



**Policy and Information Booklet**  
**of the**  
**Department of Nursing**

**2017 - 2018**  
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## TABLE OF CONTENTS

MISSION STATEMENT OF THE NURSING DEPARTMENT. . . . .	1
PROGRAM OUTCOMES. . . . .	1
PROGRAM STUDENT LEARNING OUTCOMES. . . . .	1
NURSING PROGRAM ACTIVITIES. . . . .	2
PERSONAL HYGIENE AND APPEARANCE IN THE CLINICAL AGENCY. . . . .	2
HEALTH STATUS. . . . .	4
Insurance. . . . .	4
Physical Examinations. . . . .	4
Changes in Health Status. . . . .	4
Pregnant and Parenting Policy. . . . .	4
HOSPITAL / AGENCY POLICIES. . . . .	5
ACADEMIC REGULATIONS. . . . .	6
Attendance Policy. . . . .	6
Clinical Policies. . . . .	7
Grading Policies and Promotion Policies . . . . .	7
Grading Scale . . . . .	7
Test and Quiz Review. . . . .	8
HESI Testing. . . . .	8
Remediation Policy. . . . .	8
Graduation Policy . . . . .	12
READMISSION/FAILURE POLICY. . . . .	13
Policy Statement. . . . .	13
Procedure. . . . .	13
Dismissal from the Program. . . . .	14
Grievance Procedure. . . . .	15
Process for Re-admission. . . . .	15
Liability Insurance. . . . .	15
Student Health Requirements. . . . .	16
DRUG SCREENING PROCEDURE. . . . .	18
POSITIVE PERSONAL HISTORY PROCEDURE. . . . .	20
STANDARD AND TRANSMISSION-BASED PRECAUTIONS IN THE CARE OF PATIENTS. . . . .	21
PRAIRIE STATE COLLEGE LATEX PROTOCOL. . . . .	25
STUDENT NURSING AGREEMENT. . . . .	29
WAIVER OF RESPONSIBILITY. . . . .	31

*Welcome Nursing Student:*

*Your current, accurate address and telephone number must be in the Nursing Department Office. Please report change of name, address and/or phone number promptly to the Nursing Department secretary. We must have this accurate information so that we can notify you of class or lab cancellations or of other matters of concern to you.*

*In order to maintain the high standards of our Nursing Program and to ensure the comfort and safety of patients you will be caring for, you are to review and follow all of the following policies.*

## **MISSION STATEMENT OF THE NURSING DEPARTMENT**

The PSC Nursing Program prepares students for professional roles in nursing through educational excellence. Students are educated to safely practice at an entry level of competency. The program fosters a commitment to caring, lifelong learning, and collaboration with other disciplines. Diversity and diverse viewpoints are valued.

The philosophy is based upon educational excellence which includes evidence-based practice, the nursing process, and teamwork with other health-care disciplines. Quality and Safety Education for Nurses (QSEN) provides the basis for the nursing program (retrieved from QSEN.org, 11/21/2013).

### **PROGRAM OUTCOMES**

1. Graduate a minimum of 75% of the entering cohort within three years.
2. Prepare graduates who will meet or exceed the national pass rate on the NCLEX RN exam.
3. Eighty percent of graduates will be employed as an RN or enrolled in a higher degree program within one year.
4. Eighty percent of graduates will express satisfaction with the Nursing Program within 6 to 12 months after graduation.
5. Employees will express satisfaction with the graduate's preparation for entry level nursing positions.

### **PROGRAM STUDENT LEARNING OUTCOMES**

1. Organize the plan of care to encompass patient and family preferences as it relates to prioritization in the plan of care. (Patient-Centered Care)
2. Analyze the contributions of nursing and interdisciplinary teams to achieve quality patient care and improved outcomes. (Teamwork and Collaboration)
3. Devise a plan of care for patients based on EBP recommendations in the literature and patient/family preferences that promotes optimal health and improves patient outcomes. (Evidence-based Practice - EBP)
4. Analyze data related to patient care outcomes in order to evaluate and improve the quality and safety of nursing care and health care systems. (Quality Improvement - QI)
5. Prioritize a plan of care to prevent the risk of harm to patients and members of the health care team through both system effectiveness and individual performance. (Safety)
6. Correlate the use of information and technology with clinical reasoning skills to provide effective communication for safe, quality, patient care. (Informatics)
7. Plan patient care to align with the legal, ethical, and moral standards of the Nursing Profession. (ANA Standards of Practice)
8. Organize patient care through the roles of leader and manager. (Leadership and Management)

## NURSING PROGRAM ACTIVITIES

Prairie State College nursing students are members and are encouraged to participate in the Prairie State College Nursing Club.

The organization sponsors philanthropic events as well as provides opportunities for students from both freshman and sophomore year to get to know one another.

Mentoring programs, social events, and fundraising activities which help foster the club's programs are sponsored throughout the year.

The Alpha Chapter of the National Alpha Delta Nu Honor Society invites students who have at least a 3.0 GPA in nursing and at least a 3.0 cumulative GPA in all courses to become a member of this organization at the beginning of his/her sophomore year. The society's purpose is to recognize academic excellence, promote scholarship and to facilitate interest in the profession of nursing.

Town hall meetings with students are held each semester. Issues of common concern regarding the program and its activities are the usual agenda items.

## PERSONAL HYGIENE AND APPEARANCE IN THE CLINICAL AGENCY

1. Fingernails should be short and clean. **No** nail polish may be used. **No** acrylic/sculptured nails allowed.
2. Clean, conservatively styled hair should be worn off the shoulders.
3. Do not use any fragrance-containing products.
4. Beards and/or mustaches should be neatly trimmed.
5. No false eyelashes allowed.
6. The only jewelry allowed will be one small button earring (per ear), a plain wedding band, and a watch with a second hand. No body piercing jewelry, necklaces, or bracelets allowed.
7. Body art must be concealed.
8. Wear a PSC photo ID.
9. No hair ribbons, decorative barrettes, beads and so forth should be worn in the hair.
10. Women should wear plain white socks or stockings which are permitted with slacks only. Men should wear white socks.
11. Please have clean, white leather (or non-porous) shoes/laces. Do not wear shoes with open toes, heels, or mesh.
12. Wear appropriate underclothing.

13. Uniforms should be of appropriate size. Students are responsible for uniform alterations due to change in size. White skirts are to be not less than one inch below the break of the knee.
14. There is to be no gum chewing or eating of candy in the patient area of the hospital.

NOTE: The above is **required** of Prairie State College nursing students. After one verbal warning, failure to comply with uniform and personal hygiene policies will result in a clinical absence. No verbal warnings will be issued for N102 simulation clinicals where points are awarded for compliance.

Adherence to clinical agency policies is required.

## HEALTH STATUS

### **Insurance**

All students are encouraged to have hospitalization insurance. Low-cost insurance is available through the Student Activities Office.

### **Physical Examinations**

All first-and-second-year students must have their completed health requirements on file with the designated health requirements/compliance tracking service by August 1. Sophomore students and all returning students must show proof of having received the series of three Hepatitis B vaccines, Tdap, an annual influenza vaccine, the appropriate TB test and an annual drug screen. Refer to Student Health Requirements Policy. Any student with a documented chronic condition or disability is advised to contact the Director of Disability Services at (708) 709-3603.

Students entering the program during the spring semester must have their physical exam record on file with the designated health requirements/compliance tracking service by January 1.

All deficiencies in requirements, during any semester, must be resolved by noon on the Friday prior to the first clinical day.

**Failure to comply with the above requirements prevents participation in clinical experiences and results in clinical absences.**

### **Changes in Health Status**

After illness, or change in healthcare status, an “Essential Functional Abilities of the Nursing Student Medical Clearance Form” must be completed and signed by the student’s health care practitioner. Some examples of these illnesses are infectious and contagious diseases, (i.e. strep throat), elevation of temperature, sore throat, any back ailment or back injury, any hospitalization, surgery, pregnancy, pregnancy complications, or any condition requiring a visit to an Emergency Medical Care Facility. ANY change in health care status which requires a visit to a health care practitioner during any break time also requires the “Essential Functional Abilities of the Nursing Student Medical Clearance Form,” to be completed and signed by that health care practitioner.

If a student sustains an injury which requires a cast, splint, brace, or crutches, they must see the Dean of the department to check on regulations of each clinical agency to determine if attendance in the agency is permissible before returning to clinical.

### **Pregnant and Parenting Policy**

Pregnant and parenting students attending institutions of higher education have rights under the Education Amendments of 1972 (Title IX) 20 U.S.C. 1681 et seq. This is a federal civil rights law that prohibits discrimination on the basis of sex—including pregnancy and parental status in educational programs and activities. All public and private schools, school districts, colleges and universities receiving any federal financial assistance must comply with Title IX. The full policy is located on the Prairie State College website at: [prairiestate.edu/assets/global/pdf/sexdiscmharabooklet.pdf](http://prairiestate.edu/assets/global/pdf/sexdiscmharabooklet.pdf).

## **HOSPITAL / AGENCY POLICIES (All Affiliating Agencies)**

- Students, as potential professional nurses, are privileged to read charts, access electronic information, use hospital facilities, and obtain pertinent data necessary in the care of the patient. It is to be clearly understood that this is strictly confidential and the student is not to divulge any information or remove any records or property from the clinical area. DO NOT discuss patients anywhere except conference areas.
- Clinical agencies expect that all relationships with patients will be maintained on a professional level only. Termination of this nurse-client relationship is part of therapeutic management.
- Smoking is not permitted on the clinical agency campus.
- All students are required to be in the clinical area on time to fulfill professional obligations and responsibilities.
- Black ink pen is required for clinical documentation.
- All students must have a current CPR card from the American Heart Association for health care providers. Cards issued prior to February, 2016 must be labeled "Healthcare Provider". Cards issued after February, 2016 may be labeled "Healthcare Provider" or "BLS Provider". No other CPR cards will be accepted.
- Quiet must be maintained in all areas of the institution.
- The student will wear their uniform to the institution. The student will wear the school uniform unless other appropriate attire is required.
- Failure to attend an orientation session will jeopardize clinical participation.
- No unnecessary property should be taken to the institution. Bring only necessary personal items. On orientation day, instructions will be given relative to placement of personal possessions.
- At **no** time will a child or visitor be permitted at the clinical agencies, home health or any agency where students are present for observation or experience. If this occurs the student will be dismissed from the class.
- Criminal background checks will be required for all students each year.
- Electronic devices are not allowed in clinical for personal use in the patient care area.

**Note:** Violation of a Hospital/Agency Policy will result in a clinical absence.



## ACADEMIC REGULATIONS

- The Nursing Department's contract is with the nursing student; therefore, all conferences (academic, clinical or counseling) will be conducted with the student only.
- Clinical conferences with the instructor are not to be scheduled when you are attending any class.
- Children and/or family are not permitted to come to any class with the student.
- Electronic devices (pagers, telephones) are to be placed on silence or vibration, in the classroom and College laboratory setting.
- Electronic devices are to be powered off during an exam or quiz. If a student's cell phone activates during an exam or quiz, the student will have one point deducted from that exam score.

### Attendance Policy

- Students must attend the Section for which they are registered.
- Missing a Discussion or Lab will constitute a failure for that Skill, unless the student submits their "one excused absence" coupon to the faculty in accordance with the terms and conditions noted on the coupon itself.
- If a student should be absent from clinical, the student must notify the clinical instructor and/or clinical agency.
- If a student will miss a quiz or exam, the student should notify the faculty or the administrative assistant for the Nursing Department that they will be absent. If the student has missed a quiz or exam, the student must make arrangements to take a make up exam within one week of the missed exam date. Failure to take the quiz or examination at the newly scheduled time will result in a deduction of one point per week day.
- Once the class session has begun, the student will not be allowed entry into the classroom. This includes the sessions following breaks.
- Taking more than one make up exam per semester will require the teaching team's approval.
- If the student is five or more minutes late on test day, the door to the classroom will be closed and the student will be unable to take the multiple choice exam. The student will have to make arrangements with the involved instructor to take a written make-up exam. All make-up exams will be essays.
- Attendance is required on all scheduled clinical days in order to meet course objectives. A clinical failure will result if a freshman student has three (3) clinical absences in a given semester. Freshman students with one or two clinical absences

will make up those clinical days as determined by the clinical instructor in the clinical agency where the absence occurred. A clinical failure will result if a sophomore student has more than 24 hours of clinical absences in a given semester. Sophomore students with clinical absences will make up those clinical hours the last week of regular classes. Failure to attend the scheduled make-up day will result in a clinical failure and consequently a course failure. Failure to attend the scheduled make-up day due to extenuating circumstances will be dealt with on an individual basis.

- Missing one-half hour or more of clinical through either tardiness and/or "early leaves" constitutes an absence. Tardiness and/or "early leaves" of less than one-half hour constitutes one-third of an absence. Three tardy clinical days equals one absence and must be made up. Sophomore students will be required to make up six (6) hours for any combination of three (3) tardies and/or early leaves per semester.
- Military service and jury duty (with proper documentation) that necessitates absence from a clinical experience will not be counted as a clinical absence. A clinical day make-up will not be required.

### **Clinical Policies**

- It is your responsibility to sign up for clinical evaluation conferences with your instructor. If you wish to see the instructor at any time, please feel free to arrange for a conference at a mutually convenient time.
- All clinical course requirements must be completed satisfactorily and received through the last day of class, prior to the first day of final examination week, unless previous arrangements have been made with the instructor. Failure to do so will result in a clinical failure.

### **Grading Policies and Promotion Policies**

All of the following criteria must be met in order to pass a nursing course:

1. Achieve the minimum grade of "C" based on 80% of the total points for the nursing course.
2. Achieve a satisfactory on the clinical evaluation.
3. Complete specific requirements of a course such as papers, nursing care plans, concept maps, case studies, etc., satisfactorily. Deductions from the grade for spelling and grammatical errors will occur on written work.
4. Satisfactory completion of all skill evaluations.

### **Grading Scale**

The grading scale of the Nursing Program courses (all courses 101, 102, 111, 201, 202, 211) is as follows:

- A = 93 - 100%
- B = 86 - 92%
- C = 80 - 85%
- F = Below 80%

## **Test and Quiz Review**

Please refer to your current course syllabus for specific procedures regarding quiz reviews. Answers on scantrons are not disputable. The answers to quizzes and midterms are read back in class after the exams. A review of a quiz with the faculty member(s) who authored the quiz must be requested within two (2) weeks of the given exam. Midterms are not reviewed unless the posted score's accuracy is questioned. Final exam answers are not read back or reviewed.

## **HESI Testing**

The following HESI exams are administered throughout the program for NCLEX preparation:

- Fundamentals
- Mid-curricular
- Psych/Mental Health
- Maternity/Peds
- Exit

## **Remediation Policy**

This document describes the Remediation Policy for Prairie State College nursing students. Remediation is defined as "The process of identifying the need to take action to remedy a situation that, if left unresolved, will result in unfavorable outcomes, whereas implementing intervention strategies will successfully address the situation" (Cullieton,2009).

Following HESI Specialty and Exit Exams, students are required to remediate. Remediation requirements are dependent on each individual student's HESI score for each exam. HESI Exam scores can be indicative of the student's level of risk for success in the program and on the NCLEX-RN. Students with lower HESI scores require more intense remediation.

Students scoring below 900 for a HESI Specialty Exam or Exit Exam must remediate and re-test (see "Student Remediation Plan based on HESI scores" chart on following page).

Students scoring 900 or above are encouraged to remediate and re-test for their benefit. Re-testing will occur approximately two weeks after the first exam.

Students receive HESI Exam reports and correlating online remediation within 48 hours of exam closure. Based on the HESI EXAM student report, students will develop their personal plan for remediation (see page 4). The personal plan will list specific activities to be completed in order to understand their missed concepts/content. Students have approximately four days from the time of first test to develop their plan ("Remediation Plan and Contract"), and submit it to their academic coach for faculty approval.

On approval, students must complete the remediation plan as outlined in the contract during the two-week interval, and must notify faculty on completion of remediation. Students must complete the work on their own: sharing of information or working with other students is considered academic dishonesty, which can lead to student dismissal. All remediation must be completed at least 24 hours prior to re-testing.

### Student Remediation Plan based on HESI scores

<b>HESI SCORE 850 or above</b>	<ol style="list-style-type: none"> <li>1. Complete online remediation provided in HESI Student Access specific to the exam. A minimum of 2 hours of study is required**</li> <li>2. Develop one 10 question custom quiz in Adaptive Quizzing in content area of weakness based on your HESI Exam Student Report. Continue to take quizzes in that content area until 80% correct is achieved.***</li> </ol>
<b>HESI SCORE 800- 849</b>	<ol style="list-style-type: none"> <li>1. Complete online remediation provided in HESI Student Access specific to the exam. A minimum of 4 hours of study is required**</li> <li>2. Develop two 10 question custom quizzes in Adaptive Quizzing two content area of weakness based on your HESI Exam Student Report. Continue to take quizzes in that content area until 80% correct is achieved.***</li> </ol>
<b>HESI SCORE 750- 799</b>	<ol style="list-style-type: none"> <li>1. Complete online remediation provided in HESI Student Access specific to the exam. A minimum of 5 hours of study is required**</li> <li>2. Develop three 10 question custom quizzes in Adaptive Quizzing three content area of weakness based on your HESI Exam Student Report. Continue to take quizzes in that content area until 80% correct is achieved.***</li> <li>3. Select one HESI Case Study in a content area of weakness based on your HESI Exam Student Report and complete with 80% score.****</li> </ol>
<b>HESI SCORE 700- 749</b>	<ol style="list-style-type: none"> <li>1. Complete online remediation provided in HESI Student Access specific to the exam. A minimum of 6 hours of study is required**</li> <li>2. Develop four 10 question custom quizzes in Adaptive Quizzing four content area of weakness based on your HESI Exam Student Report. Continue to take quizzes in that content area until 80% correct is achieved.***</li> <li>3. Select one HESI Case Study in a content area of weakness based on your HESI Exam Student Report and complete with 80% score.****</li> </ol>
<b>HESI SCORE 699 or below</b>	<ol style="list-style-type: none"> <li>1. Complete online remediation provided in HESI Student Access specific to the exam. A minimum of 6 hours of study is required**</li> <li>2. Develop four 10 question custom quizzes in Adaptive Quizzing four content area of weakness based on your HESI Exam Student Report. Continue to take quizzes in that content area until 80% correct is achieved.***</li> <li>3. Select two HESI Case Study in a content area of weakness based on your HESI Exam Student Report and complete with 80% score.****</li> </ol>

Students will receive points based on their HESI Specialty exam and Exit exam score. Students with a score of 900 or above on Version 1 of their HESI exam will earn full points. Remediation is recommended, but not required. Students scoring below 900 will have the opportunity to improve their score during mandatory re-testing using Version 2. Points will be awarded based on the best score.

See chart below for point distribution:

HESI score 900 or above	Full points
HESI score 850- 899	80% of points
HESI score 800- 849	60% of points
HESI score 750- 799	40% of points
HESI score 700- 749	20% of points
HESI score below 700	Zero "0" points

\*Student can develop other forms of remediation that are subject to faculty approval.

\*\* Student must be logged into their HESI Student Access account and the online test specific remediation content for the number of hours specified. Don't print and log out of HESI remediation to study. Time spent in remediation content is monitored and student can break up the required remediation hours into multiple sessions.

\*\*\*When using Adaptive Quizzing as remediation after HESI exams, use Custom Exams and not Mastery Exams. Additionally it is advised that only one content area be selected for each weakness area (as opposed to combining multiple topic areas into a quiz with more questions).

\*\*\*\*HESI Case Studies that are not used in class assignments can be used.

## Remediation Plan and Contract

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

Date: \_\_\_\_\_

Exam Type (specialty or exit): \_\_\_\_\_

HESI Score: \_\_\_\_\_

Hours of HESI online post exam remediation to be completed: \_\_\_\_\_

Adaptive Quizzing Topics: \_\_\_\_\_

Case Study Topics: \_\_\_\_\_

Other: \_\_\_\_\_

Plan approved by: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (name) verify that I have completed the

above remediation plan by \_\_\_\_\_(date).

## **Graduation Policy**

Students are to follow the college policies pertaining to graduation.

Students in the last semester of the nursing sequence are eligible to complete the application to take the NCLEX-RN examination and to pay the currently charged fee for taking that exam. Completion of the program does not automatically allow the student to take the NCLEX-RN exam. The graduate must conform to the legal description of eligibility.

## READMISSION/FAILURE POLICY

### Policy Statement

Patient safety is the core tenet of the nursing program. In recognition of the high levels of critical thinking ability, theoretical knowledge, and technical skills demanded of professional nurses, this policy addresses readmission after academic and/or clinical failure. This policy is consistent with current practice in nursing education in the state of Illinois and national professional organizations of nursing.

### Procedure

#### *Academic Failure:*

A student who has an academic failure will be evaluated by the nursing faculty for readmission after the application requirements of the College have been met. If approved by the faculty, a nursing course may be repeated one time with a total of two failures in the Nursing Program resulting in dismissal. Withdrawal from a nursing course with a failing grade is a failure in the nursing course.

#### *Clinical Failure:*

Inability to meet course objectives will result in a clinical failure which is automatically a course failure. A clinical failure can also result from frequent absenteeism, inappropriate behavior, or violation of the clinical agency policies. A student who has failed clinical must petition to return if eligible.

#### *Lab Failure:*

A student will fail college lab, and thus the entire course, if he/she is unable to satisfactorily complete a skill evaluation after three attempts. If a failure of a skill occurs, the student must be prepared to make up that skill no earlier than their next scheduled lab session. Students must be prepared to repeat a skill when a faculty member is available or it will be considered a failure for that skill.

#### *Readmission Process:*

A student who has failed or withdrawn from **Nursing 101** is allowed to return and repeat Nursing 101 within two years, as long as the student meets the admission criteria that is in place at the time readmission is sought. The student must notify the nursing admission counselor of the intent to return. The student will be placed in the generic candidate pool. An exit interview is not necessary for returning to the Nursing 101 generic candidate pool.

A student who has failed or withdrawn/failing from **Nursing 102, 201, 202, or 211** is able to return the following year if the student meets eligibility for readmission criteria that is in place at the time readmission is sought. Readmission is dependent upon seat and clinical availability. The student must complete an Exit interview conducted by the dean, chair, or faculty member, or the student will not be eligible for readmission. Returning students are required to take the HESI exam(s) given the semester prior to the course to be repeated. If the student does not return the following year, before re-entry, the student must take a written



proficiency exam and lab practicum. The student must achieve 80% on the written proficiency exam, 100% on the math exam, and satisfactorily pass a lab practicum. A student has one attempt to successfully complete the proficiency, math and lab exams.

**A student who has two nursing course failures/withdrawals failing is not eligible to return for five years. After five years the student must return as a generic student and meet the admission criteria that is in place at the time readmission is sought.**

Students whose N202 failure constitutes a second nursing course failure, may elect to petition to return to N202.

**All students who fail and or withdraw from N102, N201, N202, or N211, and desire to seek readmission must schedule and complete an Exit interview within 30 days of failing, or they will be denied readmission.**

### **Dismissal from the Program**

***A student will be suspended immediately from the Nursing Program for any of the following:***

1. Violating the principle of confidentiality which includes but is not limited to: removal of patient records, electronic information and/or property from the clinical agency and/or misuse of any privileged communication.
2. Posting of any protected information, derogatory statements about the nursing program, faculty, or College on any social networking site.
3. Violation of the Illinois/Indiana Nurse Practice Act.
4. Demonstrating incompetence by reason of gross negligence as defined in the Illinois/Indiana Nurse Practice Act.
5. Attending class/clinical area with evidence of alcohol consumption or under the influence of drugs. PSC and/or affiliating agency policy will be enforced.
6. Acts of theft against the College, the clinical agency, and/or individuals.
7. Academic dishonesty as defined by the College policy.
8. Cheating on any given assignment or examination.
9. A student will fail the clinical experience if the clinical instructor has determined that the student's behavior is unsafe. Behavior is deemed unsafe if it actually or potentially, places a patient, family, staff, peers and/or instructor in physical, emotional, and/or legal jeopardy.

The clinical evaluation tool for each clinical nursing course serves as the guide for establishing safe clinical practice. Deviations from these behaviors will result in failure at any time during a clinical rotation, if unacceptable risk is confirmed.

10. Final consequences will be administered pending an investigation; due process per Board Policy F17.

### **Grievance Procedure**

The grievance procedure for students in Nursing is the same as the College. See the Student Handbook.

### **Process for Re-admission**

Nursing students who withdraw from a Nursing course must have an exit interview with the Coordinator of the Nursing Department. The process for re-admission will be explained at that time.

### **Liability Insurance**

Liability insurance is purchased through the college under a blanket insurance policy. You will not receive an individual policy. It is paid for with part of the laboratory fees that are charged each semester.

Reviewed August 2011

Revised: May 2013, August 2013, May 2016, June 2017

 **Prairie State College**  
Chicago Heights, IL  
Department of Nursing  
Student Health Requirements

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**Purpose:**

To prevent the transmission of infection to : patients, students, faculty, agency employees and agency visitors.

**Policy Statement:**

1. All nursing students having any clinical affiliation will meet the following health requirements prior to their clinical experience.
  - a. Evidence of completion of Hepatitis B immunization (series of three vaccines) or a signed waiver. If unable to verify the dates of the 3 vaccines, Hepatitis antibody titer to assess for immune status can be ordered by the provider. This titer should be at least 1-2 months after the Hepatitis vaccine dose #3. A copy of this titer result from the lab must be scanned into the designated health requirements/compliance tracking service.
  - b. All students should have received a two-step Tuberculin Skin Test (TST) or one QuantiFERON-TB Gold blood test (QFT-G) upon starting their clinical program. A two-step TST consists of: a) an initial TST placed and then must be read 48-72 hours later and if negative then a second TST placed one to three weeks after the first TST was read. The second TST must be read 48-72 hours after it was placed; or, b) one QFT-G blood test; or, c) within a 12 month period there are two documented negative results (can be one TST and one QFT-G or 2 TSTs).
    1. Students who have a history of receiving the bacilli Calmette-Guèrin (BCG) tuberculosis vaccine: the TST and QFT-G blood tests to detect TB infection are not contraindicated for persons who have been vaccinated with BCG. If a student has had a BCG vaccine and has a history of prior positive TST, the blood test (QFT-G) should be completed as the results are not affected by prior BCG vaccination and are less likely to give a false-positive result.
    2. Then (1) annual QFT-G blood test should be completed within 12 months of the date of their last QFT-G blood test was drawn. A copy of the laboratory result must be scanned into the designated health requirements/compliance tracking service.
    3. Any student at any level with a positive TST or QFT-G must be seen and evaluated by their provider to rule out tuberculosis (TB). They must have a chest x-ray (2 views) that is negative for TB. The student must provide a copy of the chest x-ray report and a letter from their provider that they have been evaluated and are non-contagious and that TB has been ruled out. A completed TB questionnaire must also be submitted.
    4. Any student with a history of a positive TST or QFT-G must complete a Tuberculosis Questionnaire annually (a repeat chest x-ray is not needed if the Tuberculosis Questionnaire is negative).
  - c. Rubeola titer indicating immunity.
  - d. Mumps titer indicating immunity.
  - e. Rubella titer indicating immunity.

- f. Varicella titer indicating immunity.  
Only titer results from a clinical laboratory will be accepted as proof of immunity.  
\*\*\* If any of the above titers result in a non-immune or equivocal level, the student will need to show documentation of receiving the appropriate vaccine(s). (MMR and varicella are contraindicated during pregnancy).  
\*\* See Prairie State College Nursing Program Health, CPR, Background Check, and Drug Testing Information and Checklist for important information, re: number of vaccines needed if a titer(s) determines a student is non-immune to a vaccine preventable disease(s), timing of TST placement and receiving vaccines.
- g. Must have received at least one acellular pertussis (Tdap) vaccine (since 2005). Must receive a tetanus-diphtheria (Td) booster every 10 years thereafter.
2. All eligible students are to receive the annual influenza vaccine and provide documentation to the nursing department by November 1<sup>st</sup> each year. Any student who declines an annual influenza vaccine due to medical reasons will need to bring signed documentation from their provider explaining the medical contraindication. If a student has a religious reason why they cannot receive an annual influenza vaccine they will need to bring in a notarized letter (on the religious organization's letterhead) from their minister that documents their religious belief against receiving the annual influenza vaccine.
3. Evidence of compliance with health requirements will be sent to each affiliate clinical agency prior to students beginning their clinical rotation.
4. All physical/laboratory confirmation and required documentation is due by August 1<sup>st</sup> at 4 p.m. each year.
5. Failure to comply with these student health requirements will postpone the start of the student's clinical experience.

References:

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings (2005). <http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>. Retrieved 4/4/16.

Guidelines for vaccinating pregnant women (2015). <http://www.cdc.gov/vaccines/pubs/preg-guide.htm>. Retrieved 4/4/16.

Hepatitis B facts: Testing and vaccination (2013). [www.cdc.gov](http://www.cdc.gov). <http://www.immunize.org/catg.d/p2110.pdf>. Retrieved 4/4/16.

Healthcare personnel vaccination recommendations (2009). <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/healthcare-rec.pdf>. Retrieved 4/4/16.

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). (Nov. 25, 2011) / 60(RR07); 1-45. <http://www.cdc.gov/mmwr/PDF/rr/rr6007.pdf>. Retrieved 4/4/16.

## **DRUG SCREENING PROCEDURE**

ROUTINE DRUG/ALCOHOL TESTING is required on admission, re-admission, and annually while in the Nursing Program. Students must comply with all mandatory drug testing requirements.

All drug screening must be conducted by a drug testing facility designated by the Department of Nursing. Only students receiving negative drug screens may remain enrolled in the Nursing Program. Other test results are actionable:

- **Inconclusive:** If a student's drug test is "inconclusive," the student will be notified by the testing service or its designee. An additional drug test must be performed within seven days of notification, at additional cost to the student. Failure to have the additional test performed within seven days of notification of an inconclusive drug test will be considered a positive result.
- **Positive:** Students with positive drug test results will be interviewed by a certified Medical Review Officer (MRO) to validate a prescription for lawful use of the detected substance. If cleared by the MRO, no notification of the Department of Nursing will be made.

If there is no valid explanation for the positive result, the MRO will notify the Department of Nursing. The Director of Nursing will notify the student of dismissal from the Nursing Program. An exit interview will be conducted.

Failure of a second drug screen during admission, re-admission, or annual testing will result in immediate dismissal without opportunity to return to the program.

## **REASONABLE SUSPICION DRUG/ALCOHOL SCREENING PROCEDURE**

In addition to the required pre-admission and annual drug/alcohol tests under the program, the college reserves the right to require a drug test from any nursing student where there is a reasonable suspicion that the student is under the influence of illegal drugs and/or alcohol.

"Reasonable Suspicion" is defined as a belief based on objective facts sufficient to lead a reasonable and prudent faculty member to find that a student is using, or has used, drugs or alcohol in the classroom, clinical, or laboratory setting and/or is under the influence of drugs or alcohol in the classroom, clinical, or laboratory setting. The suspicion must be drawn from specific, objective facts and reasonable inferences drawn from those facts.

Factors in determining: The following factors are to be used by faculty in determining whether a finding of reasonable suspicion is appropriate. The factors may include, but are not limited to, any of the following, alone, or in combination:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of drugs;
2. Observable phenomena, such as direct observation of alcohol use, the presence of the odor of alcohol on or about the student, and/or the physical symptoms or manifestations of being under the influence of alcohol;
3. Abnormal conduct or erratic behavior;
4. Slurred speech or unsteady walking or movement;
5. Illegal possession of drugs or controlled substances; or

6. Information obtained from a reliable and credible source with verifiable knowledge that has been independently corroborated.

When Conducted: Any nursing faculty member may request an immediate drug/alcohol screen of a nursing student where the faculty member has determined that there is a reasonable suspicion for such testing. An order to submit to testing shall be in writing, shall provide the basis for such reasonable suspicion, and must be signed by the faculty member. Refusal of a student to comply with an order for drug/alcohol screening will result in dismissal from the program.

Procedure for Drug/Alcohol Screen: The student will be transported to a facility where a request will be made for a drug/alcohol screen. The student will be required to provide a release of information for the results of the test. The student will not be allowed to attend class/clinical until the test results have been obtained. Only after receipt of a negative result will the student be permitted to continue in the program. If the results are positive, the student will be dismissed from the program and advised of the criteria that will have to be met to be considered for readmission. If the results are positive, the student shall be required to pay for the costs of the drug/alcohol screen.

Reviewed August 2011, May 2012, May 2014, May 2016

## POSITIVE PERSONAL HISTORY PROCEDURE

When a student's criminal background check presents a positive personal history, the Director of Nursing will check the student on the CNA registry to determine if a waiver has been granted. If there is no indication of a waiver, and the background check section on the CNA registry states no criminal history, the student will be notified that he/she must meet with the Director of Nursing.

The student will be provided a copy of the background check information and will be asked to provide additional information regarding the positive personal history. If the conviction is for an offense on the disqualifying offenses list provided by the Department of Public Health, the Director will advise the student that unless he/she is able to successfully obtain a waiver from the Illinois Department of Public Health allowing him/her to be in a direct care position, the student cannot participate in a long-term care clinical experience. The student will be further advised that it is highly unlikely that an acute care setting would permit the student to have a direct care responsibility.

If the student believes that the information is in error, the student will be advised to obtain a fingerprint background check, at his/her own expense, to either refute or confirm the initial findings. The student would be encouraged to solicit legal counsel, at his/her own expense, to determine if the particular offense was eligible to be expunged from his/her record.

The student will be permitted to attend on-campus class activities while he/she is pursuing whatever options are available. However, the student will not be permitted to attend a clinical experience until the positive personal history has been satisfactorily addressed. The student will accrue an absence for each clinical day missed. If the student exceeds the number of absences allowed, he/she will be dismissed from the program.

If the student obtains the necessary documentation (waiver, expungement, or evidence that the positive personal history was not his/hers) he/she will be allowed to present such documentation to be considered for either reinstatement to the program or to have the opportunity to apply to the program in the future.

If the student learns that the positive personal history issue can be remedied, but there is insufficient time to go through the legal channels, he/she will be allowed to withdraw from the program without penalty. The student will be permitted to be part of the selection pool, or be allowed to resume the next course in the sequence if he/she is already in the program, upon documentation that either the conviction has been expunged or waived.

Reviewed August 2011, May 2012, May 2014

## STANDARD AND TRANSMISSION-BASED PRECAUTIONS IN THE CARE OF PATIENTS

Standard Precautions synthesize the major features of blood and body fluid precautions. They are designed to reduce the risk of transmission of bloodborne pathogens and pathogens from moist body substances and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions and excretions *except sweat*, regardless of whether or not they contain visible blood; 3) nonintact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

### A. GENERAL GUIDELINES:

1. Use Standard Precautions, or the equivalent, for the care of all patients.
2. Treat all blood and body fluids (feces, urine, wound drainage, oral secretions, sputum, emesis, breast milk, vaginal and seminal, etc.) as potentially infectious.
3. Wear gloves when handling a newborn baby until all blood and amniotic fluid has been removed. Post-delivery care of the umbilical cord requires the wearing of nonsterile gloves.

### B. Specific Guidelines:

#### 1. Handwashing

Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise to avoid transfer of microorganisms to other patients or to prevent cross-contamination of different body sites.

Use a plain (nonantimicrobial) soap for routine handwashing.

Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections)

#### 2. Gloves

Wear gloves (clean, nonsterile are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

#### 3. Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

#### 4. Gown

Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer to microorganisms to other patients or environments.

#### 5. Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

#### 6. Environmental Control



Ensure that you follow the hospitals procedures for routine care, cleaning, and disinfection of environment surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces.

## **7. Linen**

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and the environment.

## **8. Occupational Health and Bloodborne Pathogens**

Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures, when cleaning used instruments; and when disposing of used needles.

**NEVER** recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles,, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Sharps with engineered sharps injury protections are defined as “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.” Needleless systems are defined as a “device that does not use needles for: a) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; b) the administration of medication of fluids; or c) any other procedure involving the potential for occupational exposure to blood borne pathogens due to precutaneous injuries from contaminated sharps.” (OSHA Blood Borne Pathogen, November 6, 2000) These devices will be found in place in healthcare institutions who have an Exposure Control Plan aimed at minimizing needle sticks. Anyone needing to use these devices should be completely familiar with how they work and how they are used to assure maximum protection from exposure to blood borne pathogens.

## **9. Patient Placement**

Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

## **C. AIRBORNE PRECAUTIONS**

**In addition to Standard Precautions, use Airborne Precautions, or the equivalent, for patient known or suspected to be infected with microorganisms transmitted by airborne droplet.**

### **1. Patient Placement**

Place the patient in a private room that has 1) monitored negative air pressure, 2) 6-12 air changes per hour, and 3) appropriate discharge of air outdoors or monitored filtration of room air. Keep room door closed and the patient in the room. If the above is not possible, consult with infection control professionals.

### **2. Respiratory Protection**

Wear respiratory protection when entering the room of a patient with known or suspected infectious pulmonary tuberculosis.

### **3. Patient Transport**

Limit the movement and transport of the patient from the room to essential purposes only. If transport is necessary, place surgical mask on patient.

## **D. DROPLET PRECAUTIONS**

**In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by large particle droplets that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures.**

### **1. Patient Placement**

Place patient in a private room whenever possible, special air handling and ventilation are not necessary, and the door may remain open. If a private room is not available place patient in a room with another patient who has an active infection with the same microorganism or, if cohorting is not achievable, maintain spatial separation of at least 3 ft. between the infected patient and other patients and visitors.

### **2. Mask**

Wear a mask whenever working within 3 ft. of the patient.

### **3. Patient Transport**

Same as Airborne Precautions

## **E. CONTACT PRECAUTIONS**

**In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact (hand or skin-to-skin contact) or indirect contact with environmental surfaces or patient-care items in the patient's environment**

### **1. Patient Placement**

Same as Droplet Precautions

### **2. Gloves and Handwashing**

In addition to wearing gloves as outlined under Standard Precautions, wear gloves (nonsterile) when entering the room and during the course of providing care for the patient. Change gloves after having contact with infective material. remove gloves before leaving the patient's room and wash hands immediately with antimicrobial agent.

**3. Gown**

In addition to wearing a gown as outlined under Standard Precautions, wear a gown (nonsterile) when entering the patient's room.

**4. Patient Transport**

Same as Droplet Precautions

**5. Patient-Care Equipment**

When possible, dedicate the use of noncritical patient-care equipment to a single patient. If the use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

source <http://www.cdc.gov/ncidod/hip/isolate/isopart2.htm>

**PROCEDURES FOR REPORTING BODY FLUID EXPOSURES BY PUNCTURE OR TO NON-INTACT SKIN**

1. If a student experiences a body fluid exposure:
  - a. the wound must be copiously flushed with water and scrubbed with an antimicrobial soap;
  - b. if eyes or mucous membranes are exposed, they must be copiously flushed with water;
  - c. report this event to the clinical instructor or area supervising nurse.
2. The student must comply with the agency's infectious disease procedures and all employee health service procedures. All required paperwork related to the exposure must be completed according to agency policy.
3. The student's health insurance carrier may be expected to pay for follow-up care, as necessary.

## **PRAIRIE STATE COLLEGE LATEX PROTOCOL**

- I. SENSITIZATION TO NATURAL RUBBER LATEX PROTEIN
  - A. Affects
    1. Healthcare workers
    2. Patients
  - B. Identification of Sensitized or At-Risk Individuals
    1. Question every institutionalized person regarding allergies
    2. Develop awareness of at-risk individuals
    3. Question each incoming nursing student regarding allergies
  - C. Identification of Products
    1. Healthcare products (see attached list)
    2. Consumer products (see attached list)
- II. TYPE OF REACTIONS
  - A. Irritation or Contact Dermatitis
    1. Dry, crusty, hard bumps
    2. Itchy dermatitis
  - B. Type IV or Hypersensitivity, Cell Mediated
    1. Red, raised areas
    2. Appears several days after contact; persists for many days
  - C. Type I or Hypersensitivity - IgE-Mediated
    1. Wheal response — occurs within minutes
    2. Facial swelling, rhinitis
    3. Generalized urticaria
    4. Respiratory distress
    5. Asthma
    6. Anaphylactic shock
- III. PROCEDURE IF REACTION DEVELOPS
  - A. Immediately Seek Medical Care
  - B. Avoid Further Latex Exposure
  - C. Wear Medical Identification Tags
  - D. Use Non-Latex Gloves (currently stocked at PSC)
  - E. Carry Non-Latex Gloves For Use In Emergency.
  - F. Notify Your Instructor

## LATEX IN THE HOSPITAL ENVIRONMENT

Frequently contain latex	Examples of latex-free alternatives
<p>Ace Wraps                      Adhesive tape                      Airways, masks                      Ambu bag (black reusable)                      Anesthesia bags, tubing                      Band-aids                      Blood pressure cuff                      Bulb syringe                      Catheters, condom                      Catheters, indwelling                      Catheter leg bags straps</p> <p>Catheters, straight</p> <p>Chux (washable rubber pads)                      Dressing-Moleskin, Coban (3M)</p> <p>Elastic bandages, ace wrap (brown),                      Esmarch</p> <p>Electrode pads</p> <p>Endotracheal tubes                      Gloves, sterile and exam surgical and                      medical</p> <p>IV access: tubing injection ports, Y-sites,                      PRN adapters</p> <p>IV bags ports, buretorols                      Jobst spandex products                      Medication vials                      Penrose drains</p> <p>Stethoscope tubing</p> <p>Suction catheters                      Syringes</p> <p>Tape-cloth adhesive, paper</p> <p>Tourniquet                      Theraband strips and tubes (OT)                      Urodynamics rectal pressure catheters                      (Rusch, Dantec)</p>	<p>Hudson, Vital Signs airways, masks                      Clear ambu bags                      Neoprene bag                      Sterile dressing with plastic tape                      Use over clothing or stockinette</p> <p>Silicone (Clear Advantage by Mentor)                      Silicone (Kendall, Argyle, Rusch)                      Velcro straps (Mentor)                      Nylon bands (Dale Medical)                      Plastic (Mentor, Bard)                      Double, triple lumen for Urodynamics                      (Bard, Rusch, Cook)</p> <p>Disposable underpads                      Tegaderm (3M), Duoderm (Squibb)                      Steri-strips (Johnson &amp; Johnson)                      TEDS, Baxter elastic bandages with white                      cotton</p> <p>Ace Wrap                      Baxter EKG pads                      Dantec surface EMG pads                      Plastic tubes (Mallinckrodt, Sheridan, Portex)                      Vinyl, neoprene, polymer gloves:                      Neolon, SensiCare, Tru-touch (B-D),                      Tachylon, Tachyl 1 (Smart Practice)</p> <p>Use stopcock to inject meds                      Cover Y-sites and do not puncture                      Flush IV tubing before use</p> <p>Do not puncture ports to add meds                      Jobst has a non-latex stopper                      Jackson-Pratt silicone tubing                      Zimmer Hemovac (PVC)</p> <p>Keep tubing from skin, cover with cotton                      batting, stockinette                      Mallinckrodt, Yankauer, Davol catheters                      Prepare medication in syringe right before                      use, or use glass syringes</p> <p>Plastic, silk tape: Microfoam, Micropore,                      Durapore, Transpore (3M)                      Dermaclear (Johnson &amp; Johnson)</p> <p>Place over clothing or stockinette                      Cover with cloth                      Make catheter with vinyl glove or cover                      balloon with vinyl</p>

**Source:** [http://www.sbaa.org/html/sbaa\\_latex.html](http://www.sbaa.org/html/sbaa_latex.html)

**LATEX IN THE HOME AND COMMUNITY  
UPDATE**

<b>Products Which May Contain Latex</b>	<b>Latex-Free Alternatives</b>
<p>Art supplies-paint, markers            Baby bottle nipples            Balloons            Balls: Koosh ball, tennis balls            Beach toys            Cleaning/kitchen gloves            Condoms, diaphragms</p> <p>Crutches-axillary, hand pads            (Guardian)            Dental dams            Diapers            Elastic on legs, waist of clothing            Elastic on disposable diapers or rubber            pants            Feeding nipples            Foam rubber lining of braces            Infant tooth brush-massager            Pacifiers</p> <p>Toys-rubber ducky, teething toys            Racquet handles            Rubber bands            Water toys, swim/scuba equipment            swimming goggles            Wheelchair cushions, tires</p>	<p>Mylar balloons            Vinyl, Throton sports ball            Vinyl, cotton liners (Allerderm)            Natural skins under latex condoms            (If male is sensitive or at risk)            Natural skins over latex condom            (If female is sensitive or at risk)            Cover with stockinette</p> <p>Cloth, Velcro closures            Silicone-Gerber, Evenflo, MAM            Line with cloth, felt            Soft bristle brush or cloth            Plastic, silicone and/or vinyl made by            Kip, Infa,            Gerber, MAM, Binky            Plastic, cloth, vinyl toys            Vinyl, leather handles            String            Plastic or vinyl toys</p> <p>Cover seat, use leather gloves</p>



# STUDENT NURSING AGREEMENT

I have read the contents of the Student Information Booklet of the Prairie State College Nursing Department and will adhere to its rules and regulations.

I understand I am responsible for my own acts of negligence and malpractice and will conduct myself in a professional way at all times. I also understand that any failure on my part to meet these criteria will subject me to immediate reconsideration and possible dismissal from the program.

I understand that the Prairie State College Nursing Department reserves the right to make changes to the ***Policy and Information Booklet***.

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Date

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Student's Name (Please Print)

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Student's Signature





**PRAIRIE STATE COLLEGE  
NURSING PROGRAM  
WAIVER OF RESPONSIBILITY**

I, the undersigned, do agree to assume full and complete responsibility, financial and otherwise, for injuries or illnesses, loss of income, pain and suffering, or any other types of damage while involved in nursing clinicals/labs in any facility having an agreement with Prairie State College. Prairie State College or its Board of Trustees and/or employees, and any cooperating agencies will not be held responsible for accidents or injuries involved in any lab or clinical training. I am fully informed of the risks involved in that I will be exposed to many types of infectious diseases and injuries, including but not limited to; radiation exposure, Hepatitis A, B, and C; HIV Virus, AIDS, and Herpes Simplex 1 and 2; and this waiver shall extend to each of the above, but not limited to them solely.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT NAME (Please Print)**