OREGON COAST
COMMUNITY COLLEGE

Nursing Program

Student Program and Clinical Handbook

2026-2027

OCCC Nursing Program Student Handbook Statement

The Oregon Coast Community College (OCCC) Nursing Program publishes this student handbook to provide nursing students with current information about the Nursing Program. This handbook covers all aspects of the OCCC nursing program including theory, clinical, lab, simulation and within community settings. Changes to the handbook may occur at any time for a variety of reasons. Changes may affect programs, policies, and procedures. The Nursing Program will post significant changes and current information on the College Nursing Program web page and notify students of changes on Canvas. Students should consult with their assigned Faculty Mentor or the Dean of Nursing and Allied Health for updated information that is not available at the time of publication. This handbook shall not be considered a contract between the student and the college.

OCCC Land Acknowledgement Statement

"Oregon Coast Community College acknowledges that we reside within the ancestral homelands of the Yaquina (Yaqo'n) and Alsea (Wusi'n) Tribes. Today, those tribal descendants are represented by The Confederated Tribes of Siletz Indians. We are honored for the opportunity to teach, learn, and work on their ancestral lands. We also recognize the ongoing contributions they make to the community, Oregon Coast Community College, and the world."

OREGON COAST
COMMUNITY COLLEGE

September 1, 2025

Welcome to the 2025-2026 academic year in the Oregon Coast Community College Nursing Program. This Student Handbook will provide information about policies, procedures, and expectations of the Nursing Program. It is important that students read the handbook thoroughly. Students are required to indicate their understanding of the contents of the handbook by completing the handbook attestation quiz on Canvas.

Many of the Nursing Program policies and procedures described in the Handbook are similar to the expectations of the professional nurse in clinical practice. For instance, nurses at all levels must be caring and respectful to people of different backgrounds and cultures. The professional nurse must be able to adapt to change, think critically, and respond professionally during crises. Personal integrity and ethical behavior are essential for a professional nurse in all circumstances. Adhering to the Handbook policies and procedures will help students succeed and thrive in the Nursing Program and exit program prepared to succeed in their career as a professional nurse.

The nursing faculty and staff look forward to working with you during your time in the Nursing Program. We are committed to your success and excited to help you transition into a career as a professional nurse. Welcome and good luck in your new career!

Faculty and Staff of the OCCC Nursing Program

Table of Contents

Section 1:

Oregon Coast Community College Nursing Program Information

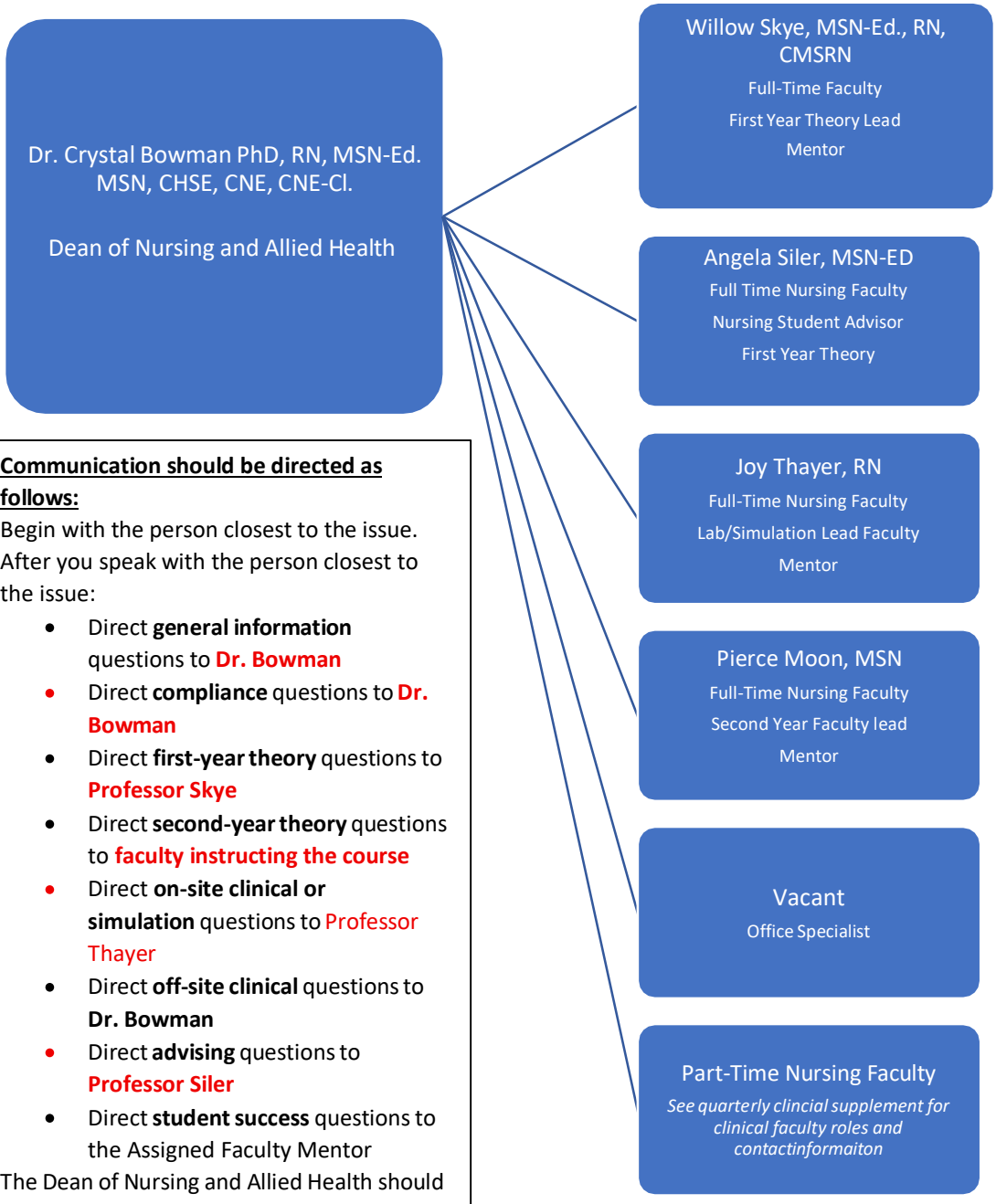
Oregon Coast Community College and Nursing Program Faculty and Staff

Title & Name	Phone	Email
College Administration and Staff		
President Dr. Marshall Mease Roache	541-867-8532	ea@oregoncoast.edu
Vice President of Academic & Student Affairs Dr. Bruce Clemetsen	541-867-8511	Bruce.Clemetson@oregoncoast.edu
Dean of Academic Foundation & Student Success Ben Kaufmann		Ben.Kaufmann@oregoncoast.edu
Dean of Academic Pathways & CTE Dr. Sarah Whiteford		Sarah.Whiteford@oregoncoast.edu
Student Success Coach Blake Hagan	541-961-2612	Blake.Hagan@oregoncoast.edu
Nursing Department Faculty and Staff		
Dean of Nursing and Allied Health Dr. Crystal Bowman	541-867-8520 (O) 623-764-5825 (C)	crystal.bowman@oregoncoast.edu
Full-Time Nursing Faculty First Year Faculty Lead Willow Skye		Willow.Skye@oregoncoast.edu
Full-Time Nursing Faculty Second Year Faculty Lead Pierce Moon		Pierce.Moon@oregoncoast.edu
Full-Time Nursing Faculty & Nursing Advisor Angela Siler		Angela.Siler@oregoncoast.edu
Full Time Nursing Faculty – Lab/Simulation Lead Joy Thayer		Joy.Thayer@oregoncoast.edu

Part-Time Nursing Faculty ▪ Lynn Barton ▪ Nancy Zavacki ▪ Justin Mackey ▪ Casi Lamp	▪ Brook Clark ▪ Angela Lehrman ▪ Amanda Whitescarver ▪ Cherity Bloom-Miller

Nursing Department Organizational Chart

Purpose: the purpose of this organizational chart is to describe communication and decision-making processes within the OCCC nursing department



Communication should be directed as follows:

Begin with the person closest to the issue. After you speak with the person closest to the issue:

- Direct **general information** questions to **Dr. Bowman**
- Direct **compliance** questions to **Dr. Bowman**
- Direct **first-year theory** questions to **Professor Skye**
- Direct **second-year theory** questions to **faculty instructing the course**
- Direct **on-site clinical or simulation** questions to Professor Thayer
- Direct **off-site clinical** questions to **Dr. Bowman**
- Direct **advising** questions to **Professor Siler**
- Direct **student success** questions to the Assigned Faculty Mentor

The Dean of Nursing and Allied Health should only be contacted after questions have been addressed to the appropriate person.

College Vision, Mission, Values, and Core Themes

Vision

Shaping the Future Through Learning

Mission

At Oregon Coast Community College, we equip students for success by providing educational pathways and supports in response to the diverse needs of our community. Through accessible and engaging programs, we enrich the economic and civic vitality of Lincoln County and beyond.

Values

The Board of Education, administration, faculty, staff and students of Oregon Coast Community College commit to these values:

Accountability: We accept responsibility for our actions and commit to transparent practices.
Collaboration: We purposefully build partnerships to achieve common goals.
Excellence: We hold ourselves to the highest standards and are committed to continuously improving the work we do.
Inspiration: We show curiosity, illuminate new possibilities and ignite the joy of thinking well.
Integrity: We act with honesty and authenticity to foster a culture of ethics and respect that embodies our work and serves the community.
Learning: We celebrate the life-long process of developing valuable knowledge and skills.
Sustainability: We are responsible stewards of our financial, material, natural and human resources.
Equity: We embrace diversity and address the inequities and barriers that prevent people from learning and working to their full potential.

Core Theme: Student Success

Objective: OCCC will improve post-secondary educational attainment across Lincoln County and close achievement gaps for underserved populations in our community.

At Oregon Coast Community College, we equip students for success in college and in life by providing exemplary teaching, student development programs and support services.
Students receive customized and relevant advising and enriched supports to maximize completion and success.
In response to the diverse needs and histories of our community we are institutionalizing a philosophy of student success and strengthening the College's policies, processes, and business practices to facilitate access and completion.

Core Theme: Educational Pathways

Objective: OCCC will offer rigorous and engaging academic programs and educational options comprised of clear pathways to transfer, employment and self-development that enrich individual lives and promote the economic and civic vitality of Lincoln County and beyond.

At Oregon Coast Community College, we assess the needs of individuals and employers, and respond by designing pathways and partnerships that address community and regional priorities. We create bridges into our pathways from high school, adult education, non-credit, and other feeders. Educational pathways are accessible through place and modality and facilitate transitions to transfer or employment. We strengthen the economy and workforce through our business development, career technical and transfer programs. By narrowing achievement gaps in post-secondary education and raising post-secondary educational attainment, we advance the economic and civic vitality of Lincoln County and beyond.

OCCC Nursing Program Mission and Value Statements

The Oregon Coast Community College nursing program is based on and congruent with the mission and values of the College.

Mission

Oregon Coast Community College Nursing Education Program equips students through transformative education for success as beginning Registered Nurses who respond effectively to the diverse needs of individuals and communities.

Value Statements:

The nursing faculty, staff and students have defined and committed to the following values:

Accountability: As guardians of the public, we accept responsibility for our actions in promoting and delivering safe patient care.

Collaboration: In partnership with others, we utilize innovative solutions to achieve common goals.

Excellence: The program requires and encourages the highest standards of nursing practice.

Inspiration: We model competent, caring nursing practice and seek to ignite the joy of nursing

Integrity: The American Nursing Association (ANA 2024) Code of Ethics serves as a foundation of our behavior and practice.

Learning: The program utilizes evidence- based teaching modalities to facilitate critical thinking and lifelong learning.

Sustainability: The Nursing Program direction and growth is guided by ongoing evaluation, redesign and innovation.

Equity: We acknowledge the diversity of values, ethics, culture, and ethnicity of others and address the inequities.

OCCC Nursing Philosophy

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (American Nursing Association 2025)

The Dean of Nursing & Allied Health & the OCCC nursing faculty believes education is based on humanistic approaches fostering critical thinking and promoting awareness of social and cultural diversity among individuals.

Learning is enhanced when nurse educators recognize students as individuals, each having unique needs, cultural backgrounds, changing socioeconomic factors and life experiences.

Core Themes

Equip Students for success in the profession of nursing.

Provide educational pathways and supports.

OCCC Nursing Program Curriculum Organizing Framework

The framework that organizes the OCCC Nursing curriculum is based upon three main concepts: ***Holism, Nursing Process, and Nursing Roles*.** Content and performance-based outcomes for the Nursing courses with a clinical component are selected, developed, and leveled from simple to complex regarding these concepts.

Holism is the view of all living things as irreducible wholes that interact interdependently in varying degrees with each other and with their environments. Viewed as holistic, persons are seen as irreducible wholes with physiological, psychological, sociocultural, developmental, and spiritual components that are inextricably interrelated and interdependent. A patient may be an individual, family, or group of persons. Patients may have varying degrees of health along a wellness-illness continuum, with optimum health being the maximum potential of which a patient is capable within the environment where they are functioning.

The interaction between nurses and patients is the core of Nursing practice. Nurses interact with patients using the **Nursing Process** and within **Nursing Roles.**

Nursing Process is an organized, systematic, problem-solving approach to meeting the health-related needs of patients. Assessing, analyzing, planning, implementing and evaluating constitute the steps of the Nursing process. The nursing process is the foundation of clinical decision-making. As such, it provides a framework for critical thinking in Nursing practice. Critical thinking is inherent in the process of making clinical decisions. Nurses use data obtained through a holistic assessment to identify potential and actual alterations in health for patients. Actual and potential alterations are defined through nursing diagnoses, which guide clinical decisions about the selection of outcome criteria, nursing interventions, and evaluation of patient responses.

Nursing Roles

The practice of Nursing is implemented through three **Nursing Roles**. These are: Provider of Care, Manager of Care, and Member within the Discipline of Nursing. The ability to communicate effectively is necessary to the enactment of all these roles. Associate degree nurses (ADN's) as registered nurses and Practical Nurses (PN's) as licensed practical nurses implement the nursing roles in providing care to patients within structured healthcare settings.

In the Provider of Care role, ADN's have primary responsibility to apply and to oversee the Nursing Process, which is the basis for identifying, providing, and evaluating the nursing care needed by patients. PN's contribute to the Nursing Process by collecting, recording, and reporting data; by participating under the supervision of a registered nurse in the establishment of nursing diagnoses and in the development and implementation of a plan of nursing care; and by documenting and communicating evaluation data to appropriate healthcare team members.

In the Manager of Care role, ADN's organize and coordinate care for patients using priority setting, collaboration, patient advocacy, and resource management and assign, delegate, and supervise

qualified care providers in the provision of Nursing care. ADN's function as first level nurse managers in implementing the Manager of Care role.

As Managers of Care, PN's employ priority setting, collaboration, patient advocacy, and resource management in organizing care for patients. PN's may assign tasks of care to qualified care providers with the responsibility for supervising these providers in the performance of the tasks, thereby retaining accountability for the assigned care.

In the Member within the Discipline of Nursing role, ADN's and PN's practice within their respective scopes of practice and other legal and ethical frameworks of Nursing. Both ADN's and PN's apply standards of nursing care in their practices and display commitments to ensuring high standards of care. Professional development through continued learning and participation in professional organizations is a responsibility of this role for both ADN's and PN's.

Nursing Program Performance-Based Outcomes

OCCC Practical Nursing Certificate Program Outcomes

Students who complete this certificate will have the resources to:

1. Use a holistic approach in applying the nursing process at the practical nurse level when providing care for individuals and families across the lifespan.
2. Use established guidelines to reinforce teaching of health promotion concepts across lifespan to groups in selected community settings.
3. Communicate effectively with individual patients, families, and members of the healthcare team.
4. Organize and prioritize components of care at the practical nurse level for two to four patients.
5. Make decisions regarding patient care based on professional values while complying with identified legal/ethical standards (scope of practice regulations established by boards of nursing and Code of Practice guidelines established by the American Nurses Association).

OCCC Associate Degree Nursing Program Outcomes

Students who complete this degree will have the resources to:

1. Use a holistic approach to develop, implement, and evaluate plans of care for patients that apply standard nursing care plans to meet individual needs.

2. Communicate effectively and collaboratively in a self-directed manner with patients, families, and members of the health care team.

3. Use first-level management skills in providing care for individuals and groups of patients.

4. Make decisions regarding patient care based on professional values and responsibilities at the associate degree nurse level while complying with identified legal/ethical standards (scope of practice regulations established by boards of nursing and Code of Practice guidelines established by the American Nurses Association).

Nursing Competencies

Using the regulations of the Oregon State Board of Nursing as a major reference, the Nursing Faculty of OCCC have differentiated practical nursing from associate degree nursing by identifying the competencies of each at entry into practice. The competencies and complete scope of practice is available at: https://www.oregon.gov/OSBN/Pages/laws-rules.aspx

OCCC Nursing Program Outcomes

Practical Nurse Outcomes	ADN Nurse Outcomes
Provider of Care	
1. Provide safe, clinically competent, culturally sensitive, and patient-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care 2. Utilize established nursing standards and protocols to provide safe holistic care of patients in a variety of healthcare settings. 3. Utilize critical thinking skills, nursing process and evidence-based practice as a guide to assess, plan, implement and evaluate basic patient care across the life span within the practical nurse's scope of practice 4. Incorporate therapeutic communication to assist patients of all ages in promoting health and supporting wellness 5. Applying basic leadership and management skills to assign, direct and supervise care provided by nursing assistive personnel	1. Provide safe, clinically competent, culturally sensitive, patient-centered and evidence-based care to promote, restore and maintain wellness or for a palliation across the lifespan and settings of care; 2. Collect and analyze data from a variety of sources to accurately identify nursing diagnoses requiring independent action, medical problems needing referral, and potential problems requiring nursing preventive action 3. Use the nursing process to plan, implement and evaluate holistic nursing care that is based on an understanding of the health-illness continuum, is culturally competent, reflects developmental stage, and incorporates available community resources. 4. Communicate therapeutically with patients/patients and families to promote the achievement of patient outcomes in collaboration with healthcare providers across a continuum of healthcare settings.
Manager of Care	
6. Organize and complete a patient care assignment utilizing appropriate priority setting and decision-making skills. 7. Communicate and collaborate effectively with other members of the multicultural health care team 8. Function effectively as a member of the inter-disciplinary healthcare team 9. Use technology and both human and material resources in a cost-effective, sustainable, and responsible manner 10. Demonstrate professional values, and the responsibilities defined by the Oregon State Board of	5. Lead a group of nursing personnel in the care of a group of patients through effective interpersonal relationships and the use of skills in teaching, prioritizing, delegating, and supervising. 6. Effectively organize and prioritize patient care for complex patents with changing conditions. 7. Communicate and collaborate effectively with other members of the multicultural health care team 8. Utilize behaviors that promote teamwork while functioning in the role of either a team member or a team leader. 9. Use technology and both human and material resources in a cost-effective, sustainable, and

Nursing for the Standards and Scope of Practice for the Licensed Practical Nurse.	responsible manner.
Member of the Discipline of Nursing	
11. Demonstrate professional, legal, and ethical behavior in nursing practice 12. Value self-awareness that leads to life-long learning and self-development in nursing. 13. Value nursing as a profession and support the health and well-being of individuals and society through knowledge of issues and trends that affect health care.	10. Demonstrate professional values, and the responsibilities defined by the Oregon State Board of Nursing for the Standards and Scope of Practice for the Registered Nurse. 11. Integrate ethical, professional, legal responsibility, and accountability into actions and decisions. 12. Value self-awareness that leads to life-long learning, self-development in nursing, and development of the nursing profession through evidence-based practice. 13. Value nursing as a profession and support the health and well-being of individuals and society through knowledge of issues and trends that affect health care.

OCCC Nursing Program Clinical Outcomes

First Year Clinical Outcomes	
Role as a Provider of Care Demonstrates critical thinking and increasing competence in using nursing process to plan and provide holistic care for increasingly complex patient(s) in acute care, rehab and maternal-health settings and functions as an effective nursing team member incompliance with standards set by assigned facilities and OCCC Nursing Program.	
Chemical Safety	Demonstrates knowledge of medications; administers medications safely by all routes, utilizing the six rights of medication administration; provides patient/family teaching on medications as indicated, demonstrates accuracy and consistency in administration and documentation incompliance with standards set by assigned facilities and OCCC Nursing Program.
Infection Control	Demonstrates consistent use of Standard and Transmission-based Precautions.
Communication	Utilizes therapeutic communication skills on a consistent basis when interacting with patients and families.
Nursing Process	Demonstrates application of nursing process by adapting the plan of care to the patient's changing condition in increasingly complex situations; verbalizes the plan of care to staff RN and Instructor for assigned patient(s); reprioritizes the plan as patent needs change and evaluates patient outcomes.
Assessment	Demonstrates increasing competence in performing complete, accurate, relevant physical assessments that are adapted to the changing condition of the patient, reflect understanding of priority problems and are documented per the facility standard within the allotted clinical timeframe.
Planning	Develops an individualized plan of care for assigned patients that reflect understanding of priority patient problems, pharmacologic priorities, is realistic, achievable. Reassess and adjusts plan to reflect changes in patient's acuity.
Implementation	Provides organized and increasingly complex nursing interventions for assigned patients through provision and documentation of assigned patient care responsibilities within the scheduled shift time and in compliance with the facility standards.

Evaluation	Consistently demonstrates increasing independence in the use of critical thinking to evaluate and revise the plan of care (with the primary RN and Instructor) for individual patients in relationship to patient outcomes. Initiates collaboration with primary RN to evaluate and revise the plan of care for individual patients in relationship to patient outcomes.
Role as a Manager of Care Consistently demonstrates caring through effective interpersonal relationships while functioning as a nursing team member Demonstrates sound judgment and effective interpersonal relationships while managing patients with complex and changing conditions and functioning as an effective interdisciplinary team member.	
Collaboration	Initiates appropriate and timely collaboration about individualized patient care with other members of the interdisciplinary care team.
Cooperation	Demonstrates initiative, cooperation and teamwork by independently providing support and assistance to others.
Communication	Utilizes therapeutic verbal and nonverbal communication skills when interacting with patients and families and members of the interdisciplinary team.
Delegation/Assignment	Demonstrates correct use of delegation: selects appropriate tasks to delegate, communicates to delegatee clearly on expectations, follows up on completion and results of task, and provides feedback to delegatee following task.
Reporting	Presents an organized and accurate patient report reflecting understanding of patient priorities and relevant data throughout the shift and at end of shift to the primary RN and instructor utilizing the SBARO format.
Role as a Member within the Discipline of Nursing Demonstrates ethical responsibility, critical thinking, and self-awareness; assumes responsibility for own actions; and functions with increasing independence as a member within the discipline of nursing.	
Ethical & Legal Standards	Maintains ethical and legal standards of the nursing profession relative to confidentiality, truthfulness, and reporting by: • maintaining patient confidentiality

	• supporting the patients' right to make decision regarding care. • documenting accurately and appropriately in the patient record • adhering to the policies of the facility • reporting appropriately to RN staff; communicating and delegating appropriately with C.N.A. staff • refraining from practicing beyond their level of experience and/or scope. • reporting known violations of ethical or legal standards to the instructor.
Responsibility	Assumes responsibility for their own competence and actions and function as a member of the nursing team.
Critical Thinking	Assumes responsibility for own learning through critical thinking and shows initiative in seeking out and using appropriate resources during nursing care delivery. Demonstrates self-initiated use of multiple resources in the attempt to identify options for problem solving at the highest level during the nursing care delivery.
Self-Awareness	Demonstrates self-awareness as gained through regular self-evaluation based on course objectives. Identifies own strengths, areas of growth, and plans for improvement in the weekly journal. Evaluates progress toward plans for improvement in weekly journal entries.
Personal Presentation	Presents self in both appearance and behavior appropriate for a professional nurse in compliance with OCCC and facility policies.

Second Year Clinical Outcomes	
Role as a Provider of Care Demonstrates critical thinking and entry-level nursing competence in using nursing process to provide holistic care for assigned patients in compliance with the standards of the assigned facility and the OCCC Nursing Program with a focus on understanding the staff nurse role of the registered nurse during a 156-hour clinical experience.	
Chemical Safety	Demonstrates knowledge of medications; administers medications safely utilizing the six rights of medication administration; identifies correct priority setting in planning for medication administration; provides patient/family teaching on medications as indicated,

	demonstrates accuracy and consistency in administration and documentation per facility standards.
Infection Control	Demonstrates consistent use of Standard and Transmission-based Precautions.
Communication	Utilizes therapeutic communication skills to communicate effectively in a self-directed manner with patients, families, and members of the healthcare team.
Nursing Process	Demonstrates application of nursing process by evaluating and adapting the plan of care for assigned patients in increasingly complex situations; validates plan of care with Preceptor. Documents changes to the plan of care/facility.
Assessment	Demonstrates competence in performing complete, accurate, relevant physical assessments that are adapted to the changing condition of the patient, reflect understanding of priority problems and are documented per the facility standard within the allotted clinical timeframe
Planning	Develops a comprehensive individualized plan of care for assigned patients that reflect understanding of priority patient problems, relevant standards of care, and pharmacologic priorities. Reassesses and adjusts plans to reflect changes in patient's condition.
Implementation	Provides organized and increasingly complex nursing interventions for a full patient assignment; completes patient care responsibilities within the scheduled shift time and in compliance with the facility standards.
Evaluation	Demonstrates independence in the use of critical thinking to evaluate and revise the plan of care based on desired outcomes and validates revision with Preceptor or charge RN.
<u>Role as a Manager of Care</u> Demonstrates independence in clinical judgment, leadership, and critical thinking skills, in the application of nursing process working with groups of assigned patients.	
Collaboration	Initiates appropriate effective and timely collaboration about individualized patient care with other members of the interdisciplinary care team.
Cooperation	Demonstrates initiative cooperation and teamwork by anticipating and initiating support and assistance to other

	team members.
Communication	Models confidence and professionalism when communicating with patients, families and members of the health care team
Delegation/Assignment	Demonstrates timely and correct use of delegation responsibilities: selects appropriate tasks to delegate, communicates to delegatee clearly on expectations, follows up on completion and results of task, and provides feedback to delegatee following task.
Reporting	Effectively presents a patient reports utilizing site-specific format, which reflects critical thinking, accurate data and timeliness.
Role as a Member within the Discipline of Nursing Demonstrates ethical responsibility, critical thinking, and self-awareness; assumes responsibility for own actions; and functions with increasing independence as a member within the discipline of nursing.	
Ethical and Legal Standards	Maintains ethical and legal standards of the nursing profession relative to confidentiality, truthfulness, and reporting by: • maintaining patient confidentiality • supporting the patients' right to make decision regarding care • documenting accurately and appropriately in the patient record • adhering to the policies of the facility • reporting appropriately to RN staff; communicating and delegating appropriately with C.N.A. staff • refraining from practicing beyond their level of experience and/or scope. • reporting known violations of ethical or legal standards to the instructor.
Responsibility	Assumes responsibility for their own competence and actions and function as a member of the nursing team.
Critical Thinking	Is independent in collecting, processing, and analyzing relevant patient information in the application of the nursing process for an assigned group of patients.
Self-Awareness	Log entries demonstrate self-awareness and the ability to monitor and adjust own behavior. Identifies own strengths, areas for growth, and plans for improvement

	on an ongoing basis in log entries and self-evaluations.
Personal Presentation	Presents self in both appearance and behavior appropriate for a professional nurse in compliance with OCCC and facility policies.

OCCC Nursing Program Curriculum Map 2026-2027

Courses required for graduation from the Nursing Program for students entering the program in the Fall of 2026 are listed on the following page. Nursing courses must be taken in sequence. The classroom and clinical components of each nursing course must be passed for successful completion of the course. Each nursing course is offered only once each academic year. Students who successfully complete all requirements for the first year of the program will have met the educational requirements to apply to the Oregon State Board of Nursing for an LPN license. Information regarding application will be provided to students but the student is responsibility for applying and submitting the required information and fees.

Safe clinical performance and professional behavior (including integrity and accountability) are described in this Handbook and in the syllabus for each course. If a student is dismissed from the program because of significant or multiple breaches of patient safety or professional behavior, the student will not have the option of re-entry to the program.

If a student fails or withdraws from a course, but is granted permission to return the following year, the student must meet current program requirements prior to reentry. Students repeating a course are required to complete all portions of the course including all theory and clinical components. That is, students repeating a course due to a failure in the theory portion of the course – but successfully completing the clinical portion of the course - must repeat and complete both the clinical and theory portions of the course upon reentry.

Students must complete all courses in this program with a grade of “C” or better (and an overall GPA of 2.0) to complete the program, receive their degrees, and be eligible to apply for and take the national licensure exam (NCLEX-RN).

OREGON COAST COMMUNITY COLLEGE

Nursing Program Curriculum Map
2025-2026 Program Requirements

Year 1, Term 1			Year 1, Term 2			Year 1, Term 3		
Course	**Name**	**Cr**	**Course**	**Name**	**Cr**	**Course**	**Name**	**Cr**
NUR 141	Fundamentals of Nursing	12	NUR 142	Care of Acutely Ill Pts and Developing Families 1	12	NUR 143	Care of Acutely Ill Pts and Developing Families 2	12
Term Total		**12**	**Term Total**		**12**	**Term Total**		**12**
Program Requirement for Practical Nursing Certificate and AAS Degree								
FN 225 Nutrition **(Fall, Spring)**								4
BI 233 Human Anatomy/Physiology III **(Spring only)**								4
BI234 Microbiology **(Winter only)**								5
First Year Total	**Certificate in Practical Nursing**							**49**
Year 2, Term 1			**Year 2, Term 2**			**Year 2, Term 3**		
Course	**Name**	**Cr**	**Course**	**Name**	**Cr**	**Course**	**Name**	**Cr**
NUR 241	Care of Pts with Complex Health Problems	12	NUR 242	Care of Pts in Crisis and the Community	12	NUR 243	Preparation for Entry into Practice	9
						NUR 250	Preparation for NCLEX-RN	4
Term Total		**12**	**Term Total**		**12**	**Term Total**		**13**
Second Year Total								**37**
Arts and Letters Elective								**3**
Social Science Elective								**4**
Program Total	**Associate Degree in Nursing**							**93**

Program Prerequisites: for Practical Nursing and AAS Degree

Course Number	Name	Credits
BI 231	Anatomy and Physiology, I	4
BI 232	Anatomy and Physiology II	4
MP 111	Medical Terminology	4
MTH 95 or higher	Intermediate Algebra	4
PSY 201A	Introduction to Psychology Part I	4
PSY 215	Human Development	4
WR 121	English Composition	4
WR 122	English Composition **or**	4
WR 127	English Composition	4

All required courses must be completed with a letter grade of "C" or higher

REVISED 11/7/2025

Section 2:

Policies Related to Admission & Clinical Requirements

Policy Category: Admission and Clinical Requirements

Policy Title: OCCC Nursing Admission Process Policy

Purpose:	This policy establishes the admission process for the Oregon Coast Community College (OCCC) Associate of Applied Science in Nursing program. Because Nursing is a limited-entry program, admission to OCCC does not guarantee admission to the Nursing Program. All applicants must meet College admission requirements and all Nursing Program admission requirements by the published deadlines and in accordance with the published requirements.
Limited-Entry Status	OCCC is an open-enrollment institution; however, Nursing is a limited-entry program with specific admission requirements that are updated as needed to support student readiness for the program and profession. Applicants are responsible for reviewing and complying with the current Nursing Program requirements and deadlines.
Application Period	The Nursing Program application is accepted only during the published application window. It is the responsibility of the student to monitor theses application guidelines and apply prior to the application closing date and time The program is very competitive. Completing most general education requirements before applying may assist a candidate in the process. Meeting minimum requirements does not guarantee admission
General Application Timelines	Application window: January -March Completion of admission testing, essays and Interviews: April -May Notification of admission: May-June Additional information regarding admission is located on the college website and is updated regularly
Transfer Student Admission	Admission of transfer students into the nursing program is considered on a case-by-case basis and is not guaranteed. Transfer requests are evaluated individually based on space availability, prior coursework, clinical experiences, program alignment, academic standing, eligibility for progression, and other factors relevant to student success and program requirements. Because nursing curricula, sequencing, clinical expectations, and progression standards vary among programs, transfer applicants may be required to provide detailed course information, syllabi, official transcripts, and other documentation for review. Acceptance of prior nursing coursework or clinical experiences is at the discretion of the program and the College and may be limited. Students interested in transferring into the nursing program must contact the Dean of Nursing & Allied Health for guidance regarding eligibility, required documentation, timelines, and the review process.

Effective Date: March 30, 2026

Reviewed:

Revised:

Policy Category: Admission and Clinical Requirements

Policy Title: Certificates, Degrees, and Licenses Policy

Purpose:	The purpose of this policy is to ensure that student nurses are prepared to practice safely in all environments within their student scope of practice.
Scope:	This policy covers: ▪ Program admission and ongoing enrollment requirements related to licenses/certificates. ▪ Reporting obligations, fitness for practice, and conduct standards. ▪ Expectations while assigned to clinical partner sites.
Definitions:	▪ **Nurse Practice Act:** Oregon statutes and rules governing nursing (ORS 678; OAR 851). ▪ **Conduct Derogatory to the Standards of Nursing:** Conduct that fails to conform to legal and accepted nursing standards and may endanger the public, as defined in OAR 851-045-0070. ▪ **Duty to Report:** Legal obligation to report prohibited/unprofessional conduct, arrests, and convictions as set out in ORS 676.150 and OSBN rules.
Policy	**Licensure/Certification Disclosure (Applicants and Students)** • Any applicant or student who holds (or has ever held) a license/certificate issued by the OSBN or any other U.S. Board of Nursing (e.g., RN/LPN/CNA) **must submit a copy** of the credential to the Dean of Nursing & Allied Health at admission and update the program within 10 business days of any status change (renewal, restriction, discipline, lapse). • Individuals performing CNA-authorized duties in Oregon must have an **active Oregon CNA certification** and be listed on the Oregon CNA Registry. Students who are CNAs but not practicing as CNAs in clinical retain student status but must still disclose certification. **Eligibility, Admission, and Continuation** • Applicants or students whose nursing or nursing assistant credential (in any state) is **suspended, restricted, or revoked** may be **denied admission**, placed on hold, or **dismissed** from the Program based on a case-by-case review of risk to patient safety and legal/clinical site compliance. • Discovery of **misrepresentation or failure to disclose** credential status or disciplinary history may result in administrative action up to dismissal. **Mandatory Reporting & Fitness for Practice (Faculty and Dean)** • As Oregon licensees, all Nursing faculty and the Dean have a **duty to report** prohibited or unprofessional conduct (including certain

arrests/convictions) to the appropriate board under **ORS 676.150**. Good-faith reports are confidential and carry immunity; failure to report is subject to discipline.
- OSBN's "duty to report" rules for nurses also require reporting nurses whose practice fails to meet standards and specified "always report" issues (e.g., client abuse, diversion). Faculty must follow workplace escalation and report pathways **without delay**.

Student Conduct & Reportable Behavior

- Students are expected to meet professional standards consistent with **OAR 851-045**. Conduct that is unsafe, dishonest, or otherwise **derogatory to the standards of nursing** (e.g., falsifying records, boundary violations, impairment, abuse/neglect, breaches of confidentiality) will trigger academic/disciplinary action and may require **reporting to the OSBN** when a student is a credentialed licensee (e.g., CNA, LPN, RN).

Arrests, Convictions, and Background Matters

- Any **arrest or conviction** meeting ORS 676.150 criteria must be reported as required by law. Students who are licensees must also follow OSBN/Board reporting directions. The Program may require immediate disclosure to the Dean to assess clinical eligibility and safety.
- OSBN performs **national fingerprint and state criminal background checks** for license applicants; Program clinical placements may require separate background/drug screening. Non-clearance can affect placement and progression.

Clinical Partner Policies ("Guest" Status)

- While assigned to a clinical partner, students and faculty must **comply with all site policies**, including safety, infection prevention, PPE, privacy, and professional conduct. The clinical site retains authority over conditions of student presence (badging, health requirements, fit-testing, vaccines, etc.). Noncompliance can result in **removal from the site** and academic action.

Scope of Student Practice

- Students must function within **educational program expectations** and under appropriate supervision consistent with OAR 851 standards and the clinical site's policies. Students may **not** perform tasks reserved for licensed personnel unless expressly permitted under their student role and supervision.

Procedures	**Admission/Matriculation** • Collect copies of all current/previous nursing-related licenses/certificates at admission; log credential numbers and issuing states. Verify status with OSBN/Nursys as appropriate. osbn.boardsofnursing.org **Ongoing Monitoring** • Students/licensees must report credential status changes to the Dean within 10 business days. The Program may periodically verify public license status and discipline records. **Incident Identification & Escalation** • Any safety, professionalism, or integrity concern is escalated promptly to course lead and the Dean. If the involved individual is an Oregon licensee, evaluate for OSBN/ORS reporting and submit reports per policy (retain documentation). **Clinical Site Actions** • If a clinical partner restricts or removes a student, the nursing program will assess remediation options. The nursing program is under no obligation to provide a replacement clinical opportunity if the students are removed from a clinical site related to their unwillingness to follow the facilities mandates and requests. Inability to secure a compliant placement may delay progression or lead to course failure.
Responsibilities	**Students:** ▪ Disclose credentials and changes; comply with Program/clinical rules; practice within student scope; report safety concerns. **Faculty/Preceptors:** ▪ Supervise to standards; document/coach performance; escalate and report when required by law/rule. **Dean of Nursing & Allied Health:** ▪ Maintain credential records; oversee compliance; coordinate reporting to OSBN/other boards when indicated. Violations may result in remediation, removal from clinical, course failure, suspension, or dismissal. Where applicable, the Program and/or Dean of

	Nursing & Allied Health will **file mandatory reports** with OSBN or the appropriate board.

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- August 28, 2023
- September 1, 2024
- September 4, 2025
- March 30, 2026 – no change

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- August 28, 2023
- September 4, 2025

Policy Category: Admission and Clinical Requirements

Policy Title: CPR/BLS Certification for Nursing Students

Purpose:	Ensure student nurses can practice safely in all clinical environments—including delivering high-quality CPR and basic life-support interventions—consistent with current American Heart Association resuscitation education standards.
CPR Certification Requirement	Students must hold **current Basic Life Support (BLS) Provider** certification for healthcare professionals from: • **American Heart Association (AHA) – BLS Provider** (includes HeartCode® BLS with an **in-person skills** session). **Online-only** CPR/BLS without a documented, in-person skills check **is not accepted**. Training must include adult, child, and infant CPR; AED use; bag-mask ventilation; and **team-based** BLS. Courses must use an **instrumented directive feedback device or manikin** for adult CPR skills practice/assessment, per AHA training requirements.
Issuance, Validity, & Renewal	Upon completion, students receive a digital **course completion card (eCard)**. **Validity:** 2 years from the issue date (through the end of that month). Proof of current BLS is required **before the start of fall term** (or prior to any clinical activity, whichever comes first). Students are **responsible** for keeping BLS current **for the entire duration** of the program and should renew **before** expiration. If BLS **expires at any time**, the student will be **immediately removed from all clinical rotations** until updated verification of certification is provided. Any resulting absences are **unexcused** and may jeopardize progression, up to course failure, if clinical objectives cannot be met. Students should plan renewal **at least 30 days** before expiration to avoid disruption.

Program & Clinical Site Alignment	**Advanced credentials (ACLS/PALS)** do **not** substitute for BLS Provider. Military Training Network/DoD BLS that follows AHA curriculum is acceptable when documented equivalently (subject to verification). Blended HeartCode® BLS is acceptable **only with** completed in-person skills. Clinical partners may impose **additional** resuscitation training or documentation requirements (e.g., facility-specific drills). Students must comply with all site policies as a condition of placement.

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Policy Category: Admission and Clinical Requirements

Policy Title: Criminal Background Checks

Purpose:	To describe criminal background check requirements for entry and continued participation in the OCCC Nursing Program in alignment with clinical partners and applicable state/federal laws, and to support patient safety.
Criminal Background Check Requirements	**Admission to and graduation from the Nursing Program do not guarantee eligibility for Oregon licensure. OSBN independently evaluates each applicant's fitness and criminal history during licensure processing and may deny, or delay licensure based on any applicable rules. Applicants with questions must consult OSBN directly** **Pre-entry timing.** ▪ Students must complete a **state and nationwide criminal background check before** the start of the **initial** clinical placement and **no more than three (3) months before** program entry that requires clinical training. Background checks are required to be repeated each fall or upon readmission to the program. ▪ Background checks must completed prior to the start of each fall term while enrolled in the nursing program ▪ Students who are granted re-entry into the program must complete a **state and nationwide criminal background check before** the start of the term in which they are being admitted. **Standards used.** ▪ Checks are conducted to meet **clinical partner** requirements and applicable state rules used by OHA/ODHS for determining fitness to serve in health settings. **Method & vendor.** ▪ The program will designate the screening process and vendor(s). Students are responsible for costs and for meeting all deadlines. **Clinical Site Authority** ▪ Clinical partners retain the right to **approve or deny** student placement based on their policies and interpretation of background results. If one or more clinical partners deny placement and no alternative compliant placement is available, the student **may be unable to progress** and may be administratively withdrawn from clinical courses. The nursing program is under no obligation to offer a replacement or alternative clinical opportunity.

General Statement: Criminal Background Disclosure Requirement	Students are required to disclose fully and truthfully any criminal history that may affect eligibility for admission, clinical placement, licensure, certification, or continued participation in the nursing program. This includes, but is not limited to, arrests, charges, indictments, deferred adjudications, pleas, convictions, pending criminal cases, probation, parole, diversion agreements, restraining or protective orders when relevant to safety or placement requirements, and any other matter required by College, program, clinical agency, or regulatory standards. Students also have an ongoing duty to report any subsequent criminal event that occurs after admission or enrollment in the program. This includes any new arrest, charge, citation for a serious offense, criminal complaint, investigation resulting in formal action, plea, conviction, deferred sentence, probation matter, or other legal event that may affect the student's status in the program, ability to attend clinical, or eligibility for future licensure. Required disclosures must be made in writing to the designated program official within the timeframe established by the program, and no later than a specified number of days after the event becomes known to the student. Failure to disclose, delayed disclosure, incomplete disclosure, misleading disclosure, or falsification or omission of material information may be treated as a serious professionalism and program compliance violation and may result in denial of admission, removal from clinical placement, course failure, non-progression, or dismissal from the program. Disclosure does not automatically result in removal from the program. However, the nursing program retains the authority to review the circumstances, require documentation, impose conditions, restrict participation, or take action when a criminal matter affects student safety, clinical eligibility, professional standards, or ability to meet program requirements.

Pre-Admission Disclosures	• All applicants must answer program application questions about **criminal convictions, guilty/no-contest pleas, and pending criminal charges** (excluding lawful juvenile/sealed matters as allowed by law). • Answers must be **truthful and complete**. Failure to disclose, or falsification/omission, may result in denial of admission or dismissal. • The Dean may determine that an applicant's known criminal history makes successful clinical placement or future licensure **unlikely**, resulting in admission denial. Final licensure determinations are made by OSBN. **Note on fitness to practice:** ▪ The program uses published **technical standards** and clinical performance expectations. OCCC does **not** require blanket disclosures of medical/mental health history; rather, students must be able to meet program standards **with or without reasonable accommodation** and must not engage in conduct that compromises safety. ▪ Students seeking guidance about accommodations should contact Accessibility Services.
Ongoing Duty to Notify	While enrolled, students must **notify the Dean in writing within 72 hours** if they are **arrested, charged, or convicted** of a criminal offense. Notice must include the date, jurisdiction, charges, and next court date(s). Oregon law also imposes a **duty to report arrests/convictions** to a health professional board for **licensees**; students who hold an active Oregon license or certificate (e.g., CNA, LPN, RN) must comply with **ORS 676.150** in addition to this policy. After notification, the Dean of Nursing & Allied Health will review potential impacts on **clinical eligibility and patient safety** and may require temporary removal from clinical until risk, placement, and compliance can be reassessed.

Notification of Arrest or Criminal Charges	If a student is arrested or charged with a criminal offense while enrolled in the program, the student must 1) provide a written statement explaining the charges and 2) notify the Dean of Nursing and Allied Health as soon as possible. Failure to notify the Dean of Nursing and Allied Health may be grounds for dismissal from the nursing program. The student's status in the Nursing Program will be reviewed by the Dean of Nursing and Allied Health. A possible outcome of the review may be the student's inability to continue in the program.
Results Review & Actions	Background results are reviewed for **clinical eligibility** and compliance with partner standards and OHA/ODHS fitness criteria. Depending on findings, outcomes may include continued placement, conditional placement (e.g., remediation/monitoring), **denial of placement**, course withdrawal, or program dismissal. If a student is removed from or denied all compliant clinical placements, progression within the program may not be possible. Background information is handled in a consistent fashion with applicable privacy laws and used only for determining clinical eligibility and compliance with partner requirements. Records may be shared with clinical partners **as required** to establish eligibility for clinical placement.
Student Guidance	**OSBN licensure review:** ▪ During licensure application, OSBN conducts its own **state and national** criminal background checks (fingerprint-based) and requires official court and related documents for any criminal history. Students with history should review OSBN's guidance and consider consulting legal counsel. **Record remedies:** ▪ Students may consult private counsel regarding expungement/setting aside eligible Oregon records. The Nursing & Allied Health program cannot provide legal advice.
Responsibilities:	**Students:** ▪ Complete required checks on time; disclose arrests/charges/convictions while enrolled; provide requested documentation promptly; meet technical standards safely. **Program/Dean:** ▪ Specify screening processes, timelines, and documentation; review results; communicate with clinical partners; determine eligibility and progression actions; advise students regarding OSBN contact for licensure questions.

Oregon State Board of Nursing Criminal Background Predetermination	Students should be aware that the Oregon State Board of Nursing (OSBN) offers a Predetermination Request process for individuals with prior criminal convictions who want an early written decision about whether those conviction(s) would prevent them from obtaining a license issued by OSBN. The process requires submission of an application, relevant criminal history documentation, and the required fee, and OSBN provides a written decision after reviewing the materials submitted. Participation in the OSBN predetermination process is the student's responsibility. The nursing program may encourage students with a criminal history to seek predetermination as early as possible, but the College cannot guarantee licensure, clinical placement eligibility, or a particular OSBN outcome. OSBN states that criminal history is reviewed on an individual basis and that the Board considers factors such as the nature, severity, and timing of the offense, as well as rehabilitation and other circumstances.

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Revised:

- August 28, 2023
- September 4, 2025
- March 30, 2026: Major updates throughout

Policy Category: Admission and Clinical Requirements

Policy Title: Drug Screening for Clinical Eligibility

Purpose:	To describe drug screening requirements for entry and continued participation in the Nursing Program in alignment with clinical partner policies and applicable state/federal rules that govern drug-free healthcare environments. Oregon Coast Community College's Nursing program and all Clinical partners require a **negative** drug screen as a condition of placement.
Drug Screening Requirements	**Pre-clinical:** ▪ A negative drug screen is required **before the first clinical placement**. ▪ A negative drug-screen is required prior to the start of each fall term while enrolled in the nursing program ▪ Students who are granted re-entry into the program must have a negative drug screen prior to the start of the term in which they are being admitted **Additional screening:** ▪ May be required by clinical partners (e.g., **annual**, **return from leave**, **random**, **post-incident**, or **reasonable-suspicion**). Failure to meet a clinical site's screening requirement will result in removal or denial of placement.
Panel & Testing Method	The Program/clinical partners require, at minimum, a 10-panel urine drug screen. Some sites may require expanded opiates and other analytes consistent with current federal workplace testing panels. A typical 10-panel includes: amphetamines, barbiturates, benzodiazepines, cocaine, methadone, methaqualone, opiates (including morphine/codeine), phencyclidine (PCP), propoxyphene, and marijuana/THC. Sites may add oxycodone/oxymorphone, hydrocodone/hydromorphone, fentanyl, and others. The Program will publish the current site-required panel annually Specimen validity testing (to detect adulteration, substitution, or dilution) is part of the process. Adulterated, substituted, invalid, diluted or "refusal to test" results are treated as a positive result and may result in disqualification for clinical placement.
Medical Review Officer (MRO) Review	All **non-negative laboratory results** (including positives and certain validity findings) are reviewed by an independent **MRO**, who considers legitimate medical explanations (e.g., documented prescriptions) and confirms the final result. Students must respond to the MRO and provide requested documentation within stated timeframes.

	Students are also required to send a letter of explanation to the Dean of Nursing & Allied Health if they are taking any medication which may reflect as a positive result. The letter must include: ▪ Name of medication ▪ Dosage of medication ▪ Indication for medication Verification that it is medically necessary
THC, Marijuana & CBD	Although marijuana is legal under Oregon law, many healthcare employers/clinical partners maintain **drug-free** policies under federal law and may **exclude** students who test positive for THC metabolite, regardless of recreational or medical use. **CBD products may contain THC** sufficient to trigger a positive test. Students are responsible for ensuring a negative result. Under federal law, marijuana is a Schedule 1 drug. As a public institution, the OCCC Nursing Program receives federal funding in the form of grants and financial aid. Additionally, many of our clinical partners receive federal funding as healthcare providers. Allowing any use of marijuana would be in violation of that law, thus jeopardizing the nursing program's mission and the nursing students' education.
Result Outcomes & Placement	**Negative (laboratory-confirmed):** ▪ Eligible for clinical placement, subject to site acceptance. **Verified negative after MRO review** (e.g., permitted prescription): ▪ Eligible, unless the site's policy prohibits the medication's use in practice (e.g., certain sedatives while on duty). **Positive/non-negative after MRO review**, **refusal to test**, **adulterated/substituted/invalid**, or **unexcused failure to complete screening**: ▪ Student is **ineligible** for clinical placement. If no compliant alternative placement is available, the student will be removed from clinical courses and will be **unable to progress**. The program is under no obligation to offer an alternative or replacement clinical option. Drug-testing information is handled confidentially and shared only as needed to determine clinical eligibility or as required by law/policy.
Reasonable Suspicion/ For-Cause Testing	Any student whose behavior, appearance, odor, speech, or performance suggests impairment while engaged in program or clinical activities may

	be removed from the setting and referred for for-cause testing consistent with site policy. Non-compliance is treated as a refusal. Please see separate policy related to for cause testing.
Responsibilities	**Student:** ▪ Complete all required screening **by stated deadlines** at the student's expense; monitor email/phone for MRO contact; provide truthful information and documentation; and avoid substances (including THC via cannabis or CBD products) that could result in a positive when a negative is required for placement **Program:** ▪ Announces screening deadlines/vendors, receives fitness determinations (not full lab details when restricted), and coordinates placements. **Clinical partners:** ▪ Retain final authority to **approve/deny** student placement based on their drug-free policies and interpretation of results; the Program cannot override a site's decision.

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- September 4, 2025
- March 30, 2026 : Updates made to pre-clinical section of policy

Policy Category: Admission and Clinical Requirements

Policy Title: Immunization & Screening

Purpose:	To ensure OCCC Nursing & Allied Health students can provide safe, effective care across clinical settings in compliance with state rules and current public health guidance, while maintaining safe learning and working environments for students, faculty, and staff. This policy implements the Oregon Health Authority's Health Profession Student Clinical Training Administrative Requirements and relevant CDC guidance.
Scope & Authority	This policy applies to all OCCC Nursing & Allied Health students who will have **direct patient contact or are assigned to on-site clinical rotations** in Oregon clinical placements. OCCC must verify and retain evidence that each student meets OHA requirements prior to any clinical start and must provide evidence to clinical sites upon request. • OHA Division 30 establishes statewide, standardized **administrative requirements** (immunizations, screenings, trainings, insurance) for health-profession student placements. Most clinical sites **may not add stricter requirements** in these categories unless an OHA-approved exemption applies or a temporary variation is allowed during extenuating circumstances (e.g., outbreak). Federal facilities may have separate federal requirements
Documentation & Deadlines	Students must submit all required documentation to the Nursing department **at least 30 days** before but **no more than 60 days prior** to the Fall term or upon readmission to the program unless otherwise directed. Additional site-specific onboarding or documentation may be required per clinical partner processes or OHA-approved variations.
Requirement	**Description**
TB Screening	Proof of a negative Tuberculin Skin Test (TST) consisting of a Mantoux PPD or a QuantiFERON Gold lab test showing no active disease is required prior to the start of fall term for each year of the program or prior to reentry into the program. Testing and results must be completed 30 days or less prior to the start of the term. Tests that are completed and submitted more than 30 days prior to the start of the term are invalid and will need to be repeated the expense of the student.

	Students with a positive reaction to the TST or with a history of positive TST must submit an annual medical evaluation certifying that they do not have infectious tuberculosis. *Note: the written report of a TB skin test must include the date of the negative TST result as read by a health professional. Be aware that the results take 48 hours to obtain. Your name must also be clearly visible on the test results.*
Td series and booster (Tetanus/Diphtheria – Tdap)	Completion of initial vaccination series and proof of booster within the last 10 years
Measles, mumps, rubella (MMR)	Dates of two doses of MMR vaccine, individual measles, mumps, and rubella vaccines, or proof of positive titers. Titers must be completed on an annual basis or upon readmission to the program to ensure ongoing immunity.
Hepatitis B	Follow CDC **healthcare personnel** guidance (e.g., 2-dose Heplisav-B at 0, 1 month **or** 3-dose Engerix-B/Recombivax series). Titer documentation may be used to demonstrate immunity but must be completed on an annual basis or upon readmission to the program to ensure ongoing immunity.
Varicella	Dates of two Varicella vaccines or proof of positive Varicella titer. The titer must be repeated on an annual basis or upon readmission to the program to ensure ongoing immunity.
Covid-19	**The COVID-19 vaccination series is no longer required but is highly recommended per CDC** requirements. Students should stay **up to date** with the current vaccine protocols per CDC age/health-status guidance. Clinical requirements may adjust during public health events, OHA-approved site variations, or healthcare facility requirements. Students must apply for an exemption of they do not wish to obtain the COVID-19 series. The forms for exemption are located here: https://oregoncoast.edu/nursing-program/ Exemptions forms must be completed and emailed to the Dean of Nursing & Allied Health for to Complio for approval. Once signed the Dean of Nursing & Allied Health will email the student the forms. The student must then upload the forms in Complio. Mandatory masking rules apply if/when a student does not meet the CDC definition of being fully vaccinated for COVID-19.

Influenza	Students must submit proof of annual seasonal flu vaccination within seven (7) days of the seasonal flu vaccine becoming available. It is possible that these dates may vary slightly based on the availability of the annual influenza vaccine. **The influenza vaccination not required but is highly recommended per CDC** requirements Exemptions forms must be completed and emailed to the Dean of Nursing & Allied Health for to Complio for approval. Once signed the Dean of Nursing & Allied Health will email the student the forms. The student must then upload the forms in Complio. Mandatory masking rules apply if/when a student does not meet the CDC definition of being vaccinated for influenza.
General Vaccination Exemptions & Compliancy	**Required immunizations:** ▪ Only **medical exemptions** are permitted under OHA rules for student clinical placements; **non-medical (e.g., religious) exemptions are not allowed** for required vaccines. Documentation must be signed by a qualified medical professional **Recommended vaccines (e.g., influenza, COVID-19):** ▪ Not required by OHA for student placement. However, **temporary site variations** may occur in extenuating circumstances (e.g., outbreaks) and **federal facilities** may have different rules. Students must comply with any clinical site variations and requests, OHA-approved site variations or federal requirements applicable to their placement. **Clinical feasibility:** ▪ Even with a medical exemption, some placements may **not** be possible. Inability to meet placement requirements may affect a student's progression if alternate placements are unavailable. The college is under no obligation to offer a replacement or alternate clinical placement due to vaccination noncompliance. Process note: Requests for medical exemption documentation are submitted to the Dean of Nursing & Allied Health via email for verification and record keeping consistent with OHA rules. The Clinical Coordinator will coordinate with clinical partners as needed regarding a students immunization status and clinical placement options. Under no circumstance is the student allowed to directly contact a clinical partner regarding clinical placement. A comprehensive list of requirements for clinical compliancy can be found here: https://oregoncoast.edu/nursing-program/

	Additional information on the Oregon Health Authority requirements for health profession student clinical training can be found here: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1662

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- March 30, 2026: Updated TB, MMR, Hep B and varicella Sections. Added an OHA link

Section 3:

Professional and Technical Standards

OCCC Nursing Department Statement on Professional and Technical Standards

Oregon Coast Community College's Nursing & Allied Health programs recognize and value the professional codes of ethics that guide nursing practice. We affirm the importance of these standards—including the **ANA Code of Ethics for Nurses with Interpretive Statements** and other relevant professional codes (e.g., International Council of Nurses, National League for Nursing)—as foundations for safe, compassionate, and accountable care.

Student Responsibility: All nursing students are expected to be familiar with, and to uphold, applicable professional codes of ethics and their interpretive statements in every setting (classroom, skills/simulation lab, clinical, and community). Students are also responsible for reviewing and following any additional ethical guidelines or codes required by clinical partners. Questions about ethical obligations should be brought to course faculty or the program leadership for guidance.

Failure to meet these ethical expectations may result in corrective action consistent with the Nursing & Allied Health Handbook, the OCCC Student Code of Conduct, and clinical site policies.

The profession of nursing is highly regulated, and the professional nurse is responsible for their own competence, autonomous practice, and professional development over the course of their nursing career. The professional registered nurse has the privilege of caring for and interacting with individuals, families, groups, and communities from diverse backgrounds and life experiences. The profession of nursing is rooted in a strong tradition of ethical and professional behavior in all settings and situations.

Student nurses must be prepared to assume responsibility for their own professional education as well as their personal and professional growth and development during their nursing education. Some key components of this responsibility include professional behavior, communication, personal accountability, and respect for every individual. Respect for individual differences in opinions, beliefs, gender, lifestyle practices, religious, racial, cultural, or social backgrounds must be demonstrated by student nurses through effective listening and communication skills as well as respect for physical space and privacy.

Professional conduct standards for nursing students in the OCCC Nursing Program are based on the American Nurses Association (ANA) Code of Ethics, the Oregon State Board of Nursing (OSBN) Nurse Practice Act and are influenced by the National Student Nurses' Association (NSNA), the National League for Nursing (NLN), and a variety of other professional organizations.

Professional communication and behavior are expected in all interactions and in all settings.

Unethical or unprofessional conduct will result in disciplinary action or expulsion from the program.

Provisions of the Code of Ethics for Nurses – American Nurses Association (ANA)

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every of every person.

Provision 2. A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

Provision 3. The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

Provision 4. Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

Provision 5. The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

Provision 6. Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

Provision 7. Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

Provision 8. Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

Provision 9. Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

Provision 10. Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

American Nurses Association Code of Ethics Provisions 2025

Additional Code of Ethics:

National Student Nurses Association Code of Ethics

The International Council of Nurses Code of Ethics

National League for Nursing Ethical Principles for Nursing Education

TECHNICAL STANDARDS

Oregon Coast Community College provides the following technical standards with examples of learning activities to inform prospective and enrolled students of the skills required in completing their chosen profession's curriculum and in the provision of health care services. These technical standards reflect the performance abilities and characteristics that are necessary for successful completion of the requirements of clinical based health care programs. These standards are not a requirement of admission into the program. Individuals interested in applying for admission to the program should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required for successful completion of the program.

Students admitted to the Nursing Program are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral core competencies that are essential to the functions of the entry level professional nurse. These core competencies are considered to be the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective nursing care. Regular consistent attendance and participation is essential to learning, especially for all scheduled clinical experiences.

Oregon Coast Community College provides reasonable accommodation to qualified students with disabilities. Appropriate accommodation may include academic adjustments or auxiliary aids. Accommodation is not considered to be reasonable if they fundamentally alter the nature of the academic program, jeopardize the health and safety of others, or cause an undue burden.

Progression in the program may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodation.

Cognitive:

1. Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
2. Measure, calculate, reason, analyze and synthesize data.
3. Problem-solve and think critically in order to apply knowledge and/or skill.
4. Communicate effectively with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Relay information in oral and written form effectively, accurately, reliably, and intelligibly, including thorough and accurate use of computers, computer technology and software programs, and other tools, to individuals and groups, using the English language.
6. Effectively collect, analyze, synthesize, integrate, and recall information and knowledge to provide safe patient care for up to a twelve-hour clinical shift.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Process information thoroughly and quickly to prioritize and implement nursing care.
- Sequence or cluster data to determine patient needs.
- Develop and implement a nursing plan of care for patients in acute, long term and community settings.
- Discriminate fine/subtle differences in medical word endings.
- Report patient data using multiple formats to members of the health care team.

- Appropriately interpret medical orders and patient information found in the medical record.
- Perform math computations for medication dosage calculations.
- Apply knowledge/skills gained through completion of program prerequisites, including requirement for computer proficiency.

Physical:

Motor:

1. Coordinate fine and gross motor movements.
2. Coordinate hand/eye movements.
3. Negotiate level surfaces, ramps, and stairs.
4. Work effectively and efficiently within a limited space.
5. Effectively manage psychomotor tasks to provide safe patient care for up to a twelve (12) hours clinical shift.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Transfer patients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering patient to the floor.
- Perform cardiopulmonary resuscitation (CPR)
- Lift, move, turn, position, push, or pull patients and/or objects and maintain a "medium activity level" as defined by the State of Oregon Department of Insurance Index of occupational characteristics.
- Place or access equipment such as intravenous fluid bags or catheter bags, within compliance of safety standards.
- Transport equipment and supplies to the patient bedside.
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications.
- Dispose of needles in sharps container.
- Dispose of contaminated materials in a safe and compliant manner.
- Complete assigned periods of clinical practice (up to twelve [12] hour shifts, days, evenings, or nights, holidays, weekdays, and weekends).
- Complete skills tests within assigned time limit.

Sensory:

1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
2. Collect information through a variety of senses and/or using appropriate and approved equipment.
3. Use and interpret information from diagnostic procedures.

Examples of learning activities found in the nursing curriculum and related to industry standards:

- Detect changes in skin color or condition (pale, ashen, grey, or bluish).
- Detect a fire in the patient care environment.
- Draw up a prescribed quantity of medication into a syringe.
- Observe patients in a room from a distance of 20 feet away.
- Detect sounds related to bodily functions using appropriate equipment, such as a stethoscope.
- Detect audible alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
- Observe and collect data from recording equipment and measurement devices used in patient care.
- Communicate with patient and members of the health care team in person and over the phone in a variety of settings, including isolation and the operating room where health care team members are wearing masks and there is background noise.
- Detect foul odors of bodily fluids or spoiled foods.
- Detect smoke from burning materials.
- Detect unsafe temperature levels in heat-producing devices used in patient care.
- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
- Feel or note vibrations, such as an arterial pulse, using touch or approved equipment.

Behavioral:

1. Demonstrate ability to function effectively under stress and adapt to changing environments to provide safe patient care.
2. Maintain effective communication and teamwork to provide effective patient care.
3. Examine and modify one's own behavior when it interferes with others or the learning environment.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance.
5. Accept responsibility for own actions and communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructors, peers, staff, and health care team members.
6. Integrate feedback into own performance.

Examples of learning activities found in the nursing curriculum and related to industry standards: *

- Exercise judgment, meet acceptable timeframes for patient care delivery (acceptable timeframes are reflected by ability to carry out the usual patient care assignment for a particular point in the program within the allotted reasonable clinical time frame), work effectively under stress, and adapt to rapidly changing patient care environments.
- Accept accountability for actions that resulted in patient care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the health care team.

(*revisions approved by Oregon Council of Associate Degree and Practical Nursing Programs 4-22-22).

Section 4:

Policies Related to Professionalism, Civility, and Student Conduct

Policy Category: Professionalism, Civility, and Student Conduct Policies

Policy Title: Academic Integrity Policy

Purpose:	The purpose of this policy is to (a) describe actions and behaviors that constitute academic integrity violations and (b) outline fair, consistent procedures for addressing them. This policy applies to all learning environments (didactic, lab/simulation, clinical, online) and interfaces with the OCCC Student Code of Conduct and applicable clinical partner policies.
Principles	Nursing education and the practice of nursing relies on honesty, integrity, fairness, respect, and trust. Academic dishonesty undermines individual learning, erodes professional credibility, and threatens patient safety. Academic integrity violations can occur in any learning environment. Faculty use a variety of resources and tools to identify academic integrity violations including copied work and plagiarism. Students are expected to: • Submit only their own work, accurately representing sources and collaboration. • Follow assignment instructions and exam rules. • Use technology—including generative AI—only as explicitly permitted. • Safeguard assessment materials and patient/clinical information. **There is ZERO tolerance for academic dishonesty in the nursing program**.
Definitions	**Plagiarism:** Presenting another's words, ideas, data, media, or clinical documentation as one's own without proper attribution (including self-plagiarism when prohibited). This includes copying and pasting directly from websites or sources. **Cheating:** Using or attempting to use unauthorized materials, aids, or assistance (including unauthorized AI tools) in any graded activity; unauthorized exam information; impersonation. **Collusion/Improper Assistance:** Unauthorized collaboration or receiving/giving help beyond what the instructor permits (includes group-chat answer sharing and working in groups when not authorized to do so). This included the unauthorized recording of exam review sessions. **Fabrication/Falsification/Alteration:** Inventing or altering data, references, clinical logs, attendance, skills sign-

	offs, or documentation; misrepresenting patient care. **Unauthorized Multiple Submission/Reuse:** Submitting the same or substantially similar work for more than one course/assignment without prior written permission. **Misuse of Course Materials ("Test-Bank" Violations):** Posting, buying, selling, or using exam items, assignments, rubrics, or answer keys; trafficking in "contract-cheating" services. **Sabotage/Tampering:** Interfering with another student's work, equipment, or files; manipulating grading systems or simulation/EMR records. Utilizing unauthorized extraneous devices such as glasses with cameras and web capability, earphones with web capability, clear sticky notes **Generative AI Misconduct:** (See separate comprehensive AI policy) Using AI to generate graded content when not permitted; failing to follow disclosure/citation rules for AI use; using AI to fabricate references/clinical content.
Sanctions Framework	While academic dishonesty is serious, sanctions consider intent, scope, prior history, assignment stakes, and impact on patient safety. **Typical sanction guidelines:** **Level I (Minor)** — e.g., citation/attribution errors without intent to deceive; minor unauthorized AI assist where AI use was allowed but undisclosed. • *Sanctions:* required revision or academic coaching; grade reduction up to a zero on the affected portion; integrity module. **Level II (Serious)** — e.g., copying substantive content, unauthorized collaboration, using AI to produce graded content when prohibited, posting/using assignment prompts or answers. ▪ *Sanctions:* **Zero (0)** on the assignment; formal warning or **departmental academic probation**; required remediation, requirement to revise and resubmit the assignment in question for no points. Potential referral under the OCCC Student Code of Conduct depending upon seriousness of offense. **Level III (Severe / Safety-Critical)** — e.g., contract cheating; exam

	theft/trafficking; falsifying clinical documentation, patient data, skills sign-offs, medication calculations, or attendance, activities that jeopardize the integrity of exams and other course materials. ▪ *Sanctions:* **course failure** and/or **dismissal from the Nursing Program**; referral under the OCCC Student Code of Conduct. **Clinical safety note:** Any falsification related to patient care, clinical documentation, skills, or medication administration is presumptively **Level III** and will result in program dismissal.
Procedure	**Step 1 — Faculty Review of a Potential Violation** 1. **Document & hold:** Faculty documents concerns (with evidence such as drafts, version history, proctoring logs, communications, screenshots, AI prompt/output records) and may **enter a temporary zero** pending resolution. 2. **Student notification:** Faculty notifies the student in Canvas/email and offers a prompt opportunity to respond (typically within **3 business days**). 3. **Consultation:** Faculty completes the **Academic Integrity Concern Form** and submits it with evidence to the **Dean of Nursing & Allied Health**. 4. **Preliminary determination:** Faculty and Dean review the case. 1. If **no violation**, the assignment is regraded and the temporary zero is removed. 2. If **violation**, proceed to Step 2 and sanctions will be applied. Faculty may also review other same-term work for patterns; any additional verified violations are sanctioned accordingly. **Step 2 — First Confirmed Violation** 5. **Notice & probation:** The Dean informs the student in writing (Canvas/email) of the finding, rationale, and **sanction(s)**; **departmental academic probation** may be assigned. 6. **Required meeting:** Student meets with the Dean and relevant faculty to review outcomes and **remediation** (e.g., academic integrity module, proper citation training, AI-use briefing). Failure to attend or respond to requests for communication will result in additional sanctions. 7. **Grading:** If the sanction includes a zero, students will be required to submit original work to meet course learning outcomes; **the zero grade will remain**. 8. A report may potentially be made to the OCCC Student Conduct committee **Step 3 — Second or Subsequent Confirmed Violations**

	9. **Reinvestigate:** Faculty follows Step 1 for the new incident. 10. **Program action:** The Dean schedules a meeting including relevant faculty and, when appropriate, Academic Affairs. **Possible outcomes:** course failure and/or **program dismissal**. 11. A report will be made to the OCCC Student Conduct committee
Appeal, Grievance and/or Involvement of the Vice President of Academic Affairs	If the accused student contests the faculty member's decision, a meeting with the Vice President of Academic Affairs may be requested. Additional information regarding this policy and process may be found in the OCCC Student Handbook. An appeal generally must assert at least one of: (a) procedural error, (b) new evidence not reasonably available earlier, or (c) sanction disproportionality. While an appeal is pending, course progression follows faculty direction unless otherwise specified.
Reporting & Confidentiality	Suspected violations should be reported to course faculty or the Dean of Nursing & Allied Health. Students who knowingly facilitate or conceal another's misconduct may be found responsible for **collusion** and will face the same consequences outlined above. Records are maintained by the program consistent with college policy and applicable privacy laws.
Prevention & Student Supports	The OCCC Nursing & Allied Health department provides resources on citation, paraphrasing, responsible research, and assignment-specific AI guidance. Students are encouraged to seek clarification **before** submitting work whenever expectations are unclear.

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- August 28, 2023
- September 1, 2024
- September 4, 2025
- March 30, 2026

Revised:
- August 28, 2023
- September 4, 2025
- March 30, 2026: Changes made to definitions, sanctions and reporting/confidentiality sections

Policy Category: Professionalism, Civility, and Student Conduct

Policy Title: Use of Artificial Intelligence (AI) for Academic Purposes

Purpose:	The purpose of this policy is to provide clear guidance regarding the appropriate use of artificial intelligence (AI) tools by students enrolled in the Nursing & Allied Health programs. AI technologies can be valuable learning aids when used responsibly for academic purposes. However, their misuse, particularly in ways that constitute plagiarism or academic dishonesty—undermines professional integrity, learning outcomes, and the ethical standards expected of healthcare professionals.
Scope	This policy applies to all students enrolled in Nursing & Allied Health courses and programs at Oregon Coast Community College. It applies to all forms of academic work, including but not limited to: assignments, papers, projects, discussion posts, presentations, lab skills reflections, clinical work, and assessments.
Definitions	For the purposes of this policy, the following definitions apply: • **Artificial Intelligence (AI):** Computer-based systems or tools, including but not limited to generative text platforms (e.g., ChatGPT), language translation services, image or audio generators, and other machine learning applications, that can create, analyze, or transform content. • **Generative AI:** A type of AI designed to create new content (such as text, images, audio, or code) based on user prompts. • **Plagiarism:** Presenting another person's words, ideas, or work (including that of an AI system) as one's own without proper acknowledgment or citation. • **Academic Integrity:** The commitment to honesty, trust, fairness, respect, and responsibility in the completion of academic work. • **Permissible Use:** AI engagement that is consistent with this policy, supports learning, and does not replace critical thinking, reflection, or original student work. • **Prohibited Use:** Any AI engagement that constitutes plagiarism, circumvents academic expectations, or misrepresents authorship. This includes the use of AI to complete standardized exams administered in UWorld, Kaplan, etc.

Policy Statement	**Permissible Use of AI:**
	• Students may use AI tools to support their academic learning, such as:
	  ○ Brainstorming study strategies or practice questions.
	  ○ Reviewing or clarifying difficult concepts.
	  ○ Organizing study notes.
	  ○ Practicing clinical reasoning through simulated scenarios.
	  ○ Obtaining writing feedback (e.g., grammar, clarity, organization).
	• Faculty may provide specific guidelines for when and how AI can be used for course activities or assignments.
	Prohibited Use of AI:
	• Submitting AI-generated content as one's own original work without proper citation.
	• Using AI to generate assignments, papers, or assessments in whole or in part, unless explicitly authorized by the instructor.
	• Employing AI to circumvent critical thinking, clinical reasoning, or reflective learning processes essential to nursing education.
	• Using AI to access or generate unauthorized exam or test answers.
	
	Academic Integrity and Plagiarism
	
	• Any use of AI that results in plagiarism or misrepresentation of authorship will be treated as a violation of the OCCC Academic Honesty Policy and the Nursing & Allied Health Division Professional Conduct Standards.
	• Students are required to cite or acknowledge the use of AI tools when such use contributes to the development of submitted work, following faculty instructions and program expectations.
	
	Faculty Discretion
	
	• Faculty members reserve the right to restrict or prohibit AI use for specific assignments or assessments.
	• Faculty will communicate expectations clearly within course syllabi, assignment instructions, or classroom discussions.

Procedures & Responsibilities	**Student Responsibilities** • **Awareness:** Students are expected to read, understand, and comply with this policy. • **Disclosure:** When AI tools are used in an assignment (with faculty approval), students must acknowledge or cite that use as directed by the instructor. • **Integrity:** Students are responsible for ensuring that AI use supplements, rather than replaces, their own learning and critical thinking. • **Clarification:** Students should seek clarification from faculty if they are uncertain about whether a particular AI use is permissible. **Faculty Responsibilities** • **Instruction:** Faculty will provide clear expectations about AI use for each course, assignment, or assessment. • **Guidance:** Faculty are encouraged to educate students on appropriate AI use and proper citation practices. • **Monitoring:** Faculty are responsible for reviewing submitted work for signs of plagiarism or inappropriate AI use and may use detection tools or other methods to verify originality. • **Reporting:** Faculty will report suspected policy violations through OCCC's Academic Integrity process. **Program/Institutional Responsibilities** • **Support:** The Nursing & Allied Health Division will provide students and faculty with resources on ethical and appropriate AI use. • **Consistency:** The Division will ensure this policy is consistently applied across courses and programs. • **Review:** This policy will be reviewed regularly and updated as AI technologies evolve to ensure alignment with academic and professional standards.
Enforcement	• Suspected violations of this policy will be investigated under OCCC's Academic Integrity procedures. • Consequences may include assignment failure, course failure, or dismissal from the Nursing Program, depending on the severity of the violation.

Reporting	Any suspected violation of this policy should be reported to the appropriate faculty or the Dean of Nursing and Allied Health, who will investigate and take appropriate action. Any student who knows of a violation to this policy and fails to report the violation may be complicit in collusion or other academic integrity violations.

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- March 30, 2026

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- March 30, 2026: Changes made to definitions

Policy Category: Professionalism, Civility, and Student Conduct Policies

Policy Title: Professional Behavior & Civility Policy

Purpose:	The purpose of this policy is to ensure that students, faculty, and staff in the OCCC Nursing & Allied Health programs learn and work in a safe, respectful, civil, and professionally accountable environment across classroom, skills/simulation, clinical, community, and online settings. Expectations are grounded in the **ANA Code of Ethics for Nurses with Interpretive Statements** and the **AACN Essentials (2021), Domain 9: Professionalism**..
Professional Standards of Conduct	Conduct that demonstrates civility, integrity, fairness, respect, accountability, compassion, inclusivity, and trustworthiness is expected of all students. Professional standards of conduct include courteous and respectful communication, timely and prepared participation, confidentiality, cultural humility, and adherence to course, clinical-site, and safety requirements. These expectations reflect nursing's professional identity formation and ethical values. OCCC fosters a healthy learning and work environment that is free from bullying, incivility, harassment, discrimination, retaliation, and violence. Students are expected to demonstrate professional behavior in all learning environments, including the classroom, laboratory, simulation, clinical, community, text messages, chat rooms, and online settings. **There is zero tolerance for behavior that undermines safety, disrupts learning, threatens others, violates confidentiality, or erodes professional trust.** Professional behavior and presentation standards may vary depending on the learning environment or clinical practice area. Faculty will provide clear expectations and meaningful feedback regarding professional behavior and presentation. To support consistency and student development, Participation and Professional Standards Rubrics may be used in any learning environment. These rubrics include detailed descriptions and definitions of professional and unprofessional behaviors. The program will provide periodic learning resources related to civility, communication, diversity, equity, inclusion, psychological safety, and workplace violence prevention. Expectations will be revisited during orientation and clinical onboarding. This policy will be reviewed annually to reflect updates to the ANA Code of Ethics, AACN Essentials, Joint Commission requirements, and OSHA guidance.

Unprofessional and Uncivil Conduct	Behaviors that undermine safety, learning, mutual respect, or professional trust are prohibited and include, but are not limited to: • Incivility, bullying, or verbal abuse, including hostile tone, hostile gestures, belittling, rumor-spreading, shunning, intimidation, or threatening body language • Harassment, discrimination, or retaliation in any form • Disruptive, defiant, or unsafe conduct in the classroom, lab, simulation, clinical, or community setting, including refusal to follow reasonable directions, clinical policies, or safety procedures • Breaches of confidentiality involving patients, peers, faculty, staff, or clinical partners • Workplace violence, including threats, intimidation, physical aggression, or behavior reasonably perceived as threatening • Inappropriate use of electronic communication or online platforms, including email, discussion boards, chat forums, Teams chats, text messages, group texts, social media, and other digital platforms, when such communication is disrespectful, disruptive, harassing, threatening, demeaning, retaliatory, or otherwise inconsistent with professional standards • Posting, sharing, forwarding, or discussing content in online or electronic forums that could reasonably harm the privacy, dignity, safety, or reputation of patients, classmates, faculty, staff, clinical partners, the College, or the nursing profession • Engaging in unprofessional conduct within the community, on or off campus, when the behavior may reasonably call into question the student's judgment, professionalism, fitness for clinical participation, or ability to uphold the standards of the nursing profession Students should not assume that communications made in private, semi-private, or informal forums, including group texts, messaging apps, and Teams chats, are exempt from professional standards. Communications in these settings may be reviewed and addressed when relevant to alleged misconduct, threats, harassment, retaliation, confidentiality concerns, or other violations of program or College expectations. Students must follow NCSBN guidance for nurses and nursing students related to social media and electronic communication, including protection of privacy, maintenance of professional boundaries, avoidance of unprofessional content, and prohibition against disclosure of patient information, including information that could indirectly identify a patient. Program and clinical-site confidentiality requirements apply equally to online spaces, messaging applications, and electronic communications.

Reporting Concerns & Early Resolution	Any student, faculty member, preceptor, or staff member may report concerns to course faculty or the Dean of Nursing & Allied Health. Reports should describe the behavior, context, date, time, and witnesses, if any. When appropriate and safe, concerns may first be addressed through coaching, facilitated conversation, or other early-resolution strategies intended to restore civility and clarify expectations.
Response Framework	OCCC uses a **just, equitable, educational, and proportional** approach, that considers severity, intent, impact, repetition, and risk to safety/patients. **Level I (Coachable):** single minor incivility, discourtesy, non-disruptive unprofessional tone. ▪ *Actions:* Coaching/feedback; expectations in writing; possible rubric impact. Formal written warning. **Level II (Significant):** repeated incivility; harassment; refusal to follow reasonable directions; disruptive conduct that interferes with learning or care; privacy lapses not involving patient identifiers. ▪ *Actions:* Written notice; **departmental academic probation**; success plan; assignments/lab restrictions as appropriate. **Level III (Severe / Safety-Critical):** threats, intimidation, violence or credible threats thereof; discrimination or harassment that creates a hostile environment; **safety-endangering conduct in lab/clinical**; confidentiality breaches involving patient identifiers; retaliation. ▪ *Actions:* **Immediate removal** from the setting, report to College officials, possible **course failure or program dismissal**, and referral under the OCCC Student Code of Conduct and/or Title IX as applicable. **Professional Growth Plans.** Faculty may assign a remediation plan (e.g., civility/DEI modules, reflective assignment, communication coaching, reassessment of safety procedures) with defined outcomes and timelines. In line with **Joint Commission** and **OSHA** guidance on workplace violence prevention, OCCC and clinical partners may remove any individual from the setting when conduct **poses a credible threat**, involves **verbal or physical aggression**, or **materially disrupts care or learning**. All incidents will be documented, reviewed, and addressed with support and follow-up.

Documentation & Process	When a concern is identified: 1. **Faculty documents** the behavior (date, context, impact) and communicates expectations and corrective steps to the student (email/Canvas or in person with written follow-up). 2. An **Alert/Progress/Concern form** is submitted to the Dean of Nursing & Allied Health with any supporting information. 3. The **Dean reviews** the matter with faculty (and, as needed, clinical partners) to determine level, actions, and required remediation. 4. The student receives **written notice** of findings and next steps; refusal to participate in required meetings or remediation may escalate sanctions. 5. For incidents that may implicate **Title IX**, **ADA/504**, or the **Student Code of Conduct**, referrals will be made to the appropriate College office; those procedures govern that portion of the case. Retaliation against any person who, in good faith, reports a concern, participates in a review, or seeks help is strictly prohibited and may result in Level II or Level III action.

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- March 30, 2026: complete revision

Policy Category: Professionalism, Civility, and Student Conduct Policies

Policy Title: General Program Standards & Student Responsibilities

Purpose	To provide a clear description of student responsibilities and expected behaviors for all OCCC Nursing students across classroom, lab/simulation, clinical, community, and online environments. This policy complements the OCCC Student Code of Responsible Behavior, course syllabi, clinical site policies, and related program policies (e.g., Academic Integrity; Professional Behavior & Civility; Communication Standards; Clinical Participation & Clearance; Social Media & Digital Professionalism).
Professional Foundations	Students are developing professionals and are expected to act consistently with accepted nursing standards of conduct, including professionalism, accountability, ethical practice, patient safety, confidentiality, cultural humility, and civil communication Nursing students are expected to act consistently with: • **ANA Code of Ethics for Nurses with Interpretive Statements** • **AACN Essentials (2021):** Professionalism, Communication, Person-Centered Care, Safety/Quality • **Oregon State Board of Nursing (OSBN)** standards for safe practice and professional conduct • **NCSBN** guidance on professional behavior and social media
Core Program Standards	Students will demonstrate: • **Accountability for learning:** proactive preparation, asking clarifying questions, and timely completion of requirements. • **Professional communication & civility:** respectful, inclusive, and culturally humble interactions; use of approved channels; adherence to the chain of communication. • **Uphold academic integrity:** submit original work; use only permitted resources/technology; follow assignment-specific AI rules and disclosure requirements. • **Ethical conduct & academic integrity:** original work, proper attribution, and adherence to assessment rules and any assignment-specific AI guidance. • **Patient/client safety:** compliance with clinical/site policies, infection-prevention standards, simulation rules, and scope-appropriate behavior. • **Confidentiality & privacy:** protection of education records (FERPA) and health information/PHI (HIPAA) and de-identification in all learning artifacts.

	• **Fitness for duty:** arriving prepared, on time, and fit to practice (free of impairing substances/conditions); using escalation pathways if safety is in question. • **Maintain professional presence:** follow dress/ID/badge and equipment expectations and site-specific policies.
General Student Responsibilities	**Enrollment & Records** • Register for all required nursing courses **before the first day** of each term; late registration may prevent clinical participation. • Maintain current **legal name, mailing address, phone, and college email** on file with the Nursing & Allied Health office and Student Services; report changes **within 2 business days**. • Review **Canvas and college email daily on school days**; official notices are sent to the college email account. **Communication & Boundaries** • Use **Canvas Inbox** (preferred) or college email for program business. • Follow the **chain of communication** (involved faculty → course lead/clinical coordinator → Dean). • Be professional, specific, and respectful in all communications; avoid triangulation and "speaking for the group" unless designated to represent peers. **Technology & Classroom/Simulation Etiquette** • Set phones and smart devices to **silent** in class, simulation, and clinical. • Follow instructor/site guidance for **no-device/secure testing** and **no recording** without express permission. • Use laptops/tablets only for course-related activities during scheduled learning. **Clinical & Simulation Readiness** • Complete and maintain all required **clinical clearances** (e.g., immunizations/screenings, background check, drug screen, BLS, required trainings) by posted deadlines. • Comply with **site policies**, including infection-prevention and PPE expectations; bring required equipment and ID each shift. • Report **any condition** (illness, exposure, injury, fatigue, accommodation needs) that may affect safe practice; follow faculty/site guidance before participating. **Professional & Ethical Practice** • Safeguard **confidential information**; never share PHI or identifiable clinical details in any medium. • Uphold **academic integrity**: no unauthorized collaboration, materials, or technology on assessments; follow assignment-specific

	rules for AI or assistive tools. • Use **social media** responsibly; do not post course/assessment content, patient information, or images from clinical/simulation; do not use the College/Program name or branding without authorization. **Attendance & Time Management** • Arrive **on time and prepared** for all scheduled activities; communicate unavoidable delays/absences per course policy **before** the start time when possible. • Meet all **deadlines**; late work follows the syllabus policy unless prior arrangements are approved.
Attendance, Participation & Absences	Active participation is essential for meeting outcomes. Courses and clinical experiences may set minimum attendance/participation requirements. **Definitions** • **Absence:** missing a required class, lab/sim, or clinical session. • **Unresolved absence:** an absence without timely notification, documentation, or an approved plan to address missed work per the course policy. • **Make-up eligibility:** depends on course/clinical objectives, safety, and site capacity; some experiences cannot be made up. **Standards & Process** 1. **Notification:** Follow course/clinical instructions to notify faculty **before** the start time when possible; provide any required documentation. 2. **Impact on progression:** Excessive absences, failure to meet participation standards, or missing prerequisite content may prevent safe progression. 3. **End-of-term review:** Students with **two or more unresolved absences** at term end are referred to the **Dean of Nursing & Allied Health** for review of progression options (e.g., probation with a plan, incomplete if eligible, or course/program action). 4. **Limits of remediation:** Some experiences (e.g., certain clinical days/simulations/validations) may not be available for make-up; if essential outcomes cannot be met, the student may receive a failing grade or be dismissed from the program.
Inability to Meet Course or Program Outcomes	Failure to demonstrate required outcomes may result in course failure or program dismissal. Outcomes include the ability to: • Apply theory and principles to patient care; demonstrate clinical judgment. • Plan, organize, and complete assigned learning and patient-care tasks.

	• Communicate effectively with patients, faculty, staff, and peers (verbal, nonverbal, written, and electronic). • Demonstrate technical skill proficiency and safe practice within scope. • Receive and apply feedback; follow reasonable directions. • Practice safely (for self, patients, team) in all settings. • Manage clinical stressors professionally and reliably. • Show timely improvement in course-identified areas within specified timeframes. • Achieve the **minimum passing grade/competency** specified in the syllabus and evaluation rubrics. **Process:** Faculty document concerns and meet with the student to outline expectations and timelines. A **Professional Growth/Remediation Plan** may be implemented. If the student cannot meet outcomes within the required timeframe—or if experiences essential to safety/competency cannot be remediated—the student may fail the course and/or be dismissed from the program.
Major Violations	Major violations may warrant **immediate removal from the setting**, course failure, and/or **program dismissal**. Examples include, but are not limited to: **Academic & Documentation Integrity** • **Plagiarism/cheating/contract cheating,** including the submission of work generated by others or by **AI** when not permitted, or failure to follow required AI disclosure/citation rules. • **Falsification** or misuse of records (patient, clinical, academic), including skills signoffs, time logs, attendance, medication records, or clinical documentation. • **Furnishing false information** to faculty, the program, or a clinical site. **Clinical Safety & Professional Conduct** • **Unsafe practice** or conduct that threatens the safety of a patient, self, or others; failure to **promptly disclose** an error/omission or near miss. • **Confidentiality breaches** (verbal, written, electronic) involving patient identifiers or restricted information. • **Impairment** or being under the influence of intoxicating substances at any learning activity; possession or use of illegal substances; misuse or diversion of medications or supplies. • **Theft** from a clinical site (including medications and supplies) or from peers/faculty. • **Harassment, discrimination, bullying, retaliation, or workplace violence** (threatening, intimidating, or abusive behavior in any medium).

	• **Malicious or derogatory statements** about patients, faculty, staff, students, or partners, especially on digital platforms—when they undermine professionalism, privacy, or safety. • **Other actions** which, in the judgment of program leadership, pose serious adverse risk to patients, peers, the College, or clinical partners.
Accountability Framework, Procedure & Due Process	The program uses a **proportional, educational** approach that considers intent, severity, repetition, and risk: • **Level I – Coachable:** isolated/minor lapses → feedback, expectations in writing, learning resources. • **Level II – Significant:** repeated or impactful concerns → written notice, **departmental academic probation**, Professional Growth/Remediation Plan with timelines and measurable outcomes. • **Level III – Severe/Safety-Critical:** credible threats to safety, integrity, or privacy; clinical falsification; impairment; serious harassment/discrimination → immediate removal, course failure and/or **program dismissal**, and referrals under College policies (e.g., Student Conduct, Title IX) and clinical-site rules. **Procedure & Due Process:** • **Identification & documentation** by faculty (including evidence and student response opportunity). • **Program review** by faculty and the Dean; decision on level and required action(s). • **Written notice** to the student outlining findings, rationale, and next steps. • **Follow-through** on any remediation plan; failure to participate may escalate consequences. • **Appeal:** Students may use applicable College appeal processes as outlined in the OCCC Student Handbook.

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Policy Category: Professionalism, Civility, and Student Conduct Policies

Policy Title: Communication Standards & Professional Boundaries

Purpose:	The purpose of this policy is to establish shared standards for respectful, clear, timely, and professionally appropriate communication among students, faculty, and staff in all program settings, including classroom, skills/simulation, clinical, community, and online environments. This policy also clarifies approved communication channels, expected response timelines, professional boundaries, and appropriate escalation pathways.
Guiding Principles	Professional communication in nursing reflects respect, civility, accountability, clarity, confidentiality, and professional judgment. Students, faculty, and staff are expected to communicate in ways that promote psychological safety, professional trust, and collaborative working relationships. All members of the program share responsibility for creating and maintaining communication practices that are respectful, direct, constructive, and consistent with the values of the nursing profession. Relationships between students and faculty are grounded in professionalism, collegiality, collaboration, and mutual respect. Maintaining professional relationships requires appropriate boundaries. Faculty may not be available outside scheduled work hours, and students and faculty alike are entitled to communication that is respectful, safe, and professional. **There is zero tolerance for unprofessional, threatening, harassing, or uncivil communication in the nursing program.**
Approved Communication Channels	The following communication channels are approved for official program communication: • **Canvas Inbox:** Preferred for course and program-related matters • **College email:** For matters that cannot be handled through Canvas, including attachments requiring email or interdepartmental communication. • **Phone or text communication during clinical experiences only:** Permitted only when explicitly directed by faculty or required by the clinical site for urgent or time-sensitive matters The following are **not approved** for official program communication unless specifically authorized by the program or clinical site: • Personal email accounts • Personal social media accounts or direct messages • Unapproved messaging applications • Group-chat backchannels used to discuss faculty, classmates, clinical matters, or course issues outside approved communication structures Faculty and students are not permitted to establish social media “friend” or

	similar personal social-networking relationships while the student is enrolled in the program.
Privacy and Confidentiality	Protected, confidential, or sensitive information must not be included in electronic communications unless expressly permitted and handled through appropriate secure channels. This includes patient information, protected health information, student records, and other confidential academic or clinical information. If a clinical scenario must be referenced for educational purposes, only the minimum necessary information may be shared, and all identifying details must be removed in accordance with program, clinical-site, and legal privacy requirements.
Communication Standards and Expectations	Students are expected to: • Use the correct communication channel, including Canvas or college email for routine academic matters and phone/text only when specifically directed in clinical settings • Follow the established chain of communication by addressing concerns first with the faculty member most directly involved, then with the course lead or clinical coordinator, and then with the Dean of Nursing & Allied Health when appropriate • Use professional forms of address, such as Professor, Instructor, or Dr. followed by the person's last name, unless invited to do otherwise • Communicate respectfully, clearly, and specifically by stating the purpose of the message, course and section, relevant assignment or exam, concise question, and any steps already taken to address the issue • Speak for themselves rather than relying on generalizations such as "everyone says" or "the whole class thinks," unless serving as an approved student representative • Avoid triangulation, including seeking different answers from multiple faculty members without disclosing prior guidance or attempting to bypass the faculty member most directly involved • Demonstrate digital professionalism in all forms of communication, including Canvas messages, email, Teams chats, discussion boards, text messages, and other electronic platforms • Refrain from hostile, derogatory, sarcastic, threatening, offensive, demeaning, retaliatory, or inflammatory language in any communication medium • Read Canvas announcements and college email at least once each school day and respond to faculty requests within two business days unless otherwise specified Students should not assume that communication occurring in private, semi-private, or informal electronic spaces, including group texts, messaging apps, Teams chats, or backchannel forums, is exempt from professionalism standards. Communication in such spaces may be reviewed and addressed when relevant to concerns involving professionalism, harassment,

	retaliation, disruption, confidentiality, or safety. Students may not post, share, forward, or distribute course communications, course materials, faculty messages, class-related disputes, or clinical-related information in a manner that is inconsistent with academic integrity, confidentiality, or professional standards.
Availability and Professional Boundaries	Faculty and staff are generally available Monday through Friday, 0800 to 1600, excluding holidays and college closures. Full-time faculty will maintain at least five office hours per week, posted in Canvas, with additional availability by appointment as appropriate. Students are expected to plan ahead and should not assume that last-minute questions or requests will receive an immediate response.
Urgent or Emergency Exceptions	For immediate safety concerns, clinical escalation issues, or time-sensitive placement matters, students must follow the communication method designated by the clinical instructor or clinical site, which may include phone or text communication. Faculty should also be notified as soon as practicable through Canvas or college email for documentation and follow-up. For emergencies affecting attendance, performance, or deadlines, students are expected to notify the instructor as early as possible and provide documentation in accordance with the course syllabus or applicable College policy.
Prohibited Communication Behaviors	The following communication behaviors are prohibited: • Hostile, derogatory, threatening, intimidating, abusive, or harassing language in any medium • Disrespectful or inflammatory communication in email, Canvas, classroom discussion boards, Teams chats, text messages, messaging apps, or social media • Sharing, posting, buying, selling, soliciting, or distributing course materials, including assignments, quizzes, exams, rubrics, or instructional content, without authorization • Bypassing privacy or confidentiality requirements, including the inclusion of PHI or identifiable clinical details in any communication • Using the College or program name, logos, branding, or affiliation in social media groups, sites, or online pages without prior authorization • Persistent triangulation, repeated mass emails to multiple faculty seeking different answers, misrepresentation of others' views, or attempts to pressure or undermine faculty decision-making through backchannel communications • Use of group chats, informal forums, or electronic platforms to gossip, shame, intimidate, exclude, retaliate against, or spread

	misinformation about classmates, faculty, staff, patients, clinical sites, or the College • Recording, screenshotting, forwarding, or reposting messages, lectures, meetings, or course communications without permission when doing so violates College policy, course expectations, confidentiality, or professional standards
Addressing Concerns & Escalation	OCCC uses an educational, fair, and proportional response to communication concerns, taking into account context, pattern, severity, intent, and impact. 1. **Direct resolution:** When appropriate, concerns should first be addressed between the student and the faculty member involved. 2. **Documentation:** Faculty may document patterns of unprofessional communication through the program's Concern/Alert process and provide coaching, corrective feedback, and written expectations. 3. **Escalation:** Repeated or significant concerns may result in departmental academic probation and a professional growth plan, which may include a civility or communication module, reflective assignment, or other remediation. 4. **Severe cases:** Communication involving harassment, discrimination, retaliation, credible threats, safety concerns, or significant confidentiality breaches may result in immediate removal from the setting, referral under the OCCC Student Code of Conduct or Title IX, and course or program action consistent with College policy.

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Policy Category: Professionalism, Civility, and Student Conduct Policies

Policy Title: Student Suspected of Substance Use Policy

Purpose:	To outline OCCC Nursing's procedures for preventing, identifying, and addressing **impairment** and **substance use** that could compromise safe practice. This policy applies to all nursing students in **classroom, lab/simulation, and clinical** settings, and complements College policies and clinical-site rules. **Principles:** patient safety, fairness, confidentiality, due process, and support for students seeking help—balanced with the requirements of safety-sensitive clinical roles.
Fit for Duty Standard	Students must be **fit to practice**—physically, cognitively, and emotionally—**and free from impairment** by alcohol, cannabis, illegal drugs, or the **misuse** of prescription/OTC medications: • **Before and during** classes, labs/simulation, clinical readiness, clinical shifts (including patient selection), and **any time in uniform** or representing the program. • "Legal" status (e.g., recreational/medical cannabis) **does not permit impairment** in safety-sensitive academic or clinical activities. Clinical partners may bar participation for certain positive tests regardless of state legality. Students must **proactively consult** with faculty if a **prescribed** medication may affect alertness, judgment, or performance. Faculty will coordinate with the clinical coordinator/Dean to determine safe participation. (Students should not disclose diagnoses; prescription review occurs through the **MRO** during testing.)
Prohibited Conduct	• Possession, use, diversion, or distribution of alcohol/illegal substances in any program activity or clinical setting. • **Impairment** from alcohol, cannabis, illegal drugs, or misused prescription/OTC medications. • Refusal to comply with this policy ("Refusal to Test"). • Tampering with, substituting, or adulterating a specimen. College-wide sanctions may also apply under the OCCC Student Code of Conduct.
Testing Types & Standards	All program-mandated testing will use a **certified laboratory**, chain-of-custody forms, **initial immunoassay** with **confirmation**, and **MRO review**. 1. **Pre-placement** (see previous policy) 2. **For-Cause / Reasonable Suspicion** when behaviors/odor/appearance or an incident suggests impairment. 3. **Post-incident** after a safety event, medication error, or unusual occurrence where impairment is reasonably suspected. 4. **Follow-up/Monitoring** as part of a return-to-program agreement.

	Panels typically include: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana/THC, methadone, methaqualone (if included), opiates/opioids (including oxycodone), and PCP; the program/clinical site may specify an updated multi-panel.
Signs/ Behaviors That Mat Trigger For-Cause Testing	While other medical conditions may cause some of the following, behaviors and signs suggestive of potential substance use include: • slowed thinking processes or very impulsive thinking • immobilization or panic with resulting inability to think or act • wildly unpredictable behavior deviant from usual, acceptable behavior; inappropriate or bizarre response/laughter • irritable, restless manner • complaints of blurred vision; dilated or constricted pupils; bloodshot eyes • slurred speech • emaciated or unusual weight loss • tremors, especially in the hands and early in the morning; complaints of morning headache; abdominal or muscle cramps; diarrhea; • diaphoresis; odor of alcohol; • poor coordination or unstable gait; • threats to kill or harm oneself or another person; • possession of a weapon or hazardous object; • severe psychological distress; • poor judgment regarding safety issues for self, patients, and coworkers; • severe physical distress e.g. seizures, chest pain, respiratory distress; • possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with licensed health care provider's order. • Presence reported in pot shops or facilities that sell marijuana or other substances **Exhibiting any of the above may indicate the need to obtain additional substance use screening.**
For- Cause reasonable Suspicion Process	**If impairment is suspected:** 1. **Faculty will immediately remove the student from the environment** then ensure patient safety. 2. **Two-observer check** when feasible (e.g., faculty + charge RN or second faculty) to document **specific, objective behaviors** (date/time, location, impact). 3. **Do not search or confiscate** property. Follow **site security** or law-enforcement procedures if a controlled substance is discovered. 4. **Testing order:** The faculty/Dean of Nursing & Allied Health authorizes **for-cause testing** at a designated site **as soon as practicable** (target

	within **2 hours for alcohol**, **8–24 hours for drugs**). 5. **Safe transport:** Arrange **non-driving** transportation to the collection site and then home; the student may not drive themself. 6. **Chain of custody:** The collection is observed/secured per lab protocol. 7. **Costs:** Student pays for testing unless otherwise stated by the program. 8. **Temporary exclusion:** The student is excluded from program activities pending the **MRO-reviewed** result.
Refusal to Test or Release Results	**Any of the following is treated as a refusal, which is managed as a presumptive positive under this policy:** • Failure or refusal to appear for collection, to provide a sufficient specimen without valid medical explanation, to sign required forms, or to permit verified results to be reported to the Dean. • Tampering, substitution, or leaving the collection site before completion.
Results & Initial Disposition	**Negative:** Student may return to program activities (make-up work per course policy). **Positive (after confirmatory test & MRO review):** • Student is removed from clinical/simulation and referred to the Dean for program action • The student will be directed to a licensed substance-use professional for evaluation and recommendations. • If the student holds an Oregon credential (CNA, LPN, Nurse Intern), the program will notify OSBN as required. **Dilute:** If negative-dilute, a recollection will be required. The test will be completed at the student's expense. If positive-dilute, the results will be considered positive. **Adulterated/Substituted/Invalid:** Treat as refusal or positive per lab/MRO guidance.
Program Actions	**Actions will consider severity, risk, history, and clinical feasibility:** • Temporary exclusion pending results or evaluation. • Formal warning / academic probation with conditions (if appropriate). • Course failure and/or program dismissal for confirmed positives, refusals, specimen tampering, diversion, or safety-critical conduct. • College referrals (e.g., Student Conduct/Title IX) and clinical-site

	notifications when required. **Students retain access to College appeal or grievance processes per the Academic Catalog/Student Handbook.**
Return to Program	At the program's discretion—and only when safe placement is possible—a student may be considered for one structured return: • Evaluation & clearance to return • Agreement (learning contract) specifying: abstinence, compliance with treatment, random follow-up testing, academic/clinical conditions, and consequences for non-compliance. • Clinical placement is contingent on site acceptance; if no site accepts, progression may not be possible. • Non-compliance or relapse results in removal and program action up to dismissal.
Student Duty to Report & Seek Help	Students have a legal and ethical responsibility to report to peers who they suspect may be using substances that could impact clinical safety. As stated in the OCCC student handbook policy: Measures to Enforce Standards of Student Conduct, Students and employees of Oregon Coast Community College are prohibited from bringing alcohol and illegal drugs including marijuana - onto the campus, and from using them on campus. This also applies to any off-campus college activity.

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Section 5:

Learning Environments

Explanation of Learning Environments

Learning and professional development in the OCCC Nursing Program take place in a variety of learning environments. Students are responsible for their own learning and professional development in all learning environments. Faculty are available as facilitators, mentors, guides, and supports but the ultimate responsibility for learning and success is the students.

Classroom (Theory) Learning Environment All courses in the OCCC Nursing Program have a theory component. OCCC Nursing Program theory classes are taught using a variety of instructional methods, teaching and learning strategies, and delivery methods designed to develop critical thinking and a deep understanding of course materials. Some common teaching strategies and delivery methods are outlined below.	
Course Compass	Each class in the theory portion of nursing courses will include a course compass. The course compass will be published on the course page on Canvas. The course compass will include a reading list, additional learning resources, and learning outcomes for the class. The course compass also includes information about how each class maps to course, clinical, and program outcomes, program outcomes and health and professional competencies. This information is used by faculty in mapping exams and assessing students' progress toward learning outcomes. The time frame for posting the course compass is at the individual faculty's discretion.
Team Teaching	The OCCC Nursing Program uses a team-teaching approach. This means that individual classes will be presented by a variety of faculty. Faculty work collaboratively and purposefully to facilitate students learning as they progress toward Course, Clinical, and Program Outcomes. Faculty members employ individual approaches to teaching and learning. Teaching methods, styles, and expectations may vary, and faculty may use a variety of class structures, assignments, and activities during class time.
Guest Speakers and Guest Participation in Learning Activities	To enrich student learning and support professional development, faculty may invite guest speakers, guest facilitators, clinical partners, subject matter experts, alumni, employers, or other approved participants to attend or contribute to class sessions, simulation activities, skills instruction, review sessions, and exam preparation sessions. The inclusion of guest participants is a valuable teaching and learning strategy that helps connect course content to clinical practice, professional expectations, licensure preparation, and current issues in health care. Students are expected to extend the same level of professionalism, civility, attentiveness, and respect to guest speakers and guests as they would to faculty, staff, peers, patients, and clinical partners. Disruptive, dismissive, disrespectful, or unprofessional behavior during sessions involving guests is inconsistent with program expectations and may be addressed under

	applicable professionalism, civility, communication, or student conduct policies. Faculty maintain discretion regarding the selection of guest speakers, the format of guest participation, and the role of guests in supporting course and exam-preparation activities.
Flipped Classroom	Many theory classes in the OCCC Nursing Program are designed using a flipped classroom format. In a flipped classroom, "homework" and class time are "flipped." Students will prepare for class time by completing reading assignments, taking notes, watching assigned videos, completing assignments or quizzes, and other preparation activities. **Students must come to class prepared to participate.**
Active Learning	Deep learning requires students to engage with course material and information in meaningful ways. Class time will be devoted to active learning strategies designed to encourage engagement with course material and concepts, critical thinking, and clinical reasoning and judgment. Class activities may include case studies, concept mapping, Socratic seminar, group discussion/debate, games, reflective writing, and other activities or assignments. **Students must come to class prepared to participate.**
Recording	Students may not audio record, video record, photograph, screenshot, livestream, transcribe, or otherwise capture any lecture, class session, lab, simulation, review session, meeting, or other instructional activity without the prior explicit permission of the faculty member. Permission must be obtained in advance and may be limited, conditioned, or denied at the faculty member's discretion. Any approved recording may be used only for the student's personal educational use and may not be copied, shared, posted, uploaded, distributed, sold, transmitted, or otherwise disclosed to any other person or platform without additional written authorization from the faculty member and, when applicable, the College. Unauthorized recording or distribution of instructional content may result in removal from the learning environment, disciplinary action, loss of course privileges, referral under applicable student conduct policies, or other program consequences.
Hybrid	Hybrid learning environments – sometimes called blended learning environments – include a blend of traditional classroom instruction, technology- aided instruction, independent learning modules, and online learning activities. These teaching and learning methods are carefully planned and selected by faculty based on a variety of circumstances.

Substantive Interaction	Students in nursing courses are expected to engage substantively with faculty, peers, course content, and required learning activities in classroom, lab, simulation, clinical, online, and hybrid settings. Substantive interaction means active, timely, meaningful, and professional participation that demonstrates preparation, engagement, and progress toward course outcomes. Mere attendance, passive presence, minimal online activity, or logging into a course without meaningful participation does not satisfy this requirement. Failure to demonstrate substantive interaction may affect attendance, participation, professionalism, course standing, or progression.

Onsite Clinical and Skills Lab	
Most courses in the OCCC Nursing Program include learning in an onsite clinical skills lab. The purpose of onsite clinical and skills labs is to develop psychomotor skills, as well as critical thinking and clinical judgment in a safe learning environment so that students are prepared to practice safely and effectively when working with patients. Clinical skills labs may include classroom instruction, hands-on learning activities, simulations, and math. Clinical skills are sequenced in a way that allows students to use previously learned knowledge and skills when learning and applying new knowledge and skills. Therefore, it is the student's responsibility to ensure competence in all skills presented in skills labs. Students requiring additional practice or reinforcement of skills should communicate this need with the clinical skills lab faculty and/or the clinical coordinator to arrange additional learning opportunities.	
Attendance	Attendance is required at all clinical skills labs. Onsite clinical and clinical skills are clinical hours and are a required component of the nursing program. Students that must miss a clinical skills lab must communicate with the clinical skills lab faculty and the clinical coordinator as soon as possible. There is no guarantee that time in the clinical skills labs can be replaced or made up. Failing to attend a clinical skills lab without notifying the clinical skills lab faculty and the clinical coordinator will be considered an unexcused clinical absence and may result in clinical probation or clinical failure.
Preparation	Students are expected to come to the clinical skills lab prepared to do the assigned skill(s) and may be asked to leave if they have not completed the required preparation.
Participation	Students are expected to fully participate in all clinical skills lab activities. Students that do not participate in clinical skills lab activities may be asked to leave.
Professionalism	The onsite clinical skills lab environment is a clinical environment, and all clinical uniform and behavior standards apply in this learning environment.
Skills Competence	Competence in clinical skills is assessed using a variety of methods. After a student has demonstrated competency in a skill in the clinical skills lab, the student is able to perform the skill in most clinical settings.

Assessment and Grading	Many skills assessments are not graded. That is, they are not assigned points and will not contribute to the student's final grade. The purpose of the skills lab is to provide students with ample opportunities to develop and achieve competency in required clinical skills. However, a demonstration of competence in required clinical skills is required to successfully complete nursing courses. Students must complete all lab requirements by the last scheduled day of the lab for the term or they will receive an F grade for the nursing course and will not be able to progress in the program.

Onsite Clinical Simulation Lab	
Most courses in the OCCC Nursing Program include learning in an onsite clinical simulation lab. Clinical simulation labs provide students with opportunities to develop clinical judgment and critical thinking. Simulation scenarios allow students to practice assessment, analysis, planning, implementation, and evaluations skills in realistic situations. Students will have opportunities to work in a variety of nursing roles and to assess their own and their peers' performance to facilitate professional development.	
Attendance	Attendance is <u>required</u> at <u>all</u> clinical simulation labs. Onsite clinical simulations are clinical hours and are a required component of the nursing program. Students that <u>must</u> miss a clinical simulation lab <u>must</u> communicate with the clinical simulation lab faculty and the clinical coordinator as soon as possible. There is no guarantee that clinical simulation labs can be replaced or made up. Failing to attend a clinical simulation lab without notifying the clinical simulation lab faculty and the clinical coordinator will be considered an unexcused clinical absence and may result in clinical probation of clinical failure.
Preparation	Most clinical simulation experiences include a preparation assignment. Students are expected to come to the clinical simulation lab prepared to do the assigned scenario(s) and may be asked to leave if they have not completed the required preparation or assignment. If a student is asked to leave due to lack of preparation, this may be considered an unexcused clinical absence and may result in clinical probation of clinical failure.

Participation	Students are expected to fully participate in all clinical simulation lab activities. Students that do not participate in clinical simulation lab activities may be asked to leave. If a student is asked to leave due to lack of participation, this may be considered an unexcused clinical absence and may result in clinical probation of clinical failure.
Professionalism	The onsite clinical simulation lab environment is a clinical environment, and all clinical uniform and behavior standards apply in this learning environment.
Online Simulation	Some clinical simulation may include an online simulation component as part of clinical and/or theory.
Assessment and Grading	Because simulation includes critical thinking and clinical judgement, some clinical simulation experiences will include assessment with the Lasater Clinical Judgment Rubric. Although clinical simulation experiences are generally not a significant portion of the student's final grade, failure to demonstrate safe clinical practice and/or sound clinical judgment at an appropriate level may result in remediation or the inability to progress in the nursing program.

Offsite Clinical Rotations	
All courses in the OCCC Nursing Program include learning in offsite clinical rotations. Clinical rotations are designed to give students a variety of learning experiences in acute, long-term care, and community-based settings. In offsite clinical rotations, students will work with a clinical faculty and/or a nurse preceptor. In all cases, the student is responsible for their own practice. Students do not practice in the clinical setting "under" any nurse's license. The OSBN grants students the right to practice up to the scope of practice for which they are being prepared, provided the student is educationally prepared and has demonstrated competency for the assignment they are given.	
Attendance	Attendance is required at all scheduled clinical rotations. Offsite clinical rotations are clinical hours and are a required component of the nursing program. Students that must miss a clinical rotation must communicate with the clinical faculty and the clinical coordinator as soon as possible. There is no guarantee that clinical rotations can be replaced or made up. Failing to attend a clinical rotation without notifying the clinical simulation lab faculty and the clinical coordinator will be considered an unexcused clinical absence and may result in clinical probation of clinical failure.
Preparation	Students must be prepared to practice safely and competently in the clinical setting. This includes assuming responsibility for their own competence in skills and knowledge before entering the clinical environment.

	Because the clinical skills need to be practiced and done safely, students must be prepared for the experience. Preparation includes successfully demonstrating skills in the Clinical Skills Lab prior to performing them in clinical as well as independent practice and assuming responsibility for clinical competence.
Participation	Clinical rotations and experiences are limited. Therefore, students are expected to be active participants in seeking clinical experiences at their assigned setting that best meet their learning needs. Students should be prepared to discuss learning goals with clinical faculty during each clinical rotation. While students must assume responsibility for planning and providing care within their abilities and scope of practice, they must also recognize their limitations and seek assistance and guidance from the clinical faculty, as evidenced by adherence to the critical element of safety. Students are expected to fully participate in all clinical activities. Students that do not participate in clinical activities may be asked to leave.
Professionalism	The OCCC Nursing Program works extremely hard to develop clinical partnerships and to ensure that students have a variety of clinical experiences in the community. Students are expected to behave professionally, ethically, and safely in all clinical environments. **Unethical, unprofessional, or unsafe conduct may result in disciplinary action including dismissal from the program.**
Assessment and Grading	Clinical assessment and grading include a variety of components including clinical journals, clinical performance assessment, and clinical assignment. See individual course syllabi and clinical supplements for more information.

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Section 6:

Policies Related to Assessment, Evaluation, Grading, and Course Progression

Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Assessment and Evaluation Policy

Purpose: The purpose of assessment is to provide students with feedback and recommendations to help students progress toward competence or mastery of student outcomes, course and program objectives, and professional standards. Assessment is an ongoing process that occurs in all learning environments across the nursing program. Assessment is learner-centered and benefits both the learner and the teacher by providing information about the quality of learning and progress toward learning outcomes. Evaluation occurs when learning is complete. The purpose of evaluation is to appraise or judge the understanding, analysis, and application of knowledge and skills. The evaluation process includes assigning a score or letter grade.	
Assessment Processes	
Rubrics	All assessments and evaluations of assignments and projects will use a rubric to assess student work. Rubrics include specific criteria about individual elements of assignments. Student work is always assessed against a rubric, never against peers, the class, or the student's own past work. Rubrics may include both scored and unscored elements. Scored elements influence the student's final grade and are typically tied to specific assessment elements. Unscored elements do not impact the student's final grade and are typically tied to course, program, or clinical outcomes. Unscored elements are used to track students' progress toward meeting outcomes rather than calculating a student's grade. Rubrics will be attached to assignments on Canvas. Students should review all rubrics closely before submitting assignments. The rubric tells the student what the professor is assessing.
Blind Grading	Professors in the nursing department assess student work, behaviors, and actions, not the worth or value of the student, the quantity of work, or the level of growth or improvement. When possible, instructors use a "blind" grading approach to assessing student work. This means that the student's name is not attached to the assignment and the order of assignments is randomized. This allows professors to be more objective in assessing student work against a rubric or set of outcomes. Blind grading is not possible for most clinical work, reflective journals, and discussion posts.

Student Feedback	Professors use three levels of feedback when assessing student work. Feedback is intended to help the student understand the assignment score, the student's current level of work, and how to improve work in future assignments. Level 1: All students receive feedback from marked sections of the rubric. The descriptions in the rubric are feedback for the student. If student work is substandard or below competence, the evaluator will likely include some comments in the rubric aimed at improving future work. If student work is at least adequate, the evaluator may consider the feedback in the rubric sufficient. Level 2: Some students may receive brief, targeted feedback related to strategies to improve future work. These may appear as annotations in submitted work, comments in the rubric, or comments in the assignment textbox. Level 3: Extensive or personalized feedback will be provided at the request of the student. Short or straightforward questions may be emailed to the evaluator. If the student would like additional, extensive, personalized feedback or a review of submitted work, the student should attend office hours or contact the evaluator to schedule a time to meet.
Assessment Types	
Formative Assessments	Formative assessments are assessment strategies intended to measure progress toward course and program objectives as the course progresses. They are lower stakes – contribute less toward the final grade – and provide information to both students and professors about areas of strength and opportunities for growth and development. Formative assessments may include classroom activities and participation, minor assignments, and quizzes.
Minor Assignments	Most classes and some clinical rotations include a minor assignment. Minor assignments are typically lower stakes – worth less toward the final grade – and should be viewed by both students and faculty as part of the learning process versus a measurement of completed learning. Minor assignments may be completed before, during, or after class or clinical depending on the preference of the professor and the purpose of the assessment. Students can see information about minor assignments for each class or clinical in Canvas.
Summative Assessments	Summative assessment strategies are intended to assess student competency or understanding after learning has taken place. These are typically higher stakes assessments – worth more toward the final grade – and provide information about the student's ability to comprehend, assess,

	evaluate, apply, and analyze information presented in the course and learning materials. Summative assessments may include major assignments, projects, and clinical observations and skills assessments.
Major Assignments and Projects	Major assignments are typically due at or near the midterm or the end of the term. These assignments are designed to give students the opportunity to demonstrate deep learning in a specific area and present a polished and professional piece of work. Major assignments are typically presented early in the term so that students have time to prepare and present their best work for assessment. Major assignments typically include individual assignments (often a paper or presentation) and collaborative assignments (often a group project, presentation, or community service).
Exams	Exams are the most heavily weighted portion of the overall grade. Exams are designed to evaluate student learning and prepare students for success on the NCLEX licensure exam. The course calendar includes a schedule of exams and exam content.

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Certification, Graduation, and Licensure

Purpose:	The purpose of this policy is to detail the requirements of certification, graduation from the nursing program, and professional licensure requirements.
LPN Certification	Students successfully completing the first year of the OCCC nursing program are eligible to receive an LPN certificate from OCCC, sit for the LPN licensure exam (NCLEX-PN), and apply for LPN licensure through the Oregon State Board of Nursing.
Graduation	Students successfully completing all courses in the OCCC of the nursing program are eligible graduate from the OCCC nursing program with an Associates of Applied Science in Nursing, sit for the RN licensure exam (NCLEX-RN), and apply for RN licensure through the Oregon State Board of Nursing.
Pinning Ceremony and Reception Guidelines	The following are guidelines followed in planning the Oregon Coast Community College Nursing Program Pinning Ceremony: Students will participate in the planning and implementation of the pinning ceremony with the Dean of Nursing & Allied Health. Students will adhere to the Student Code of Conduct and Procedures as outlined in the OCCC Nursing Program Student Handbook: Behaviors prohibited by the Code of Conduct include but are not limited to: "being under the influence of alcohol, illegal drugs or controlled substances on college property or at college sponsored or supervised functions."
Application for Licensure	The Dean of Nursing and Allied Health or a member of the Oregon State Board of Nursing will provide a presentation related to the process and procedures for professional licensure in the state of Oregon. Applications for and information about the LPN and RN National Council Licensing Examinations (NCLEX) can be obtained from the State Board of Nursing website at https://www.oregon.gov/OSBN/pages/index.aspx

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Course Progression Policy

Purpose:	The purpose of this policy is to describe the standards for progressing to the next course in the OCCC Nursing Program.
Course Progression	All courses in the nursing series are required and must be completed to complete the nursing program. Failure to earn a passing grade in a course will result in the inability to progress to the next course in the nursing program. Each nursing course must be completed with a "C" or higher in sequence (141, 142, 143, 145, 241, 242, and 243, and 250 of course numbering before the student may continue to the next course. The student must achieve a designated level of "C" or higher to progress to the next course. Students who have entered and are not successful in NUR 141 and in NUR 241 will be required to reapply to the program as these are entry points, not progression points.
Standards for Course Progression	There are **FIVE** benchmark categories that students must achieve in the core courses (141, 142, 143, 145, 241, 242, 243, and 250) to progress to the next course in the nursing series. 1. A cumulative 76% on exams must be earned to progress to the next course in the nursing program. a. Students that do not meet the 76% exam benchmark may not be able to eligible to progress to the next course in the nursing sequence even if the overall score is greater than 76%. b. A cumulative exam score of 75.99% does not meet the exam benchmark as there is no rounding of grades within the nursing program. 2. A cumulative 76% on theory coursework must be earned to progress to the next course in the nursing program. a. Students that do not meet the 76% exam benchmark may not be able to eligible to progress to the next course in the nursing sequence even if the overall score is greater than 76%. b. A cumulative exam score of 75.99% does not meet the exam benchmark as there is no rounding of grades within the nursing program. 3. A cumulative 76% in the clinical portion of the course must be earned to progress to the next course in the nursing program. a. Students that do not meet the 76% clinical benchmark will not be able to eligible to progress to the next course in the nursing sequence even if the overall score is greater than

76%.
   b. A cumulative clinical score of 75.99% on clinical coursework does not meet the clinical benchmark as there is no rounding of grades within the nursing program.

4. Sound critical thinking, clinical reasoning, and safe practice
   a. Students MUST demonstrate competency in 100% of clinical objectives to progress to the next course in the nursing program.
      i. Clinical objectives are discussed in the clinical handbook and the quarterly clinical supplement. Demonstration of clinical competence and sound clinical judgment are essential for safe and effective clinical practice.
   b. Students MUST demonstrate the ability to practice in a safe and effective manner to progress to the next course in the nursing program.
   c. Safe and effective clinical practice are discussed in the clinical handbook. Failure to perform previously learned clinical skills safely or to practice safely in the clinical environment may result in a clinical failure and the inability to progress to the next course in the nursing program.

5. A cumulative 76% of all available points must be earned to progress to the next course in the nursing program.
   a. Students that do not meet the 76% overall benchmark will not be able to progress to the next course in the nursing sequence even if the exam and/or clinical scores are greater than 76%.
   b. A cumulative clinical score of 75.99% does not meet the cumulative benchmark as there is no rounding of grades within the nursing program.

Students MUST demonstrate sound clinical judgement and clinical reasoning at a level consistent within their current scope of practice to progress to the next course in the nursing program.

Students that do not demonstrate competency in ALL clinical outcomes/competencies will not be eligible to progress to the next course in the nursing program.

Students that do not demonstrate sound clinical judgment and clinical reasoning as identified on the Lasater Clinical Judgment Rubric (LCJR) will not be eligible to progress to the next course in the nursing program.

Faculty will make every effort to provide reasonable remediation plans for students struggling with clinical outcomes/competencies.

Students who do not meet one or more of these criteria will earn a “F”

	grade for the course. This is not the same as a dismissal for other reasons. Dismissals are addressed in a subsequent policy.
Program Progression Information, Questions, and Concerns	Questions and concerns about a specific lecture or classroom presentation should be pursued with the faculty member(s) who conducted the class. Faculty facilitate the learning process by formulating objectives to guide students in their study of the defined topics. These objectives are addressed in selected reading assignments, syllabus materials, and classroom activities. Students are individuals with unique learning needs and styles, so faculty will vary in their methods of presentation and classroom management. To clarify or provide additional information, faculty may post supplemental materials for students to copy. Faculty-developed materials, such as class notes or PowerPoint slides, may be shared at the discretion of individual faculty, but this is not an established pattern. Students are encouraged to form study groups to enhance their learning and to use other resources to seek out answers to questions they may have. When such independent learning methods have been employed and a need for additional direction or clarification remains, students may contact individual faculty to discuss the topic. Questions and concerns related to clinical experiences should be addressed to the assigned faculty. Questions and concerns related to academic matters (e.g., course selection, graduation review) should be discussed with the nursing advisor. Individual questions, concerns, and comments about the Nursing Program can be discussed with the Dean of Nursing and Allied Health. Students having problems with individual faculty should try first to resolve the issues with those faculty. If a direct approach to solving such problems fails, students may meet with the Dean of Nursing and Allied Health to seek guidance. If the issue involved alleged discrimination or harassment, Student Services should be contacted.

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- March 30, 2026: Updated multiple sections, deleted progression with probation section. Clarified dismissal language

Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Dismissal vs Non-Progression Policy

Purpose	This policy defines the criteria, procedures, and safeguards for **dismissing a student from the OCCC Nursing Program** when the student is no longer permitted to continue due to academic deficiency, unsafe clinical performance, violation of professional or conduct standards, failure to meet program requirements, or other grounds identified in program or college policy. It applies to all learning environments (didactic, lab/simulation, clinical, community, and online) and operates in concert with the **OCCC Student Code of Conduct**, course syllabi, clinical-site rules, and related program policies (e.g., Academic Integrity; Professional Behavior & Civility; Substance Use; Clinical Participation/Clearance; ADA/504). **Guiding principles:** patient and learner safety, fairness, consistency, documentation, confidentiality, and support for remediation where feasible.
Definitions	**Non-Progression**: The unsuccessful completion of an academic course, clinical course, clinical component, competency, examination, or other required program element. Non-progression indicates that the student did not achieve the minimum standards required for satisfactory performance, course completion, or progression in the program. **Dismissal**: The formal separation of a student from the nursing program when the student is no longer permitted to continue due to academic deficiency, unsafe clinical performance, violation of professional or conduct standards, failure to meet program requirements, or other grounds identified in program or college policy.
Criteria for Dismissal	**Academic Performance** • Failure to attend any orientation session or class that is described or indicated to be mandatory • Failure to meet identified course or program outcomes. **Clinical Performance** • Consistent demonstration of unsafe clinical practice or behaviors or actions that jeopardize patient safety or well-being. **Professional Behavior** • Engaging in unprofessional or uncivil conduct, including, but not limited to dishonesty, violation of patient confidentiality, unethical behavior, or disruptive conduct. • Failure to adhere to the nursing program's policies related to professionalism, civility, and student conduct, including violations of academic integrity and artificial intelligence use. **Failure to Meet Essential Requirements**

	• Inability to fulfil essential physical, mental, or emotional requirements necessary for safe and effective nursing practice, even with reasonable accommodations.
Criteria for Non-Progression	**Academic Performance** • Failure to achieve a 76% cumulative score on exams. • Failure to achieve a 76% cumulative score overall. • Failure to meet identified course or program outcomes. **Clinical Performance** • Inability to demonstrate competency in clinical outcomes or competencies. • Inability to demonstrate sound clinical judgment at a level consistent with the student scope of practice and clinical outcomes. **Failure to Meet Essential Requirements** Failure to complete clinical hours by the end of the term.
Dismissal Process	**Step 1 — Identification & Notice** • Faculty/advisor/mentor/Dean identifies concerns and enters an **APR** (or equivalent). • Student receives **written notice** of the specific concerns, applicable policies, and next steps; a meeting is scheduled (typically within **3 business days**). **Step 2 — Meeting & Opportunity to Respond** • Student meets with relevant faculty and program leadership • Evidence is reviewed; the student may share context, materials, or mitigating information. • When appropriate, the program may offer or revise a **remediation plan** with clear metrics and timelines. • The program may also move forward with **immediate dismissal** based on the context, materials or mitigating information provided **Step 3 — Evaluation of Outcomes if Remediation Plan is Approved** • If improvement is demonstrated within the agreed timeline, the matter may be resolved (with or without probation). • If goals are **not** met, or if concerns are **egregious** (e.g., falsification, serious safety breach, harassment/violence, impairment), the case proceeds to dismissal consideration. **Step 4 — Dismissal Decision** • A **Program Review Committee** (relevant faculty and program

	administrators) reviews the record (APR, remediation, evaluations, incident reports). • The **Dean of Nursing & Allied Health** issues the **final decision** (dismissal or alternative action), with a **written outcome letter** summarizing the rationale, effective date, and any conditions (e.g., ineligibility for clinical attendance, return of property/access). **Step 5 — Records & Confidentiality** • All records are maintained **confidentially** and shared only with individuals who have a legitimate educational or safety need to know, consistent with College policy and applicable law.
Non-Progression Process	**Step 1 — Identification & Notice** • Faculty/advisor/mentor/Dean verifies that the student will not be progressing • Student receives **written notice** of the non-progression reason and decision and is given the opportunity to respond • **Step 2 — Meeting & Opportunity to Respond** • Students may request a meeting with relevant faculty and program leadership. This meeting must occur within 24 hours of the non-progression decision. • Evidence is reviewed; the student may share context, materials, or mitigating information. • When appropriate, the program may offer or revise a **remediation plan** with clear metrics and timelines or may move forward with a final non-progression decision **Step 3 — Non-Progression Decision** • A **Program Review Committee** (relevant faculty and program administrators) reviews the record (APR, remediation, evaluations, incident reports). • The **Dean of Nursing & Allied Health** issues the **final decision** (dismissal or alternative action), with a **written outcome letter** summarizing the rationale, effective date, and any conditions (e.g., ineligibility for clinical attendance, return of property/access). • The non-progression decision notice will also include information on options for readmission or returning to the program if applicable **Step 5 — Records & Confidentiality** • All records are maintained **confidentially** and shared only with individuals who have a legitimate educational or safety need to know, consistent with College policy and applicable law.

	IMPORTANT: Students who have entered and are not successful in NUR 141 and in NUR 241 will be required to reapply to the program as these are entry points, not progression points.
Appeal	Students may appeal a dismissal under the OCCC grievance/appeal procedures. The written appeal must be submitted within the timeline specified by College policy and should address one or more grounds (e.g., procedural error, new information not reasonably available earlier, or disproportionality of the decision).
Readmission After Dismissal	Readmission is **not guaranteed**. A dismissed student who wishes to seek readmission must follow the **Readmission Policy** and provide evidence of readiness to succeed, which may include: • Documented remediation of precipitating issues (e.g., tutoring, skills refreshers, counseling, treatment/compliance letters). • Demonstration of current competence (e.g., skills check-off, dosage-calc exam, clinical readiness assessment). • Ability to meet all **clinical placement** requirements (clearances, site acceptance). • Space availability and curriculum timing. Readmission decisions are on a **case-by-case** basis. All final decisions regarding readmission to the program belong to the Dean of Nursing & Allied Health.

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Exam Policy

Purpose:	Nursing exams primarily assess students' ability to apply knowledge using **clinical judgment and clinical reasoning**. This policy governs all graded exams (didactic, NGN/next-generation items, standardized/benchmark, and dosage-calculation) administered in classroom, lab/sim, or proctored computer settings. Examinations are a required and high-stakes component of the nursing program and are administered under strict conditions to protect academic integrity, fairness, exam security, and public trust in the preparation of future nurses. All students are expected to comply fully with examination rules, procedures, deadlines, and faculty instructions. Failure to do so may result in loss of testing privileges, a score of zero, course failure, disciplinary action, or dismissal from the program.
Principles	• **Fairness & validity:** exams align with course outcomes; items undergo post-exam analysis. • **Equity:** approved **ADA/Section 504** accommodations are implemented without reducing academic standards. • **Integrity & security:** secure delivery, standardized rules, and consistent enforcement protect all students.

Exam Types, Weighting & Progression	Exams constitute the **largest portion** of each course grade.
	
	To progress, students must earn **≥ 76% cumulative exam average** (weighted across *theory* and *standardized/benchmark* exams, as defined in the syllabus) **and** any minimum overall course grade stated in the syllabus.
	
	A. Dosage-Calculation (Medication-Math) Exam
	• Must be passed with **100% before** any medication administration in clinical.
	• Up to **three** attempts with required remediation between attempts.
	• Failure to achieve 100% after three attempts results in **course failure** and may trigger **program progression** consequences per the progression policy.
	• Math exams contribute to the **cumulative exam average** as defined in the syllabus.
	
	B. Standardized/Benchmark Exams (e.g., Kaplan)
	• Scoring Framework (course syllabi specify benchmarks):
	  ○ At/above benchmark = **full credit**
	  ○ Below benchmark but **≥ 50th percentile** = **half credit**
	  ○ **< 50th percentile** = **zero credit**
	• Remediation & Retesting (when offered):
	  ○ If initial score ≥50th but < benchmark: optional remediation + retake → **75% credit** if retake ≥ benchmark; otherwise

	remains **half credit**. ○ If initial score <50th: required remediation + retake → **+50% credit** if retake ≥ benchmark; otherwise remains **zero**. • Benchmark exams contribute to the **cumulative exam average** as defined in the syllabus. **C. Theory Exams (Unit, Midterm, Final)** • Theory exams include cumulative midterm and final; point values appear in the syllabus/course calendar. • No exam maps/study guides are provided **UWorld Assessments/Quizzes** • Questions or assessments provide through the UWorld platform are often categorized as exams based on the content and assignment There is zero tolerance for academic dishonesty in the nursing program.
Exam Administration & Security	**Setting and Proctoring** • Designated exams can be taken **in person** at one of the OCCC campuses in a designated testing area or at home on a laptop/tablet using **Respondus LockDown Browser + webcam** • Faculty reserve the right to require any and all exams to be conducted in person at a designated OCCC location • Faculty proctor remotely and are **on campus** during the session; room monitors may assist. • Students are required to have a laptop or tablet with a functioning webcam to take exams. Students are responsible for ensuring they have functioning equipment (a tablet or laptop Students that do not have a laptop or tablet with a functioning webcam will not be able to take the exam. It is the student's responsibility to ensure that their equipment is functioning properly and up to date. • Students are required to have the Respondus software correctly downloaded, updated, and properly functioning before beginning the exam. Students are responsible for managing passwords and login information. Students who do not have functioning equipment, updated testing software, or current password or login information may have less time to take quizzes or exams or be unable to access or complete exams. It is the student's responsibility to ensure that they can access and use the Respondus software on their laptop or tablet. **Check-in & Permitted Items** • If in person, all personal items (phones, smartwatches, earbuds, bags, coats, drink containers) are **checked** in a designated area and **powered off/silent**. You may not have any electronic device on your person during the exam and may only retrieve it after the exam is complete and totally shut down. You may keep your ID at your workstation as this is required as part of the Respondus validation process.

	• If you are testing at home, you must not have any personal items within your testing environment. all personal items (phones, smartwatches, earbuds, bags, coats, drink containers) are **checked** in a designated area and **powered off/silent**. You may not have any electronic device on your person during the exam and may only retrieve it after the exam is complete and totally shut down. You may keep your ID at your workstation as this is required as part of the Respondus validation process. • **Two blank pieces of scratch paper** and two writing utensils are allowed at the desk • Optional **foam earplugs** are permitted. • A calculator tool within the exam software will be enabled when indicated. Calculators outside of the embedded tool are prohibited. • Please ensure that you complete a thorough environmental scan when you start your exam. This includes showing your work station, removing your glasses and showing the camera, holding up your wrists to ensure you are not wearing a smartwatch, and showing your ears to ensure you are not wearing any type of assistive audio device. • A mirror set-up behind the computer and testing environment is required for students who are testing at home or in a remote location. **Start-Time & Late Arrival** • The exam will open approximately **10 minutes** before start to log in; exams begin **on time and end as scheduled** • Students must enter the exam prior to the start time. Late arrivals may be denied entry and receive **0** points unless an approved make-up is authorized. Late arrivals do not receive any extra time to complete their exam. **During the Exam** • Webcam must clearly always show the student and workspace. • If testing at home you must have a mirror positioned behind you that allows the proctor to view your work are from behind. • Students may **not** leave the workstation; leaving ends the exam and will result in **0**. • If a technical issue occurs on campus, **do not leave**: raise your hand for a monitor or follow the posted help procedure; the issue will be documented and addressed after the room is closed. • If you are testing at home, you are doing so at your own risk. The OCCC Nursing program is not responsible for any technical issues that may occur during your exam. The program cannot troubleshoot individual devices **during** the exam; unresolved issues may reduce testing time. Post-exam options (if any) are at faculty discretion consistent with this policy **After the Exam** • Respondus videos will be reviewed for academic integrity concerns.

	This review may result in an adjustment of the exam score or assignment of a zero **Materials Return** • If you are testing on campus, all scratch paper/pencils are **left in the room**; removal or photographing/copying of exam content is an **Academic Integrity** violation. • At the end of your exam, you must use your webcam to photograph and upload the back and the front of both pieces of scratch paper that you were provided.
Scoring & Post-Exam Review	• Exams and exam items have varying point values • Next-Generation (NGN) items are scored with partial credit per item type (e.g., 0/partial/full). • Essay questions are hand-graded and then reviewed a second time for accuracy and objectivity • Multiple-response items may offer partial credit when supported (e.g., + for correct, − for incorrect selections); if the platform cannot apply partial credit for a specific format, the syllabus will specify the scoring method used. • Item analysis: Faculty complete statistical and content review within 48 hours after all students test and full analytics are available. Items may be amended or removed for validity/reliability; adjustments apply equally to all students. Some exam items must be manually graded. • Scores are final after the faculty notice via Canvas.
Remediation & Exam Review	Any exam **< 76%** requires a meeting with the student's **faculty mentor** (office hours or scheduled) **before the next exam**. Course-level remediation plans do **not** include "extra exams" or retakes beyond those specified for standardized/benchmark exams. Students can request a review of their examination with their faculty, mentor or advisor. It is the responsibility of the student to request an exam review and to complete the appropriate exam review documentation form prior to the exam review meeting. The exam review period closes once a subsequent exam is conducted. For example: a student may review exam 1 up to the point in which exam 2 begins. Once the exam review period closes the student will not have the opportunity to review an exam. Requests for retroactive review of examinations will be denied.

	Students may request a review of their exam scoring by a second faculty. It is the responsibility of the student to request a secondary exam review and to complete the appropriate exam review documentation form prior to the exam review meeting. The secondary exam review period also closes once a subsequent exam is conducted. For example: a student may review exam 1 up to the point in which exam 2 begins. Once the exam review period closes the student will not have the opportunity to request a secondary review of an exam. Requests for retroactive secondary reviews of examinations will be denied.
Accessibility & Accommodation	Approved **ADA/504** accommodations (e.g., extended time, reduced-distraction room) are arranged through the College's accessibility office **before** exam day. Any accommodation is approved through OCCC Disability Services, not through the nursing program.
Missed Exams	With **prior approval** from Lead Faculty or the Dean of Nursing & Allied Health, **one** exam per term may be made up within **24 hours**, typically with an alternate form; a **10% deduction** applies. There must be a substantial reason for request to miss an exam. Documentation will be required. **Documented emergencies** (e.g., acute illness/injury, immediate family bereavement, natural disaster) may qualify for a make-up **without deduction** when verified; faculty/Dean will require documentation.
Academic Integrity & Exam Security	• Copying, photographing, retaining, sharing, posting, buying/selling, or soliciting **any** exam content is prohibited in **any** medium. • Unauthorized aids, backchannels, AI use where not expressly permitted, impersonation, and room-policy violations are integrity breaches. • Suspected violations are addressed under the **Academic Integrity Policy** (proportional sanctions up to program dismissal) and may include review of logs, version history, and proctoring records.

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Policy Category: Assessment, Evaluation, Grading, and Course Progression

Policy Title: Faculty Mentoring Policy

Purpose:	The purpose of this policy is to describe the roles and responsibilities for students and faculty mentors.
Faculty Mentoring	All students in the OCCC Nursing Program are assigned a faculty mentor. Students will work with their assigned mentor(s) throughout the program. The purpose of the mentorship program is to provide students with a resource for academic success and professional development. The mentor can also act as a guide and facilitator as students' progress through the OCCC Nursing Program. The mentor is not a counselor or academic advisor but is a resource to help students meet academic and professional goals and access resources available through the college and the nursing program. The faculty mentor will monitor student progress toward course, clinical, and program outcomes. The mentor will facilitate meetings related to student success, learning goals, and remediation. Mentors are also resources for students to discuss concerns and questions throughout the course of the program. Mentors work diligently to help students complete the program successfully. Students are strongly encouraged to use these resources before a problem becomes overwhelming or insurmountable. Mentor appointments do not replace appointments with the student's academic advisor.
Mentor Meeting Frequency	All students are required to meet with faculty mentors **at least twice per term, once between the first exam and the midterm exam and once between the midterm and the final exam. Students are also required to meet with their mentor after any exam in which they score a 76% or below** Additional meetings may be required based on risk factors associated with student success and progress in the nursing program. If additional meetings are needed, the faculty mentor will notify the student via Canvas email. Students can also schedule additional meetings as needed. It is the responsibility of the student to request the mentor meetings.
Student Risk Factors	Faculty mentors will review data and information about mentor students with the goal of early identification of barriers to success and the provision of resources and support to promote student success in the nursing program. Data and information about student risk comes from a variety of sources including cumulative exam scores, submitted coursework, and information supplied by students on surveys or during mentor meetings.

	Risk factors include issues faculty have identified as barriers or potential barriers to student success and progression in the nursing program. Common risk factors include: • Cumulative exam scores • Clinical issues • Professionalism • Communication • Study skills • Late or incomplete assignments • Basic needs issues
Student Risk Tiers	The faculty mentor program is based on a multi-tiered system of support framework. This means that students are organized into categories based on risk factors associated with student success. The purpose of a multi-tiered support system is to provide the appropriate level of support to all students. In this system, students at higher risk of not progressing to the next course in the nursing program will receive more support and resources from their mentor. Unless there is a learning, probation, or reentry contract that states otherwise, students may move between tiers many times during the program. **<u>Explanation of Tiers:</u>** **Tier 1 – Universal Support:** All students receive Tier 1 supports. Students in Tier 1 have demonstrated one or fewer Tier 2 or 3 Risk Criteria. Students in Tier 1 are very likely to progress to the next term of the nursing program. Supports in Tier 1 include: • At least two individual or group meetings or check-ins with a faculty mentor each term ○ Meetings or check-ins will occur once between the first exam and the midterm and once between the midterm and the final • Universal supports and resources **Tier 2 – Extended Support:** Students in Tier 2 have demonstrated at least one Tier 2 Risk Criteria and no Tier 3 Risk Criteria. Students in Tier 2 are likely to progress to the next term of the nursing program but would benefit from additional support. Supports in Tier 2 include: • Bi-weekly or pre-exam meetings with mentor • Identification of areas for remediation • Focused development and follow-up of learning goals with faculty mentor • Targeted support and resources aimed at meeting learning goals **Tier 3 – Comprehensive Support:** Students in Tier 3 have demonstrated at least one Tier 3 Risk Criteria. Students in Tier 3 may be at risk of not

	progressing to the next term of the nursing program. Supports in Tier 3 include: • Weekly meetings with mentor • Identification of areas for remediation • Focused development and follow-up of learning goals with faculty mentor • Targeted support and resources aimed at meeting learning goals
Faculty Responsibilities	The faculty mentor will: • Review data and information related to student success and progress in the nursing program. • Identify criteria that may indicate a risk for failure to progress in the nursing program. • Recommend or require additional meetings as needed. • Facilitate meetings with mentee students. • Assist the student in developing and meeting learning and professional development goals. • Provide resources for remediation as needed. • Develop learning or improvement plans as needed. • Provide accountability, resources, and support for nursing students. • Document mentor meetings.
Student Responsibilities	The student mentee will: • **Schedule mentor meetings** • **Attend scheduled mentor meetings** • Fully participate in mentor meetings • Develop and meet learning and professional development goals • Complete remediation tasks or assignments

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Grading Policy

<table>
<tr><td>Purpose:</td><td>The purpose of this policy is to identify the OCCC Nursing Program grading policy.</td></tr>
<tr><td>Grading</td><td>Final course grades are based on the cumulative number of points earned during the term. Courses in the OCCC Nursing Program will be worth 100 points per credit. For example, a 12-credit class will be worth 1200 points.

The final grade will be calculated by dividing the total number of points earned by the total amount of points available (100 points/credit). A breakdown of points available in each course will be provided in the course syllabus.

Faculty grade assignments on an individualized basis and at various speeds. Please consult with your course faculty if you have a specific question about their grading practices.</td></tr>
<tr><td>Rounding</td><td>There is no rounding of grades with the nursing program..

For example, 75.99% is not equivalent to 76% and will not be considered a passing grade.</td></tr>
<tr><td>Grading Scale</td><td><table><tr><th>Grading Scale</th></tr><tr><td>A = 91% - 100%</td></tr><tr><td>B = 83% - 90.99%</td></tr><tr><td>C = 76% - 82.99%</td></tr><tr><td>F = 0 % - 75.99%</td></tr></table></td></tr>
<tr><td>Incomplete</td><td>Incompletes are rarely assigned in nursing courses and only if there is an opportunity for a student to complete the course requirements before the next term begins . According to college policy, students are not allowed to register for the next course in the sequence if the prior course objectives were not met. Therefore, an incomplete will be considered on an individual basis.</td></tr>
</table>

Final Grades	Students MUST earn a cumulative 76% in all components of the course to progress to the next course in the nursing program. Final course grades will NOT be rounded to the nearest whole number. A cumulative score of 75.99% is not a passing grade. Students that do not earn at least a cumulative 76% will not be eligible to progress to the next course in the nursing program. **There are no exceptions to this policy.**

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Grievance Policy

Purpose:	This policy establishes the required and exclusive departmental process for students seeking to grieve a final course grade or a departmental decision affecting a grade or program progression in the OCCC Nursing & Allied Health Program. This policy applies to didactic, lab/simulation, and clinical courses. It operates in conjunction with the College Grievance Procedure set forth in the OCCC Catalog.
Scope and Limits of Review	A grievance may be filed only on one or more of the following grounds: 1. **Clerical or calculation error**: An error in points, weights, averages, totals, transcription, or grade posting. 2. **Procedural error**: A failure to follow a published course, program, or departmental policy that materially affected the grade or progression outcome. 3. **Inconsistent application of stated criteria**: A material inconsistency in the application of published grading or progression criteria to the student as compared with similarly situated students in the same course or section. 4. **Discrimination or retaliation prohibited by College policy or law**: Discrimination or retaliation that is alleged to have materially affected the grade or progression decision. A grievance may **not** be filed based solely on disagreement with faculty academic judgment. Non-grievable matters include, but are not limited to: • disagreement with item difficulty, test design, or exam format • disagreement with rubric interpretation or scoring judgment, unless tied to one of the grievable grounds listed above • disagreement with clinical evaluation, professional judgment, or safety assessment, unless tied to one of the grievable grounds listed above • dissatisfaction with course rigor, grading standards, or faculty expectations that were published and uniformly applied • requests for extra credit, additional assignments, reassessment, or grade changes not expressly provided for in the syllabus or published program policy Academic judgment, content validity, essential competencies, and academic standards remain within faculty authority and are not subject to grievance except as expressly stated in this policy
Student Responsibility	The student bears the burden of initiating the grievance, meeting all deadlines, submitting all required documentation, and establishing that a grievable ground exists. Failure to comply fully with procedural requirements, submission requirements, or deadlines may result in denial or dismissal of the grievance without further review.

	All timelines in this policy are measured in **business days** and are strictly enforced unless a written extension is granted by the Dean for documented emergency circumstances. Lack of awareness of this policy, misunderstanding of deadlines, failure to check email, dissatisfaction with the outcome, work obligations, travel, or general personal inconvenience do not constitute good cause for extension.
Required Grievance Process	**Step 0: Mandatory Prompt Inquiry to Faculty** • Within 2 business days of the posting of the grade or notice of the departmental decision, the student must email the involved faculty member and request clarification and a meeting. • The email must identify the specific decision being challenged and briefly state the basis for the concern. • Failure to complete this step within the required timeframe waives departmental review unless the Dean grants a written exception for documented emergency circumstances. **Step 1: Informal Resolution with Faculty** • The faculty meeting will occur within 5 business days of the student's request, when practicable. • Following the meeting, the faculty member will issue a written Step 1 outcome. • If the matter is not resolved, the student may proceed to Step 2. • A student who fails to attend the scheduled Step 1 meeting without prior notice and documented good cause forfeits the grievance unless the meeting is rescheduled at faculty discretion. **Step 2: Departmental Review by Dean** • If the matter remains unresolved after Step 1, the student must submit a written request for Dean review within 2 business days of the Step 1 outcome. • The request must be sent by email to the Dean of Nursing & Allied Health and must include all required grievance materials. • The Dean will schedule the Step 2 review meeting within 5 business days of receiving a complete submission. Incomplete submissions do not pause or extend the filing deadline. **Step 3: College Formal Grievance** • If the matter remains unresolved after Step 2, the student may file a Formal Grievance with Student Services within 5 business days of the Step 2 outcome, in accordance with the OCCC Catalog. • Once the matter proceeds to the College level, College grievance procedures control.

	Expedited timelines for clinical grades Because a failing clinical grade may result in immediate removal from the patient-care setting, the following timelines apply to grievances involving failing clinical grades or clinical progression decisions: • Step 0 request: same day as notice, or no later than 1 business day after notice • Step 1 meeting: within 2 business days • Step 2 request to the Dean: within 1 business day of the Step 1 outcome • Step 2 meeting: within 2 business days of receipt of a complete request • Step 3 College filing: within 3 business days of the Step 2 outcome • Failure to comply with the expedited timeline for a clinical grievance may result in immediate dismissal of the grievance.
Required Student Submission	A grievance request is not complete unless it includes all of the following: 1. A cover email identifying the exact grade or progression decision being challenged and the specific grievable ground or grounds being asserted 2. Supporting evidence, which may include gradebook records, exam reports, rubric pages, syllabus provisions, policy citations, and relevant emails 3. A timeline identifying the key dates of the decision, communications, and meetings 4. The specific remedy requested 5. For discrimination or retaliation claims, identification of whether a related report has been filed under College policy Packets that are incomplete, vague, unsupported, untimely, or based on non-grievable issues may be returned without action, denied, or dismissed. The filing deadline continues to run regardless of whether the packet is incomplete.
Roles & Decision Makers	**Faculty of Record** The Faculty of Record is responsible for addressing alleged calculation or procedural errors at Step 1, providing relevant documentation, and issuing the Step 1 written outcome. **Dean of Nursing & Allied Health** The Dean is the sole departmental decision-maker at Step 2. The Dean may consult an uninvolved faculty reviewer for technical verification of grading records, policy application, or documentation. The Dean issues the

	departmental decision in writing. **College Grievance Authority** At Step 3, the grievance is governed by the College Grievance Procedure in the OCCC Catalog, and the College process controls.
Remedies – Departmental Level	If a grievance is upheld at Step-1 or Step-2, permitted remedies may include: • Grade recalculation or correction of clerical/procedural error. • Consistent reapplication of stated policy (e.g., drop/weight rules, rubric application) to the student and—if required for equity—to the class/section. • Make-good opportunity only when explicitly allowed in the published syllabus/policy (the department may not invent new assessments post hoc). • Clarifying addendum to course materials to prevent recurrence. Remedies cannot lower academic standards, waive essential competencies, or contradict the syllabus, program policies, clinical-site requirements, or the College Catalog.
Required Student Submission	The grievance packet **must** include: 1. **Cover email** stating the specific ground(s) 2. **Evidence** (gradebook exports, exam reports, rubric pages, syllabus/policy citations, emails). 3. **Timeline** (key dates of posting, contact, meetings). 4. **Requested remedy** . 5. For discrimination/retaliation claims: indicate if a related report was filed under College policy. Packets missing required elements may be returned for completion and the timeline will continue to run.
Departmental Review Process	At Step 2, the departmental review process consists of: • acknowledgment of receipt • review of the syllabus, applicable policies, grading records, and faculty response • consultation with an uninvolved reviewer when deemed necessary by the Dean • meeting with the student and, when appropriate, the involved faculty member • issuance of a written decision by the Dean within **3 business days** of the Step 2 meeting The student may bring a silent support person only to the extent permitted by College policy. The support person may not speak, present argument,

	question participants, or otherwise participate in the meeting.
Available Remedies at the Departmental Level	If a grievance is upheld at Step 1 or Step 2, the only permissible remedies are: • correction of a clerical or calculation error • correction of a procedural error • consistent reapplication of published grading or progression criteria • a make-good opportunity only when expressly authorized by the published syllabus or policy • issuance of a clarifying addendum to course materials or department guidance to prevent recurrence The department may not invent new assessments, waive essential competencies, lower academic standards, substitute faculty judgment with student preference, disregard clinical-site requirements, or grant remedies that conflict with the syllabus, program policy, College policy, or the OCCC Catalog
Interim Status During Grievance Review	Filing a grievance does not stay, suspend, or reverse the underlying academic or progression decision unless the Dean or applicable College authority issues written notice to the contrary. For clinical failures or clinical progression decisions, the student remains excluded from the clinical setting pending the outcome of the grievance. Theory participation may continue only if permitted by course policy and program decision. For theory failures, the student may continue coursework only to the extent permitted by program policy and only until a final determination is made. Any interim participation is administrative in nature and does not constitute reinstatement, reversal, or a finding in the student's favor.
Professional Conduct and Non-Retaliation	All parties are required to maintain professional conduct throughout the grievance process. Disruptive behavior, intimidation, misrepresentation, retaliation, interference with the grievance review, or failure to comply with directives during the grievance process may result in separate disciplinary action under College or program policy. Retaliation against any person participating in good faith in the grievance process is prohibited.
Finality and Dismissal of Grievance	A grievance may be dismissed at any stage for any of the following reasons: • untimely filing • failure to complete a required step • failure to provide required materials • failure to identify a grievable ground • failure to attend a required meeting without documented good cause • filing on issues that are non-grievable under this policy • abandonment of the grievance by nonresponse or failure to proceed

	A departmental Step 2 decision is final unless the student timely advances the matter through the College Formal Grievance process.

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- March 30, 2026: Complete revision

Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Late Assignment Policy

Purpose:	The purpose of this policy is to describe the OCCC Nursing Program Late Assignment Policy. **Late Assignments:** Any assignment that is classified as an "exam" or "quiz"is not included in the late assignment policy. UWorld assignments are also not included under the late assignment umbrella. All assignments must be submitted on time to receive full credit. Unless students make previous arrangements with the professor, points will be deducted from the late assignments as follows:
Communication	In some cases, faculty may be able to accommodate students needing to submit assignments after the posted due date on a limited basis. If an assignment cannot be submitted on time, students must contact the faculty responsible for the assignment **before the posted due date** to request alternate arrangements. Acceptance of late assignments is completely at the discretion of the responsible faculty and is dependent on a variety of factors.
00:01 – 24 hours late	75% of earned credit/points
24:01 – 48 hours late	50% of earned credit/points
48:01 – 72 hours late	25% of earned credit/points
More than 72 hours late	0 (no points)
Multiple Late Assignments	**If two(2) or more assignments are submitted late without prior approval of the professor, the student will be placed on departmental academic probation.**

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Mandatory Attendance Policy

Purpose:	To identify **learning experiences that require mandatory attendance** and to specify **procedures and consequences** for absence or lateness in those activities. This policy applies to all Nursing & Allied Health students in classroom, skills/simulation, clinical readiness, community, and clinical settings.
Definitions	**Mandatory activities:** program **orientation days**, **exams/assessments** governed by the Exam Policy, and **all clinical experiences** (on-site and off-site), including **skills lab**, **simulation lab**, **clinical readiness**, **community rotations**, and **hospital rotations**. **Theory (didactic) sessions:** attendance **not required** but **strongly encouraged**; participation may affect course engagement/participation marks per syllabus. **Tardy:** arrival **≥5 minutes** after the posted start time or returning late from a scheduled break. **Early departure:** leaving **≥5 minutes** before the posted end time without prior approval. **Unresolved absence:** an absence without timely notification and required documentation under **Note:** Three (3) **tardies and/or early departures in any clinical course = one (1) clinical absence** for progression purposes.
Zoom Lock Out	You will have a five-minute grace period to log in to all mandatory class events (orientation, clinical conferences, etc). The Zoom session will be locked at the five minute; one second marker and the student will be unable to enter the session. This event will result in an unexcused clinical absence.
Mandatory Attendance Policy	Attendance is mandatory for all students for all orientations, exams, and all clinical rotations. Attendance in theory classes is not mandatory. Students are strongly recommended to attend and participate in all classroom/theory learning activities. Student success is strongly correlated to attendance and participation in theory classes. Excessive absences may result in a theory warning or probation. *See exam policy for additional information on exam attendance.* **This policy applies to ALL orientation days. Students that do not attend all orientation days will be dismissed from the program.**

Mandatory Clinical Attendance	Nursing courses include attendance at clinical rotations both on and off campus. Students are expected to adjust personal schedules, including work and childcare, to meet course requirements. Students are expected to have reliable transportation for attendance at clinical rotations. Clinical rotations will not be adjusted for situations that relate to a students' personal schedule or activities. Once the clinical schedule is published it is final. **There is flexibility in the case of a true emergency or natural disaster. Documentation will be required. ** Opportunities to demonstrate a satisfactory level of competence on clinical outcomes are limited to the scheduled clinical rotations. Faculty cannot assess student progress toward clinical outcomes if the student is not present. Students should be prepared to attend off campus learning experiences on day, evening, and night shift at a variety of locations. Faculty have no obligation to provide additional or alternative clinical rotations or experiences for students and there are no additional days built into the course for absences from clinical rotations. Clinical hours and experiences are regulated by the OSBN and are required to progress in the nursing program, complete the nursing degree, and be eligible for licensure. ALL clinical hours are required and missing any clinical hours, days, or experiences for any reason may impact the student's ability to progress in the nursing program. Students should note that ANY hour missed MUST be made up to complete the requirements of all nursing courses. Clinical make-up days, hours, or experiences will be assigned at the discretion of the clinical coordinator based on student needs, faculty availability, and the availability of clinical sites. Clinical make-up hours may not be available on the same day, at the same time, or in the same clinical location as originally scheduled clinicals. There is no guarantee that any clinical days, hours, or experiences may be replaced or "made up." Failing to attend clinical rotations for any reason may impact student progress toward clinical outcomes and may result in inability to progress in the nursing program. Students are not permitted to attend clinical if they worked the night shift prior to the scheduled clinical day. Temporary health problems, including injury or illness, which result in clinical absences, may interfere with completion of course outcomes. Students experiencing an injury or illness that impacts their ability to attend clinical rotations may be required to provide documentation from a health care provider. This policy applies to ALL clinical rotations including skills labs, simulation labs, community rotations, and hospital rotations. 100% of scheduled clinical hours are REQUIRED to meet course and program requirements and progress in the nursing program.

Procedure for Clinical Absences or Lateness	If a clinical absence or lateness is unavoidable, The student must: • Contact the clinical nursing instructor via phone/text AND via Canvas within one hour before the shift begins to inform the instructor of absence. • Notify the Dean of Nursing & Allied Health of the absences as soon as possible via Canvas email. The faculty will: • Complete an Alert Progress Record form and submit it to the Nursing Advisor and the Dean of Nursing and Allied Health for each clinical absence. There is no guarantee that make-up clinical hours, days, or experiences will be available. Clinical absences for any reason may result in the inability to complete clinical objectives, meet program requirements, and/or progress to the next course in the nursing series.
Temporary Limits on Physical Capacity	Students must provide the Dean of Nursing and Allied Health with documentation from a health care provider of injury or illness that temporarily limits a student's ability to carry out nursing care activities or participate in scheduled clinical rotations. This documentation should specify how long the temporary health problem will be present and the limitations on the student's ability to participate in required course activities. (See Nursing Program Technical Standards for examples of essential nursing activities). When making patient assignments and scheduling clinical rotations, faculty will consider, to the extent possible, any documented temporary physical limitations students may have. Such accommodation cannot be offered indefinitely, and students must satisfactorily demonstrate competency in the course outcomes within the scheduled clinical rotations. If limitations related to illness or injury persist, students may need to consider withdrawing from the Program until the problem is resolved. Under no circumstances should a student provide care to a patient whose needs for care exceed their physical capacity to meet those needs. The student with temporary limitations must exercise prudent judgment in not subjecting patients or themselves to risks of harm. Nursing faculty may require documentation from a healthcare professional confirming a student's ability to meet the Technical Standards of the Nursing Program.

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- March 30, 2026: Revision to Mandatory Clinical Attendance

Policy Category: Policies Related Evaluation, Grading, and Course Progression

Policy Title: Readmission and Transfer Placement Policy

Purpose: The purpose of this policy is to explain the requirements for readmission and transfer into the OCCC nursing program.

This policy applies to students who were admitted and attending courses in the OCCC Nursing Program and then left the Program for personal, medical, safety, clinical safety, or academic reasons. Due to high enrollment, a student who leaves the Program is not guaranteed an opportunity to return to the Program. Readmission to any Nursing course is dependent upon whether space is available in the program at the time the student is expected to return. Any student who seeks readmission to the Program must be deemed eligible by the Dean of Nursing & Allied Health, must follow and complete all the readmission procedures and requirements, and must meet Program requirements in effect at the time of return. (e.g., prerequisite, and co-requisite courses). Students who exit the Nursing Program during NUR 141 or were admitted into NUR241 are required to reapply to the Nursing Program rather than seek readmission. A student may be readmitted and repeat each Nursing course only once.

Nursing Courses are composed of theory and clinical components. All components must be passed to achieve a passing grade in a Nursing course. A student that has failed any component of a course is required to repeat the entire course upon readmission, including repeating previously completed coursework.

The opportunity to be readmitted to the nursing program is subject to revocation by the Dean of Nursing and Allied Health in consultation with the Nursing Faculty. Eligibility for readmission will be revoked if students fail to complete required procedures for readmission or fail to meet conditions set for readmission. Any student seeking readmission who failed to complete the required procedures for readmission may be placed at the bottom of the waiting list following a conference with the Dean of Nursing and Allied Health.

Student Initiated Exit	Students will immediately notify the Dean of Nursing and Allied Health of their intent to withdraw from the Nursing Program. Students are to follow College and Program procedures for withdrawal and placement on the readmission list.
Procedure	Placement on the readmission waiting list requires an exit interview with the Dean of Nursing and Allied Health within 30 days of departure from the Program. At this exit interview, students will be informed of their eligibility for readmission, and a Readmission Plan will be developed. The plan will be developed by the Nursing Faculty and the Dean of Nursing and Allied Health and will outline any required or suggested activities, and associated deadlines that must be met prior to readmission. This may include but is not limited to a physician's release and proof of ability to meet essential functions; work experience in the nursing field; a written plan for problem-solving personal issues interfering with academic success; or a study plan for improving academic performance. Readmission to any nursing course is on a space available basis. Students seeking readmission to a specific nursing course are placed on a waiting list.

	Placement on the list is based on standing in the Program with highest priority given to students who withdraw in good standing, second to those with a failing theory grade, third to those students who failed clinical, and fourth to those students who failed due to unsafe clinical performance or exhibited academic dishonesty, or substance abuse. Decisions about placement on the prioritized readmission list are made by the Dean of Nursing and Allied Health in consultation with the Nursing Faculty.
Eligibility for Readmission	When considering any application for re-entry, advanced placement or transfer, faculty will discuss and prioritize the request for entry into the available spaces based on the following criteria and guidelines.
Category A **A student who leaves the Nursing Program <u>in good standing</u>:**	A student who withdraws from the Nursing Program for personal and/or medical reasons and is passing at the time of withdrawal will be allowed to repeat any Nursing course once. If the student withdraws at the completion of a nursing sequence course with a grade of C or better, they will be allowed to continue the Nursing sequence, pending available space and as long as the absence from the Program is no greater than one year. These students will be placed on the 'A' list for readmission and will be rank ordered per the Final Grade (percentage score) received in the current or previous term's nursing course, whichever is higher. Ties will be broken first by the percentage received on the theory score alone, and then will be determined by a draw.
Category B **A student who leaves the Nursing Program <u>due to a failing grade in the theory component</u>:**	A student who withdraws from the Nursing Program for any reason with a failing grade in theory or fails the course will be allowed to repeat any Nursing sequence course once, pending available space and if the absence from the Program is no greater than one year. These students will be placed on the 'B' list for readmission and will be rank ordered per the Final Grade (percentage score) received in the term prior to leaving the Nursing Program, and the weighted theory exam score at the time of departure from the Program. Ties will be broken first by the percentage received on the theory scores alone for both terms, and then will be determined by a draw.
Category C **A student who leaves the Nursing Program <u>due to a failing clinical grade</u>:**	A student who withdraws from the Nursing Program for any reason who is not making satisfactory progression toward meeting the competencies for the clinical practicum, or fails clinical, will be allowed to repeat any Nursing sequence course once, pending available space and if the absence from the Program is no greater than one year. These students will be placed on the 'C' list for readmission and will be ranked per the final theory grade (percentage score) received in the term prior to leaving the Nursing Program, and the weighted theory exam score at the time of departure from the Program. Ties will be broken first by the percentage received on the theory scores alone for both terms, and then will be determined by a draw.

Category D **A student who leaves the Nursing Program <u>due a safety concern</u> within the clinical or theory setting:**	A student who withdraws or is dismissed from the Nursing Program due to a safety concern within the theory and/or clinical setting may be allowed to repeat any Nursing sequence course once, pending approval from the Dean of Nursing and Allied Health in consultation with the nursing faculty, available space and if the absence from the Program is no greater than one year. These students will be placed on the 'D' list for readmission and will be ranked per the final theory grade (percentage score) received in the term prior to leaving the Nursing Program, and the weighted theory exam score at the time of departure from the Program. Ties will be broken first by the percentage received on the theory scores alone for both terms, and then will be determined by a draw. The events surrounding any dismissal will also be reviewed as part of the decision to readmit the student.
Ineligibility for Readmission	A student will be considered ineligible for readmission or advanced placement into the Nursing Program if: • The student has been dismissed from the Nursing Program for documented acts of dishonesty or unethical behavior and has not been conditionally approved for readmission by the Nursing Faculty • The student has been dismissed from the clinical practicum for unsafe clinical behavior and there is no evidence of engaging in and completing a remediation plan. • The student has been dismissed from the Nursing Program for drug/alcohol offenses (See OSBN's Conduct Derogatory to the Standards of Nursing Defined, OAR 851-045-0070) and there is no evidence of engaging in and completing an appropriate rehabilitation program. • The student has failed or been dismissed from the Nursing Program due to not meeting the Nursing Course and Program Critical Elements, polices and/or procedures, and there is no evidence of engaging in and completing a remediation plan. • The student has already repeated a course twice. If this is the situation the student will be required to reapply to the program. If admitted the student must start in the term with the closest entry point. For example: first year students would apply to enter NUR 141 and second-year students would apply to enter NUR 241. The student must meet all application requirements when reapplying.
Waiting List Placement	The appropriate position on the A, B, C or D waiting lists will be determined at the time of the exit interview for all eligible students. Due to a wide variety of individual requirements for readmission, the rank ordering of potential candidates will not be available until the term prior to readmission. Students will be contacted during the term preceding readmission by phone or by mail and offered any available placement for which they are qualified. It is the responsibility of the student to keep the Dean of Nursing and Allied Health and the College informed of any address or telephone number changes.

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Policy Category: Assessment, Evaluation, Grading, and Course Progression Policies

Policy Title: Remediation and Probation Policy

Purpose:	This policy outlines the procedures and guidelines for the remediation and probation process within the Oregon Coast Community College nursing program. Remediation and probation are designed to support students who encounter academic, clinical, or professional challenges while ensuring that students have the opportunity to improve and meet the program's outcomes, competencies, and standards. **Academic Progression Remediation/Probation is not an indefinite status.** A student may not remain on Academic Progression Remediation/Probation (APR) for an unlimited period of time. APR is intended to be a temporary, corrective status used to address identified deficiencies within a defined timeframe. If deficiencies are not resolved promptly and fully, the student's status must progress to additional restriction, failure, non-progression, or dismissal, as applicable under program policy
Remediation Process	**Identification of Concern(s)** Early identification of academic, clinical, testing, attendance, professional, or behavioral concerns is required in order to support student success and protect program standards. Faculty members, the nursing advisor, nursing mentors, or the Dean of Nursing and Allied Health may identify and document concerns related to a student's performance using the Alert Progress Record (APR) form. Concerns warranting remediation may include, but are not limited to: • unsatisfactory academic performance • poor examination performance • unsafe or inconsistent clinical performance • failure to meet professional standards • attendance or participation concerns • failure to comply with course, clinical, or program expectations **Remediation Plan** When remediation is initiated, a written remediation plan will be developed by program faculty, with input from the student and, when appropriate, the mentor. The remediation plan must identify: • the specific deficiency or concern • the required corrective actions • measurable expectations and outcomes • deadlines and review dates • resources or support measures

	• consequences for failure to meet the plan The program retains final authority over the terms of the remediation plan. Student disagreement with the plan does not delay implementation. **Implementation and Monitoring** The student is responsible for full and timely compliance with all terms of the remediation plan. Progress will be monitored by faculty and/or the assigned mentor according to the timeline established in the plan. Faculty may provide support, feedback, and guidance during the remediation period; however, responsibility for improvement remains with the student. Adjustments to the remediation plan may be made only by program faculty or administration when warranted by documented circumstances. Adjustments may not be used to avoid or delay a progression decision when deficiencies continue. **Evaluation of Remediation** At the end of the remediation period, faculty will evaluate whether the student has successfully met all remediation requirements. The remediation period must conclude with one of the following outcomes: 1. **Return to good standing**, when all deficiencies have been corrected within the required timeframe 2. **Progression to probation**, when deficiencies remain unresolved or improvement is incomplete 3. **Course failure, non-progression, or dismissal**, when the deficiency is serious, repeated, safety-related, or otherwise warrants immediate escalation under program policy Remediation may not remain open indefinitely and may not be extended repeatedly without a formal status decision. .
Criteria for Probation	A student may be placed on probation when: • remediation has not resulted in satisfactory improvement • deficiencies continue or recur • performance deteriorates during remediation • the student fails to comply fully with the remediation plan • the nature of the concern warrants a higher level of corrective action

	Probation is a more serious status than remediation and indicates that the student is at significant risk for course failure, non-progression, or dismissal if immediate and sustained improvement does not occur.
Probation Process	**Probation Plan** When a student is placed on probation, a written probation plan will be issued. The probation plan must include: • the area(s) of concern • the standards the student must meet • the duration of the probation period • any restrictions or conditions imposed • required meetings, activities, or remediation measures • the consequences of failure to meet probation requirements The terms of probation are determined by the program. A student on probation remains fully responsible for meeting all course, clinical, and program requirements in addition to any probation conditions. **Monitoring and Support** During the probation period, the student's performance will be closely monitored by faculty and/or the assigned mentor. Program personnel may provide feedback and support; however, probation is not an open-ended coaching period and does not suspend normal academic or clinical expectations. Continued deficiencies, missed benchmarks, new violations, or failure to engage in required probation activities may result in immediate escalation. **Probation Outcome** At the end of the probation period, the student's status must be formally reviewed. Probation must conclude with one of the following outcomes: 1. **Return to good standing**, if all probation conditions have been fully satisfied 2. **Course failure or non-progression**, if required standards have not been met 3. **Dismissal from the program**, if deficiencies are serious, repeated, unresolved, safety-related, or otherwise incompatible with progression in the program A student may not remain on probation indefinitely. Probation must end in a final status determination within the timeframe stated in the probation plan.

Progressive Escalation	APR is intended to function as a progressive system of intervention and accountability. Student status must move forward when improvement does not occur. The program is not required to continue remediation or probation when: • the student fails to meet stated benchmarks • the same or similar concern recurs • multiple concerns accumulate • the concern involves safety, dishonesty, or serious unprofessional conduct • the student's performance demonstrates inability to meet program standards Depending on the severity or nature of the issue, the program may move directly to probation, course failure, non-progression, or dismissal without first using every intermediate step.
Failure to Comply	Failure to participate in required meetings, failure to complete assigned remediation or probation activities, refusal to sign or acknowledge receipt of a plan, or failure to meet stated deadlines may be treated as noncompliance and may result in escalation of action, including non-progression or dismissal.
Program Authority	The Nursing Program retains authority to determine when remediation is appropriate, when probation is required, when escalation is warranted, and whether the student has successfully met the terms of a remediation or probation plan. Nothing in this policy guarantees repeated opportunities for remediation or probation.
Strict Clause Options	**No repeated APR status** A student may not be placed on repeated remediation or probation for the same or substantially similar deficiency without formal progression review and status escalation. **Maximum outcome clause** APR must conclude within the timeframe established by the written plan and may end only in return to good standing, non-progression, course failure, or dismissal. **Bypass clause**

	The program may bypass remediation and proceed directly to probation, failure, non-progression, or dismissal when the concern involves patient safety, dishonesty, serious professional misconduct, or significant failure to meet essential standards.

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Section 7:

Policies and Information Related to Clinical Rotations

Clinical Attendance

Clinical attendance is mandatory for all scheduled clinical rotations. Students are expected to be prepared to begin all clinical rotations at the scheduled time. Students are expected to fully participate in all clinical rotations and to take responsibility for their own learning in the clinical setting. This may include, reviewing assignments and clinical outcomes before clinical rotations, completing assigned preparatory work, communicating learning goals with clinical faculty or preceptors, arriving to clinical with necessary supplies, and taking responsibility for competence in clinical skills.

During assigned clinical hours, any time away from assigned patient care other than arranged breaks, meals, and conference is considered an unexcused clinical absence. This includes arriving late, leaving early, and receiving and making personal phone calls or text messages not related to the care of assigned patients. Students are not permitted to use clinical time to deal with matters related to their work or personal lives. Extenuating circumstances will be considered on an individual basis by clinical faculty.

Students that must miss a clinical rotation or any part of a clinical rotation MUST communicate with their assigned clinical faculty and the clinical coordinator as soon as possible. This communication must be via email through Canvas. If it an urgent issue the student may send a text and follow that text up with an email through Canvas. Clinical absences or tardiness may result in disciplinary action and/or the inability to meet all clinical outcomes and progress in the nursing program and may result in remediation, probation, or dismissal from the nursing program.

Students should note that ANY time missed MUST be made up to complete the requirements of all nursing courses. Clinical hours and experiences are regulated by the Oregon State Board of Nursing and are non-negotiable. Clinical make-up days, hours, or experiences will be assigned at the discretion of the clinical coordinator based on student needs, faculty availability, and the availability of clinical sites. Clinical make-up hours may not be available on the same day, at the same time, or in the same clinical location as originally scheduled clinicals. There is no guarantee that any clinical days, hours, or experiences may be replaced or “made up.”

Additional information related to clinical attendance is available in the Learning Environments Sections of the OCCC Nursing Program Student Handbook and in the Mandatory Attendance Policy.

Expectations for Academic and Clinical Conduct

Students do not have “privileged” status in any clinical facility or setting. Students must adhere to all visitor regulations applicable to the public as well as facility and OCCC policies and behavioral standards.

Because opportunities to demonstrate competence in clinical skills and outcomes may be limited based on patient availability, students are expected to avoid absences and take every opportunity to demonstrate competence and willingness to learn in all clinical settings and written assignments. Demonstration and self-evaluation of competence is especially important for required clinical outcomes.

In all clinical settings, the safety and comfort of patients and families must be the student's main priority. Students must consistently demonstrate a commitment to safe, effective, and ethical professional nursing practice. Students are expected to be clean, neat, friendly, respectful, and helpful to patients, staff, faculty, and other students always.

Professional and ethical conduct and expectations are further discussed in the OCCC Nursing Program Student Handbook. Unprofessional, unsafe, dishonest, or unethical behavior in any clinical setting may result in the inability to meet all clinical outcomes and progress in the nursing program and may result in remediation, probation, or dismissal from the nursing program.

Clinical Patient Assignments

Clinical experiences and patient assignments are assigned based on course outcomes, clinical assignments, and individual student learning needs and goals. In addition, clinical faculty must also consider the availability, needs, and skill level of staff, patients, and families in the assigned facility. Unless there is a valid medical consideration or close personal relationship to the assigned patient(s), students are expected to accept all patient care assignments.

Students with a valid medical consideration or close personal relationship with their assigned patient(s), MUST communicate this with the clinical faculty as soon as possible so an alternate patient assignment can be arranged.

Clinical Schedules

Clinical schedules for each term will be posted on Canvas as soon as they are available. Required clinical experiences may be scheduled any time during day or evening shifts and on weekends in a variety of locations. Clinical schedules may be changed during the term for a variety of reasons. Changes to the clinical schedule will be communicated with impacted students as soon as possible.

Students are expected to be ready to begin their clinical experience at the scheduled time and stay for the duration of the clinical experience. This means that students should arrive at clinical locations at least 15 minutes prior to their scheduled shift. Students should ensure that they have a dependable means of transportation and should schedule adequate travel time to and from clinical sites. Scheduling clinical rotations may mean that students must adjust their employment, family, and personal obligations.

Clinical faculty work extremely hard to provide a well-rounded and valuable clinical education to all students, but clinical sites, experiences, and times are limited. There is no guarantee that all students will rotate to all clinical sites. No single clinical site or experience is guaranteed, and clinical schedules are not negotiable. **There is no guarantee that any clinical days, hours, or experiences may be replaced or "made up."**

Clinical Preparation and Patient Safety

Patient safety must always be the priority for nursing students and faculty. Preparation for clinical rotations is a fundamental aspect of providing safe patient care. Students should arrive at clinical rotations prepared to provide safe, effective, professional nursing care at their current level of skill and scope of practice. Preparation for clinical rotations may include reviewing clinical outcomes and assignments, practicing clinical skills, and reviewing relevant theoretical knowledge including pathophysiology, pharmacology, and care planning information. Students should be prepared to safely perform all clinical skills that have been reviewed in clinical skills labs including accessing and administering medications safely.

Students are expected to be familiar with clinical outcomes and to come to clinical rotations prepared to advocate for their learning needs and develop competence in clinical skills and outcomes. Students should be prepared to assess their personal strengths and areas for development and to communicate learning goals with their clinical faculty. Clinical hours and rotations are limited and repeated opportunities to develop or demonstrate competence for clinical practice, outcomes, or skills may not be available.

Lack of preparation may be considered unsafe practice. Students that are not able or willing to provide care or perform clinical skills at their current level and scope of practice for any reason may be asked to leave the clinical setting at the discretion of the clinical faculty. Students asked to leave related to unsafe clinical performance will be considered an unexcused clinical absence. Unsafe clinical behavior may impact the student's ability to meet clinical outcomes and progress in the nursing program. Unsafe clinical behavior may result in disciplinary action including remediation, probation, or dismissal from the nursing program.

Examples of Unsafe Clinical Behaviors

Safe and effective clinical practice will be assessed by clinical faculty throughout the clinical shift using clinical outcomes, the students expected current skill level and scope of practice, and elements of the Lasater Clinical Judgement Rubric. Decisions and actions that threaten or disrupt the biological, psychosocial, physical, or physiological integrity of patients constitute unsafe practice.

Nursing students are legally responsible for their own committed or omitted acts in all clinical settings. Nursing instructors are responsible for their students in the clinical area. Therefore, it is necessary for the students and the nursing faculty to conscientiously identify any behavior that is unsafe. Students may be asked to leave the clinical setting and may require remediation, probation, or dismissal from the nursing program based on any of the following behaviors.

Unsafe Behavior May be demonstrated when the student:	**Examples** *(Include, but are not limited to)*
Violates or threatens the **physical safety** of the patient.	• Does not ensure safe environment of care. • Neglects use of side rails or restraints.
	• Inadequate supervision of patients at risk.
Violates or threatens the **psychological safety** of the patient.	• Speaks inappropriately in front of patients or family. • Fails to use therapeutic communication appropriately. • Threatens physical harm or retaliation. • Does not encourage verbalization or is not aware of difference in ability to communicate.
Violates or threatens the **microbiological safety** of the patient.	• Unrecognized violation of aseptic technique • Comes to clinical experience while ill. • Failure to follow hand washing techniques. • Violation of aseptic technique • Exhibits unhygienic appearance.
Violates or threatens the **chemical safety** of the patient.	• Violates **any** of the rights of safe medication administration. • Fails to monitor IV infusions safely. • Administers medications without consideration of the correct indication drug side effects, appropriate monitoring, and/or patient lab values.
Violates or threatens **thermal safety** of the patient.	• Burns patient with heating device. • Damages skin with an ice pack or cooling device • Fails to observe safety precautions during O2 therapy
Inadequately and/or inaccurately utilizes the nursing process.	• Fails to observe and/or report critical assessment findings. • Makes repeated faulty nursing judgments. • Fails to follow written or verbal instructions/orders.

Violates **previously learned principles/objectives** in carrying out nursing care skills or therapeutic measures.	• Failure to demonstrate and/or safely perform previously checked off skills. • Unable to perform clinical skills per expected level (see master skill list). • Fails to provide safe and effective care at the current skill level and scope of practice.
Assumes **inappropriate independence/dependence** in action or decisions.	• Fails to seek help when situation is beyond scope of practice, out of control, or in an emergency situation. • Leaves unit without reporting off to team leader. • Unable to make appropriate independent decisions. • Makes inappropriate decisions and/or takes inappropriate actions without consulting an RN or an instructor. • Unable to provide safe nursing care without constant direction or oversight.

Note: This is not an exhaustive list. Unsafe behaviors will be assessed on a case-by-case basis.

Professional Behavior in the Clinical Setting

Nursing is a profession that has earned the public's trust and nursing care is based on a strong commitment to professional and ethical practice in all settings. The importance of student integrity, trustworthiness and honesty are serious concerns and impact the student's ability to provide safe and effective nursing care. Unprofessional or unethical behavior in the clinical setting may impact the student's ability to meet clinical outcomes and progress in the nursing program. Unprofessional or unethical behavior in the clinical setting may result in disciplinary action including remediation, probation, or dismissal from the nursing program.

Professional behaviors and values *(Include, but are not limited to)*	**Examples** of professional behaviors *(Include, but are not limited to)*
Integrity	• Honesty and trustworthiness • Complete and accurate documentation of patient care • Accurate assessment of clinical performance and learning outcomes • Adherence to the American Nurses Association Code of Ethics for Nurses
Empathy	• Responding appropriately to the emotional response of patients and family members • Demonstrating respect for others • Demonstrating a calm, compassionate, and helpful demeanor toward those in need • Offering support, help, or and reassurance to others
Motivation and Confidence	• Identifying opportunities to improve or correct behaviors and skills. • Taking on and following through on tasks without constant supervision • Showing enthusiasm for learning and improvement • Consistently striving for excellence in all aspects on patient care and professional practice • Accepting feedback in a positive manner • Taking advantage of learning opportunities • Maintaining an outward appearance of a calm and confident manner in the patient's presence
Appearance and Personal Hygiene	• Consistently appearing well groomed, neat and professional – see uniform guidelines below
Communications	• Speaking clearly, writing legibly, and listening actively • Adjusting communication strategies to various situations • Speaking up for own needs, not generalizing for a group • Refraining from belittling or negative nonverbal messages, such as: eye rolling, raising eyebrows and/or making faces • Avoiding criticism, scapegoating and/or fault-finding

	• Avoiding angry or emotional outbursts • Avoiding spreading rumors and/or pitting staff against each other
Time Management	• Consistently on time and prepared • Completing tasks and assignments on time • Refrain from giving or receiving inappropriate assistance or delegation
Teamwork and Diplomacy	• Placing the success of the team above self-interest; not undermining the team • Helping and supporting other team members • Showing respect for all team members • Remaining flexible and open to change • Communicating with others to resolve problems
Respect	• Being polite to others • Not using derogatory or demeaning terms
Patient Advocacy	• Not allowing personal bias or feelings to interfere with patient care. • Placing the needs of patients above self-interest • Protecting and respecting patient confidentiality, autonomy, and dignity • Providing culturally and developmentally responsive patient care
Responsibility and Accountability	• Accepting responsibility for own actions without excuses or self-protective behaviors • Demonstrating an awareness of strengths and limitations • Arriving to clinical rotations prepared • Advocating for learning and professional development • Demonstrating that patient safety is the priority in administering nursing care

Note: This is not an exhaustive list. Unprofessional behaviors will be assessed on a case-by-case basis.

Clinical Musts and Must Nots

In all clinical environments, students MUST:

*Students that fail to adhere to the following may face disciplinary action including **remediation, probation, or dismissal** from the nursing program.*

- **Wear their OCCC uniform and OCCC photo ID** in all clinical learning environments.
  - In some clinical environments, uniform standards of dress code may vary.
- **Maintain professional standards** as indicated in the course syllabus and the clinical Professional Standards Rubric.
  - Demonstrate behaviors consistent with the ANA Code of Ethics, Scope and Standards of Practice, and Social Policy statements in all clinical related interactions.
- **Introduce themselves** to patients and request permission and consent from the patient before initiating care.
  - Patients are full partners in their care.
  - We never do things TO patients – only with them.
- **Assume responsibility for patient care** provided in clinical rotations.
- **Ensure documentation is complete and accurate** by communicating with clinical professor and staff RN.
- ***Only provide care within their student role, skill level, and scope of practice***
  - Students employed in another role at their assigned clinical site must adhere to the student role and scope of practice during assigned clinical rotations.
  - Students with another license or scope of practice must adhere to the student role and scope of practice during assigned clinical rotations.
- **Communicate changes in patient status** to the clinical professor and/or primary RN.
  - Abnormal vital signs, lab values, and assessment findings must always be communicated to the clinical instructor and the primary RN as soon as possible.
  - Any situation that could result in immediate harm to the patient must be reported to nursing staff immediately.
  - If an emergent or life-threatening situation the student must initiate emergency care per facility protocol.
- **Report all injuries or accidents** involving their assigned patients or themselves to the clinical professor immediately.
  - The clinical professor will assist the student in following appropriate program and facility policies.

In all clinical environments, students must NEVER:

*Students that commit any of the following may face disciplinary action including **remediation, probation, or dismissal** from the nursing program.*

- ***Provide care family members or close friends.***
  - If a family member or close friend is assigned, the clinical professor will provide another patient assignment.
- ***Access personal or medical information for anyone other than their assigned patients or patients they are providing direct care for***
  - Use student status to access to the records of family, friends, or self.

- ***Accessing information for <u>any person</u> other than a person you are providing direct care for is a violation of HIPAA and will result in immediate disciplinary action up to and including dismissal form the nursing program.***
- **Provide care outside their scope of practice.**
    - Students employed in another role at their assigned clinical site must adhere to the <u>student role and scope of practice</u> during assigned clinical rotations.
    - Students with another license or scope of practice must adhere to the <u>student role and scope of practice</u> during assigned clinical rotations.
- ***Jeopardize the physical, emotional, or mental health or safety of patients.***
- **Leave the clinical site** during scheduled clinical hours without notification and permission from the clinical faculty.
- Nap or sleep during scheduled clinical hours
- **Use student status to enter the clinical environment outside scheduled clinical hours.**
- **Accept gifts, favors, or money** from patients or families.
- Represent themselves as students for the purpose of **observing or participating in procedures occurring at times and/or in departments other than those assigned** by an instructor.
- **Violate any policy or patient safety standard** of the assigned clinical facility.

Note: This is not an exhaustive list. Actions or behaviors in violation of any professional standards, facility policy, OCCC policy, and /or state or federal law may result in disciplinary action or dismissal from the nursing program

Policy Category: Clinical

Policy Title: Clinical Documentation Policy

Purpose:	The purpose of this policy is to establish clear standards and expectations for student clinical documentation in the nursing program. Accurate, timely, complete, secure, and professional documentation is an essential component of safe patient care, legal accountability, interprofessional communication, and professional nursing practice. Students are expected to document in a manner that reflects honesty, clinical judgment, confidentiality, and adherence to program, facility, legal, and regulatory standards.
Policy Statement	Students are required to complete all clinical documentation accurately, timely, legibly, securely, and in accordance with faculty instructions, clinical-site policies, program expectations, and applicable standards of care. Clinical documentation is part of patient care and is not optional. Failure to document appropriately may be treated as a clinical performance issue, a professionalism issue, a patient-safety issue, or an academic integrity violation, depending on the nature of the concern. Students may only document care, observations, assessments, interventions, education, communications, and other clinical information that they personally performed, personally observed, or were specifically authorized to record under faculty supervision and clinical-site policy. Documentation must never be false, misleading, incomplete in a manner that creates risk, copied without verification, or entered by one student on behalf of another.
Guiding Principles	Clinical documentation must be: • accurate • timely • complete • factual • objective • patient-centered • confidential • professional • compliant with legal, ethical, and facility requirements Documentation is a legal and clinical record. Students are expected to understand that charting is not merely a school assignment; it is part of the professional standard of nursing practice.

General Documentation Expectations	Students are expected to: 1. Document in accordance with the policies, procedures, and approved charting practices of the assigned clinical site. 2. Follow all faculty directions related to student charting, co-signature requirements, chart access, late entries, and permitted scope of documentation. 3. Record only information that is true, accurate, and supportable. 4. Document care and assessments as close to the time of occurrence as possible. 5. Clearly distinguish between observed facts, patient statements, nursing actions, and communications with the healthcare team. 6. Use only approved abbreviations, terminology, and documentation formats authorized by the clinical site and program. 7. Maintain patient confidentiality and protect all documentation from unauthorized access, disclosure, transmission, copying, photography, or removal. 8. Correct documentation errors only in accordance with facility policy and faculty instruction. 9. Refrain from documenting beyond the student role, scope, authorization, or actual participation in care. 10. Complete any required school-related clinical paperwork, care plans, medication sheets, reflection forms, logs, and assigned documentation by the stated deadline.
Timeliness of Documentation	Clinical documentation must be completed within the timeframe required by the clinical agency, course faculty, and program expectations. Students may not delay charting in a manner that compromises patient care, communication, evaluation, or legal accuracy. When real-time documentation is required, students must document during the clinical experience as directed. When post-clinical assignments are required, students must complete and submit them by the deadline established by faculty. Late documentation may be treated as incomplete documentation and may result in clinical warning, remediation, unsatisfactory evaluation, reduction in clinical performance rating, or other corrective action.

Accuracy and Truthfulness	Students must document truthfully and accurately at all times. Falsification of clinical documentation is strictly prohibited. Falsification includes, but is not limited to: • documenting care that was not provided • documenting an assessment that was not performed • documenting medication administration, teaching, reassessment, or intervention that did not occur • entering inaccurate times, findings, or responses • copying forward, copying from another record, or duplicating documentation without verifying accuracy and permission • asking another person to chart for the student • charting for another student • altering, deleting, hiding, or attempting to retroactively change documentation in a misleading manner • pre-charting before care, assessment, or intervention has occurred unless expressly allowed by facility policy for limited workflow purposes and clearly appropriate to the task Any falsification or misrepresentation of clinical documentation may result in immediate removal from the clinical setting, clinical failure, non-progression, disciplinary action, or dismissal from the program.
Student Scope and Authorization	Students may document only within the limits of: • their educational preparation • faculty direction • clinical-site permissions • applicable law and regulation • program policy Students may not independently chart as a licensed nurse, certify completion of actions they were not authorized to perform, or enter documentation requiring licensure, independent judgment, or credentials they do not hold. When co-signature, instructor review, or nurse validation is required, the student is responsible for following the required process fully and promptly.

Electronic Health Record (EHR) Documentation	Access to the electronic health record is granted solely for legitimate educational and patient-care purposes related to the student's assigned learning activities. Students may access only the records of patients to whom they are assigned or otherwise authorized to review. Students may not: • access charts out of curiosity • access records of family, friends, classmates, employees, or other unauthorized individuals • share login credentials • use another person's login • allow another person to use the student's login • photograph, print, screenshot, download, email, text, or otherwise remove patient information from the clinical site unless expressly permitted for secure educational purposes • leave a workstation unattended while logged in • bypass security measures or confidentiality safeguards Improper EHR access or misuse is a serious violation and may result in immediate removal from the clinical setting, loss of clinical placement, disciplinary action, course failure, or dismissal.
Confidentiality and Protection of Information	All clinical documentation and patient information are subject to confidentiality requirements. Students must comply with all federal, state, College, program, and clinical-site privacy and confidentiality requirements. Students may not include patient identifiers in assignments, notes, worksheets, care plans, messages, emails, cloud storage, personal devices, or study materials unless explicitly authorized and secured according to policy. De-identification must be thorough and consistent with privacy expectations. Students may not discuss patient information in public, semi-public, or unsecured settings, including hallways, elevators, cafeterias, social media, group texts, messaging apps, email chains, or online platforms. A confidentiality breach related to clinical documentation may result in immediate removal from clinical, failure, non-progression, or dismissal.

Paper Notes, Worksheets and Brain Sheets	Students must not: • remove identifiable patient information from the clinical setting • leave notes unattended • discard notes improperly • photograph notes • store identifiable notes in backpacks, cars, homes, or personal devices • use handwritten notes as a substitute for required official documentation All temporary notes containing patient information must be destroyed securely before leaving the clinical site, unless otherwise directed by faculty or facility policy.
Late Entries and Corrections	Late entries and corrections must be made only in accordance with facility policy and faculty direction. Students may not alter the record in a misleading, deceptive, or unauthorized manner. When a late entry is necessary, it must clearly identify that it is a late entry, reflect the actual time of documentation when required, and accurately refer to the time the care or event occurred, if known and appropriate under site policy. Students may not back-date, conceal an omission, or modify prior documentation in a manner that creates a false clinical record.
Objective and Professional Documentation	Students must chart objectively, professionally, and respectfully. Documentation must be based on observed facts, patient statements, measurable findings, nursing actions, and appropriate clinical communication. Students must not include: • personal opinions • blame • sarcasm • judgmental language • vague or unsupported conclusions • disrespectful or emotional commentary • criticism of staff, patients, families, or peers within the medical record Patient statements should be quoted when appropriate and documented accurately.

Faculty Review and Educational Documentation	Faculty may require students to complete additional documentation for educational purposes, including but not limited to: • care plans • concept maps • medication worksheets • patient teaching tools • reflective assignments • clinical logs • prep forms • post-conference forms • skills validation records These materials must also be completed accurately, timely, and professionally. Falsification, copying, fabrication, AI-generated submission where prohibited, or use of another student's work may be treated as academic dishonesty and/or a clinical documentation violation.
Documentation of Medication Administration and Reassessment	When medication administration, patient education, interventions, reassessment, or follow-up are assigned to the student, documentation must reflect the care actually performed and the patient's response, as applicable. Students are responsible for documenting within the scope permitted by faculty and the clinical site. Failure to document required reassessment, follow-up, response to intervention, or medication-related observation may be treated as incomplete or unsafe clinical practice.
Incident, Error, Variance Reporting and Use of Technology and AI	Students must immediately report any documentation error, patient-care error, omission, near miss, or safety event to the supervising instructor and appropriate clinical personnel according to policy. Students may not attempt to hide an error through altered documentation, deletion, omission, or late correction without disclosure. Incident reporting does not replace required chart documentation, and chart documentation does not replace required incident reporting. Students may not use artificial intelligence tools, transcription tools, dictation aids, translation apps, note-sharing platforms, or other technology to generate, rewrite, store, or transmit clinical documentation or patient-related academic work unless expressly approved by faculty and compliant with clinical-site privacy and security requirements. No patient information may be entered into public, personal, or unauthorized technology platforms.

Prohibited Documentation Behaviors	The following behaviors are prohibited: • falsifying any clinical document or assignment • documenting care not personally performed or observed • pre-charting • charting for another person or allowing another person to chart for you • copying and pasting without authorization and verification • sharing patient information through unauthorized channels • removing identifiable clinical information from the site • using personal devices to photograph, store, or transmit documentation • accessing unauthorized patient records • failing to complete required documentation • ignoring faculty or facility documentation instructions • entering misleading, judgmental, or unprofessional statements • altering records • failing to report a documentation error or breach
Consequences of Violations	Violations of this policy will be addressed according to severity, pattern, intent, patient-safety impact, confidentiality risk, and honesty concerns. Consequences may include: • coaching or corrective feedback • written warning • remediation assignment • unsatisfactory clinical evaluation • loss of documentation privileges • removal from the clinical setting • clinical failure • non-progression • referral for disciplinary review • dismissal from the program Serious violations, including falsification, confidentiality breaches, unauthorized chart access, dishonest record alteration, or documentation that endangers patient safety, may result in immediate removal from clinical and may warrant course failure or dismissal on the first occurrence.

SHS Standards of Care Policy	As part of your clinical rotation requirements at Samaritan Health Services you are required to review the SHS Standards of Care Policy. This standards of care policy is a good guide to the minimum documentation required. This is a living document, so please consult PolicyTech for the latest version when on site. It is essential to remember that patient condition and needs will create additional pertinent documentation requirements that are specific to each patient.

Effective Date: March 30, 2026

Reviewed:

Revised:

Policy Category: Clinical

Policy Title: Clinical Dress Code and Professional Presentation

Purpose:	The purpose of this policy is to provide uniform standards for students completing clinical rotations in the OCCC nursing program including all onsite and offsite clinical rotations. All uniform requirements are aimed at prioritizing the health and safety of both patients and students. Uniform requirements may vary based on clinical location or facility. Students should ask clinical faculty or the clinical coordinator if there are any questions. Students should present a professional appearance in all clinical settings. The OCCC nursing uniform is required for clinical rotations where scrubs must be worn including hospitals, nursing homes, and in on-site clinical rotations. In some community-based settings, students should follow the dress code for professional appearance outlined by the facility and the guidelines below. In all clinical settings, OCCC identification must be worn. Students who report for clinical experiences, including Clinical Readiness, inappropriately dressed may be dismissed for the day. Such dismissal will be regarded as an unexcused absence.
OCCC-Issued Nursing Student Identification	Correct and current OCCC-issued nursing student identification must be worn at all times in all clinical settings. Failure to wear OCCC-issued nursing student identification may result in the student being dismissed from the clinical setting. Students dismissed from the clinical setting for failure to wear appropriate identification will be given an unexcused clinical absence with no opportunity for make-up time. In all clinical settings, OCCC-issued nursing student identification must: • Always be clearly visible except when concealed by PPE. • Be clipped to the uniform at or above the level of the heart. • Not be worn on a lanyard – lanyards pose a safety risk to both the student and the patient.

Nursing Student Clinical Uniform Requirements	The required OCCC nursing student clinical uniform consists of a scrub top, scrub pants, and appropriate shoes. All clothing should fit well and should not be too short, long, tight, or loose. Tops and pants that can expose undergarments during clinical work tasks should not be worn. Scrub top requirements – Nursing student scrub tops must: • Be royal blue. • Include OCCC nursing program embroidery on the upper right chest. Scrub pants requirements – Nursing student scrub pants must: • Be black. • Fit at the ankle without touching the floor. • *Joggers are acceptable. Capri length pants or shorts are not acceptable.* • *A long black skirt is also acceptable. Skirts must be approved by the clinical coordinator before being worn in the clinical setting.* Uniform shoes requirements – Shoes worn in the clinical setting must: • Be closed at the toe and heel. • Be solid-colored black or white. ○ If shoelaces are worn, they must match the color of the shoe and be clean and intact. • Be clean and well-kept. • Not be made of mesh, canvas, or other porous material. *Note: some specialty areas (LDRP, OR) may require scrubs provided by the facility. Students should always follow institutional or clinical-site guidelines.*

Nursing Student Clinical Uniform Optional Items	Students may choose to wear the following items in the clinical setting along with their required nursing student uniform: A black, white or royal blue long-sleeved uniform or "warm-up" scrub jacket may be worn over the scrub top. • The jacket may not be permitted in some patient-care areas. • To limit the spread of pathogens, the jacket should not be worn below the level of the elbow when providing patient care. • Fleece jackets are not permitted. A black or white solid-colored t-shirt or tank top may be worn under the scrub top. • To limit the spread of pathogens, the sleeves of the undershirt should not be worn below the level of the elbow when providing patient care. A black or white solid-colored scrub cap may be worn in the clinical setting.

Jewelry in Clinical Settings	Jewelry worn in clinical settings should be limited for the safety of the patient and the student. Jewelry should not interfere with or detract from patient care. Restrictions on jewelry may vary by clinical rotation based on the policy of the clinical facility.
	
	Faculty or staff may ask students to remove jewelry at any time. Students should be prepared to remove and safely store all jewelry at any time during the clinical day.
	
	Clinical jewelry guidelines:
	• Rings without stones can be worn in most clinical settings.
	  ○ Rings with stones can pose a patient-safety risk and may need to be removed in patient care areas.
	• Bracelets should not be worn in patient care areas.
	• Necklaces that can be secured under the scrub uniform can be worn in most clinical settings.
	  ○ Necklaces worn above the scrub uniform can pose a patient-safety risk and should not be worn.
	• Small, plain ear posts, nose studs, and other piercings can be worn in most clinical settings.
	  ○ Dangling or hoop earrings of other piercings can pose a safety risk to patients and students and are not permitted in patient- care areas.
	  Gauged ears or other piercings may pose a safety risk to students and must be plugged with a solid-colored plug in patient care areas.

Grooming and Hygiene in Clinical Setting	Grooming and personal hygiene standards are based on safety and infection prevention measures for patients and providers of care. Students must be clean, neat, and free of strong odors in all clinical settings. Students with grooming or hygiene issues that may pose a patient-safety risk may be asked to leave the clinical setting. Hair, make-up, or other items that interfere with or detract from patient care are not permitted. Hair must be clean and collar length or pulled up off the collar. • Hair may be contained by a plain barrettes or bands (no scarves). • Hair or hair accessories cannot be loose or fall forward during patient care. • Hair color may be prohibited or restricted in some facilities. • Students are advised to choose a natural hair color to avoid potential exclusion from clinical facilities. Beards, mustaches, and other facial hair are permitted if clean, neatly trimmed, and groomed or secured to fit cleanly under a surgical mask. • Restrictions to facial hair related to PPE requirements may exist at some facilities or clinical settings. • Facial hair must not be visible around the edges of surgical mask. Nails must be clean and trimmed below the end of the finger. • Artificial nails are not permitted. • Unchipped clear nail polish may be worn in most clinical environments. Students should avoid excessive use of make-up. • False eyelashes may not be worn in patient care areas. • Professionally applied eyelash extensions are permitted. Students must maintain good personal hygiene that includes presenting a neat and professional appearance and avoiding strong or unpleasant odors. • Most clinical environments are designated as scent free environments. • This restriction includes odors from detergents and personal care items. Students should choose detergents and personal care items with no or low scent. Perfumes or scented body care products may not be worn in patient care areas.

Non-Uniform Guidelines for Professional Settings	Scrubs may not be appropriate professional attire in some clinical settings. Unless otherwise indicated by the clinical site, please use the following guidelines for non-uniform professional attire.
	
	• All clothing and shoes must be neat, clean, free from strong odors, and in good repair.
	• All clothing should fit well and should not be too short, long, tight, or loose. Tops and pants that can expose undergarments during clinical work tasks should not be worn.
	• Clothing must fit correctly without fitting too tightly or too loosely.
	• Leggings/stretch/yoga pants, sweats, and jeans/denim in any color may not be worn.
	• Clothing that reveals visible cleavage, undergarments, or bare shoulders is not appropriate.
	• No logos, slogans, sayings, advertisements, or offensive words, terms, or pictures may be worn on clothing.
	• The outer layer of clothing may not consist of undershirts, tank tops, T-shirts, or sweats.
	• Camouflage or military fatigue type clothing may not be worn.
	• Shoes must be safe, clean, and appropriate to the work being done.
	  ○ Shoes must have a closed toe and heel.
	  ○ No thong/flip-flop sandals, spike-heeled, open toes or heels, platform shoes
	  ○ Heels may be no higher than two inches.

Effective Date: September 12, 2022

Reviewed:
- August 28, 2023
- September 1, 2024
- September 4, 2025
- March 30, 2026

Revised:
- August 28, 2023
- October 4, 2025

Policy Category: Clinical

Policy Title: Clinical Grading & Clinical Progression

<table>
<tr><td colspan="2">Purpose: The purpose of this policy is to set clear standards for clinical grading and clinical progression. Each course in the nursing program is based on the understanding that students have demonstrated competency in all clinical outcomes and skills and are able to practice safely and effectively in the clinical setting.

Clinical grades and clinical progression will be based on demonstration of:
1. Competence in clinical outcomes
2. Safe and effective clinical practice
3. Sound clinical judgment and clinical reasoning

Students must meet standards for clinical outcome competence, safe and effective clinical practice, AND sound clinical judgment and clinical reasoning to progress in the nursing program.

**Please note – there is also a separate CAPSTONE HANDBOOK **</td></tr>
<tr><td>Clinical Outcomes</td><td>Clinical outcomes are provided for each course in a quarterly clinical supplement and in a clinical outcome documentation and self-evaluation form.

Clinical outcomes are aligned to standards of safe and effective nursing practice; course and program outcomes; and professional nursing standards.

Clinical outcomes are approved by the Oregon State Board of Nursing (OSBN) and demonstration and documentation of competence in 100% of clinical outcomes is required to progress in the nursing program.

Clinical outcomes define the expected scope of practice for students in each course of the nursing program. The student scope of practice develops with each course in the nursing program as student skills, knowledge base, and experience develop. It is critical that students demonstrate competence in clinical outcomes before they can progress to the next course in the nursing program.</td></tr>
<tr><td>Demonstration of Clinical Outcome Competence</td><td>Students will document a self-evaluation of their demonstration of competence in all clinical outcomes in a variety of clinical assignments.

Clinical faculty will evaluate clinical outcome competency based on information provided in a student self-assessment assignment and through observation in the clinical environment.

If a student does not adequately document competence of a clinical outcome in an assignment, the assignment or a portion of the assignment may need to be edited or repeated. In this case, clinical faculty will communicate with the student via Canvas.</td></tr>
</table>

	If a student does not demonstrate competence of a clinical outcome in any clinical setting, clinical faculty will initiate remediation. **Clinical faculty observing behaviors that are not consistent with competency in clinical outcomes <u>in a clinical setting</u> will:** 1. Notify the student verbally and provide verbal feedback as close to the incident as possible. 2. When possible, the clinical faculty will provide an opportunity to correct the behavior in the clinical setting. 3. If the behavior is significant and/or persists, clinical faculty will complete an Alert Progress Record (APR) and notify the clinical coordinator. 4. When possible, remediation will be provided. Remediation will be considered on a case-by-case basis and may take place in the clinical setting, skills lab, simulation lab, and/or as a written assignment. **All students MUST demonstrate and document competence in 100% of clinical outcomes to progress to the next course in the nursing program.** **Failure to demonstrate competency in 100% of clinical outcomes by the end of any course will result in dismissal from the nursing program.** **This is absolutely non-negotiable. ALL students MUST demonstrate AND document competence in ALL clinical outcomes EVERY term.**
Safe and Effective Clinical Practice	Students MUST be able to practice safely and effectively in the clinical environment at their current scope of practice. In every clinical situation, the safety of the patient must be the nurse's priority. Safe and effective clinical practice for students is based on: 1. Proficiency in clinical skills 2. Demonstration of competence in clinical outcomes. 3. Adherence to standards of preparation and safety discussed in the clinical handbook.
Demonstration of Safe and Effective Clinical Practice	**Clinical Skills & Simulation Labs** A clinical skills master list is provided in the clinical handbook. Clinical skills are typically introduced and developed in the clinical skills and simulation labs before they are practiced in off-site clinical rotations. It is the student's responsibility to ensure competence in clinical skills. If a student desires or needs additional practice with clinical skills, they can arrange this with clinical skills lab faculty. **Off-Site Clinical Rotations** Clinical faculty and preceptors continually assess safe and effective clinical practice in all clinical environments. Students should expect to receive ongoing verbal feedback in the clinical setting.

	Significant breaches in patient safety will result in disciplinary action including **remediation, probation, or dismissal** from the nursing program. Students demonstrating grossly unsafe behavior may be asked to leave the clinical setting. **Clinical faculty observing unsafe behaviors in a clinical setting will:** 1. Notify the student verbally and provide verbal feedback as close to the incident as possible. 2. When possible, the clinical faculty will provide an opportunity to correct the behavior in the clinical setting. 3. If the behavior is significant and/or persists, clinical faculty will complete an Alert Progress Record (APR) 4. When possible, remediation will be provided. Remediation will be considered on a case-by-case basis and may take place in the clinical setting, skills lab, simulation lab, and/or as a written assignment. **All students MUST demonstrate the ability to practice in a safe and effective manner to progress to the next course in the nursing program.** **Failure to demonstrate safe and effective nursing care may result in remediation, probation, or dismissal from the nursing program.**
Sound Clinical Judgment and Clinical Reasoning	Professional nurses must be able to apply knowledge, skills, and competencies to novel and unexpected situations in a wide variety of clinical settings. Along with clinical outcomes and standards of safe and effective practice, the OCCC nursing program uses the Lasater Clinical Judgment Rubric (LCJR) to assess and provide feedback on clinical judgment and clinical reasoning. Clinical judgment and clinical reasoning will be assessed in off-site clinical rotations and in the simulation lab. This assessment may be formative or summative. See syllabus and clinical supplements on Canvas for more information related to individual nursing courses.
Demonstration of Sound Clinical Judgment and Clinical Reasoning	Assessment of sound clinical judgment and clinical reasoning is based on the student's expected current skill level and scope of practice. In most courses, this includes demonstrating behaviors associated with accomplished or exemplary level in each category of the LCJR in the summative clinical assessment. **Clinical faculty observing behaviors indicating clinical judgment or clinical reasoning below the expected level of practice in a clinical setting will:** 1. If applicable, notify the student verbally and provide verbal feedback as close to the incident as possible.

	2. Provide written feedback on the LCJR that includes examples of the behavior and suggestions on how to improve. 3. When possible, the clinical faculty will provide an opportunity to correct the behavior in the clinical setting. 4. If the behavior is significant and/or persists, clinical faculty will complete an Alert Progress Record (APR) and notify the clinical coordinator. 5. When possible, remediation will be provided. Remediation will be considered on a case-by-case basis and may take place in the clinical setting, skills lab, simulation lab, and/or as a written assignment. **All students MUST demonstrate sound clinical judgment and clinical reasoning consistent with their expected level of skill and scope of practice to progress to the next course in the nursing program.** **Failure to demonstrate sound clinical reasoning and clinical judgment may result in remediation, probation, or dismissal from the nursing program.**
Clinical Grades	Clinical grades will be based on clinical observation and a variety of clinical assignments. See syllabus for a breakdown of points for individual courses. **All students MUST earn at least a cumulative 76% of points in scored clinical observations and assignments to progress to the next course in the nursing program.**

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Policy Category: Clinical

Policy Title: Confidentiality of Information, Social Media, and Publication

Purpose:	The purpose of this policy is to protect the confidentiality and personal or protected information of patients, families, students, faculty, and members of the community.
Confidentiality	Confidentiality is one of the primary responsibilities of every student in a clinical setting. Confidential information is defined as any information, written, spoken or electronically transmitted, whose unauthorized or indiscreet disclosure could be harmful to the interest of a patient, employee, physician, the institution, a student, or an instructor. Examples of such information include, but are not limited to, personally identifiable medical and social information, professional medical judgments, classroom and post-conference learning activities and discussions.
Personal and Protected Information	**All** information about patients, including the nature of the patient's disease, diagnosis, treatment and any personal or identifiable information is considered protected by applicable state and federal laws and by this policy and the policies of clinical facilities. This policy applies to information maintained in an electronic fashion by the facility's computerized information system and electronic medical record (EMR) as well as any written, spoken, or observable information or records. **No portion of a patient's record is to be copied in any fashion or removed from the facility in any format.** Incident reports relating to risk management issues and any other information designated as of a private or sensitive nature is also included in the category of confidential information. These matters should only be discussed in the appropriate school or clinical setting, not in public areas such as the cafeteria or outside of the clinical facility. Students will be required to complete facility specific **HIPAA** education within the facility's timeframe and will not be allowed into clinical in the facility if the HIPAA training is not completed. Clinical time missed due to incomplete HIPAA training will be counted as an unexcused clinical absence.
Publication of Information	**Patient and Clinical Care Information** Students must understand that clinical affiliation agreements state the following: "at no time while a student or in the future shall any student publish or cause to have published any material relative to their learning experience at any clinical facility unless approved by both OCCC and the facility."

	This means that no information about or related to any activity involving a patient care experience or clinical facility, activity, or rotation may be made publicly available by a student in any format, on any platform, without the explicit written permission of both the clinical facility and the Dean of Nursing and Allied Health. **Absolutely no reference to a patient or patient care activity** (even if all identifying factors have been removed) should ever be shared electronically or digitally via any social media site, website, text message, or email outside of the password protected learning management system (Canvas). Students must never take pictures of patients whether a patient gives permission or not. Only clinical facility or OCCC staff following facility and OCCC policies with appropriate signed permissions will take any pictures needed for educational purposes. **Student, Faculty, and Staff Information** Student, faculty, and staff information is also protected and must not be shared, distributed, or made publicly available in any format, on any platform, without the explicit written permission of the student, faculty or staff. Students must request permission before recording an instructor or another student. When recordings are permitted, they must only be used for educational purposes within the program. Educational material (e.g., lesson PowerPoints, learning resource, assignments, or outlines) posted on Canvas for course student use are not to be reproduced or posted by students on any in any format, on any platform, without the explicit written permission of the faculty providing the information.
Use of Patient Information for Educational Purposes	Some written clinical assignments may include information about patients the student has cared for during clinical rotations. Communication of **any** patient information should be only for clinical education purposes. When assignments include information about a patient's condition, specific information and guidelines related to collecting, using, and submitting the information will be provided in assignment instructions. Failure to adhere to assignment instructions may be considered a violation of this policy, HIPAA, and or the academic integrity policy and may be grounds for disciplinary action or dismissal from the nursing program. Patient information may be discussed with other students or faculty for educational purposes in the setting of clinical conferences. In this scenario,

	conversations should be held in a private location where information is not accessible to the public.
Use of Social Media	No information about or related to any activity involving a patient care experience or clinical facility, activity, or rotation may be made publicly available by a student in any format, on any platform, without the explicit written permission of both the clinical facility and the Dean of Nursing and Allied Health. This includes any Social Media site or platform. Students should understand that negative information about any person posted on any social media site or other site reflects on the professionalism, integrity and ethical standards of the person posting the information. Negative information shared on social media sites may also be considered conduct unbecoming to a nurse and may impact the student's ability to complete their nursing education or gain a nursing license. Employers and faculty periodically and randomly search public blogs and social media profile sites. Students may not start or use any social media or web site that includes the name or any part of the name of the college or the nursing program without the explicit written permission of the Dean of Nursing and Allied Health and college administration. This means that students cannot, for example, start a Facebook page titled "OCCC nurses class of 2024!" without explicit permission.
Passwords	Computer or medication dispensing machine passwords are solely for the use of the person to whom they are assigned (unless the facility assigns one password to an instructor for the use of students) and must not be shared to prevent unauthorized access to confidential information.
Violation of this policy will result in the initiation of a disciplinary process and may result in dismissal from the nursing program.	

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Policy Category: Clinical

Policy Title: Insurance

Purpose:	The purpose of this policy is to explain the insurance requirements for students in the nursing department.
Insurance	All students are required to be covered by student nurse liability insurance to complete program objectives in the off campus clinical facilities. This insurance covers claims of malpractice that might be lodged against students. Students must obtain their own liability insurance and upload verification to Complio. Students are not covered by health and accident insurance by the College. The College does provide workers' compensation coverage for student illnesses or injuries that result directly from activities required by course objectives at off campus clinical sites. This coverage is not available for on-campus laboratory activities. Student health insurance is also required.

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Policy Category: Clinical

Policy Title: Medication Administration

Purpose:	The purpose of this policy is to provide clear and consistent guidelines for medication administration in the clinical setting.
Medication Administration Exam	Each term, all students will complete a medication administration exam prior to beginning direct patient care clinical rotations. Students must complete the exam with a score of 100% before being able to give medications to patients in the clinical setting. Students may take the exam up to three times and may not give medications in the clinical setting until the 100% score is achieved. Students that do not achieve 100% on the medication administration exam must complete remediation before retaking the exam. After completing the medication administration exam with 100%, students may give medications in direct care clinical settings with the following limitations.
All Settings	Students cannot administer any medications that: • Require two licensed nurses to verify or waste. • Require specific certification, licensure, training, or competency validation to administer. *Note: these medications may vary significantly between facilities or health systems. Ask your clinical instructor BEFORE giving medications if you are unsure or have any questions.*
Inpatient Settings	Students must always notify the clinical instructor before touching the medication dispenser (pyxis, Omnicell, drawer, lockbox, etc.). • This is true even if the preceptor says it is ok to give the medication. • This is true even if it is an over-the-counter medication. • This is true even if the student has given the medication many times before. • If the student cannot locate the instructor and the medication is time-sensitive, the student should notify the preceptor that they will not be able to give the medication. • The student must notify the instructor every time before accessing any medication. Students must always notify the clinical instructor before putting medication into a human body by any route. • This is true even if the preceptor says it is ok to give the medication. • This is true even if it is an over-the-counter medication. • This is true even if the student has given the medication many times before.

	• If the student cannot locate the instructor and the medication is time-sensitive, the student should notify the preceptor that they will not be able to give the medication. • The student must notify the instructor every time before administering any medication. Students must be able to accurately answer questions about medications before administering medications. This includes providing the instructor with information about all medication rights, safety indications (common and life-threatening side effects; specific monitoring; contraindications), correct indication for the medication, and patient education information.
Outpatient and Emergency Settings	In some cases, students completing clinical rotations in outpatient or emergency care settings may not have immediate or easy access to a clinical instructor. In this scenario, the student may discuss medication administration limitations and expectations with the clinical instructor at the beginning of the rotation and approve all medication administration with the preceptor as follows: Students must always notify the preceptor before touching the medication dispenser (pyxis, Omnicell, drawer, lockbox, etc.). Students must always notify the preceptor before putting medication into a human body by any route. Students must be able to accurately answer questions about medications before administering medications. This includes providing the instructor with information about all medication rights, safety indications, correct indication for the medication, and patient education information.
Community Settings	Students completing clinical rotations in a community setting will work with a preceptor and will not have a clinical instructor present. In this scenario, the student may administer medications within the current student scope of practice with the approval and supervision of the preceptor. The student should contact the clinical instructor or clinical coordinator with any questions about medication administration in community settings.

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Policy Category: Clinical

Policy Title: Occupational Injury of Bloodborne Pathogen Exposure

Purpose:	To establish a standardized procedure to protect students and faculty members from exposure to bloodborne pathogens (BBP) or occupational injury and to manage any unanticipated or inadvertent exposure to bloodborne pathogens or occupational injury during assigned educational clinical experiences. The protocol includes the standards established by the Center for Disease Control (CDC) and the Occupation Safety and Health Administration (OSHA).
Rationale	Students enrolling in nursing programs participate in invasive or exposure prone procedures, such as the provision of clinical care to patients in health care facilities. The nursing program prepares students to practice in the safest possible manner to prevent exposure and injury. In the event of an unanticipated or inadvertent exposure or occupational injury, the following procedures will provide the most current approach to the protection of student health. Blood borne pathogens are potentially infectious materials, including Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Such infectious materials may be found in all human body fluids, secretions, and excretions, except sweat. Exposure to blood borne pathogens may be unanticipated or inadvertent exposure via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (such as a needle stick) with blood or other potentially infectious materials. Occupational injury includes direct patient/client care in the clinical environment or by the nature of being exposed to occupational hazards as noted by the Center for Disease Control (CDC) Occupational Safety and Health Administration (OSHA).
Procedures	1. All faculty and students enrolled in the Oregon Coast Community College nursing program are required to be immunized against Hepatitis B Virus (HBV). 2. All students and faculty members are required to practice standard precautions when caring for patients and take reasonable precautions to prevent blood borne pathogens (BBP) exposure by using standard precautions and personal protective equipment (PPE), such as gloves, masks, gowns, and eye protection. 3. In most cases, health care facilities supply students and faculty members with the personal protective equipment, safety guidelines and equipment needed to protect against exposure to BBP and injury in their settings. If specialized equipment is needed it will be the responsibility of the student or Oregon Coast Community College to provide it.

4. Health care facilities advise the College about any site-specific training needs for students and faculty members related to protection against exposures to BBP and occupational injury prevention. It is required that all faculty and students complete any designated training.

5. The College will provide students and faculty members with the required annual training regarding protection against exposure to BBP, and occupational injury according to OSHA and CDC guidelines. In addition, the college will ensure that students and faculty have at least started the hepatitis B vaccination series before clinical assignments begin and provide for any post-exposure follow-up evaluations and care of students and faculty.

6. Faculty members will advise students to immediately report any injury or BBP exposure incident that occurs during required clinical experience. Students MUST notify faculty as soon as possible after any injury or BBP exposure.

7. In the event of a BBP exposure the student or faculty member must cleanse the wound/site immediately with disinfectant soap. The faculty member will contact Samaritan Occupational Health Services (SOHS) at 775 SW 9th Street, Suite E, Newport, OR 97365, phone 541-574-4675. SOHS is to be notified that an individual needs to be seen for a potential occupational exposure to BBP. Treatment needs to be within two hours of exposure. If the Occupational Health Department is closed, then the faculty member or student is to seek treatment in the closest emergency department.

8. If a student or faculty member experiences an exposure incident for BBP or injury in a health care facility during required clinical placements, complete the form titled “Oregon Coast Community College Incident Report,” the Oregon Coast Community College Nursing Department incident report form and any site-specific documentation that is required.

9. After the injury or exposure incident has been attended to, the clinical faculty will contact the Dean of Nursing and Allied Health to report the injury or exposure. Unless there is an issue or problem handling the incident report, this notification may be done at the first opportunity during regular college hours.

10. If any other non-BBP-occupational related injury or exposure incident requires treatment, it cannot be assumed that the College will pay the cost of any care or services provided to students or faculty for injuries. For this reason, the Safety Officer requests that

	we refrain from making statements like "The College will pay for care." However, the same protocol as noted in # 7 and 8 must be followed.

Student Responsibilities Related to Injury or Exposure to Contaminated Body Fluids	• Nursing students are required to report all injuries sustained in their assigned clinical facility or clinical readiness to clinical faculty immediately.
	  • Faculty will assist the student in obtaining treatment, if necessary, and completing the required forms in accordance with institutional policy.
	  • If an injury occurs in the clinical facility, Worker's Compensation Insurance covers treatment.
	
	Student Responsibility if Exposed to Contaminated Body Fluids
	• Clean the wound or contaminated area immediately with disinfectant soap
	• Notify clinical faculty
	• Notify clinical preceptor (if applicable)

Faculty Responsibilities Related to Injury or Exposure to Contaminated Body Fluids	Faculty will contact Samaritan Occupational Health Services at 541-574-4675 and tell them you need to be seen for a potential occupational exposure to BBP. Treatment must occur withing two (2) hours of exposure. If the Occupational Health Department is closed seek treatment in the local emergency department.

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Policy Category: Clinical

Policy Title: Personal Protective Equipment (PPE) Use in Clinical Settings

Purpose:	To ensure safe, evidence-based PPE use by students in clinical settings, protect patients and students, conserve resources, and align with healthcare facility protocols.
Scope	All Nursing & Allied Health students participating in any off-site clinical, precepted, lab-based patient care simulation that mirrors clinical policy, and related college-sponsored activities at partner facilities. This policy applies in all partner facilities; when assigned to a site, students and faculty must follow that facility's policies and supervisor/faculty directives as a condition of participation in clinical experiences.
Definitions	▪ **Personal Protective Equipment (PPE):** Gloves, masks/respirators, eye/face protection, gowns, shoe/hair covers, and other barrier equipment used to reduce exposure risks. ▪ **Excessive PPE:** Any PPE beyond what is specified by facility policy, signage, or faculty/preceptor direction (e.g., double gloving outside sterile technique requirements; layering multiple masks; adding gown/eye protection when not indicated).
Policy Statement	We affirm the importance of PPE in protecting patients and caregivers. At the same time, adherence to evidence-based indications is required. More PPE does not equal more safety; it can create hazards, impede learning, waste resources, and impede or impair the development of a trusting and therapeutic patient/student relationship. Therefore, PPE beyond what is indicated is not allowed unless directed by facility policy or the clinical faculty. Students must follow facility-approved, evidence-based PPE protocols. Wearing "excessive" PPE (more or different than indicated by the patient's condition, task, and setting) is not permitted. Facility policy and the assigned clinical faculty's direction govern PPE selection and use. **Clinical Partner Authority.** OCCC students are guests within our clinical partners' facilities. The clinical site's policies, procedures, and directives govern all practice while on site. Students and faculty must comply with those rules, including PPE requirements and any site-specific variations. Where College and facility guidance differ, the facility's policy controls while students are assigned there.
Rationale	▪ **Patient safety:** Incorrect/excessive PPE can breach sterile fields and increase infection risk (e.g., micro-tears with double-gloving). ▪ **Student safety:** Overuse may cause heat stress, dehydration, fogging/vision, and communication problems.

	▪ **Learning quality:** Reduced dexterity and tactile sensitivity impair skill development. ▪ **Contamination risk:** Extra layers increase self-contamination risk during doffing. ▪ **Resource stewardship:** Unnecessary use wastes limited supplies and conflicts with facility controls.
Responsibilities & Requirements	▪ **Protocol adherence:** Follow posted isolation signage, facility policy, and faculty/preceptor guidance at all times. ▪ **Provided PPE:** Facilities (or the College skills lab) will supply the required, properly fitted PPE for assigned tasks. Students may not substitute non-approved personal PPE. ▪ **Training & competence:** Students must complete College/facility PPE training (donning/doffing, fit testing where applicable) before patient care and maintain competence. ▪ **Non-negotiable minimums:** Refusal to wear required PPE is prohibited and may result in immediate removal from the clinical area and disciplinary action, up to clinical failure or program dismissal. ▪ **Prohibited practices (examples):** • Double-gloving except when required by sterile/OR protocol or directed by facility policy. • Wearing multiple masks/respirators simultaneously or adding respirators when not indicated. • Adding gowns, eye/face protection, shoe, or hair covers when not indicated. • Using damaged, altered, or non-approved PPE. ▪ **Students:** Know and follow PPE instructions, complete training, perform hand hygiene, and use approved PPE only. ▪ **Faculty/Preceptors:** Reinforce protocols, assess competence, correct unsafe practice, and document incidents. Reinforce that the facility's policy governs on site and intervene immediately if a student does not comply. ▪ **Program/College:** Establish and communicate site policies; provide required PPE and training specific to the unit; retain authority to remove any learner who fails to comply with site rules. Provide training, coordinate fit testing where required, and align policies with partner facilities. ▪ **Clinical Facilities:** Provide site-specific PPE guidance and required equipment.

Exceptions & Accomodation	▪ **Clinical variance:** If a unit-specific protocol requires additional PPE, that protocol controls. ▪ **Individual accommodations (e.g., medical/disability, religious):** Must be requested in advance through OCCC Accessibility Services and approved by the College **and** the clinical facility. Approved alternatives must meet safety and regulatory standards and cannot conflict with facility policy. ▪ **Heightened risk situations:** If a student believes additional protection is necessary for a specific task/patient, they must consult the faculty/preceptor **before** donning any extra PPE. The faculty will confer with the unit and follow facility policy. ▪ **Clinical site directives:** o The clinical site determines required PPE and safety practices for its units and patient populations. o Unit signage and site policies supersede College preferences while in the facility. o Students must not modify PPE practices without prior approval from the faculty/preceptor in alignment with site policy. o Failure to follow site directives may result in immediate removal from the unit and academic consequences per program policy.
Compliance & Accountability	▪ **First occurrence:** Coaching, removal from activity if needed, and documented remediation (review of policy/return demonstration). ▪ **Repeated or serious violations:** Removal from clinical site, clinical failure, and/or progression consequences per program handbook and Student Code of Conduct. ▪ **Refusal to wear required PPE:** Treated as unsafe practice and may be grounds for dismissal from the clinical course/program.

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- March 30, 2026

Revised:

Policy Category: Clinical

Policy Title: Clinical Expectations and Standards of Care

Statement	Students entering clinical education may have expectations about how care should look in an ideal setting; however, the reality of healthcare practice is often complex, fast-paced, unpredictable, and shaped by patient acuity, staffing, resources, priorities, regulatory requirements, and interprofessional decision-making. As a result, what students observe in practice may not always align perfectly with classroom examples, personal expectations, or idealized views of care delivery. The nursing program recognizes that these differences can create uncertainty, frustration, or questions for students. Such moments are an important part of professional formation and clinical learning. Students are expected to approach these situations with professionalism, humility, critical thinking, and respect for the roles and responsibilities of the healthcare team. When students encounter situations in which clinical practice appears inconsistent, unclear, or different from what they have been taught, they are expected to rely on established policies, procedures, evidence-based practice, scope and role expectations, and accepted standards of care. Students must follow the direction of faculty and the requirements of the clinical site, and they may not substitute personal opinion, assumption, or informal practice habits for approved nursing standards. Students should seek clarification through appropriate channels whenever they are uncertain about a practice, assignment, instruction, or observed care activity. Questions and concerns should be raised respectfully and promptly with clinical faculty or the appropriate supervising nurse. In all circumstances, patient safety, ethical practice, legal requirements, and adherence to policy must remain the priority.

Clinical Skills Master List

Course Term	Clinical Skill
First Year Clinical Skills	
141 Fall	Basic care
	Vital signs
	Physical assessment (data collection)
	Monitoring – telemetry and vital signs
	Tubes, Drains, and Enemas
	Medication Administration • Oral • Topical, Optic, and Optic • Intramuscular injections • Subcutaneous injections • Intradermal injections
	Code Readiness / Mock Code
142 Winter	Clean and sterile wound care/surgical asepsis
	Pressure wound care
	Intravenous (IV) insertion and site care
	Drawing blood from an existing IV
	Intravenous therapy (primary and secondary infusions)
	IV to intermittent device (saline lock [SL])
	Medication Administration ~ IV push
	Urinary catheterization
	Bladder Scan
	12 lead ECG
	Code Readiness / Mock Code
143 Spring	Nasogastric tube placement
	Enteral (tube) feeding
	Nasal tracheal suctioning
	Tracheostomy care
	CNA 2 Skills
	Code Readiness / Mock Code
Second Year Clinical Skills	
241 Fall	Central Venous Access (CVAD) & Port Access *IV push review*
	Medications ~ Patient controlled analgesia (PCA) *Primary and Secondary Infusion Review*

	Procedural assist ~ Chest tubes/paracentesis *Surgical Asepsis Review*
	Blood administration
	Code Readiness / Mock Code
242 **Winter**	Multitasking & Managing Patient Care
	Code Readiness / Mock Code

Section 8:

General and College Policies

Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General Policies

Policy Title: Photography, Video and Media Release Policy

Purpose:	The purpose of this policy is to notify students that photography, video recording, and other media opportunities may occur within the nursing program for educational, promotional, marketing, public relations, recruitment, accreditation, alumni, and College-related purposes, and to establish the process by which students may consent to or decline participation through a media release.
Policy Statement:	As part of the educational experience and public representation of the nursing program, students may have opportunities to be photographed, recorded, or otherwise included in audio, video, digital, or print media during classroom, laboratory, simulation, campus, community, recognition, and other program-related activities. Participation in photographs, video recordings, interviews, testimonials, or other media use is voluntary unless the recording or image is created solely for internal educational, instructional, documentation, or safety purposes permitted by College or program operations. Students will be asked to review and either sign or decline a media release form indicating whether they authorize the College and nursing program to use their name, image, likeness, voice, statements, or recorded participation in approved materials and platforms.
Consent and Declination	Students may choose to: • **Grant permission** for the use of their image, likeness, voice, or statements in approved College or program materials • **Decline permission** for promotional, marketing, or public-facing use of their image, likeness, voice, or statements A student's decision to decline a media release will be respected and will not affect admission, enrollment, course standing, grades, progression, clinical placement, or eligibility to participate in the nursing program.

Scope of Media Use	If a student signs a media release, authorized uses may include, but are not limited to: • College or program websites • brochures, flyers, and recruitment materials • social media platforms • news releases and media stories • alumni or donor communications • accreditation, recognition, or program highlight materials • internal and external presentations related to the nursing program
Student Responsibility	Students who decline the media release are responsible for informing faculty or the designated program representative if they are concerned that they may be included in a photograph, recording, or media activity. The program will make reasonable efforts to honor non-consent decisions; however, students should understand that incidental appearance in large-group, public, or event-based settings may not always be fully avoidable.
Limits & Exceptions	This policy applies to promotional and non-essential public-facing media use. It does not prohibit the College or program from creating or using photographs, recordings, or documentation for legitimate educational, instructional, identification, security, operational, or compliance purposes, where otherwise permitted by law and College policy. Students may not independently record, photograph, post, or distribute images, audio, or video from class, lab, simulation, clinical, or program activities without prior authorization and in compliance with confidentiality, privacy, and professional standards.
Revocation	A student who previously granted permission may revoke future media use by submitting a written request to the designated program or College office, subject to any limitations stated in the release form. Revocation will apply prospectively and will not require removal of materials already published, distributed, or otherwise used before the revocation was received.

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Policy Category: General Policies

Policy Title: Inclement Weather Policy

Purpose:	The purpose of this policy is to describe the procedure and expectations for attendance during inclement weather.
Theory Attendance:	• Students should follow college policy for theory classes. • Students may access school closure information via local radio and television stations and the main campus telephone number (541-265-2283). Students are encouraged to subscribe to Flash Alert by enrolling on their website at https://www.flashalert.net • You will be notified by the Dean of Nursing & Allied Health when weather may force the college to be closed, or classes delayed. • If OCCC opens late on a campus lecture day, class will begin at a later time providing the campus opening occurs within the usual classroom meeting time.
Clinical Attendance:	Clinical rotations often began early in the morning, sometimes before a statement about college closure is made. In these cases, Dean of Nursing & Allied Health, in collaboration with nursing faculty, may use their own judgment to make decisions about clinical as follows: • Clinical may be canceled when the weather in that area is bad. • Clinical may be canceled when travel to clinical sites is hazardous for the instructor and/or students. • Students may be dismissed early from clinical if the weather worsens after faculty and students arrive. • When clinical is canceled by an individual instructor, this information will be conveyed to students by telephone or text. • Students need to exercise good judgment regarding their own safety before deciding to drive to either clinical or campus when the weather is bad. Note: There is no clinical even if students and faculty are in-route or have arrived at a clinical site when a decision to close OCCC or to open late is made.

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Policy Category: General Policies

Policy Title: Emergency First Aid

Emergency First Aid

Oregon Coast Community College does not require, nor does it have the expectation that students in the Nursing Program will provide emergency first aid to staff, students, or visitors on our campuses. If a student administers first aid, they assume the liability for such action.

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General Policies

Policy Title: FERPA and Release of Student Information

FERPA and Release of Educational information

In compliance with The Family Educational Rights and Privacy Act (FERPA), Oregon Coast Community College releases only very limited information regarding students. All nursing students should be aware that some confidential information may be posted/shared. Information includes posting of student name with physical location of campus and clinical assignments, and reporting immunization, TB testing, Criminal Background Checks, Drug Screening and CPR certification to some contracted clinical sites. For more information regarding FERPA, contact student services.

The purpose of posting is for scheduling laboratory times and patient assignments. Posting of information occurs on campus in the nursing area of and in the nursing units at clinical sites.

Students' social security numbers may be shared with the Oregon State Board of Nursing when providing them information regarding eligibility for testing and licensure. Also, student transcripts are provided to the Oregon State Board of Nursing as part of the process of documenting for them that all requirements have been met and students are eligible to apply for licensure. Every effort is made to limit access to confidential information to those who have a need to know.

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General Policies

Policy Title: Injury/Illness

Injury/Illness

"For any condition, e.g., an illness, injury, prescription medications or surgery that could impact the student's ability to safely perform client care while maintaining their own safety and that of the client, a statement will be required from a physician/licensed primary health care provider stating the student is medically cleared to perform patient care responsibilities without restriction as spelled out in the program's Technical Standards. If the physician identifies restrictions are required, faculty will review the medical release form information provided by the physician/licensed health care provider and determine if the student can continue in clinical experiences. The student must share a copy of the program's "Technical Standards" document with the physician/licensed primary health care provider when requesting the medical release and must provide the program director or faculty designee with a copy of the medical release by the time frame specified by the instructor."

Students must report all body fluid splashes, needle sticks, and other accidents or events that could endanger their health occurring during clinical training to facility, faculty, program director immediately. The faculty member will assist the student in obtaining treatment, if required, and completing the required forms in accordance with institutional policy and OCCC policy. Worker's Compensation Insurance covers student injuries in a clinical facility.

Worker's Compensation Insurance does not cover student injuries in the clinical readiness setting and students are responsible for any associated costs.

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: Clinical

Policy Title: Non-Discrimination/Non-Harassment

Non-Discrimination/Non-Harassment

Oregon Coast Community College is committed to maintaining a learning and working environment that is free of harassment for all persons. It is the policy of OCCC that all its students and employees will be able to learn and work in an environment free from discrimination and harassment. Therefore, it is a violation of College Policy for any student or employee to engage in harassment (including sexual harassment) of any other college student or employee based on personal characteristics, including, but not limited to race, religion, color, gender, sexual orientation, national origin, age, marital status, parental status, veteran status, or disability. Any student, employee, or organization with a substantiated violation of this policy will be subject to disciplinary action including possible suspension and/or expulsion, or dismissal.

The College has regulations and procedures to disseminate this policy, to train supervisors, to provide channels for complaints, to investigate all complaints promptly and carefully, to develop and enforce appropriate sanctions for offenders, and to develop methods to raise awareness and sensitivity among all concerned.

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General

Policy Title: No-Show/Drop

No-Show/Drop

Oregon Coast Community College has a No-Show/Drop procedure. If a student does not attend orientation and the first-class session or does not contact the instructor prior to missing the first-class session, the student may be dropped at the discretion of the nursing director. If a student is dropped under this procedure, the student will be mailed a notice informing him/her of the date they were dropped, the course number and name, and the instructor name.

Note: This may affect the student's eligibility for tuition assistance if they are a veteran, on financial aid, or sponsored by an agency.

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General Policies

Policy Title: Pregnancy

Pregnancy

"A pregnant student must understand the clinical performance expected of her is the same as that expected of any other student. The student should share a copy of the program's "Technical Standards" document with her health care provider and must notify (via medical release form) the nursing director or faculty designee if the physician places any restrictions on clinical performance of those functions. The nursing director or faculty designee will review the medical release form information provided by the physician/licensed health care provider and determine if the student can continue in clinical experiences and in the program."

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Oregon Coast Community College Nursing Program Policy Manual

Policy Category: General

Policy Title: Transportation

Transportation

Students are responsible for their own transportation to and from school and clinical facilities. Most students will spend some time at clinical agencies requiring one hour or more traveling time to and from campus. This is an expectation of attending the program.

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