

2019-2020 Nursing Programs' Handbook

**WITCC Nursing Programs are
approved by the Iowa Board of
Nursing**

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Admission Criteria and Procedure

PN Program Admission Requirements

CRITERIA 1 FOR ACCEPTANCE

1. CNA Certification or equivalent
2. Verification of high school, GED, or HSED official transcript.
3. Submitted documentation of composite ACT score of at least 24.

OR CRITERIA 2 FOR ACCEPTANCE

1. CNA Certification or equivalent
2. Verification of high school, GED, or HSED official transcript.
3. Completion of the following courses with a cumulative GPA of 2.67 of the classes listed below and no grade lower than a C.
PSY 111 Introduction to Psychology;
BIO 169 Anatomy and Physiology I;
BIO 151 Nutrition
ALEKS 24 **OR** any of the following math courses: MAT 102 Intermediate Algebra, MAT 111 Math for Liberal Arts, MAT 121 College Algebra, MAT 157 Statistics, MAT 772 Applied Math

OR CRITERIA 3 FOR ACCEPTANCE

1. CNA Certification or equivalent
2. Verification of high school, GED, or HSED official transcript.
3. Completion of the following courses with a cumulative GPA of 2.67 of the classes listed below and no grade lower than a C:
ENG 105 Composition I;
BIO 169 Anatomy and Physiology I
ALEKS 24 **OR** any of the following math courses: MAT 102 Intermediate Algebra, MAT 111 Math for Liberal Arts, MAT 121 College Algebra, MAT 157 Statistics, MAT 772 Applied Math

When you have completed one of the three criteria listed above, contact Pamela Ives at pamela.ives@witcc.edu to be accepted into the nursing program for the next available opening.

- Students must meet pre-requisite for BIO 169 Human Anatomy and Physiology I and BIO 151 Nutrition
- Students must meet one of the following criteria:
 - ACT composite of 22 or higher
 - 2 semester of high school chemistry with a B- or better
OR
 - 1 semester of high school chemistry with a B- or better and 1 semester of high school biology with a B- or better
 - Completion with a C- or better in a transfer level biology (BIO 105 or higher) or chemistry (CHM 122 or higher)
 - CPR certification by the American Heart Association BLS Health Care Provider Course (photocopies of certification must be turned into the course instructors prior to the start of clinicals)
 - Mandatory Reporter Child Abuse and Dependent Adult Abuse Training (photocopies of certification must be turned into the course instructors prior to the start of clinicals)
 - Health Evaluation. Completed health evaluation forms must be turned in a minimum of three weeks prior to the start of clinical in a PDF file format to Marilyn.west@witcc.edu.
 - Criminal and Abuse Background Checks

ADN Program Admission Requirements

CRITERIA 1 FOR ACCEPTANCE

1. Completion of a WITCC PN program in the previous semester or valid PN license and 6 credit hours of anatomy & physiology.
2. Verification of high school, GED, or HSED official transcript.
3. Submitted documentation of composite ACT score of at least 24.

OR CRITERIA 2 FOR ACCEPTANCE

1. Completion of a WITCC PN program in the previous semester or valid PN license and 6 credit hours of anatomy & physiology.
2. Verification of high school, GED, or HSED official transcript.
3. Completion of the following courses with a cumulative GPA of 2.67 of the classes listed below and no grade lower than a C:
ENG 105 Composition I
BIO 186 Microbiology
ALEKS 24 OR any of the following math courses: MAT 102 Intermediate Algebra, MAT 111 Math for Liberal Arts, MAT 121 College Algebra, MAT 157 Statistics, MAT 772 Applied Math

OR CRITERIA 3 FOR ACCEPTANCE (This is effective until January 5, 2020)

1. Completion of a WITCC PN program in the previous semester or valid PN license and 6 credit hours of anatomy & physiology.
2. Verification of high school, GED, or HSED official transcript
3. Anatomy and Physiology I and II GPA cumulative of 2.67
4. Nursing II final grade percentage of 85%

When you have completed one of the two criteria listed above, contact Pamela Ives at pamela.ives@witcc.edu to be accepted into the nursing program for the next available opening.

Requirements for PN and ADN Nursing Programs

Nursing I and Nursing III

1. CPR Certification – American Heart Association BLS Health Care Provider Course
2. Mandatory Reporter Child Abuse and Dependent Adult Abuse Training
3. Health Evaluation
4. Criminal and Abuse Background Checks

Photocopies of **CPR and Mandatory Reporter Child Abuse and Dependent Adult Abuse certification** must be turned in to the course instructors prior to the start of clinical. (Students are responsible for obtaining their own photocopies.) If these requirements are not completed, students cannot be allowed to participate in clinical.

Nursing III Hybrid Online Section

Current LPN licensure is required before being admitted to Nursing III hybrid online section.

Nursing IV

Current LPN licensure is required before being admitted to Nursing IV.

1. CPR Certification

You are required to have a current CPR card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. If you now hold a card and it is due to expire during the semester, you should renew it early so that your card is current during the total clinical phase of the nursing course. For information on CPR courses offered at WITCC, contact WITCC Registration at 712-274-6404 or 1-800-352-4649, Ext. 6404.

2. Mandatory Reporter Child Abuse and Dependent Adult Abuse Training

All health personnel are mandatory reporters of child and adult abuse and are required to take a short course. This course is approximately three hours in length, to provide information on the law, recognition, documentation and reporting of child and adult abuse. For information on the courses offered at WITCC, contact WITCC Registration at 712-274-6404 or 1-800-352-4649, Ext. 6404

3. Health Evaluation

Completed health evaluation forms must be turned in a minimum of three weeks prior to the start of clinical. Send completed health evaluation forms by email to:

Marilyn West at marilyn.west@witcc.edu. Please email all forms in PDF file format.

Refer to page 19 for related information and forms or go to the website for PN:

<http://www.witcc.edu/programs/136/> or for ADN <http://www.witcc.edu/programs/44/>

4. Criminal and Abuse Background Checks

When a student starts the program, the College will initiate the background check process and the student must be cleared by the external agencies prior to attending clinical.

Practical Nursing Program Curriculum

Pre-requisite: Certified Nursing Assistant certificate or equivalent

Semester I PN

Catalog Number	Course Title	Credit Hours
SDV 108	The College Experience	1
BIO 169	Anatomy & Physiology I (prerequisite: BIO 105 Introduction to Biology or Chem. 122 Introduction to General Chem.	4
BIO 151	Nutrition (prerequisite: BIO 105 Introduction to Biology or Chem. 122 Introduction to General Chem.	3
PSY 111	Introduction to Psychology	3
PNN 624	Nursing I	9
	Total First Semester	20

Semester II PN

Catalog Number	Course Title	Credit Hours
PNN 625	Nursing II (prerequisites: PNN 624, BIO 151, BIO 169)	9
PSY 121	Developmental Psychology (prerequisite: PSY 111)	3
BIO 174	Anatomy & Physiology II (prerequisite: BIO 169)	4
	Total Second Semester	16
	Total Semester I and II PN	36

Associate Degree Nursing Completion Program Curriculum

Catalog Number	Course Title	Credit Hours
MAT 772*	Applied Math or Math Courses (MAT 102, 121, 141, 157)	3
SOC 110*	Introduction to Sociology	3
ENG 105*	ENG 105 Composition I or SPC 112 Public Speaking	3

***It is recommended to take Math, Introduction to Sociology, and English/Speech course prior to starting the Semester I ADN.**

Semester I ADN

Catalog Number	Course Title	Credit Hours
ADN 621	Nursing III (prerequisite: completion of WITCC Practical Nursing Program in the previous semester or valid LPN license, and 6-8 hours of anatomy &	9
BIO 186	Microbiology (prerequisite: BIO 169)	4
PSY 241	Abnormal Psychology (prerequisite: PSY 111)	3
	Total First Semester	16

Semester II ADN

Catalog Number	Course Title	Credit Hours
ADN 622	Nursing IV (prerequisites: ADN 621, BIO 186, PSY 241 and valid LPN License) co-requisites: ADN 235	9
ADN 235	Principles of Pharmacology	3
	Total Second Semester	12
	Total PN and ADN semesters	73

Course descriptions may be found in the WITCC Catalog.

Students may take support courses prior to entering nursing courses.

Students must earn a minimum grade of "C" (2.0) on all Nursing Program curriculum courses in order to graduate.

Requirements to be admitted to the Associate Degree Nursing Completion Program hybrid section are as follows:

- 1) Proof that all required support courses for the ADN Completion Program have been completed with a minimum grade of "C" (2.0) prior to the start date.
- 2) Currently practicing in the field or completion of a PN program within the last five years.
- 3) Valid LPN license.

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> ☐ Identify changes in patient/client health status ☐ Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> ☐ Identify cause-effect relationships in clinical situations
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> ☐ Establish rapport with patients/clients and members of the healthcare team ☐ Demonstrate a high level of patience and respect ☐ Respond to a variety of behaviors (anger, fear, hostility) in a calm manner ☐ Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> ☐ Read, understand, write and speak English competently ☐ Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods ☐ Explain treatment procedures ☐ Initiate health teaching ☐ Document patient/client responses ☐ Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> ☐ Retrieve and document patient information using a variety of methods ☐ Employ communication technologies to coordinate confidential patient care

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> ◆ The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> ◆ Position patients/clients ◆ Reach, manipulate, and operate equipment, instruments and supplies ◆ Electronic documentation/ keyboarding ◆ Lift, carry, push and pull ◆ Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> ◆ Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> ◆ Observes patient/client responses ◆ Discriminates color changes ◆ Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> ◆ Performs palpation ◆ Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> ◆ Move quickly and/or continuously ◆ Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> ◆ Adapt to rotating shifts ◆ Work with chemicals and detergents ◆ Tolerate exposure to fumes and odors ◆ Work in areas that are close and crowded ◆ Work in areas of potential physical violence ◆ Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

Career Development and Counseling

Career planning services and resources including “Career Coach”, an interactive career decision making software, are available to all students through the WITCC website. Career Navigators/Admissions Representatives are also assigned to each degree seeking student, and are available to assist students with a variety of non-academic needs including referral to career planning workshops and other relevant resources.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

A nursing advisor will be assigned following enrollment in your first nursing course, i.e. Nursing I, II, III, and IV. Students will continue to have the same nursing advisor throughout the program.

Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Nursing faculty are available to meet new students taking either support courses or nursing courses prior to registering.

Nursing faculty are available at the Sioux City and Denison and Cherokee Campuses for advising and program inquiries. Contact your advisor to schedule an appointment. To schedule an appointment at an outlying campus, please call the site of interest:

Denison at 712-263-3419 **Cherokee** at 712-225-0238 (for support courses)

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the College.

The student is ultimately responsible to meet **all** requirements for graduation.

Eligibility for Licensure

WITCC Practical Nursing and Associate Degree Nursing Completion Program graduates are eligible to write the NCLEX-PN and NCLEX-RN. Satisfactory performance on the examinations is required for practice as a licensed practical nurse (LPN) or a registered nurse (RN). Graduates may also transfer credits from WITCC, in whole or part, to four-year programs for continued education in nursing.

Students may not participate in clinical components of the nursing program when she/he has been denied licensure by a board; license is currently suspended, surrendered, or revoked in any U.S. jurisdiction or country due to disciplinary action.

Criminal convictions or a substance abuse history may impact a graduate's ability to obtain licensure to practice as a licensed practical nurse (LPN) or registered nurse (RN).

Student Insurance Overview

Malpractice Insurance – Students are highly encouraged to obtain their own individual coverage.

Student Accident and Health Insurance – From the Student Handbook: “WITCC does not have a compulsory insurance plan, but the College recommends that students enroll in a voluntary group accident and/or health insurance plan available through commercial insurance companies.” Insurance information is made available to students attending orientation sessions and is available in Enrollment Services. College liability insurance is not a substitute for health or accident insurance. **It is highly recommended that students obtain their own health insurance coverage.**

Student Workers' Compensation Insurance – Students are covered by WITCC workers' compensation insurance if they are injured while participating in a school-to-work program. Examples of school-to-work programs include job shadowing, internships, mentoring, training agreements, apprenticeships, and other work experiences through community placements. If an accident or injury occurs while participating in a school-to-work program, students must seek their own medical care. A Personal Injury/Medical Emergency Form must be completed and turned in to the WITCC Board Secretary. Additional information required with the completed form includes a physician's summary (why was the treatment sought, what was done, and rationale for treatment) and all receipts for medications and medical services. WITCC submits claims to the workers' compensation insurance company. The company reviews all claims and determines eligibility.

Reviewed and accepted by HR 3/21/2018

Weather Guidelines

In case of severe weather consult your local broadcasting media. Both television and radio stations will announce when classes are cancelled. You may access class cancellation information, due to severe weather, by calling (712) 274-8733 and selecting option 3, or by checking www.witcc.edu. Students may sign up for weather alerts on MyWit.

Excused Absences

Military duty, jury duty, or if you are subpoenaed are considered excused absences.

Clinical Nursing Dress Code

Students in the clinical nursing courses will be required to adhere to the following dress code while caring for clients.

1. Students are required to wear the WITCC green scrub top and scrub pants.
2. The matching green lab coats are optional.
3. A white short- or long-sleeved shirt may be worn under the scrub top.
4. Socks or hose must be white.
5. Shoes must be white, nonporous, clean, and be worn only for nursing duties.
6. Students must wear a WITCC clinical name badge.
7. A watch, a stethoscope, bandage scissors, and a penlight are required.
8. Hair must be clean, pulled back, off the collar, and secure. Only natural hair colors will be allowed (i.e., no pink, green, orange, purple, etc.). Hair accessories must be white or the same color as the student's hair. Beards, mustaches, and sideburns need to be clean, well-manicured, and closely trimmed to the face.
9. Fingernails must be clean, short, and neatly filed. No artificial nails. Colored nail polish is not permitted. Makeup should be minimal.
10. No jewelry allowed with the exception of one ring, one earring in each ear not larger than $\frac{1}{4}$ inch in diameter.
11. Visible tattoos must be covered.
12. Eating and drinking are not acceptable in client areas.
13. Students may not use tobacco products at any time during their work shift, this includes meal periods and rest breaks, on or off campus. Clothing worn during the student's shift must be free of the odor of tobacco.
14. No offensive body odor or bad breath. No perfume or cologne.
15. Cell phones and other electronic devices are restricted to professional use only and/or according to agency policy.

Revised and accepted 12/11/15

Revised and accepted 3/23/18

Criminal Background - General Information

Pre Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See program handbook for additional information.

Post Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams. See program handbook for additional information.

Employment in Health Care Professions

Employers have varied hiring policies based on their review of an applicants criminal background history. Graduates/students need to be aware that:

- * Clearance for clinical while a student
- * Graduation from the program
- * Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015



WITCC Clinical Health Evaluation

Name: _____
Last Name (Please Print) First Name Middle Initial

Date of Birth: _____ E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete The Following

Immunizations:

MMR #1:	MMR #2:		
Measles titre results:	Mumps titre results:	Rubella titre results:	
Tetanus/Diphtheria/Pertusis (Tdap)		Date Given:	
Hepatitis B #1:	#2:	#3:	Hepatitis B titre results:
Chickenpox #1:	#2:	Chickenpox titre results:	

Titre results must include numerical value – not just “positive, negative, immune”.

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

Questions:

#1 - Have recommendations for limited physical activity been made? Yes No
If “Yes”, for how long and why? _____

#2 - Do you recommend this individual for full participation in clinical? Yes No
If “No,” please comment: _____

Health Care Provider Name (please print): _____

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone #: _____

How to Submit WITCC Clinical Health Evaluation

Scan all information as a PDF document and e-mail to: Marilyn.West@witcc.edu. The weekly deadline is 12 noon Friday. All information received by the weekly deadline will be reflected in a class update sent to your instructor the following Monday morning.

WITCC Clinical Health Evaluation approved in accordance with CDC guidelines by Mercy Business Health June 2017.

Mercy Business Health

To: All WITCC Health Occupation Students

From: Marilyn J. West RN BSN

To provide a safe and healthy environment for you and those you will come in contact with, you must submit a completed WITCC Clinical Health Evaluation prior to your first day of clinical. You will not be cleared to participate in clinical until your WITCC Clinical Health Evaluation is complete. Below are answers to the most commonly asked questions. If you have any further questions, please feel free to contact me at Marilyn.West@witcc.edu.

Student Information

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

Health Care Provider Complete The Following

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. No other forms will be accepted.

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates.
- positive titre for measles, positive titre for mumps and a positive titre for rubella.

Tetanus/Diphtheria/Pertusis (Tdap) – A Tdap is current for 10 years.

Chickenpox – You will need to provide one of the following:

- two vaccination dates.
- positive titre.

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates.
- positive titre.
- signed decline form.

Tuberculosis - You will need to provide one of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron.

Please make sure that you keep a copy of your WITCC Clinical Health Evaluation for your own records. In the future, a copy will not be made available to you!

Western Iowa Tech Community College
Sioux City, Iowa

Name

Date of Issue

Information About Hepatitis B Vaccine

NOTE: *This form should be discussed with the physician of your choice, signed and returned with all other health forms.*

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

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Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.



Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

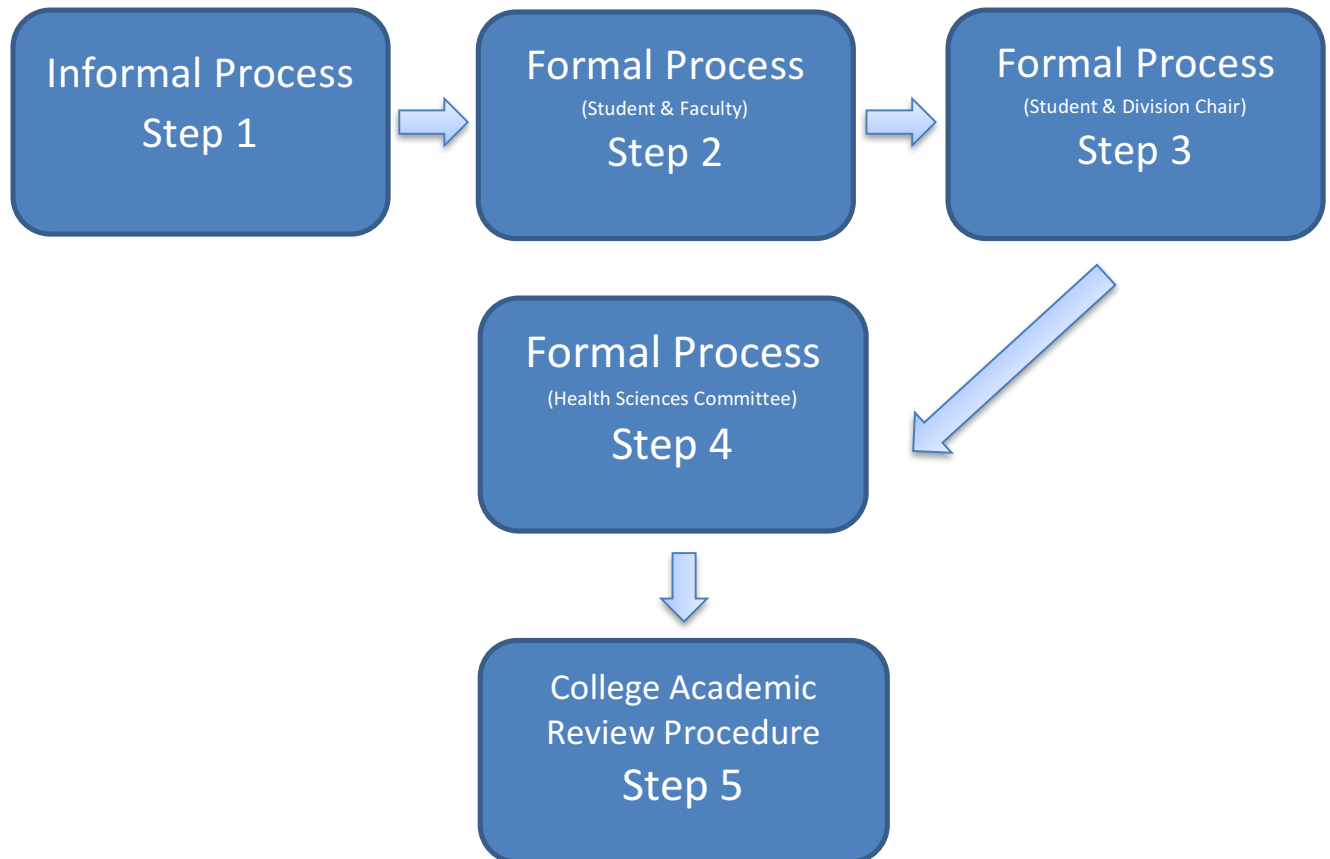
Signature of Person Declining Vaccine

Date Signed

RETURN EMAIL TO:
Marilyn West, RN, BSN
Western Iowa Tech
Community College
marilyn.west@witcc.edu

**Academic Review Procedure
Program/Course Appeal Process
Health Sciences Programs**

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Nursing and Allied Health Departments. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the faculty involved within five (5) instructional days of issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process.
- Documentation of the discussion will be generated. (i.e. email, conference form, etc)

Step 2: Formal Process: (Student, Faculty)

- Student may initiate a formal appeal process in writing by completing and submitting the “Student Appeal Process Form” to the appropriate faculty.
 - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
 - Faculty will schedule meeting within five (5) instructional days.
- Faculty may initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
 - Schedule meeting with student within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 3 of the appeal process.

Step 3: Formal Process: (Student, Department and/or Division Chair)

- If issue is not resolved between student and faculty, the student will request appointment with the respective department and/or division chair within five (5) instructional days.
 - The appeal process request will be submitted by the student in writing to the respective program department and/or division chair.
 - Department and/or division chair will schedule meeting within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 4 of the appeal process.

Step 4: Formal Process (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will email request or schedule to meet with Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will submit all prior documentation related to the issue and complete an updated “Appeal Process” form with email request.
- Health Sciences Review Committee (Associate Dean of Career and Technical Education; Division Chair; 2 health faculty; 1 student)
 - Committee will convene meeting within five (5) instructional days of request.
 - Committee will review documentation and receive testimony from all parties.
 - Committee will render a decision and/or resolution within five (5) days
 - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure”

Step 5: Formal Process (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure” For procedural step refer to the “College Catalog” and/or “Student Handbook.”

**WESTERN IOWA TECH COMMUNITY COLLEGE
HEALTH SERVICES PROGRAMS
STUDENT APPEAL PROCESS FORM**

Student Name _____ **Student ID** _____

Program _____ **Course** _____ **Date** _____

Statement of the issue (problem/concern/complaint/situation) must address the following:

- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

Resolution (check one):

- Issue resolved
- Issue not resolve; student advised to move to next step – Division Chair.
- Issue not resolve; student advised to move to next step – Health Services Review Committee.
- Issue not resolved; student advised of the College Academic Review Procedure.

Student Signature _____ **Date** _____

Indicates only that student has prepared the documentation and consulted with the faculty.

***Faculty Signature** _____ **Date** _____

***Division Chair Signature** _____ **Date** _____

Indicates only that student has consulted with Faculty and/or Division Chair and does not indicate, express, or imply approval.

**FORMS
FOR
REVIEW**

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

- **Students may be required to provide the following information to external affiliated agencies:**
 - * Health Screening/Immunizations
 - * CPR
 - * Mandatory Reporter
 - * Criminal and Abuse Background Checks
 - * Drug Test
- The student should maintain copies of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*
- **Drug Testing**
Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what other drugs may be screened.
- Unprofessional conduct, breach of confidentiality, or performing duties beyond the scope of practice or academic preparation is grounds for immediate removal from the clinical site. Removal will result in failing clinical and may include disciplinary action.

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____

Student's Name

Program

Date

WITCC Nursing Programs' Clinical Attendance Policy

1. Students arriving more than 15 minutes late to clinical or leaving early from clinical are considered absent.
2. Students absent from a clinical/simulation day must contact course instructor within 24 hours to schedule a meeting.
3. Students absent more than one clinical/simulation day will be required to attend a clinical make-up.

*Long Day (13-hour day) is considered two clinical days

*A student may attend the first shift or the second shift of a long day. (Start and end times for the long days will be outlined in your course clinical schedule.)

4. Clinical make-up days will be scheduled at the end of the clinical and may be on Fridays and Saturdays. There will be a limited number of make-up clinical days.
5. It is the student's responsibility to make sure they are scheduled for and have completed all clinical make-up activities, as designated by the course instructor.
6. Failure to make up missed clinical within the scheduled times will result in failure of the course.

Printed Name: _____ Date: _____

Signature: _____

Accepted Fall 2018

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- (1) client's name and other identifying information
- (2) client's diagnosis
- (3) type of care being provided
- (4) reason for seeking health care services, treatment, and response to treatment
- (5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Print name: _____

Student Signature: _____

Date: _____

Revised & Accepted for Fall 2016

Grading and Graduation Policies of the Nursing Department

Grading (All Campuses)

All students accepted into the Nursing Program may **re-enroll only once** in one nursing course in the Practical Nursing (PN) Program, and may **re-enroll only once** in one nursing course in the Associate Degree Nursing (ADN) Completion Program. If a student fails and/or drops twice within the Practical Nursing Program or Associate Degree Nursing Completion Program he or she will not be permitted to re-enroll. Effective date = 1995. Nursing courses included are:

Practical Nursing Program

PNN 624 Nursing I
PNN 625 Nursing II

Associate Degree Nursing Completion Program

ADN 621 Nursing III
ADN 622 Nursing IV

Students may not request to be placed on the waitlist to repeat Nursing I, II, III, or IV until having dropped, withdrawn, or failed their current nursing course.

The specific grading scale for all nursing courses is determined by the course instructors. The grading scale and requirements to achieve desired grades will be explained at the beginning of each course.

Graduation

The Nursing Department at WITCC can impose requirements for program acceptance, grading, promotion, and graduation that may be higher than College policies. The requirements for graduation from the Nursing Program supersede the college requirements. WITCC nursing students must meet the graduation requirements as set forth in the WITCC College Catalog and the WITCC Student Handbook. Students enrolled in the Nursing Program **must** achieve a final grade of “C” (2.0) or better in all courses in the Practical Nursing (PN) Program and Associate Degree Nursing (ADN) Completion Program to be eligible to apply for graduation.

Print name: _____

Student Signature: _____ Date: _____

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, Instagram or similar sites in the future. Student use of photography and/or recording devices is prohibited in all class room, laboratory and clinical sites, unless formal permission of the instructor of record is granted in advanced.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media sites. Students should not “follow” or become a patient’s “friend” on a social media site.

Any violation of this policy must be promptly reported to the program facility. Disciplinary actions up to and including student removal will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Print name: _____

Signature: _____

Date: _____