WEST
HILLS
COLLEGE
LEMOORE

ASSOCIATE DEGREE NURSING PROGRAM

Associate Degree Nursing Program
West Hills College Lemoore

Policies and Procedures

2022-2023

WEST HILLS COLLEGE LEMOORE

West Hills College Lemoore Associate Degree Nursing Program
Policies and Procedures
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Policy and Procedures developed with guidance from the California Code of Regulations Board of Registered Nursing; Prelicensure Nursing Programs [CCR sections 1424(k)] [CCR section 1426 (g)] [CCR sections 1423.1; 1423.2; 1429(a); 1430 and **Business and Professional Code** BPC sections 2786.6(a); 2786.6(b)] [CCR sections 1423.1; 1423.2; 1424(d)(3)(4); 1426(d)(1); 1430]

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Application and Selection to ADN Program Process

Procedure: Operations

Student Selection

A. **Student Eligibility- Minimum Requirements to Apply**
- Applications must meet West Hills College Nursing Program application requirements as outlined in the application instructions.
- Completed required program pre-requisites with a C or better: Anatomy, Physiology, Microbiology and English.
- GPA 2.5 or greater for pre-requisites and GPA 2.5 or greater Cumulative
- TEAS exam score 62% or better.

B. **Deadlines for Application**

Application period each year begins second week in January and ends the second week of February. Dates specific each year posted on the program website https://www.westhillscollege.com/lemoore/degrees-and-certificates/nursing/nursing-program-information.php

- This application period includes both the traditional ADN program and LVN-RN bridge program

C. **Selection Process**
1. Application are online only
2. All candidates' applications are reviewed by Health Careers office staff for completion.
3. Any applications not complete (with the exception of ATI results) will not be forwarded for further review. All incomplete applications are reviewed by the Director of Nursing (DON) for confirmation.
4. Applications denied for further review based on GPA (not meeting 2.5 GPA) will be reviewed by a second counselor to ensure calculations are correct.
5. All applications denied for further review will be reviewed by the Director of Nursing (DON) prior to being filed to the denial area.
6. Applications that are complete will be reviewed by the office staff, and will be scored by the DON for degree/certificate, health career points, life experiences, 2nd language proficiency prior or post counselor review.
7. Counselor will review for degree/certificate, GPA (pre-requisite and cumulative), pre-requisite repeats, GE completion

D. Multicriteria

Multicriteria points are awarded and scored using the programs CC Chancellor's office approved AB548 multi-criteria screening process. Total points available are 100

1. Academic degrees or diplomas, or relevant certificates, held by an applicant;
2. Grade-point average in relevant course work;
   a. Cumulative GPA
   b. Nursing Prerequisite GPA (microbiology, anatomy, physiology, and English)
3. Any relevant work experience or volunteer experience;
   a. Role experience working in healthcare field
   b. Volunteer in the health care field
4. Life experiences or special circumstances of an applicant, including, but not necessarily limited to, the following experiences or circumstances:
   a. Disabilities
   b. Low family income
   c. First generation of family to attend college
   d. Need to work
   e. Disadvantaged social or educational environment
   f. Difficult personal and family situations or circumstances
   g. Military veteran spouse or dependent
   h. Refugee

5. Veteran Status

6. Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data.

7. Completion of all GE requirements for graduation

8. Repeat classes in any science pre-requisite coursework.

E. The Application Review Process

1. The health career counselors review applicant transcripts and calculate the pre-requisite and cumulative GPAs using the application review rubric. Counselors will also ensure appropriate points for degree are allocated as posted on transcripts. Counselors will score area for repeated classes in any pre-requisites.
2. Health career work/volunteer points are reviewed by the DON for accuracy and remainder of the criteria will be scored by the DON.
3. An excel spreadsheet is generated with all candidates final scores, demographic information and any additional data required for reporting.
4. The application review deadline is the third week of March each year.

5. The spreadsheet is sent to the DON for review. The 30 top scoring candidates are established and 10 alternates for the traditional program, and the top 10 scoring candidates and 5 alternates for the LVN-RN bridge program.
6. Nursing faculty do not have access to view the final candidates and their scores to avoid favoritism in selection and instruction.
7. The nursing Director will call selected candidates and alternates.
8. The health career office staff generates letters of acceptance to the selected and alternate candidates with next steps for transition into the program including student's acceptance of their slot.
9. The health career office staff generates letters of not selected to the unselected candidates with next steps for application the next cycle.
10. Students must respond to the Health Careers Office by either email or phone of their acceptance into the program by a designated date prior to the new student orientation.
11. Accepted students must attended the mandatory orientation or lose their spot to the alternates on the list.

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Assessment Technologies Institute (ATI) Testing Process

Procedure: Operations

Assessment Technologies Institute (ATI) TEAS TESTING-SETUP

A. **Health Career Office Staff Responsibilities**
1. Two testing dates and times will be chosen in late fall (December) and one in early spring (January) for first time TEAS test taker for free who are applying for fall admission.
2. The health careers office staff will coordinate the dates and times for use of the campus computer labs with the executive secretary in Administration.
3. The DON or designee will coordinate with (ATI) regarding testing costs and determine the funding source to support the testing fees.
4. The health careers office staff will generate a purchase order (PO) and pay the invoice for ATI tests. This will occur within 30 days of received invoice.
5. Potential applicants who are first time TEAS test takers will sign up in the health careers office to take the TEAS at one attempt free of charge.
6. Potential applicants must also have a WHCL student ID and email and proof of ATI user profile to register for the TEAS exam
7. Upon registration, students are provided with TEAS testing information important for the day of the exam.

B. **Email information will contain at the minimum:**
1. Testing Date and time
2. Testing Site with map to site location
3. Link to health careers website with ATI TEAS practice information
4. Reminder of 62% needed to be eligible for admission. If student fails first attempt with WHCL, student will be provided a remediation plan and may choose to test a second time at a place of their choosing at the student's cost.

ATI TEAS TESTING-DAY OF PROCEDURE

A. The senior secretary will

1. Create a sign-in sheet and ensure each participant sign-in.
2. Bring Pencils and scratch paper provided at each computer station.

Student *passes*

a. Email sent to student to remind of new student orientation and details.

       b. A reminder that attendance to orientation is mandatory to be admitted to   the program.

Student does not *pass*

       a. Refer to DON for evaluation of TEAS exam and remediation plan, other testing dates and sites available for second attempt.

B. Proctor Log-in

1. The proctor for the exam must be registered with ATI. The college ATI Director will make this arrangement.

2. The testing proctor will arrive at the testing site 30 minutes early to login to ATItesing.com and ensure availability of TEAS tests.

3. Enter user name

4. Enter password

5. Click the "Products" tab

6. For pre-testing students: Under "select class" choose "PT-RN"

7. Click "Proctored Assessments"

8. Choose "Test of Essential Academic Skills V Form C web"

9. Click on the same line "Proctor Assessment"

10. A proctor instruction page will open. Read the page, then type in name and date at the bottom of the page. The proctoring page will open.

11. The site refreshes every three minutes, but the refresh button can be clicked for immediate change on the proctor monitor page.

C. Proctor Responsibilities

1. The proctor will greet the students.

2. All students will sign-in and show their personal ID to the proctor. The proctor will sign the sheet verifying

3. The proctor will write the test ID number on the board for students once they arrive at the test page.

4. The proctor will walk through login instructions with the students-these can be written on the board in advance.

5. Each student must be registered with West Hills College to log into the system. If a student has not registered with the college, they will need to arrange for another test day after they

have completed this process. If a student cannot remember their login password, go to MYWesthills and retrieve the password or call the West Hills Help Desk 925-2002.

6. As students log in and the proctor refreshes the page, their names will appear on the page.

7. All students should be approved at the same time, the proctor waiting for all names to appear on the screen.

8. The proctor will click the "approve" radio button next to the student's name. Names appear as the students agree to the instructions.

9. Student will then need to click the "start exam" button at the bottom of the page.

10. The proctor can observe the number of questions completed by each student throughout the exam.

D. Student Log-In- Each student will go to the ATItesting.com home page

Students who are unable to log-in with their WHCL username and passcode, must contact the help desk to resolve the issue. Under no circumstance may a WHCL employee offer their WHCL username and passcode to log on a student to take the exam.

1. Enter user name

2. Enter password

3. Click "products"

4. Enter test ID number

5. Read the instructions and click "agree" at the bottom of the page

6. Click "start text"

E. Trouble Shooting-HELP

1. Any challenges with the site before the exam the proctor can call ATI: 1-800-667-7531

2. The proctor can choose to call the college ATI Director

3. During the exam, click the "contact us" tab and you will find the number or "live chat" is the preferred communication during the exam.

4. If a student has not registered with ATI prior to the exam date, they will need to register at the testing site.

F. Final Instructions- TEAS

1. There are four sections to this exam.

2. Each section is timed. Instruct the students to check but not focus on the clock on the screen to see time remaining and adjust test taking to ensure all questions are answered.

3. Questions that are not answered are taken as wrong by the test. Instruct the students to answer all questions.

4. Only the pencil and scratch paper provided may be used.

5. All student items are to be placed under their chairs.

H. Restroom Breaks and Other Breaks

1. Examines should be instructed to use the restroom prior to the start of the exam.

2. Examinees are not allowed to leave the room once testing begins without express permission from the proctor.

3. For the TEAS exam only, examinees may take a 5-minute break following the mathematics section.

4. An examinee may be granted permission to use the restroom during the exam; however; the examinee will not be allowed to make up the time missed. In addition, if there is only one proctor available, **only one examinee may use the restroom at a time.**

5**.** If mare than on proctor is available, a second proctor may escort multiple examinees to the restroom at the same time during the exam.

6. If an examinee is permitted to leave the room during testing, the **examinee must hand all testing materials to the proctor.** Examinees may not take their personal belongings outside of the testing room during an unscheduled break.

7. Breaks are best taken between sections as the timer is still running on an open exam.

8. You must log-off ATI and shutdown the computer when finished with all four sections.

1. DSPS Students- Students Requesting Accommodations

1. Any student with a WHCL documented examination accommodation must contact the Health Careers Office for instructions.

2. The DSPS counselor will meet with the student prior to the exam and verify the accommodation. This is done by

- Documentation from a physician
- DSPS testing

3. The DSPS counselor will contact the college ATI director to make accommodations for extending the examination time for those students who have been verified to have this need.

4. The DSPS counselor will make arrangements for an alternative testing site for those students who have been verified to need a quiet location.

5. The DSPS counselor will arrange for a proctor.

6. The DSPS counselor will communicate all examination accommodations to the Health Careers Office Director.

7. Any other accommodations for any ATI testing must be approved by the Health Careers Office Director.

2. Completing the Exam

1. When the student finishes all four sections, their score will appear at the bottom of the proctor's page.

2. Students must log-off ATItesting.com (upper right hand corner of the screen.)

3. Students must be instructed not to print any material at the testing site. Results can be viewed and printed by logging into ATItesting.com and clicking the results tab.

4. All scratch paper is to de disposed of in the testing room.

5. Students must log-off the computer (click "start" lower left hand corner, click "shut down," click "shut down."

6. The proctor will give each student their score using the "passed" or "not passed" flyer with instructions.

7. The proctor will print out each student's results individually using the report wizard. These will be attached to the sign-in sheet and returned to the Health Careers Office.

WEST HILLS COLLEGE LEMOORE

West Hills College, Nursing and Allied Health Careers Lemoore, CA

New student Orientation to West Hills College Lemoore

Policy: Operations

1. West Hills College employees (staff and faculty) will be enabled and developed to successfully manage their time with the new student process.

2. West Hills College is committed to establishing a relationship with perspective, new, and selected students desiring a career in nursing.

3. A seamless transition process is important for student success into the nursing program.

Qualified Personnel

1. Students who have met the admission requirements to West Hills College Lemoore and the Nursing programs.
2. Nursing Director, full-time nursing faculty, and senior secretarial staff working at West Hills College Lemoore.

Definitions

West Hills College Lemoore-A West Hills College District campus offering an Accredited Associates Degree Registered Nursing, Licensed Vocation Nursing to RN

Traditional Nursing Program-Entrance in the fall semester, four semesters of instruction, theory and clinical.

LVN to RN Bridge-Entrance in the summer term for NURS 012 bridge course then begins 3rd semester in the fall. Completes fall and spring semester and graduates in May.

Assessment Technologies Institute- (ATI) The corporation providing the standardized testing for all selected candidates for the Nursing, LVN to RN, programs at West Hills College Lemoore.

Procedure

Orientation Planning

A. The nursing and Allied Health Careers Director or designee will generate an order with ATI for student materials and access to the ATI virtual website once the selection process is complete.

B. **The Senior Secretary to the Health Careers Department will**

1. Make a facilities request with maintenance and operations and media three months before the student orientation:

- West Hills College Conference Center
- 10 round tables

- Chairs to seat 100
- Five rectangle tables (one for sign-in, two for material pick-up, two for refreshments if provided)
- Media cabinet open, computer access to LCD, and two hand-held microphones

2. Make arrangements with the campus vendor for food (if funds are available)- finger foods and/or cookies. Tea, water, and/or coffee.

3. Arrange information regarding uniform purchases and brands.

4. Create an ATI flyer explaining materials and benefits.

5. Review the New Student Orientation Power Point and update any information by discussion with the Nursing Director and Faculty

6. Email faculty one month in advance to elicit student volunteers to attend to include 1st and 2nd year representatives.

7. Two weeks before the orientation date all orientation materials will be generated and packaged for incoming students.

C. Materials

1. Sign-in sheet (name, signature, email address (school and personal), contact phone numbers (home, cell, and other)

2. Student Packets

3. Student Handbook

4. Calendar with course start dates and classroom location (map included)

5. Orientation Power Point copies

6. Uniform ordering information flyer and program patch information.

7. ATI flyer

8. New student Orientation Power Point

9. Food- optional-Existing nursing students can volunteer to provide water and snacks –work with faculty for elicit student sign-ups

10. Student volunteer list.

D. The Nursing Faculty will:

1. Select a date for new student orientation three months in advance and notify all staff and faculty by email.

2. Generate current student sign-up sheets to volunteer to attend and/or provide refreshments two weeks before the orientation.

3. Request student class leaders to attend entire orientation

4. Designate at least two male and two female students to dress in the correct uniform for clinical sites as a demonstration

5. Designate students to help with uniform suggestions and information.

6. Select students from the volunteer list to do a two minute presentation on

- Their personal experience in the program (2 students)
- What to expect (2 students)
- What has worked for them (2 students)
- Family support (2 students)

7. Provide the Senior Secretary with the list of student volunteers for the orientation

8. Review the power point and assign each faculty a topic to be presented

9. Create a clearly defined agenda for the event with names and times-email this agenda one week before the orientation.

Day of Event

A. The Senior Secretary will

1. Arrive with student class leaders at the Conference Center one hour in advance to set up:

- Tables for sign-in
- Food/refreshments
- Student materials
- Ensure audio/visual equipment is available and working

B Orientation Program

1. Three student volunteers will greet new students and their families at the conference center door.
2. Student volunteers will assists the Senior Secretary at the sign-in table and materials table.
3. All full-time faculty and the Nursing Director will arrive 15 minutes before the start of orientation.
4. The Nursing Director will open with a welcome and introductions of faculty and staff.
5. The Nursing Director and Assistant Director will present the power point information with designated faculty presentations.
6. Students will give their presentations and model the uniform.

Follow-Up after Orientation

A. The Senior Secretary will

1. Review the sign-in sheet and determine the students who did not attend. Email these students that all orientation materials are available for

- Pick-up in the Health Careers Office in Lemoore
- All materials must be picked up within two weeks of orientation for the student to remain in the program.

2. Generate an excel spreadsheet to track all new student's information

WEST HILLS COLLEGE LEMOORE

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Healthcare Provider Advanced Life Support and Pediatric Advanced Life Support (PALS) Course for certification

Purpose: Operations – ACLS and other life support certifications may be provided to nursing students via qualified vendor

To define the process for an Healthcare Provider Advanced Life Support and Pediatric Advanced Life Support (PALS) Course for certification as an elective at West Hills College, Lemoore

I.   To increase the number of graduating nursing students with Healthcare Provider Advanced Life Support Certification (ACLS) and Pediatric Advanced Life Supports Certification (PALS)

Policy

I.   Students in health careers programs will be enabled with the opportunity to gain certification in ACLS and/or PALS while completing their degree.

II.   West Hills College Lemoore is committed to developing its students for health careers.

Qualified Students

I.   Nursing students who have completed a minimum of 1 year of the West Hills College Nursing Program
II.   Employed healthcare staff from clinical service partners
III.   Applicant for certification must meet all West Hills College nursing program and ACLS course requirements

Definitions

I.   **Advanced Life Support** - is an advanced, instructor-led classroom course that highlights the importance of team dynamics and communication, systems of care and immediate post-cardiac-arrest care. It also covers airway management and related pharmacology. ACLS is designed for healthcare professionals who either direct or participate in the management of cardiopulmonary arrest and other cardiovascular emergencies. This includes personnel in emergency response, emergency medicine, intensive care and critical care units.
II.   **Pediatric Advanced Life Support** - This classroom, video-based, Instructor-led course uses a series of simulated pediatric emergencies to reinforce the important concepts of a systematic

approach to pediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation and team dynamics. The goal of the PALS Course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes. The PALS Course is for healthcare providers who respond to emergencies in infants and children. These include personnel in emergency response, emergency medicine, intensive care and critical care units such as physicians, nurses, paramedics and others who need a PALS course completion card for job or other requirements.

III.   **Healthcare Provider Certification** - For successful course completion, students must demonstrate skills competency in all learning stations, pass the CPR-AED skills test, bag-mask ventilation skills test, megacode test and pass the written test with a score of 84% or higher. Students who successfully complete the requirements of the ACLS course will receive an AHA ACLS Provider course completion card, valid for two years.

Procedure

Faculty and DON will determine based on quotes and availability the vendor chosen to provide this service to the students.

Advertise and notify perspective students of course dates, cost, and requirements.

Course will be scheduled during the semester at the vendor specific agency. The nursing office staff will assist in coordinating the registration of the students, and check out the ACLS/PALS books to students who choose to use the class set available. They must be returned to the nursing office following the completion of the course. Students have the option to purchase their own books for training if they wish to keep them.

A. All students registered for the course, whether self-registered or are registered by the school, manager ,or education department will incur a tuition fee whether they attend the class or not. The school or organization may choose to pay these costs.

B. Cancelations or rescheduling must occur no more than two business days prior to the course notifying the registering organization and course instructor. Failure to cancel within the required 2 days notification could result in the loss of course fees.

C. Provide roster of students to the vendor.

D. Notify students by email of registration, course date and times, and location

E. Pre-course requirements:

    1. Students will follow the vendor instructions regarding any pre-work prior to the first day of class and complete that work as instructed.

References/Regulations (applicable regulations, references within last 5 years when possible)	American Heart Association. (2012). Relevant training for real life emergencies. Retrieved from http://www.heart.org/HEARTORG/CPRAndECC/ HealthcareTraining/ Healthcare Training _ UCM _ 001121 _SubHomePage.jsp Hazinski, M. F. (Ed). (2010). *Highlights of the 2010 American Heart Association guidelines for CPR and ECC.* Dallas, TX: American Heart Association. Field, J. M., et al. (2010). Part 1: Executive summary : 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation, 122*(supp 3). doi: 10;1161/circulationaha.110.970889

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Clinical Instruction Faculty/Student Ratio [CCR sections 1424(k)]

Policy: Curriculum

1. The West Hills College Lemoore Associate Degree Nursing Program has developed a philosophy that is based on the following beliefs: nursing, patient, Culture of Health, environment, health, student, learning, and nursing education. The nursing faculty utilizes these beliefs as common threads throughout the nursing program.

2. The nursing faculty selects strategies, organizes content, arranges experiences, and facilitates learning, taking into consideration cultural factors, ethnic background, and individual learning styles of students. We believe adult students perceive learning experiences as meaningful when instruction is directed toward pertinent, applicable goals. We believe that technological and social advances in the healthcare field create the ongoing need for adapting nursing and nursing education to meet the changing needs of society. We provide learning experiences in settings which assist students to adapt to changing health needs. {California Nursing Practice Act, Business and Professions Code; California Code of Regulations, Title 16 Professional and Vocational Regulations, Division 14, Article 3, Prelicensure Nursing Programs, Section 1424(a) Administration and Organization of the Nursing Program.

3. The faculty believe by incorporating into our curriculum the standards set forth by our governing bodies, and the values and criteria promoted by our national nursing organizations, our goal can best be accomplished.

4. These competencies include the Quality and Safety Education for Nurses (QSEN) pre-licensure knowledge, skills, and attitudes.

5. West Hills College will provide clinical instruction to all students maintaining approved ratio of students to faculty ensuring a professional, safe, and accountable learning environment.

6. Students will have the opportunity to have appropriate assignment based on their current competency and confidence.

7. Clinical experience (Immersions) includes acute care hours as well as community focused hours. Depending on the distribution of acute care opportunity and/or limitations and community focused availability; faculty to student ratios will be also evaluated based on these clinical availability and scheduling.

Qualified Personnel

1. Students who have met the admission requirements to West Hills College Lemoore and the Nursing programs.
2. Qualified faculty members in nursing programs are those who meet the Board of Nursing faculty qualifications for that state, as well as the qualifications for the parent institution.
3. Nursing Director, full-time nursing faculty, and adjunct nursing faculty employed by West Hills College District.

Definitions

1. **California Board of Registered Nursing-**regulates the practice of registered nursing and certified advanced practice nurses in order to protect the public. The Board exists to protect the health and safety of consumers and promote quality registered nursing care in California.
2. **West Hills College Lemoore-**A West Hills College District campus offering an Accredited Associate Degree Registered Nursing, Licensed Vocation Nursing to RN
3. **Traditional Nursing Program-**Entrance in the fall semester, four semesters of instruction, theory and clinical.
4. **LVN to RN Bridge Program-**Entrance in the spring semester to complete three semesters of instruction.
5. **Healthcare Clinical Setting-**An affiliate (usually contracted) approved by the Board of Registered Nursing, California that provides patient care with an interdisciplinary team and approves student learning under the supervision of a licensed healthcare instructor including the patient simulation laboratory. Further, hands-on learning situations are those where students directly care for patients within the relevant setting. "Sufficient" hand-on clinical instruction means adequate time spent directly with patients under the supervision of a qualified faculty member, so that program outcomes are met.

Procedure

Clinical Assignment

A. Students are assigned to a clinical rotation and instructor according to Board of Registered Nursing established ratio based on the following criteria:

1. The student/teacher ratio in the clinical setting shall be based on the following criteria:

- Acuity of patient's needs;
- Objectives of the learning experience;
- Class level of the students;
- Geographic placement of students;
- Teaching methods; and
- Requirements established by the clinical agency

B. A single clinical rotation may contain from 8-15 students with students rotating each clinical day. At the time of the policy and procedure update, clinical groups have been limited to 8 students per 1 faculty member.

C. Maintaining the established ratio ensures rigorous student learning with direct facilitation and contact with the supervising instructor.

D. Clinical experience (Immersions) includes acute care hours as well as community focused hours. Depending on the distribution of acute care opportunity and/or limitations and community focused availability; faculty to student ratios will be also evaluated based on these clinical availability and scheduling.

E. The clinical instructor will assist the students in planning and organizing daily assignments relative to patients' needs and students' learning objectives, such as to:

1. Plan clinical rotation in order to utilize maximum learning facilities in the clinical situation.

2. Know the patients and the projected area of study.

3. Distribute written objectives for the clinical experience and discuss them with the students.

4. Post assignments for the day with specific learning objectives.

5. Ensure students are involved in report and unit huddles.

6. Inform the hospital staff of selected assignments for students for the day.

7. Clarify with the students and the staff about student breaks and lunch break.

E. The clinical instructor will adjust plans to meet conditions in the clinical setting:

1. Orient students to the clinical area, focusing on the expected learning opportunities and the expectations of the hospital staff.

2. Guide students through the changes of their nursing care when patients, tasks, or schedules are altered.

3. Relate to students as teacher, mentor, and advocate in order to facilitate the development of their own creative approaches to nursing care.

Clinical Instruction/Supervision

A. Supervision of students in the clinical area involves the sensitivity to maintain a situation, which will preserve the patient's physical and emotional safety while allowing the students the freedom to formulate a plan of action for accomplishing a given task.

B. The clinical instructor will assume responsibility for guiding the students in those planned experiences designed to meet the desired outcomes for the specific course.

C. Students should only perform skills for which they have received instruction and skill check-off in clinical, skills lab, and/or simulation lab.

D. Charting by student nurses is to follow the objectives of the clinical course. Charting to be co-signed by the clinical instructor, unless specified otherwise by the hospital.

E. Instructors should emphasize to the students that they must be prepared to perform assigned nursing tasks, and to inform the instructor if they are not prepared. It is the student's responsibility to recognize and communicate ant limits.

F. Assist students in the application of theoretical concepts and principles to clinical nursing situations:

> 1. Formulate clinical objectives, which will help the student to correlate theoretical knowledge with the nursing skills performed in the clinical setting.
>
> 2. Assign students to patients whose diagnose or treatments will enhance learning.
>
> 3. Correlate clinical assignments as closely as possible with theory assignments.
>
> 4. Supervise students through questions and examples in a non-threatening atmosphere.
>
> 5. Plan pre-or post-conferences in conjunction with learning objectives.

G. Assist students in development of observations skills:

> 1. Provide guidance in terms of assessment of patient needs.
>
> 2. Plan appropriate nursing care according to the assessment of patient needs and the students' capabilities.

H. Assist students to develop communication skills necessary for establishing therapeutic interpersonal relationships:

> 1. Provide positive reinforcement.
>
> 2. Guide the students to understand themselves.
>
> 3. Teach therapeutic communication techniques
>
> 4. Teach assertiveness skills.
>
> 5. Assist the student to view the patient holistically as a bio-psycho-social entity,
>
> 6. Make oneself available for individual or group help.
>
> 7. Utilize the Nursing Process format to provide patient-centered nursing care.
>
> 8. Role model and teach caring practice.

Clinical Evaluation

A. Students will be evaluated during each clinical rotation using the Laboratory Evaluation Form based on the specific learning objectives for that rotation

B. The grading criteria for clinical performance will be included in each clinical course syllabus.

Clinical Remediation

A. If a pattern of performance/behavior puts the student at risk for failing, it is recommended that the instructor develop a "contract" for improvement. The contract should include:

    1. The incident or incidents of inadequate performance/behavior.

    2. The objectives not being met.

    3. What the student needs to do to meet the objectives.

    4. Any changes that the instructor may make to help facilities the student successfully meeting the objectives. (An example would be resigning the student from an observational experience to an additional patient care day).

B. Students need to be given adequate time to remediate and improve performance before a failing grade is given. It should never be a surprise to a student that a failing grade has been earned.

C. The Director of Nursing at WHCL and the lead instructor for the course need to receive a copy of the contact given to the student. A template for a Student Contract for Deficient Clinical Performance is included in the Faculty Handbook, as well as an example of a developed contract using the template.

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Program Hours of Instruction [CCR section 1426 (g)]

Policy: Curriculum

1. West Hills College will provide theory and clinical instruction that fulfills all regulatory requirements for graduation and application for the NCLEX-RN examination.
2. The curriculum reflects the unifying theme that includes the nursing process as defined by the faculty, and is designed so that the student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and meet minimum competency standards of a registered nurse
3. Students will have the opportunity to have appropriate assignment based on their current competency and confidence.

Qualified Personnel

1. Students who have met the admission requirements to West Hills College Lemoore and the Nursing programs.
2. Qualified faculty members in nursing programs are those who meet the Board of Nursing faculty qualifications for that state, as well as the qualifications for the parent institution.
3. Nursing Director, full-time nursing faculty, and adjunct nursing faculty employed by West Hills College District.

Definitions

A. California Board of Registered Nursing- regulates the practice of registered nursing and certified advanced practice nurses in order to protect the public. The Board exists to protect the health and safety of consumers and promote quality registered nursing care in California.

B. West Hills College Lemoore- A West Hills College District campus offering an Accredited Associate Degree Registered Nursing, Licensed Vocation Nursing to RN, and Psychiatric Technician to RN Programs.

C. Traditional Nursing Program- Entrance in the fall semester, four semesters of instruction, theory and clinical.

D. LVN to RN Bridge Program- Entrance in the fall third semester to complete three semesters of instruction. Pediatric theory and clinical are optional.

F. Healthcare Clinical Setting- An affiliate (usually contracted) approved by the Board of Registered Nursing, California that provides patient care with an interdisciplinary team and approves student learning under the supervision of a licensed healthcare instructor including the patient simulation laboratory. Further, hands-on learning situations are those where students directly care for patients within the relevant setting. "Sufficient" hands-on clinical

instruction means adequate time spent directly with patients under the supervision of a qualified faculty member, so that program outcomes are met.

Procedure

Required Curriculum

A. The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

> **1.** Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.
>
> **2.** Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.
>
> **3.** Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

B. Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

C. Semester Calculations of Hours for Course Instruction

> **1.** The course of instruction shall be presented in semester or quarter units of the equivalent under the following formula:
>
> > **a.** One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
> >
> > **b.** Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course, that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426 (d) of the BRN in a board-approved clinical setting.

2. Scheduling Student Class Time

a. Theory: Each hour is counted as 50 minutes. There is one (1) hour of each unit of credit during the 18-week semester. The students are required to take a 10-minute break after 100 minutes and 10-minute breaks every hour after the first break.

b. Clinical: Each hour is counted as 50 minutes. There are three (3) hours for each unit of credit during the 18-week semester. See the following table for calculating the instructional hours, including the required industry breaks.

3. Calculations of hours for course credit:

a. Theory example: A one (1) unit short-term theory course would require 18 hours of instruction.

b. Clinical example: A two (2) unit clinical course would require 108 hours of instruction (based on a 18 week semester).

4. In an agreement with WHCL Administration (College President and Dean of Instruction), American Federation of Teachers (Certificated Employees' Union), and the AND Program Faculty; Nursing 9-week courses will be counted the same as a semester length course with the provision that second 9-week clinical courses conduct clinical evaluations during final's week.

5. Nursing summer school courses or short-term courses less than 9-weeks in length that are taught during the regular semester are calculated based upon the hours in class.

Schedule Overview: Breaks and lunch are required and no instructor is allowed to cancel the breaks and subtract the time from the end of the clinical for an earlier dismissal time. See breakdown below based on a 50 minute hour.

Program Courses and units	Course hours clinical hours and minutes in a day	Required Lunch (within 6 hr. of start)	Number of required 15 Min. breaks	Total minutes (course, lunch and breaks)	Start time, break time, and finish time
First Year- 1ˢᵗ Semester 18 weeks- Fall					
NURS 017L 2units 2ⁿᵈ 9 weeks Foundations of Nursing (1ˢᵗ 9 weeks skills lab)	96 acute hours 12 hr clinical day 1 days per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm

First Year- 2nd Semester 18 weeks- Spring					
NURS 020L 2 units 2nd 9 weeks Medical Surgical Nursing	108 total hours 12 hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
NURS 021L 3 units 2nd 9 weeks OB and Peds	162 total hours 12 hr clinical day 2 day per week 300 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
Second Year-1st Semester 18 weeks-Fall					
NURS 030L 3 units 1st 9 weeks Medical Surgical Nursing 2	162 total hours 12hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
NURS 031L 1.5 units 2nd 9 weeks Mental Health	81 total hours 9 hr clinical day 1 day per week 450 minutes per day	1 @ 30min	2 (30 min total)	510 minutes	7:00am-11:50am break 1:00pm-4:50pm
Second Year- 2nd Semester 18 weeks-Spring					
NURS 040L 3.5 units Medical Surgical Nursing 4	189 total hours 12 hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-11:50am break 12:30pm-7:20pm
NURS 041L 1.0 units 18 weeks Transition to community	54 total hours Days and hours as arranged with approval from faculty				

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Program Transfer and Challenge Credit

Policy on transfer units and challenge examination. [CCR sections 1423.1; 1423.2; 1429(a); 1430 and BPC sections 2786.6(a); 2786.6(b)]
Policy on granting credit to military veterans. [CCR sections 1423.1; 1423.2; 1424(d)(3)(4); 1426(d)(1); 1430]

Procedure: Curriculum

Board of Registered Nursing Regulations:
Section 2786.6 of the Nursing Practice Act provides, in part, the following.
"The Board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:

(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or,

(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6......"

The Board reviewed and made amendments to the sections in the California Code of Regulations, Article 3, Schools of Nursing. A new section, CCR section 1430, is related to Previous Education Credit. This guideline has been revised to reflect the regulatory changes.

CCR section 1430 states that an approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

The Board has developed the following standards which will be used during approval visits to evaluate compliance with Board rules and regulations:
1) Licensed vocational nurses and others in health care worker related categories who apply to California BRN approved programs seeking an academic degree will be offered educational mobility opportunities that take into account their previous education and/or work experience. Academic credits where applicable shall be evaluated and applied to nursing course requirements. Pretesting and/or counseling shall be available to assist students to make appropriate decisions. Where appropriate, bridge or transition courses shall be available to

facilitate and expedite successful integration of the individual students into succeeding nursing courses. There shall be evidence of an operative program.

2) Students who have met comparable prerequisites as generic students shall have equal access for the open spaces in all nursing courses.

*Challenge may include, but is not limited to credit by examination and portfolio assessment, such as review of documents, evaluation of experience, non-collegiate sponsored courses, and standardized tests.
Nursing Program Policy and Procedure for Challenge/Credit by Exam (CBE):

All conditions noted in WHCL Catalog and WHCCD AP 4235 must be met to request credit by exam.

Admitted nursing students who have previous education for other acquired knowledge in the field of nursing may request a review for the opportunity to challenge/credit by exam coursework or course objective they believe they have met via previous academic coursework.

Students requesting review must make an appointment with the Director of Nursing to request the challenge opportunity and begin the review process.

The review process will take place with the Director of Nursing, Assistant Director of Nursing, and Lead Faculty of course for challenge or content expert for course content.

Upon director approval, the **student** will be responsible for completing the required official paperwork requesting Challenge/Credit by exam at minimum 3 weeks prior to the start of the course(s) (18 week and 9 week), and Challenge/Credit by exam must be completed and outcome determined within the first 4 weeks (18 week course) or 2 weeks (9 week course) of the course to meet college drop deadlines.

If the student does not file the appropriate official paperwork within the timely fashion, they will not be able to take the course by CBE.

The Initial review will include the following:

1. Students transcript of previous academic credit for course completion; hours completed for both lecture and clinical, course descriptions, learning objectives and student learning outcomes.

2. Student grade on previous coursework for academic credit must show a grade of "B" or better (theory and clinical). *If lead faculty/content expert believes student has made consistent success in nursing program and received at least a "C" on previous academic credit this criteria may be waived.*

3. Previous taken course for academic credit must have been taken from an approved and accredited nursing program (LVN, PT, and Military) that is similar to WHCL nursing program accreditation and approval.

4. Previous taken course for academic credit must meet the objectives of the requested course for challenge. If the Lead faculty or content expert does not find the previous course approved or from an accredited nursing program, or not meeting the objectives of requested challenged course, challenge/credit by exam may be denied.

5. Challenge exam (ATI proctored exam) must meet the objectives of the course as assessed by the Lead faculty/course content expert. If an ATI exam is not available for the course content and the lead faculty finds it appropriate, they may provide a CBE they find meets the objectives of the course and is deemed an appropriate measurement of student competency in the content area.

6. If it is found previous course taken for academic credit meets the objectives of the requested challenged course; is from an approved and accredited nursing program, and meets all the other requirements above; the next stage of review will then assess student current standing in current coursework within the nursing program.

Student Criteria for Challenge/Credit by exam must meet the following:

1. Student must be currently good standing in the nursing program and **<u>cannot</u>** be on probation status, or had repeated probationary statuses for any reason prior to time of request. With appropriate documentation, the Lead faculty may not find the student eligible for the CBE due to the student's ability to be successful or meet the course objectives regardless of the probationary status.

2. Student will be required to arrange with Lead instructor time and date for CBE as well as clinical competency testing.

3. Student must complete the *West Hills Community College District Credit by Examination form* with instructor signature of approval to be routed to the VP of instructional services for signature and approval. This must be done a minimum of 3 weeks prior to the beginning of the course requested for challenge.

4. Student will be required to complete any requirements and attend any orientation for the clinical site or other applicable course requirements that may be pre-arranged prior to or during the scheduled CBE or scoring of.

5. Student must register and pay for course(s) both theory and clinical they are requesting for CBE. This cost <u>cannot be covered by BOG fee waiver or financial aid</u>, it is an out of pocket expense for the student.

6. The Challenge/Credit by Exam process is a **two-step process**:
    A. Student must first pass the ATI subject content proctored exam with a "Level 2" or better.
    B. If student passes ATI proctored exam, arrangements can be made for clinical
       Competency testing.

7. If student does not show, or is late, or for any reason at all cannot attend pre-scheduled CBE they will not be given another opportunity for CBE for requested course or any other courses within the program. The student will be required to remain in the course and complete the course(s) to meet requirements of the program.

8. Student will have **one attempt** to Challenge course and if does not pass with a minimum of Level 2 (ATI) and/or 77% for a C in both lecture and clinical exams, student will need to remain in the courses to complete for total credit and to be eligible for licensure. Per the BRN all theory and clinical course work must be taken concurrently.

9. If student remains in the course post failure of CBE; The Proctored ATI exam taken for challenge will count toward their ATI proctored exam score for the course and count as one exam grade per syllabus guidelines. Clinical competency exam will not count toward clinical grade for the course if student should pass theory CBE and fail clinical competency.

10. If student fails CBE in either theory or clinical, this will count as one attempt at the course as a student in the program. If student does not pass CBE for course challenged, they are required to take full course(s) and clinical. If student is not be successful in either theory or clinical upon taking full course post CBE failure; student will have exhausted the two attempts allowed to pass a course in the program. Student will not be able to progress in the program.

Preparation for Challenge/credit by exam

1. Student will be provided syllabus and objectives of courses requesting Challenge/Credit by exam.

2. ATI Practice exams will be provided for student to refresh content prior to schedule proctored exam. Theory course CBE method is non-negotiable and determined by the Lead faculty/Content expert.

3. Lead faculty/Content expert will facilitate instructions for clinical competency portion of the exam. Clinical competency exam requirements are non-negotiable and solely determined and developed by the lead faculty or content expert.

4. If successful, upon completion of the program, student's transcript will show, course(s) completed, unit credit applied and grade received by credit by exam.

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Policy & Procedure: Challenge/Advanced Placement for Military-Trained Healthcare Personnel

Policy on transfer units and challenge examination. [CCR sections 1423.1; 1423.2; 1429(a); 1430 and BPC sections 2786.6(a); 2786.6(b)]

Policy on granting credit to military veterans. [CCR sections 1423.1; 1423.2; 1424(d)(3)(4); 1426(d)(1); 1430]

Individuals who have held Military Healthcare Occupations, specifically: Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP), Army Health Care Specialist (68W Army Medic) or Air force Independent Duty Medical Technician (IMDT 4N0X1c) may achieve Advanced Placement (AP) into the Associate Degree Nursing (AND) Registered Nursing (RN) program with documentation of education and experience qualifying them for a specific Military Healthcare Occupation and upon successful completion of an individualized challenge exam, skill competency assessment, and dosage calculation exam, in compliance with the Board of Registered Nursing (BRN) regulation in *Division 14 of Title 16 of the California code of Regulations, Section 1418: Eligibility for licensure of applicants who have Military Education and Experience.*

Military Personnel and Veterans with military healthcare training and experience may be eligible for advanced placement in the nursing program. The following criteria must be met:

1. All prerequisite courses required for admission into the nursing program must be completed prior to application.
2. A proficiency score of at least 62% on the Test of Essential Academic Skills (TEAS)
3. Documentation of honorable discharge (DD214) or current active honorable service is required.

Individuals who have held Military Healthcare Occupations with an active California LVN license (Licensed Vocational Nurse) either through challenge (BVNPT Method 4) or successful completion of an LVN program may apply to the LVN-RN program.

The following pathways have been established to assist with obtaining nursing credit for previous education and experience.

Pathway I

Including but not limited to Basic Medical Technician (Navy Hospital Corpsman) or USAF Basic Medical Service Technician or Army Medical Specialist.

I. Challenge exam per college policy for the first semester of the ADN program.

a)   The course(s) challenged are based on the needs and prior experience of the individual requesting.

b)   Candidates must meet the same eligibility requirements for admission into the ADN program as other applicants, including completion of prerequisites.

  II.   Acceptance of applicants into the ADN program is contingent upon:

a)   Space availability.

b)   A satisfactory level of achievement on first semester skills competency.

c)   Achieving 77% or above on each of the written challenge examinations determined for the courses applicant is deemed eligible to challenge.

d)   Achieving 100% on the Medication Administration Competency Exam.

e)   Achieving 77% or above on skills check-off competency

d) Military Challenge students who have earned a grade of C- or lower or W in a previous nursing program will not be eligible for admission to the Associate Degree Nursing program.

Applicants must be successful on their first attempt no re testing is allowed

Pathway II

Including but not limited to Basic Medical Technician (Navy Hospital Corpsman) or USAF Basic Medical Service Technician or Army Medical Specialist with an active California LVN license (Licensed Vocational Nurse) either through challenge (BVNPT Method 4) or successful completion of an LVN program.

  I.   Military personnel with licensure as an LVN in the state of California are eligible to apply for the LVN-RN Program.
 II.   All applicants to the LVN-RN Program must meet all eligibility requirements and completion of prerequisites.
III.   Applicants will be ranked utilizing the multi-criteria point formula, just as all other LVN-RN applicants.

Procedure:

Interested candidates may request an appointment with a counselor at least four weeks prior to the application period to discuss eligibility requirements for the ADN Nursing Program.

*Military records and transcripts must be reviewed by a counselor and the applicant must have a DD214 showing completion of military coursework and service/discharge under honorable conditions.

After review by a health careers counselor, candidate will make an appointment with the director of nursing to assess courses, educational and experiential requirements for advanced placement challenge exam eligibility.

1. Applicants who may be eligible for advanced placement include those individuals who have satisfactorily completed, within the last two years education and experience for the following:

    a. Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP)

    b. Army Health Care Specialist (68W Army Medic)

    c. Air Force Independent Duty Medical Technician (IMDT 4N0X1C)

2. Applicants applying for transfer credit for the ADN (RN) program must submit the following materials verifying education and experience:

    a. Transcripts from appropriate education program demonstrating satisfactory completion of coursework and clinical experience.

    b. Documentation of experience

    c. Course Descriptions and/or syllabus if requested by the Director of Nursing for content review.

3. After an individualized assessment and review of the applicant's documentation/transcripts and upon determination that the applicant has met the educational and experiential requirements for advanced placement into the ADN (RN) program, including the additional nursing program admission requirements, the student will be invited to take an individualized challenge exam, a skills competency assessment, and a dosage calculation exam.

4. The content of the challenge exam will be based upon the content expert faculty review and evaluation of the application's specific Military Healthcare Occupation and it's evidence of meeting, in whole or in part, the BRN minimum standards of competency and education requirements for RN licensure (*BRN California Code of Regulations, Section 1426©[1-3]*).

5. Advanced placement will be granted if the applicant meets minimum requirements and passes the challenge exam. Admission is based on space availability.

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LVN-RN 30 Unit Option

According to the BRN interpretation of CCR 1429(a) an LVN who wishes to become an RN using the 30 Unit Option is required to complete no more than 30 semester units in nursing and related courses listed below with a grade of "C" or better. Seventeen and a half (17.5) of the units are nursing courses and eight are in physiology and microbiology.

LVN-RN students requesting this option, must make an appointment with the Director of Nursing for full discussion and counseling of the option and limitations of meeting the RN licensure requirements through the 30 unit option.

The 30-unit option is unique to California and some states will not issue a license to an individual who was originally licensed in California under the 30 unit Option regulations. Students completing the 30 unit option are eligible to take the NCLEX-RN exam but do so as non-degree candidates. Students selecting the "30 Unit Option" are not considered graduates of West Hills College as per the requirements of West Hills College and the Board of Registered Nursing CCR 1429(a). Once the student has completed the 30 unit option and received an RN license from the BRN, the BRN cannot change the status to that of a graduate even if the student goes on to acquire a degree in nursing at a later date. *30 unit option students are subject to the same educational standards as the basic RN students.*

The 30-unit option LVN tract is available on a space- available basis.

Mandatory Pre-requisites for 30 unit option:

Biol 032 Human Physiology   4.0 units
Biol 038 Microbiology   4.0 units (Chemistry pre-requisite not required)
TOTAL Units pre-requisites 8.0

Program Courses	Course Title	Course Units
NURS 012 *recommended	Role Transition, critical thinking and a culture of health	5units (3.5 theory; 1.5 lab) Not included in total
NURS 030	Culture of Health 4	3 units
NURS 030L	Culture of Health 4 Immersion	3 units
NURS 031	Culture of Health 5 mental health	1.5 units
NURS 031L	Culture of Health 5 Immersion mental health	1.5 units
NURS 040	Culture of Health 6	2.5 units
NURS 040L	Culture of Health 6 Immersion	3.5 units
NURS 041	Transition into Practice in the Community	1.5 units
NURS 041L	Community Immersion	1.0 units
TOTAL		**17.5 units**
TOTAL PROGRAM		**25.5** With pre-requisites (8.0 units)

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IV Therapy and Skills Check-off

Purpose

II.   To define the process for beginning skills acquisition for intravenous therapy (IV) and phlebotomy

III.   To describe the instructional components for IV, phlebotomy, mediport, and central IV line insertion and care.

IV.   To identify the laboratory set-up for IV, phlebotomy, mediport, and central line skills

Policy

I.   Health career students will be provided evidenced-based instruction in the acquisition of skills with IV, phlebotomy, mediport, and central IV lines.

II.   West Hills College's is committed to developing its students for health careers.

Qualified Students

IV.   Nursing students who have completed a minimum of one semester of the West Hills College Nursing Program

V.   Paramedic students who have completed a minimum of nine weeks of the paramedic course work

VI.   Employed healthcare staff from clinical service partners

Procedure

IV Therapy Skills Lab

LVN-RN Bridge Nursing Students
Second Semester Nursing Students
Paramedic Students

A. **Accordion File Folder**
    1. Label A-Z
    2. Keep student's skills check-off sheets in the skills lab during the first 5 weeks

3. Have students pull their check-off sheet after the completion of the skill for faculty initials   and signatures

B. **Skills Check-Off Forms**
1. All forms must be have student name and dates
2. All skills listed on the form must be initialed and signed by the precepting faculty
3. Student practice the skill until they feel ready to be check-off by the faculty
4. A clean check-off is with no prompting by instructor
5. If the student is unable to complete the skill, they are referred for remediation

C. **Skills Sequence Algorithms**
Refer to Potter and Perry Medical Surgical Text

D. **Second Semester NURS 14B SCHEDULE AND RESOURCES**

1. Review and revise end of fall semester with medical/surgical faculty and simulation coordinator/simulation technician
2. Upload to Edvance360 for students
3. Refer to schedule for topic, content, and resources

E. **EQUIPMENT**
1. Student's Nursing Skills Bag – the majority of supplies needed to complete skills
2. Skills Lab Cabinets – back-up to skills bags
3. Skills Lab Supply Closet – refill the skills lab cabinets

DAY 1

Math test – must pass at 85% on three attempts to remain in the nursing program

DAY 2 – IV Bags and Tubing – Calculating Flow

Equipment:

- IV bags
- Emesis basins – to catch the fluid from the IV tubing

✳These items are in the student's skills bags:

- IV primary tubing

- Tourniquets

Set-up:

- Put up all IV poles on the end of the skills lab beds
- Disperse independent IV poles throughout the skills lab
- Place emesis basins at each IV pole

 Items in Student Skills Bag

Skills: See IV skills check-off sheet

- Check bag fluid for sediment, discolor, and/or particles before spiking
- Correctly spike an IV bag into the correct port
- Prime the IV tubing losing only one drop
- Accurately count drops/min.
- Apply tourniquet correctly to a partner – must be able to complete with eyes closed

✴Keep bags and tubing hanging for next lab

Presentation:

Have all equipment for demonstration

Practice calculating drops/min – use as many examples as needed to ensure all students have the concept. You will find examples in any dosage calculation text.

Use the white board in the classroom to due calculations in front of the whole class

A. **Math**
   2000mL to run 8hr. Set the pump
   2000 divided by 8 equals 250mL/hr.

   Formula:

   Volume

   Time   = mL/hr

   250mL /hr

   This was hung at 0600, it is now 1100. There is 600mL that has been infused.

   Is the IV on time?

   Note on pumps: Students and small children will play with pump buttons – check for reset with

                   V check

   Note on peds: Do not hang an IV bag greater than 500mL

                   Children less than 1 year, do not hang an IV bag greater than 250mL

B. **Tubing** comes in several drip rates and is stated on the package as Drop Factor/mL

   Factor:
   10 gtts/mL
   15 gtts/mL
   20 gtts/mL
   Pediatric: microdrip 60gtts/mL

   Demonstrate with various IV tubing(s), 500mL bag to spike, IV pole to hang bag on after spiking

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mL/hour 250mL
60 min/hr

250 divided by 60 equals 4.16 times 15gtts/min. equals 62.4
You cannot have a decimal in a drop.

Rounding:
Round 0.5 down
Round 0.517 up
Rounding in Children less than 12 years old: 4.1666
1.   Always round at the end of the calculation
2.   Always round down to ensure lowest volume infused
3. Adults round up, their bodies can handle the volume

Question: If you have pumps, why does it matter if you figure drops/min?
A. The red plugs in the hospital are for a power outage – they run from the back-up generator. If your patient is on Bipap and there is only one outlet, is it the Bipap or the pump? You will revert to a drop set.
B. Trauma or disaster with 27 incoming patients will there be enough pumps? No, you will hang drop sets.

C. **IV bags - solution**
   - Remember IV solution is medication.
   - All medications are to be checked against the newest physician order and medication administration record (MAR) before being hung. Some institutions (Children's Hospital) require two RNs to check the IV bag.
   - Check the expiration date – always good to the last day of the month
   - Check the volume of the bag – is it the correct amount per the order?
   - Always check for discoloration, sediment and/or particles before spiking with IV tubing. The fluid should be clear.
   - Always label the IV bag and tubing with date, time and initials. All hospital med rooms have the labels within easy reach. If there are not labels, use tape to write the information. Do NOT write with a sharpie on the bag- it will bleed into the bag.
   - Dispose of IV bags and tubing into the bin that will be incinerated. This has been connected to the patient's body fluids.
   - Each student then practices the skill.
   - A clean check-off is with no prompting by instructor

D. **IV Tubing - Demonstrate**
   - After opening tubing, check the line, check the clamps – be sure everything is intact and works.

- Check the needless port assuring that it in intact – this is where you will inject medications.
- Close all the clamps
- Spike with the IV bag inverted into the correct port and hang on the IV pole.
- Open the clamp and prime the chamber half way full and the tubing allowing only one drop to be lost in the emesis basin.
- Each student then practices the skill.
- A passed check-off is with no prompting by instructor.

E. Count the drops and set the rate using a wristwatch.
F. A bolus would be wide open – meaning the roller clamp is open and all other clamps are open – on an IV pump, it is set at 999.
G. Gravity will change the IV flow regardless of where the clamp is set. If the patient has their hand/arm (IV) over their head the IV will not flow at all. If their hand is hanging over the side of the bed, the IV will flow faster. If the IV is placed in the antecubital and the patient bends their arm, the cannula will crimp in the vein and have a no or very slow flow. Patient education is very important here.

DAY 3 – IV PiggyBacks, Adding Medication

Equipment:

- Spiked IV bags with primary tubing (previous lab)
- IV practice arms – 6
- IV arms with IV cannula in place, access clave (T-connector with access port), and taped
- Emesis basins – to catch fluid from IV tubing
- Alcohol wipes

✳These items are in student's skills bags:

- Powder medication vial
- Normal saline vial or sterile water vial
- Piggyback IV bag (50 mL)
- 3 mL and 5 mL syringes
- Secondary IV tubing
- Needleless access Clave
- 10 mL saline flush syringe

Set-up:

- Establish an IV in all IV practice arms – tape in place
- Place an IV practice arm on each overbed table and place one table at the end of each bed

IV Placement in Practice Arm

Skills:

- Reconstitute powder medication vial with correct normal saline
- Draw up 1mL of reconstituted powder medication
- Perform IV medication push in the saline lock
- Draw up 4mL of reconstituted powder medication
- Add to piggyback IV bag
- Spike and correctly hang IV PiggyBack
- Accurately count drop/min. on PiggyBack

Presentation:

Have all equipment for demonstration.

A. Demonstrate the steps to aseptically reconstitute the powder medication.
B. Note: Important to read the vial label - it tells which fluid to use and how much to use to reconstitute the powder. It will also tell how to store or dispose of any leftover medication.
C. Demonstrate the steps to aseptically inject the medication into the piggyback bag using the correct port.

D. Note: Label the bag with all the date: medication, dose, date, time, initials (note: some require your signature).
E. Remove secondary tubing from bag and inspect. Close all clamps. Spike the medication bag and hang on the IV pole.
F. Spike the injection port on primary tubing with the secondary tubing.
G. Demonstrate how to hang medication bag lower than primary bag, keeping the clamp open on the primary tubing. This will purge the air from the secondary bag.
Note: Explain how the check valve on the primary tubing controls flow from both bags.
H. Then clamp the tubing on the piggyback medication set, and hang it higher than the primary bag. The primary IV bag needs to be hung on the hook lower than the secondary bag. Once the secondary bag is higher than the primary bag, open the clamp on the secondary tubing. The primary tubing will regulate the rate of the medication infusion.
I. Demonstrate how to set the gtts/min. on secondary tubing
J. Each student then practices the skill.
K. A passed check-off is with no prompting by instructor.

DAY 4, 5, 6 – IV Access

Equipment:

- IV "Blood" bags - enough for 6 stations
- 500 mL normal saline bags to create the "blood" bags
- Empty Waste IV bags/500mL – enough for 6 stations
- Fake blood product – powder or liquid
- IV arms – 6
- Primary IV tubing - 12
- Towels
- Wash basins
- Bandaids
- Extra 2X2 gauze
- Infection waste container
- Sharps containers
- Exam gloves – all sizes

✷These items are in the student's skills bags:

- IV cannulas
- Alcohol wipes
- Tape
- Tourniquets
- Tegaderm® – small
- 10mL saline flush syringe
- Saline lock T-connector and/or clave
- 2X2 gauze

Set-up:

- Reconstitute fake blood product if in powder form.
- Inject "blood" into 500mL IV bag to create a "blood" bag.
- Connect primary tubing to the "blood" bag, be sure the clamp is closed.
- Connect one "blood" IV bag to each arm – determine which "vein" to use that will provide a flashback when a cannula is inserted.
- Connect primary tubing to the empty waste IV bag, open the clamp – tape all connections
- Connect one waste IV back to the second arm "vein" to catch the flow of "blood." – tape all connections
- Set up six stations on the large conference table, one IV arm per station.
- Place the waste bags in wash basin
- Place a hand towel under each IV arm
- Place all the IV cannulas pulled from the skills bags in a wash basin in the center of the table
- Place sharps containers in the center on the table.
- Each student then practices skill.
- A passed check-off is with no prompting by instructor.

IV Insertion Set-up

TAPE ALL CONNECTIONS
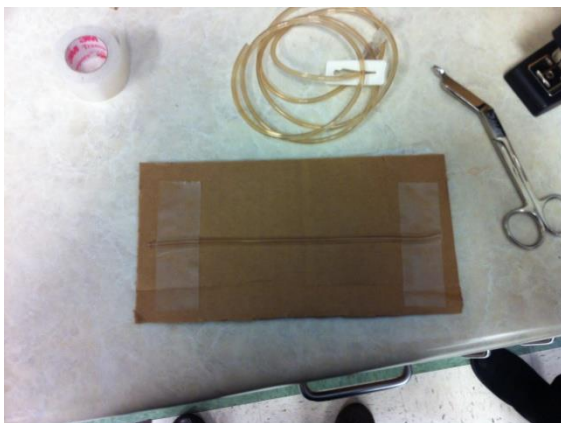
Secondary Set-up to practice with

cardboard and IV tubing

Veni-Dot Set-up

All Clamps Closed

Bed Set-up with Patient

Skills:

- Start and discontinue an IV in the practice arms using proper aseptic technique
- Securely tape the IV into place on the practice arm.
- Start and discontinue an IV on a fellow student using proper aseptic technique.
- Demonstrate a secure taping of the IV before discontinuing.

Presentation:

Have all the equipment for demonstration

A. Discuss the importance of infection control when starting an IV – accessing a vein in anyone's body is invasive and a prime source of infection if not handled correctly.

B. If the risk of blood splatter is high, such as an agitated patient, the operator should consider face and eye protection as well as a gown.

C. Generally IV's are started at the most peripheral site that is available and appropriate for the situation

D. Discuss the importance of frequently checking the IV site for infection, infiltration, and dislodgement. Any of these will affect fluid and medication therapy. In addition, if an emergency requires intravenous access, a patent IV is valuable and saves time.

E. Discuss pain control during the IV start. Honesty is the best policy. Especially in pediatrics – tell the truth about how it will feel, it is not a mosquito bite.

F. Many patients have a fear of needles and patient with skill is needed to overcome this fear or at least reduce it.

G. Consider warming the IV fluid as cold fluids are painful and causes vasoconstriction.

H. **Important:** Recapping needles, putting catheters back into their sheath or dropping sharps to the floor (an unfortunately common practice in trauma) should be strictly avoided. – **Recapping of needles is one of the commonest causes of preventable needle stick injuries in health care workers.**

I. Emphasis the discharge of the safety on the IV cannula at the IV site to ensure co-workers do not obtain a sharp injury.

J. Demonstrate starting an IV on the mannequin arm.

K. Demonstrate taping technique to securely hold the IV in place.

L. Demonstrate discontinuing the IV from the mannequin arm.

M. Explain that any materials that have human blood are to be disposed of in infection waste container.

N. All sharps are to be disposed of in locked sharps containers.

O. Each student then practices skill.

P. A passed check-off is with no prompting by instructor.
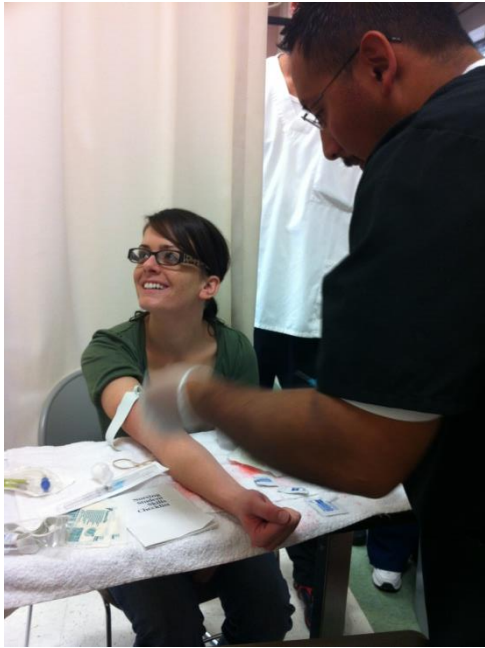
Set-up and Facilitation

Final Taping of a Successful IV

Set-up and Facilitation
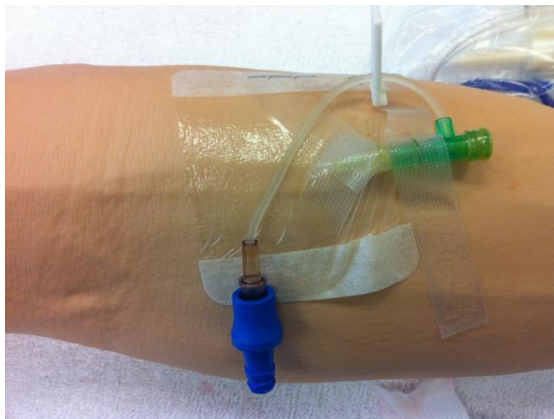
Final Taping of a Successful IV

DAY 6

Equipment:

✸Items are in student's skills bags

- IV Extension set
- 10 mL normal saline syringe – flush

Set-up

- Establish an IV in all IV practice arms – tape in place
- Attach a t-connector with Clave
- Place an IV practice arm on each overbed table and place one table at the end of each bed

IV Saline Lock

Skills:

- Establish an IV saline lock either on practice IV arm or student
- Securely tape saline lock
- Change saline lock to primary tubing

Presentation:

A. Demonstrate aseptic technique to establish a saline lock.
B. Demonstrate how to secure saline lock with tape
C. Demonstrate aseptic technique to change the saline lock back to primary tubing
D. Each student then practices skill.

E. A passed check-off is with no prompting by instructor.

✴Keep saline lock taped into IV practice arms

DAY 7 Phelobotomy

Equipment:

- Vacutainer needles
- Butterfly needle for use with vacutainer
- Vacutainers
- Variety of laboratory tubes
- Alcohol wipes
- Cotton balls
- 2X2 gauze
- Tape
- Exam gloves – all sizes
- Infection waste container
- Sharps containers
- Tournequets
- Chux
- Exam gloves – all sizes

Set-up:

- Set up stations on conference table – 8 – place a chux at each station
- Place all supplies in the center of the conference table – equal amounts at each end

Phlebotomy Material   **COLBAN IS OPTIONAL**

Skills:

- Perform one successful intravenous draw from the antecubital fossa with vacutainer needle using aseptic technique.
- Perform on successful intravenous draw from the hand with butterfly using aseptic technique.

Phlebotomy Access and Flush

Presentation:

Have all the equipment for demonstration

A. Explain the differences in laboratory tubes and for what analysis they are used.
The vacuum tubes are designed to draw a predetermined volume of blood.
Tubes with different additives are used for collecting blood specimens for specific types of tests. The color of the rubber stopper is used to identify these additives.
B. Contaminated surfaces must be cleaned with antiseptic before use.
C. Demonstrate how to choose and connect the laboratory tube and butterfly to the vacutainer for this patient's lab draw.
D. Factors to consider in site selection:
   1. Extensive scarring or healed burn areas should be avoid
   2. Specimens should not be obtained from the arm on the same side as a mastectomy.
   3. Avoid areas of hematoma.
   4. If an IV is in place, samples may be obtained below but NEVER above the IV site.
   5. Do not obtain specimens from an arm having a cannula, fistula, or vascular graft
   6. Allow 10-15 minutes after a transfusion is completed before obtaining a blood sample.
E. ID the patient with two approved identifiers
F. Demonstrate step-by-step technique to obtain a laboratory specimen from the antecubital fossa using the vacutainer needle.
G. Demonstrate step-by-step technique to obtain a laboratory specimen from the hand using the butterfly.
H. Note: rotate the laboratory tube to ensure mixing of blood with tube additive.
I. Explain that any materials that have human blood are to be disposed of in infection waste container.
J. All sharps are to be disposed of in locked sharps containers. Needles are never recapped, removed, broken, or bent
K. Each student then practices skill.
L. A passed check-off is with no prompting by instructor.
M. *If time allows – show video Central Lines #1 – approximately 30 minutes*

DAY 8 Central Line Access – IV Medication Push

Equipment:

- Various central lines (found in Central Line Box) – double, triple, quadruple lumens
- Wash basins
- Fake "blood" liquid

- Alcohol wipes

✶These items are in the student's skills bags:

- 3, 5, 10mL syringes
- Sterile water and/or normal saline vials
- 10mL Saline flush – if these have been used, have students create their flush

Set-up:

- Create stations on the conference table with one wash basin at each place – there should be enough to set-up at least 8 stations
- Tape a central line to the inside side of the wash basin with the distal end lying in the bottom of the basin and the proximal end extended over the side
- Fill the basin with fake "blood" solution – about 2 inches
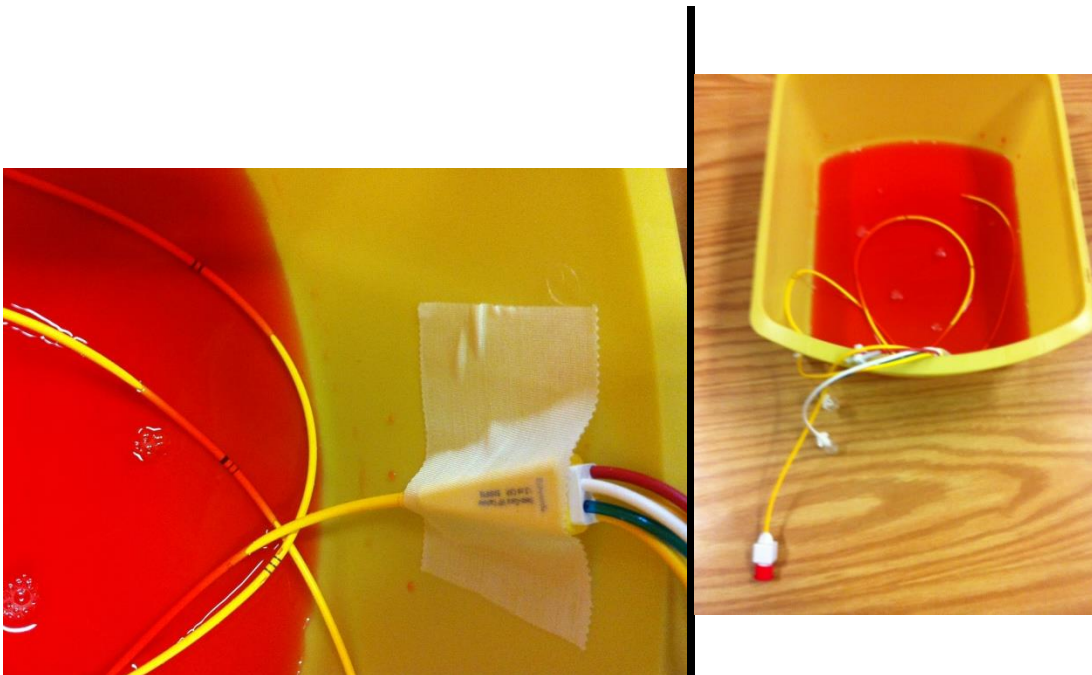
Central Line in Tube – Taped to the side

Skills

- Correctly identify the tip locations where a central line can be placed
- Describe the safety precautions to be used with central lines

- Identify the correct lumen for medication administration
- Identify the correct lumen to establish hemodynamic monitoring
- Identify the correct lumen for blood draws
- Explain the definition of proximal lumen and distal lumen
- Complete a central line IV medication using aseptic and safety techniques

Presentation:

Have all equipment for demonstration

A. *Show Central Line Videos #1 & 2 – these are approximately 30 minutes each*
B. Discuss the tip placement of a central line within the superior vena cava or left atrium and possibility of arrhythmias
C. Describe the reasons for multiple lumens: hemodynamic monitoring (ICU), consistence access for medications and lab draws
D. Never use the solution lumen for a blood draw
E. Show a PICC line (peripherally inserted central catheter) and the anatomical locations it can be placed. It is considered a central line, especially if the tip is resting in the distal portion of the superior vena cava and it is not in the left atrium~ confirmed by x-ray.
F. There is a PICC line nurses in hospitals whose only role is to place these lines. It provides for consistency, decreased infection rates, and decreased complications.
G. All central lines, whether peripheral or placed in SVC, require a written signed consent.
H. The physician will place the central line sterilely with the nurse as assistant. Often done at the bedside. This requires a written signed consent. A time out is required prior to the initiation of the Central Line insertion, if it is done at the bedside. Some patients have them placed in the OR.
I. The nurse then is only person to access this line after placement.
J. The amount of medication dilution and flush that will be used with a central line is governed by hospital policy. For adults, it is usually 10mL. For children it will be less, 3-5mL depending on the size of the child.
K. Always check that the medication to be delivered is compatible with central lines and any other infusions that the patient may be receiving.
L. Chemotherapy is now being done on many units – reading this policy is vital for safe delivery for both you and the patient. There is special tubing that must be used and gloves that must be worn when giving chemotherapy.
M. Demonstrate the steps to deliver medication through a central line:
   1. Draw up medication and label the syringe
   2. Identify the patient with the medication, MAR, and two approved patient identifiers per policy.
   3. Identify the injection lumen on the central line
   4. Clean the injection port with alcohol using friction
   5. Unclamp the line, flush with 10mL normal saline to ensure patency: 1ml/min.

6. Clamp the line.
7. Attach the medication syringe to the line
8. Unclamp the line
9. Push the medication: 1mL/min. (unless otherwise recommended by the drug company – always check your medication book and medication labels)
10. Clamp the line
11. Attach the normal saline flush
12. Unclamp the line and push 1ml/min.
13. Clamp the tubing
N. Each student then practices skill.
O. A passed check-off is with no prompting by instructor.

DAY 9 Central Line Dressing Change – Discontinue Central Line

Equipment:

- Various central lines (found in Central Line Box) – double, triple, quadruple lumens
- Alcohol wipes
- CloraPrep Applicators - 2% Chlorhexidine Gluconate/70% Isopropyl Alcohol
- Bio-Discs – only use these on the initial mannequin set-up having the students save them as the complete the skill to re-use. ($11.00 each)
- 4X4 gauze
- Yellow cover gowns
- Hair caps
- Exam gloves – all sizes
- Sterile gloves – all sizes

✶These items are in the student's skills bags:

- Tegaderm® – large

Set-up:

- Place a central line into the neck of 4-6 mannequins – ensure it is not interring with any chest mechanics
- Place a Bio-Disc at the insertion site
- Dress with a large Tegaderm®
- Place supplies for dressing change and removal on the bedside table at each bed

Central Line Placement

Central Line Dressing

PPE

Skills:

- Identify and prepare the patient for the procedure
- Recognize need for pain medication and administer
- Demonstrate aseptic removal of dressing with stabilization of central line
- Demonstrate sterile cleaning of central line insertion site and application of new dressing
- Perform patient education and practice for central line removal
- Demonstrate aseptic technique of dressing removal
- Demonstrate safe technique for patient positioning - Trendelenberg
- Demonstrate safe central line removal technique with patient prompting
- Demonstrate aseptic dressing application to insertion site

Presentation:

Have all equipment for demonstration

Dressing Change

A. Before starting any procedure with a central line, evaluate for the potential to experience pain and pre-medicate the patient appropriately.

B. The insertion site should be carefully inspected with the dressing change and/or before the catheter is removed to identify the suture(s), and to look for signs of infection.
C. Asepsis is used to remove "dirty" dressing from a central line.
D. Provide a mask for the patient and have them turn their head to the side. Limit access to the room by closing the door.
E. Nurse should wear gown & sterile gloves when cleaning site and performing site care.
F. Sterile technique is used to clean the central line insertion site with CloraPrep applicator using circular motions in to out from the site. Let dry 30 seconds.
G. Sterile technique is used to secure the central line to the patient, apply the BioDisc® to the insertion site, and apply the Tegaderm®. The BioDisc® has medication on it to prevent infection. Questions have been raised about the use of the disc as it occludes direct visualization of the site beneath the Tegaderm®.
H. Loop the central line under the Teagderm® if it not sutured. Note the exit markings at the skin.
I. Do NOT push or advance the catheter into the patient at any time.
J. Date and initial the dressing
K. Always be sure to note when the line is to be flushed, usually once a shift. Try to coordinate this with the dressing change to keep your work bundled.
L. Removal
M. The patient is positioned in supine and Trendelenberg to prevent air emboli. *Venous air embolism (entry of air into the vasculature) is a serious and often under-recognized complication of central venous catheterization. The incidence of line-associated air embolism has varied from 1 in 3000 to 1 in 47 in different reports - Upright positioning places the patient at particular risk for entraining air very rapidly into the venous circulation, since the venous pressure is below atmospheric pressure in this setting - The effect of an air embolus depends both upon the rate and volume of air introduced into the circulation*
N. The patient can be positioned with the head of bed flat only when Trendelenberg position is contraindicated, e.g., platelets <50,000, increased ICP, post eye surgery.
O. If catheter is in the femoral area, position patient flat and supine.
P. Attempt for removal will not be made if patient is in sitting position.
Q. Educate the patient on breathing during the removal of a central line: holding their breath and bearing down or humming - The patient will take in a deep breath, exhale halfway then hold the breath.- Valsalva maneuver.   An alternative is to have patient hum during the time of withdrawal of the catheter.
R. The patient will practice this maneuver with you coaching
S. For patients unable to follow instructions or receiving mechanical ventilation:
    1. Hold gauze over site in preparation for catheter removal. The patient's respiratory cycle will be monitored.

    2. Catheter will be removed in a steady motion during the patient's exhalation phase.
T. Demonstrate correct sterile technique to discontinue a central line
    1. In one motion, gently and firmly withdraw the catheter while having the patient hum or exhale.

2. Using an occlusive sterile dressing with antibiotic ointment, (if ordered by the physician) firmly hold pressure to the site for at least two minutes, or until bleeding/draining has subsided.
3. Dress the site.
4. Properly of dispose, the drainage catheter into the infectious/hazardous materials bins or bag and send to pharmacy.

U. Report to the physician any of the following:
  1. Patient decompensation or intolerance to the procedure
  2. Unexpected resistance is met during catheter withdrawal
  3. Bleeding that is not resolving
  4. Outcome of the procedure other than expected

V. If air entrapment is suspected, patient will be placed in Trendelenberg position in addition, turned left side down, obtain STAT portable chest x-ray and oxygen applied at 100%. Contact the physician immediately. The patient may be transferred to ICU.

W. Each student then practices skill.

X. A passed check-off is with no prompting by instructor.

DAY 10: Implanted Port Access

Equipment:

- Huber Needles – straight and curved
- Chester Chest with port implanted under chest skin
- ChloraPrep applicators
- 10 mL saline flush – if the students have used these up from their kits, have them make their own to use
- Tape
- Tegaderm – small
- Exam gloves – all sizes
- Sterile gloves – all sizes

Set-up:

- Place the "home-made" port under the chest skin of two mannequins – this will be used for practice
- Have a Huber Needle at each practice station
- Place Chester Chest on conference table or lying supine in a bed for sign-off
- Place all supplies on overbed tables at each bed used for practice and sign-off

Skills:

- Perform proper sterile technique to access an implanted medication port using a Huber Needle
- Demonstrate how to check for patency (aspirate with normal saline syringe for blood flash)
- Demonstrate safe technique of a medication push and normal saline flush into the implanted port
- Demonstrate sterile dressing application with Huber line secured

Presentation:

Have all equipment for demonstration using Chester Chest®:

A. The implanted port is an internal device consisting of a self-sealing injection port and a silicone catheter. The port provides a long-term access to the superior vena cava for repeated administration of parenteral fluids, antibiotics, chemotherapy, nutritional products, or blood components. The port may also be utilized for blood sampling.

B. The implanted venous access port is inserted by the provider under local or general anesthesia after the informed consent is given and a signature is obtained. The implanted port is usually placed on the chest wall (chest port) and the catheter is tunneled to access the central venous system, with the tip located in the lower half to lower third of the Superior Vena Cava (SVC).

C. The registered nurse accesses the port with a non-coring needle and needleless cap cleaning the injection port per policy.

D. Use of a standard needle will cause coring of the port septum and loss of its leak-tight integrity.

E. If double lumen port is in place, both septum must be accessed with separate needles to use both lumens of the catheter.

F. Palpate the implanted port and locate the outer perimeter of the port and center of the septum

G. Don sterile gloves. Prep skin overlying the implanted port with alcohol swabs and/or Chlorhexidine or approved antiseptic solution. Begin cleansing from the center and proceed in a circular motion outward 3 inches toward the periphery. Repeat procedure twice and allow the solution to dry, or scrub a 3X3 area over the port with chlorhexidine or approved antiseptic solution

H. Demonstrate how to maintain sterility and remove cap of non-coring needle tubing and connect needleless injection plug. Using the 10-ml Normal Saline syringe and needleless cannula, prime the tubing and non-coring needle with 1-2 ml of Normal Saline, expelling all the air. Close the tubing clamp

I. With non-dominant hand, grasp the port with thumb and forefinger to stabilize the device.
   1. Locate the center of the port septum by palpation and insert the non-coring needle firmly and perpendicularly through the skin and septum until the bottom of the port chamber is felt.
   2. Always make sure the needle is correctly positioned inside the port chamber and the bottom of the septum is felt before starting an infusion.
   3. Do not tilt or rock the needle once the port chamber has been entered.

J. If resistance is met and needle position is verified, call the provider for further orders. Never forcefully inject normal saline. This effort may dislodge an intraluminal clot, or rupture the catheter

K. Each student then practices skill.

L. A passed check-off is with no prompting by instructor.

References/Regulations	Potter, P. & Perry, A. (2009). *Fundamentals of Nursing*. 7th ed. Elsevier/Mosby ISBN 978-0-323-04828-76
(applicable regulations, references within last 5 years when possible)	Weinstein, S. (2007). *Plumer's Principles and Practice of Intravenous Therapy*. 8th ed. Lippincott Williams & Wilkins. ISBN 0-7817-5944-7

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Simulation Learning Center - Simulation Education Program

Purpose Statement

I.   To define the process for the integration of simulation education within the nursing program and curriculum

II.   To provide students with situations to improve critical thinking and clinical judgment in a safe environment of learning

Program Policy

I.   The West Hills College Simulation Learning Center and Simulation Education Program will promote learning within the simulation education experience and enable professional development for students within the nursing program and allied health careers

II.   The West Hills College Learning Center and Simulation Education Program will operationalize the commitment for innovative and interactive instruction within nursing and allied health careers education.

III.   Simulations and case scenarios are designed using content expert review, incorporating current evidence based practice, and standards of care to help the student develop problem-solving and decision-making skills.

IV.   All students are expected to come to the lab prepared. The simulation team will provide positive feedback and debriefing of performance, while students will self-analyze their performance and use critical thinking during the reflection process.

Qualified Personnel

VII.   Students currently enrolled in the West Hills College Nursing Program

VIII.   Students currently enrolled in West Hills College Health Careers courses

IX.   Simulation Coordinator (Adjunct or Full Time Faculty job description) certified in simulation education preferred, designated to develop and implement a simulation program

WEST HILLS COLLEGE LEMOORE

X.   Simulation Technician (Adult Technology Trainer job description) with experience in technology and its use in the learning environment preferred

XI.   Faculty, full-time and adjunct, dedicated to incorporating simulation education within all course content, theory, and clinical

XII.   Visitors and/or contract education staff approved by center staff and college administration to participate in the simulation program

Definitions

I.   **West Hills College, Lemoore** - A West Hills College District campus offering an Accredited Associate Degree Registered Nursing, Licensed Vocation Nursing to RN, Nursing Assistant, Paramedic, Emergency Medical Technician Programs, and established Psychiatric Technician to RN cohortplus any other health career programs available per the College's catalog/ schedule.

II.   **West Hills College, Coalinga –** A West Hills College District campus offering an Accredited Psychiatric Technician, Licensed Vocational Nurse, and Nursing Assistant Program

III.   **Contract Education Staff** – Healthcare professionals and clinical partners who have entered into a memorandum of understanding (MOU) with West Hills College Lemoore or Coalinga, Simulation Program

IV.   **Simulation Learning Center -** The Simulation Learning Center uses high, medium and low fidelity human patient simulators as a teaching and learning tool to facilitate simulation education into health care curriculum at all levels. With simulation, we strive to create a realistic environment and a powerful learning experience that promotes cognitive, affective, physical, and social development of the student.

V.   **Simulation Program** - A formal workshop, course, class, and activity that uses substantial component of simulation as a technique to instruct

VI.   **Patient Simulators -** Computerized patient mannequins that provide the simulation experience replicate a task environment with sufficient realism (fidelity) to serve a desired purpose

VII.   **Simulation Clinical Experience -** A strategy, not a technology that will mirror, anticipate, or amplify real situations with guided experiences in a fully interactive way, allowing student to participate in a realistic scenario of patient care that involves critical thinking, coordination, and collaboration

VIII.   **Simulation Laboratory -** A high-fidelity laboratory with patient beds, debriefing lounge, and conference work area. Chosen as a Gaumard™ Premier Site, the Lemoore lab houses the following simulators: five wireless adults (Suzie, two Hal, and two Noelle birthing mothers), Pediatric Hal five year old, and Infant Hal newborn. Included in the inventory is Sam II™, a training computerized torso that simulates a variety of heart, lung, and bowel sounds to practice auscultation skills and three Laerdal Vital-Sims.
The Coalinga lab houses the following simulators: Laerdal Sim-Man 2G, Gaumard adult wireless Suzie, and five Laerdal Vital-Sims.

Philosophy

Mission

Improve patient safety and quality of care through use of clinical simulation in education and research and seek to provide all students a rigorous, relevant, and relational educational experience in a dynamic and diverse learning environment.

Vision

The faculty and students of the West Hills College Simulation Center and Simulation Education Program will advance knowledge through research and scholarship setting the standard for evidence-based practice and service. The West Hills College Simulation Center and Simulation Education Program will deliver world-class health care education in collaboration with our Health Care Service partners providing quality clinical learning experiences.

The West Hills Simulation Center and Simulation Education Program was established in 2009 to handle the advances and changes that were curricula and program driven in the West Hills College Lemoore School of Nursing, Emergency Medical Technician, and Nursing Assistant programs and the West Hills College, Coalinga, Psychiatric Technician and Nursing Assistant programs to manage issues associated with:

- Limited hospital stays

- Greater patient acuity and co-morbidity
- Limited exposure to unique clinical conditions
- Abbreviated clinician orientations
- Demanding clinical situations for novice practitioners
- Improving student's confidence and competence prior to entering the units
- Facilitating transition to actual clinical settings
- Improving quality care and patient safety

The expansion to a Clinical Simulation High-Fidelity Laboratory on the Lemoore campus in 2011 was driven by:

- The need to provide additional state-of-the art teaching/learning units to accommodate increased enrollment addressing the urgent and continuing nursing and nursing faculty shortages
- The proven effectiveness of active learning and teaching strategies
- The need to expand teaching/service/research partnerships with San Joaquin Valley Healthcare Partners

The ultimate goal of the West Hills College Simulation Center and Simulation Education Program is to become a regional and state simulation teaching and educational resource improving health care.

Core Values - Simulation
- Safety
- Excellence
- Integrity
- Professionalism
- Confidentiality
- Caring

Core Assumptions - Simulation
Every participant at our clinical simulation center is:
    Intelligent
    Well-intentioned
    Motivated to learn

Commitment - Simulation
We will provide a learning environment that is:
Confidential
Safe for experimentation
Supportive
Respectful

Challenging for purposes of professional and personal growth

Simulation Program Objectives

Using simulation in clinical education of health care professionals the simulation program will
A. Develop and promote patient safety and quality health care within the clinical setting.
B. Equip each participant to contribute and advocate for patient and peer safety within the health care setting.
C. Explain, demonstrate, and evaluate pre-licensure novice and advanced beginner competence of cognitive development and technical skills.
D. Promote life-long learning and competence accountability within personal patient care practice.
E. Develop ethical, therapeutic, and compassionate caring behaviors of all learners.
F. Endorse and contribute to nursing and simulation research leading to improvement in clinical education and practice.
G. Show evidence-based research and practice in all educational content.
H. Develop professional interpersonal communication within the health care environment that edifies respect for the rights and individuality all of individuals regardless of gender, race, color, creed, socioeconomic status, and/or religion.

Governance and Decision Making
(See Appendix A)
A. The Simulation Coordinator is responsible for all curriculum, equipment and supplies for the skills and simulation laboratories.
    See policy SIM 104 for supplies and equipment responsibilities
B. The Simulation Coordinator is responsible for the maintenance and up keep of all simulation and skills lab equipment.
C. The Simulation Coordinator will research, review, and obtain quotes from approved vendors for new and replacement equipment, supplies and mannequins (including parts and software).
D. The Simulation Coordinator will make recommendation for equipment to the Nursing Director adding to the program's ability to provide ongoing and current learning for all participants.

SIMULATION POLICY

A. **Simulation Clinical Experience (SCE)**
    1. A single patient encounter designed to assist the student in applying knowledge to patient practice
    2. A single patient encounter developed from a defined storyline and medical condition(s)
    3. All SCEs will preserve realism and fidelity to promote learning.

    4.   All SCEs will provide an equitable learning experience for each student.

    5.   Safety of all participants and patients must be ensured as in a real patient clinical setting.

B. **Clinical Simulation Day**
1. A multiple patient or single progressive patient (over hours or days) developed from a defined storyline and medical condition. The hours in this day match the clinical hours required by the BRN for each course. When it is used this way, it is designed as a "rotation out" of the clinical environment to the simulation lab. The clinical simulation day is not a stand-alone class being given for college credit. It is part of the nursing clinical rotation accounting for roughly 15-25% of clinical hours.
2. Developed for each nursing course with SCEs to support and reinforce theory content.

C. **Simulation Scenarios**
1. A patient story line that requires the participant to use critical thinking and clinical judgment in the application of knowledge to care practice. Focus on care interventions, prioritization, delegation, communication, patient education are the minimum expectations
2. Simulation scenarios are developed based on course content and faculty request
3. A curricula map is used to correlate simulation scenarios with theory course content
4. Simulation scenarios are developed in collaboration with faculty and are reviewed by medical and/or nursing content experts prior to use.
5. All scenarios are placed on the West Hills College approved simulation template

6. All scenarios will include:
    i.   Evidenced-Based Practice **-** The simulation scenario will include a reference list (recent within the last five years) that is evidenced-based and standard of practice from current medical, nursing, and simulation literature and national organization recommendations
    ii.   Standard Core Learning Objectives – required to be met in every scenario
    iii.   QSEN (Quality and Safety Education for Nurses) Pre-Graduate Competency Objectives – required to be met in every scenario
    iv.   Focused Scenario Learning Objectives – required to be met for this specific scenario
    v.   Adult learning and nursing theory as a foundation.

D. **Assessment of Learner Development**
1. Observation and formative feedback from the simulation faculty are part of the SCE for each individual student. This are included in the post-SCE debriefing.
2. SCEs are to support the core content of the curriculum and are not used to evaluate the student for points or grade.

3. Should a student put a patient at risk with unsafe practice and not look to correct or change behavior, this are reported to the student's clinical instructor by the simulation staff for remediation using the West Hills College Lemoore Remediation – Probation Form.

4. Students are evaluated for their participation, communication, professionalism, and leadership within the simulation laboratory, just as if they were on the clinical unit by a precepting nurse using the Proof of Participation Tool.

    i. Following a clinical simulation day, the scores of the student's Proof of Participation are shared with clinical instructors to be incorporated into their overall clinical evaluation.

E. **Evaluation**
1. The Lasater Clinical Judgment Rubric is used as a student self-evaluation tool of development of personal nursing clinical judgment.
    a. Second semester students self-assess at the beginning and end of this semester.
    b. Third and fourth semester students self-asses at the end of these semesters.
    c. Outcomes based on score comparison are shared with the faculty and clinical instructors who will address the identified trends and make course adjustments to ensure professional development of the student.
2. The Simulation Effectiveness Tool is completed by each student at the end of each course clinical simulation instruction.   This data is shared with faculty and clinical instructors to address trends identified.
3. The Clinical Learning Environment Comparison Survey is given to all second semester students at the completion of their first clinical simulation day. This data is shared with faculty and clinical instructors to address trends identified.
4. The Simulation Participation Proof Rubric is given to all students entering the simulation lab prior to the simulation experience. Each student completes this form at the end of their experience. Scores are shared with faculty and clinical staff.
5. All assessments are used by faculty and simulation staff to make improvements to learning experiences as well as develop a database for participation and learner effectiveness.

F. **Confidentiality -** See the Simulation Confidentiality Policy

PROCEDURE

A. **General Provisions**
1. The West Hills College Simulation Center is operated by West Hills Health Careers Personnel. A Simulation Center Laboratory Coordinator and Simulation Laboratory Technician are responsible for coordinating and maintaining the lab environment, its computers, and equipment.

2.   The West Hills College Simulation Center has established solid partnerships with our simulation equipment vendors and they are able to use this lab as a showcase for demonstrations.
3.   Tours may be scheduled as needed with Simulation Center Staff.

B.   **Orientation**
1.   All first semester students have a 30-minute orientation to simulation, tour of the simulation lab, scavenger hunt, and demonstration of the high-fidelity simulator prior to their first simulation clinical experience. This is with the Simulation Center Staff (Simulation Coordinator and Technician).
2.   Transfer students complete a 30 minute orientation to simulation, tour of the simulation lab, and demonstration of the high-fidelity simulator prior to a SCE with the Simulation Staff arranged by their first nursing course instructor.
3.   Each student are able to describe the location of supplies and equipment.
4.   Each student will demonstrate where to ascultate lung, heart sounds, and bowel sounds, palpate pulses, BP and IV canulation sites on the simulator.
5.   **Clean-up -** Students will participate in learning to assist in returning the environment to original state following a SCE.

C.   **Laboratory Environment**
The simulation laboratory is treated by all staff and students as a realistic

hospital and treatment setting

1. Simulators are to be treated with respect as if they were real patients. Handle them gently and with care.

2.   Students assist laboratory staff at the conclusion of a SCE to restore the mannequins and lab to pre-experience baseline status.

3.   Students are notified that mannequins do contain some latex products and therefore latex precautions must be taken by those with potential or known allergies.

4."Rules of the Lab" are posted for all participants to review
 (Appendix B).

D.   **Computers**
1.   Only West Hills College Center Simulation staff, faculty, and students trained in the use of the simulation equipment are permitted to operate the mannequin computer and simulators.
2.   Mannequin computers are to be used only to operate the simulators and run audiovisual debriefing equipment. The internet is not to be accessed by these computers except to download software updates by the vendor. No other software is to be loaded onto these computers due to the risk of incompatibility with the operation of the simulator or AV equipment.

E.   **Mannequins**
Low and Medium-Fidelity Task Trainers and Vital-Sims

The following simulation learning can be performed:

• Vital Sims allow for programs scenarios purchased or created by the instructor

• Auscultation of normal and abnormal sounds – cardiac, lung and bowel

• Simulated Irrigation of the eye, ear and nose

• Blood pressure has realistic palpitation and auscultation. Systolic and diastolic pressures, auscultatory gap and volumes are variable

• Palpitation of carotid, brachial and radial pulses with pulse strength that varies with blood pressure

• patient voices and sounds

• Cardiac capabilities include 1400+ ECG rhythm variations

• Catheterization – Fluid can be used for realistic return (Indwelling or straight catheter)

• Enema – Colon Reservoirs and can perform using fluid for realistic return

• Application/installation of medications in the eye, ear and nose including nasal packing

• Mouth and denture care procedures

• Oropharyngeal and Nasopharyngeal airways – Insertion and Suctioning

• Endotracheal Tubes – Insertion, Securing and Care

• Oxygen delivery

• Tracheostomy – Care and suctioning

• NG tube – Insertion, Care, medication administration and removal

• Gastric lavage and gavage

• Nasoenteric and Esophageal tube – Insertion, care and removal

• Injections – deltoid, dorsal gluteal, vastus lateralis, IM

• Venipuncture – Antecubital Fossa and dorsum of the hand

• Accessible veins – Median and basilica and cephalic

High-Fidelity

The following can be performed on the Gaumard Hal & Suzie

- Perform relevant ALS skills and scenarios

- Simulation-based education to challenge and test students clinical and decision-making skills

- Airway system allows accurate simulation of airway management

- Realistic practice of chest tube insertion

- Needle and surgical Cicothyrotomy

- Bronchial tree is anatomically accurate in size, color and texture and features the accurate anatomical landmarks necessary to facilitate realistic fiberoptic bronchoscopy

- Simulated patient monitor can provide snap shot of x-ray, 12 –lead ECG and trends

- Scenarios are pre-programmed as well instructor designed and saved patient cases

- User entered comments can be automatically added to the log to aid in evaluation of performance during debriefing.

- Scenarios can generate automatic comments in the log

The following can be performed on Gaumard Baby Hal

• Realistic anatomy and clinical functionality

• Video debriefing and interactive technology

• Realistic airway system

• Realistic infant breathing patterns and complications

• IV training arm

• IV legs allow practice of peripheral

• IV legs allow practice of peripheral intravenous

• IV leg allows practice of intraosseous therapy

F.   **Maintenance/Troubleshooting**
1. Simulation participants must report any damage to equipment or operating problems to Simulation Center Staff as soon as it is recognized.
2. Only Simulation Lab Staff troubleshoot and/or repair any equipment within the lab.
3. All mannequins are cleaned with soap and water no less than at the end of each semester
4. All participants must wash their hands before touching the simulator mannequins to prevent body oil transfer.
5. No Betadine, ink pen, felt tip marker, or any other liquid not tested to stain the mannequin are used on or near the simulators. This will permanently stain the mannequins' skin. Do not write notes on gloves as ink may transfer to the mannequins' skin.
6. Photocopied papers or newspaper can not be placed on, under, or near the mannequins to prevent the transfer of ink.
7. Artificial blood and moulage make-up must be tested by lab staff before its use.
8. All mannequins must be kept dry; caution must be used when simulation involves any fluid (i.e. blood, urine, etc).

G.   **Mannequin Protection**
1. Mannequins are to be moved by Simulation Center Staff only. Call the number on the posted signs to have mannequins moved. This includes disconnected mannequins. Do not disconnect any mannequin from its computer. Only Simulation Center Staff are trained to disconnect the mannequins correctly without damage.
2. Do not introduce any fluids or food into the esophagus or trachea of the mannequin. as this could damage the operating systems and present a possible hazard to the participant.
3. Only silicone lubricant are used to introduce any tubes into the mannequin (esophagus, trachea, bladder, etc). This does not include intravenous access.

4. Prior to using airway adjuncts, silicone spray must be used inside the pharynx, nostrils, and on all airway management devices to be inserted.
5. Intravenous catheters are not to be placed in the mannequin unless approved by lab staff. If permitted, only 22 or 24 gauge catheters are use.
6. Intramuscular injections are permitted with fluid. No subcutaneous injections are made with fluid.
7. No needle decompression (chest or bladder) are done.
8. Urinary catheterization should be performed with a 14 French catheter or smaller to preserve the integrity of the simulator.

H. **Equipment**

1. All supplies are stored in the locked skills lab classroom supply closet and skills labs cabinets. Only Simulation Center Staff and Faculty have keys to this room and cabinets. The closet and cabinets are locked at all times.
2. The closet and cabinets must be kept neat and orderly by all faculty and staff, returning all supplies to their designated shelf after use.
3. Simulation scenario supplies are stored in individual scenario bins. After each scenario, the bin is to be restocked and stored for the next use.
4. Large equipment are checked and charging, ready for use.
5. Supplies and equipment that needs to be replaced or repaired as identified by faculty or simulation staff must be requisitioned by email to the Simulation Coordinator. Supplies are ordered on a semester basis as grants allow.
6. The Medication and Code Carts are kept in the high-fidelity laboratory and stocked with oral, topical, intramuscular, and intravenous medication supplies as well as resuscitation drugs and equipment. These carts are kept locked and the keys kept in the high-fidelity classroom. Following their use, all supplies are to be restocked and carts locked.

WEST HILLS COLLEGE LEMOORE

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Simulation Scheduling

Purpose Statement

I.   To define the process for scheduling a simulation clinical experience and/or simulation clinical day in either the skills laboratory or high-fidelity simulation laboratory

II.   To provide students access to simulation education

Qualified Personnel

XIII.   Students currently enrolled in the West Hills College Nursing Program

XIV.   Students currently enrolled in West Hills College Health Careers courses

XV.   Simulation Coordinator (Adjunct or Full Time Faculty job description) certified in simulation education preferred, designated to develop and implement a simulation program

XVI.   Simulation Technician (Adult Technology Trainer job description) with experience in technology and its use in the learning environment preferred

XVII.   Faculty, full-time and adjunct, dedicated to incorporating simulation education within all course content, theory, and clinical

Definitions

IX.   **West Hills College, Lemoore** - A West Hills College District campus offering an Accredited Associate Degree Registered Nursing, Licensed Vocation Nursing to RN, Nursing Assistant, Paramedic, Emergency Medical Technician Programs, and established Psychiatric Technician to RN curriculum plus any other health career programs available per the College's catalog/ schedule.

X.   **West Hills College, Coalinga –** A West Hills College District campus offering an Accredited Psychiatric Technician, Licensed Vocational Nurse, and Nursing Assistant Program

XI.   **Contract Education Staff** – Healthcare professionals and clinical partners who have entered into a memorandum of understanding (MOU) with West Hills College Lemoore or Coalinga, Simulation Program

XII.   **Simulation Learning Center -** The Simulation Learning Center uses high, medium and low fidelity human patient simulators as a teaching and learning tool to facilitate simulation education into health care curriculum at all levels. With simulation, we strive to create a realistic environment and a powerful learning experience that promotes cognitive, affective, physical, and social development of the student.

XIII.   **Simulation Program** - A formal workshop, course, class, and activity that uses substantial component of simulation as a technique to instruct

XIV.   **Patient Simulators -** Computerized patient mannequins that provide the simulation experience replicate a task environment with sufficient realism (fidelity) to serve a desired purpose

XV.   **Simulation Clinical Experience -** A strategy, not a technology that will mirror, anticipate, or amplify real situations with guided experiences in a fully interactive way, allowing student to participate in a realistic scenario of patient care that involves critical thinking, coordination, and collaboration

XVI.   **Simulation Laboratory -** A high-fidelity laboratory with patient beds, debriefing lounge, and conference work area. Chosen as a Gaumard™ Premier Site, the Lemoore lab houses the following simulators: five wireless adults (Suzie, two Hal, and two Noelle birthing mothers), Pediatric Hal five year old, and Infant Hal newborn. Included in the inventory is Sam II™, a training computerized torso that simulates a variety of heart, lung, and bowel sounds to practice auscultation skills and three Laerdal Vital-Sims.
The Coalinga lab houses the following simulators: Laerdal Sim-Man 2G, Gaumard adult wireless Suzie, and five Laerdal Vital-Sims.

Philosophy

The value of simulation education has been demonstrated in the literature and

the use of simulation laboratories is growing. It is important to ensure proper supervision, safety, and professionalism within the simulation education experience. Further, skilled

educators who understand and incorporate simulation learning theories and techniques are vital to learning success.

A. **Simulation Learning Center, Simulation Program Scheduling Objectives**
   1. Provide and ensure simulation learning theory is incorporated into the simulation education experience with a trained simulation educator
   2. Provide and ensure adult learning principles are included within the simulation laboratory
   3. Ensure that the learner has time to reflect and improve their professional practice
   4. Ensure that supplies and equipment are available for the simulation experience

B. **Scheduling**
   1. Simulation Clinical Experiences (SCE) can be done in:
      a. NURS 019, 022, 032, 042
      b. Clinical Simulation Days as part of the clinical rotation
      c. Within the classroom – lecture
      d. Open Skills Lab
   2. All simulation scenarios are set prior to the beginning of each semester. This will facilitate coordination of the simulation laboratory calendar.
   3. Simulation clinical days are coordinated with the clinical instructor(s) developing the clinical rotation schedule before the beginning of each clinical rotation.
   4. During the semester, requests for simulation content that was not pre-planned before the semester must be made by email to the Simulation Coordinator no less than three weeks before the desired date.
   5. Students may request a simulation scenario during open skills lab held two times each week. This is "simulation-by-choice" and a scenario are found or created to meet the learning need requested.
   6. Request approval is at the discretion of the Simulation Coordinator and calendar availability.
   7. A simulation calendar are developed based on requests. The semester simulation calendar are posted in the simulation lab and sent to all faculty by email

C. **Pre-Semester Faculty and Simulation Coordinator Responsibilities**
   Review course content and determine the SCE(s) that will support and reinforce core content
   1. **Previously Used Simulation Scenarios:**
      a. If simulations were done in a previous semester, review content to ensure the scenario supported the material presented by the instructor. Refer to student evaluations and Simulation Coordinator's observations.
      b. If SCEs used in previous semesters are still appropriate to support the course content, confirm by email to the simulation coordinator:
         i. Date for the learning lab or

        ii.   Date of the clinical simulation day (clinical rotation)

2. **New Simulation Scenarios:**
   a. Decide when a simulation would support your core content
   b. Email the Simulation Coordinator about what simulation you would like to see completed and to determine if this scenario already exists
   c. Once the scenario has been written, reviewed, and validated by a content expert:
      i.   Determine date for the learning lab or
      ii.   Date for inclusion in clinical simulation day (clinical rotation)

D. **Within the Semester Requests**
   1. Review course and simulation calendar for date and time availability
   2. A three week notice must be given by email to the Simulation Coordinator to ensure planning and set-up
   3. Simulations can be scheduled Monday through Friday 0900-1500
   4. Evenings and weekends are by special request with the Simulation coordinator
   5. Plan for a minimum of one hour simulation
   6. Simulations will not be offered as a post-conference following a hospital clinical day
   7. E-mail will confirm your request and be added to the simulation calendar

E. **Within the Classroom Simulation Requests**
   1. Review course and simulation calendar for date and time availability
   2. A two-week notice must be given by email to the Simulation Coordinator to ensure planning and set-up.
   3. Simulation can be scheduled Monday through Friday 0900-1500 – unless otherwise arranged with the Simulation Coordinator

F. **Clinical Make-up in the Simulation Lab**
   1. Clinical hours missed by students cannot be recovered in the simulation lab.
   2. Exception maybe made with Nursing Director approval for health reasons that exclude the student from hospital clinical practice.

G. **Open Skills Lab Student Simulation Requests**
   1. Any student can request a mannequin for skills or scenario practice.
   2. No less than two students are required to run a simulation scenario.
   3. A one-week notice must be given by email to the Simulation Coordinator to ensure planning and set-up.
   4. Simulation are done during the open skills lab hours on the Lemoore campus, Tuesday and Thursday 2:30 p.m. to 4:30 p.m. by request only unless otherwise arranged with the Simulation Coordinator.

H. **Cancellations**

The Simulation Coordinator must be notified by email as soon as faculty know a cancellation is needed for a scheduled SCE. This includes the clinical simulation day, learning lab, and/or classroom simulation. A 2-3 day advanced notice is preferred.

References/Regulations (applicable regulations, references within last 5 years when possible)	

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Simulation Lab Safety

Purpose Statement

I. To ensure a safe learning environment for all participants and personnel

II. To provide a teaching tool to assist faculty and students in examining occurrence of "incidents" in order to maximize safety in the health care

environment

III. To establish proper disposal procedures for hazardous materials

Policy

The following procedure is required to maintain a safe laboratory environment and report any unsafe incident or injury within the skills and simulation laboratories during a simulation clinical experience or skills practice.

I. All learners must know and practice within the safety guidelines at all times while using the skills and/or simulation lab. Failure to adhere to general guidelines may result in disciplinary action.

II. Accidents and injuries must be reported immediately to faculty or Simulation staff. The Simulation Coordinator will complete accident reports.

III. All policy and procedures are reviewed by faculty and students before entering the skills or simulation lab.

Qualified Personnel

XVIII. Students currently enrolled in the West Hills College Nursing Program

XIX. Students currently enrolled in West Hills College Health Careers courses

XX. Simulation Coordinator (Adjunct or Full Time Faculty job description) certified in simulation education preferred, designated to develop and implement a simulation program

XXI. Simulation Technician (Adult Technology Trainer job description) with experience in technology and its use in the learning environment preferred

XXII.   Faculty, full-time and adjunct, dedicated to incorporating simulation education within all course content, theory, and clinical

XXIII.   Visitors and/or contract education staff approved by center staff and college administration to participate in the simulation program

Procedure

Dress Code

In order to enhance the development of the professional nurse's role and to increase the realism of clinical simulation, it is important for the faculty and students to dress appropriately. Therefore, the following guidelines are required:

Skills Lab – Skills Practice Days

A. Faculty/Staff teaching in the labs will wear a Lab Coat and closed toed shoes.
Scrubs are recommended.

B. Students practicing in the skills lab on skills practice days (N14A,B,C,D & NC100) will adhere to the following:
 1. Be clean and appropriately dressed
 2. Students are **not to wear** the following**:**
  a. T-Shirts with rude or explicit material in print
  b. Tank tops (cleavage should be covered)
  c. Ball caps
  d. Open toed shoes
  e. Short-shorts
  f. No bare mid-drifts
  g. Legs should be covered for safety
  h. Wear closed toed shoes
  i. Wear school ID name tag

C. No visible body piercing (no tongue studs)
D. Tattoos should be covered
E. Always bring skills bags
F. Bring:

     1. Scissors
     2. Kelly clamp
     3. Pencil - Pen
     4. Bring all the same materials required for clinical rotation within the hospital
G. Have clip or rubber band to tie hair back off the collar if needed
H. Limited jewelry for safety
     1. Watch (with second-hand display)
     2. Rings: Only wedding bands are accepted
     3. Avoid dangly earrings

High-Fidelity Clinical Simulation Lab – Clinical Lab Days

A. Students practicing in the high-fidelity clinical simulation lab when rotated out of the clinical setting will adhere to the following:
     1. Professional scrubs(clean and neat) – school uniform is not required
     2. School ID name tag
     3. Closed toed shoes (white)
     4. In pocket, students will carry:
          a. Scissors
          b. Kelly clamp
          c. Pencil – Pen
          d. Bring all the same materials required for clinical rotation within the hospital

B.   Hair are tied back off the collar (if applicable)
C.   Limited jewelry:
     1. Watch (with second-hand display)
     2. Rings: Only wedding bands are accepted
     3. One set of earrings
D. NO other body piercing (no tongue studs)
E. NO visible tattoos
F. Students are **not to wear** the following:
     1. Jeans
     2. T-Shirts
     3. Tank tops
     4. Ball caps
     5. Open toed shoes

General Safety

A. There should be no running in the halls, and any accident or injury needs to be reported immediately to faculty. The faculty or simulation coordinator will complete all incident reports (Appendix A).
B. NO smoking near lab or classroom entrances – within 20 feet of any campus building.
C. All labs are locked unless occupied by West Hills College faculty or staff
D. Any breach of security must be reported immediately to the West Hills College faculty, simulation staff, and the West Hills College security.
E. No unsupervised learners are allowed in labs unless prior approval is given by West Hills College faculty and simulation staff.
F. Unsafe behavior will not be tolerated and should be reported immediately to faculty or West Hills College staff.

Emergency Safety

A. In case of a fire, all persons are expected to evacuate the building and West Hills College Maintenance and Operations needs to be notified at 3250
B. Fire alarm pulls are located in every lab and classroom
C. Fire extinguishers are located in every lab and classroom
D. Emergency evacuation maps are located in every lab and classroom
E. First Aid kits are located in every lab and classroom

Latex Precautions

Students and participants are notified that some equipment and mannequins contain latex

A. Those with a known sensitivity/allergy to latex need to contact the simulation coordinator and provide emergency information in the event of a latex reaction
B. All users who suffer from latex allergies should take precautions while using or handling the latex parts
C. Every effort are made to replace equipment with latex-free substitutions

Infection Control

A. Participants in simulated scenarios need to be mindful of all standard precautions and transmission specific precautions (contact, droplet, airborne)
B. Any piece of equipment that comes in contact with simulated patient body fluids are considered contaminated and need to be handled appropriately
C. Gloves are worn during any contact with simulated body fluids or mannequins
D. Non-sterile gloves should be disposed of in non-biohazard trash cans

E. Only real body fluid contaminated materials are disposed of in red infectious waste containers – no trash is to place in these containers

Equipment Safety

Students and participants are required to be knowledgeable in the care, handling and proper use of equipment prior to using it in the laboratory. Equipment and supplies are to be used safely and for their designed purpose.

A. Request assistance if the operation of equipment is not understood.
B. Report any malfunctioning or broken items to the simulation staff or faculty
C. The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use
D. All patient beds are to be in the lowest position and siderails in the up position
E. Access to the doorways in the labs are free from obstruction at all times
F. Learners will not sit on the beds, stretchers, or wheelchairs unless practicing that particular skill under supervision
G. Safely use step stools for items out of reach

Sharps Safety

In accordance with the Center for Disease Control (CDC) all sharps are to be handled safely and disposed of properly.

A. In the event of a needle stick, the simulation staff or faculty must be notified immediately, so first aid can be provided so that an incident report form can be filled out and reported to Company Nurse. Complications from a needle stick may include: tenderness, minor bleeding or bruising, and infection
B. All sharps used in the labs must be disposed of in the approved receptacle (sharps containers), which are mounted on the walls in the skills lab and on the Medication and Code Carts in the Sim Lab (711)
C. If a sharps container is full, please inform the faculty or simulation staff. Only simulation staff or faculty will remove sharps containers from the room
D. No trash are disposed of in the sharps containers

Physical Limitations

Students or any participants must report any physical limitations to instructors as soon as possible so that necessary precautions may be taken.

A. A medical clearance is required before a participant with a physical injury, illness, surgery, pregnancy, or communicable disease are allowed to practice or return demonstration in the simulation or skills lab.
B. It is the responsibility of the faculty to determine whether a student or participant with physical limitations is capable of safely performing the necessary skills.

Body Mechanics

Students and participants are instructed in safe patient handling techniques prior to practice and demonstration. All participants should use caution when practicing lifting skills and should not lift another participant or manikin without assistance.

For Injury in the skills/simulation or classroom- access this link to complete the fillable PDF form

https://my.whccd.edu/staff/Staff%20Forms/130_IncidentReport_fillable.pdf

WEST HILLS COLLEGE LEMOORE

West Hills College, Nursing and Allied Health Careers Lemoore, CA

Simulation Supply Inventory

Purpose

IV.   To ensure materials, supplies, and equipment for all participants and personnel

V.   To establish a clearly defined process for inventory tracking and maintenance of equipment and supplies within the simulation and skills laboratories

VI.   To organize materials, supplies, and for ease of use with the laboratories

Policy

The following procedure is required to ensure that there are adequate equipment and supplies for the simulation and skills laboratories. The process for ordering supplies is necessary to meet grant timelines and to stay within the budgeted monies as well to be certain supplies are available as needed for teaching skill.

Qualified Personnel

XXIV.   Students currently enrolled in the West Hills College Nursing Program

XXV.   Students currently enrolled in West Hills College Health Careers courses

XXVI.   Simulation Coordinator (Adjunct or Full Time Faculty job description) certified in simulation education preferred, designated to develop and implement a simulation program

XXVII.   Simulation Technician (Adult Technology Trainer job description) with experience in technology and its use in the learning environment preferred

XXVIII.   Faculty, full-time and adjunct, dedicated to incorporating simulation education within all course content, theory, and clinical

XXIX.   Visitors and/or contract education staff approved by center staff and college administration to participate in the simulation program

Procedure

A. **Inventory**
   1. The Simulation Coordinator is responsible to keep a record of all inventory in the simulation and skills laboratories.
   2. All faculty are responsible to ensure that all inventory is accounted for following each class use.
   3. Inventory are taken twice a year: October and March by the Simulation Coordinator or designee
   4. All faculty are responsible to use and RE-USE supplies as much as possible. All supplies are purchased new from the manufacturer and are real hospital grade materials. This means they cost real hospital grade costs. Having the student practice with the same material repackaged saves money. Save one new piece to test off with:
   5. All faculty are responsible to replace supplies after use within the cabinet or supply closet in the same location that the supply was taken from. Supplies are not to be simply placed on the floor, rolling cart, or any shelf that is open. This will lead to the inability to find items, take inventory, and have shelf space.
   6. The supply cabinets in the skills lab are labeled on the outside doors as to their contents and on the shelves inside the cabinet. These cabinets are coordinated by body system (cardiovascular, endocrine, respiratory, etc.).
   7. The supply closet in the skills lab is labeled by semester (nursing) use starting at the door and working to the right around the room (starting with first semester).
   8. The black cabinets and left hand side rack in the back are for EMT use.
   9. The first lower two shelves on the left are for CNA use.
   10. The first closed cabinet on the left is to always be locked and contain all items with needles: syringes, needles, etc. This ensures a double lock system for safety.
   11. The rolling cart is for day use, not for supply storage.

B. **Supply Ordering**
   1. The Simulation Coordinator and Simulation Technician are responsible for ordering all supplies and equipment for the simulation and skill laboratories.
   2. All faculty are accountable to communicate with the Simulation Coordinator when supplies and/or equipment need to be replaced/repaired at the time it is recognized. This are done by e-mail.
   3. Ordering of supplies and equipment are done twice a year to meet grant deadlines, including semester start dates.: November and April
   4. All faculty are accountable to communicate increased student requirements for supplies to the Simulation Coordinator at the time the need is recognized. This are done by e-mail.

5. The Simulation Coordinator will work with supply/equipment vendors to ensure the lowest cost and receive a quote.
6. The quote are submitted for approval to the Director of Nursing, working with the senior secretary in Health Careers the quote are submitted to the District Finance office for a purchase order.
7. The senior secretary will submit the purchase order to the vendor, placing the order.
8. The Simulation Coordinator will receive the order, checking the items, noting any back orders. Once all items have been received, the packing slips are signed and dated, copied, and given to the health careers senior secretary to be forwarded to the District Finance office to close the account.
9. The Simulation Coordinator will inventory all newly received material/supplies/equipment and email the faculty the availability for use.
10. Any equipment received on Work Force funds are bar-coded with a sticker by Work Force. A copy of this are kept in the Simulation office.
11. All warranties for equipment are kept in the Director of Nursing Office.
12. All equipment manuals are kept in the Simulation Coordinator's Office. Most manuals can be found online.

C. **Equipment**
1. The Simulation Coordinator is responsible to keep a record of all equipment in the simulation and skills laboratories.
2. All faculty are responsible to ensure all equipment is accounted for following each class use. If equipment has a battery, it must be plugged in after use to charge.
3. All faculty are responsible for the "safety" of the mannequins in the simulation and skills labs. ONLY the Simulation Coordinator and Simulation Technician move these mannequins out of their assigned beds. Faculty and students are not allowed to move the mannequins. The phone number of the Simulation Coordinator is posted in all the labs and can be called to arrange to have a mannequin or mannequins moved so beds can be empty for skills. This will prevent mannequin parts being lost, broken, and/or computer software being disconnected improperly. THIS IS VERY IMPORTANT. Make the call.
4. All faculty are responsible to report damaged or non-functioning equipment to the Simulation Coordinator at the time it is discovered. This are done by e-mail. A delay in doing this will result in other faculty and students not having equipment to train.

D. **Lab Maintenance and Use**
1. The Simulation Coordinator and Simulation Technician are responsible for the maintenance and upkeep of the simulation and skills laboratory. They will coordinate with the janitorial staff for spring and fall cleaning to include waxing of the floor, floor to ceiling dusting, wiping of all surfaces, etc.
2. Setting up for your class in the Skills Lab - Day before

       i.   Bring the rolling cart from the closet
      ii.   Open the cabinets
     iii.   Take the materials/supplies you will need for the skills
     iv.   Items not found, go to the closet and pull those items
      v.   Place the loaded cart back in the closet ready for use the next day

3. Setting up for your class in the Skills Lab – Day of the class
       i.   If you loaded the cart the day before – pull out your cart
      ii.   If you didn't load your cart the day before – do that now (see number 2)
     iii.   Place your items at the stations in the lab or on the conference table

4. Breaking down your class
       i.   HAVE ALL THE STUDENTS HELP YOU
      ii.   Take all the items that are still useable and place them on the cart
     iii.   Start with the cabinets in the skills lab and replace the items
     iv.   Replace remaining items in the closet
      v.   Leave the cart in the closet, not in the lab

5. All faculty are responsible to ensure all cabinets and supply closets are locked after each class use.

6. All faculty are accountable to have the lab secured and mannequins safe in their beds – HAVE THE STUDENTS HELP YOU
       i.   Beds made neatly at the end of EVERY class use – covers over the "patient" and tucked in
      ii.   "Patient" has a gown on
     iii.   Side rails up
     iv.   Beds in the lowest position
      v.   Brakes on
     vi.   Head of bed up 30 degrees

7. White boards are clean
8. No equipment should be on the patient – IV lines, NG tubes, etc.
9. All IV pumps at the side of the beds as if in use
10. No other equipment on the bedside tables
11. Over the bed tables over the "patient's" bed as if the patient were to use it. Cup, pitcher, and emesis basis is fine to leave, again as if using them

12. No garbage on the floor anywhere
13. BP cuffs in the holder on the head wall
14. All wall glove holders full – small, medium, and large, one or two with an XL

15. If linen bins are full, FACULTY for that class is responsible to take it home and wash the linen, returning it to the lab cabinet the next class period for use
16. All faculty are accountable to communicate any maintenance needs to the Simulation Coordinator in simulation and/or skills labs at the time they are recognized so this can be handled immediately. This are done by email.

17. The Simulation Coordinator will complete a Maintenance Request and track all requests for repair and maintenance.

E. **Education**

The Simulation Coordinator is responsible to provide training and education to new faculty (nursing and allied health) on the use of the simulation and skills laboratories including:

1. Equipment
2. Supplies
3. Inventory
4. Maintenance
5. Use
6. Safety
7. Security
8. Communication

This are done in new faculty orientation.

References/Regulations (applicable regulations, references within last 5 years when possible)	