



The Best Place to Start *and Finish!*

# Student Nursing Handbook 2024-2025

*The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.*

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## INTRODUCTION TO HANDBOOK

The Nursing Division of El Paso Community College includes three nursing programs, which are designed to meet the personnel needs of this community. With your entry into a Nursing Program, you have become an integral member of the Health Care Team.

This handbook contains only the specific procedures which relate to the Nursing Programs and does not take the place of the information concerning college procedures and regulations which you will find in the College Catalog, the El Paso Community College Student Handbook, the College website, or your individual course requirements.

We hope that the Nursing Student Handbook will be a useful guide as you prepare for your nursing career as a student in a nursing program.

## EL PASO COMMUNITY COLLEGE MISSION AND VISION

### MISSION

The mission of El Paso Community College is to ensure affordable, high-quality education and career pathways from start to finish.

### VISION

EPCC will be a progressive educational leader transforming our future.

### STUDENT SUCCESS STATEMENT

Recognizing that there are obstacles for students in attaining academic goals, EPCC's focus on success strives to achieve fairness through inclusion of all students and active removal of barriers by supporting student progress, degree completion, academic transfer and/or gainful employment. EPCC is committed to success for all students as a basis for creating opportunities and providing resources and support for the success of all members of its college community.

## NURSING PROGRAMS MISSION AND VISION

### MISSION

The El Paso Community College Nursing Program shall be the progressive leader in high-quality innovative nursing education opportunities in response to the health care needs of the border community.

### VISION

The mission of the nursing discipline is to improve health care by providing qualified nurses who are prepared to work in the border community.

## ACCREDITATION

El Paso County Community College District is accredited by the Southern Association of Colleges and Schools Commissions on Colleges (SACSCOC) to award associate degrees.

Degree-granting institutions also may offer credentials such as certificates and diplomas of approved degree levels. Questions about the accreditation of El Paso County Community College District may be directed in writing to the:

**Southern Association of Colleges and Schools Commission on Colleges (SACSCOC):**  
1866 Southern Lane, Decatur, GA 30033-4097  
Phone: (404) 679-4500  
or by using information available on SACSCOC's website ([www.sacscoc.org](http://www.sacscoc.org)).

**Texas Education Agency (TEA)**  
1701 North Congress Avenue, Austin, Texas 78701-14940  
Phone: 512-463-9734  
Website: [www.tea.texas.gov](http://www.tea.texas.gov)

The Texas Higher Education Coordinating Board has developed the basic nursing courses and course descriptions that are utilized by the nursing programs. The college reports to them every semester on the number of students enrolled in the various programs as well as the number of graduates. They are located and maybe contacted at:

**Texas Higher Education Coordinating Board (THECB):**  
1801 Congress Ave, suite 12-200, Austin, TX 78701  
Phone: 512-427-6101 Fax: 512-427-6127  
Website: [www.highered.texas.gov](http://www.highered.texas.gov)

The Associate Degree Nursing and Vocational Nursing are fully accredited by the Texas Board of Nursing. They are located and may be contacted at:

**Texas Board of Nursing (BON):**  
George H. W. Bush State Office Building  
1801 Congress Avenue, Suite 10-200, Austin, Texas 78701  
Phone: 512-305-7400 Fax: 512-305-7401  
Toll-Free complaint line: 1-800-821-3205  
Email: [webmaster@bon.texas.gov](mailto:webmaster@bon.texas.gov)  
Website: [www.bon.texas.gov](http://www.bon.texas.gov)

The Licensed Vocational Nurse (LVN) and the Associate Degree in Nursing programs at El Paso Community College follow and comply with the most current Texas Board of Nursing (BON) guidelines and regulations. The BON sets and enforces the minimum standards for nursing practice and nursing education programs, issues licenses, and ensures that each person holding a nursing license is competent to practice safely.

In addition, the Associate Degree Nursing Program is fully accredited by the Accreditation Commission for Education in Nursing Inc. They are located and may be contacted at:

**Accreditation Commission for Education in Nursing, Inc. (ACEN) (RN Program):**  
3390 Peachtree Road, NE, Suite 1400 Atlanta, Georgia 30326  
Phone: 404-975-5000 Fax: 847-789-9300

Website: <https://www.acenursing.org>

## NURSING PROGRAMS PHILOSOPHY

The nursing faculty of the Career Ladder Nursing Program agrees with the mission, vision, and core values of a learning college ascribed by the El Paso County Community College District. We must provide an opportunity and support services that prepare individuals to improve their personal quality of life and to contribute to their community.

The nursing faculty believes that nursing education can be improved through the implementation of a Career Ladder concept which allows individuals to progress in the educational system by providing multiple educational pathways leading to an entry-level license to practice as a vocational or associate degree nurse. Inherent in our philosophy are our beliefs about the individual, nursing, health, the environment, teaching, learning, nursing education, the roles of the associate degree nurse, and the roles of the vocational nurse within the scope of nursing practice.

### **Individual**

Every individual is unique, of infinite value, and worthy of respect. Each individual is a composite of interrelated biological, psychological, sociological, cultural, and communicating needs that influence the individual's perception of their health. The individual is autonomous and has the right to make decisions about his/her own health care. The individual and family are the recipients of nursing care that focuses on meeting their needs.

### **Nursing**

Nursing is a humanistic and professional healthcare discipline founded on knowledge from the sciences, humanities, and human experience. It is a scholarly profession that utilizes theories from nursing and other disciplines. Nursing employs integrity, accountability, clinical judgment, and caring behaviors to guide its practice for health promotion and disease prevention, health maintenance, and health restoration. Nursing advocates for the individual and family throughout the life span and in the final stages of life. Through the use of the nursing process, critical thinking, clinical judgment, and therapeutic interventions, which are supported by current evidence-based research, the nurse is able to provide holistic nursing care for the patient and family across the life span. The nurse must have the ability to utilize a variety of current technologies and nursing informatics to provide safe and effective patient-centered care in a variety of health settings.

### **Health**

Health is a dynamic state that is influenced by each individual's inherited characteristics and life experiences. It is an individual's perception of satisfaction with their own state of well-being. It may or may not be related to the presence or absence of disease, but rather the patient's perception. Humans perceive themselves as healthy or ill as a consequence of the relationship between themselves and their environments. At any given time, a person's health status is seen as being at a point on a continuum that extends from wellness to the cessation of life.

### **Environment**

The environment is the domain in which individuals and families exist. The interaction between the environment and people affects health, well-being, growth and development, and the degree to which individual needs are met throughout the life cycle. The reciprocal

relationship between the person and the environment is influenced by both internal and external factors. Internal factors include the biological, psychological, and spiritual attributes of the person. External factors are comprised of physical, chemical, sociocultural, economic, political, legal, and ethical elements.

### **Teaching**

Teaching is a process aimed at facilitating the achievement of learning. It is an intentional interaction between the teacher and the learner, requiring a focus on mutual goals. It involves logical, strategic, and instructional activities to facilitate changes in interest, motivation, perception, insights, and behavior in the learner. Teaching should include a variety of instructional methods to meet individual students' learning needs. It is most effective when outcomes are stated in measurable behavioral terms so that the student knows how learning is to be evaluated. The teaching process and the learning process cannot be separated.

Teaching is also a dynamic process that is used by nurses to assist in the education of patients, families, and significant others. The nurse is expected to assess the learning needs and to develop, implement, evaluate, and modify teaching plans designed to expand the knowledge base and skills of the patient.

### **Learning**

Learning is an active, internal, and continuing process by which an individual acquires new knowledge through the integration and evaluation of concepts and skills. It is enhanced when the learner assumes responsibility for learning. It is further enhanced by direct application, readiness to learn, relevance to the learner, reinforcement of desired behaviors, use of all the senses, and the learner's prior life and work experience. Learning progresses from simple to complex, from general to specific, and from concrete to abstract.

### **Nursing Education**

The faculty believes that education is based on humanistic approaches that foster critical thinking and promote awareness of differences among individuals. The faculty cares for each student as a unique individual with special talents, abilities, needs, and goals. Varying backgrounds, life experiences, and changing socioeconomic factors affect each student differently. To this end, faculty endeavors to provide an environment that assists students to realize their full potential. The acquisition of professional knowledge, communication skills, clinical competence, and clinical judgment occur through the active involvement of the student in the teaching and learning process. Students assume primary responsibility for learning, while faculty provides educational opportunities for knowledge acquisition and professional role development. The faculty mentors, facilitates, motivates, guides, and directs the learning experience.

The synergistic exchange between student and mentor encourages a learning environment that embraces excellence. Faculty believes that technology and nursing informatics is imperative in academic teaching and professional/vocational practice. Education is seen as a continuous, life-long process through which individuals expand learning, enhance practice ability, or qualify for employment positions.

The graduates of both the Vocational Nursing Program and the Associate Degree Nursing Program are prepared to function within the roles of the nurse developed by the Texas Board of Nursing (BON DEC, 2021). These roles incorporate concepts from current literature, national standards, and research. These competencies provide the foundation

for nursing education and practice. The four roles are: Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

### ROLES OF THE NURSE

Upon program completion, the student is expected to exhibit behaviors specified in each role of the nurse, as stated by the Texas Board of Nursing in the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs.

**As a Member of the Profession**, exhibits behaviors that reflect a commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.

**As a Provider of Patient-Centered Care**, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for the ADN-educated RNs include individual patients and their families.

**As a Patient Safety Advocate**, promotes safety in the patient and family environment by: following scope and standards of nursing practice, practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm.

**As a Member of the Health Care Team**, provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families.

Vocational nursing represents the beginning level of the nursing practice continuum in the roles of the Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry-level graduate of a vocational nursing program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable healthcare needs to provide individualized goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and the patient's family. The new graduate can readily integrate technical skills and the use of computers and equipment into practice.

The primary role of the entry-level graduate of an ADN program is to provide direct nursing care or to coordinate care for a limited number of patients in various healthcare settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes. The entry-level competencies reflect the scope of nursing practice for which the student is being prepared.

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Reviewed: December, 2015

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## INFLUENCES OF THE PROGRAM PHILOSOPHY

- **Differentiated Essential Competencies (DEC's 2021) from the Texas Board of Nursing.**
  - The DEC's were designed to provide guidance to pre-licensure nursing education programs to prepare graduates to enter nursing practice as safe, competent nurses, as well as to provide a baseline for the healthcare setting of the nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs
  - Twenty-five core competencies in the DEC's are categorized under four main nursing roles:
    - Member of the Profession
    - Provider of Patient-Centered Care
    - Patient Safety Advocate
    - Member of the Health Care Team
  - Each core competency is further developed into specific knowledge areas and clinical judgements and behaviors based upon the knowledge areas.
  - For Nursing Education, the DEC's are:
    - Guideline for curriculum development and revision
    - Benchmark for measuring program outcomes
    - Statewide standards to ensure that graduates are prepared to enter practice as safe, competent nurses.
- **National League for Nursing (NLN): Learner Outcomes**
  - Human Flouring
  - Nursing Judgement
  - Professional Identity
  - Spirit of Inquiry
- **National Patient Safety Goals**
  - Identify patients correctly
  - Improve staff communication
  - Uses medicines safely
  - Use alarms safely
  - Prevent infection
  - Identify patient safety risks
  - Improve health care equity
  - Prevent mistakes in surgery
- **QSEN Quality and Safety Education for Nurses**
  - Patient Centered Care

- Evidence-based practice
  - Teamwork and Collaboration
  - Safety
  - Quality department
  - Informatics
- **ANA Standards of Practice**

### NURSING PROGRAMS CONCEPTUAL FRAMEWORK

The EPCC Nursing Program student learning outcomes are derived from the philosophy and mission and are reflective of the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment and Behaviors mandated by the Texas Board of Nursing (2021). The Differentiated Essential Competencies (DECs) demonstrate the progression of expectations across the types of nursing programs based upon educational preparation. These competencies were developed using current literature, national standards, and research (e.g., the Quality and Safety Education for Nursing for Nurses Competencies, the Institute of Medicine Reports, the Carnegie Report). Safety, advocacy, compassionate patient-centered care, caring, teaching, learning, communication, evidence-based practice, and informatics are incorporated in the DECs and are evidenced throughout the curriculum.

The curriculum is designed so that students are provided the necessary experiences to develop the knowledge, behaviors, and skills expected of practicing nurses in order to meet the biological, psychological, sociological, cultural, communicating needs of the patient and family. In addition, the clinical judgments of the nurse are guided by personal and professional values. Therefore, ethical principles and cultural diversity are integrated throughout the curriculum as well. Legal concepts are integrated to include Texas Board of Nursing (TBON) rules and regulations and the Texas Nursing Practice Act. The nurse uses a systematic process to assess, analyze, plan, intervene, and evaluate nursing care while collaborating with the interdisciplinary/ multidisciplinary health care team. This process is referred to as the nursing process and is integrated throughout the curriculum.

Each course in the nursing program incorporates the four roles of the Associate Nurse which are required by the TBON: Provider of Patient Centered Care, Member of the Health Care Team, Member of the Profession, and Patient Safety Advocate. The objectives for both the theory and the clinical courses are related and demonstrate increasing complexity as the student progresses in the program. In addition, course objectives relate to the student learning outcomes appropriate for each level.

### ORGANIZING FRAMEWORK: OPERATIONAL DEFINITIONS

COMPETENCE	The quality of being competent or capable of performing an allotted or required function; the ability of having knowledge, skills, experience, qualification and judgment necessary to meet professional nursing responsibilities.
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COORDINATION OF CARE	Two or more people providing services to an individual or group and keeping all participants informed of their activities.
CRITICAL THINKING	The ability to reason out, in a purposeful and goal-directed manner, the accuracy and logic of information in order to transform that information into applicable knowledge. The nurse's attitudes, knowledge base, and skills determine the level of critical thinking.
CULTURE	The totality of socially transmitted behavior patterns, beliefs, values, customs, lifeways, arts, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision-making.
CULTURAL DIVERSITY	In relation to patient care refers to the fact or state of being different. Diversity accounts for many factors: sex, age, culture, ethnicity, socioeconomic status, educational attainment, and religious affiliation. Diversity occurs between and within cultural groups.
CULTURAL NEEDS	Requirements of the family unit and of the patient's lifestyle, language, sexual, spiritual, and religious beliefs.
DELEGATION	The assignment of authority and responsibility to another person (normally from a manager to a subordinate) to carry out specific activities. However, the person who delegated the work remains accountable for the outcome of the delegated work. Delegation empowers a subordinate to make decisions.
DISASTER PLANNING	A disaster plan is a scheme or method of acting, doing, or proceeding that is developed in advance of a calamitous event, especially one occurring suddenly and causing great loss of life, damage, or hardship, such as a flood, airplane crash, or business failure.
DISEASE PREVENTION	Involves activities aimed at identifying risk factors for disease and measures that prevent disease. Includes environmental programs that can reduce the incidence of disease or disability.
ENVIRONMENTAL SAFETY	Environment is the social and cultural forces that shape the life of a person or a population; Safety minimizes risk of harm, injury, danger, or risk to patients and providers through both system effectiveness and individual performance; careful to avoid danger or controversy.
EVIDENCED-BASED PRACTICE	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care (QSEN); the practice of evidence-based nursing means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
FACILITATE	To make easier or less difficult; help forward an action, a process; to assist in the progress of something or someone

FAMILY	Social unit which is comprised of two or more persons who interact in a system of roles and relationships; may or may not be a relative or spouse (at times may be referred to as a significant other).
HEALTH CARE SETTINGS	Various health care environments in which the nurse assumes patient care responsibilities. This includes, but is not limited to, acute care facilities, long-term care agencies, outpatient/inpatient clinics, and community-based agencies, schools.
HEALTH MAINTENANCE	It is the ability to sustain and preserve the present physical, mental, and social well-being of an individual.
HEALTH PROMOTION	An active process that assists a person to develop those resources that will maintain or enhance well-being or improve the quality of life.
HEALTH RESTORATION	The process of restoring an individual to a former state of health after any disease or injury that causes mental or physical impairment.
HOLISTIC	Holistic nursing care is defined as a practice that focuses on healing the whole person through the unity of body, mind, emotion, spirit, and environment.
INDIVIDUAL	An Individual is an interrelated biological, psychological, sociological, cultural, and communicating being who is a recipient of nursing care that focuses on meeting their needs.
LIFE-LONG LEARNING	Process oriented and relates to acquiring knowledge and developing abilities which lead to a permanent change in behavior over time.
NEEDS	Stimuli are based on a perceived or actual lack of internal constancy or harmony with the environment and a desire for an improved sense of well-being. It can be described in terms of actual and potential health problems.
NURSE	An Associate Degree or Vocational Nurse
NURSING INFORMATICS	Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making. (QSEN)
NURSING PROCESS	A method of critical thinking in which the nurse uses assessment, analysis, planning, interventions/ implementation, and evaluation (to include reassessment) in the delivery of patient care. This process is also referred to as a systematic problem-solving process, a systematic process, a systematic approach, and a systematic problem-solving approach.
PATIENT	Recipient of health care services and an active participant in health promotion and disease prevention, health maintenance, and health restoration to meet their bio-psycho-social-cultural and communicating needs. The Associate Degree Nurse defines the patient as the individual and family, whereas the Vocational Nurse defines the patient as an individual in the context of their family.

PATIENT-CENTERED CARE	Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient's preferences, values, and needs.
PERCEPTION OF HEALTH	Immediate or intuitive recognition, insight, or discernment of the general condition of the body or mind with reference to soundness and vigor with freedom from disease or ailment.
PROFESSIONAL NURSE	Professional Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. The professional nurse ensures that he/she stays well educated in the field he/she is working in, that he/she does not cross nurse-patient boundaries, and must display empathy without becoming personally involved with patients.
PROMOTING PROFESSIONAL NURSING	To encourage acceptance of Professional Nursing especially through advertising or other publicity; to help or encourage to exist or flourish.
PROFESSIONAL STANDARDS	Standards are professionally developed expressions of the range of acceptable variations from a norm or criterion; that are pre-determined elements against which aspects of the quality of medical service may be compared. Standards may be defined as "Benchmark of achievement which is based on a desired level of excellence; all standards of practice provide a guide to the knowledge, skills, judgment & attitudes that are needed to practice safely.
PROFESSIONAL VALUES	Professional values represent the foundational beliefs from which standards of ethical practice are derived.
PSYCHOLOGICAL NEEDS	Requirements to maintain the integrity of the patient's psyche and emotional needs include Maslow's hierarchy and Erickson's developmental tasks.
ROLE	Set of expected behaviors that relate to a specific position being held.
SAFETY	Minimizes risk of harm to patients and providers through both system effectiveness and individual performance."
SCOPE OF NURSING PRACTICE	The term "scope of practice" is used to define the actions, procedures, etc. that are permitted by law for a specific profession. It is restricted to what the law permits based on specific experience and educational qualifications
SOCIOLOGICAL NEEDS	Dealing with social questions or problems, especially focusing on cultural and environmental factors rather than on psychological or personal characteristics; financial and support system concerns of the patient.

TEACHING PLANS	A nursing patient teaching plan should be centered around the patient and inclusive of the family; patient education improves patient outcomes and quality of life; educating the patient is an integral part of the nurse's role. The student learns that effective patient-centered teaching requires effective communication skills, knowledge of the teaching-learning process and mastery of knowledge to be imparted to patients and families.
TEACHING AND LEARNING	Teaching strategies guide the instructional process toward achieving individual student learning outcomes and expected student outcomes. Learning serves as one component of the educational process which involves an intentional act of communicating information to the learner.
TECHNOLOGY	Involves rapidly developing methods for collecting and communicating information and for treatment of disease. Constant change in technology assures that continuous learning is an integral part of nursing
THERAPEUTIC INTERVENTIONS	Nursing actions that provide effective treatment and education to facilitate health promotion and disease prevention, health maintenance, and health restoration.
VOCATIONAL NURSE (V.N.)	A graduate of a one-year nursing program who assists the Registered Nurse in the delivery of health care as a Provider of Patient-Centered Care, Member of the Health Care Team Member of the Profession, and Patient Safety Advocate. The Vocational Nurse assists the patient in meeting bio-psycho-socio-cultural and communicating needs.

Reviewed: 8-2014

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## PROGRAM OPTIONS

### NURSING

#### **Associate of Applied Science Degree (AAS-RNSG) Certificate of Completion (C2-RNVN)**

Prepares students to become eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN); program graduates provide professional nursing care, patient teaching, effective communication, and management of patient care. Successful completion of the first semester of courses shows students applying to take the examination for Certified Nursing Aides through the Texas Nurse Aide Registry. Successful completion of the AAS program allows graduates to take the NCLEX-RN exam.

For more information including ranking dates, pre/post admissions requirements, and program contact information, view the Program Information Guide at

<https://www.epcc.edu/academics/health/nursing>

### NURSING- LVN TO RN TRANSITION TRACK

#### **Associate of Applied Science Degree (AAS-LVRN)**

Prepares students to become eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Program graduates provide professional nursing care, patient teaching, effective communication, and management of patient care. Students who have previously completed a vocational nursing program will be able to transfer their vocational nursing courses to this program under the Texas Nursing Articulation Plan. Students must have current state licensure (from Texas or Compact State) as a Licensed Vocational/Practical Nurse. These students will receive credit for the first two semesters of the Associate of Applied Science Degree in Nursing (AAS).

For more information including ranking dates, pre/post admissions requirements, and program contact information, view the Program Information Guide at <https://www.epcc.edu/academics/health/nursing>

### NURSING- LVN TRADITIONAL TRACK AND EVENING/WEEKEND TRACK

#### **Certificate of Completion (c2-vnsg) Certificate of Completion (C2-VCNA)**

prepares students to become eligible to take the Licensure Examination for Practical (Vocational) Nurses (NCLEX-PN). Vocational Nurses perform routine nursing procedures under the supervision of a Registered Nurse or physicians. These procedures include observation, reporting, and the environmental and physical management of patients. Successful completion of the first semester of VNsg courses allows students to apply to test for Certified Nursing Aide through the Texas Nurse Aide Registry.

For more information including ranking dates, pre/post admissions requirements, and program contact information, view the Program Information Guide at <https://www.epcc.edu/academics/health/nursing>

## PROGRAM OUTCOMES

### ASSOCIATE DEGREE IN NURSING PROGRAM OUTCOMES

#### PERFORMANCE ON LICENSURE EXAM

For each program option, the three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period.

#### GRADUATE PROGRAM SATISFACTION

80% of graduates, twelve months post-graduation, indicate that they are “Completely Satisfied” or “Satisfied” with the preparation they received in each program option to perform the Student Learning Outcomes specified on the Graduate Satisfaction Survey as an entry-level nurse.

#### JOB PLACEMENT RATES

90% of program graduates are employed or pursuing additional education within one (1) year of graduation, as reported by the Texas Higher Education Coordinating Board.

#### EMPLOYER PROGRAM SATISFACTION

## EPCC Nursing Student Handbook 2024/2025

80% of employers indicate that they are “Completely Satisfied” or “Satisfied” with the graduate’s preparation as an entry-level nurse to perform each of the Student Learning Outcomes specified on the Employer Satisfaction Survey twelve months post-graduation.

### PROGRAM COMPLETION

1. Generic: At least 70% of the generic students complete the ADN program on time of program admission and reflect the demographics of the group admitted by at least 70%. (Student demographics: age, gender, and ethnicity.)
2. LVN to RN and Paramedic to RN: At least 70% of the LVN to RN students complete the ADN program within eighteen (18) months of program admission and reflect the demographics of the group admitted by at least 70%. (Student demographics: age, gender, and ethnicity.)

Voted on 3-20-15

Reviewed: August 2018

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Reviewed: May, 2024

### VOCATIONAL NURSING PROGRAM OUTCOMES

The graduate of the El Paso Community College Vocational Nursing (VN) Program is prepared to function in various healthcare settings as a creative, critical-thinking, and self-directed individual. The graduate is able to function in accordance with the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs, Evidenced by Knowledge, Clinical Judgments, and Behaviors (2021). Twenty-five core competencies are categorized under four (4) main nursing roles:

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

#### **Vocational Nursing Program outcomes are as follows:**

1. NCLEX-VN\* annual pass rate will be at or above the national mean.
2. 75% of students graduate within 1 year of program admission (on time).
3. 80% of employers are “satisfied with EPCC graduates” to be evaluated annually, using the EPCC Program Review Report.
4. 80% of graduates are satisfied with the program (class availability, the course helped in an occupational area, technology, and curriculum) to be evaluated annually, using the EPCC Program Review Report.
5. 90% of program graduates are employed, in the military, or pursuing additional education within one year of graduation, as reported on the EPCC Program Review Report.

Reviewed: December, 2015

Reviewed: August 2018



Reviewed: August 2024

## STUDENT LEARNING OUTCOMES: ASSOCIATE DEGREE NURSING

Nursing Program Student Learning Outcomes (SLOs) assess the knowledge, skills/abilities, and/or attitudes that display behavioral evidence that the students have attained from their educational experiences. The ongoing assessment of Student Learning Outcomes is specifically linked to the El Paso Community College Mission Statement, Institutional Strategic Goals, Program Review, and the Nursing Mission and Vision statement. Nursing Program Student Learning Outcomes specifically describe the end result of the Nursing program.

Student Learning Outcomes – SLO's	
1.	Integrate teaching-learning principles by developing, presenting, evaluating and modifying teaching plans to meet the needs of patients and their families.
2.	Utilize nursing clinical judgment, communication skills and a systematic process when advocating for safe caring and compassionate patient-centered care to culturally diverse patients and their families across the lifespan in a variety of health care settings.
3.	Assume accountability for the quality of patient-centered nursing care within the legal scope of nursing practice consistent with ethical principles and professional values and standards.
4.	Provide evidence-based nursing care that promotes safety for the patient, family and their environment, while utilizing current technologies and nursing informatics.
5.	Collaborate and co-ordinate with patients, their families and the interdisciplinary/multidisciplinary health care team to implement best practices and to address health promotion and disease prevention, health maintenance and health restoration based on the individual's perception of their health needs.

Reviewed: 8-2014

Reviewed: December, 2015

Revised: May 2018

Reviewed: May

2024

## STUDENT LEARNING OUTCOMES: VOCATIONAL NURSING

Nursing Program Student Learning Outcomes (SLOs) assess the knowledge, skills/abilities,

and/or attitudes that display behavioral evidence that the students have attained from their educational experiences. The ongoing assessment of Student Learning Outcomes is specifically linked to the El Paso Community College Mission Statement, Institutional Strategic Goals, Program Review, and the Nursing Mission and Vision statement. Nursing Program Student Learning Outcomes specifically describe the end result of the Nursing program.

Student Learning Outcomes – SLO's	
1.	Integrate teaching-learning principles by developing, presenting, evaluating and modifying teaching plans to meet the needs of patients and their families.
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3.	Assume accountability for the quality of patient-centered nursing care within the legal scope of nursing practice consistent with ethical principles and professional values and standards.
4.	Provide evidence-based nursing care that promotes safety for the patient, family and their environment, while utilizing current technologies and nursing informatics.
5.	Collaborate and co-ordinate with patients, their families and the interdisciplinary/multidisciplinary health care team to implement best practices and to address health promotion and disease prevention, health maintenance and health restoration based on the individual's perception of their health needs.

Reviewed: 8-2014

Reviewed: December, 2015

Revised: May 2018

Reviewed: May

2024

## ADMISSIONS

1. EPCC Admission: Students interested in any of the nursing programs should first be admitted to EPCC. For more information go to <https://www.epcc.edu/Admissions>
2. Nursing Counseling Session: Make an appointment with a designated nursing counselor to plan your path.
3. Nursing Program Ranking: Students seeking to enter any of the nursing programs go under a Specialized Admission process referred to as "ranking." Ranking occurs twice a year for all three programs. Students ranking in October start the program in the spring semester and students ranking in June start the program in the fall semester. To rank for a program, follow the following steps.
  - Complete [Specialized Admissions Orientation](#)
  - Complete pre-admission clinical clearance/requirements

## EPCC Nursing Student Handbook 2024/2025

- Attend New Nursing Student Orientation
- Complete post-ranking clinical clearance/requirements

For more detailed information including program requirements, review the most current Program Information Guides at <https://www.epcc.edu/Academics/Health>

### COMMUNITY-WIDE ORIENTATION

In accordance with the standards outlined by the Joint Commission (JC), all hospital personnel must be oriented to their role in the hospital's infection control program, safety management program, and other topics designated by the Nursing Department. Therefore, all nursing students are required to complete a nursing orientation every year during a twelve (12) months period.

The Community Wide Orientation is computerized and must be completed prior to registration and attending clinical rotations. A certificate of completion will be provided at the end of the computer course. This certificate must be turned into COMPLIO with the American Data Bank Online.

Failure to complete the above computer course will result in the student not being allowed to register for the program or go to Clinicals. All students must provide documented proof of completion in COMPLIO through the online American Data Bank.

### HIPAA CONFIDENTIALITY

**HIPAA (Health Insurance Portability and Accountability Act) Federal Law** protects patients' rights regarding their health information, including the right to review it and make decisions about how it is used and disclosed and requires healthcare providers to implement safeguards to ensure the privacy of patients' health information.

**Protected health information (PHI)** is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information.

Attempting to obtain or use, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to including dismissal from the program.

Students are not to write the name of the patient, as it is acceptable to write the initials. Do not take any of the patient's PHI outside of the affiliate facility. Do not discuss patients in public, in the elevator, lunchroom, bathroom, hallway, with family or friends. Any of the patient identifiers, such as hospital ID Numbers, SS numbers, etc., are considered PHI. The student nurse will not utilize a phone to take a picture or photocopy of any of the patients' PHI records. Students are responsible for taking the time to research and comply with the laws as identified by HIPAA.

In accordance with the standards outlined for Electronic medical records and confidentiality, the Health Information Portability and Accountability Act (HIPPA) Orientation must be completed online prior to registration. This enables students to work in healthcare areas. Some healthcare facilities will have additional HIPPA requirements.

### EXPENSES

1. The student is responsible for all expenses incurred in the preparation for admission, readmission, and/or advance placement into the nursing programs.
2. In addition to the usual college tuition and fees the nursing program requires liability insurance, which is included in college fees. The nursing program also requires TEA testing, uniforms, books, nursing supply kits for some courses, immunizations, and titers, physical exams, first aid, CPR certification, 2 background checks, a substance abuse screen, and anything from DHS. If a student is out of the program for one (1) full semester or more, the background check and substance abuse screen will need to be repeated. ATI fee (Assessment Technologies Institute) Standardized Testing fee is paid each semester and non-refundable. Other fees/costs may be assessed as needed.
3. The student is financially responsible for emergency care which might be received as a result of an illness or injury while assigned to a clinical affiliate of El Paso Community College. Each student is required to carry medical insurance that covers the Emergency Room (ER). Insurance must go through each academic semester.
4. Nursing Student Supply Kits must be purchased for each class that requires a supply kit as listed in the Course Syllabus. Ordering instructions will be given to the students at the beginning of the semester.
5. ATI – Standardized Testing. The fee for testing is automatically added to the fees paid at registration, the amounts will vary.
6. LVN-RN- Transition students will also take the ATI PN Comprehensive Predictor Exam prior to ranking.
7. A fee for the NCLEX Live Review Course is attached to RNSG2130, Professional Nursing Review and Measure Preparation, and VNSG 1219 Leadership and Professional Development.
8. All clinical affiliates require health insurance for all students utilizing the facility. You will be required to supply health insurance to attend the program.

Revised: August, 2014

Reviewed: December, 2015

Revised: August 2018

Revised: August 2023

### HEALTH INSURANCE COVERAGE POLICY

All nursing students are required to provide proof of current health insurance before enrolling in nursing courses. The health insurance must cover the emergency room. Wellness Insurance will not be accepted. Nursing students must provide proof of current

health insurance before ranking and before being assigned to clinical rotations each semester.

Since nursing students are not employees of individual clinical facilities, these facilities are not obligated to provide health or workers' compensation insurance coverage to nursing students. If a nursing student becomes injured or ill during his/her clinical experience at a particular clinical facility, the student is responsible for payment of all medical costs incurred as a result of such injury or illness. Each nursing student must utilize his/her personal health insurance coverage to pay for any medical cost incurred.

Each undergraduate student's health insurance policy must remain active throughout the semester or course enrolled in or the of his or her nursing program participation.

Students ranking for admission in the VN, RN, and LVN-RN transition programs. Those who fail to present proof of current health insurance will not be eligible for ranking.

Students who do not provide proof of current health insurance will not be allowed to register or will be dropped administratively from all nursing courses.

### CLINICAL ROTATIONS

Students may be required to do clinical rotations on weekends, evenings, or nights upon occasion, which is off cycle from the regular clinical schedule of Monday and Tuesday. The off-cycle clinical rotations may be necessary to optimize student learning and facilitate faculty and clinical site availability.

Clinical days are usually Monday and Tuesday but it could be any other day of the week depending on the health care facility. Clinical can be days, evenings, nights or weekends. Clinicals are at times extended into the winter break or into the summer break depending on the number of students, and Clinical Affiliations available for use during the semester.

### TRANSPORTATION

Students are responsible for transportation to and from the college and health care agencies used for clinical experiences including clinics, community agencies, and schools. It is important that each student make his/her own transportation arrangements, as carpool assignments are not guaranteed.

The student is responsible for providing reliable transportation to clinical education settings. Transportation difficulties cannot be used as an excuse for absence or tardiness problems.

### MILITARY

In the event that students enrolled at El Paso Community College Nursing Program are called to active military service, the administration and faculty will evaluate each student's

academic status in meeting and maintaining the course objectives.

Verification in the form of official orders or a letter from the supervisor or commander will be required with documentation that is signed and on an official letterhead. It must be presented to the Dean of Nursing or the Nursing Program Coordinator.

### STUDENT NURSE SUPPLY KITS

Student Nurse Supply Kits are required for specific courses. The kits are paid through course fees when covering the cost of tuition. They are part of the course/textbook/equipment requirements of the nursing programs. Students must obtain the supply kits or they will not be allowed to practice or check off skills without their kit. The Nursing faculty or designee will distribute the supply kits once classes begin.

### ATI- ASSESSMENT TECHNOLOGIES INSTITUTE, STANDARDIZED TESTING LLC STANDARDIZED TESTING

There is a fee for the ATI Standardized Testing. It will be assessed to each student one (1) time each semester for each student in the Associate Degree Nursing (ADN), Vocational Nursing (VN) Program, and the LVN-RN Transition Program. If the student drops a semester course, the fee is non-refundable.

Reviewed: August, 2014

Reviewed: December, 2015

Revised: August, 2018

Revised: August 2024

### CRIMINAL BACKGROUND CHECKS

Upon satisfactory completion and awarding of the Associate of Applied Science Degree for the Associate Degree Nurse, or completion and awarding of the Certificate for Vocational Nurse the graduate is eligible to apply to take the National Council Licensing Examination for licensure as a Registered Nurse (NCLEX-RN) or take the National Council Licensing Examination for Licensure as a Licensed Vocational Nurse. Graduation does not guarantee approval from the Texas Board of Nursing (BON) to take either of the licensing examinations. Examples of behaviors that violate Standards of Conduct that may prevent an applicant from receiving approval from the Texas BON are included in the Nursing Student Handbook and are given out to students at the Nursing New Student Orientation.

**Background checks with the FBI, including fingerprinting, are performed after the students enter the program and must be completed by the end of the first semester.**

This is a requirement of the Texas Board of Nursing. Students are also required to do a background check through American Data Bank prior to entry into the program. No fingerprints are needed for the background check through American Data Bank.

New Students Orientation (NSO) and The El Paso Community College Catalog include the "student code of conduct" for all students which establishes a system of rights and responsibilities for students. Nursing-related procedures are in place in the Nursing

Student Handbook. The “Declaratory Orders of Eligibility for Licensure” from the BON is available in the Nursing Student Handbook, and available on the BON website. Students with either a minor or major criminal history in their background or a positive drug screen are strongly encouraged to discuss their situation with the Nursing Clinical Clearance staff, the BON, and/or complete The Declaratory Order. The address and phone number for the Texas BON are provided in the catalog.

Revised: Nov., 2007  
Reviewed: August, 2008  
Reviewed: August, 2009  
Revised: June, 2012  
Reviewed: December, 2015  
Revised: August, 2018  
Revised: July 2024  
Revised: May 2024

### 1<sup>ST</sup> BACKGROUND CHECK & DRUG SCREEN

State Regulations mandate that criminal background checks and drug screens be conducted on all persons who work in or, in this case, rotate through daycare centers, public schools, nursing homes, mental health facilities, and/or other healthcare settings. Joint Commission (JC) also mandates that dated background checks and drug screens be provided to participating healthcare facilities. Once a student has been accepted into the nursing program the prospective student must be aware that they will have to complete a background check and drug screen through American Data Bank (COMPLIO), prior to classes starting. The approved agencies will be provided to the student.

Other than direct implications on completing specific course objectives, the results of the criminal background check and drug screen could affect student entry and progress in the Nursing Program. Students with prior convictions or positive drug screens may be prevented from registering for classes and from going to clinical and by other regulations, from participating in course and/or clinical objectives. This may affect course grades if there are no alternatives for meeting those course or clinical objectives; in almost all cases registration to a nursing program would not be allowed. Students with a felony will not be allowed in the programs, as healthcare facilities will not allow them to do clinical rotations in the facilities.

Completing a Nursing Program of study does not guarantee that the student will be able to sit for an NCLEX licensing exam and become a Registered Nurse or a Licensed Vocational Nurse. A positive background check or drug screen may prevent a student from entering a nursing program as the student will not be able to attend clinicals at any healthcare facility or clinical affiliate.

### 2<sup>ND</sup> BACKGROUND CHECK

Upon admission to the program students will have to get fingerprints taken and submitted to The Texas Board of Nursing (BON). The Texas Board of Nursing will submit the fingerprints to the FBI for a criminal background check. If the background check is negative, the BON will send a blue card to the student. A copy of the blue card must be



uploaded to COMPLIO. The student will be notified of a positive criminal background check and will be given information on how to proceed by the ADN Program and/or the Texas BON. Copies of all court documents and communication with the BON must be turned in to the program coordinator to be kept in the student's file after review.

All students are encouraged to complete the Declaratory Order if a criminal history and/or a positive drug screen exists. This should be done prior to study to ensure the ability to take the state licensing exam. Failure to complete a Declaratory Order may prevent the student from taking a licensure exam. The Declaratory Order information is included in the Nursing Student Handbook or obtained from the Texas Board of Nursing website

<http://www.bne.state.tx.us/> applications and forms.

**LINK:** Substance Abuse Testing for Health Occupations Students/ Clearance Investigations and Substance Abuse Testing for Students and Faculty in Instructional Programs DHA-2

<https://www.epcc.edu/Administration/InstitutionalEffectiveness/PoliciesandProcedures/FB-9.pdf#search=Substance%20abuse>

<https://www.epcc.edu/administration/institutionaleffectuveness/policiesandprocedures/DHA-2.pdf#search=clearance%20investigations>

## DRUG SCREENING

Be advised that the Nursing and Vocational Nursing Coordinators or the Dean of Nursing have the right to require a student to undergo a Random Drug Screen for Cause. The Cause can be any signs & symptoms of physical or mental impairment, or evidence of Substance Abuse that occur within the span of time a student is in the Academic environment and clinical health care facility.

Revised: August, 2014  
Revised: December, 2015  
Revised: August 2018

## BACKGROUND CHECK AND SUBSTANCE ABUSE TESTING

In order to ensure that healthcare facilities are in compliance with their accreditation guidelines, all students enrolled in specified health-related educational courses and programs are required to undergo a background clearance and substance abuse screening. Students who fail to obtain clearance will be prohibited from admission or enrollment in specified programs/courses for a period of one year.

NOTE: Substance Abuse Screening should be completed no more than 3 months (90 days) prior to beginning clinical or admission to the program.

NOTE: Students who withdraw from health-related coursework for one semester or longer, are required to repeat substance abuse screening and/or background checks testing upon reenrolling in health-related courses/programs.

NOTE: Students are responsible for all costs associated with substance abuse screening and background checks, including any required repeat checks.



## EPCC Nursing Student Handbook 2024/2025

To initiate your background and substance abuse screen clearance, go to [www.elpasoex.com](http://www.elpasoex.com), COMPLIO (America Databank), and follow the process listed on the web page. Make sure you select only the option(s) that you need at that time, it will affect your cost. Your clearances will be sent directly to the clinical compliance coordinator, dean/director, or nursing coordinator of your program. Only background and substance abuse testing from this approved vendor will be accepted.

There are two levels of background screening - Level I is required for all students, while Level II is only required for students already licensed or certified in any area.

Level I checks the following items: Cost varies and is on the website..

1. Social Security Number Verification
  2. Criminal Search (7 years or up to 5 criminal searches)
  3. Employment Verification (Include reason for separation and eligibility for re-hire for each employer)
  4. Violent Sexual Offender and Predator Registry Search
  5. OIG List of Excluded Individuals/Entities
  6. GSA List of Parties Excluded from Federal Programs
  7. US Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)
  8. State Exclusion List
- (<http://www.hhsc.state.tx.us/OIE/exclusionlist/exclusion.asp>)

**NOTE:** If you do not have a Social Security Card, use all zeros (example: 000-00-000). You will then need to bring a photo ID to finalize your background clearance.

Level II checks the following items:

1. All of Level I elements
2. Employment Verification (Includes reason for separation and eligibility for re-hire for each employer)
3. License/certification verification

Background checks must be completed prior to registration.

**The following findings on the background screening will prevent your participation in clinical courses:**

1. Identification on the list of ineligible persons
2. Any criminal conviction identified as exclusion by the affiliates. Incident listed on the Exclusion Guidelines.

Substance Abuse Testing:

1. An email will be sent to you with a chain of custody (COC) number after payment has been made. The information in the email will include the COC number and information on the approved laboratories as to where to go take your substance abuse test. From the day you receive your email, you have only

five (5) days to take your test. If you go beyond the five (5) days, you will have to re-pay and retake the test again to be cleared for clinical.

2. Your results will be sent to the Dean/Director, Coordinator, nursing clearance, or designee of your program.

Upon review of your background check and/or substance abuse test results, you will receive a letter of clearance or non-clearance, which you will submit to your program director/coordinator. A copy must also be turned in to the program director/dean/coordinator/Complio.

You must also complete a substance abuse test ninety (90) days prior to starting your clinical course. Check with your program coordinator to verify timelines so you do not repeat taking the test too soon. This must be done prior to registration.

Deadlines: There are different enrollments or ranking dates for each of the health programs/courses. Please check the catalog and the program information guide as well as your health career counselor, program coordinator, dean or director to make sure you have completed all requirements. Normal processing can take place in a few days, but sometimes verification requirements may take even a few months to complete some background check follow-up requirements. If you do not order your background check or substance abuse screening timely, then you may miss your deadline.

<b>Healthcare facilities will not allow any person with a felony record in their background to do clinicals at the facility.</b>
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If you have any questions, contact the Nursing Clinical Clearance Office at [nursingclearance@epcc.edu](mailto:nursingclearance@epcc.edu)

Revised: August 2014

Revised: December 2015

Revised: July 2024

## BOARD OF NURSING (BON) POLICY FOR INDIVIDUALS WITH CONVICTIONS – DECLARATORY ORDERS

The BON's Licensure Eligibility Policy for Individuals with Convictions is reprinted below.

1. Staff are authorized to propose denial of licensure eligibility for an applicant or a petitioner who:
  - a. has been convicted of a felony.
  - b. has been convicted of a misdemeanor involving moral turpitude in which the crime was against a person(s) or was a crime of violence.
  - c. has been convicted of a misdemeanor involving moral turpitude in which the crime was non-violent, involving property, if less than 10 years from the date all court conditions were met.
2. Staff members of the BON are authorized to propose denial of licensure eligibility of an individual who has had action by another health care licensing authority when:

## EPCC Nursing Student Handbook 2024/2025

- a. his/her licensure was revoked and not reinstated.
  - b. board action was related to a felony conviction.
  - c. board action was related to a misdemeanor conviction (see 1b and 1c)
3. The Executive Director of the BON is authorized to recommend approval of an individual convicted of a misdemeanor involving moral turpitude in which the crime was non-violent, involving property, who has met all conditions of the court, such as probation, 10 or more years prior to the application or petition, with no further conviction(s).

### Current Procedure to Apply for Declaratory Order:

1. Complete the electronic fingerprints after receiving an email from IdentoGo from BON.
2. After fingerprints are received by the BON they are evaluated by the FBI and results sent to the BON. The BON may send a blue card or letter from the BON.
3. A letter to the BON describing the situation may be requested by the BON. Do not enclose money or the Declaratory Order Form until requested unless sent by the student in hopes of receiving information quickly.
4. The staff members of the BON will review your letter and/or Declaratory Order Form to determine if you need to go through the Declaratory Order Process. If they decide you need to complete the process, they will send you a letter with instructions and all forms needed.
5. If you are required to submit the paperwork for a Declaratory Order, you will be required to submit the required fee with the application and requested documentation.
6. Keep all correspondence to and from the BON.
7. It is recommended that you submit all paperwork relating to this process via certified mail, return receipt requested.

### For further information contact:

Texas Board of Nursing  
(Registered Nurse's and Licensed  
Vocational Nurse's)  
George H. W. Bush State Office Building,  
1801 Congress Avenue, Suite 10-2001, Austin,  
Texas 78701  
Phone: (512) 305-7400  
Executive Director: Kritstin K. Benton, DNP, RN  
Web Address: [www.bon.texas.gov](http://www.bon.texas.gov)

Equal Educational Opportunity. No Student or Prospective Student of the College Shall Be Discriminated Against Because of Race, Color, Religion, Gender, National Origin, Age, or Handicap. Students Who Feel Aggrieved on the Basis of Race, Gender, Color, National Origin, Disability, Creed, or Age May File a Written Grievance. See the college catalog for specific procedures.

Reviewed: August, 2014

Reviewed: December, 2015

Reviewed: August 2018

Reviewed: August 2023

Revised: August 2024

## EPCC POLICY FOR DECLARATORY ORDERS FOR INDIVIDUALS WITH A PRIOR CRIMINAL HISTORY, MENTAL ILLNESS, OR CHEMICAL DEPENDENCY

Students applying to or enrolled in the nursing program who have a history of (1) conviction of a crime (felony or misdemeanor) other than a minor traffic violation, (2) hospitalization or treatment for mental illness, (3) hospitalization or treatment for chemical dependency, or disciplinary action by another licensing agency, are encouraged to have their situation reviewed by the Nursing Coordinator, Nursing Dean or the Board of Nursing prior to entering the program.

In addition, students with a current or past history of psychiatric conditions or drug/alcohol use should discuss their current health status with their healthcare provider. This information should be documented on the physical examination form on file with the College. Current drug or alcohol use may result in disciplinary action by the College in accordance with existing student disciplinary procedures. Refer to the College Catalog and/or the College Student Handbook for more information.

The Board of Nursing can issue declaratory orders to individuals stating their eligibility to write the licensure examination prior to entering or completing the nursing program. You should request advice from the Board of Nursing regarding the need for a declaratory order if:

1. You have been convicted of a crime other than a minor traffic violation.
2. You have been hospitalized or treated for mental illness and/or chemical dependency.
3. You have had disciplinary action taken against you by a licensing authority.
4. Call/Email the Nursing Clinical Clearance staff for information before contacting the BON.

The Board of Nursing requires that the individual student request this clearance. The school can not complete this process for you. If you have not received clearance from the Board of Nursing prior to graduation, the Board of Nursing will not be able to release a graduate permit to you until you have been cleared. Therefore, you must complete this process prior to the end of the 1<sup>st</sup> semester (Foundations) to proceed to the 2<sup>nd</sup> semester.

## PROFESSIONAL BOUNDARIES

The National Council of State Boards of Nursing (NCSBN) defines professional Boundaries as the spaces between the nurse's power and the patient's vulnerability from the Texas

Board of Nursing (BON and the NCSBN). A nurse abstains from personal gain at the client's expense and refrains from inappropriate involvement with the patient or the patient's family. Every nurse is responsible for knowing, recognizing, and maintaining the professional boundaries of the nurse-client/patient relationship.

## VIOLENCE IN THE WORKPLACE -POSITION STATEMENT (BON) 15.30

**The National Institute for Occupational Safety and Health [NIOSH]** classifies workplace violence into four basic types. Types II and III are the most common in the healthcare industry. (Types I and IV are not addressed in this position statement.)

**Type I:** Involves "criminal intent." In this type of workplace violence, "individuals with criminal intent have no relationship to the business or its employees."

**Type II:** Involves a customer, client, or patient. In this type an "individual has a relationship with the business and becomes violent while receiving services"

**Type III:** Violence involves a "worker on worker" relationship and includes "employees who attack or threaten another employee"

**Type IV:** Violence involves personal relationships. It includes "individuals who have interpersonal relationships with the intended target but no relationship to the business"

### **Board Statements LINK:**

[https://www.bon.texas.gov/pdfs/practice\\_dept\\_pdfs/position\\_statements\\_pdfs/BO N%20Position%20Statements%202022%20Final.pdf](https://www.bon.texas.gov/pdfs/practice_dept_pdfs/position_statements_pdfs/BO N%20Position%20Statements%202022%20Final.pdf)

## REVIEW AND CONSIDERATION OF PROPOSED CHANGES TO POSITION STATEMENT (BON) 15.29 PROFESSIONAL BOUNDARIES (SOCIAL MEDIA BY NURSES)

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms, and applications available continue to increase. Nurses play a significant role in the identification, interpretation, and transmission of knowledge and information within healthcare. As technological advances continue to expand connectivity and communication, rapid knowledge exchange and dissemination can pose risks to both patients and nurses. While the Board recognizes that the use of social media can be a valuable tool in healthcare, there are potentially serious consequences if used inappropriately. A nurse's use of social media may cause the nurse to unintentionally blur the lines between the nurse's professional and personal life. Online postings may harm patients if protected health information is disclosed. In addition, social media postings may reflect negatively on individual nurses, the nursing profession, the public's trust of the nursing profession, or the employer and may jeopardize careers. In a survey by the NCSBN, many of the responding boards reported that they had received complaints about nurses inappropriately using social media sites. The survey results indicated that nurses have been disciplined by boards, fired by employers, and criminally charged for the inappropriate or unprofessional use of social media (NCSBN 2012). Nurses

must be aware of the potential consequences of disclosing patient-related information via social media. Nurses must always maintain professional standards, boundaries, and compliance with local, state, and federal laws as stated in 22TAC §217.11(1)(A). All nurses have an obligation to protect their patient's privacy and confidentiality (as required by 22 TAC §217.11 (1) (E)) which extends to all environments, including the social media environment.

### EL PASO COMMUNITY COLLEGE HEALTH OCCUPATION, MATH, SCIENCE, AND NURSING DIVISION GUIDELINES FOR STUDENTS WITH DISABILITIES

Students with permanent or temporary verified disabilities are invited to register with the Center for Students with Disabilities, where counseling, registration assistance, adaptive equipment, and a variety of support services are available. Support services can be arranged for all campus locations. For more information, refer to the College Catalog.

If accommodations are needed to complete program competencies (see El Paso Community College Procedure **7.02.01.14 Physical and Technical Standards for Students in Health Occupations Programs**), a plan will be developed to assist students in meeting course/program competencies whenever possible. An individualized learning plan will be jointly developed between the student, the faculty member, and a representative from the Center for Students with Disabilities. To initiate this process, please contact any of the following individuals: a Health Occupations Counselor, the Instructional/Program Coordinator, a representative of the Center for Students with Disabilities, or the Dean for Nursing. You must initiate the request for accommodations. Accommodations requested and approved must allow you to meet the same course outcomes as students with no accommodations.

### ACCOMMODATIONS FOR LICENSING, CERTIFICATION, OR REGISTRY EXAMINATIONS

Most agencies that license, certify, or register health care professionals also have established guidelines for the examinations for graduates of health occupations programs. These guidelines usually describe testing modifications during the licensing examination for candidates with disabilities. A candidate must be accommodated in the Nursing Program to be allowed accommodation to take the licensure exam. The following outlines a typical guideline:

1. The candidate must submit a request for testing modification directly to the appropriate licensing, certification, or registry agency. Examples of supporting documentation would include:
  - Letter from candidate
  - Letter from medical professional documenting disability and requested modification
  - Letter from the program coordinator identifying modifications granted by the program

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2. The agency will review the request and supporting documentation for completeness, fairness, security, and impact. Information will also be provided to the testing service.
3. An approval letter will be mailed to the candidate from the agency and will include:
  - The accommodations were approved.
  - The test center was notified of the request for the accommodations.
  - Information for the candidate if changes are needed in the test center location.
4. Cost of accommodations will be the responsibility of the testing service.
5. If assistive personnel (e.g. readers, recorders, signers) are needed at the testing site, an approved list of readers will have previously been identified by the agency. The testing service will identify the reader.

For more information contact the specific agency which will issue your license, certification, or registry.

Equal Educational Opportunity. No Student or Prospective Student of the College Shall Be Discriminated Against Because of Race, Color, Religion, Gender, National Origin, Age, or Handicap. Students Who Feel Aggrieved on the Basis of Race, Gender, Color, National Origin, Disability, Creed, or Age May File a Written Grievance. See the college catalog for specific procedures.

Reviewed: August, 2014

Reviewed: December, 2015

Reviewed: August 2018

Revised: May, 2024

### **Refer to College Procedure FB-8 Physical and Technical Standards for Students in Health Career Programs**

<https://www.epcc.edu/Administration/InstitutionalEffectiveness/PoliciesandProcedures/FB-8.pdf>

# **GENERAL NURSING PROCEDURES**

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## **CODE OF PROFESSIONAL CONDUCT**

1. Maintain the highest standard of personal and professional conduct.
2. Actively promote and encourage the highest level of ethics within nursing education, the profession of nursing, and the student nurse association.
3. Uphold and respect all Bylaws, policies, and responsibilities relating to the student nurse association at all levels of membership, reserving the right to propose changes and to critique rules and laws.



4. Strive for excellence in all aspects of communication, collaboration, decision-making, leadership, and management at all levels of the Student Nurses Association.
5. Use only legal, ethical, and human rights standards in all association decisions and activities in accordance with NASA's Core Values.
6. Ensure the proper of all association funds and resources in accordance with fiduciary responsibilities set forth in NSNA's Bylaws and policies in state/federal law.
7. Ensure impartiality and prevent conflicts of interest, neither provide nor accept personal compensation to or from another individual and/or organization while serving as members of Student Nurses' Associations.
8. Maintain the confidentiality of privileged information entrusted or known to me by virtue of an elected or official position in the student nurses' association.
9. Affirm and support diversity and inclusion by refusing to engage in or condone unjust discrimination on the basis of race, sex, sexual orientation, gender identity, age, citizenship, religion, national origin, disability, illness, legal status, or personal attributes.
10. Uphold integrity in personal, professional, and academic life by refraining from and reporting any form of dishonesty, using properly established channels of communication and reporting as set by the policies of the organization in question.
11. Always communicate internal and external association statements in a truthful and accurate manner by ensuring that there is evidence-based data and objective information used by the Student Nurses Association.
12. Cooperate in every reasonable and proper way with association volunteers and staff by working with them to advocate for student rights and responsibilities and the advancement of the profession of nursing.
13. Use every opportunity to improve faculty and student understanding of the role of the Student Nurses Association.
14. Use every opportunity to raise awareness of the Student Nurses Association's mission, values, purpose, and goals at the school, state, and national chapter level as defined in bylaws and policies.

*First adopted by the 1999 House of Delegates, Pittsburgh, PA. Amended by the House of Delegates at the NSNA Annual Convention on April 7, 2017, in Dallas, TX. Interpretive statements were added in November 2017. Further amendments were adopted by the House of Delegates at the NSNA Annual Convention on April 8, 2022, in Salt Lake City, Utah.*

## PROGRESSION IN THE NURSING PROGRAM PROCEDURE

1. All generic students entering the Associate Degree Nursing Program or the Vocational Nursing Program are admitted via College procedure FB-7, "Specialized Admission Requirements for Programs in Health Careers and Nursing."
2. Ranking for students admitted for the Summer (VN Evening/Weekend track only), Spring, and Fall semester will be done according to the ranking procedure listed above.
3. Students on Academic Suspension with the college cannot be ranked for a nursing program. Students with an incomplete (I) for a ranking or required course cannot be

ranked for a nursing program.

4. Students must have a 2.5 GPA to rank in a Nursing Program.
5. Generic students will follow the catalog degree plan for the year under which they were admitted. The catalog degree plan for the Associate Degree Nursing Student and/or the Vocational Nursing Student will be followed in sequential order. Re-entry students: See re-entry policy Reentry into a Nursing Program is by space availability. (FB-10)
6. Non-generic students that are defined as advanced placement, transfer, transferring program students, foreign students, nurses with Board orders, or reentry students will follow the catalog degree plan in sequential order for the year under which they were admitted/readmitted.
7. All nursing students must adhere to a Nursing degree plan as specified in the EPCC College Catalog for the semester/year that entry/reentry is sought. If a degree plan is different than the original one under which the student was admitted or if it comes from another institution, it is the student's responsibility to meet the new requirements, if any, and initiate a revised degree plan with a nursing counselor.
8. If a student is unsuccessful in the nursing program or withdraws from the program, it is the students' responsibility to initiate the reentry process. All students desiring to reenter a nursing program are referred to EPCC policy "Student Reentry into the Nursing Program" (FB-10)
9. All nursing students are expected to follow the policies and procedures as listed in the EL Paso Community College Catalog and Nursing Student Handbook.
10. All nursing students are expected to follow the policies and procedures in the Nursing Student Handbook.

Reviewed: August, 2014

Reviewed: December, 2015

Revised: August, 2018

## PROCEDURES FOR WRITTEN EXAMINATIONS, QUIZZES, AND CLINICAL

1. Unit examinations will be given at announced dates and times.
2. There will be NO retake examinations.
3. The unit examination grade, which may be computed on a percentage basis, will be averaged into the final grade for the course according to the published course grading scale. The ATI exam in each course will be averaged into the unit exam grade.
4. If a comprehensive examination is part of the course, the comprehensive examination grade will be a percent of the final grade for the course according to the published course grading scale.
5. The student must notify the instructor of an absence PRIOR to the time of the scheduled examination. If the student does not contact the instructor PRIOR to the time of the scheduled examination, a grade of zero (0) will be assigned.
6. Five points will be deducted from examinations not taken on the scheduled date and time. The student must take the examination within one week (7 days) unless special arrangements have been coordinated and approved with the instructor. Failure to follow this procedure or failure to take the examination at the designated time

established by the instructor will result in a grade of zero (0) for the examination. It is the student's responsibility to contact the instructor and to keep the lines of communication open.

7. If a student is late to an exam, the student must notify the instructor giving the exam or the course coordinator prior to the exam. If a student is more than (15) minutes late to take the exam, there will be a (5) point deduction from the exam grade.
8. Students arriving late (online and/or face to face) to take an examination will have to complete the examination in the time left.
9. Extensions in time for exams must be done with a directive received from the counselor with the Center for Students with Disabilities (CSD). Requests must be sent through the CSD or as directed in the syllabus.
10. Online Testing- with Respondus or Proctorio
11. All online testing a Proctored Assessments will be completed synchronously on the prescheduled date/time via Blackboard using Respondus Lock Down Browser or using Proctorio.
12. Exam Grades are not final until the instructor conducts a review of the Respondus Exam. If the review of the Respondus report or Proctorio report raises concerns of potential academic dishonesty (See EPCC Nursing Student Handbook) the concerns will be reported to the dean of nursing. Concerns related to Proctorio will also be reported to the program's ATI liaison.
13. Tardiness for exams on Proctorio or Respondus Exams. If difficulty signing into the exam, notify the instructor within 10 minutes of the difficulty encountered by course message and by phone let the instructor know that a problem exists.
14. The student cannot have earphones, headset, or earbuds. The student can have a mirror as indicated in the syllabus.
15. Once an individual finishes the exam, no student will be admitted to the exam.
16. The student must have a final grade of 78% or higher to pass the course; this is necessary to progress to the next course, based on the EPCC catalog nursing degree plan to which the student is currently aligned.
17. At the instructor's discretion according to course syllabi, the lowest quiz grade may be dropped in the calculation of the course grade. There will be no exam grades dropped in the calculation of the course grade.
18. The instructor has the option of specifying seating arrangement, movement, what articles to bring to the exam and leaving the room during classes and examinations.
19. All books, notebooks, and personal belongings will be placed at the front of the classroom or other designated area, i.e., left in the car before entering a testing situation.
20. All individual nursing clinical courses must have a final grade of 78% or higher to pass the individual nursing clinical course. This standard is required before the student is allowed to continue on to the next individual nursing clinical course. This standard is based on the EPCC catalog nursing degree plan to which the student is currently aligned.
21. See individual course syllabi for other requirements related to Written Examinations, Quizzes, Clinical, and other graded materials.

# EPCC Nursing Student Handbook 2024/2025

Revised: December 2015

Reviewed: August 2018

Revised: August 2024

## PROCEDURE ON ROUNDING OF GRADES

The process of rounding course grades to be used throughout the Nursing Program will follow common mathematical convention:

1. Scores on each examination, assignment or clinical evaluation will be rounded and recorded to the closest whole number.
2. Rounding rule: All grades except for the Final Course grade will be rounded.
3. **Final Course grades will NOT be rounded to the closest whole number.** A 78.00% is needed to pass the course with no rounding (i.e. 77.7 would be recorded as 77.7 and not rounded up to 78; 89.9 stays 89.9 and would not be rounded up to 90).
4. Grading Scale  
A = 90 – 100  
B = 80 – 89  
C = 78 – 79  
D = 70 – 77  
F = 69 and below

D is **not** a passing grade in all Nursing Programs (VN, RN, LVN to RN). **A minimum passing grade in all Nursing or Vocational Nursing courses is a C = 78.**

Revised: 10-26-15

Starts: Spring 2016

Revised: August 2018

Reviewed: May 2024

## NURSING PROGRAM PROCEDURE ON STANDARDIZED TESTING

The nursing program will utilize the “Comprehensive Assessment and Review Program” (CARP) offered by Assessment Technologies Institute, LLC (ATI). CARP prepares students for the NCLEX and their career by strengthening their knowledge base through focused remediation. It is a comprehensive learning solution that goes beyond testing by offering unique and proprietary remediation on each test, practice or proctored, and it ties directly back to the NCLEX. To address diverse learning styles, CARP includes multiple remediation sources such as online and traditional reading materials, videos, practice assessments and internet sources.

The CARP package includes the following:

### Entrance/Orientation

- Self-Assessment Inventory
- Critical Thinking Entrance Assessment
- Quest for Academic Success Review Guide
- Nurse Logic

### Content Mastery Series

- Proctored Assessments
- Specialty-Specific Review Modules
- Learning System—Practice tests and Finals
- Skills Modules

### NCLEX Preparation/Exit

- Comprehensive Predictor Assessments
- Online Practice Comprehensive Assessments
- Ready-Set RN/PN Review Guides
- Critical Thinking Exit Assessment

Students must create an account at the ATI website ([www.atitesting.com](http://www.atitesting.com)) at the start of the semester and keep a record of their user ID/password.

Each nursing course may have one or more proctored ATI assessments scheduled for completion during the course. These Proctored Assessments are identified in the Nursing Program's Standardized Testing Plan, with the exception of RNSG 2130 and VNSG 1219, students are required for course completion to take the Proctored ATI Assessment as scheduled, or they will receive a grade of "I", incomplete for the course. It is mandatory to take the Proctored ATI Assessment at the end of the specific courses. It will be counted as a unit exam grade in all courses except RNSG 1115, 1301, 1208, and VNSG 1227, 1323, and all clinical courses.

The Proctored Assessment must be taken as scheduled. If not taken as scheduled, zero points will be awarded. For students enrolled in RNSG 2130 in the 4<sup>th</sup> semester of the ADN program and in the VNSG 1219 in the 3<sup>rd</sup> semester of the VN Program; the ATI Comprehensive Predictor Assessment may be taken 2 times for course completion.

Prior to taking the Proctored Assessments, the student must score at least 90% on the practice assessments. The practice test may be taken on any computer at any time and may be retaken until the student scores at least 90% (although 24 hours must pass prior to retesting).

The student must submit proof of an online-focused review, quiz, and a score of 90% on the practice test to the instructor to be allowed to take the Proctored ATI Examination. If the student fails to do the online-focused review for course completion, the student will receive an "I" (incomplete) until the focused review is done.

However, students must complete a focused review on the practice assessments on any items missed prior to retesting and before taking the Proctored Assessment. Students will receive an "incomplete" in the course if the Proctored Assessment is not taken at the scheduled time.

The Proctored Assessment may be taken only once, with the exception of the Comprehensive Predictor Assessment which can be taken twice.

Students who do not take the ATI assessment at the scheduled time/date or have not completed the required remediation will receive an incomplete grade for the class.

A Practice Assessment cannot be repeated until the course instructor has received the documentation of remediation for the previous Practice Assessment. In order to complete the remediation, students must print out the completed ATI individual Performance Profile (results), following completion of the Practice Assessment. On the ATI individual performance Profile, students must refer to the content areas and topics for review as identified on the profile. They must create and complete a focused review for the practice assessment. Then the completed proof of the remediation and course requirements must be submitted to the course instructor as stated above.

Students will receive an Exam Grade according to their achievement levels on the Fundamentals, Pharmacology, Mental Health, Adult Medical Surgical, Nursing Care of Children, Maternal Newborn, Leadership, Nutrition, Gerontology, and Community Proctored Assessments. An average Level of 3 will be 90, an average level 2 will be 85, an average level 1 will be 77, and an average level below 1 will be 69. ATI exams will total only 10% of the course grade

## TOTAL TESTING PROGRAM – ASSOCIATE DEGREE

Course Name	Proctored ATI Assessment
Dosage Calculations for Nursing RNSG 1208	n/a
Foundations for Nursing Practice RNSG 1413	RN Pharmacology 2023 with NGN RN Fundamentals 2023 with NGN
Common Concepts of Adult Health RNSG 1441	RN Fundamentals 2023 with NGN
Mental Health Nursing RNSG 2213	RN Mental Health 2023 with NGN
Care of Children and Families RNSG 2201	RN Nursing Care of Children 2023 with NGN
Maternal/Newborn Nursing and Women's Health RNSG 2308	RN Maternal Newborn 2023 with NGN
Concepts of Clinical Decision-Making RNSG 1347	Medical-Surgical I (1MS1) 2023 with NGN
Transition to Professional Nursing RNSG 1327	RN Nursing Care of Children 2023 with NGN RN Maternal Newborn 2023 with NGN RN Mental Health 2023 with NGN
Complex Concepts of Adult Health RNSG 1343	RN Adult Medical Surgical 2023 with NGN
Professional Nursing: Leadership and Management RNSG 2221	RN Leadership 2023 with NGN
Professional Nursing Review and Licensure	RN Comprehensive Predictor 2023 with

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Preparation RNSG 2130	NGN RN Community Health Nursing 2023 with NGN RN Pharmacology 2023 with NGN RN Nutrition 2023 with NGN

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Reviewed: August 2018

Reviewed: August 2023

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Revised: December 2024

## TOTAL TESTING PROGRAM – VOCATIONAL NURSING

Course Name	Proctored ATI Assessment
Basic Nursing Skills VNSG 1323	n/a
Applied Nursing Skills I VNSG 1402	PN Fundamentals 2023 with NGN
Applied Nursing Skills II VNSG 2413	PN Mental Health 2023 with NGN PN Pharmacology 2023 with NGN
Applied Nursing Skills III VNSG 2214	PN Adult Medical-Surgical 2023 with NGN
Pediatric Nursing VNSG 1234	PN Nursing Care of Children 2023 with NGN
Maternal-Neonatal Nursing VNSG 1230	PN Maternal Newborn 2023 with NGN
Leadership and Professional Development VNSG 1219	PN Management 2023 with NGN PN Comprehensive Predictor 2023 with NGN

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Revised: December, 2015

Reviewed: August, 2018

Reviewed: August, 2023

Revised: August 2024

## COURSE EXPECTATIONS STUDENT COUNSELING/CONTRACTS

1. A student must consistently meet course/program expectations (i.e., attendance, professional ethics, safe practice, etc.). Any student who does not meet course/program expectations may be counseled either verbally or in writing by a nursing faculty member, nursing coordinator, or Dean.
2. If a student repeatedly does not meet course/program expectations, a written contract will be outlined specifying the expectation, recommendations for

- improvement, and a deadline by which the recommendations should be met.
3. Failure to adhere to the specified required criteria in the contract may result in one of the following:
    - a. Students could get a grade of (0) or F if the student fails to complete the required Assignment/Quiz/Test
    - b. Student could be dismissed from the course with a (0) or F
    - c. Student could be dismissed from the program with a (0) or F.
  4. Students who have exited due to documented incidents of unsafe practice may not be considered for readmission regardless of the level of the course. This statement is included in the document "Student Reentry into the Nursing Program".

Reviewed: August, 2014

Reviewed: December, 2015

Reviewed: July 2023

Revised: August 2023

Reviewed: August 2024

## COLLEGE PROCEDURE FB-10 STUDENT RE-ENTRY INTO THE NURSING PROGRAM

This procedure provides a system for re-entry into a Nursing program for a student whose program of study has been interrupted. The current procedure can be accessed on the EPCC website.

### **Link to FB-10 Student Re-entry into the Nursing Program:**

<https://www.epcc.edu/Administration/InstitutionalEffectiveness/PoliciesandProcedures/FB-10.pdf>



## NURSING PROCEDURES FOR CLASS/CLINICAL

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### NURSING PROCEDURE FOR CLINICAL ASSIGNMENT

Unless otherwise stated in the Course Syllabus, students must adhere to the following guidelines for successful completion of the clinical components.

- A. The student is required to select the clients the day before the clinical experience and prepare a plan of care unless otherwise instructed by the clinical instructor.
- B. Each student must be prepared with the daily care plan and/or paperwork the first

- thing in the morning of each clinical day or as directed by the instructor.
- C. Students who are unprepared for the clinical day (no daily care plan, inappropriate dress, etc.) may be sent home for the day at the clinical instructor's discretion. An unexcused absence will be recorded for that day, and a student counseling form will be completed. There will be a 10-point loss from the clinical rotation evaluation for an unexcused absence. (See Clinical Absence Policy). Each day the student has not passed the math exam to pass meds in clinical, there will be a 10-point deduction for each clinical day medications are not passed. (See the procedure on Math Assessment Examination [drug calculations])
- D. Students should follow the guidelines listed below for visits to the clinical area for the client section:
1. Lab coat with EPCC patch and appropriate attire are required i.e., uniform, or khaki pants & black polo. Wear EPCC student ID with picture, student nurse name tag (teal), and hospital-specific name tag (if appropriate). (See Dress Code).
  2. When arriving on the unit, identify yourself as nurse manager or charge nurse and state your business.
  3. Use common courtesy when requesting and using charts and computer printouts. **DO NOT** remove them from the unit.
  4. Review the charts/computer printouts for data to select a client. The nurse manager or charge nurse may be able to help you with this selection. Some hints include:
    - a. Select a diagnosis that meets the clinical criteria for the course.
    - b. Assess the nursing care required by the client.
    - c. Select a client with skills that you have completed or skills that you will be learning this semester. Remember that the only way to learn is with a challenge. Please select a client that provides a good learning experience for you.
    - d. Verify your selection with a nurse who is familiar with the client.
    - e. Write your client selection on the clinical assignment form as directed by your clinical instructor.
    - f. Obtain permission from the client or family for care
    - g. Do not record the patient's name on any student data forms. Only patient initials may be used.
    - h. Do not remove any hospital computer printouts from the premises.
  - E. Client selection is subject to review and change by the clinical faculty and /or the charge nurse.
  - F. Do not provide patient care when making client selections. Students are expected to select patients during designated times from the instructor and/or as instructed by the facility.
  - G. Students may not go to the clinical site to select clients after 11:00 p.m. or before 5:00 a.m. or at the change of shift.
  - H. Clinical Absence – See specific policy in the Nursing Student Handbook.
  - I. Tardy to Clinical – See course syllabus for specific tardy policies.
  - J. Students are accountable for previously learned skills. Students must have

completed, by check-off or practiced skills, basic skills for client care and medication administration (including Procedure on MATH Assessment Examination [drug calculation] see policy) as stated in the course syllabus and packet, and/or Nursing Policy prior to being allowed to perform the skills) in clinical. Courses specifically affected are Foundations, Common Concepts, and Complex Concepts in the ADN program and Basic Skills and Applied Skills I, II, and III in the VN program.

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Reviewed: December, 2015

Revised: August 2018

Revised: August 2023

Reviewed August 2024

## CLINICAL AFFILIATION UNIFORM CODE, NURSING SKILLS LAB DRESS CODE AND CLASSROOM DRESS CODE

The student is a representative of the EPCC Nursing Program and as such, his/her appearance reflects on the nursing program and the student as an individual. A professional appearance is expected at all times.

### I. CLINICAL AFFILIATE UNIFORM CODE:

1. **General:** Hospital uniforms are scrubs that will be worn during clinical rotations as the uniform. However, professional dress, scrubs, or black polo shirt and khakis with a lab coat may be worn on some rotations (clinics, day care, Mental Health, etc.). Other times, hospital issued scrubs may be necessary (labor and delivery, operating room, etc.), which are provided by the hospital. Check with the instructor as to whether the hospital scrubs or professional dress need to be worn to the facility. It is important that the student follow the specific hospital policy if it is more stringent. No partial uniforms allowed for any area.

### II. UNIFORM STANDARDS FOR CLINICAL AND LAB

1. **Name Tags:** All students will wear a white and teal green name pin on uniform/scrubs and long sleeve lab jacket. Name tags should be worn by students when in the lab areas. In the hospital, the students will wear their name tag with their EPCC picture identification card and a designated student tag that is provided by the hospital.
2. **School Patch:** The EPCC school patch will be worn by all students and patches should also be worn on all types of scrubs used in the lab area. The patches will be placed on the upper left sleeve of lab coats, long sleeve jackets, uniform/scrubs, or T-shirts. Patches must be placed approximately one inch (1") below the shoulder seam. Patch must be permanently secured (ironed on or sewn) not temporarily placed with staples, safety pins, tape, Velcro, or glue.

3. **Lab Coat:** A white lab coat  $\frac{3}{4}$  length (preferred) is required by all students. Lab coats should be worn for warmth in place of sweaters or long sleeve lab jacket in the Lab areas.
4. **Hair:** Hair should be worn in a style to provide for safety and protection from infection of the patient in healthcare facilities/clinical area and all labs where skills are required. Hair must be up off the shoulders and secured for all students. Plain bobby pins or plain metal barrettes are permitted to fasten long hair securely. Head and facial hair must be trimmed in such a manner as to allow the proper fit of N-95 TB masks, and long hair must be tied back and up anytime the student is in uniform/scrubs. (Covers of facial hair may be required by some facilities or some areas).

All hair must be of a “natural” color. Hair that is of an “unnatural” color such as blue, green, yellow, florescent, purple etc. and/or that is colored in patterns, streaks or cut in stencils will not be allowed. Hair styling must be conservative and professional in appearance. Haircuts should not have patterns. During Nursing Skills labs practice, check offs, and simulation lab, hair must be kept up and not hanging free. Students with beards or mustaches must keep their facial hair neat and trimmed.

5. **Body Art:** All students with body art (tattoos, brandings, or piercings) must have it completely covered with gloves or removed anytime they are in uniform/scrubs and/or in the healthcare facility/clinical area, i.e., If body art is on one arm, both arms should be covered. **Body Art tattoos must be covered with make-up. No band aides or bandages allowed.**
6. **Affiliates:** Students are required to adhere to all policies and procedures of the affiliate healthcare facilities/clinical areas.
7. **Nails:** Fingernails (natural) should be clean and short in length (1/4 inch). Subdued nail polish is permitted as long as it is not chipped or cracked if permitted by the health care facility. **NO ARTIFICIAL NAILS ARE ALLOWED, no nail wraps, decorations or other artificial additions to natural nails in the affiliate Healthcare facilities or Clinical areas.** No Gel polish. Follow affiliate policy for nails if different from EPCC.
8. **Make-Up/ Perfume/Aftershave:** Use of heavy make-up and perfume/cologne/aftershave for female and male students are not permitted.
9. **Watch:** A watch with a second hand must be worn whenever in uniform/scrubs in the healthcare facility or clinical area.
10. **Scissors:** Scissors are needed when in the healthcare facility /clinical area, in Lab practice, check offs and simulation.
11. **Jewelry:** Any visible jewelry will be conservative and in good taste.

- 1 Plain ring without raised stones or designs will be allowed in moderation.
  - Earrings will meet these specifications: 6mm or ¼ in. in diameter or smaller; gold, silver, white, pearl, or diamond; unadorned and spherical; fit snugly against the ear lobe; maximum of two earrings per lobe. No large or dangle earrings.
  - No other jewelry or body piercing materials will be visible while in any healthcare facility /clinical area
  - Fad devices, vogue medallions, personal talismans, or amulets will not be worn.
12. **Gum:** No chewing gum is allowed in the Nursing Skills Lab or when administering direct patient care.
13. **Shoes:** White or black nursing shoes or all white or all black athletic shoes can be worn in the healthcare facility/clinical area. Shoes must be closed in toe and heel. No sandals, crocs, flip flops or toeless or backless shoes can be worn to the healthcare facility/clinical area. Shoes in the lab area when in uniform/scrubs or classroom attire will be closed in toe and heel. Closed heel and closed toe shoes will be worn at all times in the healthcare facilities/clinical areas to prevent foot injuries due to rolling or falling objects. (OSHA Standards and Texas Office of Risk Management Guidelines).
14. **Hygiene and Body Grooming:**
- All students are representatives of EPCC and the ADN, VN, and LVN-RN program at all times. Each student should be mindful of his/her appearance, especially when in the healthcare facility/clinical area or other times as an EPCC representative.
  - Uniforms and lab coats will be freshly laundered, neat, not wrinkled, and fit properly.
  - Shoes, socks and hose (white or black) must be clean and neat.
  - Excessive make-up or strong smelling perfumes/colognes/aftershave will not be permitted. Deodorant should be used.

Extreme shades of lipstick and nail polish such as bright colors, purple, gold, white, or combinations colors/designs will not be worn.

**III. Uniform for Clinical Patient(s) Selection:**

1. **The uniform** will be Khaki pants/slacks with a belt and a black polo shirt (with a collar). Shirts will be tucked into the pants. Uniform scrubs should be school colors, as if, going to clinicals.
2. **Name Tags** (see previous description)
3. **School Patch** (see previous description)
4. **Shoes** (see previous description)
5. **Lab Coat** (see previous description)
6. **Long Sleeves Scrub Jacket** Can be worn in clinical area or labs for warmth if cold.

7. **Students must be in full uniform** when selecting patients in the clinical area. No partial uniform allowed.

**IV. B. Uniform for Clinical:**

1. **Uniform/ scrubs:** The teal and black, (teal colored tops and black pants) uniform/scrubs should be clean and neat. They should be pressed as needed to keep them wrinkle free. Nylon/transparent/translucent material may not be used for the uniform/scrubs.
2. **Uniform/ scrubs Sleeves:** Teal Sleeves may be short sleeves, long sleeved or  $\frac{3}{4}$  length. If a shirt is worn under a scrub top, it must be of nontransparent/ non-translucent material. It can be white or black. It must be plain and void of any visible decorations or pattern.
3. **Uniform/ scrubs:** The uniform/scrubs that are used should be free of decorations or belts, pleats, ribbing, ruffles, lace, embroidery, etc. Scrub tops and pants must be of the same fabric.
4. **Uniform/ scrubs:** Uniform/ scrubs should have pockets on the scrub shirt, and/or scrub slacks (pants).
5. **Uniform/scrubs:** The uniform should fit loosely enough to allow adequate movement and should not be too tight or baggy. Uniform Scrubs tops should be long enough to cover the torso completely and should be 8-10 inches below the waist to prevent any skin at the waist, midriff and hips from showing when bending or lifting while working. Tops should not be low cut in the front and not tight. Pants should be worn comfortably around the waist and not low on the hips. Pant hemlines should touch the top of the shoes. They should not be short, capri length, or drag on the floor.
6. **Shoes:** (see previous description)
7. **No sandals:** crocs, flip flops or toeless or backless shoes can be worn to the healthcare facility/clinical area. Shoes in the lab area when in uniform/scrubs or classroom attire will be closed in toe and heel.  
(OSHA Standard)
8. **School Patch:** (see previous description)
9. **Name Tag:** (see previous description)
10. **School Pin:** After completion of program requirements for the associate degree or vocational certificate, the graduate may wear the EPCC pin.
11. **Lab Coat:** (see previous description)
12. **Long Sleeve Scrub Jacket:** (see previous description)

13. **Students must be in full uniform for clinical and lab:** No partial uniform allowed.

### III. NURSING SKILLS LAB DRESS CODE:

1. Professional dress is expected at all times.
2. All EPCC Students must wear scrubs and closed-toe and closed-heel shoes in the nursing Skills Lab for practice, check-offs, and simulations, not for classes where no lab skills are performed. The scrubs in the lab do not have to be EPCC teal/black scrubs unless required by the instructor.
3. Dress requirements for lab will be the same as for clinical requirements. Hair must be secured from falling across face when in lab, and must be up off the shoulders and secure for all students. Tattoos will be covered with make-up. If tattoos are on hands the tattoos must be covered with waterproof make-up at all times or gloves will be worn with all patient care and in lab. No body piercing materials will be visible while in lab when in uniform/scrubs, with the exception of two small stud earrings or two small earrings on each ear. No large or dangle earrings.
4. **NAILS** (see previous description)
5. Dress requirements can be altered only by the instructor in the lab.

Dress requirements can be altered only by the instructor in the lab.

### IV. NURSING CLASSROOM DRESS CODE:

The following Nursing classroom dress code applies in ALL classroom areas at all times if not wearing uniform/scrubs: The uniform can also be Khaki pants/slacks with a belt and a black polo shirt (with a collar). Shirts will be tucked into the pants.

1. **Business casual** can be used in the classroom or complete uniforms can be worn.
2. **Classroom Attire:** No halter tops, no strapless shirts, no skimpy or short shirts or tops, no tube tops, low cut tank tops, spaghetti straps or no mesh tops. No short shorts, jogging suits, no leggings/yoga pants, or sweats. No underwear should be showing. Only full blouses/shirts and tops that are conservative/modest are allowed.
3. No translucent/ transparent tops or bottoms shirts, blouses or garments for any student.
4. Shorts for any student (male and female) must be long enough to cover critical areas.
5. No sandals, flip flops, backless shoes, high heels shoes. Shoes must be flat or moderate height and must be closed toe and closed heel for

- safety especially when going to nursing lab area. (OSHA Standards; Texas Office of Risk Management Guidelines)
6. Pants/skirts and tops must fit correctly with no gap of skin showing at the waist, when bending or moving.

**V. DRESS CODE WHEN NOT IN HOSPITAL UNIFORM BUT REPRESENTING EPCC PROGRAM** (For example Sunday selection of patients, Mental Health rotation, community visits etc.)

1. **Lab coat**, name tag (EPCC teal and white and EPCC picture identification card) and school patch is required.
2. **Clothes underneath lab coat** must be professional dress (see description under section IV).
4. **Uniform** (see description under section I)
5. **Name Tags** (see previous description)
6. **EPCC School Patch** (see previous description)
7. **Shoes** (see previous description)
8. **Lab Coat** or Long Sleeves Scrub Jacket (see previous description)
10. **Students must be in full uniform** when selecting patients in the clinical area. No partial uniform allowed unless otherwise directed by the instructor.

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## PROCEDURE FOR CHARTING/DOCUMENTATION

I. **Statement of Purpose:**

- A. To establish guidelines for students and faculty to follow in regard to charting patient's data and patient care rendered.
- B. To establish guidelines for students and faculty to follow in regard to making notations on narcotic records.

II. **Statement of Policy:**

- A. Special hospital policies regarding charting/documentation override the EPCC Policy. Special policies will be noted on the agency protocol sheet.
- B. Students in nursing may chart under the supervision of their clinical instructor, preceptor, or RN responsible for the patient, if applicable at the institution.
  1. First semester (Foundation) students must have charting approved by clinical instructor prior to charting in the patient's chart.
  2. Except for the Admission Nursing Assessment, notations made into a patient's chart need not be co-signed if using paper/pen charting. Signature should include SN/SVN or student nurse/student vocational nurse.



3. The Admission Nursing Assessment must be completed by an RN. The student will be allowed to do the assessment with the RN or independently after it is completed. The nursing instructor is available to work with the student and complete an admission assessment on a client after an RN has completed the assessment.
  4. Students may not witness the signing of permits or other legal documents.
    - Electronic charting will be done as hospitals give their permission and/or students are trained.
    - Electronic charting will be done by the 4th semester; preceptor students when possible.
- C. The student's signature on the narcotic record need not be co-signed unless the narcotic is wasted. If the agency utilizes an automated medication dispensing system, agency policy and procedures are to be utilized in retrieval, dispensing, and documentation of medications. When an automated dispensing system is not used, the following guideline is to be used.
1. When a narcotic is wasted, the student's signature must be co-signed by the clinical instructor or staff nurse (RN or LVN) observing the wastage. (This is in accordance with procedures set forth by federal, state and hospital standards).
- D. **STUDENTS MAY NOT TAKE VERBAL ORDERS.** The exception is leadership management students in conjunction with their preceptor. The licensed preceptor will add the order to the medical record.

Students are not allowed to transcribe or verify orders. Students in the RNSG 2261, clinical portion of Professional Nursing: Leadership and Management course may transcribe and verify orders only in conjunction with the Registered Nurse Preceptor.

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## PROCEDURE FOR MATH ASSESSMENT EXAMINATION

1. **Drug Calculations (Math) are a Nursing Competency.** Mastery of drug calculations must be demonstrated for all nursing clinical courses, Associate Degree Nursing, Vocational Nursing and LVN-RN Transition Nursing. A score of 90% or higher on a drug calculation assessment examination (math exam) must be received. Students must receive the 90% score prior to administering medications in the clinical setting. This applies to all students enrolled in a theory and/or a

- clinical course to include the first semester. The exception is RNSG 1115, RNSG 1301, RNSG 1208, RNSG 2130, VNSG 1227, and VNSG 1219.
2. All students taking or auditing the theory course with a clinical course as requisite must also take the math assessment examination (drug calculation), even if not enrolled in the clinical course. This will validate their knowledge and skills as they prepare to advance to the next course and provide an opportunity for remediation, if appropriate. The first attempt at the math assessment examination (drug calculations) will be counted as a theory quiz grade for students enrolled in theory. Auditing students will not receive grades in theory.
  3. Students who do not receive a 90% on the math assessment examination (drug calculations) **will not** administer medications in the clinical area if direct patient care is involved. Simulation can also have points taken off if practice on the scenarios has been given before the graded scenario. Points will be deducted in all applicable areas of the ADN/VN/LVN-RN Competencies (clinical evaluation) and an additional 10-point deduction from the ADN/VN/LVN-RN Competencies (clinical evaluation) for each day that medications cannot be administered.
  4. Math Assessment Examination (drug calculations) exam will be offered once weekly for **a maximum of three (3) attempts**. If the student does not pass the Math Assessment Examination on the (3) third attempt, the student will be dropped from the from the course(s) they are enrolled in, theory and/or clinical. Courses are co-requisites.
  5. Any student making less than 90% on the math assessment examination (drug calculations) will receive a written student counseling form and will be expected to comply with remediation recommendations prior to re-testing.
  6. Starting with the first semester of nursing courses, each unit math assessment examination and the comprehensive final math assessment examination for the theory nursing courses will contain medication administration and drug calculation (math) questions to equal ten percent (10%) of each examination.
  7. Students will be deducted 10 point per each clinical day missed. Since they are not eligible to pass medications until they achieve 90% on the math calculation examination.
  8. Students that may have clinical starting the 2<sup>nd</sup> week of the course will have two (2) opportunities to take the math assessment examination before clinical begins.
  9. Not passing the Math Assessment Examination (drug calculations) is unsafe practice. The student violates previously mastered principles, learning and objectives in carrying out patient care and/or delegated medical functions from previous and/or current semesters. Failure to demonstrate or explain patient care, assessment, planning, interventions and evaluations listed in previous course objectives that have been completed. (See syllabus and evaluation tool)

**Note:** Only generic (basic) calculators can be used for the calculation examinations. No calculators with programming will be allowed for the test

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### PROCEDURE FOR DRUG DOSAGE CALCULATIONS

**PURPOSE:** The following procedures will be utilized in the EPCC Nursing Program during theory and clinical instruction, including testing. The procedures were established to avoid confusion among students and instructors in the indicated areas. These guidelines are an adjunct to the math competency statements previously established.

1. Instruction in theory, clinical, and lab classes will be based upon dimensional analysis. Ratio and proportion may be used, but will not be taught.
  - a. Students who have previously learned another method of drug dosage calculations may continue to use that method; however, they are responsible for being able to meet all of the math competencies regardless of method of calculation.
  - b. Individualized tutoring using other methods may be obtained by individual or small group appointments with nursing instructors or Academic Resource tutors.
2. Students are expected to have the following as entry level skills:
  - a. Basic math skills in addition, subtraction, multiplication and division with whole numbers, decimal numbers, and fractions.
  - b. Utilization and interpretation of percentages.
  - c. Utilization and interpretation of ratio & proportion.
  - d. Utilization and interpretation of roman numerals.
  - e. Ability to set up and solve basic equations solving for X (an unknown).
3. Remediation in math skills may be obtained from Academic Resource tutors, the Retention Action Program tutors, or through enrollment in selected math courses.
4. The "Instruction Sheet for all Drug Calculation Exams" will be adhered to when taking Drug Calculation Exams.

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### PROCEDURES FOR TESTING DRUG DOSAGE CALCULATION COMPETENCIES

The following procedures will be used for testing drug dosage calculation competencies in the nursing program:

Dosage Calculations for Nursing (RNSG 1208) or  
Essentials of Medication Administration (VNSG 1227):

1. The drug dosage competencies will be tested on unit exams and a comprehensive

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- final examination.
- Content includes (but is not limited to) conversions, oral and parenteral calculations, dosages based on body weight, solutions, intravenous infusions, body surface area, and kilocalories.

### Foundations for Nursing (RNSG 1413-1260) or Basic Nursing Skills (VNSG 1323-1160) and Applied Nursing Skills I (VNSG 1402-1260).

- Drug dosage calculation questions will be limited to specific objectives within each of the course modules.
- Students will be expected to perform the calculations necessary to meet the medication administration procedures for Foundations or Basic Nursing Skills and Applied Nursing Skills I. (See Medication Administration Procedure).

### ALL OTHER NURSING COURSES

- A written diagnostic examination will be given in theory and/or clinical at the beginning of the course. It will also be given in theory only courses that have no clinical. Students will be counseled and/or referred for appropriate remediation.
- Students will be evaluated in clinical administration of medications and appropriate drug dosage calculations on the basis of the clinical competencies and unsafe clinical practice procedures.
- Students will be tested on drug dosage calculations on each unit exam and on the final exam with questions relating to medications associated with patient conditions being tested.

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## PROCEDURE ON MEDICATION ADMINISTRATION

- Special affiliate policies and procedures regarding medication administration override the El Paso Community College Nursing Program Procedure.
- ANY insulin injections, anticoagulants, or controlled substances must be verified with the instructor or another Registered Nurse prior to administration or per instructor instructions.
- In addition to the above, the following guidelines are specific to each listed course:

### First Semester:

- Foundations for Nursing Practice (RNSG 1413-1260) or Basic Nursing Skills (1323-1160) and Applied Nursing Skills I (VNSG 1402-1260)
- Students shall not administer any medication, in any form, via any route EXCEPT as specifically directed by the instructor. Selected wound and skin care products

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under direct supervision of a licensed nurse or Instructor is permitted.

3. Students shall monitor IV flow rates.
4. With supervision, students may discontinue heparin locks and IVs.
5. Foundations for Nursing Practice (RNSG 1413-1260) and Applied Skills I (1402-1260)
  - a. With supervision, students shall administer oral, topical, and parenteral medications.
  - b. With supervision, students may change IV site dressings (peripheral only)

### Second Semester ADN:

Common Concepts of Adult Health (RNSG 1441-1261) ADN  
Mental Health Nursing (RNSG 2213-2260)

### Second and Third Semester at MDP and LVN Spin Off at RG:

Applied Nursing Skills II (VNSG 2413-1161)  
Applied Nursing Skills III (VNSG 2214-1163)  
Practicum or field experience LVN Training VNSG 1166  
Pediatrics (VNSG 1234-1262) Maternal-Neonatal Nursing (VNSG 1230-1263)

1. With supervision, students shall administer oral, topical, and parenteral medications.
2. Students shall operate infusion devices, such as controllers and pumps.
3. With supervision, students shall change main line peripheral IV tubing and IV piggyback tubing.
4. With R.N. Supervision, student may change the IV site dressings (peripheral).
5. With R.N. Supervision, students shall flush heparin locks and hang:
  - a. Primary IV fluid bags
  - b. Piggybacks
  - c. Hyper alimentation
  - d. Lipids
6. In nursery ALL medication administration shall be supervised by the Instructor or another R.N.
7. Students **SHALL NOT**:
  - a. Administer IV push medications

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- b. Hang blood, blood products, or plasma expanders
- c. Hang IV solutions which contain anti-coagulants
- d. Hang IV solutions which contain medications to regulate blood pressure or cardiac arrhythmias
- e. Administer chemotherapeutic or experimental drugs
- f. No medication via epidural catheter.

### Third Semester ADN:

Care of Children and Families (RNSG 2201-2262) and  
Maternal/Newborn Nursing and Women's Health (RNSG 2308-2263)  
Transition to Professional Nursing (RNSG 1327-1262)

Students shall be responsible for all previous skills listed above and additionally:

- 1. With R.N. supervision, students shall monitor IV administration of Pitocin, Magnesium Sulfate, other medications, and may decrease flow rate of these medications.
- 2. In nursery, ALL medication administration shall be supervised by the Instructor or another R.N.
- 3. With R.N. supervision, students may administer IM, PO, IV, SubQ, Interdermal (ID), topicals and medications to neonates.

### Fourth Semester ADN:

Complex Concepts of Adult Health (RNSG 1343-2162) and  
Professional Nursing:  
Leadership and Management (RNSG 2221-2261)

Students shall be responsible for all previous skills listed above and additionally:

- 1. With R.N. supervision, students **SHALL**:
  - a. Administer IV push medications
  - b. Hang blood, blood products, and plasma expanders (or per hospital policy)
  - c. Hang IV solutions which contain anti-coagulants or medications to regulate blood pressures and cardiac arrhythmias.
  - d. With R.N. supervision, students may administer IV push narcotics
- 2. Students **SHALL NOT**:
  - a. Administer chemotherapeutic or experimental drugs
  - b. Adjust or Titrate IV medications used to regulate blood pressure or cardiac arrhythmias.

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## INSTRUCTION SHEET FOR ALL DRUG CALCULATION EXAMS

- Simple calculators may be used during exams. Conversion charts, cell phone calculators, and programmable calculators may not be used during examinations.
- The rules for rounding follow mathematical convention. Calculate only to one decimal place beyond the final answer, and then round to the final answer (except in 3<sup>rd</sup> semester where special instructions will be given.)
- Final answers should be rounded as follows:

### Calculation considerations:

1. Do not round conversions within the same measurement system.
2. Round calories to whole numbers.
3. Round intravenous rates to whole numbers. There may be exceptions to this policy in specialty areas.

### Administration considerations:

1. Solid Medications
  - Tablets should be rounded to the nearest whole number unless they are scored.
  - Scored tablets may be rounded to the half or quarter tablet.
2. Liquid Medications
  - Household measurements should be left in realistic amounts. (For example  $\frac{1}{4}$  teaspoon)
  - Liquids less than 1 milliliter should be measured in a 1 milliliter syringe and rounded to the nearest 100<sup>th</sup>
  - Liquids from 1 to 3 milliliter should be measured in a 3 milliliter syringe and rounded to the nearest 10<sup>th</sup>
  - For infants all medications should be measured in a syringe of the appropriate size.
  - For adults if the dosage equals 5 milliliter, 10 milliliters, 15 milliliter, 20 milliliter, 25 milliliter, or 25 milliliter a medication cup may be used.
  - Dosages for oral liquids that are between the 5mL intervals on the medication cup should always be measured in an appropriate syringe. (For example 7 milliliter, 12.5 milliliter)

### Dosage Considerations

Therapeutic dosage or dosage range refers to the amount of drug and should be in the same decimal given.

- If the therapeutic dose is in whole numbers, then the dosage answer should be rounded to whole numbers. (For example 50 milligrams/kilogram /day)

- If the therapeutic dose is in tenths, then the dosage answer should be in tenths. (For example 3 to 4 milligrams/kilogram/day)
- If the therapeutic dose is in hundredths, then the dosage answer should be in hundredths. (For example 0.01 to 0.02 milligram/kilogram/day)

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## EXAMPLES OF DRUG CALCULATION ROUNDING

Explanation	Example
Do not round conversions in the same system.	252 milliliter = 0.252 L 2857 grams = 2.857 kilogram
Round calories to whole numbers	1483.45 kilo calories = 1483 kilo calories [not 1484 kilo calories]
Round IV rates to whole numbers [the exceptions may be in the specialty areas see below] **	14 drops/minute [not 13.7 drops/minute] 83 milliliter/hour [not 83.33 milliliters/hour]

### \*\* IV RATE FOR SPECIALTY AREAS

When the total amount of milliliters to be administered is small the milliliter per hours should not be rounded.

(For example when using a syringe pump)

#### EXAMPLE

3.5 milliliter of medication in a syringe pump is to infuse in 20 minutes. In this case the nurse inputs 3.5 milliliter and 20 minutes into the pump which will automatically set the rate. Thus:

3.5 milliliter X 60 minutes (1 hour)  
 20 minutes (Time to infuse) = 3.5 milliliter X 3 = 10.5 milliliter/hour [Not 11 milliliter/hour]

The syringe pump automatically calculates and sets this rate not the nurse. Therefore, rounding IV rates applies to most non-specialty areas. [For example 83.33 milliliter should be rounded to 83 milliliters for main IV's and IVPBS] In specialty areas where the volume to administer is small not rounding is most appropriate. [For example 10.5 milliliter]

### Administration Considerations



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### Solid medications

- Tablets - half tablets may be answered in fractions (1 ½) or decimals (1.5)
- If applicable, tablets may be rounded to 1/4 tablet
- Capsules cannot be split in half.

### Liquid medications

- Household measurements may be left as ½ teaspoon and 1/4 teaspoon
- Less than 1cc should be rounded to hundredths.

Example: Ordered: .75 milligrams Available: 1 milligrams=1 milliliter  
Give 0.75 milliliter DO NOT ROUND - (Leave as hundredths because it is less than 1milliliter)

- Liquids from 1 milliliter to 3 milliliter should be rounded to tenths, if applicable

Example: 3.0 milliliter can be written as 3 milliliter

Example: 1.4 milliliter is not rounded

Example: 1.75 milliliter is rounded to 1.8 milliliter

(**Note:** For administration purposes, injections that are 3 milliliter may be drawn up in a 5 milliliter syringe for ease of aspiration. This is not required for oral medications)

**Dosage Considerations** Therapeutic dosages and dosage ranges refer to the amount of drug to be administered. The medication itself may be administered in a liquid, solid or other form. These rounding rules apply to the dosages - not the administration amount.

Ordered: 15 milligram every 6 hours

Therapeutic: 5-7 milligram per kilogram per day in 4 doses, 24 pounds

Pt. weighs: 24 pounds

Amt ordered per day: 
$$\frac{\text{milligrams}}{\text{day}} = \frac{15\text{milligrams}}{1\text{dose}} \times \frac{4\text{doses}}{1\text{day}} = 60$$

Therapeutic: LO 
$$\frac{\text{milligrams}}{\text{day}} = \frac{5\text{milligrams}}{\text{kilogram day}} \times \frac{1\text{kilogram}}{2.2\text{pounds}} \times \frac{24\text{pounds}}{1} = 54,5454^*$$

HI 
$$\frac{\text{milligrams}}{\text{day}} = \frac{7\text{milligrams}}{\text{kilogram day}} \times \frac{1\text{kilogram}}{2.2\text{pounds}} \times \frac{24\text{pounds}}{1} = 76,3636^*$$

CORRECT ROUNDED ANSWER: 55-76 milligram/day.

Since the therapeutic amount is in whole numbers, the answer must be in whole numbers.

However, other times, need to round to tenths or hundredths depending on the

Therapeutic amounts.

If the therapeutic amount is listed as .1-.2 milligram per kilogram per dose (.1-.2 milligram/kilogram/dose), then for a 12 kilogram person the answer stays in tenths (1.2 milligram - 2.4 milligram)

If the therapeutic amount is tested as .06 - .12 milligram/kilogram/day, then for a 43.8 kilogram (2.63-5.26) person the answer stays in hundredths (2.63 - 5.26)

### DEFINITIONS FOR IV AND IV PUSH MEDICATIONS

1. IV Piggy-back: Or Intermittent administration of an intravenous drug by drip method through an existing intravenous infusion. The drug is mixed in a specified volume and administered in a specified period of time.
2. IV Drip: Or Continuous administration by infusion in a large volume (greater than 100 milliliters). A drug is mixed in a specific amount of fluid and administered over a specified period of time.
3. IV Push: The medication is administered diluted or undiluted at a specific rate directly into the vein by direct venipuncture or through an administration site of an existing intravenous infusion.
4. IV Retrograde: The medication is injected into the intravenous tubing by displacing IV fluid into an empty syringe. This method is useful when the child is small and/or has a slow drip rate.
5. IV Bolus: Medication put in a solution e.g. 50 or 100 milliliters and administered over a period of 30 minutes to 2 hours or as per physician orders.

The above routes may be used for administration by the Intermediate/Advanced Level Nursing students starting in Common Concepts Clinical RNSG 1261, UNDER THE SUPERVISION OF THE CLINICAL INSTRUCTOR OR RN DESIGNEE. At the Instructor's discretion, selected licensed personnel may supervise those students who have previously demonstrated competency. Only those medications approved by the hospital administration as safe for a Registered Nurse to give may be administered by the student. (excludes chemotherapy, experimental drugs, and adjust or titrate medications used to regulate blood pressure or cardiac arrhythmias.)

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### MEDICATION ERROR GUIDELINES

The Nursing Program medication error policy is as follows:

1. The student must immediately inform his/her RN assigned and the Charge Nurse of

the medication error.

2. The student must complete an incident report for the Nurse Manager of the unit, Nursing Faculty.
3. The student must submit a drug card on the medication in question to the Nursing Faculty member.
4. A student counseling form will be completed by the Nursing Instructor with recommendations for follow-up.
5. A counseling form and the drug card will become a part of the student's permanent record.
6. A serious medication error may result in immediate course failure and/or dismissal from the Program for unsafe clinical practice.

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## NURSING LABORATORIES INFORMATION

### Mission of the Nursing Lab:

The mission of the Nursing Lab is to provide the nursing students and faculty with a variety of support services which facilitate an optimal learning and teaching environment, thereby assisting them in meeting the health care needs of our community.

### Purpose of the Nursing Lab is to provide:

1. Selected instructional materials/equipment for the classroom and for independent study.
2. An area where students can receive assistance in the practice and demonstration of psychomotor skills.
3. Computerized tutorial services. (Health Computer Lab, H217)
4. Individualized or group-supervised skill instruction when necessary.

### Procedures and Services Provided in the Health Computer Lab (H217):

1. The hours of operation of the lab may vary depending upon the needs of students

and faculty and personnel working in the area. Hours of operation are posted outside the lab.

2. Any lab to be scheduled should be done with the personnel working in the lab.
3. Assistance is provided by the Laboratory personnel or faculty or designee.
4. Students need to sign in each time they use the laboratory.

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### LABORATORY SAFETY GUIDELINES

In an effort to maintain the health and welfare of all persons entering the nursing labs, all nursing faculty, laboratory personnel and students will be expected to adhere to the established guidelines at Rio Grande and Mission Del Paso.

When exposure to blood or other body fluids exists, the Needle, Blood and Body Substance Precautions procedure must be followed. This procedure is posted in each nursing lab and can also be found in the Nursing Student Handbook.

- A. Broken glass must be placed in the SHARPS container. If the pieces are too large for the SHARPS container Housekeeping should be notified for disposal. Broken glass should never be disposed of in the regular trash containers.
- B. All non-hazardous spills should be wiped up immediately.
- C. Before wiping up any type of chemical spill, this includes mercury, you should:
  1. Review the Material Safety Data Sheet (MSDS) on the chemical involved. (The MSDS's on all chemicals used in the nursing labs are located in the red Safety Notebooks located by the fire extinguishers in each lab.)
  2. Determine both the physical and health hazards of the chemical and take appropriate precautions to avoid exposure.
  3. If exposure occurs, first aid must be administered as specified on the MSDS and the EPCC Police Department must be contacted. In addition, The Dean of Nursing and the Nursing Coordinator must be notified. An incident report must be completed by the EPCC Police Department and recorded. An incident report is also completed by the student and faculty then placed in the students file. (See policy CGC-2 communicable diseases; forms attached)

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4. Adhere to the precautions listed for the clean up of the chemical. For mercury spills, follow the Emergency Action Procedure for Mercury Spills that is posted in all labs and contact the Police Department for clean- up.
  5. Contact the Nursing Lab Assistant and/or the EPCC Police Department if there are any questions or concerns.
  6. All hazardous chemical spills must be reported to the Nursing Office, the EPCC Police Department, the Nursing Coordinator and the Nursing Lab Assistant.
- D. When needles, lancets and IV cannulas are being used in the nursing labs, the Needle, Blood and Body Substance Precautions procedure must be followed. This procedure is posted in each nursing lab and can also be found in the Nursing Student Handbook.
- E. Students will not be allowed to use the labs without a staff or faculty person present.
- F. Children will not be allowed in the nursing labs unless they are participating in an approved activity.
- G. When a piece of equipment or furniture is found not to be safe, the Nursing Lab Assistant must be notified immediately.
- H. The Nursing Lab Assistant will be responsible for the following activities at both the Rio Grande and Mission del Paso Campuses:
1. Inspecting the nursing lab equipment and furniture for functional safety at least annually. Inspection will be documented on an Equipment Safety Inventory.
  2. Labeling unsafe equipment and furniture and requesting that safety repairs be completed before it is again used.
  3. Validating, semi-annually, that the fire extinguishers in each lab have been checked by the EPCC Safety Department and/or the El Paso Fire Department.
  4. Maintaining First Aid Kits in the nursing labs.
  5. Assessing semi-annually that the eye wash stations function properly.
  6. Notifying the Nursing Coordinator of injuries that occur in the nursing labs.
  7. Keeping needles, syringes and IV cannulas in locked storage cabinets when not being used by students who are being directly supervised by an

instructor.

8. Contracting with a hazardous materials disposal company for the disposal of the SHARPS containers and other contaminated materials placed in the Bio-Hazard containers.
9. Obtaining/maintaining the MSDS on all chemicals in the nursing labs.
10. Validating that all containers are accurately labeled.

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## PROCEDURE FOR NEEDLE, BLOOD, AND BODY SUBSTANCE PRECAUTIONS

### **RATIONALE**

The procedure reflects concerns regarding exposure to all communicable diseases. This nursing discipline procedure is developed to address needle, blood and body substances precautions to be followed by students and faculty in both health care facilities (Rio Grande and Mission Del Paso) and the EPCC nursing laboratory.

### **OBJECTIVE OF PROCEDURE**

- A. Protection of students, faculty, laboratory assistants and work-study students from preventable exposure to infectious diseases in the EPCC nursing laboratory.
- B. Protection of students, faculty, other health care personnel and clients from preventable exposure to infectious diseases in a health care facility.

### **PROCEDURE STATEMENTS**

- A. Students, faculty, laboratory assistants and work-study students will be required to follow the guidelines established in this procedure while in the nursing laboratory setting.
- B. When the infection control policies of a health care facility are at least as stringent as the guidelines established by this procedure, the institutional policies will take precedence over this procedure; otherwise, students and faculty will follow these guidelines while in a health care facility.
- C. Specific Guidelines:
  1. All people, whether a fellow student or faculty member in the lab or a client in a health care facility, will be treated as though they could transmit an infectious disease.
  2. Protective apparel such as gloves, mask, gown and eye goggles will be worn when the potential for exposure to blood or other body substances is present.

3. Needles, lancets, IV cannulas and all other instruments used to penetrate soft tissue must never be reused. This guideline applies to practice sessions in the nursing lab.
4. Needles must not be recapped after contamination.
5. Needles, lancets, IV cannulas and all other instruments used to penetrate soft tissue must be discarded immediately after use, in a puncture-resistant container (SHARPS).
6. Puncture-resistant containers must be replaced before becoming full or as indicated by the container.
7. Injection vials that become contaminated must be discarded. If the vial is a Practi-Vial from the EPCC nursing lab, it may be discarded in the plastic trash containers in the lab. Broken vials must be discarded in the SHARPS containers. If a vial becomes contaminated while in the clinical setting, the facility's policy for disposal of the vial must be followed.
8. Any material contaminated with blood or body substances must be placed in a plastic bag and then placed in a Bio-Hazard container.
9. Surfaces contaminated with blood or body substances must be cleaned with a solution of Lysol IC Phenolic Disinfectant Cleaner or an equivalent cleaning solution.
10. In the event a person is pricked with a needle, the needle must be discarded immediately in a puncture-resistant container, the nursing instructor must be notified, and an incident report must be completed. If the incident occurs in the nursing lab, an EPCC police officer must be contacted to complete the report. In addition, the Nursing Coordinator must be contacted so that the incident can be documented. If the incident occurs while in a health care facility, the facility procedure for completion of the incident report will be followed. An incident report is also completed by the student and faculty then placed in the students file. (See policy CGC-2 Communicable Diseases, to fill out forms)
11. After removing contaminated gloves, hands must be washed with an antibacterial soap.
12. Students and faculty in high-risk groups should not be allowed to care for clients with an infectious disease. Such groups include those who are pregnant, have a depressed immune system or who have an active infection.

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## SCHOOL COMPUTER USE POLICY

### **GUIDELINES:**

1. Users must be familiar with the application they are running.
2. In order to save your documents, please save to a flash drive provided by the user. All

flash drives MUST be virus-checked every time you use computers. the program cannot guarantee a virus-free environment and will not be responsible for loss of documents.

3. If the computer area becomes too busy, the computer room personnel reserve the right to limit your computer use time.
4. No recreational chat lines, game playing, or social media.
5. There will be no printing of; course packets, nursing student handbook, or other documents greater than 30 pages or as directed by computer room personnel.
6. All work and printing must be completed 30 minutes before closing.

### PROCEDURES FOR RESPONSIBLE COMPUTING

In support of its mission of teaching, research, and public service, El Paso Community College provides access to computing and information resources for students, faculty, staff and community users, within institutional priorities and financial capabilities.

All who use the College's computing and information resources must act responsibly. Every user is responsible for the integrity of these resources. All users of College-owned or College-leased computing systems must respect the rights of other computing users, respect the integrity of the physical facilities and controls, and respect all pertinent license and contractual agreements. It is the policy of El Paso Community College that all members of its community act in accordance with these responsibilities, relevant laws and contractual obligations, and the highest standard of ethics.

#### Misuse of Computing and Information Resource Privileges

Example may include but not be limited to:

- Accessing computers, computer software, computer data or information, or networks without proper authorization, regardless of whether the computer, software, data, information, or network in question is owned by the College. (That is, if you abuse the networks to which the College belongs or the computers at other sites connected to those networks, the College will treat this matter as an abuse of your El Paso County Community College computing privileges.)
- Using computing facilities, computer accounts, or computer data for purposes other than those for which they were intended or authorized.
- encroaching on others'--use of the College's computers (e.g., disrupting others' computer use by game playing; by sending excessive messages, either locally or off-campus [including, but not limited to electronic chain letters]; printing excessive copies of documents, files, data, or programs; modifying system facilities, operating systems, or disk partitions; attempting to crash or tie up a College computer;



## EPCC Nursing Student Handbook 2024/2025

- damaging or vandalizing College computing facilities, equipment, software, or computer files).
- Printing Nursing Student Handbook, Course packets or any large document - 30 pages or as directed by computer room personnel.

Violations of these procedures may result in administrative and/or criminal actions. Such Administrative action may include, but not be limited to:

- inspect any files or programs in question.
- suspend or restrict the computing privileges of the violator.

It should be understood that nothing in these guidelines precludes enforcement under the laws and regulations of the State of Texas, any municipality or county therein, and/or the United States of America.

**Note:** See EPCC College Procedure for Computer Use. (2.05.01-2.05.01.66; 2.05.02-2.05.03.18)

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## STUDENT PARTICIPATION

### PROGRAM COMMITTEES

The nursing program has two standing committees on which nursing students participate. Students volunteer for this participation and serve as representatives of the entire body of nursing students. Meetings are held throughout the semester.

1. **MISSION, ADMINISTRATION, AND RESOURCES**

- a. To have administrative capacity and resources that support effective delivery of the program. The mission and/or values of the governing organization are evident in the mission, goals, values, and/or philosophy of the nursing program.
- b. At least one (1) nursing student either selected by his/her peers or by volunteering.

2. **STUDENT COMMITTEE**

- a. To provide input on student procedures for the El Paso Community College Nursing Discipline
- b. At least one (1) nursing student either selected by his/her peers or by volunteering.

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### STUDENT NURSE ASSOCIATION (SNA) AND VOCATIONAL NURSE STUDENT ASSOCIATION (VSNA)

The EPCC Student Nurse Association (SNA) and Vocational Student Nurse Association (VSNA) are Student Government Association (SGA) recognized clubs for pre-nursing and nursing students attending EPCC. This club provides students with opportunities to participate in scholarly and community charitable events (health fairs, fundraising, etc.) and provides nursing administration with constructive feedback about the nursing program. These opportunities enhance the students' acquisition of nursing knowledge, skills, leadership, and a sense of professional accountability. SNA board members, elected by current EPCC nursing students and supported by faculty advisor(s), schedule and run the weekly meetings. It is a great way to meet other nursing students in the nursing program. All nursing students are encouraged to be active participants in the club.

## STUDENT EMPLOYMENT OR VOLUNTEER WORK

The Nursing Program supports the mandatory Nursing Practice Act of the State of Texas and is committed to excellence in nursing by nurses appropriately prepared for the services they are rendering. Therefore, the position of the Nursing Program regarding undergraduate nursing students (who are unlicensed in the State of Texas either as Registered Professional nurses or as Licensed Vocational Nurses) accepting employment in hospitals or health agencies, is as follows:

1. It is recommended that a student's combined employment and semester-hour load not exceed 40 contact hours per week in either long-session or summer terms.
2. Undergraduate nursing students who accept positions for which they receive compensation for client care do so as unlicensed individuals and will not wear the school uniform, laboratory coat with insignia, or other indications of their student status, inasmuch as they are not functioning as nursing students but as paid employees.
3. Students are advised to familiarize themselves with the State of Texas Nursing Practice Act so that they will recognize the full scope and responsibility of nursing as being more than just a collection of skills. Nursing students who accept a position for a pay as a nurse aide, nursing assistant, or nurse tech must recognize that they may be held legally liable for their actions and therefore, should not accept responsibilities - nor perform nursing interventions beyond their knowledge and skills, nor those within the responsibilities of the professional nurse or vocational nurse as defined in the Nursing Practice Act and the Rules on Delegation of Nursing Duties.
4. The student is responsible for maintaining the required grade point average and should consider the demands of full or part-time employment upon the student's time and energy.
5. The professional practice insurance that is connected with the clinical course only covers students while in their student role and will not cover students in an employee position.
6. Students should be aware that: (1) El Paso Community College assumes no responsibility for their activities as volunteers or employees of agencies; (2) they are personally responsible and liable for any activity in which they participate while employed or as a volunteer; (3) professional liability insurance purchased by students through EPCC is valid only in their student role, not their employment or volunteer role; (4) in nursing, individuals who practice illegally may jeopardize their futures, since persons who are convicted of crimes may not be eligible to take their licensure or certification exam.
7. Students who are employed or volunteer in agencies have a personal and professional responsibility to engage only in those activities that fall within their job descriptions as nonprofessional workers (i.e., aides and techs). They have a responsibility to refuse to participate in activities that they have not been legally licensed to do (i.e., giving medications, planning care, assuming total responsibility for a team or unit, etc.).
8. Students who are employed or working as volunteers should seek information regarding liability coverage, laws governing volunteers, etc., from their employer(s).

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## STUDENT CONCERNS

Students who have concerns related to their educational experience in the Nursing Programs are encouraged to address them with the relevant individuals. The nursing faculty, program coordinators, and the Dean of Nursing are dedicated to fostering a positive learning environment for all students. To facilitate the resolution of concerns, students may use the "Student Concern Form" provided at the end of this handbook to document their issues, which will be directed to the appropriate party for review and resolution.

## AMERICAN NURSES ASSOCIATION (ANA) CODE OF ETHICS FOR NURSES

This section outlines the Nursing Program Policies and Procedures, along with materials from the National Student Nurse Association and the Texas Board of Nursing Nurse Practice Act/Rules and Regulations, related to the ethical and legal conduct of nursing students.

These materials are considered an integral part of the Nursing Student Handbook and apply to nursing students' conduct in all settings, including classes, lectures, labs, clinicals, and any meetings with faculty for tutoring, mentoring, retention, or grant-related activities.

### American Nurses Association Code of Ethics for Nurses

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

**Provision 9** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

**Source:** American Nurses Association. (2015). *Code of ethics with interpretative statements*. Silver Spring, MD: Author. Retrieved from:

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>

## EPCC CODE OF ETHICS FOR NURSING STUDENTS

Students are involved in the clinical and academic environments. It is believed that ethical principles are a necessary guide to professional development.

1. Advocate for the rights of all clients/patients.
2. Maintain client confidentiality at all times.
3. Ensure the safety of clients, self, and others at all times.
4. Care for the client/patient in a timely, compassionate, and professional manner.
5. Communicate client care in a truthful, timely, and accurate manner to all caregivers.
6. Promote a high level of moral and ethical principles and accept responsibility for your own actions.
7. Encourage lifelong learning and professional development.
8. Treat others with Respect and promote an environment that respects human rights, values, and choice of cultural and spiritual beliefs.
9. Work together in a reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client/patient care
10. Utilize opportunities to improve faculty and clinical staff's understanding of the learning needs of nursing students.
11. Encourage mentoring of nursing students.
12. Ensure that the student has been adequately trained on a procedure or technique asked to perform.
13. Do not omit care in the clinical setting that creates unnecessary risk of injury to the client/patient, self, or others.
14. Do not use alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
15. Endeavor to achieve and maintain an optimal level of personal health.
16. Support school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

**LINK:** Student Code of Conduct Policy FLB - 1

<https://www.epcc.edu/Administration/InstitutionEffectiveness/PoliciesandProcedures/FLB-1.pdf#search=Student%20Code%20of%20Conduct>

## HONESTY POLICY FOR TESTING, EXAMS, AND QUIZZES

To assure quality education and equality to all students the following special conditions will apply during any testing situation in the laboratory or clinical:

1. The instructor(s) controls the option of seating arrangement, movement, leaving the room, and stopping an exam for violation of the honesty policy.
2. All books, papers, notebooks, and personal belongings will be placed at the front of the classroom or other designated area before entering a testing situation. (i.e., left in your car.)
3. Any information found on, or in the immediate vicinity of the individual during a testing situation will be grounds for termination of the testing. A grade of zero will be recorded and averaged into the final grade.
4. Any verbal or nonverbal communication between students during a testing situation will be grounds for termination of the testing. A grade of zero will be recorded and averaged into the final grade.
5. Should a student need to communicate with the instructor, he/she should remain seated and raise his/her hand.
6. Infractions of the honesty policy will be grounds for dismissal from the course or the program for Quizzes and Exams

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## EL PASO COMMUNITY COLLEGE SCHOLASTIC DISHONESTY PROCEDURE

Scholastic dishonesty shall constitute a violation of these rules and regulations and is punishable as prescribed by EPCC Board of Trustee policies. Scholastic dishonesty shall include, but not be limited to, cheating on a test, plagiarism, and collusion. This applies to theory, laboratory, and clinical. Scholastic Dishonesty shall include:

1. Copying from another student's test paper or any assignment.
2. Using test materials not authorized by the person administering the test.
3. Unauthorized collaborating with or seeking aid from another student for any assignment.
4. Knowingly using, buying, selling, stealing, or soliciting, in whole or in part, the contents of a test or other materials.
5. The unauthorized transportation or removal, in whole or in part, of the contents of the test or other materials.
6. Substituting for another student, or permitting another student to substitute for one's self, to take a test, or to complete other assignments.
7. Bribing another person to obtain a test or information about a test.

## EPCC Nursing Student Handbook 2024/2025

8. "Collusion" shall be defined as the unauthorized collaboration with another person in preparing written work for fulfillment of course requirements.
9. Any student involved in scholastic dishonesty as identified above, or in the Nursing Student Handbook, may, at the discretion of the faculty;
  - a. Have the test or paper graded zero (0) or F.
  - b. Be removed from the class with a 0 or F.
  - c. Be recommended for administrative dismissal from the course or program with a 0 or F.

The stringency of this policy is understandable when read in the context of an educational program preparing individuals for a health career where the safety and well-being of the public are largely dependent upon the knowledge and ethical responsibility of the health personnel. Evidence of unethical behavior, such as cheating, precludes the instructional faculty's ability to declare prospective graduates to be reliable and ethical.

### Appeals

Students have the right to appeal the results of Scholastic Dishonesty in accordance with El Paso Community College grievance procedures (see El Paso Community College Catalog and Nursing Student Handbook).

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## PROCEDURE STUDENT ABSENTEEISM FROM CLINICAL, DIDACTIC, AND LABORATORY

### **I. Clinical**

Lack of attendance in clinical, didactic, and/or laboratory can have consequences. In all nursing clinical rotations, ten (10) points will be deducted (taken off) for each clinical absence from the A.D.N. or V.N. Competencies Clinical Evaluation for that rotation where the absence occurred. The points will be deducted from the rotation if the absence occurred, not off the final grade. Points will also be taken off if the student is unprepared for clinical and is sent home. The student may be sent home or kept in the clinical area at the instructor's discretion with lack of clinical preparation. Exceptions are as follows:

#### **A. Student Illness**

Points will not be subtracted from the student's grade if ALL the following conditions are met:

1. Prior to the absence, the student must notify the clinical instructor as set forth in the instructor's clinical expectations or by cell phone or message left on office telephone.
2. The student must notify the clinical site of the absence as instructed by the clinical instructor and/or clinical site.
3. The student must present a health care provider licensed in the United States (HCP) to the clinical instructor or the course-responsible faculty member on the

- first day that the student returns to either clinical or theory, whichever comes first.
4. The physician's note must be on the health care provider's letterhead stationery or specific prescription pad and must include the date of treatment and the date the student is cleared to return to theory and/or clinical. It must be by an American Licensed Physician, Advanced Practice Nurse, or Assistant.

B. Illness of a Child

Regarding the care of an ill child; points will not be subtracted from the student's grade or the rotation in which the absence occurred or the final grade if ALL of the following conditions are met.

1. Prior to the absence, the student must notify the clinical instructor as set forth in the instructor's clinical expectations/course syllabus by audio message on the office or cell phone or as instructed by the faculty.
2. The student must notify the clinical site by the time required by the agency as set forth in the agency's human resource manual for agency employees.
3. The student must present a health care provider's note to the clinical instructor or the course-responsible faculty member on the first day that the student returns to either clinical or theory, whichever comes first. It must be by an American Licensed Physician, Nurse Practitioner or Physician's Assistant.
4. The physician's note must be on the physician's letterhead stationery or specific prescription pad and must include the date of treatment. The note must also state the reason for the child's treatment is due to illness and not well-child care.

C. Death in the Immediate Family.

Immediate family includes the student's spouse, parents, brothers, sisters, grandparents, and children, or anyone of like relationship by marriage. Up to three (3) consecutive days of bereavement leave will be granted to the student with no points subtracted from the student's grade if the following conditions are met:

1. In the event of an absence due to death in the family, the student must submit, in writing, a statement of the relationship to the deceased and provide at least one of the following documents:
  - a. Obituary with student listed as survivor.
  - b. Mortuary note specifying the date of death and student's relation to the deceased. This note must be on letterhead stationery and must be dated.
  - c. Note from the deceased's physician on the physician's letterhead or prescription pad with the date of death and student's relation to the deceased.
2. Prior to the absence and taking the bereavement leave, the student must notify the clinical instructor as set forth in the instructor's clinical expectations.
3. The student must present the documentation to the clinical instructor or the course-responsible faculty member either prior to the absence or on the first day that the student returns to either clinical or theory, whichever comes first.



4. The student must make arrangements with the instructor for any missed assignments or clinical days.

**I. Theory and/or Laboratory**

In all nursing theory and laboratory classes, points will be deducted from the theory and/or laboratory grade if a student is absent for tests, quizzes, assignments, projects, scheduled laboratory sessions/check-offs according to the course syllabi and/or Nursing Program Policies and Procedures. Exceptions are as follows:

**A. Student Illness**

Points will not be subtracted from the student's grade if ALL of the following conditions are met:

1. Prior to the absence, the student must notify the instructor as set forth in the instructor's course syllabus or by telephone, leaving a message on the audio message system that records the date and time of the phone call.
2. The student must present a physician's note to the instructor or the course-responsible faculty member on the first day that the student returns to either clinical or theory, whichever comes first.
3. The physician's note must be on the physician's letterhead stationery or specific prescription pad and must include the date of treatment and the date the student is cleared to return to theory and/or clinical. It must be by an American Licensed Physician, Nurse Practitioner or Physician's Assistant.

**B. Illness of a Child**

When it is impossible to make other arrangements for the care of an ill child, points will not be subtracted from the student's grade if ALL of the following conditions are met.

1. Prior to the absence, the student must notify the clinical instructor as set forth in the instructor's course syllabus or by audio message on the office phone or by cell phone.
2. The student must present a physician's note to the clinical instructor or the course-responsible faculty member on the first day that the student returns to either clinical or theory, whichever comes first. It must be by an American Licensed Physician, Nurse Practitioner or Physician's Assistant.
3. The physician's note must be on the physician's letterhead stationery or specific prescription pad and must include the date of treatment. The note must also state the reason for the child's treatment to be due to illness and not well-child care.

**C. Death in the Immediate Family.**

Immediate family includes the student's spouse, parents, brothers, sisters, grandparents, and children, or anyone of like relationship by marriage. Up to three (3) consecutive days of bereavement leave will be granted to the student with no points subtracted from the student's grade if the following conditions are met:

1. In the event of an absence due to death in the family, the student must submit, in

writing, a statement of the relationship to the deceased and provide at least one of the following documents:

- a. Obituary with student listed as survivor.
  - b. Mortuary note specifying date of death and student's relation to the deceased. This note must be on letterhead stationery and must be dated.
  - c. Note from the deceased's physician on the physician's letterhead or prescription pad with the date of death and student's relation to the deceased.
2. Prior to the absence, the student must notify the theory instructor as set forth in the instructor's course syllabus.
  3. The student must present the documentation to the instructor or the course-responsible faculty member either prior to the absence or on the first day that the student returns to either clinical or theory, whichever comes first.
  4. The student must make arrangements with the theory instructor for any missed assignments.

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## NURSING PROGRAMS RULES, GUIDELINES, AND CRITERIA FOR UNSAFE PRACTICE

Unsafe Practice conduct rules, guidelines, and criteria are intended to protect patients/clients and the public from incompetent, unethical, or illegal conduct of students. The purpose of these rules for students is to identify behaviors in the practice of nursing that are likely to deceive, defraud, or injure patients/clients, a family member or substitute familial member, another student, a faculty member, or other healthcare provider. Students' behaviors are reflected in attitudes, actions, and behaviors that influence the student's ability to develop a safe milieu for client care. The right of patients and the public to safety is paramount and supersedes students' learning and skill acquisition needs. Student behaviors must not violate the American Nurses Association (ANA) Standards of Practice, violate the Standards of Nursing Practice set by the Texas Board of Nursing (BON), violate the Texas BON Nurse Practice Act, or call into question the professional accountability of the student.

Students in the Nursing Programs are assigned responsibilities for patient/client care at various healthcare facilities and sites for clinical in the community. Each clinical course specifies the criteria for successful completion of the course. There may, however, be situations where the students' behaviors in the practice of nursing are likely to deceive, defraud, or injure clients or the public that placing a patient in actual or potential physical, emotional, mental, or environmental safety of the patient/client, a family member or substitute familial member, another student, a faculty member, or other healthcare provider.

**Texas Administrative Code; Title 22, Part11, chapter 215.6 for Registered Nurse (RN) and 214.6 for Vocational Nurse (VN)**

A qualified individual who is accountable for the planning, implementation, and evaluation of the professional nursing education program shall administer each professional nursing education program.

The dean or director shall:

(j) have the authority to direct the professional nursing education program in all its phases, including approval of teaching staff, selection of appropriate clinical sites, admission, progression, probation, dismissal of students, and enforcement of student policies.

The Dean of Nursing is responsible for the decisions of unsafe practice and for clinical behaviors per the Texas Board of Nursing Policy. Thus, students cannot file a grade grievance when it is in the purview of the Dean of Nursing for the decisions of unsafe practice and for clinical behaviors and grades. When the Dean of Nursing is not available, another Masters prepared professional Nurse may handle the situation with prior arrangements by the Dean of Nursing.

If necessary, the Vice President of Instruction and Workforce Education and/or Vice President of Student and Enrollment Services will be consulted.

What action is taken by the instructor/coordinator and/or Dean of Nursing is contingent upon the severity of the incident(s), the number of incidents, or the type of unsafe practice. In ALL instances of unsafe clinical practice, the instructor will initiate verbal and written counseling. The counseling form(s) and recommendations will be maintained in the student records that are maintained by the program throughout the student's enrollment in the program.

A failure in the course will cause the student to be removed from the course or program and the student must complete the process for readmission into the Nursing Program, if appropriate.

(See procedure 7.02.01.26: Student Re-entry into the Nursing Program)

In the case of a student who performs in an unsafe manner, the student may:

1. Be verbally counseled - A memo for record will be written by the faculty for insertion into the student record. (A copy is sent to the nursing coordinator, Dean, and applicant review file.)
2. Receive written counseling – A copy will go into the student's records. (A copy is sent to the nursing coordinator, Dean, and Applicant Review File.)
3. Be dismissed from clinical with an unexcused absence – The Program Coordinator and/or Dean of Nursing will be notified. (A copy goes to the student file.)
4. Be immediately removed from the course with a failing grade – Documentation of the seriousness of the situation will be documented and the Program Coordinator and/or Dean of Nursing will be notified. (A copy is sent to the nursing coordinator, Dean, Applicant Review File, and a copy to the student file.)
5. Be immediately removed from the nursing program – The situation must be documented and the Program Coordinator or Dean of Nursing must be notified immediately. The Dean has the final decision concerning the outcome(s) for the student. (A copy is sent to the nursing coordinator, Dean, Applicant Review File, and copy to the student file)

Certain circumstances may render a student not qualified to enter or reenter a program.

### 1. Unsafe Practice

- a. A student who has been released from a health or nursing program for unsafe practice may or may not be allowed to enter or re-enter a program.
- b. The student may or may not be allowed to apply or compete in any specialized admissions pool depending on the seriousness of the offense.
- c. The student may also be barred from future enrollment in competitive or non-competitive health programs whether credit or non-credit.
- d. The Program Coordinator and the Dean will make the determination for the above circumstances.

### 2. Additional Circumstances

- a. Students under disciplinary action may not be permitted to continue pursuit of the nursing program and are ineligible for entry into other health programs.
- b. Students who have previously been unsuccessful or dropped from a health program for unsafe practice may be ineligible to apply for ranking into the nursing program. It may be for a set period based on the nursing program-specific procedures. The Dean will make the final decision. See procedure 7.02.01.26: Student Re-entry into the Nursing Program.

See the Nursing Student Handbook for guidelines on readmission. Students who have failed a course due to documented incidents of unsafe practice may not be eligible for readmission, regardless of the level of the course. Any negative consequence of unsafe practice due to students' poor performance may not be appealed to under the Student Reentry into the Nursing Program Policy 7.02.01.26. The Dean of Nursing's decision is final. Students are legally responsible for their own acts, commissions, and omissions. Instructors are responsible for their students in the clinical setting. It is, therefore, necessary for the student And The Faculty To Conscientiously Evaluate Unsafe Behaviors.

## UNSAFE PRACTICE

Unsafe Practice is the inability to practice safely. It is a demonstration of actual or potential inability to practice nursing with reasonable skill and safety to patients/clients because of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition. It is an act or behavior that threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the patient/client, a family member or substitute familial member, another student, a faculty member, or another healthcare provider.

Actual injury to a client need not be established. (Texas Board of Nursing –BON; Texas Administrative Code, Title 22, Part 11, Chapter 217, Rule 217.12, Unprofessional Conduct)

**These behaviors include, but are not limited to the chart below:**

CATEGORY OF UNSAFE PRACTICE	EXAMPLES
<p>1. Violates or threatens the patient's/client's safety.</p>	<p>A. Comes unprepared to clinical – Does not have all or part of the daily preps, does not know medications.</p> <p>B. Failure to use side rails, restraints, and/or call bells when appropriate.</p> <p>C. Failure to report or chart abnormal vital signs and/or tests (e.g. lab data, x-rays) or any significant findings in patient/client status.</p> <p>D. Fails to give the rationale for patient/client care interventions.</p> <p>E. Fails to report to the staff nurse or the instructor any deviation from normal in assigned patient's/client's diagnosis/observations.</p> <p>F. Failure to identify the appropriate nursing diagnosis based on the patient's/client's assessment.</p> <p>G. Failure to report malfunction of equipment.</p> <p>H. Failure to consult with staff member or instructor for assistance in new procedures or use of new equipment or on patient care issues.</p> <p>I. Improper use of equipment (e.g. wheelchair, stretcher, monitors).</p> <p>J. Failure to report a change in patient/client conditions.</p> <p>K. Failure to report any patient lab changes to include glucose levels.</p> <p>L. Gives medication without consulting the instructor.</p> <p>M. Gives medication out of scope of course/semester enrolled in.</p> <p>N. Gives medication without being checked off in lab first.</p> <p>O. Conduct that may endanger a patient's/client's life, health, or safety.</p>
<p>2. Violates or threatens the microbiological safety of the patient/client.</p>	<p>A. Unrecognized violation of aseptic technique.</p> <p>B. Comes to clinical sick (e.g. Temperature of 100 or higher, diarrhea, vomiting, rash, cold sores, etc.)</p> <p>C. Failure to maintain both medical and/or surgical principles of asepsis at all times.</p>

CATEGORY OF UNSAFE PRACTICE	EXAMPLES
	<p>D. Failure to identify lab reports indicating infections.</p> <p>E. Failure to implement measures to prevent exposure to infectious pathogens and communicable conditions</p>
<p>3. Violates or threatens the chemical safety of the patient/client.</p>	<p>A. Failure to calculate the appropriate dosage of medication.</p> <p>B. Violates the 10 Rights in administering medication.</p> <p>C. Fails to monitor IV infusions.</p> <p>D. Failure to state drug information:</p> <ol style="list-style-type: none"> <li>1. Classification of drug</li> <li>2. Indication for use in assigned patient</li> <li>3. Side effects</li> <li>4. Appropriateness of dose</li> <li>5. Patient/Client care implications</li> <li>6. Patient/Client response to drugs</li> <li>7. Interaction with other drugs the patient is receiving.</li> </ol> <p>E. Failure to give medications safely.</p>
<p>4. Violates or threatens the safety and well-being of the patient.</p>	<p>A. Improper use of heat (hot packs, heating lamps, etc.) resulting in hyperthermia, burns, or potential tissue injury.</p> <p>B. Fails to observe safety precautions during oxygen therapy.</p> <p>C. Failure to report a malfunction of equipment, which could place the patient/client in jeopardy of electric shock.</p> <p>D. Improper use of electrical equipment.</p> <p>E. Failure to report the abnormal temperature of the patient.</p> <p>F. Improper use of cold (ice packs, K-pad, etc.) resulting in hypothermia or potential tissue injury.</p> <p>G. Failure to maintain adequate body warmth resulting in hypothermia (e.g., dry sheets with diaphoresis, wet bed, elderly, newborn, etc.).</p>
<p>5. Violates previously mastered principles, learning and objectives in carrying out patient/client care and/or</p>	<p>Failure to demonstrate or explain patient/client care, assessment, planning, interventions, and evaluations listed in previous course objectives that have been completed. (See syllabus and</p>

CATEGORY OF UNSAFE PRACTICE	EXAMPLES
delegated medical functions from previous and current semesters.	evaluation tools).
6. Inadequately and/or inaccurately utilizes the nursing process.	<p>A. Fails to observe and/or report critical data for patient/client charge nurse or instructor.</p> <p>B. Makes repeated faulty judgments and decisions in nursing situations.</p> <p>C. Fails to obtain assistance or ask questions of staff or instructor when appropriate.</p>
7. Assumes inappropriate independence in action or decisions.	<p>A. Performs skills or competencies not yet evaluated.</p> <p>B. Fails to seek help in an emergency situation.</p> <p>C. Continually seeks assistance or validation in areas previously mastered.</p> <p>D. Fails to seek out an instructor when asked to do skills, tasks, and patient care not yet taught or evaluated.</p>
8. Fails to recognize own limitations, incompetence, and/or legal responsibilities.	<p>A. Refuses to admit or notify the instructor of errors noted by staff or refuses to admit and notify staff of errors noted by the instructor.</p> <p>B. Cannot identify own legal responsibility in a specific situation(s).</p> <p>C. Fails to seek assistance when appropriate.</p> <p>D. Provides patient/client with inappropriate or incorrect information</p> <p>E. The student fails to implement measures to promote a safe environment for patients/clients and others.</p>
9. Fails to accept moral and legal responsibility for his/her own actions, thereby violating professional integrity.	<p>A. Covers own/other's errors without concern for patient/client safety.</p> <p>B. Fails to report errors in patient/client care by self or others.</p> <p>C. Shares confidential information inappropriately.</p> <p>D. Fails to maintain patient/client or others' confidentiality.</p> <p>E. Inability to accept responsibility for consequences of one's own behavior:  1. Validate with instructor rationale for action when contrary to classroom or</p>

CATEGORY OF UNSAFE PRACTICE	EXAMPLES
	<p>clinical instruction.</p> <p>2. Decline assignments made by staff when that assignment is inconsistent with objectives or expectations for the level of the student.</p> <p>3. Adhere to policies regarding scheduled medications, i.e., never access the electronic medication delivery system without supervision.</p> <p>F. Inability to consistently receive, interpret, and carry out instructions.</p> <p>G. Fails to identify patient/client correctly.</p>
<p>10. Demonstrates misconduct—actions or conduct that include, but are not limited to:</p>	<p>A. Falsifying reports, patient/client documentation, agency records, or other documents.</p> <p>B. Failing to cooperate with an investigation conducted by the Nursing Department, Dean, Coordinator, or Faculty; El Paso Community College.</p> <p>C. Causing or permitting physical, emotional, or verbal abuse; injury or neglect to the patient/client or the public; or failing to report same to the nurse or the instructor.</p> <p>D. Violating boundaries of the nurse/patient/ client relationship including, but not limited to, physical, sexual, emotional, or financial exploitation of the patient/client or the patient's/client's significant other(s).</p> <p>E. Threatening or violent behavior in the class/lab/clinical.</p> <p>F. Providing information that was false, deceptive, or misleading in connection with the practice of nursing.</p> <p>G. Drug diversion or attempts to divert drugs, controlled substances, or use of any drugs as a student during the nursing program (See Substance Abuse Testing for Health Occupations Students, EPCC policy 7.023.01.18).</p> <p>G. Inability to adjust to stress adequately to perform duties safely with</p>



CATEGORY OF UNSAFE PRACTICE	EXAMPLES
	<p>patients/clients.</p> <p>H. Academic Dishonesty</p> <p>I. Unprofessional behavior/unsafe behavior that seriously jeopardizes clinical affiliations.</p> <p>J. Ineffective interpersonal interactions; knowledge and skill incompetence; and unprofessional image.</p>
<p>11. Violates or threatens the psychological/sociological/spiritual safety of the patient/client.</p>	<p>A. Inappropriate or poor communication with patient/client, a family member or substitute familial member, another student, a faculty member, or another healthcare provider.</p> <p>B. Repeatedly uses nontherapeutic techniques in interactions.</p> <p>C. Attacks or derogates individuals' (patients or other students) beliefs or values.</p> <p>D. Failure to explain a procedure correctly to the patient or family.</p> <p>E. Failure to include the patient and the family in discussions when in the patient's room.</p> <p>F. Failure to communicate at the appropriate level for the patient or family.</p> <p>G. Failure to obtain/provide translation for the patient as appropriate.</p> <p>H. Fails to maintain patient/family/student confidentiality.</p> <p>I. Fails to do appropriate patient/ family assessment to prevent harm to patient/family with psychological needs.</p> <p>J. Conduct that may endanger a patient's/ client's life, health, or safety.</p> <p>K. Violation of any of the Standards of Conduct in the policies and procedures of El Paso Community College (EPCC).</p>

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# TEXAS ADMINISTRATIVE CODES FOR BOARD OF NURSING (BON)

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<a href="#">TITLE 22</a>	EXAMINING BOARDS
<a href="#">PART 11</a>	TEXAS BOARD OF NURSING
<a href="#">CHAPTER 213</a>	PRACTICE AND PROCEDURE

## RULE §213.27 GOOD PROFESSIONAL CHARACTER

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(a) Every individual who seeks to practice nursing in Texas must have good professional character related to the practice of nursing. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.

(b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors that indicate an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules, and generally accepted standards of nursing practice. An individual who provides satisfactory evidence that he/she has not committed a violation of the Nursing Practice Act or a rule adopted by the Board is considered to have good professional character related to the practice of nursing.

(c) A determination that an individual does not have good professional character related to the practice of nursing must be based on a showing by the Board of a clear and rational connection between a violation of the Nursing Practice Act or a rule adopted by the Board and the individual's ability to effectively practice nursing. When evaluating the rationale connection between the relevant conduct and the ability to effectively practice nursing, the Board will consider the following factors:

(1) whether the individual will be able to practice nursing in an autonomous role with patients/clients, their families, significant others, healthcare professionals, and members of the public who are or who may become physically, emotionally, or financially vulnerable;

(2) whether the individual will be able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting;

(3) whether the individual will be able to make appropriate judgments and decisions that could affect patients/clients and/or the public;

(4) whether the individual has exhibited an inability to conform his/her behavior to the requirements of the Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing Practice) and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing practice; and

(5) whether the individual will be able to promptly and fully self-disclose facts,

circumstances, events, errors, and omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could protect patients/clients or the public from an unnecessary risk of harm.

(d) Actions from Other Jurisdictions A certified copy of the order of the denial, suspension, or revocation or other action relating to an individual's license or privilege to practice nursing in another jurisdiction or under federal law is conclusive evidence of that action.

<a href="#">TITLE 22</a>	EXAMINING BOARDS
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<a href="#">CHAPTER 213</a>	PRACTICE AND PROCEDURE

## RULE §213.28    LICENSURE OF INDIVIDUALS WITH CRIMINAL HISTORY

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(a) Purpose and Applicability. This section establishes the criteria utilized by the Board in determining the effect of criminal history on nursing licensure and eligibility for nursing licensure and implements the requirements of Texas Occupations Code §53.025 and Code of Criminal Procedure Article 42A.111. This section applies to all individuals seeking to obtain or retain a license or multistate licensure privilege to practice nursing in Texas.

(b) An individual is subject to denial of licensure or to disciplinary action for a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony that is directly related to the practice of nursing or for a misdemeanor involving moral turpitude that is directly related to the practice of nursing (collectively referred to as crimes hereafter). This section applies to crimes that have been adjudicated through agreement or judicial order by a state or federal criminal justice system, without re-litigation of the underlying factual basis for the agreement or judicial order.

(c) The Board considers the crimes listed in the attached Criminal Guidelines (Guidelines) to be directly related to the practice of nursing. The Guidelines reflect the most common or well known crimes. The vast majority of an individual's criminal history that is reviewed by the Board will fall within the Guidelines. However, the Guidelines are not intended to be an exhaustive listing, and they do not prohibit the Board from considering an offense not specifically listed in the Guidelines. In matters involving an offense that is not specifically listed in the Guidelines, such as a violation of another state's law, federal law, or the Uniform Code of Military Justice, a determination shall be made by comparing that offense to the crime listed in the Guidelines that contains substantially

similar elements. The offense must meet the requirements of subsection (b) of this section to be actionable. Further, because the practice of nursing may involve direct contact with children in the normal course of official nursing duties, the Board may consider an individual's prior deferred adjudication community supervision, even if successfully completed, in its licensure decisions. (d) The Board has determined that the crimes listed in the Guidelines in subsection (c) of this section are directly related to the practice of nursing for the following reasons.

(1) Nursing is a unique profession. Nurses practice autonomously in a wide variety of settings and provide care to individuals who are, by virtue of their illness or injury, physically, emotionally, and financially vulnerable. These individuals include the elderly; children; individuals with mental disorders; sedated and anesthetized patients; individuals with mental or cognitive disorders; and disabled and immobilized individuals. Nurses that engage in criminal conduct potentially place patients, healthcare employers, and the public at future risk of harm.

(2) Crimes involving fraud or theft. Nurses often have unfettered access to individuals' privileged information, financial information, and valuables, including medications, money, jewelry, credit cards/checkbook, and sentimental items. Nurses also provide around the clock care, working night and weekend shifts at hospitals, long term care facilities, nursing homes, assisted living facilities, and in home health and home-like settings, where there is often no direct supervision of the nurse. Patients in these settings are particularly vulnerable to the unethical, deceitful, and illegal conduct of a nurse. When a nurse has engaged in criminal behavior involving fraud or theft in the past, the Board is mindful that similar misconduct may be repeated in these nursing settings, thereby placing patients, healthcare employers, and the public at risk.

(3) Crimes involving sexual misconduct. Nurses also frequently provide care to partially clothed or fully undressed individuals, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the nurse-patient relationship are extremely important. When a nurse has engaged in criminal behavior involving any type of sexual misconduct in the past, the Board is mindful that similar misconduct may be repeated in nursing settings. Such conduct may involve touching intimate body parts when the touch is not necessary for care, voyeurism, exposure of body parts when not necessary, and surreptitious touching. As such, the Board considers crimes involving any type of sexual misconduct to be highly relevant to an individual's ability to provide safe nursing care.

(4) Crimes involving lying, falsification, and deception. Nurses are expected to accurately and honestly report and record information in a variety of sources,

such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as report errors in their own nursing practice. When a nurse has engaged in criminal behavior involving lying, falsification, or deceptive conduct, the Board is mindful that similar misconduct may be repeated in nursing settings, thereby placing patients, healthcare employers, and the public at risk.

(5) Crimes involving drugs and alcohol. Nurses have a duty to their patients to provide safe, effective nursing care and to be fit to practice. Nurses who have a substance use disorder may exhibit impairment in both cognitive and motor functioning. A nurse affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner. This danger may be heightened when the nurse works in an autonomous setting where other healthcare providers are not present to provide interventions for the patient. As such, the Board considers crimes related to the use or possession of drugs or alcohol to be highly relevant to a nurse's fitness to practice.

(6) Crimes involving violence or threatening behavior. Nurses provide care to the most vulnerable of populations, including individuals who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the nurse-patient relationship for their daily care. When a nurse has engaged in violent or threatening criminal behavior in the past, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, the Board considers crimes involving violence and threatening behavior to be highly relevant to a nurse's fitness to practice.

(e) The Board has considered the nature and seriousness of each of the crimes listed in the Guidelines in subsection (c) of this section, the relationship of the crime to the purposes for requiring a license to engage in nursing; the extent to which a license to practice nursing might offer an opportunity to engage in further criminal activity of the same type as that in which the individual previously was involved; and the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities associated with the practice of nursing. The Board has determined that each crime listed in the Guidelines in subsection (c) of this section raises concerns about the propensity of the individual to repeat similar misconduct in the workplace, if provided the opportunity. The Board has also determined that similar misconduct in the workplace would place vulnerable individuals at risk of exploitation or victimization. As a result, if an individual has committed a crime listed in the Guidelines in subsection (c) of this section, the Board will evaluate that conduct to determine if disciplinary action is warranted.

(f) Additionally, a crime will be considered to be directly related to the practice

of nursing if the act:

(1) arose out of the practice of vocational, professional, or advanced practice nursing, as those terms are defined by the Nursing Practice Act (NPA);

(2) involves a current or former patient;

(3) arose out of the practice location of the nurse;

(4) involves a healthcare professional with whom the nurse has had a professional relationship; or

(5) constitutes a criminal violation of the NPA or another statute regulating another profession in the healing arts that also applies to the individual.

(g) Sanction. Not all criminal conduct will result in a sanction. The Board recognizes that an individual may make a mistake, learn from it, and not repeat it in the nursing practice setting. As such, each case will be evaluated on its own merits to determine if a sanction is warranted. If multiple crimes are present in a single case, a more severe sanction may be considered by the Board pursuant to Texas Occupations Code §301.4531. If a sanction is warranted, the Board will utilize the schedule of sanctions set forth in §213.33(e) (relating to Factors Considered for Imposition of Penalties/Sanctions) of this chapter. At a minimum, an individual will be required to successfully complete the terms of his/her criminal probation and provide evidence of successful completion to the Board. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may be required. Further, if an individual's criminal history implicates his/her current fitness to practice, the individual may also be required to meet the requirements of §213.29 to ensure he/she is safe to practice nursing.

(h) Factors. The following factors will be considered when determining the appropriate sanction, if any, in eligibility and disciplinary matters involving criminal conduct:

(1) the nature, seriousness, and extent of the individual's past criminal activity;

(2) the age of the individual when the crime was committed;

(3) the amount of time that has elapsed since the individual's last criminal activity;

(4) the conduct and work activity of the individual before and after the criminal activity;

(5) evidence of the individual's rehabilitation or rehabilitative effort while incarcerated or after release;

(6) other evidence of the individual's fitness, including letters of recommendation from prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the individual; the sheriff or chief of police in the community where the individual

resides; and any other individual in contact with the convicted individual;

(7) a record of steady employment;

(8) support of the individual's dependents;

(9) a record of good conduct;

(10) successful completion of probation/community supervision or early release from probation/community supervision;

(11) payment of all outstanding court costs, supervision fees, fines, and restitution ordered;

(12) the actual damages, physical or otherwise, resulting from the criminal activity;

(13) the results of an evaluation performed pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter;

(14) evidence of remorse and having learned from past mistakes;

(15) evidence of current support structures that will prevent future criminal activity;

(16) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing; and other laws that affect nursing practice; and

(17) any other matter that justice requires.

(i) Evaluations. Pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter, the Board may request or require an individual to undergo an evaluation with a Board-approved evaluator to better determine whether the individual is safe to practice nursing and is able to comply with the NPA, Board rules, and generally accepted standards of nursing. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may also be required.

(j) Youthful Indiscretions. Some criminal behavior that is otherwise actionable may be deemed a youthful indiscretion under this paragraph. In that event, a sanction will not be imposed. The following criteria will be considered in making such a determination:

(1) the offense was not classified as a felony;

(2) absence of criminal plan or premeditation;

(3) presence of peer pressure or other contributing influences;

(4) absence of adult supervision or guidance;

(5) evidence of immature thought process/judgment at the time of the activity;

(6) evidence of remorse;

(7) evidence of restitution to both victim and community;

(8) evidence of current maturity and personal accountability;

(9) absence of subsequent criminal conduct;



- (10) evidence of having learned from past mistakes;
  - (11) evidence of current support structures that will prevent future criminal activity; and
  - (12) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing, and other laws that affect nursing practice.
- (k) Bars to Licensure.

(1) Texas Occupations Code §301.4535. The Board is required under Texas Occupations Code §301.4535(b) to deny an individual initial licensure or licensure renewal and to revoke an individual's nursing license or privilege to practice nursing in Texas upon a final conviction or a plea of guilty or nolo contendere for a criminal offense specified in §301.4535(a). Further, an individual is not eligible for initial licensure or licensure endorsement in Texas or for licensure reinstatement before the fifth anniversary of the date the individual successfully completed and was dismissed from community supervision or parole for an offense specified in §301.4535(a).

(2) Imprisonment. Pursuant to Texas Occupations Code §53.021(b), an individual's license or multistate licensure privilege to practice nursing in Texas will be revoked by operation of law upon the individual's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision.

(3) Texas Occupations Code Chapter 108

(A) Pursuant to Chapter 108, Subchapter B, the Board is required to deny or revoke, as applicable, the license of an individual who:

- (i) is required to register as a sex offender under the Code of Criminal Procedure Chapter 62;
- (ii) has been previously convicted of or placed on deferred adjudication community supervision for the commission of a felony offense involving the use or threat of force; or
- (iii) has been previously convicted of or placed on deferred adjudication community supervision for the commission of an offense:
  - (I) under the Texas Penal Code §§22.011, 22.02, 22.021, or 22.04 or an offense under the laws of another state or federal law that is equivalent to an offense under one of these sections;
  - (II) committed when the individual held a license as a health care professional in this state or another state and in the course of providing services within the scope of the individual's license; and
  - (III) in which the victim of the offense was a patient of the individual.

(B) An individual's eligibility for reapplication or reinstatement of licensure is governed by the Texas Occupations Code Chapter 108, Subchapter B.

(l) Arrests. The fact that an individual has been arrested will not be used as grounds for sanction. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the NPA or Board rules, the Board may consider such evidence.

(m) The Executive Director is authorized to close an eligibility file when the individual seeking licensure has failed to respond to a request for information, a proposed eligibility order, or denial of licensure within 60 days of the request for information, proposed eligibility order, or denial.

(n) Pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(7), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law. Further, pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(8), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing, as determined on a case-by-case basis by the Board.

TITLE 22

EXAMINING BOARDS

PART 11

TEXAS BOARD OF NURSING

CHAPTER 213

PRACTICE AND PROCEDURE

## RULE §213.29

## FITNESS TO PRACTICE

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(a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care.

(b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or

mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.

(c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.

(d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs.

(1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a

substance use disorder, but have nonetheless exhibited behaviors raising concerns about the individual's ability to practice nursing with reasonable skill and safety due to the possession, misuse, or abuse of alcohol or drugs, prescribed or otherwise, including related criminal conduct, may be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. If appropriate, and depending upon the individualized facts of each case, an individual may be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board, which may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(3) An individual's prior substance use disorder diagnosis or history of prior criminal conduct involving drugs or alcohol, prescribed or otherwise; or misuse or abuse of alcohol or drugs, prescribed or otherwise; will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(e) Mental Health Conditions and Diminished Capacity.

(1) Individuals who have been diagnosed, treated, or hospitalized for a mental health condition that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure.

Depending upon the individualized facts of each case, an individual may be required to establish controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, prior to being permitted to practice nursing in this state. If appropriate, and depending upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the

potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a mental health condition, but have nonetheless exhibited behaviors raising concerns about the individual's fitness to practice due to a mental health condition or diminished capacity may be required to demonstrate controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. If appropriate, and depending upon the individualized facts of each case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(3) An individual's prior mental health diagnosis or behavioral history will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(f) Other Medical Conditions.

(1) The Board recognizes that individuals may have a variety of medical conditions that require medical treatment and/or a medication regime that includes prescription drugs. Although authorized by law and medically necessary, prescription drugs may affect an individual's fitness to practice. An individual must be able to function safely while under the effects of prescription drugs. An individual who abuses his/her prescription drugs or who has been unable to stabilize the synergistic effect of his/her medications may not possess current fitness to practice. Further, some prescription medications may cause side effects that affect an individual's fitness to practice, even when taken properly. In some cases, an individual's physical condition may prevent the individual from practicing nursing safely. In addition to an individual's medication regime, the Board will review an individual's behavior, diagnosis/condition, and treatment plan to determine if he/she possesses current fitness to practice. Based upon the individualized facts of the case, including the results of a required evaluation, if any, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, including limiting the practice setting to one in which the individual is safe to practice nursing.

(2) An individual's prior medical condition and/or diagnosis will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(g) Authority of Executive Director. In eligibility and disciplinary matters involving an individual's fitness to practice, the Executive Director may:

(1) review information submitted by the individual and materials and information gathered or prepared by Board Staff; including evidence of the individual's safe practice, compliance with the Nursing Practice Act, Board rules and regulations, and generally accepted standards of nursing practice; verification of compliance with treatment; and evidence of sobriety;

(2) identify any deficiencies in the information necessary for a determination regarding the individual's current fitness to practice;

(3) close any eligibility file in which the individual seeking licensure has failed to respond to a request for information from the Board or to a proposal for denial of licensure within 60 days of the request or proposed denial, as applicable;

(4) approve an individual's eligibility for licensure, enter eligibility orders as authorized in §211.7 (relating to Executive Director) of this title, and approve renewals, without Board ratification, when the evidence is clearly insufficient to support denial of licensure; and

(5) propose eligibility and disciplinary orders in eligibility, disciplinary, and renewal matters consistent with the Board's rules and regulations and the interests of public safety and enter disciplinary orders as authorized in §211.7 of this title.

(h) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:

(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at

<http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at

<http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the Texas Register (33 TexReg 1649) and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>.

<a href="#">TITLE 22</a>	EXAMINING BOARDS
<a href="#">PART 11</a>	TEXAS BOARD OF NURSING
<a href="#">CHAPTER 213</a>	PRACTICE AND PROCEDURE

## RULE §213.30 DECLARATORY ORDER OF ELIGIBILITY FOR LICENSURE

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- (a) For purposes of this section only, "petitioner" means an individual who:
- (1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;
  - (2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or
  - (3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States' Jurisdiction) of this title.
- (b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement due to issues discussed in this rule may petition the Board for a declaratory order as to his or her eligibility.
- (c) A petitioner must submit a petition, on forms provided by the Board, and the following information:
- (1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility;
  - (2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable;
  - (3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as

applicable;

(4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance;

(5) the required fee, which is not refundable; and

(6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.

(d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to patients/clients and/or the public, and the petitioner's ability to meet the requirements of §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this chapter, as applicable. Based upon the individualized facts of the case, the Board may approve licensure without encumbrance, impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, or deny licensure.

(e) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(f) If an individual is seeking licensure by endorsement pursuant to §217.5 of this title and has been licensed to practice nursing in any jurisdiction and has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the provisions of §213.27(e) of this chapter will apply to the eligibility of the petitioner.

(g) If a petitioner's potential ineligibility is due to his/her criminal history, the provisions of §213.28 of this chapter will apply to the eligibility of the petitioner.

(h) If a petitioner's potential ineligibility is due to a substance use disorder and/or the abuse/misuse of alcohol or drugs, a mental health condition or diminished capacity, or another issue relating to the individual's fitness to practice, the provisions of §213.29 of this chapter will apply to the eligibility of the petitioner.

(i) If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing before the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to



set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

(j) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the petitioner's eligibility with respect to the grounds for potential ineligibility as set out in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.

(k) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating an eligibility matter under this section:

(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at

<http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the *Texas Register* (33 TexReg 1649) and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at

<http://www.bon.state.tx.us/disciplinaryaction/dsp.html>.

(l) If an individual seeking licensure by endorsement under §217.5 of this title or licensure by examination under §217.2 or §217.4 of this title should have had an eligibility issue addressed pursuant to the Occupations Code §301.257, the filed

application will be treated and processed as a petition for declaratory order under this section, and the individual will be treated as a petitioner under this section and will be required to pay the non-refundable fee required by this section and §223.1 of this title (relating to Fees).

(m) This section implements the requirements of the Occupations Code Chapter 53 Subchapter D and the Occupations Code §301.257.

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EXAMINING BOARDS

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TEXAS BOARD OF NURSING

[CHAPTER 217](#)

LICENSURE, PEER ASSISTANCE AND PRACTICE

**RULE §217.2      LICENSURE BY EXAMINATION FOR GRADUATES OF  
NURSING EDUCATION PROGRAMS WITHIN THE  
UNITED STATES, ITS TERRITORIES, OR  
POSSESSIONS**

(a) All applicants for initial licensure by examination shall:

- (1) file a complete application containing data required by the board attesting that all information contained in, or referenced by, the application is complete and accurate and is not false or misleading, and the required application processing fee which is not refundable;
- (2) submit verification of completion of all requirements for graduation from an approved nursing education program, or certification from the nursing program director of completion of certificate/degree requirements. Prerequisites of an accredited master's degree program leading to a first degree in professional nursing must be approved by the board;
- (3) pass the NCLEX-PN (LVN applicant) or NCLEX-RN (RN applicant);
- (4) graduate from an approved Texas nursing education program or a program with substantially equivalent education standards to a Texas approved nursing program as defined below.

(A) A professional nursing education program operated in another state may be determined to have substantially equivalent education standards to a Texas approved nursing program if:

- (i) the program is approved by a state board of nursing or other governmental entity to offer a pre-licensure professional nursing program of study that awards a nursing diploma or degree upon completion;
- (ii) the program includes general education courses providing a sound foundation for nursing education for the level of preparation;
- (iii) the program's nursing courses include didactic content and supervised clinical learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics,

and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the life span; and

(iv) for baccalaureate degree nursing programs, nursing courses must also include didactic content and supervised clinical learning experiences, as appropriate, in community, research, and leadership.

(B) A vocational nursing education program operated in another state may be determined to have substantially equivalent education standards to a Texas approved nursing program if:

(i) the program is approved by a state board of nursing or other governmental entity to offer a pre-licensure vocational/practical nursing program of study that awards a vocational/practical nursing certificate, diploma, or degree upon completion;

(ii) the program's nursing courses include didactic and supervised clinical learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the life span; and

(iii) the program includes support courses providing a sound foundation for nursing education for the level of preparation.

(C) A clinical competency assessment program shall be deemed substantially equivalent to a Texas approved nursing program while compliant with Tex. Occ. Code §301.157(d-8) and (d-9). A clinical competency assessment program will be deemed to not be substantially equivalent to a Texas approved nursing program if the program fails to meet applicable requirements of Tex. Occ. Code §301.157(d-11) and (d-12).

(D) If an applicant does not have substantially equivalent education under paragraph (A) or (B), the applicant may become eligible for licensure if the applicant enrolls in an approved Texas program and completes the necessary educational requirements.

(E) If an applicant for licensure as a registered nurse has completed a clinical competency assessment program which is deemed not to be substantially equivalent to Board standards for Texas programs under paragraph (C), the Board may issue a provisional license to the applicant once the applicant has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN® Examination). The applicant will be eligible for full licensure if the applicant completes the requirements of clause (i) or (ii) below:

(i) The applicant completes 500 hours of clinical practice under the direct supervision of an approved preceptor. The applicant, prior to beginning practice, must submit the name and license number of a potential preceptor for Board approval. After completion of 500 hours of clinical practice under direct supervision of the approved preceptor and the preceptor's signature that the applicant is competent and safe to practice nursing, the applicant may be eligible for full licensure.

(ii) The applicant completes an educational program at an approved Texas program which is designed to assess and improve clinical skills for applicants who have not completed supervised clinical experiences in their prior educational program. The applicant must seek and receive the Board's approval prior to entering into the program to ensure that the program will allow the applicant may be eligible for full licensure. The applicant must provide the Board evidence of completion of the approved program;

(5) submit fingerprints for a complete criminal background check; and

(6) pass the jurisprudence exam approved by the board, effective September 1, 2008.

(b) Should it be ascertained from the application filed, or from other sources, that the applicant should have had an eligibility issue determined by way of a petition for declaratory order pursuant to the Occupations Code §301.257, then the application will be treated and processed as a petition for declaratory order under §213.30 of this title (relating to Declaratory Order of Eligibility for Licensure), and the applicant will be treated as a petitioner under that section and will be required to pay the non-refundable fee required by that section.

(c) An applicant for initial licensure by examination shall pass the NCLEX-PN or NCLEX-RN within four years of completion of requirements for graduation.

(d) An applicant who has not passed the NCLEX-PN or NCLEX-RN within four years from the date of completion of requirements for graduation must complete a board approved nursing education program in order to take or retake the examination.

(e) Upon initial licensure by examination, the license is issued for a period ranging from six months to 29 months depending on the birth month. Licensees born in even-numbered years shall renew their license in even-numbered years; licensees born in odd-numbered years shall renew their licenses in odd-numbered years.

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EXAMINING BOARDS

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TEXAS BOARD OF NURSING

[CHAPTER 217](#)

LICENSURE, PEER ASSISTANCE AND PRACTICE

**RULE §217.3      TEMPORARY AUTHORIZATION TO  
PRACTICE/TEMPORARY PERMIT**

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(a) A new graduate who completes an accredited basic nursing education program within the United States, its Territories or Possessions and who applies for initial licensure by examination in Texas may be temporarily authorized to practice nursing as a graduate nurse (GN) or graduate vocational nurse (GVN) pending the results of the licensing examination.

(1) In order to receive temporary authorization to practice as a GN or GVN and obtain a permit, the new graduate must:

(A) file a completed application, including verification of completion of graduation requirements and the non-refundable application processing fee (see §217.2(a)(1)-(2) of this title relating to Licensure by Examination for Graduates of Basic Nursing Education Programs Within the United States, its Territories or Possessions);

(B) have no outstanding eligibility issues (see §213.30 of this title (relating to Declaratory Order of Eligibility for Licensure), and Texas Occupations Code §301.257);

(C) have never taken the NCLEX-PN or NCLEX-RN. Temporary authorization to practice as a GN will not be issued to any applicant who has previously failed the

licensing examination;

(D) have registered to take the NCLEX-PN or NCLEX-RN with the examination administration service;

(E) submit fingerprints for a complete criminal background check; and

(F) obtain a passing score on the jurisprudence exam approved by the Board, effective September 1, 2009.

(2) The temporary authorization to practice as a GN or GVN, which is not renewable, is valid for 75 days from the date of eligibility, receipt of permanent license, or upon receipt of a notice of failing the examination from the Board, whichever date is the earliest. The GN or GVN must immediately inform employers of receipt of notification of failing the examination and cease nursing practice.

(3) The new graduate who has been authorized to practice nursing as a GVN pending the results of the licensing examination must work under the direct supervision of a licensed vocational nurse or a registered nurse who is physically present in the facility or practice setting and who is readily available to the GVN for consultation and assistance. The new graduate who has been authorized to practice nursing as a GN pending the results of the licensing examination must work under the direct supervision of registered nurse who is physically present in the facility or practice setting and who is readily available to the GN for consultation and assistance. If the facility is organized into multiple units that are geographically distanced from each other, then the supervising nurse must be working on the same unit to which the GN or GVN is assigned. The GN or GVN shall not be placed in supervisory or charge positions and shall not work in independent practice settings.

(4) The nurse administrator of facilities that employ Graduate Nurses or Graduate Vocational Nurses must ensure that the GN or GVN has a valid temporary authorization to practice as a GN or GVN pending the results of the licensing examination, has scheduled a date to take the NCLEX-PN or NCLEX-RN, and does not continue to practice after expiration of the 75 days of eligibility or receipt of a notice of failing the examination from the Board, whichever date is earlier.

(b) A nurse who has not practiced nursing for four or more years may be issued a temporary permit for the limited purpose of completing a refresher course, extensive orientation to the practice of professional or vocational nursing, whichever is applicable, or academic course. The permit is valid for six months.

(c) A nurse whose license has been suspended, revoked, or surrendered through action by the board, may be issued a temporary permit for the limited purpose of meeting any requirement(s) imposed by the board in order for the nurse's license to be reissued. The permit is valid for six months.

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EXAMINING BOARDS

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[CHAPTER 217](#)

LICENSURE, PEER ASSISTANCE AND PRACTICE

**RULE §217.5      TEMPORARY LICENSE AND ENDORSEMENT**

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(a) A nurse who has practiced nursing in another state within the four years immediately preceding a request for temporary licensure and/or permanent licensure by endorsement may obtain a non-renewable temporary license, which is valid for 120 days, and/or a permanent license for endorsement by meeting the following requirements:

(1) Graduation from an approved Texas nursing education program or a program with substantially equivalent education standards to a Texas approved nursing program as defined below.

(A) A professional nursing education program operated in another state may be determined to have substantially equivalent education standards to a Texas approved nursing program if:

(i) the program is approved by a state board of nursing or other governmental entity to offer a pre-licensure professional nursing program of study that awards a nursing diploma or degree upon completion;

(ii) the program includes general education courses providing a sound foundation for nursing education for the level of preparation;

(iii) the program's nursing courses include didactic content and supervised clinical learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the life span; and

(iv) for baccalaureate degree nursing programs, nursing courses must also include didactic content and supervised clinical learning experiences, as appropriate, in community, research, and leadership.

(B) A vocational nursing education program operated in another state may be determined to have substantially equivalent education standards to a Texas approved nursing program if:

(i) the program is approved by a state board of nursing or other governmental entity to offer a pre-licensure vocational/practical nursing program of study that awards a vocational/practical nursing certificate, diploma, or degree upon completion;

(ii) the program's nursing courses include didactic and supervised clinical

learning experiences in medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and safe patient care across the life span; and

(iii) the program includes support courses providing a sound foundation for nursing education for the level of preparation.

(C) A clinical competency assessment program shall be deemed substantially equivalent to a Texas approved nursing program while compliant with Tex. Occ. Code §301.157(d-8) and (d-9). A clinical competency assessment program will be deemed to not be substantially equivalent to a Texas approved nursing program if the program fails to meet applicable requirements of Tex. Occ. Code §301.157(d-11) and (d-12).

(D) If an applicant does not have substantially equivalent education under subparagraph (A) or (B), the applicant may become eligible for licensure if the applicant enrolls in an approved Texas program and completes the necessary educational requirements.

(E) If an applicant for licensure as a registered nurse has completed a clinical competency assessment program which is deemed not to be substantially equivalent to Board standards for Texas programs under subparagraph (C), the Board may issue a provisional license to the applicant once the applicant has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN® Examination). The applicant will be eligible for full licensure if the applicant completes the requirements of clause (i) or (ii) of this subparagraph:

(i) The applicant completes 500 hours of clinical practice under the direct supervision of an approved preceptor. The applicant, prior to beginning practice, must submit the name and license number of a potential preceptor for Board approval. After completion of 500 hours of clinical practice under direct supervision of the approved preceptor and the preceptor's signature that the applicant is competent and safe to practice nursing, the applicant may be eligible for full licensure.

(ii) The applicant completes an educational program at an approved Texas program which is designed to assess and improve clinical skills for applicants who have not completed supervised clinical experiences in their prior educational program. The applicant must seek and receive the Board's approval prior to entering into the program to ensure that the program will allow the applicant may be eligible for full licensure. The applicant must provide the Board evidence of completion of the approved program.

(F) If an applicant for licensure as a registered nurse has completed a clinical competency assessment program which is deemed not to be substantially equivalent to Board standards for Texas programs under subparagraph (C), in

lieu of completing the requirements of subparagraph (E), an applicant may be eligible for full licensure by submitting proof, for Board review and approval, of at least 500 hours of clinical practice as a nurse in a single employment setting that is verified by a licensed nursing supervisor. The licensed nursing supervisor's signature shall evidence that the applicant is competent and safe to practice nursing;

(2) Satisfactory completion of the licensure examination according to Board established minimum passing scores:

(A) Vocational Nurse Licensure Examination:

(i) Prior to April 1982--a score of 350 on the SBTPE;

(ii) Beginning October 1982 to September 1988--a score of 350 on the NCLEX-PN; and

(iii) October 1988 and after, must have achieved a passing report on the NCLEX-PN; and

(B) Registered Nurse Licensure Examination:

(i) Prior to July 1982--a score of 350 on each of the five parts of the SBTPE;

(ii) Prior to February 1989--a minimum score of 1600 on the NCLEX-RN;

(iii) February 1989 and after, must have achieved a passing report on the NCLEX-RN; and

(iv) January 2015 and after, for applicants taking the Canadian NCLEX-RN, must have achieved a passing report on the Canadian NCLEX-RN;

(3) Licensure by another U.S. jurisdiction or licensure from a Canadian province by NCLEX-RN;

(4) For an applicant who has graduated from a nursing education program outside of the United States or National Council jurisdictions--verification of LVN licensure as required in §217.4(a)(1) of this chapter or verification of RN licensure must be submitted from the country of education or as evidenced in a credential evaluation service full education course by course report from a credential evaluation service approved by the Board, as well as meeting all other requirements in paragraphs (2) and (3) of this subsection;

(5) Filing a completed "Application for Temporary License/Endorsement" containing:

(A) personal identification and verification of required information in paragraphs (1) - (3) of this subsection; and

(B) attestation that the applicant meets current Texas licensure requirements and has never had disciplinary action taken by any licensing authority or jurisdiction in which the applicant holds, or has held licensure and attestation that all information contained in, or referenced by, the application is complete and accurate and is not false or misleading;

(6) the required application processing licensure fee, which is not refundable;



(7) submitting fingerprints for a complete criminal background check; and  
(8) a passing score on the jurisprudence exam approved by the Board, effective September 1, 2008.

(b) Credential evaluation service (CES).

(1) A CES wishing to be approved by the Board must meet the following requirements:

(A) The CES must be a member of a national credentialing organization that sets performance standards for the industry. The CES must adhere to the prevailing standards for the industry.

(B) The CES must specialize in the evaluation of international nursing education and licensure.

(C) The CES must be able to demonstrate its ability to accurately analyze academic and licensure credentials for purposes of United States comparison, with course-by-course analysis of nursing academic records.

(D) The CES must be able to manage the translation of original documents into English.

(E) The CES must inform the Board in the event applicant documents are found to be fraudulent.

(F) The CES must have been in the business of evaluating nursing education for a minimum of five years.

(G) The CES must cite all references used in its evaluation in its credentials report.

(H) The CES report must identify the language of nursing instruction and the language of textbooks for nursing education.

(I) The CES must use only original source documentation in evaluating nursing education.

(J) The CES report must describe the comparability of the foreign education to United States standards.

(K) The CES report must detail course clock hours for theory and clinical components of nursing education.

(L) The CES must be able to issue an evaluation report within a reasonable time period, not to exceed six weeks.

(M) The CES must have an efficient and accessible process for answering customer queries.

(N) The CES must be able to provide client references/reviews upon request.

(O) The CES must have an established record retention policy.

(P) The CES must be able to provide testimony for Board hearings, if required.

(2) The CES must complete the form(s) and affidavit required by the Board, submit all required documentation, and receive approval from the Board before providing a report for Board consideration. The Board will maintain a list of

approved CES providers.

(c) A nurse who has not practiced nursing in another state within the four years immediately preceding a request for temporary licensure and/or permanent licensure by endorsement will be required to:

(1) complete a refresher course, extensive orientation to the practice of nursing, or a nursing program of study that meets the requirements prescribed by the Board. The nurse must submit an Application for Six Month Temporary Permit (RN) or an Application for Six Month Temporary Permit (LVN), as applicable, to the Board for the limited purpose of completing a refresher course, extensive orientation to the practice of nursing, or a nursing program of study;

(2) submit to the Board evidence of the successful completion of the requirements of paragraph (1) of this subsection;

(3) after completing the requirements of paragraphs (1) - (2) of this subsection, submit to the Board verification of the completion of the requirements of subsection (a)(1) - (8) of this section.

(d) The Board adopts by reference the following forms, which comprise the instructions and requirements for a refresher course, extensive orientation to the practice of nursing, and a nursing program of study required by this section, and which are available at <http://www.bon.state.tx.us/olv/forms.html>:

(1) Application for Six Month Temporary Permit (RN); and

(2) Application for Six Month Temporary Permit (LVN).

(e) A nurse who has had disciplinary action at any time by any licensing authority is not eligible for temporary licensure until completion of the eligibility determination.

(f) Upon initial licensure by endorsement, the license is issued for a period ranging from six months to 29 months depending on the birth month. Licensees born in even-numbered years shall renew their licenses in even-numbered years; licensees born in odd-numbered years shall renew their licenses in odd-numbered years.

(g) Should it be ascertained from the application filed, or from other sources, that the applicant should have had an eligibility issue determined by way of a petition for declaratory order pursuant to the Occupations Code §301.257, then the application will be treated and processed as a petition for declaratory order under §213.30 of this title (relating to Declaratory Order of Eligibility for Licensure), and the applicant will be treated as a petitioner under that section and will be required to pay the non-refundable fee required by that section.

(h) Out-of-State Licensure of Military Service Member or Military Spouse.

(1) Pursuant to Texas Occupations Code §55.0041, a military service member or military spouse is eligible to practice nursing in Texas if the member or

spouse:

(A) holds an active, current license to practice nursing in another state or territory:

(i) that has licensing requirements, including education requirements, that are determined by the Board to be substantially equivalent to the requirements for nursing licensure in Texas; and

(ii) is not subject to any current restriction, eligibility order, disciplinary order, probation, suspension, or other encumbrance;

(B) submits a copy of the member's or spouse's military identification card;

(C) notifies the Board of the member's or spouse's intent to practice nursing in Texas on a form prescribed by the Board; and

(D) meets the Board's fitness to practice and eligibility criteria set forth in §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this title.

(2) If a military service member or military spouse meets the criteria set forth in this subsection, the Board will issue a license to the member or spouse to practice nursing in Texas. The member or spouse will not be charged a fee for the issuance of the license. A license issued under this subsection is valid through the third anniversary of the date of the issuance of the license; thereafter, the license is subject to the Board's standard renewal cycle.

(3) A military service member or military spouse who is unable to meet the criteria set forth in this subsection remains eligible to seek licensure in Texas, as set forth in §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions), §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate from Nursing Education Programs Outside of United States' Jurisdiction), §221.3 (relating to APRN Education Requirements for Licensure), §221.4 (relating to Licensure as an APRN), §213.30 (relating to Declaratory Order of Eligibility for Licensure), or the other remaining subsections of this section.

(4) For a military service member or military spouse applying for licensure under this subsection, the Board will:

(A) determine whether the jurisdiction in which the member or spouse is licensed has licensure requirements substantially equivalent to the requirements for the type of license in this state; and

(B) not later than 30 days after the date the member or spouse provides notice of intent to practice in this state and a copy of the military identification card, verify whether the member or spouse is licensed in good standing in the jurisdiction in which the member or spouse is licensed.

(5) While practicing nursing in Texas, the military service member or spouse must comply with all laws and regulations applicable to the practice of nursing in Texas.

(6) A military spouse issued a license under this section may continue to practice under the license until the third anniversary of its issuance regardless of the occurrence before that date of divorce or a similar event affecting the license holder's status as a military spouse.

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## **RULE §217.11 STANDARDS OF NURSING PRACTICE**

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The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.

(1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall:

(A) Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;

(B) Implement measures to promote a safe environment for clients and others;

(C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same;

(D) Accurately and completely report and document:

(i) the client's status including signs and symptoms;

- (ii) nursing care rendered;
  - (iii) physician, dentist or podiatrist orders;
  - (iv) administration of medications and treatments;
  - (v) client response(s); and
  - (vi) contacts with other health care team members concerning significant events regarding client's status;
- (E) Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;
- (F) Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;
- (G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices;
- (H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
- (I) Notify the appropriate supervisor when leaving a nursing assignment;
- (J) Know, recognize, and maintain professional boundaries of the nurse-client relationship;
- (K) Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse:
- (i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;
  - (ii) whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
  - (iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or
  - (iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
  - (v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).
- (L) Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;
- (M) Institute appropriate nursing interventions that might be required to

stabilize a client's condition and/or prevent complications;

(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;

(O) Implement measures to prevent exposure to infectious pathogens and communicable conditions;

(P) Collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;

(Q) Consult with, utilize, and make referrals to appropriate community agencies and health care resources to provide continuity of care;

(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth;

(S) Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;

(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability;

(U) Supervise nursing care provided by others for whom the nurse is professionally responsible; and

(V) Ensure the verification of current Texas licensure or other Compact State licensure privilege and credentials of personnel for whom the nurse is administratively responsible, when acting in the role of nurse administrator.

(2) Standards Specific to Vocational Nurses. The licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings and:

(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:

- (i) collecting data and performing focused nursing assessments;
- (ii) participating in the planning of nursing care needs for clients;
- (iii) participating in the development and modification of the comprehensive nursing care plan for assigned clients;
- (iv) implementing appropriate aspects of care within the LVN's scope of

practice; and

(v) assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;

(B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.

(C) May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated licensed vocational nurse competencies.

(3) Standards Specific to Registered Nurses. The registered nurse shall assist in the determination of healthcare needs of clients and shall:

(A) Utilize a systematic approach to provide individualized, goal-directed, nursing care by:

(i) performing comprehensive nursing assessments regarding the health status of the client;

(ii) making nursing diagnoses that serve as the basis for the strategy of care;

(iii) developing a plan of care based on the assessment and nursing diagnosis;

(iv) implementing nursing care; and

(v) evaluating the client's responses to nursing interventions;

(B) Delegate tasks to unlicensed personnel in compliance with Chapter 224 of this title, relating to clients with acute conditions or in acute care environments, and Chapter 225 of this title, relating to independent living environments for clients with stable and predictable conditions.

(4) Standards Specific to Registered Nurses with Advanced Practice Authorization. Standards for a specific role and specialty of advanced practice nurse supersede standards for registered nurses where conflict between the standards, if any, exist. In addition to paragraphs (1) and (3) of this subsection, a registered nurse who holds authorization to practice as an advanced practice nurse (APN) shall:

(A) Practice in an advanced nursing practice role and specialty in accordance with authorization granted under Board Rule Chapter 221 of this title (relating to practicing in an APN role; 22 TAC Chapter 221) and standards set out in that chapter.

(B) Prescribe medications in accordance with prescriptive authority granted under Board Rule Chapter 222 of this title (relating to APNs prescribing; 22 TAC Chapter 222) and standards set out in that chapter and in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.

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**RULE §217.12 UNPROFESSIONAL CONDUCT**

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The following unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify behaviors in the practice of nursing that are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established. These behaviors include but are not limited to:

(1) Unsafe Practice--actions or conduct including, but not limited to:

(A) Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered, or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in §217.11 of this chapter;

(B) Failing to conform to generally accepted nursing standards in applicable practice settings;

(C) Improper management of client records;

(D) Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care;

(E) Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;

(F) Failing to supervise the performance of tasks by any individual working pursuant to the nurse's delegation or assignment; or

(G) Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences.

(2) Failure of a chief administrative nurse to follow standards and guidelines required by federal or state law or regulation or by facility policy in providing oversight of the nursing organization and nursing services for which the nurse is administratively responsible.

(3) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the Board in granting an encumbered license or any stipulated agreement with the Board.

(4) Conduct that may endanger a client's life, health, or safety.



(5) Inability to Practice Safely--demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition.

(6) Misconduct--actions or conduct that include, but are not limited to:

(A) Falsifying reports, client documentation, agency records or other documents;

(B) Failing to cooperate with a lawful investigation conducted by the Board;

(C) Causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);

(E) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;

(F) Threatening or violent behavior in the workplace;

(G) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(H) Providing information which was false, deceptive, or misleading in connection with the practice of nursing;

(I) Failing to answer specific questions or providing false or misleading answers in a licensure or employment matter that could reasonably affect the decision to license, employ, certify or otherwise utilize a nurse; or

(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

(7) Failure to pay child support payments as required by the Texas Family Code §232.001, et seq.

(8) Drug Diversion--diversion or attempts to divert drugs or controlled substances.

(9) Dismissal from a board-approved peer assistance program for noncompliance and referral by that program to the Board.

(10) Other Drug Related--actions or conduct that include, but are not limited to:

(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the

practice authorized by the nurse's license;

(B) Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

(C) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

(D) A positive drug screen for which there is no lawful prescription; or

(E) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

(11) Unlawful Practice--actions or conduct that include, but are not limited to:

(A) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered or advanced practice nursing;

(B) Violating an order of the Board, or carelessly or repetitively violating a state or federal law relating to the practice of vocational, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;

(C) Aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order; or

(D) Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations.

(12) Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

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## **RULE §217.17 NURSING JURISPRUDENCE EXAM (NJE)**

(a) Exam Development.

(1) The Board will develop a Nursing Jurisprudence Exam (NJE) as authorized by Nursing Practice Act (NPA) §301.252.

(2) The NJE will be required for each person who submits an application seeking initial licensure on or after September 1, 2008.

(3) The NJE will be a minimum of 50 questions and shall be psychometrically validated.

(4) The NJE shall be designed to test an applicant's knowledge relating to board statutes, rules, position statements, guidelines, disciplinary sanction policies, frequently asked

questions, and other resource documents accessible on the board's web page relating to the regulation, licensure, and practice of nursing under the following categories:

- (A) Nursing Licensure and Regulation in Texas;
- (B) Nursing Ethics;
- (C) Nursing Practice;
- (D) Nursing Peer Review;
- (E) Disciplinary Action.

(b) Grading Procedures.

(1) In this chapter, applicants required to take the NJE exam, must achieve a passing score as determined by the Board of Nursing in consultation with a psychometrician. Should an applicant fail to achieve a passing score on the NJE, such applicant, shall retake the NJE until such time as a passing score is achieved.

(2) In accordance with NPA §301.252(a)(3), an applicant for initial nursing licensure in Texas shall not be granted a nursing license until the applicant achieves a passing score on the NJE.

(3) A person who has passed the NJE shall not be required to retake the NJE for another or similar license, except as a specific requirement of the board.

(4) A passing grade on the NJE is valid for purposes of licensure for one year from the date the passing grade is achieved.

(c) Taking the NJE.

(1) An applicant may take the NJE at any time during the application process.

(2) Should an applicant fail to achieve a minimum passing score on the NJE, such applicant may retake the NJE until such time as a passing score is achieved.

(d) Notice of Results.

(1) Attaining a passing score on the NJE is a requirement of initial licensure in Texas effective September 1, 2008.

(2) Each applicant will be notified upon successful completion of all requirements for initial licensure.

## STUDENT FORMS

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## STUDENT ACKNOWLEDGMENT

I have read the Nursing Student Handbook, and I will comply with the requirements contained in it.

\_\_\_\_\_  
Student printed name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Course/Semester

Date \_\_\_\_\_

SUBMIT THIS SIGNED FORM THROUGH YOUR COMPLIO ACCOUNT

## EPCC NURSING PROGRAMS POLICY FOR SOCIAL MEDIA AND NETWORKING

Students in the Associate Degree Nursing Program, Vocational Nursing Program, and the LVN-RN Transition Program at El Paso Community College are expected to adhere to the high standards of the Nursing profession with regard to maintaining confidentiality. This not only includes guarding patient confidentiality at a clinical site, but also in the classroom, at home, and online.

Social Media is web-based technology used to communicate with others. The following guidelines are for behavior involved with cell phone use, FACEBOOK, Twitter, Myspace, Instagram, Blogs, Video Sharing (e.g., YouTube), Collaborative websites, Message Boards, Podcasts, and any other social networking site. Many of you already have such sites established and are eager to use them to convey what you are learning and doing while in these programs. You may continue to use those sites but with these cautions:

- It is your responsibility to keep your site appropriate and your profile clean.
- Do not post threats or derogatory remarks about anyone associated with the Associate Degree Nursing Program Vocational Nursing program, and the LVN-RN Transition program. This includes fellow students, faculty, staff, college administrators, clinical affiliates, and, above all, patients. This is a violation of the EPCC Board Policy; you will be reported to the police, and disciplinary action will be taken. Dismissal is possible for this violation from class(es), Nursing program, and/or the college.
- Any photos posted of yourself must be made out of uniform, make no reference to EPCC, the Associate Degree Nursing program, the Vocational Nursing program, the LVN-RN Transition program, or clinical affiliates, and will not include any illegal activity. Posting photos of other students, faculty, staff, clinical affiliates, patients, etc., is forbidden.
- Cell phone use in the classroom and at the clinical site is forbidden. Unless given permission by the affiliate security/police, charge nurse, or instructor. If cell phones are discovered they will be confiscated for the remainder of the class or clinical day.
- Smartwatches, Apple Watches, or watches linked to the internet are NOT allowed in the classroom during testing.
- No cameras of any kind are allowed in the classroom or at clinical.
- Instances of inappropriate use of social and electronic media may be reported to the Texas Board of Nursing (BON).

My signature acknowledges I have been informed of the Social Media and Networking Policy for the Associate Degree Nursing Program and the Vocational Nursing Program at El Paso Community College.

Student printed name \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Course/Semester: \_\_\_\_\_

SUBMIT THIS SIGNED FORM THROUGH YOUR COMPLIO ACCOUNT

**EL PASO COMMUNITY COLLEGE  
NURSING PROGRAMS  
PATIENT CONFIDENTIALITY**

1. All information learned during a patient care experience or from patient records is completely confidential. (Exceptions: instructors and agency staff members may be notified of all confidential matters.)
2. No comment should be made about the patient that could be taken as negative or critical. Such comments could easily be taken very personally by the patient or friends if overheard. The attitude taken about the patient and the treatment should always be in the best interest of the patient. DO NOT TALK about or discuss patients in an unsecure, place, i.e., hallways, elevators, bathrooms, cafeteria, where others are congregating, at school when not in classroom etc.

**CONFIDENTIALITY AGREEMENT**

I understand and agree that in the performance of my duties as a student in \_\_\_\_\_ (course/program), I must hold patient information in confidence. Further, I understand and agree that intentional or voluntary violation of the patient's confidentiality may result in refusal by the health care facility to allow me to participate in patient care. Violating patient confidentiality may place the patient in emotional jeopardy, one form of unsafe clinical practice, and may result in failure to meet course objectives.

DATE: \_\_\_\_\_

COURSE/SEMESTER \_\_\_\_\_

NAME: \_\_\_\_\_

(Please Print Legibly)

SIGNATURE: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

SCHOOL E-MAIL ADDRESS: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

SUBMIT THIS SIGNED FORM THROUGH YOUR COMPLIO ACCOUNT

## EL PASO COMMUNITY COLLEGE NURSING PROGRAM--RELEASE OF INFORMATION

**PURPOSE:** Under the Family Educational Rights and Privacy Act of 1974, permission is needed to release information.

**EXPLANATION:** Developing clinical rotation schedules for students enrolled in Nursing courses is necessary. The information is given on an 'as needed basis' to:

1. Discipline faculty and staff (as needed)
2. Clinical affiliates
3. Classmates (within the rotation)
4. Program use (accreditation reports, for graduation, etc.)

Schedules are used by faculty at El Paso Community College and the clinical affiliates for placement of students in the Healthcare facilities/clinical areas. The schedules are also to notify students of messages received, especially in case of emergencies.

I, \_\_\_\_\_, give my permission for El Paso Community College to issue to the healthcare facilities/clinical areas the following information that is relevant. The information is confidential and released only on an as needed basis.

The following is information that is needed by the healthcare facilities/clinical areas for a student to attend clinical and also data that is at times required by accrediting agencies or other entities.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>a. clinical schedule with names of students</li> <li>b. date of CPR Certification/First Aide</li> <li>c. TB skin test results and date</li> <li>d. all immunizations and titers</li> <li>e. telephone number (home and/or cell)</li> <li>f. telephone (work)</li> <li>g. background check</li> <li>h. drug screen</li> <li>i. Preclinical clearance form</li> </ul> | <ul style="list-style-type: none"> <li>j. address (home)</li> <li>k. address (work)</li> <li>l. references for employment and/or scholarships</li> <li>m. enrollment/graduation information</li> <li>n. participation in program activities</li> <li>o. accrediting/licensing agencies requiring information</li> <li>p. name, addresses to clinical affiliates for invitations to graduation parties</li> <li>q. N-95 mask</li> <li>r. other</li> </ul> |
|--|--|

If you do not agree to the release of this information, please list the ones you do not want released below.

\_\_\_\_\_  
Failure to release this information may result in non-admittance to healthcare facilities/clinical affiliates. Healthcare facilities and Clinical affiliates require some or all of this information of students providing patient care. The information is confidential and released only on an as-needed basis.

Failure to release this information may result in a processing delay of data required by the healthcare facilities/clinical affiliates.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

School email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Course/ Semester (required): \_\_\_\_\_

SUBMIT THIS SIGNED FORM THROUGH YOUR COMPLIO ACCOUNT





For College Procedure FB-8:  
*Physical and Technical Standards for  
Students in Health Career Programs*

**El Paso Community College Student Declaration  
Physical/Technical Competencies For Health  
Career Programs**

An applicant or a student enrolled in health career programs in the El Paso County Community College District will be able to perform the following competencies:

**Functionally use the sense of vision, hearing, smell, and touch with or without technical (mechanical) compensation.**

Rationale:

The student must be able to observe a patient accurately at a distance and close at hand to determine patient status. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

**Execute functional psychomotor movements to provide general patient care and emergency treatments.**

Rationale:

Provision of patient care and administration of emergency treatments require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Laboratory situations would not adequately compensate, because the educational experience involves real patient care situations, and the potential for emergency interventions.

**Hear, observe, and speak to patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications.**

Rationale:

The student must be able to communicate with patients, staff, and others effectively and with sensitivity. Communication includes not only speech but also reading and writing. The applicant must be able to communicate effectively in oral and written form with all members of the health care team.

**Utilize intellectual abilities, exercise good judgment, complete tasks, and comprehend spatial relationships. Comprehend three-dimensional relationships and understand the proportional relationships of structures.**

Rationale:

The student must respond to newly emerging variables with varying levels of supervision. Poor judgment places patient and other staff at needless risk. Understanding of spatial relationships is necessary for accurate measurements and participation in various procedures.

**Demonstrate the intellectual and emotional capabilities required to exercise good judgment.**

Rationale:

The student must be able to promptly complete all responsibilities attendant to the care of patients and develop mature, sensitive, and effective relationships with them.

**Tolerate physically taxing workloads and function effectively under stress.**

Rationale:

The student must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are essential for success in professional practice.

**Lift and safely move 50 pounds while utilizing safe body mechanics**

Rationale:

Moving patients and equipment from one location to another location (to the floor, to a bed, between chairs), without the assistance of a second person, or the patients themselves, is a daily activity that occurs many times within the workday. Movement of more than 50 pounds usually requires another person or use of assistive devices.

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## Student Concern Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: Home-\_\_\_\_\_ Cell-\_\_\_\_\_ Work-\_\_\_\_\_

***I want this to be kept confidential*** Yes ☐ No ☐

Please note that by checking the Yes box, the Dean will only be able to discuss your particular concern in a generalized fashion with the indicated party and will be unable to share any of the specifics or this written form with them. Please further note that should you find no other recourse than to elevate your concern to the Vice President of Instruction, that even by checking the Yes box, any information you elect to share within this form will be submitted for the Vice President's office to review.

Notification Made By: Letter ☐ Interview ☐ Phone call ☐ Other ☐*Additional sheets of paper may be added as needed.*

Subject of Concern: \_\_\_\_\_

**TYPE OF CONCERN:** Grades ☐ Tests ☐ Procedures ☐ Teaching Methods ☐ Other ☐Professor/Staff Name: \_\_\_\_\_ Course/Section: \_\_\_\_\_ Class Days ☐ Time ☐**EXPLANATION OF YOUR CONCERN:**

*(Students knowingly making false claims will be subject to disciplinary action in accordance with the Student Code of Conduct)*

Has the identified party been contacted? Yes ☐ No ☐ NA ☐Has the faculty coordinator been contacted? Yes ☐ No ☐ NA ☐*For Administrative Use Only***RECOMMENDED ACTION:****Follow-Up:** Faculty/Staff ☐ Coordinator ☐ Staff Supervisor ☐ List Attachments: \_\_\_\_\_**For Faculty/Staff: I have met with my dean/supervisor:** Yes ☐ No ☐ **Comments Attached:** Yes ☐ No ☐**RESOLUTION:****COMMENTS:**

Interviewer's Signature \_\_\_\_\_

Additional Documents Attached \_\_\_\_\_