
- An explanation of the signs and labels and/or color coding required by D1 and D2.
- An opportunity for interactive questions and answers with the person conducting the training sessions is provided. Questions can be submitted by E-mail, phone or personal contact.
- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the

training will address.

E. Recordkeeping:

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

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

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

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

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

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

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

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

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

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

Trainees shall retain a photocopy of their training verification form for 3 years.

Availability: Addresses OSHA item (h) (3)

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

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

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

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

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

- The type and brand of device involved in the incident
- The department or work area where the injury occurred.
- An explanation of how the incident occurred.

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6., and housed in Campus Safety and Security.

Policy for Care of Clients with Bloodborne Pathogens

The Code of Ethics for Nurses states:

A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity and human rights of every individual. . . The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing service with respect for human needs and values and without prejudice.

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx>

Therefore:

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

**Bloodborne Pathogen Exposure Control Plan
Appendix A: 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 HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN ADVISED OF THE IMPORTANCE OF OBTAINING THE HEPATITIS B VACCINE; HOWEVER, I DECLINE TO BE VACCINATED AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. I AGREE TO HOLD QUEENS UNIVERSITY OF CHARLOTTE AND ITS AFFILIATED AGENCIES HARMLESS IN THE EVENT I DO DEVELOP THIS DISEASE.

Student Signature

Date

Printed Name

Witness Signature

Date

Printed Name

Bloodborne Pathogen Exposure Control Plan Appendix B: Glossary

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

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

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

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

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

Decontamination: the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are not longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

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

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

HBV: hepatitis B Virus

HCV: hepatitis C virus

HIV: human immunodeficiency virus

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

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

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

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

Personal Protective Equipment (PPE): specialized clothing or equipment worn by a person for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are

not intended to function as protection against a hazard and are not considered to be personal protective equipment.

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

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

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

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

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

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

Bloodborne Pathogen Exposure Control Plan

Appendix C: References

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