

SECTION III: GRADUATE NURSING PROGRAM GENERAL POLICIES

HEALTH REQUIREMENTS: GRADUATE STUDENTS

The Health Requirements for both newly admitted and continuing graduate nursing students can be located on the Graduate Nursing Program homepage on the web, or at http://www.csub.edu/nursing/documents/Health_Requirements_For_Nursing_Graduate_Program.pdf

ENTRANCE REQUIREMENTS

Nursing Student Background Check

Any Nursing student entering the nursing program after 2005-2006 academic year will complete a background check from a company that has been selected by the CSUB nursing department. **BACKGROUND CHECKS FROM A COMPANY OTHER THAN THE ONE SELECTED BY THE NURSING DEPARTMENT WILL NOT BE ACCEPTED.** The Chair of the nursing department only will have access to this information. This information will remain confidential. If any areas of concern from the background check are identified, the nursing department chair will notify the individual student. The individual student has the right to have a second background check completed by a company approved by the Department of Nursing. The student has the right to correct any misinformation from the background check with the company that completed it. CSUB Human Resources, agency/hospital Human Resources, and/or the BRN may be notified of the results of the background check by the nursing department chair. The background check must be completed by the end of the first week of classes.

Non-NIDA Drug Testing

Non-NIDA screening is a part of the initial requirements for undergraduate students and will be done one time for each new student entering the nursing program at the beginning of the academic year. Drug testing will be done at the student's expense at an off campus site contracting with the Student Health Services (SHS). Drug testing must be done within a time period determined by the SHS. Currently, that time period is one week before classes begin through the end of the first week of classes. Referral forms are to be picked up the day prior or the day of testing at the SHS. Results from the laboratory will be sent directly to, and only to, the SHS at CSUB. The Department of Nursing Chair, or her designee, will be notified of all students passing the drug screen. Results will not be noted on the health clearance form. See p. 48 of the Undergraduate Nursing Student Policy Handbook for further information regarding the Department of Nursing's drug testing policies and procedures.

ANNUAL REQUIREMENTS

All students will receive a letter or email from the Department over the summer with information on the requirements which must be met before the end of the first week of the fall quarter.

Students will be required to submit copies of current CPR card, health clearance, Professional Liability* insurance, mask fit testing and RN license sealed in an envelope. The sealed envelope must be submitted by the end of the first week of the quarter. Students who have not met the requirement will not be allowed in clinical settings. (Students should keep the original documents for their own records.)

In this same envelope, RN students will be required to submit a signed Annual Safety Requirements form documenting that they have met the OSHA requirements through their employer. This form is located on the Graduate Nursing Program homepage:

[http://www.csub.edu/nursing/documents/Department Of Nursing Annual Safety Requirements.pdf](http://www.csub.edu/nursing/documents/Department%20Of%20Nursing%20Annual%20Safety%20Requirements.pdf)

A master checklist will be maintained by the Nursing office documenting receipt of the required documents. The copies of the documents will be placed in the student files. Faculty will be responsible to check the master list to verify that students in their assigned clinical sections have met the requirements prior to allowing the student into the clinical area.

CPR HEALTHCARE PROVIDER CARD

Students must maintain a current CPR Healthcare Provider card *that is valid for the entire academic year*. This must include infant, child, 1-person, 2-person and adult. Students must provide a copy of the current card as part of the packet due to the nursing office by the end of the first week of the quarter.

PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance, providing protection up to \$1,000,000 liability for each incident and \$3,000,000 aggregate for the individual nursing student must be in force before the student begins course work in the nursing program. This insurance covers the student during clinical laboratory portions of the program.

The University makes available blanket coverage at a nominal cost to the individual student. This insurance may be purchased at the Cashier's Office. A copy of the policy is on reserve in the Nursing Department office.

Coverage obtained through other sources is not accepted by the university.

Receipt for Professional Liability insurance, which must be renewed in the fall of each academic year, must be presented as part of the packet due to the nursing office by the end of the first week of the quarter. Anyone planning to take nursing courses during the academic year must purchase Professional Liability insurance.

STUDENT INDIVIDUAL HEALTH INSURANCE

Each student is responsible for obtaining individual health insurance. Neither the University nor clinical agencies can be held responsible for the student's health benefits. Students wishing to decline purchasing health insurance may sign a declination form available at the Department of Nursing office. Information and enrollment forms for health insurance coverage offered by Associated Students, Inc. are available at <https://www.csuhealthlink.com/>.

Faculty approved June 2002.
Rev. July 2004
Rev. Sept 2006

OCCUPATIONAL SAFETY AND HEALTH REQUIREMENTS

The federal OSHA requirements must be met annually by all personnel providing direct patient care in healthcare agencies. The California State University, Bakersfield academic calendar of three quarters per year and the variety of clinical agencies used by the Department of Nursing could result in agencies having overlapping/duplicate requirements for students and faculty. Therefore, the CSUB nursing faculty will assume responsibility for providing the annual OSHA information to students and faculty.

New or returning graduate nursing students will be required to submit a signed Annual Safety Requirements form documenting that they have met the OSHA requirements through their employer. This form is located on the Graduate Nursing Program homepage:

http://www.csub.edu/nursing/documents/Department_Of_Nursing_Annual_Safety_Requirements.pdf

Each student will complete the OSHA requirements as indicated on the Annual Safety Requirement form. The original will be part of the entry packet for inclusion in the student's file. It is recommended that the student make copy of the form prior to turning it in, as the student may be requested to show or provide a copy of this form to health agency personnel.

Faculty Organization Approved 1/96
Revised 09/06

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MASK FIT TESTING

Rationale: CSUB students learn the skills required for nursing in many clinical sites in Kern County and surrounding areas. These clinical sites protect their health workers against exposure to various organisms, including the tubercle bacillus, the organism that causes Tuberculosis (TB).

Policy: OSHA's policy is that all health care organizations verify that each worker is protected through an annual mask fit test. The health care institutions have, in turn, indicated that all faculty and nursing students will be mask-fit tested annually.

Mask fit testing may be completed at Concentra, 9500 Stockdale Highway, Suite 100 and 101, Bakersfield, CA 93311 or another business that provides this service. A copy of the report indicating that the student passed the fit testing, indicating the brand, model and size of mask must be submitted as evidence of completion.

If mask fit testing is required by the student's employer, that fit testing can serve as evidence of completion. A copy of the signed form documenting the student passed the fit testing indicating the brand, model and size of mask from the employer must be submitted.

RN LICENSE

Students must have a current, clear, and active license as a registered nurse in California on admission and the license must remain current, clear, and active during enrollment in the nursing graduate program. Verification of the RN license will be obtained by the Graduate Coordinator.

UNIFORMS

Graduate students wear nursing uniforms or laboratory coats as appropriate in the clinical agency or healthcare setting. A name pin identifying the student as a graduate student from CSUB must be worn.

REQUIRED IDENTIFICATION

All graduate nursing students need to contact the Nursing Department's Administrative Coordinator in order to have a photo identification badge made. The badge will include:

- First line: **<Student Name>, RN** <Other information as space allows per student request>
- Second line: **Family Nurse Practitioner Student** <for FNP students>
OR Graduate Nursing Student <for students in other options>
- Third line: **Department of Nursing, CSUB**

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**DEPARTMENT of NURSING
Annual Safety Requirements**Date Completed

- | | |
|---|---|
| <input type="checkbox"/> Universal Precautions _____ | <input type="checkbox"/> Back Safety/Ergonomics _____ |
| <input type="checkbox"/> Transmission
Specific Precautions _____ | <input type="checkbox"/> Injury Reporting/
Accident Exposure _____ |
| <input type="checkbox"/> Fire/Electrical Safety _____ | <input type="checkbox"/> Hazard Communication _____ |
| <input type="checkbox"/> HIPAA Regulations _____ | <input type="checkbox"/> Disaster Response _____ |

I have participated in the annual safety requirement education program and understand my responsibility in the above areas.

Student Signature _____ Date _____

For each nursing clinical course, the instructor is responsible for:

- | | |
|---|--|
| <input type="checkbox"/> Introduction of Nursing Personnel | <input type="checkbox"/> Instruction on charting procedure and forms |
| <input type="checkbox"/> Tour of clinical agency | <input type="checkbox"/> Demonstration of use and care
of commonly used equipment |
| <input type="checkbox"/> Introduction of student
to safety and clinical are policies
and procedures | |

Students are responsible for knowing and/or locating in the work area the following:

- | | |
|---|--|
| <input type="checkbox"/> Policy and Procedure Manuals | <input type="checkbox"/> Emergency preparedness Policy |
| <input type="checkbox"/> MSDS Manual | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Fire Safety Policy | <input type="checkbox"/> Universal Precaution Policy |
| <input type="checkbox"/> Evacuation Route | <input type="checkbox"/> Infection Control Policy |
| <input type="checkbox"/> Occurrence Reporting Policy | <input type="checkbox"/> HIPAA |

Print Student Name _____

Student Signature _____ Date _____

Clinical Faculty _____ Date _____

Return form to your Nursing Instructor when all areas are completed. **Make a copy for yourself.** You may be required to provide this copy when you are in a new clinical facility.

CSUB BLOODBORNE PATHOGEN POST EXPOSURE REPORT

Send To: CSUB Personnel Department
9001 Stockdale Hwy., Bakersfield, CA 93311

Please use this form for the physician's post exposure evaluation report to the employer. Complete the report and send it to CSUB Personnel within 15 days of completion of the post exposure evaluation. Document that the employee has been informed of the evaluation results and any medical conditions that require additional evaluation or treatment. All other medical findings shall remain confidential and shall not be included in the post exposure report.

NAME OF EMPLOYEE _____

DATE OF INCIDENT _____

INCIDENT DESCRIPTION (attach additional pages if necessary)

DID AN EXPOSURE INCIDENT OCCUR? Yes _____ No _____

An exposure incident is defined as a specific eye, mouth, mucous membrane, non-intact skin or Parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

WAS ADMINISTRATION OF THE HBV VACCINATION SERIES ADVISED?

Yes _____ No _____

HAS THE EMPLOYEE BEGUN THE HBV VACCINATION SERIES? Yes _____ No _____

PHYSICIAN'S REPORT (attach additional pages if necessary)

PHYSICIAN'S SIGNATURE _____ DATE _____ 6/01

CENTERS FOR DISEASE CONTROL GUIDELINE FOR HAND HYGIENE
October 25, 2002

**Recommendations of the Healthcare Infection Control Practices
Advisory Committee and the
HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force**

Part II. Recommendations

Categories

These recommendations are designed to improve hand-hygiene practices of HCWs and to reduce transmission of pathogenic microorganisms to patients and personnel in health-care settings. This guideline and its recommendations are not intended for use in food processing or food-service establishments, and are not meant to replace guidance provided by FDA's Model Food Code.

As in previous CDC/HICPAC guidelines, each recommendation is categorized on the basis of existing scientific data, theoretical rationale, applicability, and economic impact. The CDC/HICPAC system for categorizing recommendations is as follows:

Category 1A. Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.

Category 1B. Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiologic studies and a strong theoretical rationale.

Category 1C. Required for implementation, as mandated by federal or state regulation or standard.

Category II. Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretical rationale. No recommendation. Unresolved issue. Practices for which insufficient evidence or no consensus regarding efficacy exist.

Recommendations

1. Indications for handwashing and hand antisepsis
 - A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water (IA) (66).
 - B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items IC-J (IA) (74, 93, 166, 169, 283, 294, 312, 398). Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items IC-J (IB) (69-71, 74).
 - C. Decontaminate hands before having direct contact with patients (1B) (68, 400).
 - D. Decontaminate hands before donning sterile gloves when inserting a central Intravascular catheter (IB) (401, 402).

- E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure (IB) (25, 403).
- F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) (IB) (25, 45, 48, 68).
- G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled (IA) (400).
- H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care (II) (25, 53).
- I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient (II) (46, 53, 54).
- J. Decontaminate hands after removing gloves (IB) (50, 58, 321).
- K. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water (IB) (404-409).
- L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of HCWs, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap (IB) (160, 161).
- M. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores (II) (120, 172, 224, 225).
- N. No recommendation can be made regarding the routine use of nonalcohol-based hand rubs for hand hygiene in health-care settings. Unresolved issue.**

2. Hand-Hygiene Technique

- A. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry (IB) (288, 410). Follow the manufacturer's recommendations regarding the volume of product to use.
- B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet (IB) (90-92, 94, 411). Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis (IB) (254, 255).

- C. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hand with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used (II) (412-415).
- D. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings (II) (137, 300).

3. Surgical Hand Antisepsis

- A. Remove rings, watches, and bracelets before beginning the surgical hand scrub (II) (375, 378, 416).
- B. Remove debris from underneath fingernails using a nail cleaner under running water (II) (14, 417).
- C. Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures (IB) (15, 159, 232, 234, 237, 418).
- D. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2-6 minutes.
- E. Long scrub times (e.g., 10 minutes) are not necessary (IB) (117, 156, 205, 207, 238-241).
 - 1. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol solution, prewash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves (IB) (159, 237).

4. Selection of Hand-Hygiene Agents

- A. Provide personnel with efficacious hand-hygiene products that have low irritancy potential, particularly when these products are used multiple times per shift (IB) (90, 92, 98, 166, 249). This recommendation applies to products used for hand antisepsis before and after patient care in clinical areas and to products used for surgical hand antisepsis by surgical personnel.
- B. To maximize acceptance of hand-hygiene products by HCWs, solicit input from these employees regarding the feel, fragrance, and skin tolerance of any products under consideration. The cost of hand-hygiene products should not be the primary factor influencing product selection (IB) (92, 93, 166, 274, 276-268).
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the institution (II) (174, 372).
- D. Before making purchasing decisions, evaluate the dispenser systems of various product manufacturers or distributors to ensure that dispensers function adequately and deliver an appropriate volume of product (II) (286).

- E. Do not add soap to a partially empty soap dispenser. This practice of “topping off” dispensers can lead to bacterial contamination of soap (IA) (187, 419).

5. Skin Care

- A. Provide HCWs with hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing (IA) (272, 273).
- B. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol-based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the institution (IB) (174, 420, 421).

6. Other Aspects of Hand Hygiene

A. Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms) (IA) (350-353).

- B. Keep natural nails tips less than 1/4 inch long (II) (350).
- C. Wear gloves when contact with blood or other potentially infectious materials, mucus membranes, and nonintact skin could occur (IC) (356).
- D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients (IB) (50, 58, 321, 373).
- E. Change gloves during patient care if moving from a contaminated body site to a clean body site (II) (50, 51, 58).

a. No recommendations can be made regarding wearing rings in health-care settings.
Unresolved issue.

7. Health-Care Worker Educational and Motivational Programs

- A. As part of an overall program to improve hand-hygiene practices of HCWs, educate personnel regarding the types of patient-care activities that can result in hand contamination and the advantages and disadvantages of various methods used to clean their hands (II) (74, 292, 295, 299).
- B. Monitor HCW’s adherence with recommended hand-hygiene practices and provide personnel with information regarding their performance (IA) (74, 276, 292, 295, 299, 306, 310).
- C. Encourage patients and their families to remind HCWs to decontaminate their hands (II) (394, 422).

8. Administrative Measures

- A. Make improved hand-hygiene adherence an institutional priority and provide appropriate administrative support and financial resources (IB) (74, 75).

- B. Implement a multidisciplinary program designed to improve adherence of health personnel to recommended hand-hygiene practices (IB) (74, 75).
- C. As part of a multidisciplinary program to improve hand-hygiene adherence, provide HCWs with a readily accessible alcohol-based hand-rub product (IA) (74, 166, 283, 294, 312).
- D. To improve hand-hygiene adherence among personnel who work in areas in which high workloads and high intensity of patient care are anticipated, make an alcohol-based hand rub available at the entrance to the patient's room or at the bedside, in other convenient locations, and in individual, pocket-sized containers to be carried by HCWs (IA) (11, 74, 166, 283, 284, 312, 318, 423).
- E. Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials (IC).

Part III. Performance Indicators

1. The following performance indicators are recommended for measuring improvements in HCWs' hand-hygiene adherence:
 - A. Periodically monitor and record adherence as the number of hand-hygiene episodes performed by personnel/number of hand-hygiene opportunities, by ward or by service. Provide feedback to personnel regarding their performance.
 - B. Monitor the volume of alcohol-based hand rub (or detergent used for handwashing or hand antisepsis) used per 1,000 patient-days.
 - C. Monitor adherence to policies dealing with wearing of artificial nails.
 - D. When outbreaks of infection occur, assess the adequacy of health-care worker hand hygiene.

The California State University, Bakersfield
Nursing Student Honor Commitment

The Honor Commitment is a personal commitment to honor and integrity which is self-imposed and not enforced by an outside authority. All students in the Department of Nursing pledge to follow the Honor Commitment.

The commitment reads as follows:

A unique aspect of higher education is its attempt to instill in the student a sense of honor and high principles that includes but extends beyond academics. An essential feature of the Department of Nursing at California State University, Bakersfield, is its commitment to an atmosphere of integrity and ethical conduct. As a nursing student at CSUB, I accept as my personal responsibility the vigorous maintenance of high standards of honesty, truth, fairness, civility, and concern for others. My devotion to integrity establishes that I will not cheat in academic work and that I will adhere to the established and required community code of conduct. According to the dictates of my own conscience, I will report behavior in the violation of such established standards. In addition and beyond the requirements of any code or law, I confirm my own commitment to personal honor and integrity in all matters large and small. Even though the idea of honor is an abstract one, by implementing this ideal, I join the men and women of the Department of Nursing at California State University, Bakersfield, in making the concept of honor a reality.

(Adapted from the Honor Commitment of Duke University.)

I have read, received, and will abide by the Nursing Honor Commitment.

Print Your Name: _____

Signature: _____

Date: _____

CODE OF ACADEMIC CONDUCT

All members of the academic community are responsible for the academic integrity of the CSUB campus. Existing policies forbid cheating on examinations, plagiarism, and other forms of academic dishonesty. (1) Academic dishonesty is contrary to the purposes of the University and is not to be tolerated. High standards of behavior must be in place to support the community.

Examples of academic misconduct include:

- Receiving or providing unauthorized assistance on examinations
- Using unauthorized materials during an examination
- Plagiarism – using materials from sources without citations
- Altering an exam and submitting it for re-grading
- Fabricating data or reference
- Using false excuses to obtain extensions of time

The ultimate success of a code of academic conduct depends largely on the degree to which it is willingly supported by students themselves.

THE RESPONSIBILITIES OF STUDENTS

The following recommendations are made for students:

1. Be honest at all times.
2. Act fairly toward others. For example, do not disrupt or seek an unfair advantage over others by cheating, or by talking or allowing eyes to wander during exams.
3. Take group as well as individual responsibility for honorable behavior. Collectively, as well as individually, make every effort to prevent and avoid academic misconduct, and report acts of misconduct which you witness.
4. Do not submit the same work in more than one class. Unless otherwise specified by the instructor, all work submitted to fulfill course requirements must be work done by the student specifically for that course. This means that work submitted for one course cannot be used to satisfy requirements of another course unless the student obtains permission from the instructor.
5. Unless permitted by the instructor, do not work with others on graded coursework, including in-class and take-home tests, papers, or homework assignments. When an instructor specifically informs students that they may collaborate on work required for a course, the extent of the collaboration must not exceed the limits set by the instructor.

6. Know what plagiarism is and take steps to avoid it. When using the words or ideas of another, even if paraphrased in your own words, you must cite your source. Students who are confused about whether a particular act constitutes plagiarism should consult the instructor who gave the assignment.
7. Know the rules – ignorance is no defense. Those who violate campus rules regarding academic misconduct are subject to disciplinary sanctions, including suspension and dismissal.

(Adapted from the U.C. Davis Code of Academic Conduct.)