

*Shawsheen Valley School of Practical Nursing*

*100 Cook Street*

*Billerica, MA 01821*

# **Student Handbook**

## **PN Program**

*Academic Year*  
**2022-2023**

**Telephone Numbers:**

**(978) 671-3646**

**[www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com)**

**\*\*handbook is subject to change (changes submitted 11/2/2022)**

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## Welcome Letter

Shawsheen Valley School of Practical Nursing

August 2022

Dear Nursing Student:

Welcome to the practical nursing certificate program. It is a pleasure to have you as one of our students.

The Student Handbook will serve as the official document for all nursing program policies and procedures. Students are expected to be knowledgeable of and adhere to all nursing program policies and procedures. Students are encouraged to seek clarification of any information in the Handbook from program faculty and/or administrators.

I look forward to working with you and to a successful year.

Sincerely,

*Patricia A. Noonan*

Patricia A. Noonan, MSN, RN  
Coordinator

### **DISCLAIMER**

This handbook is intended for use by the students enrolled in the Practical Nurse Program at the Shawsheen Valley School of Practical Nursing. Every attempt has been made to publish the most current Practical Nurse Program policies and procedures as approved by the faculty. The faculty may be required to revise, delete, or add a policy for the purpose of maintaining compliance with regulatory and/or accreditation requirements and standards; in the event this occurs, the students will be notified in a timely manner.

### **EQUAL EDUCATIONAL OPPORTUNITY**

The Shawsheen Valley School of Practical Nursing admits students and makes available to them its advantages, privileges, and courses of study without regards to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, uniform military or veteran status, and/or economic or housing status.

## Accreditation and Program Approval

### **Accreditation**

The Shawsheen Valley School of Practical Nursing is accredited by the Commission of the Council on Occupational Education.



Contact information: Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, GA 30350, Telephone: 770-396-3898, FAX: 770-396-3790, [www.council.org](http://www.council.org)

### **Approval**

Fully Approved by the Massachusetts Board of Registration in Nursing. Last site visit, 6/2011

## Program Directory

Coordinator: Patricia Noonan, MSN, RN [pnoonan@shawtech.org](mailto:pnoonan@shawtech.org)

### Faculty:

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Financial Aid Coordinator: Carol Geary at [cgeary@shawtech.org](mailto:cgeary@shawtech.org)

## Nursing Program Organizational Chart Superintendent-Director



Coordinator



Faculty

Administrative Assistant

## Nursing Program Information

### **Institutional Mission and Vision**

At Shawsheen Valley Technical High School, it is our mission to provide a positive learning experience in a safe educational environment that encourages all students to reach their full potential, emphasizes the value of a strong work ethic, and prepares them for adult life in a competitive. Revised, 4/2016, reviewed 4/2021

### **Program Mission and Vision**

The Shawsheen Valley School of Practical Nursing provides a formal program of scientific and theoretical information with concurrent clinical practice that focuses on multi-formity and holistic components across the lifespan. This will prepare the practical nursing student for a nursing profession while stressing the importance of continuing education throughout their career. Revised, 9/15/2022

### **Vision**

We envision that the Shawsheen Valley School of Practical Nursing will:

- Prepare students to respond to the emerging health care needs of the individual in a changing health care system
- Enable students to function within the Massachusetts standards of practice, demonstrating safe, competent, legal, and ethical practice
- Employ highly qualified faculty that will create a climate in which students are motivated to maximize the use of their talents and abilities
- Foster an environment where critical thinking skills are developed
- Support community partnerships for the purpose of community service and integrating work experience with school programs
- Maintain a state-of-the-art facility that meets industry standards
- Practice sound and responsible fiscal management to provide appropriate resources for instruction
- Expect students to reach high academic and clinical achievement standards

Developed August 2011, revised 2/2012, reviewed 9/2021, advisory 10/21

## Nursing Program Philosophy

Nursing is recognized as an art and a science based on concepts, knowledge and clinical nursing care skills that are directed toward the promotion of health and the prevention of illness through communication and patient education.

Practical nursing education provides a formal program of scientific and theoretical information with concurrent clinical practice that is presented in a tiered learning approach. The program follows the normal sequence of human growth and development. The aging of our population requires that the curriculum place an emphasis on the older individual's physical, psychological, and social well-being, while assisting the individual to a dignified death or to live in a community with appropriate support systems.

The educational process is active, dynamic and takes a holistic approach, encompassing cultural, nutritional, pharmacological, and biopsychosocial human needs. Nursing education will describe, explain, explore, and predict individual human needs, needs of the family, and those of society. Nursing utilizes the nursing process, applied through critical thinking, to facilitate the wellness of individuals.

This practical nursing program is designed to respond to the emerging ever-growing integral role, helping to provide access to health care for people in their homes, hospitals, clinics, medical offices, extended health care facilities and long-term care facilities. Practical Nurses function within the standards of practice, demonstrating safe, competent, and legal/ethical practice.

Consistent with the philosophy of the institution, the practical nursing administration and faculty will work to create a climate in which students are motivated to maximize the use of their talents and abilities.



The environment most conducive to learning is one in which the teacher and student share mutual respect, and where theory and clinical experiences are correlated and taught in a logical sequence. Practical nursing is an integral component of the nursing profession and provides a solid foundation for continuing nursing education as a continuum through articulation into professional nursing education programs. Revised 9/2022

### **Nursing Program Organizing Framework**

The National Council of State Boards of Nursing's (NCSBN) test plan was utilized in validating our curriculum plan and designated hours for each content area. The NCSBN validates the 2020 NCLEX-PN Detailed Test Plan by conducting a practice analysis that is used to collect data on the current practice of entry-level practical/vocational nurses. Newly licensed practical/vocational nurses are asked about the frequency and priority of performing more than one hundred and forty-seven (147) nursing care activities. These nursing care activities are analyzed in relation to the frequency of performance, impact on maintaining client safety and client- care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. Successful completion of NCLEX is the requirement for licensure in the Commonwealth of Massachusetts.

The faculty at the Shawsheen Valley School of Practical Nursing has evaluated the categories with related activity statements to ensure that our curriculum is comprehensive and inclusive to meet the needs of the entry- level practical nurse. Our analysis was completed on the 2020- NCLEX test plan.

We also look forward to the integration of PN competencies through the Massachusetts Practical Nurse Council/ Massachusetts Nurse of the Future.

Link for current NCSBN NCLEX-PN test plan:

[https://www.ncsbn.org/2020\\_NCLEXPN\\_TESTPLAN.pdf](https://www.ncsbn.org/2020_NCLEXPN_TESTPLAN.pdf)

### **Program Objectives**

- The Shawsheen Valley School of Practical Nursing prepares entry-level graduates to:
- Apply the nursing process, based on scientific theory, to the care of culturally diverse clients throughout the life span and who have common, actual well-defined health problems.
- Manage the nursing care of individuals with actual, common well-defined health problems in a variety of structural settings in accordance with legal and ethical professional standards.
- Utilize therapeutic communication skills to collaborate with all members of the health care team, the individual, family, and community to promote wellness and the prevention of disease.
- Implement goal directed education plans to promote health of the individual client.
- Demonstrate professional attributes in the provision of safe, effective, practical nursing care. Revised 2001, Reviewed 9/21, advisory 10/2021

### **Curriculum Threads**

- Nursing Process
- Scientific Foundation
- Communication
- Professional Attributes
- Critical Thinking
- Cultural Diversity Revised Jan 2011, Reviewed 9/21, advisory 10/2021

### Curriculum Plan

Course Number	Course Name	Hours	Comments
	Term 1 (16 weeks)		
101	Anatomy and Physiology (includes 16 hours of Medical Terminology)	48	
102	Fundamentals of Nursing I Theory Simulated Laboratory Clinical	80 55 130	
103	Human Growth and Development	26	
104	Microbiology	26	
105	Nutrition	16	
106	Pharmacology	34	
107	Vocational Trends 1	16	
	Term 1: Class and Laboratory Hours: 301 Clinical Hours: 130 Total Term 1:		

	Term II: 8 weeks		
201	Maternity/ newborn Theory: 24 Simulated Clinical: 15	39	
202	Mental Health Concepts: 34	34	
203	Pediatrics Theory: 24 Simulated Clinical/School nurse clinical: 10	34	
204	Fundamentals of Nursing II Clinical 106	106	
	Total Term II hours	213	

	Term III: 16 weeks		
301	Vocational Trends II Theory	16	
302	Medical Surgical Nursing Theory: 108 Clinical including clinical simulation: 240	348	
303	Geriatric Nursing Theory: 36 (included 10 hours of Dementia Training) Clinical: 66	102	

**Total: Theory: 543, Total Clinical: 567, Total scheduled hours: 1110**

## NURSING PROGRAM POLICIES AND GUIDELINES

### Academic Advising

All students are encouraged to seek academic advising with the coordinator of the nursing program. It is recommended that a student meet with the coordinator to discuss academic progress in the event they fail to obtain a course average of a 75% at the designated mid-point of each term. A student is also required to meet with the coordinator of the nursing program when clinical issues arise, including but not limited to clinical probation, to discuss goal setting and remediation needed to meet course student learning outcomes. Students may be required to meet with the coordinator to discuss warning or probationary issues related to a breach in procedure, example violation of the electronic use policy, excessive absenteeism or tardiness, or difficulty with professionalism and acceptable communication between facilitators or peers.

### Academic Ethics and Plagiarism

The program expects all students to maintain high standards of academic honesty and integrity. Plagiarism is defined to be the use of any other person's work or ideas as though the work or ideas were your own, without giving the appropriate credit. The following are examples of a violation of academic ethics and/or plagiarism: sharing content on subject matter tests through the use of scrap paper or a shared calculator and sharing content on assignments through the use of shared medication sheets or history and assessment sheets for use in care planning. Writing on the desk is not permitted.

### Academic Progression (Satisfactory Academic Progress: SAP)

**Students in the Practical Nursing Program must be making Satisfactory Academic Progress (SAP) according to the policies outlined in this handbook. These policies include, but are not limited to, academic, clinical, professional conduct and attendance.**

To be eligible for Title IV aid, a student must maintain satisfactory academic progress as determined by the coordinator at the conclusion of each Term.

Evaluation of student achievement consists of the following:

- **Student must achieve a minimum theory grade of 75% in each individual course, have successfully passed 50% of the individual course examinations** and have received a satisfactory or PASS rating in clinical practice to progress to the next level.
- The Massachusetts Board of Registration in Nursing has identified that the lack of academic rigor in nursing education programs may negatively impact licensure exam pass rates; specifically rounding up on grades. Grades are calculated to the 100<sup>th</sup> decimal point and are not rounded up. For example, an exam grade of 74.59 is not a 75%. Students must achieve a 75.00% final course average to progress through the program.
- Remediation: Exam Soft allows a review of questions following each exam. Any student scoring below a 75% on an exam in Term 1 and an 80% on an exam in Term 2 or 3 **will be required** to attend remediation. This may include reviewing a completed exam with a facilitator, the coordinator or with a group of students. Remediation generally occurs on Tuesday or Wednesday at 3:30 PM. Hours spent in remediation will be applied to absence make-up time if applicable.
- Students are expected to keep a record of their exam and assignment completion scores throughout the course to monitor their own progression.
- Students will receive probationary letters mid-term if their average in a course is not a 75%. Students will be asked to meet with the coordinator to discuss an academic plan. (See below: policy for academic probation/dismissal)

- Students not meeting the objectives of a clinical course will be notified in writing. They will be asked to meet with the coordinator and/or faculty member to write goals and discuss remediation. The student will have a specified amount of time to meet these goals. Student impairment (physical, emotional) or chemical impairment may be grounds for immediate dismissal. (See below: policy for clinical probation/ dismissal)
- The clinical component in Fundamentals of Nursing I and II and Medical Surgical Nursing includes satisfactory performance in the Nursing Skills lab, completion of assignments in the electronic health record, journal, ATI, Davis Edge, pharmacology medication cards, and/or clinical simulation.
- Clinical performance is evaluated by the nursing care provided, written assigned work, application of theory, professional attributes, and effective communication.
- Numerical grades will be used in all courses except clinical.
- **Exam Make-up Procedure:** There will be a 10-point penalty assessed for taking an examination late. The second examination that is taken late will result in 20% off grade achieved, the third test 30% off, etc. Exceptions to this rule can only be made with the written authorization of the coordinator based on the Extenuating Circumstance procedure. All make-up work must be completed in 3 school days on return to school.
- A MAXIMUM of one (1) retake in Medical Surgical Nursing examination is allowed. However, the final examination cannot be re-taken. Any retake exam must be made up within three (3) days of the grade being posted. A maximum of 75% will be recorded.
- Tests cannot be reviewed on the day of the re-take or on the day of final examinations.
- Prior to the start of each term (three terms in total), there will be a pharmacology math exam administered to every student. Students will need a 90% on each 30-question exam to pass medications. Each student is allowed three attempts. If they are unsuccessful in passing the medication exams on the third attempt with a 90%, they will be dismissed from the PN program. Test dates are November, March, and May. If a student is unsuccessful in passing any medication examination with a minimum grade of 90%, it is recorded as a clinical failure, and the student will be dismissed from the program. Students can use the school provided calculator for this exam. No other calculators can be used. The school cannot provide one of the nights of the test.
- Medication Knowledge Test: The Fundamentals of Nursing Medication list will have formal assessments at the following points: as listed on the Vocational Trends I syllabus and with the pharmacology math test prior to Medical Surgical and Geriatric Nursing Clinical. You must receive a grade of 75% or better in Term I. The initial grade will be the grade posted and calculated as part of the Vocational Trends I course grade. If you do not receive a 75% you will have two additional attempts to receive a 75%. Additional tests prior to Medical Surgical Nursing and Geriatric Nursing will require a grade of 90% or better. The policy as stated above for the pharmacology math exams will be followed.
- The Practical Nursing Program consists of three terms and 1110 clock hours. SAP is reviewed at the midpoint and at the end of each program theory course. A grade report is issued to students within two weeks of the start of the new term. Example, Term I grade reports will be distributed mid-January. The exception being Medical Surgical Nursing. Students will receive this grade noted on their final transcript. More frequent evaluations are done during clinical rotations however the clinical grade is derived from the Final Clinical Evaluation Tool utilizing the long form in Fundamentals of Nursing I and II, Medical Surgical Nursing and Geriatrics.

- **All assignments count for hours earned in this program and must be completed to progress to the next term. Examples include journals, pharmacology medication cards, care plans, ATI testing, and Electronic Health Record assignments. These must be completed to progress to the next term or at completion of the course, example, Medical Surgical Nursing in Term III.**
- **Incomplete Grade:** An “incomplete” will only be given for extended absence with consideration as to when in the term the extended absence occurred. The incomplete must be converted to a numerical grade no later than two (2) weeks after the final scheduled course meeting. The requirements, (clinical make up time, missing assignments), to complete the course must be arranged with course facilitator(s) and the PN Coordinator prior to the final scheduled course meeting.
- The consequence of not maintaining satisfactory academic progress is being placed on financial aid probation. Students will not be eligible for Title IV funding following non-progression. Re-instatement of financial aid eligibility will be determined following the re-admission procedure. See Financial Aid Handbook for details.
- **Post-Exam Review Procedure**

Students are expected to conduct themselves in a professional manner during all exam reviews provided by the facilitators. Post-exam reviews are conducted during Academic Assistance at the request of the student to the facilitator or program Coordinator. All hard copies of the exams are destroyed following the post-exam review.

Students who wish to dispute any answer identified by the facilitators as the correct answer may do so, in writing via electronic communication. Please reference an appropriate resource, example, textbook, assigned journal article or video, and/or Power Point presentation. Arguing a question in a public forum is unprofessional. The faculty will consider the evidence provided by the student to determine if any change to the correct answer is warranted.

In the event a student requests an individual review of their exam, the facilitators reserve the right to lower a student’s grade should it be identified that the student was awarded credit for an incorrect response. Should an error be identified that negatively affected the student’s grade, an adjustment will be made accordingly. Revised June 2022

### **Academic Probation**

At the midterm point of each course, if a student has an average that is less than 75%, the student will be placed on academic probation. If at the end of the term, the student’s average has not improved to at least 75% then the student will be immediately dismissed from the program.

The following procedure is followed when a student is in danger of failing a course at midterm:

- A formal letter will be sent to the student by the program coordinator stating that the student is failing a course or courses and that he or she will be placed on academic probation.
- A meeting will be set up with the program coordinator and the student to discuss remedial action. The student is strongly encouraged to attend all remediation sessions in the subject that he or she is having trouble.

At the end of the term, if the student has demonstrated sufficient progress and has obtained a passing average of at least 75% in the course or courses, he or she will be removed from academic probation status. If the student’s average remains below 75% at the conclusion of the probationary period, he or she will be immediately dismissed from the program **Example, Medical Surgical Nursing completes prior to conclusion of Term III. If you do not have a course grade of 75% or higher at the completion of Medical Surgical Nursing, you cannot progress to Geriatric theory or clinical.** Revised 5/12, Reviewed 5/22

### **Academic Dismissal/ Termination from the Program**

Students will be immediately dismissed from the program in the following academic situations:

- A student who is placed on academic probation and does not achieve a grade of 75% by the end of the term.
- A student who is ineligible for promotion to the next term or graduation. A student is ineligible for promotion if at the end of Term, I or Term II if he or she has not achieved a passing average of 75% or better in all courses and/or has not completed the necessary hours published in the curriculum plan. At the end of Term III, all courses must be passing to be eligible for graduation. **Exception, Medical Surgical Nursing completes prior to conclusion of Term III. If you do not have a course grade of 75% or higher at the completion of Medical Surgical Nursing, you cannot progress to Geriatric theory or clinical.**
- A student who cheats on an assessment or presents work, as his or her own, that is copied from another student or source. Honesty, integrity, and honor are essential characteristics needed to practice the profession of nursing.
- A student who demonstrates unethical behavior, improper conduct, a disregard for school rules/regulations, ill health or emotional problems that interfere with the classroom learning experience.
- Violations include but are not limited to breach of confidentiality; dishonesty/lack of integrity; unethical and/or unprofessional and/or illegal conduct; conduct in violation of any facility policy and/or procedure; and/or threatening behavior/harassment towards a facilitator, client, family member, fellow student, or any member of the clinical staff. Revised 5/12, Reviewed 6/22

### **Dismissal Appeal Process (for any dismissal)**

**Filing a Formal Appeal:** A student may appeal a dismissal by submitting a formal letter to the program coordinator that clearly identifies and explains the reasons or issues that justify the appeal within five business days of the dismissal. The student should attach supporting documentation if available. The student has the burden of proof. The student must present clear evidence that the academic or clinical probation and/or the determination of unsatisfactory progress and/or program termination and/or the termination of financial aid unjust.

Upon receipt of the letter the following will occur as soon as reasonably practical:

**Appeal Review:** The program coordinator will meet with the student to clarify and review the issues raised in the formal appeal documentation. If attempts at informal resolution of the dispute fail, the student can request appealing the decision by moving the matter forward to the Superintendent Director's attention. The PN Coordinator is responsible for ensuring that the appeal process is completed in a timely fashion. Unless there are extenuating circumstances, the appeal process must be completed within 30 days from when the appeal was filed.

**Appealing the Coordinator/Faculty's Decision:** The losing party to the appeal process has a limited right to appeal. The appeal can be based only on procedural rather than substantial grounds. If the losing party believes that the appeal process was not properly followed and as a result he or she was treated unfairly, then he or she may file a written appeal with the Superintendent Director. The appeal can only be based on procedural errors that compromised the fundamental fairness of the process. Minor procedural errors that do not materially affect the outcome of the process are not grounds for appeal. The Superintendent Director will review the appeal and conduct whatever investigation he or she deems appropriate. If the Superintendent Director determines that the appeal process was not properly followed and the failure to follow proper procedures biased the result of the appeal, then the Superintendent

Director will vacate the judgment of the PN Coordinator and direct that the process be repeated with a different review committee. The decision of the Superintendent Director is final.

### **Admission Policy**

The Admission Policy accompanies the Application for Admission. The Policy includes eligibility, application process, NLN-PAX PN testing procedure, Selection Process including Rubric and Admission Requirements. The admissions application is current for a period of 2 years counted by enrollment year.

### **Admission Requirements and Out of Compliance resulting in withdrawal of admission to the program**

The Massachusetts Board of Registration in Nursing protects the health, safety and welfare of the citizens of the Commonwealth by licensing qualified Licensed Practical Nurses who possess the knowledge, skill and abilities needed to provide safe, competent nursing care. The Board publishes and regularly updates the Good Moral Character Licensure Requirement Information Sheet found on their website. Each applicant for initial licensure by examination must comply with the “Good Moral Character” requirement specified at G.L. c. 112, secs. 74, 74A, 76 and 80B. Each initial applicant has the burden to demonstrate compliance with the Licensure Policy 00-01: Determination of Good Moral Character Compliance.

“GMC also requires your consent, at the time of application submission, for a background check to be conducted by the Massachusetts Department of Children and Families (DCF) database. If there is a supported finding by DCF, you will be required to provide additional documentation related to those findings.”

The Shawsheen Valley School of Practical Nursing reserves the right to withdraw the awarding of program admission to any individual should the Program or the administration of the Shawsheen Valley Regional Technical High School District become aware of any individual’s action that relates to:

- Nature or disposition of a criminal charge,
- An arrest,
- A pre-trial proceeding,
- Other judicial proceedings,
- Sentencing,
- Incarceration,
- Rehabilitation, and/or
- Release.

It is important to meet specific deadlines. Immunizations or evidence by titer must be submitted and verified for formal acceptance into the program. The following need to be completed:

- Verification of immunizations/ titers prior to August 23
- Health Clearance prior to August 23
- Influenza vaccination by Nov 1
- Covid immunizations/boosters as required by clinical sites
- CPR verification prior to August 23
- CORI and fingerprinting prior to August 23
- Documentation of Health Insurance: August 23
- Orientation completed with printed clinical ticket submitted to the PN office: September 7
- Dementia Training: 10 hour: Basic and Advanced: Due September 6
- Financial obligations as discussed with Financial Aid Coordinator

Non-compliance will result in student withdrawal from program.

## Advance Placement

Advanced placement is not provided. The application process must be completed. Transfer credit may be awarded according to the transfer policy located in this handbook. Revised May 2019/reviewed 6/22

## Attendance/ Dismissal for Attendance

### Attendance/Make-Up Policy

The Shawsheen Valley School of Practical Nursing is committed to the philosophy that attendance is important in all classes, laboratories, clinical, and other activities related to your program. We expect **100% attendance for the entire program**. Any student who is unable to attend a clinical day **MUST** notify the school and the clinical instructor of record. Any student that is unable to attend class must notify the PN office no later than 4:00pm. A **written note from your physician written on the date of the absence** must accompany your return to school. The note must clearly state you can return **to clinical with no physical or psychological restrictions**.

- **Attendance is verified by the facilitator of each class, clinical and laboratory. Each student is responsible for adding their time in daily in trajecsys. Please add in scheduled time and document theory, clinical laboratory, a specific clinical site, pediatrics school nurse or maternity simulation.** Hours for attendance are clearly identified on the school calendar.

### Class, Clinical and Laboratory Absences

1. Absences are defined as excused or unexcused.
2. Excused absences are defined as: a death in the IMMEDIATE FAMILY confirmed with documentation or an illness that requires hospitalization or is communicable as documented in a licensed health care provider's note obtained on the same date as the absence. Court dates and illnesses of an immediate family member may qualify for excused absence.
3. Unexcused absences are any absences not included in the above statement.
4. The maximum amount of absences for the entire ten-month period is five with a maximum amount of three (3) being unexcused. The student will be dismissed from the program on the sixth absence.
5. Three unexcused absences from class or clinical and you will be placed on probation. On the fourth unexcused absences you may be dismissed from the program. All unexcused absences must be made-up at the student's expense of \$75 per absence. Excused absences must be made up however the student will not be required to pay.
6. A student who demonstrates poor class attendance and/or punctuality that becomes detrimental to the student's progress as determined by the attendance policy may be dismissed from the program.
7. Facilitators and the clinical agency determine the start time for clinical. If a student is going to be late the student must notify the facilitator and nursing office (leave a message, please) prior to the start of the clinical day. Office number is 978-671-3646
8. Students who are dismissed from a clinical site due to non-compliance with the dress code, lack of designated identification badge and/or lack of preparation for the clinical expectations will receive an un-excused absence and will be required to pay \$75 and make up the time.
9. Students must arrive at designated locations on time (please use the time piece designated by the facilitator- not your own individual device), in proper attire, with appropriate identification (nametag) and be prepared to participate in all aspects of the clinical learning experience. Students are expected to be at least 15 minutes early for clinical. Students are not permitted to leave the clinical site during lunch or break. The student is not allowed to go to their car or leave the designated area after arriving for clinical. If they must leave their designated area, they must notify the clinical facilitator.



10. Classroom and clinical hours are made up as clinical days during the times specified on the program calendar. (Calendar is accessible on [www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com))
11. Laboratory absences must be made prior to the next scheduled lab during the day at Shawsheen. Revised 5/19/reviewed 6/22

### **Tardiness/Early Dismissal**

1. You must be at the scheduled class, laboratory or clinical site on time. Being late will result in a tardy being documented in the attendance record.
2. Classroom tardiness: You cannot enter a class once it is in progress. You must wait until a break given by the instructor or until 5:30 PM (whichever occurs first) to enter the classroom.
3. You must notify the PN office and or the clinical Instructor if you are running late. Tardiness more than 1 hour after the start of clinical or class is considered as "absent" for day/evening. More than five (5) tardies may result in dismissal from the program.
4. You will receive a written assignment to be done at Shawsheen equal to the amount of time. Total time not present will be totaled and converted to equivalent number of days absent and added to total days absent. Example: 6 hours of tardiness and dismissal = one day absent.
5. Dismissal before noon on a weekend clinical shift or before 7 p.m. on evenings is considered as "absent" for day.
6. Early dismissal can only be approved by the instructor in the clinical area, lab, or classroom. All dismissals greater than 1 hour must be made up as a clinical make-up. Unexcused will need to pay \$75. Dismissal's less than one hour will need to complete an assignment prior to class in the building. **Students are not allowed to leave the building and return** Reviewed 6/22

### **Absence Procedure**

Procedures in the event of absence:

1. Student MUST call the school, facilitator, or assigned nursing unit of the clinical site on the day of absence PRIOR to assigned starting time. A "No call, no show" will result in immediate probation. One further incidence will result in dismissal. (See additional statement below)
2. School Telephone Number (978) 671-3646 or (978) 667-2111, ext. 646. Clinical Telephone Number - will be provided by your clinical instructor.
3. At the discretion of the nursing faculty, a doctor's permission slip may be required before returning to school. Please see medical clearance policy located in the admissions section.
4. Obtain permission from Coordinator or Faculty for early dismissal. Reviewed 5/21

### **Unexcused Absences from a Clinical Site (absences without notification)**

No call/no show is unprofessional and unacceptable from any student in the PN Program. In an employment situation it may be cause for termination. Failure to notify for absences is a serious breach of student responsibility which may result in disciplinary action up to and including termination from the program.

### **Illness during the course of the class, lab, or clinical experience**

If a student cannot carry out the assigned work for the day because of illness or physical restriction, the student will be sent home and an absence will be assessed for that day or portion thereof. The student may be required to show health clearance from her/his health care provider prior to returning to school.

**Students on Financial Aid: Students who are absent for 14 consecutive days without notification are considered to have abandoned the program and will be withdrawn** (see RETURN OF TITLE IV (R2T4)/REFUND REPAYMENTS). Funds will be returned by the institution in compliance with Federal Financial Aid Guidelines. Shawsheen Valley School of Practical Nursing's attendance policy dismisses the student after five (5) absences. Funds will be returned following the 14 consecutive days stated above.

adopted 8/2015, reviewed 6/22

### **ATI Assessment Procedure**

Students are required to take ALL ATI assessments as scheduled. In the event of illness or extenuating circumstances, students are expected to notify the coordinator to re-schedule a proctored assessment. Students are expected to show documentation regarding the absence.

Please see assignment in Teams as they are assigned. Practice and Proctored assessments with a grade below Level 2 will require remediation in the form of a timed focus review. An assessment may also require submission of an active learning template and/or a re-take of an exam. adopted, May 2019/ reviewed 6/22

### **Audio/Video Recording**

The audio or video recording of a class or non-public meeting requires the prior consent of the person (s) being recorded.

In Massachusetts, permission to record a classroom lecture including a review session, requires consent of the instructor and all members of the class that is being recorded. Instructor and class permission are not required when a student is granted a reasonable accommodation as defined by the Americans with Disabilities Act.

Students who require recording or other adaptations of lectures as a reasonable accommodation for a disability should contact the coordinator in writing as directed by the student with special needs policy. The permission to allow the recording is not a transfer of any copyrights in the recording or related course materials. Such recordings and materials may be used only for the individual or group study with other students enrolled in the same class, and may not be reproduced, transferred, distributed, or displayed in any public or commercial manner.

The unauthorized recording, reproduction or uploading or recordings the Internet may result in a violation of the recorded person's intellectual property rights and may result in disciplinary action.

Course materials is defined as lecture notes, outlines, power point presentations and slides, readings or other content made available to students through this program learning management system and email communications.

Recording is described as video or audio replication or photographic image recorded on devices including, but not limited to, audio recorders, video recorders, cell phones, Smartphones, digital cameras, media players, computers or other devices that record images or sound. Revised 5/2019, reviewed, 6/22

### **Availability of Faculty**

Faculty can be contacted through their shawtech email address. Please contact them directly or ask the administrative assistant to facilitate a meeting with a faculty member.

### **Badges and Unauthorized Areas**

**Students need to provide one, 2 by 2, passport like photo on the first night of class. They will be issued a lanyard with a photo ID that must be worn while in the building at Shawsheen.**

**Students must only wear uniforms purchased from the school authorized vendor with identifiers embroidered on the uniform top. They must wear them for all outside clinical activities. Failure to wear the approved uniform will result in dismissal for the day, an unexcused absence and a \$75 make up fee.**

Students may be required to have their photo taken for an affiliation required identification badge.

Students may be required to complete this prior to 5 PM in the evening. Adult students may meet in their classroom, laboratory, media center and in the cafeteria; all other areas are "off limits." Students found in an unauthorized area may be suspended from the program. Revised 6/2014, reviewed 6/22

### **Bereavement Leave**

In the event of a death in the student's immediate family, the student will be granted up to **three consecutive days absence** from their normal schedule. Please refer to the attendance policy for a definition of immediate family.

Absence for bereavement is not included in the five-day maximum absence allowed policy. The absence does require make up as described in the absence policy.

### **Breaks and Meals**

There is no designated mealtime during class, lab, or evening clinical. You will receive a small break however meals should be eaten prior to class, lab, or evening clinical. Food is not allowed to be consumed in the seminar room or any room that has carpet. Covered beverages are allowed during class. No beverages are allowed in the lab or on the clinical unit. Lunch and breaks at clinical are per your facilitator. **You MAY NOT leave a clinical site to go to your car. Going off the clinical unit requires permission from your clinical facilitator.** If Covid guidelines prohibit unmasking, a suitable alternative will be granted.

### **Campus Security/ Building Security**

The United States Department of Education, Office of Postsecondary Education, in accordance with section 485 of the Higher Education Act of 1965 (HEA), as amended, as a condition of this institution's continued participation in Federal student financial assistance programs, collects data about the number and nature of crimes and fires on the campus of the Shawsheen Valley School of Practical Nursing.

To view the institutional data on crimes and fires at the Shawsheen Valley School of Practical Nursing go to: <http://ope.ed.gov/security/GetOneInstitutionData.aspx>; enter the name of the institution as "Shawsheen Valley School of Practical Nursing" with the city, Billerica, click continue. A copy of the most recent campus crime statistics is located on our website.

### **Career Development and Placement**

Career development is an integral part of this program. During Vocational Trends II, job-seeking skills, resume development, cover letters, and interviewing techniques will be addressed. The program will aid students in their search for employment; however, we do not guarantee job placement. You will need to use a transcript request form. Your signature must be on the form for us to release your transcript.

### **Change of Address or Phone Number**

Students must notify the PN office immediately in the event of a change in phone number or address.

### **Classroom Dress code**

Students are expected to dress in a manner that is supportive of a positive learning environment. Clothing should be appropriate to the educational and physical climate.

Class: Students must wear an **appropriate health uniform including appropriate footwear (no boots or flip flops) to class.** Lab coats or a long sleeve shirt under the uniform may be worn to class

**NO SWEATSHIRTS OR COATS OVER THE UNIFORM IN CLASS, CLINICAL OR LAB.** Students may not wear outerwear or scarfs in the classroom, lab, or clinical setting. In the event of snow, boots may be worn per communication by the PN office.

### **Classroom Guidelines**

#### **1. General**

- There is no eating during class or laboratory.
- Only students enrolled in the nursing program may attend class.
- Students will a requested accommodation or adaptation must follow the guidelines specified on each course outline.

- Disruptive students will be asked to leave the classroom, laboratory, or clinical site immediately. They will need to meet with the coordinator prior to being allowed to continue with the program requirements.
- Use of auditory tones on portable electronic devices are not permitted.
- Students may only utilize the school approved calculators for exams.
- All students should be prepared to complete assignments, exams and projects using a variety of computer technology formats. Students were asked about technology knowledge and informed of requirements during their initial admission interview.
- Students are not allowed to leave the classroom area frequently. Sufficient breaks are offered by the facilitators for use of the bathroom, etc.
- **Students must wear their school ID while in the building and their clinical uniform when off site at a facility. Students will be sent home for non-compliance in the clinical setting and may be sent home for repeated offenses at the school site.**
- Professional communication is required for all students in attendance. The facilitator has the right to dismiss students due to inappropriate communication and/or fighting.
- The school building, off site clinical sites and parking areas are smoke free, vape free and substance free. This school receives Federal Funds and therefore Massachusetts regulations for the use of marijuana are limited in this program.

## 2. Examinations/ Test Conduct

- Students should be in their seat, ready for the examination at least 5 minutes prior to the start.
- Students are not allowed to start an examination if they are late. Please see tardy policy.
- Students are required to take assessments utilizing the Exam Soft application.
- An orientation to the Exam Soft application will be given prior to testing during term I. The student is responsible for notifying the facilitator or coordinator in the event of not understanding the application.
- All personal belongings need to be off the student's desk during examinations.
- Scrap paper may be utilized however students requesting the use of scrap paper may be asked to sit toward the front of the classroom.
- Faculty may ask a student to move their seat at any time.
- When completed, students should review their examinations quietly at their seats. When leaving the classroom, they should exit quietly and move away from the room.
- Cheating on assessments is not tolerated. The proctor has the authority to dismiss a student from the exam for reasonable suspicion.
- Students must complete all examinations in the allotted time. Students with accommodations must follow the policy outlined in their individual letter.
- Students are required to take all examinations as scheduled on the course schedule. In the event of an absence, the grade will be reflected as determined by excused or unexcused. All examinations must be made up within 3 days unless the coordinator deems otherwise.

## 3. Exam Review Policy

- It is recommended students spend time reviewing their examination following submission in the Exam Soft application.
- Students can ask for review of their examinations either independently or with a faculty member.
- Examinations may not be reviewed on the day of a re-take (applies to Medical Surgical nursing, Pharmacology math and Medication Knowledge tests) or on the day of a final examination.

- Examination grades will be released in a reasonable period. Please allow time for the facilitator and coordinator to review. Grades will be distributed via email upon completion.

### **Clinical Attendance**

Please refer to the clinical attendance policy in the attendance section of this handbook. Pay attention to the below references.

- Facilitators and the clinical agency determine the start time for clinical. If a student is going to be late the student must notify the facilitator and nursing office (leave a message, please) prior to the start of the clinical day.
- Students must arrive at designated locations on time (please use the time piece designated by the facilitator- not your own individual device), in proper attire, with appropriate identification (lanyard or nametag) and prepared to participate in all aspects of the clinical learning experience. Students are expected to be at least 15 minutes early for clinical. Students are not permitted to leave the clinical site during lunch or break. The student is not allowed to go to their car or leave the designated area after arriving for clinical. If they must leave their designated area, they must notify the clinical facilitator.

### **Clinical Tardiness**

Please refer to attendance/ Tardy Procedure. As a reminder, clinical tardiness greater than or equal to one hour is considered absent for the day.

The Facilitator and the clinical agency determine the start time for clinical. It may differ than the one posted on our school website.

### **Clinical Health Clearance**

Students are required to receive health clearance prior to the start of their clinical courses. Clinical facilitators will be notified by the coordinator of any student in their group who has not met this requirement. No student may attend clinical without health clearance. This includes appropriate documentations of immunizations, titers, and antibody testing.

Clinical agencies may require specific immunizations and/or titers and/or tuberculosis screening in addition to the requirements of the MA DPH. Students who have not completed the Hepatitis B series and/or do not have a positive titer are required to sign a waiver acknowledging they are at risk for exposure to the Hepatitis B virus. Students who have tested positive for Tuberculosis in the past will be required to complete a Tuberculosis Screening Questionnaire on an annual basis.

Screening for Drugs of Abuse may be required by a clinical agency. This needs to be completed with the results verified prior to orientation at the agency.

Additional tests/ screening may be required by the clinical agency. Example, Covid-19 testing, antibody testing or testing for influenza. These are to be completed at an additional cost to the student.

### **Clinical and Lab Dress Code**

**Please purchase two complete uniforms with name embroidered from our vendor.**

The following criteria constitute the Shawsheen Valley School of Practical Nursing's Clinical and Lab Dress Code:

- The official school uniform consists of navy-blue scrubs and a white lab coat purchased from our vendor. The Shawsheen emblem must be sown to the left sleeve on the uniform top. Uniforms must NOT be form fitting and must allow room for the student to function in all aspects of nursing. Uniforms must fit so the hem is at least an inch above the sole of the shoe and not dragging on the floor. Socks must be worn.

- Uniform tops with embroidered names must be worn in plain view while in uniform. **You will be sent home if you do not have your issued uniform top with name embroidered.**
- Student uniforms should only be worn in lab and clinical. Please do not wear the Shawsheen uniform to your place of employment.
- Additional attire: a white, collarless short sleeve t-shirt may be worn under the uniform if desired. No long sleeve shirts.
- Tattoos must be covered in clinical and lab. A white, lab coat, purchased through our uniform vendor is the only accepted lab coat to be worn. The Shawsheen emblem must be visible on the outer left sleeve of the lab coat.
- Black or white uniform shoes or plain leather sneakers (no cloth or clogs) must be worn. Socks must be worn. The shoes must have a closed back and be impervious to liquids. Footwear must be clean and in good repair.
- Personal hygiene is essential. No strong smells of perfume, tobacco or other products will be allowed.
- Hair should be clean, neatly arranged above the collar. Student's hair color must be a natural color. Students must not be pushing hair out of their face while conducting nursing activities.
- Fingernails should be short (not visible over the top of the finger), clean and rounded. Artificial nails, gel, gel dip, wraps and nail coloring are not permitted.
- Facial hair must be neatly trimmed.
- Jewelry is limited to wedding rings and a watch with a second hand. No necklaces, bracelets or dangling earrings can be worn. One pair of stud earrings is allowed. No facial piercings including nose or eyebrow piercings, tongue piercings or other skin piercing. No spacers are allowed. No ear gauges are allowed.
- **A mechanical watch with a second hand (no Smart type watches), a stethoscope, a pen light, bandage scissors, black pen, gait belt, blood pressure cuff, Davis Drug Guide and safety glasses are considered essential equipment and must be brought to clinical and lab. The watch, pen light, bandage scissors, gait belt, blood pressure cuff and safety glasses are supplied in the lab bag as part of the student fees.**
- Refrain from chewing of gum in the lab and clinical area. No food or beverages are allowed.
- Tobacco vape or marijuana odor is not permitted.

### **Clinical and Lab Group**

Students will be given an opportunity to complete a clinical request form. Students will need to change weekends at some point in the program and cannot go to the same clinical site twice. Requests will be honored to the best of our ability however clinical groups must remain constant with the number of group members. Students must have transportation to and from a clinical site. The program coordinator retains the ability to move students to a different clinical group if needed.

Students will be assigned to a variety of experiences in numerous agencies throughout the region. Students CANNOT request a specific clinical weekend and must be able to change their clinical weekends at the conclusion of Terms to meet the outcomes of clinical courses. Please ensure your current employer understands this. Students from Shawsheen Valley School of Practical Nursing are essentially guests in these agencies for whose presence there is a predetermined purpose. This purpose should be accomplished with a minimum of disruption to the host agency or to its personnel. The presence of the Shawsheen student should, in fact, result in positive gains for the agency as well as for the students. Students who are also employees of the clinical agency will be redirected to another clinical agency to

complete their experience. The only time a student will be allowed to attend clinical where he or she is employed is if the clinical objectives cannot be met at another institution. Revised 6/2014, reviewed 6/22

### **Clinical Evaluation**

The Clinical components of courses are graded as a Pass/ Fail. Each student is provided with an evaluation of their clinical performance based upon clinical competencies and assignments.

The facilitators will review the evaluation form, student learning outcomes, expectations, and written assignments during introduction to the course and at orientation the facility.

The following evaluation forms are part of the permanent record and maintained for **one year following graduation**: Fundamentals of Nursing Final evaluation, Fundamentals of Nursing II final evaluation, Medical Surgical mid-term and final evaluation and Geriatric Nursing final evaluation. The bi-weekly two-page evaluation tools are utilized following a clinical weekend in Fundamentals of Nursing II and Medical Surgical Nursing. They give the students feedback regarding their ability to meet expected outcomes. They are not part of the permanent record but can be used to direct remediation if needed.

Please see the Satisfactory Academic Progress for Clinical Grading, Probation and Dismissal.

### **Clinical Dismissal and Performance**

#### **Includes Student Behavior in the Clinical Site and Laboratory**

Students will be immediately dismissed from the program in the following situations:

- Any student who is placed on clinical probation and does not demonstrate a level of practice that meets minimum nursing performance standards by the end of the 30-day probation period or conclusion of a clinical term.
- Any student who is ineligible for promotion to the next term or graduation. A student is ineligible for promotion if at the end of Term, I or Term II he or she has not achieved a passing grade in clinical and a theory average of 75% or better in all courses. At the end of Term III, all clinical courses must be passing to be eligible for graduation.
- Any student who demonstrates poor attendance and/or punctuality that becomes detrimental to the student's progress as outlined in the attendance/tardy section of the handbook.
- Honesty, integrity, and honor are essential characteristics needed to practice the profession of nursing. Students may be dismissed from the program for falsifying information or any other dishonest act.
- Any student who demonstrates unethical behavior, improper conduct, a disregard for school and/or clinical site rules/regulations, ill health or emotional problems that interfere with the laboratory and/ or clinical learning experience may be dismissed from the program. Revised 5/19, reviewed 5/22

### **Clinical Warning**

Students can receive a verbal or written clinical warning in the following circumstances:

- Assignments received past the due date.
- Uniform and dress code violation

### **Clinical Probation**

Students will be placed on a 30-calendar-day probation period or until the end of the term if 30-day's is not possible, at any point in time that the clinical instructor of record determines that the student's level of practice, in accordance with his or her clinical placement, does not meet minimum nursing performance standards.

The following procedure will be followed when a student is placed on clinical probation:

- A formal letter will be sent to the student by the coordinator stating that the student is being placed on clinical probation for a period of 30 calendar days or the conclusion of the clinical rotation.
- A meeting will be set up with the coordinator and the student to discuss remedial action. The student will write individual goals and submit them to the coordinator within 5-days.
- At the end of the 30-day probation period or conclusion of the clinical rotation, the student will meet with the coordinator to discuss his or her progress. If the student has demonstrated sufficient progress, then he or she will be removed from clinical probation status. If the student has not demonstrated sufficient progress by the conclusion of the 30-day probationary period, he or she will be immediately dismissed from the program. Revised 5/17, reviewed 6/22

### **Clinical Makeup**

Please see the attendance policy for clinical make up information.

### **Clinical Orientation**

MA Centralized Clinical Placement Orientation: This online orientation must be completed, with a ticket submitted, by due date on calendar. There are four on-line modules. Students attending clinical at Tewksbury Hospital must complete the online orientation prior to the first night of orientation for each term. This module includes a test in addition to the four modules. The total time allotted for this assignment is 5 hours and will be documented as such in Trajecsyst.

The facilitators will review agency policy and procedures including emergency information on the first day of the rotation. Please notify the facilitator if you are unsure about any procedure following orientation. Documentation of attendance is required for the agency and school's records. You will not be allowed to participate in clinical without a formal orientation.

### **Code of Ethics**

It is expected that the practical nurse student will respect and maintain patient confidentiality. A critical characteristic necessary to ensure patient safety that is expected of the practical nurse student and of all health care professionals is honesty. It is imperative that the student reports accurate information, in a timely manner, to the clinical facilitator and/or clinical staff regarding your assignment, whereabouts, and/or patient status. **Never leave a clinical unit without reporting off to your clinical facilitator and ensuring your patient is safe.**

**Any violations will be considered serious and could result in dismissal from the clinical site and/or nursing program.**

### **CORI/SORI Requirements and Fingerprinting**

All students are required to undergo a Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) check following acceptance. Additional screening may be required in response to clinical facilities request. The results of the student's CORI or SORI may negatively impact participation in this academic program and/or clinical. If a student cannot attend a clinical component they cannot complete this program.

All students requesting licensure in MA must comply with the "Good Moral Character" requirement specified at G.L. c. 112, sec 74, 74A, 76, and 80B. This is available as a link on our website.

Fingerprinting: All students are required to be fingerprinted prior to the start of the school year. Log into [www.indentogo.com](http://www.indentogo.com). The screening is for school K through 12. Shawsheen's code is 08710000.

### **Course Exemption**

There is no provision for course exemption. Reviewed 6/2022



### **CPR Requirement**

In compliance with clinical agency requirements, the students are required to obtain and maintain professional Cardiopulmonary (CPR) Certification throughout the duration of the program. The **only** acceptable CPR course is Basic Life Support, American Heart Association, BLS Provider. You must provide your certification card to the office prior to the start of the year.

### **Drug Screening/ Screening for Substances of Abuse**

#### **Drug/ Alcohol Policy**

A student's performance always must be free of any impairment caused by prescription or non-prescribed drugs or alcohol use. Students enrolled in this program are required to undergo and pass a drug and/or alcohol screening analysis to be eligible for placement in a clinical facility. Students assigned to clinical education experiences at our contracted facilities may also be required to undergo and pass random drug screening analysis to remain at that clinical facility and in the program. Students who fail a screening or fail to comply within the designated time frame will be ineligible for clinical placement, which will affect their status in the program.

A "negative-dilute" drug screening result is judged inconclusive and is not considered successfully meeting the drug screening requirements. Those students who undergo drug screening which results in "negative-dilute" will submit to a random drug test within 24 hours of the notification of the previous test result to confirm the negative status of the screening. This test can be repeated once. Any further "negative-dilute" results will be considered a failed drug screening. Only students who undergo and pass drug screening will be eligible for clinical placement.

Students who test positive for marijuana use are unable to continue in clinical placement which will affect their status in this program. A student who has a prescription for Medical Marijuana and tests positive for marijuana will also be ineligible to participate in clinical placement due to the federal restriction on the use of marijuana. While the use of Medical Marijuana is permitted in Massachusetts, marijuana remains classified as a controlled substance under federal law and its use, possession and/or cultivation at educational institutions remains prohibited.

The student who comes to school or to a clinical facility in the possession of or under the influence of alcohol/drugs presents a threat to the safety and welfare of all and will be treated as an impaired person. The facilitator will determine the appropriate course of action which may include but is not limited to immediate treatment, and/or referral, and/or immediate removal from the clinical site. Medical clearance and a conference with the student will be required prior to her/his return.

Any student who comes to school **under the influence** or has **consumed, possessed or distributed** drugs and/or alcoholic beverages of any kind while in school, on school grounds, or at any school-sponsored clinical site/ function will be subject to the following:

- Notification to law enforcement agency where appropriate and/or.
- Due process hearing and/or.
- Disciplinary action up to and including termination from the program.
- Drug screen at the students' expense

The Shawsheen Valley School of Practical Nursing or any clinical facility reserves the right to require a random urinalysis testing and/or CORI at any time while the student is enrolled in the Practical Nurse Program. Such testing will not be requested unless "reasonable suspicion" is found that the student is under the influence of alcohol or drugs. Indications of intoxication or being under the influence of drugs may include, but not be limited to observable phenomena such as bloodshot eyes, flushed face, disorientation, slurred speech, the smell of alcohol or any illegal substance including marijuana, failure to grasp instruction, erratic behavior, unusual behavior, changes in behavior and such similar behavior

associated with intoxication or being under the influence of drugs. Events such as direct observation of alcohol or drug use or possession of alcohol or a drug; arrest or conviction for an alcohol or drug-related offense; the identification of a student as the focus of a criminal investigation into illegal drug possession use, or trafficking; information provided either by reliable and credible sources or independently corroborated; or newly discovered evidence that the student had tampered with a previous drug test may constitute “reasonable suspicion”.

NOTE: Students have the right to refuse to take a drug screen test, but such refusal may be considered in any disciplinary action.

Should the student be allowed to return to school, the following should be presented at the readmission meeting:

1. If there is reason to suspect the student remains under the influence of an illegal substance, evidence must be if student is free of all substance (alcohol/drugs).
2. Documentation of attendance at a rehabilitative program or counseling, whichever is deemed most appropriate by the Director of the Practical Nurse Program.
3. Student must demonstrate a willingness to pursue extra help after school until such time that missed schoolwork is up to date. The attendance policy and clinical make-up policy will be upheld. This may require taking a leave of absence until the following academic year. The Shawsheen Valley School of Practical Nursing reserves the right to limit re-admission on a space available condition.

A second violation of the drug/alcohol policy **will** result in termination from the Shawsheen Valley School of Practical Nursing.

Any student who has been prescribed a narcotic or other medication which they have reason to believe could impair their ability to function should inform the Director prior to participating in program activities. The Program respects the privacy of its students and will work cooperatively with any student who is taking such medication and his/her healthcare provider to ensure such medications will not interfere with the student’s ability to perform safely, without risk to the student or others. Adopted, 8/2015, revised 5/20

### **Search and Seizure**

School officials maintain the right to seize items in a student’s possession and to search school property assigned to a student under the following guidelines:

1. There is a **reasonable suspicion** to believe that the items in possession are illegal or in violation of school rules or constitute a hazard to health and safety of the students or others.
2. The Shawsheen Valley School of Practical Nursing will work cooperatively with law enforcement agencies and the K-9 unit to search school property. Student vehicles parked on school grounds will be searched if there is reasonable suspicion of illegal items or violation of school rules anywhere on campus.

The Shawsheen Valley School of Practical Nursing assures that no individual rights will be violated in conjunction with searches. Students who, in the opinion of any faculty member, administrator or the school nurse, may be in possession of, or under the influence of any controlled substance or may be in possession of any materials dangerous to the student or other students, may be asked to empty their pockets and/or possessions and may be subject to a search. Examples of items subject to this regulation include, but are not limited to drugs, alcohol, weapons, pornography, stolen goods, fireworks, explosives, and/or tobacco products.

It is not the intent of the School District to violate individual liberties; however, the obligation of the school is to provide a **safe environment conducive to learning** for all students. Adopted 8/2016, reviewed 6/22

### **Crisis Services**

Crisis Services are available 24 hours per day, every day throughout the year. The following information is provided should a student need assistance in dealing with a crisis.

- Child and Family Services of the Merrimack Valley: Family Services, 430 North Canal Street, Lawrence, MA 01840, 978-327-6600
- Massachusetts Department of Children and Families: Lowell Area Office, 33 East Merrimack ST., Lowell, MA 01852, 978-275-6800
- Lahey Health Behavioral Services: Lowell Area: 800-830-5177; Haverhill Area: 800-281-3223; Lawrence Area: 877-255-1261; Salem Area: 866-523-1216

### **Substance Abuse Prevention**

The Massachusetts Substance Abuse Information and Education Helpline provides free and confidential information and referrals for alcohol and other drug abuse problems and related concerns. The Helpline is committed to linking consumers with comprehensive, accurate, and current information about treatment and prevention services throughout Massachusetts. Services are available Monday through Friday from 8:00 am to 10:00 pm and on Saturday and Sunday from 9:00 am to 5:00 pm. Language interpreters are always available. Call: (800) 327-5050. TTY: (800) 439-2370

### **Educational Mobility**

Educational mobility enables an individual to move from one educational level to another with acknowledgement of acquired competencies and minimal repetition of previous learning. Shawsheen Valley School of Practical Nursing builds a solid foundation for future endeavors in professional development and educational mobility. To facilitate articulation agreements with Middlesex Community College, curriculum standards are reviewed by the nursing departments of articulating schools to define curriculum foundations necessary to create educational mobility. We believe in the educational integrity of the Shawsheen Valley School of Practical Nursing curriculum to serve as a solid foundation for future endeavors in professional and educational mobility, therefore, we encourage all students to complete the entire curriculum of this program without using transfer credits. We do not allow our educational goals to be influenced by race, color, religion, sexual orientation, age, national origin or status as a handicapped person, Veteran of the Vietnam era or Disabled veteran. Reviewed 6/22

### **Electronic Communication Procedure**

When communicating via electronic mail with facilitators, peers, and/or staff, students are expected to adhere to the following guidelines:

- Check your personal email daily. The Shawsheen Valley School of Practical Nursing communicates utilizing your personal email.
- Include a subject line with a descriptive phrase of the topic of the message.
- Begin messages with a salutation and address faculty and staff formally (i.e., "Dear Mrs. Jones").
- Respect other's privacy – do not forward personal emails sent to you. The exception to this is any information that implies a threat to the safety of self or others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Acknowledge and return messages promptly.
- Reply with caution – do not "Reply All" unless appropriate for the message.
- Do not use an old or unrelated message to start a new conversation.
- Be concise.
- Correct grammar and correct spelling and punctuation are expected.
- End the communication with your name.

Note that electronic mail is not guaranteed to be private. The Shawsheen system administrators do have access to all email. Messages relating to or in support of illegal activities may be reported to the authorities. Adopted, 8/2016, reviewed 5/22

### **Electronic Device/ Cell Phone Policy**

If the student brings his/her cell phone, Smart type watch, or other electronic device into class, laboratory and/or clinical and the instructor visualizes or hears it, he/she will be asked to leave immediately. This will count as an unexcused absence, and he/she will be required to make up the time at an expense of \$75.00. The grading policy, as applied to unexcused absences, will be in effect. The student will have three days to make up a test and will start at a 10% penalty. **The first offense will result in probation and the second would be grounds for dismissal.** Revised 5/2019 to include Smart type watches, reviewed 6/22

Added 11/2/2022: Class is defined as the time in the building entered in trajecsys regardless of your location in the building. Example, a student with a cell phone in the hallway during the time frame of 5-10 pm is considered in violation of this policy.

### **Emergencies**

**Please give your emergency contact the phone number of the clinical facilities (located on our webpage) and the numbers for the PN office 978-671-3646 and seminar room (your classroom) 978-671-3684. If the phone rings in the seminar room, please answer it.**

### **Emergency Contact Form**

Students will complete an emergency contact form at orientation. This information is to be released in the event of an emergency for the purpose of notifying the contact person of the situation and to secure treatment in a medical emergency. This form is kept in a secure cabinet in the PN office.

### **Extenuating Circumstances**

The faculty of the Practical Nurse Program recognizes that unforeseen, extenuating, and/or emergency situations may occasionally arise. These will be evaluated on a case-by-case basis by the Coordinator of the Program in collaboration with the program facilitators. The Program Coordinator reserves the right to reconsider a student's status due to extenuating circumstances.

Examples of extenuating circumstances may include the following:

- Hospitalization with documentation
- Death or serious illness of an immediate family member as defined in the attendance policy
- Extended illness documented by a health care provider.

Extenuating circumstances or extended illness may force a student to withdraw from the program. Should this occur, the student must submit a written request for the leave of absence, to the Coordinator. Students who leave the program for absence of any kind are subject to the conditions of the Re-admission Policy current at the time of the desired return. The attendance policy outlines the maximum absences allowable in the program. The application is considered active for a period of two consecutive school years. This includes the year the student was initially enrolled. Following that time lapse, the student will need to complete the admissions process in its' entirety.

### **Good Moral Character**

Good Moral Character Information for Initial Licensure in Massachusetts: The Massachusetts Board of Registration in Nursing, as a regulatory agency of state government, protects the health, safety and welfare of citizens of the Commonwealth by licensing qualified Registered Nurses and Practical Nurses in accordance with Massachusetts General laws Chapter 112, sections 74, 74A and 76, and Board regulations at 244 CMR 8.03 and 8.04. The laws and regulations governing nurse licensure require that an applicant: have graduated from a Board-approved nursing education program, have achieved a pass score on the National Council Licensure Examination (NCLEX) and be of "good moral character."

The initial applicant with one or more criminal conviction(s), and/or with past pending disciplinary action against a professional/trade license/ certificate must be evaluated for compliance with the statutory “Good Moral Character” licensing regulation.

“GMC also requires your consent, at the time of application submission, for a background check to be conducted by the Massachusetts Department of Children and Families (DCF) database. If there is a supported finding by DCF, you will be required to provide additional documentation related to those findings.”

Applicants are encouraged to see further information regarding determination of Good Moral Character by accessing the BORN website: <https://www.mass.gov/service-details/good-moral-character-requirements-for-nursing-licensure>

### **Graduation Requirements/ Graduation Policy**

The following criteria must be met to fulfill requirements for graduation:

1. Successful passing of all theory courses with a final grade average of 75% or better and achieve a satisfactory rating as outlined in clinical evaluation forms in all clinical courses.
2. Successful completion of required course, clinical and lab hours.
3. Meet attendance policy obligations as stated in the student handbook.
4. Have met all financial obligations with the Shawsheen Valley School of Practical Nursing<sup>reviewed 6/22</sup>

Graduation Attire: Females: White uniform pants and white top or white nursing dress (purchased from our vendor) hair up and off the collar and clean nursing shoes or sneakers. Hair CANNOT be pulled back in a ponytail and cannot touch the collar. White stockings or socks must be worn by females. Visible tattoos must be covered. Jewelry as stated in the handbook.

Graduation Attire: Males: black dress pants, white collared button-down shirt, Shawsheen Valley School of PN tie, appropriate dress shoes.

Students not in appropriate attire will receive their diploma however will not be allowed to participate in the ceremony.

### **Grievance Procedure**

A grievance is a difference in opinion regarding a reported behavior, between a student and member of the faculty or any alleged inequitable or discriminatory treatment of a student.

It is the belief of the Shawsheen Valley School of Practical Nursing that every effort should be made by the parties involved to settle any disputes among themselves. However if all efforts fail, please use the following procedure:

#### **Step One:**

Whenever a participant or a group of participants has a complaint or any controversy, misunderstanding, or dispute arising as to the interpretation, application, or observation of any procedures or policies, they shall present said grievance in writing to the program coordinator within five (5) calendar days of the alleged incident. The program coordinator will arrange an informal meeting of all parties concerned and will endeavor to settle the grievance in this session within five (5) working days of when it was reported.

#### **Step Two:**

If the grievance is not settled at Step One, the aggrieved participants may request in writing **within five (5) calendar days** of the Step One Informal Meeting, a Step Two Formal Hearing to be held **within five (5) working days** after the receipt of the written request from the aggrieved. This Step Two Formal Hearing is to be attended by the aggrieved, the Program Coordinator and the Superintendent Director who will submit a copy of his or her written decision on the grievance to the aggrieved and all parties concerned **within five (5) working days** of the Step Two Formal Hearing. Revised 5/12, Reviewed 6/22

Additional concerns regarding a grievance can be addressed to: Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, GA 30350, Telephone: 770-396-3898, FAX: 770-396-3790, [www.council.org](http://www.council.org)

### **Harassment**

Harassment is the unwanted attention from anyone through annoying, threatening, or demanding behavior causing fear and/or preventing another's normal behavior and actions. It can range from verbal baiting to name calling to sexual harassment.

The procedure dealing with harassment issues can be formal or informal. It may be possible to resolve an offensive situation informally without an extensive and involved investigation. However, any involved party may request a formal investigation at any time. Based on the seriousness of the charge, the Title IX coordinator may decide that a formal investigation is most appropriate to address issues

### **Informal Procedure**

The Coordinator of the Practical Nurse Program may facilitate a conversation between the two parties where the complainant may tell the respondent that the behavior is offensive and must stop. Examples of possible resolutions under the procedures are:

- Verbal statements of apology.
- Letters of apology.
- Assurances that the behavior will end.
- Mediation.

The informal procedure will be completed within five (5) school days and the Coordinator of the Practical Nurse Program will notify all involved parties of the results of the informal process. The length of time for this procedure may be extended due to the illness of anyone involved in the procedure. If all parties involved in the informal process feel that a resolution has been achieved, no further action will be taken. If any of the parties feel that resolution has not been achieved, participants will engage in the following formal procedure.

### **Formal Procedure**

A formal investigation is initiated when any of the following three criteria are met:

1. Any of the parties involved requests a formal procedure.
2. The Coordinator of the Practical Nurse Program requests the formal procedure is necessary due to the seriousness of the allegations or repeated behavior.
3. Any of the parties involved in the informal process feels that the informal procedure was either inadequate or unsuccessful.

The formal procedures will be completed within five (5) school days. The length of time for this procedure may be extended due to the illness of anyone involved in the procedure. During this time the Title IX Coordinator will:

1. Document the allegations in written form.
2. Notify a parent/guardian if a student under 18 years of age is involved.
3. Investigate of the complaint and prepare a written report with a description of any actions already taken or proposed.
4. Notify all parties of the results of the investigation including parent/guardian if a student under 18 years of age is involved.

Recommendations for discipline will be referred to the Superintendent Director. Discipline in harassment cases will be dealt with in accordance with school policy. All documentation of harassment grievances will be kept on file with the Title IX Coordinator.

## APPEALS

A party may appeal the Title IX Coordinator's decision in writing, to the Superintendent Director within ten (10) days of receipt of the findings of the formal procedure. The Title IX Coordinator's decision will be reviewed to ensure adequacy of the investigations and conclusions. Parties will be given an opportunity to submit additional relevant information. The Superintendent Director will decide and inform all involved parties of his decision within thirty (30) school days.

### **TITLE IX – SECTION 504 AND CHAPTER 622**

The Director of Guidance Services is the coordinator for the Title IX of the Educational Amendments of 1972, Section 405 of the Rehabilitation Act of 1973, and Chapter 622 of the Massachusetts Act of 1971. These laws protect students from discrimination based on gender or physical disability. Students who feel they have been excluded from participation in, denied the benefits of, or subjected to discrimination under any educational program or activity at the Shawsheen Valley Technical High School on the basis of gender or disability should bring the grievance to the attention of the Title IX Section 504 coordinator. Chapter 622 further ensures that all aspects of public-school education in Massachusetts must be fully open and available to both sexes and minority groups. No school may exclude a student from any course, activity, service, or resource available in that public school on account of race, color, gender, sexual orientation, religion, or national origin.

Students who feel that they have been deprived of their rights under these Acts are encouraged to seek compliance by following the Student Grievance Procedure or by filing a complaint with the Office of Civil Rights, United States Department of Education, Region 1, 140 Federal Street, 14<sup>th</sup> Floor, Boston, Massachusetts 02110.

### **Hazing**

State law stipulates "Whoever is a principle organizer or participant in the crime of hazing or whoever knows that another person is the victim of hazing and is at the scene of such crime should report such crime to the Director of Community Services or an appropriate law enforcement official as soon as reasonably possible. Whoever fails to report such a crime shall be punished by a fine of not more than \$500.00. Please refer to the provisions of MGL c269, ss 17, 18, and 19. Aligned with our parent institution

### **Health Clearance- Student**

Students are required to receive Health Clearance prior to the start of the program. No student may attend clinical without health clearance. A missed clinical will result in an unexcused absence.

Please refer to [www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com) Current Student link

All students in the Shawsheen Valley School of Practical Nursing program must meet the Massachusetts Department of Public Health regulations for working in a health care facility. The following information must be documented for final acceptance into the program. Each student must show evidence of good health, including a medical history sheet and physical exam, Hepatitis B Series with a titer completed as directed, Mantoux Test or Interferon-gamma release assays (IGRAs) see website, Tdap to replace the tetanus booster, two (2) doses of measles, mumps, and rubella immunization, proof of varicella (chicken pox) by titer or history of disease or (2) two varicella vaccines, proof of receipt of meningococcal vaccination (if required by age), and proof of Influenza vaccine (by Nov 1). If you choose to waive the influenza vaccination you will be subject to adhering to the policies of the agencies. Clinical agencies reserve the right to require immunization against Covid 19. The facility reserves the right to exclude you from participating at their clinical site. (Revised, 5/2021m reviewed 6/22)

The Shawsheen Valley School of Practical Nursing reserves the right to require any student who has declared either verbally or in writing a physical or emotional condition, to provide documentation from a licensed practitioner. The licensed practitioner must state the student has medical clearance to participate in all class, laboratory, and clinical experiences. Revised 5/2021, reviewed 6/22

### **Health Insurance**

All students are required to carry personal health insurance while they are enrolled in this program. Documentation of current health insurance needs to be presented to the administrative assistant by the first night of class.

### **HIPAA Compliance and Social Networking Policy**

All students are expected to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) as applied to both the theoretical and clinical components of this educational program. Information that leads to the identification of a patient, faculty member, staff member and/or other student, in written or pictorial expression, will be dealt with severely, including possible dismissal from this program and/or involvement with law enforcement agencies. This includes posting on any social networking site, an example being Facebook. No photographs may be taken on any patient units at any time. Revised 5/2014, reviewed 6/22

### **Incident Report**

Every effort should be made by students completing laboratory/ clinical activities to prevent both injuries and exposure to communicable disease or blood borne pathogens. If an accident or an exposure incident affecting a student should occur, it is the combined student/ facilitator responsibility to initiate the following actions:

1. Student will report the incident to the lab/ clinical facilitator and complete any required documentation by Shawsheen and/or the clinical agency.
2. Facilitator will refer student to the nearest hospital emergency room for appropriate assessment and treatment. The student must have active health insurance for the entirety of the program.
3. The Facilitator will complete the Shawsheen accident form.
4. Note: The facilitator will make a written notation on the accident form if a student refuses medical care.

### **Laboratory Safety**

The following procedures should be followed in the simulation laboratory:

1. No food or drinks may be brought into the lab.
2. No personal items may be stored on the floor in the lab. Students can use the seminar room for their belongings.
3. Students must bring their purchased lab bags to all simulation labs as directed by the lab schedule.
4. After all labs each student work area must be clean. Waste must be properly disposed of. Sharps must be placed in the provided puncture resistant containers.
5. All models, equipment and supplies removed from cabinets or closets are to be returned. Please be neat.
6. Students will not use the patient simulator independently. The facilitator is responsible for the safe and correct use of this equipment.
7. All groups are dismissed from the lab at the same time. In the event one group completes the skills prior to the other, students should practice vital signs including manual blood pressures and pharmacology medication knowledge.

### **Latex Allergy Management**

Applicants to health care programs need to be aware that several products used in health care contain latex. The Shawsheen PN Program will make every effort to provide a latex free environment on campus, however latex is not always easily identified in an academic environment. It is necessary for the student to be aware of their environment and possible risk of exposure.



Students who suspect to have a confirmed latex allergy must provide medical documentation and will be required to sign an acknowledgement of their risk and responsibility for avoiding latex whenever possible. Students with a latex sensitivity are responsible for the costs of any testing to confirm the sensitivity.

Students with a latex allergy will be at some risk while completing the program. The Shawsheen PN Program is not able to guarantee the clinical environment will be latex free. Students will agree to allow communication of their latex allergy status to appropriate clinical agencies by the Program Director to facilitate placement and planning. Adopted 8/2016, reviewed 6/22

### **Learning Accommodations**

The student with a disability must be able to meet the essential eligibility requirements for licensure as a Licensed Practical Nurse in Massachusetts. These requirements, as specified in Massachusetts General Law Chapter 112, ss. 74 and 74A, include graduation from a Board-approved nursing education program, achievement of a pass grade on the National Council Licensure Examination (NCLEX®), and demonstration of compliance with the good moral character licensure requirement.

Reasonable examination modifications will be provided to eligible students as stated in the Student with Special Needs clause on all syllabi if requested within the specified time frame. Any accommodation provided must maintain the psychometric nature and security of any examination. Exam modifications, which fundamentally alter the nature or security of examinations, are not permitted.

A student has no obligation to inform the director, faculty, and/or facilitators that he or she has a disability; however, if the student wants an academic accommodation or if a student wants other disability-related services, the student must identify himself or herself as having a disability. The disclosure of a disability is always voluntary. For example, a student who has a disability that does not require services may choose not to disclose his or her disability. However, should a student choose not to disclose a disability, having not received accommodations may not later be used as a basis for a grade appeal or grievance.

For additional information, please see, *Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities*, U.S. Department of Education, 2001, at: <http://www2.ed.gov/about/offices/list/ocr/transition.html>. Adopted, 8/2015, reviewed 6/22

### **Licensure and NCLEX Registration**

To practice nursing in Massachusetts, one must hold a valid, current license issued by the Massachusetts Board of Registration in Nursing. Nursing practice as a “graduate nurse” is illegal in Massachusetts.

Massachusetts General Law, Chapter 112, Section 74 and 74 A specify nurse licensure requirements. Students will attend an informational session during Vocational Trends II with a presentation of obtaining licensure.

Please see link on our webpage, [www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com) for more information on licensure.

### **Nursing Skills Lab**

The nursing skills lab allows the student to practice skill acquisition in a safe, non-judgemental setting in alignment with theoretical content.

Attendance is required for all scheduled lab activities. Students must make up the lab prior to the next scheduled lab if they are absent.

A student may perform a skill in the clinical area under the guidance of clinical facilitators only after it has practiced in lab.

Open lab time, during which a faculty member is present, is available per student request. Appointments are necessary for extra support and time for independent practice.

## **Out of Compliance**

It is important to meet specific deadlines. See previous stated guidelines under Admission.

## **Parking and Transportation**

Parking stickers may be issued by the clinical site. Students must display a parking sticker and must park in the designated lot. Cars will be towed, at the owner's expense, for any violations. Parking is not permitted in the visitor's area under any circumstances.

Students must park in the clearly marked areas only. There is absolutely no parking in front of the brick garage outside the Life Science Wing. Cars are only allowed to be parked in designated marked spaces. The Visitors parking lot outside the bakery cannot be used until after 2:15 p.m. Failure to obey the parking regulations set by the school may result in a fine or towing of your vehicle at your expense. Students are responsible for their own transportation to all clinical assignments. Parking spaces at clinical agencies is at a premium. Students may find it convenient to use a carpool system to avoid competing for the few spaces available. Observe the parking rules of the agency; avoid infringing on the space designated for facility staff.

## **Program Evaluation**

At the conclusion of each course, clinical experience, and the program, the student is asked to complete specific forms evaluating the course, clinical experiences, learning resources and the program in its entirety. Students' recommendations for improving the Practical Nurse Program are appreciated, reviewed carefully, and incorporated in the program as appropriate.

## **Readmission Policy**

A petition for readmission to the school will be considered upon written request to the Coordinator of the Practical Nursing School.

The following must be determined satisfactory for the student to be considered:

- Student must have demonstrated the ability to succeed in the nursing school by receiving passing grades in all but two theory courses in Term 1.
- Students must have demonstrated safe practice in clinical and not received any failure in clinical courses.
- Student must always have demonstrated professional behavior.
- A student who willfully misrepresents the truth to an instructor will not be considered for readmission.

**Once the above is satisfied, the admission committee that represents both administration and faculty will review the student's record and experience since leaving the school to determine eligibility for readmission to the program.** Revised 4/22

Courses passed in Term I of the previous year will be considered for transfer credit. All term 1 re-admitted students must repeat Fundamentals of Nursing, Theory, Lab and Clinical and Pharmacology and all courses in Terms II and III. If a student was dismissed in Term 2 due to an academic failure, they must complete the theoretical portion of the course they did not complete with a grade of 75% and the clinical component accompanying this course. For example, a student who did not pass Maternity must complete both the theory and clinical simulation components in Term 2. All students must complete Fundamentals of Nursing II clinical. All theory, clinical and labs in Term III must be completed. A student who did not pass Term III must complete all components of Term III. Students re-admitted for Terms II and III will be awarded a pro-rated tuition. Students re-admitted for Term II and III must audit Pharmacology in Term I and complete a 34- hour remediation/ test taking course during Term I. Audit is defined as attendance in all classes including the taking of examinations. No audit of Term I dismissals will be considered for Term II or III. Revised 4/2022

## **Refund Policy**

Refund Policy Refunds will be issued as follows for students who withdrew from the program:

- Withdrawal before the first class: 100% refund (less the \$500 non-refundable seat deposit)
- Before the 5th class: 75% refund (less the \$500 non-refundable seat deposit)
- Before the 10th class: 50% refund (less the \$500 non-refundable seat deposit)
- No refund is issued after the 11th class (less the \$500 non-refundable seat deposit)

The refund policy, including the non-refundable seat deposit is approved by the district. Refunds, when due, are made without requiring a request from the student. If the student withdraws from the program or acquires more than five (5) absences the refund policy automatically begins on the sixth day absent. The practical nursing office will generate a purchase order following the criteria listed above. The Business Office will generate a purchase office number. One approved, the check will be written on the second or fourth Tuesday of the month. The check will be mailed directly to the student address on file. All refunds will be made within 45 days of the withdrawal date.

IF the program is canceled or the student is in-eligible to complete clinical, example a CORI that is not satisfactory, a full refund including tuition, fees and seat deposit is refunded to the student with or without their request. All refunds are made within 45 days of the withdrawal date.

IF the student is receiving federal/state financial aid funds, refunds are made following federal/state guidelines. (See Return of Title IV funds) located in the Financial Aid handbook.

### Policy on Return of Funds to Students from the Business Office

Students are responsible for paying their bills at the beginning of Term 1.

All over payments received will be reimbursed in the following manner:

- Financial Aid Officer provides an Acknowledgement of Funds Transferred
- The student signs the forms either accepting or rejected the funds. Students have two weeks from the date the funds are received to return funds.
- A purchase order is generated by the Practical Nursing office and is approved by the Business office
- Checks are written on the second and fourth Tuesday of the month
- It may take up to two weeks to receive your reimbursement

## **Resolution of Problems**

If the student needs to communicate a concern or need related to courses/clinical expectations, the facilitators ask that the students follow the following chain of command to effectively meet all students' needs,

- Step 1: Student brings concern or need forward to the facilitator on the clinical or course in which the concern has arisen.
- Step 2: If the concern/need is not resolved, then it should be brought to the coordinator of the program.

## **Safety and Fire Alarms**

Every classroom, shop, and laboratory, as well as other locations, prominently displays instructions to be followed during fire alarms. An evacuation drill will be reviewed during the first week of classes. In addition, an evacuation plan will be reviewed at all clinical orientations.

**NOTE:** Any fire alarm in the afternoon or evening will not be a fire drill. Please note the following regulations:

- The building evacuation signal an alarm will sound and a voice prompt will direct occupants to exit the area,
- Upon hearing the signal, all responsible personnel will take necessary precautions to prevent the spread of fire (close windows and doors, shut off gas, lights, etc.).

- EVERYONE must leave the building; teachers will accompany students.
- In case of fire blocking a passageway, the teacher in that area will direct students immediately to the nearest safe exit.
- Students should remain at assembly points until the security guard or official have stated it is safe to re-enter the building.

### **Snow/Emergency Cancellation or Delay**

If the regular day school (Shawsheen Tech High School) is cancelled, the program may still hold clinical or class at 5 PM. School closing announcements will specify the Shawsheen Valley School of Practical Nursing. Please pay attention to email communication from the PN office.

You will be notified of clinical cancellations directly from your clinical instructor or via email from the PN program. Please be sure to check your email daily and more often in inclement weather. Please remember to check your Shawsheen Office account. That is the official account of this program. Please do not look at TV, internet, or radio broadcast for this program's cancellations.

### **Social Media Policy**

All students are expected to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) as applied to both the theoretical and clinical components of this educational program. Information that leads to the identification of a patient, faculty member, staff member and/or other student, in written or pictorial expression, will be dealt with severely, including possible dismissal from this program and/or involvement with law enforcement agencies. This includes posting on any social networking site, an example being Facebook. No photographs may be taken on any patient units at any time.

Please pay attention to this policy and maintain the confidentiality of all residents when collecting information for assignments and entering data in the Electronic Health Record. Patient identifiers may not be used. Revised 5/2014, reviewed 6/22

### **Student Liability Insurance**

Student Liability insurance is purchased through your fees. You are required to hold this insurance while a student at Shawsheen. All fees must be paid prior to the first day of class.

### **Student Nursing Organization**

Students will participate in program governance. The coordinator will offer open office hours the first and third Tuesday of the month from 3:30 to 4:30 and will meet with the class once monthly. Students wishing to voice concerns or recommendations are welcome to come in without an appointment. Additional meeting times can be scheduled if requested. Students will have the opportunity to develop, implement and evaluate policies, request resource allocations, and review clinical affiliations and curriculum related to the practical nursing program through these meetings and through completion of course, clinical and student service evaluations. Revised 10/11, Reviewed 9/12, revised 5/2014, reviewed 6/2022

## Student Records

		Time Frame and Process for Retirement
Admitted Student	NLN-test score Stanford Diagnostic Score Math score References Resume Application Writing Sample Interview Form Acceptance Letter Birth certificate, Immigration Status	Will be kept in the PN office for two years. The application is good for two years once accepted.  Process for Retirement: Shredded via our company after two years
Enrolled Student	All information above. Clinical Evaluation Tools from Fundamentals of Nursing I final evaluation, Fundamentals of Nursing II final evaluation, Medical Surgical Nursing: mid-term and final and Geriatrics Nursing: final evaluation Term Progress Reports Immunization Records: in a separate file Health Clearance Records: in a separate file Student Communication including academic and/or clinical probation, absence/ tardy notifications, late or missing assignments, etc. are held in the file but do not become part of the permanent file.	Will be kept in PN office during the students enrolled period.  Process for retirement: Following graduation, Immunization records, Health Clearance Records, student communication and admitted student paperwork will be shredded via our company.
Graduate of Program	Transcript for 50 years.  Graduate completer file maintained for one (1) year. Graduate File to contain application with student information and. Clinical Evaluation Tools from Fundamentals of Nursing I final evaluation, Fundamentals of Nursing II final evaluation, Medical Surgical Nursing: mid-term and final and Geriatrics Nursing: final evaluation	Maintained by the Administrative Assistant in fire-proof cabinets.  Graduate files for one year. Transcripts for 50 years.  Process for Retirement: Shredded via our company
Withdrawn or dismissed students	NLN-test score Stanford Diagnostic Score Math score References Resume Application Writing Sample Interview Form Acceptance Letter Birth certificate, Immigration Status  Clinical Evaluation Tools from Fundamentals of Nursing I final evaluation, Fundamentals of Nursing II final evaluation, Medical Surgical Nursing: mid-term and final and Geriatrics Nursing: final evaluation, when applicable Term Progress Reports Student Communication including academic and/or clinical probation, absence/ tardy notifications, late or missing assignments, etc.	Maintained in PN office for 8 years.  Process for retirement: shredded via our company
GI Bill ® Recipients	Entire file including financial records and admission records are maintained for a period of three years.	Process of retirement: shredded via our company

## **Student Rights**

As residents of Massachusetts or the United States, students have rights including, but not limited to:

- The right to exercise the rights of citizenship
- The right to freedom of association, inquiry, and expression
- The right to privacy and confidentiality
- The right to security from unreasonable or unauthorized search or seizure
- The right to freedom from any form of discrimination based on race, ethnicity, religious beliefs, political views, age, sexual orientation, or disability.

## **Equal Educational Opportunity Statement**

Shawsheen Valley Technical High School is an equal educational opportunity employer and is in compliance with Title IX, Chapter 622 and Section 504.

## **Discrimination Laws**

Important federal and state legislation (Title IX, Chapter 622, Section 504) affecting public schools has been enacted to prohibit discrimination as follows:

- *"No person shall be excluded from, or discriminated against, in admission to a public school or any town; or in obtaining the advantages, privileges, and courses of study of such public school on account of race, color, sex, handicap, religion, or national origin."*

These regulations apply to four specific areas:

- *program admission, admission to a particular program of study, counseling, and course content*

## **Assurances to Students**

- Shawsheen Valley School of Practical Nursing has assured the State Department of Education that no student will be discriminated against because of race, color, sex, handicap, religion, national origin, age, or political affiliation.
- This means that no services may be denied to you because of race, color, sex, handicap, creed, national origin, age, or political affiliation, and that you may not be segregated or treated differently from other students because of your race, color, sex, handicap, religion, national origin, age, or political affiliation while you are being interviewed, oriented, tested, counseled, enrolled, or while you are training as part of the program.
- If any of these rights have been violated, you may file a grievance. The Civil Rights Act of 1964 guarantees you the right to make a grievance. The Nursing Program Student Handbook is provided to each student in order to facilitate your response through the program. All students are responsible for complying with the directives and information provided in this handbook.
- Complaints alleging discrimination on any of the above bases may also be made to: [ocr@ed.gov](mailto:ocr@ed.gov)
- The Office for Civil Rights/ U.S. Department of Education, Customer Service Team
- 1-800-421-3481 or (202) 205-5413 Fax: # (202) 205-9862 TTY # (877) 521-2172

## **Tobacco Use Regulation**

Smoking is prohibited in the Shawsheen Valley Technical High School parking lots, school building, adjacent grounds, and before or during clinical experience. Students may not use tobacco products of any kind anywhere on school grounds (including in vehicles). Students must also comply with all regulations at each off-site clinical placement. Students may never smoke while in uniform.

Tobacco use is the leading cause of preventable death and illness in Massachusetts and in the nation:

- More than 8,000 Massachusetts residents die each year from the effects of smoking

- Though they are not smokers themselves, an estimated 1,000 or more Massachusetts adults and children die each year from the effects of secondhand smoke.
- Tobacco kills more people each year than car accidents, AIDS, homicides, suicides, and poisonings combined.
- Smoking costs the Massachusetts economy more than \$5.5 billion each year

The Massachusetts Tobacco Cessation & Prevention Program works to improve public health in the Commonwealth by reducing death and disability from tobacco use. To get help taking the first steps to quitting or for extra support after you quit, call the Massachusetts Smokers' Helpline for free support and advice: 1-800-QUIT NOW (1-800-784-8669).

### **Transfer Policy**

There is no transfer of credit between programs taken at the Shawsheen Valley Adult Education Program and the Practical Nursing Program. The following must be met to be eligible to receive credit for courses taken at another institution. The student must present a course description from the sending institution and an official transcript showing of a grade of 80% / B- or better. The coursework must have been completed within five (5) years of requesting credit. No more than 50% of the course content can be transferred. The student will not receive a tuition discount for coursework taken elsewhere. The transcript will reflect the acceptance of transfer credit as documented by transfer on the final transcript. The Financial Aid Award will be reduced due to transfer coursework requiring less program hours. Reviewed 11/2021

### **Tuition/Seat Deposit and Fee Policy**

**Seat Deposit:** The District approved seat deposit of \$500.00, is due within 30 days of the acceptance letter. This is a district approved non-refundable and non-transferable deposit. Your name will automatically drop to the wait list if the fee is not received. The District approved seat deposit for returning students is \$250. The above applies to returning students.

**Tuition of \$11,000 and Fees:** All tuition, fees and seat deposit are collected by Gina Cerbone in the LPN Office. Tuition of \$5500 is due by July 15. Remaining balance of \$5500 is due by August 22. Fees paid directly to the vendor are due as directed by the coordinator. Fees paid directly to the institution are due by August 22. Please make sure your check is covered by your bank balance; checks returned for "stop payment" will be turned over to authorities or a collection agency and can affect your credit rating. (Revised 5/21, reviewed 3/2022)

- Students will be charged a \$25.00 fee for each returned check. Examples include, but are not limited to, insufficient funds, stop payments, etc.

### **Financial Aid Students (Please see specifics in Financial Aid Catalog)**

#### **• Verification of Financial Aid Eligibility**

Federal regulations require that certain information on selected applications be verified. Students whose applications are selected by the Department of Education for verification are required to document the accuracy of application information, such as adjusted gross income, taxes paid, number of family members, untaxed income as well as other information from tax returns, and other documentation as requested by the Financial Aid Coordinator. **Students cannot be certified as eligible for financial aid until the verification process has been completed and any errors outside the tolerance limits have been corrected.**

- Financial Aid is available for qualified candidates in the form of Pell Grants and Stafford Loans. A Free Application for Federal Student Aid (fafsa.ed.gov) must be filed to qualify for aid. Prior to the start of the fall classes, the Financial Aid Coordinator will also meet with students, as needed, on an individual basis by appointment.
- Tuition refund policy for Title IV students is in accordance with government policy. Information available on request.

- Those students approved for Financial Aid must pay tuition according to the statement provided by the Business Office. Fees paid directly to the institution must be paid by the date specified above. Fees to vendors must be paid to allow for adequate time to receive supplies for lab and computer testing. Approval forms will be issued by the Financial Aid Coordinator and must be submitted with tuition. Full tuition is due if the student does not present a qualifying form from the Financial Aid Coordinator. Students will not be allowed to take final exams and complete clinical for Term I if financial obligation are not met. Students in good standing certified to receive Financial Aid will be handled on a case-by-case basis.
- If a student is not in satisfactory standing or on probation (academic, clinical or both) at the time of financial aid disbursement, they will not receive the money allocated for them. Failure to meet Satisfactory Academic Progress (SAP) as defined by passing each course with a grade of 75%, passing each clinical course with a grade of PASS, meeting the attendance policies, and meeting all other policies, example cell phone/electronic device, will result in loss of Financial Aid and compliance with the refund policy of Federal Aid will take effect. Students may be required to return part, or all the aid received and may have an account balance with the school as determined by the 60% policy.

**Expenses for 2022-2023: Payable to the Shawsheen Valley School of Practical Nursing**

Non-refundable seat deposit	\$500	30 days from acceptance letter
Tuition	\$11,000	July 15: \$5500
*See Financial Aid/ Tuition Statement for specifics	Returning Students: 5,500	August 22: \$5500
<b><u>Fee</u></b>	<b><u>Amount</u></b>	<b><u>Due Date</u></b>
Application Fee	\$50	On date of interview
<b><u>Fees following acceptance</u></b>	<b><u>Amount</u></b>	<b><u>Due Date</u></b>
Laboratory Fee includes the cost of the watch, penlight, gait belt, scissors, and BP cuff	\$500 Returning Student: \$235	August 22
Capping/Graduation Fee	\$125 Returning Student: 0	August 22
CORI Fee	\$30 All students	August 22
Student Malpractice Insurance	\$15 All students	August 22
MA Clinical Placement Fee	\$20 All students	August 22
Exam Soft testing Fee	\$200 All students	August 22
Alternate Format Book	\$50 Returning students pay if dismissed in term 1	August 22
<b>Payable to Shawsheen: TOTAL</b>	<b>TOTAL FEES to Shawsheen: \$940 Returning students \$500/550</b>	August 22
<b><u>Fees to Outside Vendors</u></b>	<b><u>Amount</u></b>	<b><u>Due Date</u></b>
ATI	\$550 for testing \$65 for Electronic Health Record	August 16
Fingerprinting fee	\$55 returning students do not need to complete	August 8
Passport photos	\$15 at CVS for 2 One for Student ID One for NCLEX application	August 22
Trajecsys fee for attendance and clinical skills and evaluation	\$100 payable to outside vendor	August 22
	<b>TOTAL FEES TO OUTSIDE VENDORS: \$785</b>	



- Additional costs: Books, supplies, CPR certification and uniforms: \$1450 (approximate cost)
- Cost of Immunizations, titers and Health Clearance required for admission are additional and are paid by the student.
- At completion of program. NCLEX-PN application: \$430
- Drug Screening \$60
- Unexcused absence: \$75
- Return check fee: \$25

### **Valor Act**

In accordance with the General Laws of Massachusetts [M.G.L. c. 15A §43(a)] the *VALOR Act II* protects students enrolled in the Practical Nursing Program from incurring academic or financial penalties because of performing military service. A student called to or enlisting in active duty are allowed the option of completing the course(s) later without penalty or withdrawing from the course(s) and will receive a full refund of fees and tuition paid. If a student chooses to complete the course(s) at a later date and the course(s) is no longer available upon the student's return, the student will be allowed to complete a replacement course for equivalent credit (clock hours) without penalty. If a student chooses to withdraw from the course(s), the student's academic record (transcript) will reflect that the withdrawal was due to active-duty military service.

### **Valuables**

Shawsheen is not responsible for the loss of valuables. Cell phones and other electronic devices are not allowed in the classroom, laboratory, or clinical area. A secure area for storage is in the PN office.

### **Voter Registration**

A Voter Registration form is distributed to enrolled students via electronic mail by September 1 each year. Voter Registration forms are also available from the Program Coordinator if requested.

### **Withdrawal**

All students who withdraw or fail to meet Satisfactory Academic Progress must complete an exit interview and develop a remediation plan for future readmission consideration with the coordinator. The withdrawal form and readmission form can be utilized for this. These forms are in the back of this handbook. The refund policy will direct return of tuition and/or fees. The application is considered active for a period of two consecutive school years. This includes the year the student was initially enrolled. Following that time lapse, the student will need to complete the entire application process.

### **Withdrawal (Administrative/ Academic)**

A student may be administratively withdrawn for failure to satisfy the following requirements of the nursing program:

- Positive CORI/ SORI or background check
- Attendance/ Tardy Policy
- Drug Screening Protocol
- Noncompliance with Clinical Warning/ Probation remediation
- Failure to achieve Satisfactory Academic Progress
- Noncompliance with the Shawsheen Valley School of Practical Nursing descriptions of professional behavior
- Noncompliance with the Shawsheen Valley School of Practical Nursing Program policies and procedures including non-compliance with required proof of immunizations, blood assays or titers.

Once the student has been notified of administrative withdrawal by the coordinator, the student should:

1. Meet with the Coordinator to complete the Exit interview.
2. Meet with the Financial Aid officer to complete Exit Counseling if applicable. Students withdrawing from the program will be subject to the requirements of the Return of Title IV (R2T4) Refund Repayment Policy, inclusive of meeting with the Financial Aid Director for an exit interview to review requirements for the return of unearned grant funds and/or repayment of loan funds in accordance with the terms of the promissory note.
3. Complete the Exit Interview form located in the appendix and/or sign the formal letter sent to the student.

### **Withdrawal (Voluntary)**

A student may choose to voluntarily leave this program. Upon written notification to the coordinator of their intent to withdraw, the student should complete the following steps:

1. Meet with the Coordinator to complete the Exit Interview.
2. Complete the Exit Interview form located in the appendix.
3. Meet with the Financial Aid Office to complete Exit Counseling if applicable.

# FORMS



# Shawsheen Valley School of Practical Nursing

## Acknowledgment Of Understanding

Please sign this form and return it to the PN office.

Thank you for your cooperation.

I have read the Student Handbook for the Shawsheen Valley School of Practical Nursing, 100 Cook Street, Billerica, MA 01821. I understand the material I have read and agree to abide by the rules and regulations of the program and the policies and procedures of the school.

THE ATTACHED HANDBOOK IS SUBJECT TO CHANGE AND ADDENDUMS WILL BE ISSUED IF NECESSARY. You may locate a copy on [www.shawsheenpracticalnursing.com](http://www.shawsheenpracticalnursing.com)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Program: **Shawsheen Valley School of Practical Nursing**

Today's Date: \_\_\_\_\_

The below statement does not include the \$500 non-refundable seat deposit.

- Tuition (\$11,000) + Fees (\$940) must be paid in full by July 15<sup>th</sup>, 2022. If you are Certified by the Financial Aide Officer to receive funds in the form of Pell Grants, Mass Grants or loans, \$5,500 (1/2 tuition plus fees) is due by July 15<sup>th</sup>, 2022. The remaining balance of \$5500 must be paid by October 15<sup>th</sup>, 2021 regardless of a student's financial aid status. Your tuition must be paid in full before any allocated money is returned to you from financial aid.

**NO EXCEPTIONS.**

\*Please call or email at 978-671-3646 or [jcerbone@shawtech.org](mailto:jcerbone@shawtech.org) prior to bringing in money. This office has summer hours that change weekly.

# Shawsheen Valley School of Practical Nursing

## Acknowledgment Of Understanding

Please sign this form and return it to the Program Director.

Thank you for your cooperation.

## Electronic Device/ Cell Phone Policy

Amendment to the 2009-2010 Student Handbook

March 17, 2010

Approved by faculty on March 17, 2010

Amended on March 29, 2010, reviewed May 2014

Amended on May 2019, reviewed May 2020

**All cell phones/electronic devices must be left in the student's car or in the PN office during class and laboratory. No cell phones may be brought into a clinical site.**

If the student brings his/her cell phone/ electronic device into class, laboratory and/or clinical and the instructor visualizes or hears it, he/she will be asked to leave immediately. This will count as an unexcused absence and he/she will be required to make up the time at an expense of \$75.00. The grading policy, as applied to unexcused absences, will be in effect. The student will have three days to make up their test and will start at a 10% penalty.

**The first offense will result in probation and the second would be grounds for dismissal.**

\*The faculty and administration feel that the use of personal electronic devices / cell phones interfere with the learning of others and interfere with the student's ability to critically think and give excellent patient care. Your focus should be on this curriculum 100% while in this program. A dedicated phone line is available for emergency incoming calls in all classrooms.

Please sign and date below that you have read this policy. All discussion should be directed, in writing, to the coordinator of the program within 10 days receipt of this policy.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
Printed name

# Shawsheen Valley School of Practical Nursing

## HIPAA Compliance and Social Networking Policy

All students are expected to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) as applied to both the theoretical and clinical components of this educational program. Information that leads to the identification of a patient, faculty member, staff member and/or other student, in written or pictorial expression, will be dealt with severely, including possible dismissal from this program and/or involvement of local law enforcement agencies. This includes posting on any social networking site, an example being Facebook. No photographs may be taken on any patient units at any time.

Print Name \_\_\_\_\_

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

Policy written August 2011

Handbook Revised 5/2014, reviewed 5/2020

# Shawsheen Valley School of Practical Nursing



## Incident Report

Name of Student \_\_\_\_\_ Course \_\_\_\_\_

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

Student description of Incident:

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Faculty Comment:

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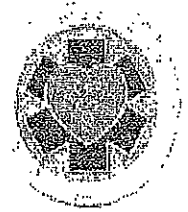
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Shawsheen Valley School of Practical Nursing



## Student Withdrawal Form

Student's Name: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Exit Interview/Date: \_\_\_\_\_

Comments:

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Reason for Withdrawal:

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Category for Readmission:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date



# Shawsheen Valley School of Practical Nursing



## Readmission Application

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

According to the student handbook the following must be satisfied prior to applying for readmission into the school:

- o Student must have demonstrated the ability to succeed in the nursing school by receiving passing grades in all but two theory courses in Term 1.
- o Student must have demonstrated safe practice in clinical and not received any failure in clinical courses.
- o Student must have demonstrated professional behavior at all times.
- o A student who willfully misrepresents the truth to an instructor will not be considered for readmission.

Please submit *this* application by March 15, 2023, to the coordinator of the school. Once the application is received, the admission committee that represents both administration and faculty will review the student's application, record, and experience since leaving the school to determine eligibility.

You will receive written notification within 14 days following the faculty meeting. Additional tuition and fees will apply for the following year.

***Please state in your own words factors that impeded your success in the program on the initial attempt. Please state remedies that you will put in place or have put in place to increase success in the following year.***

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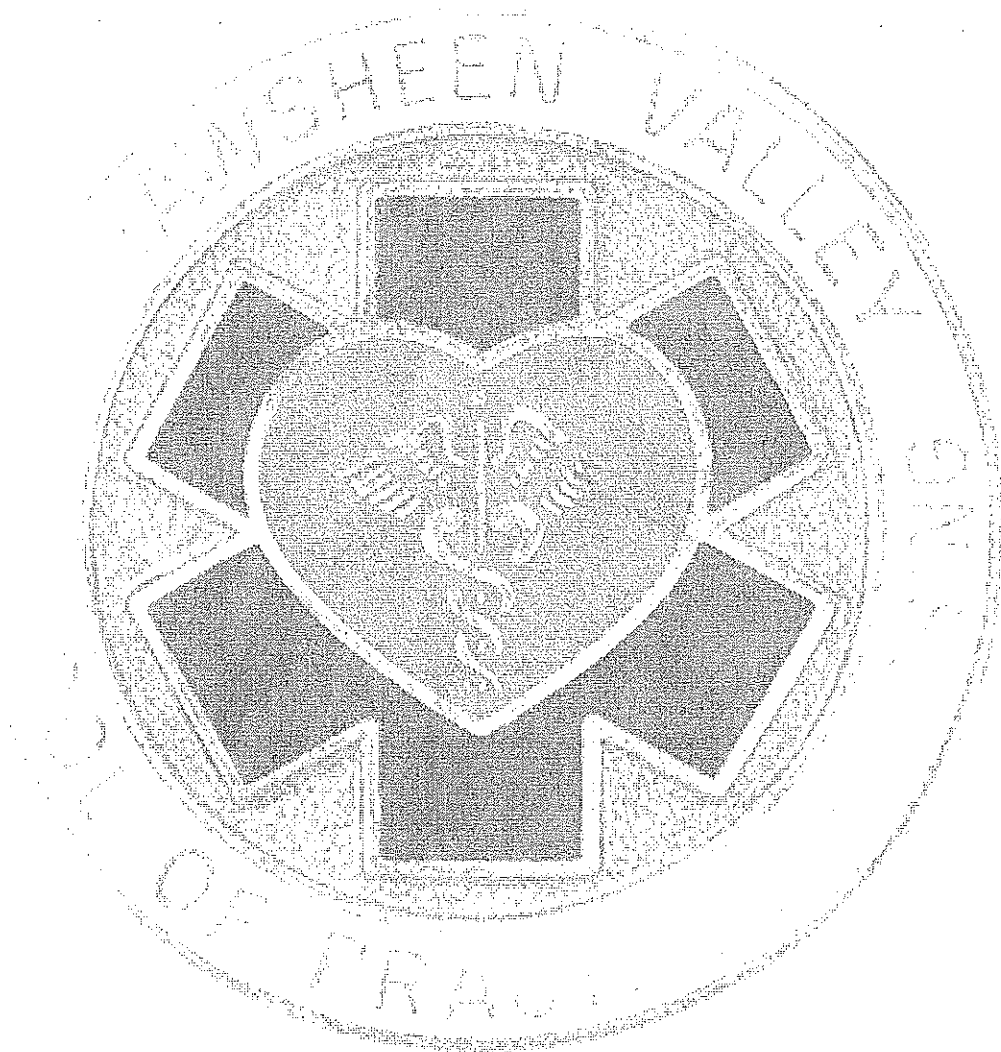
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Additional

**Please include transcripts of any academic reading or math courses taken.**

## ATTACHMENTS





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## "Why Do They Make Me Do That?": A Look at Rules on Nurses' Physical Appearance

by Leigh Page | Jul 1, 2015 | Magazine, Nursing Students |

Some rules on physical appearance in hospitals and other institutions can be off-putting to nurses, especially students entering the profession. "Why can't I wear nail polish?" they might ask, or "Why do I have to cover up a tiny butterfly tattoo on the back of my neck?" Sometimes, these rules are based on concerns about infections, backed by rigorous scientific studies. But in many cases, the rules are based on less definable concerns, such as concepts of nursing professionalism or what is thought to bother patients.

The rules vary widely by institution, and they are evolving as social norms change. For example, a growing number of young nurses wear tattoos and piercings, pressuring hospitals to relax rules. Also, the Civil Rights Act of 1964 protects discrimination against racially based hairstyles such as afros and dreadlocks.

The following is an analysis of some of the most controversial rules, based on dress codes posted on institutions' websites and nurses' comments on message boards.

### Banning Nail Polish and Gel

Some hospitals and nursing schools ban all form of nail polish, which can upset some nurses. For example, a nurse on the allnurses.com discussion forum wrote that a ban on all nail polish would make her seriously consider finding a new job. "I think that 'no nail polish' is a pretty ridiculous requirement," she wrote. "Seeing a cheerful color on my nails brings a smile to my face."

Such bans are based on studies showing that when the polish chips, infections can lodge inside the crevices. That's enough reason to ban all nail polish, according to Beverly Malone, PhD, RN, CEO of the National League for Nursing. "Patient safety should be the paramount concern," she says.

However, many institutions only ban long fingernails and artificial nails, which have been shown to have higher risks of infection than ordinary nail polish. And other hospitals, focusing on the problem of chipping, simply ban chipped nails or require new polish on nails every four days, to reduce the risks of chipping. But this requires strict enforcement. The problem is that rules that are nuanced may be difficult to carry out, and enforcement relies on frontline managers who may be less than enthusiastic about them. "A policy that



says 'NO...but!' is no policy at all," another nurse wrote about nail standards on allnurses.com. "If they make allowances (4 day changes, etc.), they might as well just shut up about the issue and everyone can wear what they want."

The introduction of gel and shellac nails over the past few years has only complicated matters. These polishes last longer than traditional products and are touted as chip-free. Although they are still too new to be well-studied for infection risks, some hospitals have included them in bans of artificial nails, and this has caused uproar among some nurses. Tess Walters, a manicurist in Logansport, Indiana, says a ban on gel nails at a nearby hospital brought in six nurses who needed emergency redoes. "Hospital policies lump gel polish together with artificial nails," Walters says, adding that "sweeping policies make for disgruntled employees."

### **Excluding Unusual Hairstyles**

Many hospitals and nursing schools ban hair in bright, unnatural colors, and some specifically ban unusual styles. "Extreme trends such as dreadlocks, Mohawks, and long spiked hair is not acceptable," according to the University of Utah Health Care's dress code. Other institutions are more easy-going: "There are 3 nurses on my unit that have locks and I never heard a problem about it," according to a comment on an allnurses.com forum discussing nurses with dreadlocks. "Personally, I think if the unit and region is culturally diverse then it won't be a problem."

Hairstyles that can be pulled up or tied back don't appear to present problems with infection control. But, Malone says unusual looks may offend some patients and staff. When hospitals formulate rules, "patients' views and the professionalism of nurses ought to be major considerations," she says.

However, Malone doesn't think the rules should impinge on natural hairstyles, such as dreadlocks, worn by African Americans who choose not to straighten their hair. According to the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act makes a distinction between racially based hairstyles and ones that could be worn by anyone, such as Mohawks or green hair.

The EEOC compliance manual, which carries out Title VII, prohibits employers from restricting hairstyles that involve "racial differences in hair textures." However, a federal judge in Alabama recently denied an EEOC lawsuit against an insurance company that terminated a dreadlocked employee, arguing that African Americans have a choice to wear other hairstyles besides dreadlocks. The case, *EEOC v. Catastrophe Management Solutions*, is being appealed.

But even hairstyles not protected by Title VII are flourishing in some places—perhaps because employers have no interest in being strict, or because they prize the nurse's skills and patients don't seem to mind. Another nurse on allnurses.com says she has worn spiked hair and a rattail in a wide variety of health care settings for about 20 years, and she now works in a rural Appalachian community. "The little old country Baptist preachers' wives often comment on how much they like my hairstyle," she asserts.

### **Curbing Tattoos**

Hospital rule-makers have had to contend with a surge of young employees with tattoos. A 2012 Harris survey found that 38% of Americans in their 30s had at least one tattoo.



Minorities in particular seem to have them. A 2006 study published in the *Journal of the American Academy of Dermatology* found that 38% of Hispanics and 28% of blacks had tattoos, compared with 22% of whites.

"Tats" were traditionally for males, but the Harris survey found that as of 2012, more women than men wore them. However, most female tattoos aren't visible. According to a 2010 Pew Research Center survey, only 13% of tattooed women had art that could be seen outside their clothing.

Unlike nail polish, tattoos don't present safety issues like harboring germs, but they can upset patients and other staff. According to a 2012 study in *The Journal of Nursing Administration*, patients tend to have negative attitudes toward health care workers—especially women—who have tattoos. Moreover, certain tattoos, such as depictions of demons, may strongly offend some patients.

Hospitals typically prohibit visible tattoos but often allow employees to cover them up under long sleeves, Band-Aids, or larger bandages. "I'm not saying get rid of your tattoos," Malone says. "Just cover them up when you're at work. You're in a professional setting." Some hospitals soften the rules on covering up. The radiography school at Akron Children's Hospital calls for covering up "to the extent possible," and Rochester General Hospital calls for covering "inappropriate" tattoos.

A few, though, have stricter rules. For instance, the nursing school of Missouri Southern State University not only bans visible tattoos but won't allow students to cover them up, either. In 2009, the policy drew many protests from applicants, according to *The Joplin Globe*. A spokesman for the school told the *Globe* that a bandage put over the tattoo "could become wet or soiled, and there is the potential for cross-contamination." The school's 2014-2015 student handbook shows the tattoo rule is still in place.

Like employees with green hair or a Mohawk, people with tattoos basically don't have any Title VII protections either, according to Robert G. Brody, an employment attorney in Westport, Connecticut. In a 2010 analysis, he wrote that the law "does not include 'tattooed' as a protected classification."

### **Rules on Body Piercings and Earlobe Gauges**

Body piercings are now common among younger women in particular. According to the 2010 Pew Research Center survey, 35% of women and 11% of men under age 30 have a piercing somewhere other than in an earlobe.

The eyebrows, nose, top of the ear, lips, and tongue may be pierced. In addition, holes in the earlobes can be stretched and fitted with round ornaments, or "gauges," which are as much as 1½ inches in diameter. Piercings don't seem to present much of an infection hazard for patients, but items like large nose rings could be grabbed by patients, and the sight of these adornments can be off-putting to some people.

Basically, piercings don't have Title VII protections from employers' actions. Hospital rules typically state that "visible" piercings are prohibited, but it's not clear what that means exactly. Does it mean that piercings will be allowed if the jewelry is removed and replaced with clear or skin-color pieces—the equivalent of a Band-Aid over a tattoo? Or, does it mean that only piercings under the clothing will be allowed?

Children's of Alabama, a hospital in Birmingham, meant the second interpretation,

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G+

according to Deborah Wesley, RN, MSN, the hospital's chief nursing officer and coauthor of its rules. But some institutions specifically allow some camouflaging. "Ear gauges must be covered/non-conspicuous," according to the nursing student guidelines at Tarrant County College. Alternatively, Lancaster General Health in Pennsylvania allows gauges that are solid, don't exceed ¼ inch in diameter, and don't have jewelry connectors.

### Rulemaking and Enforcement

When making rules on appearance, hospitals have to balance the conflicting demands of patient safety, patient satisfaction, and employee satisfaction, says Wesley. To make sure employee satisfaction has a role, staff nurses at Children's of Alabama develop the first draft of the dress code, which is then sent to leadership for approval, she adds.

This process produced a rule on tattoos that is unusually tolerant. "Tattoos that consist of nudity, profanity, or are racial in nature are not allowed," the Children's of Alabama rules state. As a result, tattoos "have not been an issue for us," Wesley says. "We understand that newer generations have evolving views on this."

For rules to be respected by staff, they have to be enforced in an equitable way, she argues. Management has to understand the rules and believe in them. At Children's, "the rules are managed at the unit level," Wesley said. "Our frontline leaders know these policies and procedures."

"We have really tried to find a balance," she says.

Leigh Page is a Chicago-based freelance writer specializing in health care topics.



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Leigh Page

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#### Public health nursing showcased in museum exhibition

New York City's

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#### Minority Children's Health Gets Poor Report Card

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Massachusetts Board of Registration in Nursing  
July 2012

Use of Social and Electronic Media by Nurses

Web-based communication platforms and applications such as email, text messaging, personal blogs, online chat rooms, networking forums, and photo and video-sharing sites are playing an increasingly prominent role in health care (1, 2). Nurses and other health care providers as well as health care organizations and professional nursing associations use Facebook®, MySpace®, LinkedIn®, Twitter and other forms of social and electronic media to promote patient and consumer health and education, enhance communication with patients, foster collaborative relationships and facilitate continuing professional education (1, 2, 3 and 5).

Social and electronic media venues are also used by nurses to share challenging or emotional workplace experiences, to encourage and support colleagues, and to seek advice from what can ultimately be a wide ranging audience of Internet users (2). However, the inappropriate or malicious use of social and electronic media venues poses a risk to patient safety and can negatively impact the effectiveness of the health care team (1, 2, 6 and 7).

When using any type of social and electronic media, whether for a professional or personal purpose, every nurse licensed by the Massachusetts Board of Registration in Nursing (Board) must consider professional practice concepts that include, but are not limited to: privacy, confidentiality, dignity, respect, professional boundaries and trust of the profession. The Board reminds all licensed nurses that they should be aware of, and consider and comply with the Board's regulations whenever using social and electronic media. These regulations require a nurse to:

- safeguard a patient's dignity and right to privacy (244 CMR 9.03 [17]: *Patient Dignity and Privacy*);
- safeguard patient information from any person or entity, or both, not entitled to such information and to share appropriate information only as required by law or for the protection of the patient (244 CMR 9.03 [16]: *Patient Confidential Information*);
- establish and observe professional boundaries with respect to any patient with whom he or she has a nurse/patient relationship and to continue to observe professional boundaries with his or her former patients who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability (244 CMR 9.03 [24]: *Professional Boundaries*);
- comply with M.G.L. c. 112, §§ 74 through 81C, as well as with any other laws and regulations related to licensure and practice. This includes the Health Insurance Portability and Accountability Act (HIPAA) and the Massachusetts Fair Information Practices Act (FIPA) and their corresponding regulations as applicable to health care providers and other federal and state laws concerning the protection of confidential or personal information (244 CMR 9.03 [6]: *Compliance with Laws and Regulations Related to Nursing*);
- engage in the practice of nursing in accordance with accepted standards of practice (244 CMR 9.03 [5]: *Adherence to Standards of Nursing Practice*); and
- be responsible and accountable for his or her nursing judgments, actions, and competency (244 CMR 9.03 [9]: *Responsibility and Accountability*).

In addition, other applicable Board regulations specify that a licensed nurse will not:

- abuse, neglect, mistreat, abandon, or otherwise harm a patient (244 CMR 9.03 [15]: *Patient Abuse, Neglect, Mistreatment, Abandonment, or Other Harm*);
- have sexual contact with any patient with whom he or she has a nurse/patient relationship or with any former patient who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability (244 CMR 9.03 [23]: *Sexual Contact*); and
- initiate or maintain a nurse/patient relationship that is likely to adversely affect the nurse's professional judgment (244 CMR 9.03 [25]: *Relationship Affecting Professional Judgment*).

To assist nurses in appropriately using social and electronic media, the National Council of State Boards of Nursing, in its *White Paper: A Nurse's Guide to the Use of Social Media* (2011), has identified the following guidelines:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

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#### References:

1. Anderson, J., & Puckrin, K. (2011). Social network use: A test of self-regulation. *Journal of Nursing Regulation*, 2(1), 36-41.
2. Cronquist, R., & Spector, N. (2011). Nurses and social media: regulatory concerns and guidelines. *Journal of Nursing Regulation*, 2(3), 37-40.
3. Eysenbach, G. (2008). Medicine 2.0: Social networking, collaboration, participation, apomediation and openness. *Journal of Medical Internet Research*, 10(3), e22. Retrieved 10/17/11 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626430>.
4. National Council of State Boards of Nursing. (2011). *White paper: A nurse's guide to the use of social media*. Retrieved 10/20/11 from [https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf).
5. Prinz, A. (2011). Professional social networking for nurses. *American Nurse Today*, 6(7). Retrieved 10/21/11 from [www.americannursetoday.com/article.aspx?id=8016&fid=7986](http://www.americannursetoday.com/article.aspx?id=8016&fid=7986).
6. Royal College of Nursing. (2009). Legal advice for RCN members using the Internet. Retrieved 10/21/11 from [www.rcn.org.uk/data/assets/pdf\\_file/0008/272195/003557.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0008/272195/003557.pdf).
7. Spector, N. (2010). Boundary violations via the Internet. *Leader to Leader*. Retrieved 10/21/11 from [www.ncsbn.org/L2L\\_Spring2010.pdf](http://www.ncsbn.org/L2L_Spring2010.pdf).



## Adult Occupational Immunizations Massachusetts Recommendations and Requirements

Recommended Immunizations for Health Care Personnel (HCP)	
Vaccine	Recommendations in Brief
Influenza	1 dose of flu vaccine every flu season. All HCP should receive annual flu vaccine.
Tdap/Td (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. All HCP, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap, and regardless of the interval since last Td dose.
MMR (Measles, mumps, rubella)	2 doses of MMR, $\geq 28$ days apart or presumptive evidence of immunity to measles and mumps and rubella. Presumptive evidence of immunity includes: a) 2 doses of MMR on or after the 1 <sup>st</sup> birthday and at least 1 month apart; or b) laboratory evidence of immunity to measles and mumps and rubella or laboratory confirmation of each disease (Consider HCP with "indeterminate" or "equivocal" immunity as susceptible).
Varicella	2 doses of varicella vaccine $\geq 4$ weeks apart, or laboratory evidence of immunity, or laboratory confirmation of disease, or reliable history of varicella disease (chickenpox or herpes zoster) by a health-care provider, including school or occupational health nurse.
Hepatitis B	HCP should receive either 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine on a 0, 1, and 6 month schedule, or 2 doses of the Heplisav-B formulation on a 0 and 1 month schedule. To test for hepatitis B surface antibody (anti-HBs), do so 1-2 months after the final dose in the series to document immunity.  For guidance about health care providers who received routine hepatitis B (HepB) vaccination during childhood, prevaccination testing, and revaccination, see CDC guidance for Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices <a href="https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF">https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF</a>
Meningococcal Vaccines	For microbiologists:  To protect against serogroups ACWY: Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for microbiologists who are routinely exposed to <i>N. meningitidis</i> isolates. Microbiologists of all ages who remain at risk should be revaccinated every 5 years with MenACWY vaccine.  To protect against serogroup B: In addition to quadrivalent conjugate meningococcal vaccine, microbiologists routinely exposed to <i>N. meningitidis</i> should receive a meningococcal B series. Bexsero: 2 doses on a 0 and 1-6 month schedule, or Trumenba: 3 doses on a 0, 1-2 and 6 month schedule. If risk remains, administer 1 MenB booster dose 1 year after primary series and then every 2-3 years.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>

Health care personnel (HCP) include full- and part-time staff with or without direct patient contact, including physicians, students, and volunteers who work in inpatient, outpatient and home-care settings. See Immunization of Health-Care Personnel - Recommendations of the ACIP. [www.cdc.gov/mmwr/pdf/rr/rr6007.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf)

These guidelines are based on the recommendations of the Advisory Committee on Immunization Practices (ACIP). For specific ACIP recommendations, refer to the full statements at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html); visit the MDPH website at [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm); or call MDPH 617-983-6800.

### Information on Vaccines for Travelers

Visit [www.cdc.gov/travel/default.aspx](http://www.cdc.gov/travel/default.aspx) or call the CDC Travel Hotline at 877-394-8747.

### Recommended Immunizations for Teachers and Day Care Staff<sup>1</sup>

Vaccine	Recommendations in Brief
MMR (Measles, Mumps, Rubella)	2 doses, 4 weeks apart, for adults born ≥ 1957. 1 dose for adults born outside of the U.S. < 1957. Adults born in the U.S. < 1957 are considered immune. Evidence of immunity to measles, mumps and rubella is required for staff of licensed group and family day care centers (see table below) and recommended for teachers and staff in other school settings.
Varicella	2 doses, 4 weeks apart, for adults born in the U.S. ≥ 1980, or born outside the U.S. regardless of year of birth. Adults born < 1980 in the U.S. are considered immune. Laboratory evidence of immunity, laboratory confirmation of disease, or a reliable history of varicella disease (MD diagnosis or personal recall) is acceptable.
Hepatitis B	3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the HepIsav-B formulation. Laboratory evidence of immunity is acceptable. Federal OSHA regulations require some employers to offer hepatitis B vaccine to childcare staff whose responsibilities include first aid.
Td/Tdap (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. There is no minimum interval between Tdap and a previous dose of Td.
Influenza	1 dose of flu vaccine every flu season.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>

<sup>1</sup> All full- and part-time teachers, student teachers, and staff.

Massachusetts Immunization Requirements for Select Occupational Groups <sup>1</sup>		
Group and Regulation	Requirement	Vaccination/Evidence of Immunity
Health care personnel assigned to maternal-newborn areas (105 CMR 130.626) (Circular letter: DHQ 11-90-300)	Immunity to measles and rubella	At least 1 dose of vaccine on or after 12 months of age; serologic evidence of immunity to rubella and measles. DPH no longer accepts physician-diagnosed disease as acceptable evidence of immunity.
Employees of licensed health care facilities [105 CMR 130.325; 105 CMR 140.150; 105 CMR 150.002 (D)(8)]	Annual influenza vaccination	Licensed health care facilities shall offer influenza vaccine at no cost to all employees and ensure that an employee who declines vaccination signs a statement declining vaccination and affirming that s/he received information about the risks and benefits of vaccination.
All personnel at rest homes, Assisted Living Residences, hospice programs, home care workers providing in-home, direct care services under a state contract or state program, and nursing home personnel [G.L. c. 111, § 73; 105 CMR 153.024(C)]	COVID-19 vaccination	Appropriate number of doses to be up to date with COVID-19 vaccines.
Staff of licensed group and family day cares and programs for school age children [806 CMR 7.09(11)]	Immunity to measles, mumps, and rubella	Those born in or after 1957, regardless of country of birth: 2 doses of MMR (or 2 doses of measles-containing vaccine) and 1 dose each of mumps and rubella vaccine at ≥ 12 months of age; or serologic evidence of immunity to measles, mumps and rubella. Those born before 1957 in the U.S. are considered immune. Those born before 1957 in countries other than the U.S.: 1 dose of MMR; or serologic evidence of immunity to measles, mumps, and rubella. Physician-diagnosed disease is not acceptable evidence of immunity.
Camp staff age 18 years and older (CMR 430.152)	Vaccination according to MDPH schedules	MMR: 2 doses, anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born before 1957 in the U.S. is considered immune. Laboratory evidence of immunity to measles, mumps, and rubella is acceptable. Varicella: 2 doses, anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable. Tdap: 1 dose. Then Td or Tdap every 10 years. Hepatitis B: For staff with first aid responsibilities, 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the HepIsav-B formulation. Laboratory evidence of immunity is acceptable.
Workers exposed to sewage [314 CMR 12.05(10)]		Workers exposed to sewage, as all other adults, should be vaccinated against diphtheria and tetanus, including a single dose of Tdap; and then 1 booster dose of either Td or Tdap every 10 years. Polio, typhoid, hepatitis A and hepatitis B vaccines are not routinely recommended for this group.

<sup>1</sup>Federal Occupational Safety and Health Administration (OSHA) regulations may include other immunization requirements for workers in certain occupational settings.

## **Testing for Tuberculosis Infection: Guidelines on the Use of Interferon-Gamma Release Assays and Tuberculin Skin Test in Massachusetts**

The tuberculin skin test (TST) and interferon-gamma release assays (IGRAs) are diagnostic tests for *Mycobacterium tuberculosis* infection. This document is intended to help medical providers determine when to test for tuberculosis (TB) infection and which diagnostic TB test to use.

### **1. Testing for TB infection**

TB testing of low-risk persons is discouraged. As with many other diagnostic tests, the TST and IGRA are neither 100% sensitive nor 100% specific. A positive TB test in persons at low risk for TB infection is unlikely to represent true TB infection. Targeted TB testing of persons at high risk will increase the predictive value of the TB tests.

Medical providers are encouraged to utilize the Massachusetts TB Risk Assessment and Screening Form to help identify patients with increased risk for TB who may require TB testing and evaluation <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/testing-screening/>. Screening should be used to determine whom to test; in general, low risk persons should not be tested.

**The interpretation of IGRA and TST results should always be considered in the context of the epidemiology, and physical and other diagnostic findings. A TST or IGRA should never be used to establish or rule out a diagnosis of tuberculosis disease.**

### **2. Choosing a diagnostic TB test**

A provider's choice of TB test is based on several factors, including reason for testing, patient demographics (including age), other medical conditions, test availability and cost. Two IGRA tests are FDA-approved for use in the United States: QuantiFERON®-TB Gold In-Tube (QFT-G) and T-SPOT®.TB. Two formulations of PPD are available for skin testing: Tubersol (Aventis Pasteur Limited) and Aplisol (Squibb).

- An IGRA can be used in most situations in which the TST is indicated, and is preferred for those persons who have received BCG vaccine and in whom it is believed that BCG might affect a TST result (such as those who received multiple BCG vaccinations after infancy).
- Use TST for children <5 years of age. The accuracy of IGRAs has been more difficult to assess in children, thus the use of IGRAs in children aged <5 years is NOT recommended.
- Unlike the TST, IGRA tests do not require a return visit and results are less likely to be affected by cross-reactivity with BCG or infection due to most non-tuberculous mycobacteria.

In general, it is not recommended to test a person with both a TST and an IGRA. However, there are situations where using both tests may be useful. In situations where TB testing is required, but one of the diagnostic tests (TST or IGRA) is unavailable, medical providers may need to use the test that is available. If the initial IGRA result is indeterminate, borderline, or invalid and a reason for testing persists, consider repeating an IGRA or performing a TST.

Production of gamma interferon may be influenced by many factors. If test results are questioned following a negative or borderline result, the IGRA may be repeated at a later time to see if gamma interferon release was transient. Similarly, a negative TST may occur in a patient with existing TB infection whose response to PPD has waned over time and two-step testing may reveal evidence of existing TB infection through boosting. For additional details on two-step testing, see: <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/testing-screening/public-health-cdc-tb-2-step-skin-testing.html>

### Summary of TB diagnostic tests (IGRA and TST usage)

One-Test Preferred	Either IGRA or TST can be used	Testing with both IGRA and TST is justified
<b>IGRA is preferred for:</b> <ul style="list-style-type: none"> <li>Non-U.S. born persons who have received BCG vaccination <i>and</i> the patient or provider may believe that this will affect TST result</li> <li>Persons unlikely to return for TST reading</li> </ul>	<ul style="list-style-type: none"> <li><b>Contact Investigations:</b> The same test (IGRA or TST) should be used for initial and repeat (8-10 week post-exposure) testing of contacts.</li> <li><b>Immunocompromised persons:</b> If performance of IGRA or TST is thought to be compromised by immunosuppression, consider repeat testing using the alternative-format test if risk for TB is identified and an initial false-negative test result is suspected.</li> </ul>	<ul style="list-style-type: none"> <li>The result of a positive TST is not believed: If a patient refuses to believe the positive result of a given test (e.g., a positive TST), follow-up testing with an IGRA may be helpful.</li> <li>Initial test (TST or IGRA) is negative, but the risk for progression to TB disease is high and the clinician wishes additional supporting information.</li> </ul>
<b>TST is preferred for:</b> <ul style="list-style-type: none"> <li>Children &lt; 5 years of age</li> <li>Serial testing (e.g., healthcare workers)</li> </ul>		

### 3. What should be done after a positive IGRA test or TST?

All persons with a positive TST or IGRA result should be evaluated for the possibility of active TB disease. This can be done in a primary care or other clinical setting or at a Massachusetts TB Clinic. A list of TB clinics can be found at <http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf>

**Report TB:** Report newly diagnosed cases of latent TB infection, and suspected or confirmed TB disease to the Massachusetts Department of Public Health.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html>

### 4. Resources

CDC Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection - United States, 2010 <http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf>

Menzies R. Effect of bacillus Calmette-Guérin vaccination on tuberculin reactivity. *Am Rev Respir Dis* 1992;145:621-5.

MDPH and CDC information about TB evaluation, testing and treatment <http://www.cdc.gov/tb/> and <http://www.mass.gov/dph/cdc/tb>

MDPH Adult TB Risk Assessment and Screening Form  
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/ma-fb-risk-assessment-form.pdf>

MDPH Recommendations on Screening Infants and Children for Tuberculosis  
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/recommendations-screening-children-tb.pdf>

For further information, contact the MDPH TB Program at 617-983-6970.



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**BCG Vaccination and PPD Skin Testing**

Foreign-born patients present for skin testing with histories of having had BCG vaccination against tuberculosis, or come from countries where BCG vaccination is common. The knowledge that BCG can cause a positive Mantoux (PPD) skin test is the source of much confusion. The policy of the Tuberculosis Program, based on ATS/CDC guidelines, is to disregard the BCG history in almost all circumstances.

1. Countries using BCG are usually those where high tuberculosis infection is common.
2. BCG is not always given at birth and some areas, India for example, do not have the resources to skin test before vaccination in most cases. Tuberculosis infection, therefore, may occur before vaccination.
3. Reported protection from BCG is 0 to 80 percent. Tuberculosis may occur after vaccination.
4. Not only is BCG not proven to be protective, it does not uniformly result in a positive PPD due to vaccine and host variability. Again, many countries lack the resources to retest after vaccination in order to revaccinate non-converters.
5. Skin test reactivity to a good BCG vaccination is generally less than to true tuberculosis infection, and it wanes faster over the years. Reactivity in adults due to BCG given in infancy is often less than 10 mm.

For all these reasons, it is reasonable to consider an adult with a significant PPD, especially a large reaction, to be infected with tuberculosis and act accordingly, regardless of the BCG history.

Young children who were recently vaccinated are more likely to be positive due to BCG, but the potential consequence of being wrong is greater and the potential benefit of INH prophylaxis is lifelong. Unless there was a known negative PPD before vaccination and a significant reaction 6 to 8 weeks after vaccination, children should be considered candidates for INH prophylaxis.

American Thoracic Society/CDC Official Statement:  
The Tuberculin Skin Test, 1981  
(Am. Rev. Resp. Dis. 1981:124, No. 3).

This information is provided by [Tuberculosis Prevention and Control Program](#) within the [Department of Public Health](#).

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National Association for Practical Nurse Education and Service, Inc.

## **Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs**

### **Letter of Introduction from President Mattie P. Marshall, LPN**

NAPNES is pleased to present the "*Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs.*"

The goal of the new *Standards* is improved educational achievement for licensed practical/vocational nurses and ultimately improved care for our citizens. We pause here to acknowledge the special efforts of the people who gave selflessly of their time and energy.

On behalf of the NAPNES Board of Directors and members, it is with deep gratitude that we acknowledge the untiring efforts of Ruth Davidhizar, DNS, ARNP, BC, RN, FAAN. Dr. Davidhizar is Dean of the Bethel College School of Nursing. We also gratefully acknowledge the dedicated efforts of Doris Bartlett, MS, RN; G. Constance Butherus, MA, RN; Mary Eyles, Ph.D, RN; and the hundreds of P/VN Educators who participated in NAPNES' Council of Practical Nurse Educator's Workshops, and those who responded to our call for comments from across the country; and of course NAPNES' Executive Staff.

In its 67<sup>th</sup> year, NAPNES is the organization providing the forum, the meeting place, and the decision makers who set the standards for educating licensed practical/vocational nursing. We look forward to full implementation of the new standards by all programs.

Best Wishes,

Mattie Marshall, LPN  
President, NAPNES

## **Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs**

These standards and competencies are intended to better define the range of capabilities, responsibilities, rights and relationship to other health care providers for scope and content of practical/vocational nursing education programs. The guidelines will assist:

- Educators in development, implementation, and evaluation of practical, vocational nursing curricula.
- Students in understanding expectations of their competencies upon completion of the educational program.
- Prospective employers in appropriate utilization of the practical/vocational nurse.
- Consumers in understanding the scope of practice and level of responsibility of the practical/vocational nurse.

### **A. Professional Behaviors**

Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to standards of care, accountability for one's own actions and behaviors, and use of legal and ethical principles in nursing practice. Professionalism includes a commitment to nursing and a concern for others demonstrated by an attitude of caring. Professionalism also involves participation in life long self-development activities to enhance and maintain current knowledge and skills for continuing competency in the practice of nursing for the LP/VN, as well as individual, group, community and societal endeavors to improve health care.

Upon completion of the practical/vocational nursing program the graduate will display the following program outcome:

Demonstrate professional behaviors of accountability and professionalism according to the legal and ethical standards for a competent licensed practical/vocational nurse.

Competencies which demonstrate this outcome has been attained:

1. Comply with the ethical, legal, and regulatory frameworks of nursing and the scope of practice as outlined in the LP/VN nurse practice act of the specific state in which licensed.
2. Utilize educational opportunities for life long learning and maintenance of competence.
3. Identify personal capabilities and consider career mobility options.
4. Identify own LP/VN strengths and limitations for the purpose of improving nursing performance.
5. Demonstrate accountability for nursing care provided by self and/or directed to others.
6. Function as an advocate for the health care consumer, maintaining confidentiality as required.
7. Identify the impact of economic, political, social, cultural, spiritual, and demographic forces on the role of the licensed practical/vocational nurse in the delivery of health care.
8. Serve as a positive role model within healthcare settings and the community.
9. Participate as a member of a practical/vocational nursing organization.



## **B. Communication**

Communication is defined as the process by which information is exchanged between individuals verbally, non-verbally and/or in writing or through information technology. Communication abilities are integral and essential to the nursing process. Those who are included in the nursing process are the licensed practical/vocational nurse and other members of the nursing and healthcare team, client, and significant support person(s). Effective communication demonstrates caring, compassion, and cultural awareness, and is directed toward promoting positive outcomes and establishing a trusting relationship.

Upon completion of the practical/vocational nursing program the graduate will display the following program outcome:

Effectively communicate with patients, significant support person(s), and members of the interdisciplinary health care team incorporating interpersonal and therapeutic communication skills.

Competencies which demonstrate this outcome has been attained:

1. Utilize effective communication skills when interacting with clients, significant others, and members of the interdisciplinary health care team.
2. Communicate relevant, accurate, and complete information.
3. Report to appropriate health care personnel and document assessments, interventions, and progress or impediments toward achieving client outcomes.
4. Maintain organizational and client confidentiality.
5. Utilize information technology to support and communicate the planning and provision of client care.
6. Utilize appropriate channels of communication.

### **C. Assessment**

Assessment is the collection and processing of relevant data for the purposes of appraising the client's health status. Assessment provides a holistic view of the client which includes physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status. Assessment involves the collection of information from multiple sources to provide the foundation for nursing care. Initial assessment provides the baseline for future comparisons in order to individualize client care. Ongoing assessment is required to meet the client's changing needs.

Upon completion of the practical/vocational nursing program the graduate will display the following program outcome:

Collect holistic assessment data from multiple sources, communicate the data to appropriate health care providers, and evaluate client responses to interventions.

Competencies which demonstrate this outcome has been attained:

1. Assess data related to basic physical, developmental, spiritual, cultural, functional, and psychosocial needs of the client.
2. Collect data within established protocols and guidelines from various sources including client interviews, observations/measurements, health care team members, family, significant other(s), and review of health records.
3. Assess data related to the client's health status, identify impediments to client progress and evaluate response to interventions.
4. Document data collection, assessment, and communicate findings to appropriate member/s of the healthcare team.

#### **D. Planning**

Planning encompasses the collection of health status information, the use of multiple methods to access information, and the analysis and integration of knowledge and information to formulate nursing care plans and care actions. The nursing care plan provides direction for individualized care, and assures the delivery of accurate, safe care through a definitive pathway that promotes the clients and support person's(s') progress toward positive outcomes.

Upon completion of the practical/vocational nursing program the graduate will display the following program outcome:

Collaborate with the registered nurse or other members' of the health care team to organize and incorporate assessment data to plan/revise patient care and actions based on established nursing diagnoses, nursing protocols, and assessment and evaluation data.

Competencies which demonstrate this outcome has been attained:

1. Utilize knowledge of normal values to identify deviation in health status to plan care.
2. Contribute to formulation of a nursing care plan for clients with non-complex conditions and in a stable state, in consultation with the registered nurse and as appropriate in collaboration with the client or support person(s) as well as members of the interdisciplinary health care team using established nursing diagnoses and nursing protocols.
3. Prioritize nursing care needs of clients.
4. Assist in the review and revision of nursing care plans with the registered nurse to meet the changing needs of clients.
5. Modify client care as indicated by the evaluation of stated outcomes.
6. Provide information to client about aspects of the care plan within the LP/VN scope of practice
7. Refer client as appropriate to other members of the health care team about care outside the scope of practice of the LP/VN.

### E. Caring Interventions

Caring interventions are those nursing behaviors and actions that assist clients and significant others in meeting their needs and the identified outcomes of the plan of care. These interventions are based on knowledge of the natural sciences, behavioral sciences, and past nursing experiences. Caring is the "being with" and "doing for" that assists clients to achieve the desired outcomes. Caring behaviors are nurturing, protective, compassionate, and person-centered. Caring creates an environment of hope and trust where client choices related to cultural, religious, and spiritual values, beliefs, and lifestyles are respected.

Upon completion of the practical/vocational nursing program the graduate will display the following program outcome:

Demonstrate a caring and empathic approach to the safe, therapeutic, and individualized care of each client.

Competencies which demonstrate this outcome has been attained:

1. Provide and promote the client's dignity.
2. Identify and honor the emotional, cultural, religious, and spiritual influences on the client's health.
3. Demonstrate caring behaviors toward the client and significant support person(s).
4. Provide competent, safe, therapeutic and individualized nursing care in a variety of settings.
5. Provide a safe physical and psychosocial environment for the client and significant other(s).
6. Implement the prescribed care regimen within the legal, ethical, and regulatory framework of practical / vocational nursing practice.
7. Assist the client and significant support person(s) to cope with and adapt to stressful events and changes in health status.
8. Assist the client and significant other(s) to achieve optimum comfort and functioning.
9. Instruct client regarding individualized health needs in keeping with the licensed practical/vocational nurse's knowledge, competence, and scope of practice.
10. Recognize client's right to access information and refer requests to appropriate person(s).
11. Act in an advocacy role to protect client rights.

## F. Managing

Managing care is the effective use of human, physical, financial, and technological resources to achieve the client identified outcomes while supporting organizational outcomes. The LP/VN manages care through the processes of planning, organizing and directing.

Upon completion of the practical/vocational nursing program, the graduate will display the following program outcome:

Implement patient care, at the direction of a registered nurse, licensed physician or dentist through performance of nursing interventions or directing aspects of care, as appropriate, to unlicensed assistive personnel (UAP).

Competencies which demonstrate this outcome has been attained:

1. Assist in the coordination and implementation of an individualized plan of care for clients and significant support person(s)
2. Direct aspects of client care to qualified UAPs commensurate with abilities and level of preparation and consistent with the state's legal and regulatory framework for the scope of practice for the LP/VN.
3. Supervise and evaluate the activities of UAPs and other personnel as appropriate within the state's legal, and regulatory framework for the scope of practice for the LP/VN as well as facility policy.
4. Maintain accountability for outcomes of care directed to qualified UAPs.
5. Organize nursing activities in a meaningful and cost effective manner when providing nursing care for individuals or groups.
6. Assist the client and significant support person(s) to access available resources and services.
7. Demonstrate competence with current technologies.
8. Function within the defined scope of practice for the LP/VN in the health care delivery system at the direction of a registered nurse, licensed physician, or dentist.

*As approved and adopted by NAPNES Board of Directors May 6, 2007.*