



Fall, 2015

Clinical Professors:

- 1) Judy Scott, PhD(c), RN
- 3) Pam Adler, MSN, PHN, CEN, MICN
- 2) Amanda Higginbotham, MSN, RN, PHN

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Meeting location:

Tuesday:

Public Schools, see assignment

Public Health North Central:

5055 Ruffin Road, San Diego 92123

Mission Hospice: 2365 Northside Drive

Suite #100, San Diego 92108

ARC- Starlight Gerber Center

1280 Nolan Avenue

Chula Vista, San Diego 91911

Thursday:

Rescue Mission

School nurse sites

Mission Hospice

Times will vary with the agency. You will usually be released by 3pm. Your clinical instructor will review your clinical hours during orientation. 40 Clinical hours do not include the orientation day

Placement: Senior year

Office location and hours:

Office hours will be arranged by appointment with clinical instructors. Prof Scott is at Liberty Station 102

Final Exam: Not applicable

Additional info: 90 hours of community health are required for the PHN license. This course provides 40 direct clinical hours.

HOURS: Variable: to be discussed at orientation

NSG 461- Section 1 <i>HPC</i>	Meets Tuesdays, 8:00am-2:00pm	Instructor: Professor Scott
NSG 461- Section 2 <i>NCPH</i>	Meets Tuesdays, 8:00am-2:00pm	Instructor: Amanda Higginbotham
NSG 461- Section 3 <i>SDRM</i>	Meets Thursdays, 9:00am-3:00pm	Instructor: Pam Adler

NSG 461 (1) NURSING OF COMMUNITIES: COMMUNITY HEALTH FOCUS
Application of the nursing process to individuals, families, and communities using the concepts studied in Community Health Focus. Students work with families in a health department and a home health agency.
Prerequisites: Senior standing in Nursing program and completion of Sociology 360
Concurrent: Nursing 461.
Note: A minimum grade of “C” must be achieved in all co-requisite courses in order to progress in the program.
GRADING POLICY: Credit/No Credit.

**PLNU Mission
To Teach ~ To Shape ~ To Send**

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

SON Vision Statement

The School of Nursing at Point Loma Nazarene University embraces, as a covenant, the commitment to excellence within a dynamic Christian environment in which each one will engage in the sacred work of nursing. This sacred work involves symbolically removing one’s shoes in service of others.

Take off your sandals for the place you are standing is holy ground. Exodus 3:5 NIV

SON Mission Statement

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist. After that, He poured water into a basin and began to wash His disciple’s feet, drying them with a towel that was wrapped around Him. John 13: 4-5 NIV Now that I, your Lord and Teacher, have washed your feet, you also should wash one another’s feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV

Course Learning Outcomes

Inquiring Faithfully - Student will demonstrate knowledge, skill and behavior of the evidence-based practice of nursing which integrates growth in reasoning, analysis, decision-making and the application of theory with the goal of advocating for others and/or self. This includes holistic nursing skills and the nursing process.

Course Learning Outcomes:

- Incorporates population-centered nursing practice, education and research into care of community clients (PLO 1.1,1.3)
- Analyze diverse cultural, ethnic and social backgrounds as sources of patient, family and community needs (PLO 1.4)
- Demonstrates outcome-based and holistic management of client caseload and other assigned responsibilities (PLO 1.2, 1.3, 1.4)
- Models consistent self-care practices for healthy living, including support of self, peers and community clients (PLO 1.5)

Following Faithfully – Defined as claiming the challenge from Florence Nightingale that nursing is a “divine imposed duty of ordinary work.” The nursing student will integrate the ordinary work by complying with and adhering to regulatory and professional standards (e.g. ANA Code of Ethics, the California Board of Registered Nursing, Scope of Nursing Practice, SON Handbook). This includes taking responsibility, being accountable for all actions and treating others with respect and dignity.

Course Learning Outcomes:

- Promotes public health through partnership with clients and agencies as a model of respect for the needs of others (PLO 2.1, 2.2)
- Assumes responsibility and accountability for provision of quality care with indirect supervision in a community setting (PLO 2.2)
- Analyzes through self-evaluation areas in which further learning is needed, including strategies to meet these learning needs . (PLO 2.3)

Communicating Faithfully - The student will actively engage in the dynamic interactive process that is intrapersonal and interpersonal with the goal of advocating for others and/or self. This includes effective, culturally appropriate communication conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.

Course Learning Outcomes:

- Foster open communication among the healthcare team to improve client family and public health outcomes (PLO 3.3, BSN essential VI4; QSEN teamwork and collaboration)
- Adapt teaching strategies that are appropriate and effective for individual clients, groups and communities (PLO3:1,2)
- Assists consumers to exercise their rights to select, participate and evaluate health care (PLO 3.4, 3.5)

Leading Faithfully - The student will incorporate a foundational relationship with Christ and others and embrace a willingness to serve others in the midst of life circumstances (e.g., illness, injustice, poverty). The student will role-model the need for “Sabbath Rest” as a means of personal renewal, and true care of the self, so that service to others is optimally achieved. The student will incorporate the characteristics of a servant leader including: humility, courage, forgiveness, discernment.

Course Learning Outcomes-

- Analyze influence of own value system when facing matters of social injustice as it relates to the impact on patient care (PLO 4.1, 4.2)
- Affirms clients informed values and choices when different from the student’s own (PLO 5.2)
- Strategize with colleagues and clients the best practices in dissemination of community resources for clients (PLO 4.3)

Caring Faithfully - The student will embrace a calling to the ministry of compassionate care for all people in response to God’s grace, which aims to foster optimal health and bring comfort in suffering and death.

Course Learning Outcomes:

- Models principles of honesty, respect and concern for well-being of self, colleagues and clients. (PLO 5.1)
- Incorporates those nursing practices that demonstrate respect for ethnic identity, sociocultural practices of clients in the community (PLO5.1, 5.2, 5.3)
- Partners in service opportunities in the community to promote health and wellness (PLO5.1,5.2)
- Integrate ethical/legal standards of nursing practice into the community settings (PLO5.3)

COURSE CREDIT HOUR INFORMATION

For this 1 unit course, a minimum of 40 hours must be completed to receive credit. These hours were determined according to the California BRN formula (i.e. hours=3 hours X# of units per week in the semester) and is inclusive of pre and post clinical preparation.

Special Note :Faculty reserves the right to make necessary schedule changes to this syllabus as the semester progresses. Every attempt will be made to minimize the inconvenience to the student in the event of a change to the syllabus. Students will be notified of changes via eclass announcement section, with accompanying email notification, in a timely manner.

PORTFOLIO REQUIREMENT

At the conclusion of each course, students are expected to complete/update a LiveText® portfolio including self-evaluation of outcomes using the BSN Growth Portfolio template. The portfolio provides evidence supporting professional development and attainment of PLNU SON BSN graduate outcomes. For this course, the following assignment(s) are **required** to be submitted in LiveText®.

- Signature Assignment: Both sections of the Community Project

Students are strongly encouraged to submit additional coursework into LiveText to demonstrate personal and professional growth.

LEADERSHIP REQUIREMENT

Attendance of at least one SON meeting is required on an annual basis for each student.

Professional Commitment and LEARNING STRATEGIES

Professor Adler, Professor Higginbotham and I are committed to providing you with a rich community experience. Each setting serves a varied community population. You will have the opportunity to experience other community settings from peer presentations in NSG 460. Should time allow, there *may* be a tour of St. Vincent DePaul facility. Your clinical rotation may place you in a community agency, Mission Hospice or a school for the 5 weeks, where you will function alongside a community nurse. You will work together in your clinical groups to provide community client education, and I expect that following your experience, your understanding of your role as an acute care nurse, should you become one, will have an expanded and incorporate a more holistic view of community clients. Keep in mind that your clients spend the least possible amount of time in the hospital, and the greatest part of their lives interacting with the health care system in the community. Whether you practice in the community or in acute care, this course should provide you a wide-angle lens view!

We expect you to come on time to clinical, prepared to care for your clients. All assignments due on a clinical day will be turned in pre- or post- conference. Since each setting differs in the way the clinical day is managed, you will receive guidance from your clinical instructor

ATTENDANCE AND PARTICIPATION

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. If the student is absent from more than 10 percent of class meetings, the faculty member has the option of filing a written report which may result in de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice. If the date of de-enrollment is past the last date to withdraw from a class, the student will be assigned a grade of W or WF consistent with university policy in the grading section of the catalog. *All clinical absences or tardiness must be made up. Please call your clinical instructor if you are late or absent for any reason prior to the clinical time between 6-7 a.m.*

INCOMPLETE AND LATE ASSIGNMENTS

All assignments are to be submitted per this syllabus and calendar, including Canvas assignments. I expect that your assignments will be turned in on time (a minimum of 10% will be deducted for each day an assignment is late, unless prior arrangements have been made with me). *For clinical assignments, your clinical instructor will inform you as to the way assignments should be submitted, i.e. journals and observations.*

SCHOOL OF NURSING

PROFESSIONAL STANDARDS

Students are required to adhere to professional standards while students at PLNU. The nursing department had developed these standards to provide clarification of expected professional behaviors.

1. Presenting yourself professionally in interactions with all persons
2. Behaving with honesty and ethics
3. Respectful communication techniques
4. Being proactive versus reactive
5. Accepting accountability for one's own actions
6. Being prepared and punctual

Additional guidelines:

Social networking sites are a great way to connect with many others. These sites can be used to your disadvantage and all persons are advised to employ professional standards on these sites. A general rule would be if what you have posted does not enhance your professional image then it probably needs to be reviewed.

The use of Laptops, cell phones and other electronic devices is at the discretion of the course instructor. Generally it is considered inappropriate to use any device for alternate uses not related to the class being taught. Cell phones should be kept on vibrate or silent during class times unless arrangements have previously been made.

Speaking negatively, relating stories or presenting a biased viewpoint about any class, instructor or other student that is not supportive of the individual involved and can be perceived as incivility. Disagreements are a part of life- but should be worked through in a private manner. Questioning the integrity of a persons' character is disrespectful. Each person is responsible and accountable for their words and actions.

Plagiarism or cheating in any class as a pre-nursing or nursing major will have consequences within the School of Nursing. Disciplinary action will be at the discretion of the instructor, the guidance of the Dean of the School of Nursing, and SON handbook and may include assignment/class failure and possible dismissal from the program.

ACADEMIC DISHONESTY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. As explained in the university catalog, academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. Violations of university academic honesty include cheating, plagiarism, falsification, aiding the academic dishonesty of others, or malicious misuse of university resources. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for a) that particular assignment or examination, and/or b) the course following the procedure in the university catalog. Students may appeal also using the procedure in the university catalog. See [Academic Policies](#) for further information.

ACADEMIC ACCOMMODATIONS

While all students are expected to meet the minimum academic standards for completion of this course as established by the instructor, students with disabilities may request academic accommodations. At Point Loma Nazarene University, students must request that academic accommodations by filing documentation with the [Disability Resource Center](#) (DRC), located in the Bond Academic Center. Once the student files documentation, the Disability Resource Center will contact the student's instructors and provide written recommendations for reasonable and appropriate accommodations to meet the individual needs of the student. See [Academic Policies](#) in the undergrad student catalog.

FERPA POLICY

In compliance with federal law, neither PLNU student ID nor social security number should be used in publicly posted grades or returned sets of assignments without student written permission. This class will meet the federal requirements by (Note: each faculty member should choose one strategy to use: distributing all grades and papers individually; requesting and filing written student permission; or assigning each student a unique class ID number not identifiable on the alphabetic roster.). Also in compliance with FERPA, you will be the only person given information about your progress in this class unless you have designated others to receive it in the "Information Release" section of the student portal. See [Policy Statements](#) in the undergrad student catalog.

USE OF TECHNOLOGY

Point Loma Nazarene University encourages the use of technology for learning, communication, and collaboration. The use of technology during class will be determined at the discretion of the faculty. *Cell phones may not be used in clinical sites. However, it is advisable to have your cell phone for travel to and from school and clinical sites.*

REQUIRED TEXTS & RECOMMENDED STUDY RESOURCES

REQUIRED TEXTS: Same texts as NSG 460

METHODS OF EVALUATION: This is a credit/no credit course. Students must meet a minimum of **75%** of the standards listed on the *Clinical Evaluation Form* to receive "Credit". This means that 14 of 18 outcomes must be met at the final evaluation. There will be a midterm self and instructor evaluation as well as a final evaluation.

It is not expected that you will have fulfilled all requirements at the midterm, but students should use the midterm evaluation to plan to meet the outcomes as required.

COURSE TOPIC OUTLINE

JOURNAL GUIDELINE

PRECEPTOR EVALUATION

EXPERIENCE REPORT GUIDELINE

HOME VISIT PREPARATION AND EVALUATION

PRECEPTOR EVALUATION

MIDTERM (as needed)/FINAL EVALUATION

RECORD OF CLINICAL HOURS

TOPICS: Journals: These are private, post to Canvas on the NSG 460/461 calendar due date

Journal #1

- A. Tell me about yourself:
 - What do you want to do in nursing?
 - What do you like to do outside of nursing?
 - What are your strengths and areas of growth?
- B. Public Health Nursing
 - What have you heard or know of PHN? (positives and negatives)
 - How do you think PHN is related to what you want to do in the future?
- C. What are your expectations for this semester?
- D. What would you like to learn or accomplish this semester? How can I help you get there?

Journal #2

- A. What are you enjoying this semester?
- B. What are you having difficulty with this semester?
- C. How is this clinical measuring up to your expectations?
- D. How has working with your clients affected you? (Humility, Respect, Courage?)
- E. How will you be using this experience to help you as a nurse?

Journal #3

PHN Knowledge and Insights

- A. What did you learn in CHN clinical (new insights, values, beliefs)?
 - How has your perception or understanding of PHN changed?
 - What aspect or concepts of PHN do you find difficult adjusting to? What do you find easier to grasp?
 - How will you continue to apply these concepts in your future area of nursing?
- B. How are the clients/families in your caseload different as a result of your interaction?
- C. How is the community different because of your involvement in that clinical agency?
- D. How are you different as a result of this clinical?

Point Loma Nazarene University *School of Nursing*
Nursing of Communities: Community Health Focus Practicum
NSG 461

(Student at Hospice, PHN, Gary and Mary West Center, Schools, ARC, SOT, other offsite)
Preceptor Evaluation of Student Clinical Activities

Student: _____

Preceptor: _____

Date: _____

Location: _____

Outcomes :

Circle Response

1. Provides safe, organized, holistic and effective care, based on synthesis of knowledge. Yes / No
2. Uses nursing process effectively while caring for client(s). Yes / No
3. Provides rationale for nursing decisions using relevant knowledge, principles, and theories. Yes / No
4. Incorporates knowledge of sociocultural contexts and environments in the provision of nursing care. Yes / No
5. Relates therapeutically with clients in various health states. Yes / No
6. Communicates/collaborates effectively with health team members to ensure quality client care. Yes / No
7. Acts as a client advocate. Yes / No
8. Is accountable for own nursing practice and professional growth. Yes / No

Student Tasks Completed:

Student Strengths:

Student Areas for Growth:

Summary:

TOPIC: Home Visit/ or daily teaching log: Preparation and Evaluation Form

Date: _____

Family/education event : _____ Student: _____

Family/event Information:

Plan/Objectives for today's visit/education : (Expected outcomes—write in behavioral terms from the client's perspectives.)

Long term objectives/goals:

Assessments I plan to make today:

Questions I plan to ask today:

Resources used to prepare for Home Visit:

Planned nursing interventions:

Evaluation:

Follow up activities: (Referrals, additional information to look up, etc.)

Point Loma Nazarene University
School of Nursing
 Nursing of Communities: Community Health Focus Practicum
 NSG 461

SENIOR CLINICAL EVALUATION FORM

Student Name: _____
 Instructor Name: _____
 Semester/Year: _____ Clinical Facility: _____

Adheres to ANA Standards of Practice

CRITICAL BEHAVIORS WHICH IMMEDIATELY RESULT IN PROBATION OR POSSIBLE FAILURE OF COURSE:

1. Falsifying a client record.
2. Blatant disregard of client confidentiality.
3. Denying responsibility for ones own deviation from standard practice.
4. Actions which place the client in jeopardy.
5. Actions which place student or colleague in jeopardy.
6. Abusive behavior toward clients.
7. Ignoring the need for essential information before intervening.
8. **Not maintaining the standards of professional practice (for example: **uniform, conduct, communication**)**

Directions to student/faculty/preceptor (as applicable) must be given:

Student Self-Evaluation: Use blue or black ink. This document may be generated by computer, but must be signed by student and instructor. Rate yourself in each category by placing a check in the box where you feel that you are performing. Narrative discussion can follow in each area to further explain the competencies.

Instructor Evaluation: Use different colored ink.

Instructor may elect to document in narrative fashion and attach to the student self-eval. Faculty must also check the box appropriate to each competency for evaluation.

Student MUST meet standards in a minimum of 75%. There are 18 outcomes- student meets 14 outcomes to pass clinical.

Leadership/Service Component : Met in Leadership/Management course
 Date and School of Nursing Committee attended

Completed 100% of clinical time	YES	NO	
Make-up time completed/arranged	YES	NO	N/A
Number of hour's missed/made-up			
Portfolio Reviewed	YES	NO (Must be acknowledged each term)	

Inquiring Faithfully	Mid M	Mid NI	Final M	Final NI
<ul style="list-style-type: none"> Incorporates population-centered nursing practice, education and research into care of community clients (PLO 1.1,1.3) 				
<ul style="list-style-type: none"> Analyze diverse cultural, ethnic and social backgrounds as sources of patient, family and community needs (PLO 1.4) 				
<ul style="list-style-type: none"> Demonstrates outcome-based and holistic management of client caseload and other assigned responsibilities (PLO 1.2, 1.3, 1.4) 				
<ul style="list-style-type: none"> Models consistent self-care practices for healthy living, including support of self, peers and community clients (PLO 1.5) 				

STUDENT COMMENTS:

FACULTY COMMENTS:

FOLLOWING FAITHFULLY	Mid M	Mid NI	Final M	Final NI
<ul style="list-style-type: none"> Promotes public health through partnership with clients and agencies as a model of respect for the needs of others (PLO 2.1, 2.2) 				
<ul style="list-style-type: none"> Assumes responsibility and accountability for provision of quality care with indirect supervision in a community setting (PLO 2.2) 				
<ul style="list-style-type: none"> Analyzes through self-evaluation areas in which further learning is needed, including strategies to meet these learning needs . (PLO 2.3) 				
<ul style="list-style-type: none"> Evaluates the effectiveness of interventions in collaboration with clients and colleagues and revises plan as indicated 				

STUDENT COMMENTS:

FACULTY COMMENTS:

COMMUNICATING FAITHFULLY	Mid M	Mid NI	Final M	Final NI
<ul style="list-style-type: none"> Foster open communication among the healthcare team to improve client family and public health outcomes (PLO 3.3, BSN essential VI4; QSEN teamwork and collaboration) 				
<ul style="list-style-type: none"> Adapt teaching strategies that are appropriate and effective for individual clients, groups and communities (PLO3:1,2) 				
<ul style="list-style-type: none"> Assists consumers to exercise their rights to select, participate and evaluate health care (PLO 3.4, 3.5) 				

STUDENT COMMENTS:

FACULTY COMMENTS:

LEADING FAITHFULLY	Mid M	Final NI	Mid M	Final NI
1. Analyze influence of own value system when facing matters of social injustice as it relates to the impact on patient care (PLO 4.1, 4.2)				
2. Affirms clients informed values and choices when different from the student's own (PLO 5.2)				
3. Strategize with colleagues and clients the best practices in dissemination of community resources for clients (PLO 4.3)				

STUDENT COMMENTS:

FACULTY COMMENTS:

CARING FAITHFULLY	Mid	Final	Mid	Final
1. Models principles of honesty, respect and concern for well-being of self, colleagues and clients. (PLO 5.1)				
2. Incorporates those nursing practices that demonstrate respect for ethnic identity, sociocultural practices of clients in the community (PLO5.1, 5.2, 5.3)				
3. Partners in service opportunities in the community to promote health and wellness (PLO5.1,5.2)				
4. Integrate ethical/legal standards of nursing practice into the community settings (PLO5.3)				

STUDENT COMMENTS:

FACULTY COMMENTS:

MID TERM SUMMARY STUDENT COMMENTS:

Strengths:

Areas of growth/future goals:

MIDTERM : as needed

SUMMARY INSTRUCTOR COMMENTS: (Sometimes done in this format on computer and attached to document)

Strengths:

Areas of growth/future goals:

Midterm Grade: Credit _____ No Credit _____

Student Signature: _____ Date _____

Instructor Signature: _____ Date _____

FINAL SUMMARY STUDENT COMMENTS:

Strengths:

Areas of growth/future goals:

FINAL

SUMMARY INSTRUCTOR COMMENTS: (Sometimes done in this format on computer and attached to document)

Strengths:

Areas of growth/future goals:

Final Grade: Credit _____ No Credit _____

Incomplete _____ Reason _____

Student Signature: _____ Date _____

Instructor Signature: _____ Date _____

RECORD OF CLINICAL HOURS

NAME _____ CLINICAL FACILITY _____

List the Date and Hours Worked Each Day

DATE	HOURS	CLINICAL EXPERIENCES	Signature for hours/offsite
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Hours = _____

POINT LOMA NAZARENE UNIVERSITY
School of Nursing
NSG 461

ACTUAL AND POTENTIAL INCIDENT REPORTING

The following procedure is to be followed by the Faculty at the time of any actual or potential critical incidents or medication errors. This is a confidential survey that is intended to be used for patient/student safety and tracking purposes. The following is a list of occasions that may require reporting, including but not limited to:

Medication related incidents such as:

1. Administration of the wrong medication.
2. Administering medication to the wrong patient.
3. Administering the wrong drip rate or dose.
4. Administering the medication at the wrong time or omitting a dose by mistake.
5. Unsafe medication administration.
6. “Near miss” – medication error was stopped prior to administration by RN or Instructor.

Patient related incidents such as:

1. Incomplete, inaccurate or incorrect charting.
2. Inappropriate actions resulting in actual or potential danger to patient well-being.
3. Demonstration of inadequate knowledge base to carry out safe clinical practice (inadequate preparation for clinical).
4. Patient fall or injury.
5. Other behaviors which warrant the concern of the nursing instructor or clinical staff.

Student related incidents such as:

1. Any injury requiring medical treatment that occurs during clinical hours.
2. Fall, with or without loss of consciousness or injury.
3. Needle-stick (please see **Infection Control - Blood and Body Fluid Exposure** policy)
4. Blood or Body fluid exposure (please see **Infection Control - Blood and Body Fluid Exposure** policy)

STUDENT Procedure:

1. The student will complete the incident report as soon as possible after incident or near miss, and after notifying clinical instructor of event requiring report (within 48 hours unless otherwise arranged by clinical instructor).
2. The student will access the **SON Incident Report** form in the SON resource folder and follow the link provided (see below).

(<https://eclass.pointloma.edu/>> School of Nursing Resource Site >SON Documents>Misc. Forms)

3. The survey must be completed in one sitting, once started it must be finished. Please be aware that any information pertaining to the event needs to be collected prior to beginning the survey.
4. Once report is complete, student to notify faculty of record for the course in which the incident took place.

Consequences, if any, of such reports shall be determined by the level team faculty in the School of Nursing.

FACULTY Procedure:

1. Once notified of an incident requiring the completion of the **SON Incident Report**, direct student to complete report form located in eclass under the SON resource form (see above for student procedure and possible occasions requiring completion of a report).
2. If possible, assist the student in completing the form while together at the hospital, or arrange for the student to complete the form within 48 hours (unless otherwise unable).
3. Once the student has completed the form, enter Qualtrics via the link provided here to review the students report. <https://pointloma.us.qualtrics.com/ControlPanel/>
4. If there are any necessary updates or clarifications to be made, type up a Word document with your clarifications indicating the date and time of completion.
5. Contact the ASAC Chairperson, or other designee in the SON, to notify them of the students completion of the Incident Report and give comments or clarifications to them for attachment to the report and placement into the student Shared Folder.

POINT LOMA NAZARENE UNIVERSITY
School of Nursing
 NSG 461- Community Health

INFECTION CONTROL - BLOOD/BODY FLUID EXPOSURE

Purpose: This policy is established because of the particular concern for exposure to Hepatitis B, Hepatitis C, or HIV in the clinical setting.

For: *Any person (faculty or student) exposed* to blood/body fluids by puncture, laceration, bites, contact through eye, nose, or mouth, or contact with pre-existing breaks in the skin. The *source person* is the person whose blood/body fluids have come in contact with the exposed person as previously listed.

- I. **Immediate First Aid** (Responsibility of the Exposed Person)
 - A. Squeeze the wound/cut to make it bleed and wash with soap and water. *(Please note the CDC does not recommend this).*
 - B. Rinse mouth, eye, or nose with large volumes of clean water or saline.
 - C. If sutures are required or other medical intervention, the exposed person should receive immediate attention by the agency's urgent care/emergency services (student or insurance company will be billed for expenses).

- II. **Report of Incident** (Responsibility of the Exposed Person)
 - A. Contact Instructor and Supervisor/Preceptor/Primary Nurse
 - B. Complete Agency Incident Report **AND** School of Nursing Incident Report (via eclass link) as soon as possible.
 - C. Seek professional first-aid follow-up via the urgent care/emergency department **within one hour of the incident.**
 - D. Contact personal health care provider.

- III. **Instructor's Responsibility**
 - A. Assist in completing Agency Incident Form **AND** School of Nursing Incident Report. Place a copy in the student's file.
 - B. Notify Employee Health/Quality Assurance Personnel in Agency and Human Resources at Point Loma Nazarene University (619-849-2534).
 - C. Notify SON Dean and Human Resources department to initiate Workman's Comp process.



IN CASE OF WORK RELATED INJURY

DURING REGULAR WORK HOURS:	
Go to or contact: PLNU Wellness Center 1 ST floor Nicholson Commons Extension 2574	If the Wellness Center is closed, contact Human Resources Mieras Hall, Top Floor Extension 2203 or 2240
AFTER HOURS & WEEKENDS:	
Call Shelter Island Medical Group 1370 Rosecrans Street 619-223-2668 (On Call 24 hrs) *notify Human Resources the following work day x2203.	IF INJURY IS SEVERE OR LIFE THREATENING: Contact Public Safety Extension 2525

***Please note, for any work related injury you must contact one of these parties immediately.

- D. Assure the student's access to professional first-aid treatment.
- E. Obtain information on the Agency's policy for Blood/Body/Fluid Exposure treatment.
- F. Document events related to the incident. Relevant information that should be included (CDC, 1998a):
 - 1. date and time of exposure;
 - 2. details of the procedure being performed, including where and how the exposure occurred, and if the exposure was related to a sharp device, the type of device and how and when in the course of handling the device the exposure occurred;
 - 3. details of the exposure, including the type and amount of fluid or material and the severity of the exposure, (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous-membrane exposure, the estimated volume of material and duration of contact and the condition of the skin [e.g., chapped, abraded, or intact]).
- G. Initiate follow-up contact with Clinical Agency Health/Quality Assurance personnel within 72 hours.
- H. **Urgent Care Protocol:** If there is a clinical agency policy in place for such an incident, adhere to it. Otherwise, if there isn't one, the School of Nursing procedure is to:
 - a. Obtain consent from the source person to have blood withdrawn for testing purposes. If the source person refuses to consent to a lab draw, ***an emergency care physician must submit a report within 24 hours*** and provide an evaluation of the source person within 72 hours. Notify the source person's primary physician who ***must*** respond to the urgent care agency/ED, or to the exposed person's primary physician within three weeks. If the source person refuses to consent to a blood draw, any blood that has been drawn for a diagnostic study can be used (if available). Urgent Care/ED personnel are to notify the person who has been exposed as soon as possible of the test results as to whether or not the source person is positive for HIV.
Note: the CDC recommends an FDA approved test kit that can be used in a situation where enzyme immunoassay (EIA) for HIV, cannot be completed within 24-48 hours.
 - b. Obtain consent from the exposed person to have blood drawn for baseline information.
 - c. Obtain a history of incident and a report of the examination of exposed areas of the exposed person.

- d. Provide counseling and options of prophylactic procedures to the exposed person.
- e. Obtain follow-up information about the blood/body fluids of the source person from the Employee Health/Quality Assurance Personnel, and the attending physician.

IV. **Treatment** - The recommended procedure for:

A. **Hepatitis B**

- 1. Immune Globulin (0.06 ml/kg) within 24 hours if the exposed person has not completed the vaccination series, then follow the accelerated schedule for Hep B vaccine.
- 2. If the person has not been vaccinated, give Hep B on an accelerated schedule starting immediately, followed in one, and two months later. Check blood titers one month after 3rd dose of vaccine. Give a booster shot in 12 months.

B. **Hepatitis C**

- 1. Draw serum. Give HCV Ab now, then at 3, 6, 12 months.
- 2. Refer the exposed person to their primary physician if serum is positive.

C. **HIV** (Clinical Agency)

- 1. Determine the extent of the exposure, in conjunction with the CDC guidelines (CDC, 1998b). Follow-up care should be in conjunction with the CDC guidelines for management of exposures for postexposure prophylaxis (CDC, 1998b).
- 2. In the event that treatment is required:
- 3. Provide and document counseling for the exposed person.
- 4. Testing for HIV for the exposed person is as follows: baseline, six weeks, three, six, and twelve months post exposure.
- 5. ***Treatment should be given within 1-2 hours of exposure.*** Alert the exposed person to the possible side effect from the drugs.
- 6. A prescription of at least four days of antiretroviral medication should be provided to the exposed person.
- 7. Document that the exposed person knows personal responsibility for follow-up care.
- 8. Submit confidential report to OSHA.
- 9. The recommended protocol should follow the most current Communicable Disease Control recommendations for prophylaxis. Current recommendations may be obtained through a free 24-hour hotline, through San Francisco General Hospital, San Francisco, CA (CDC, 1998c). The National Clinicians' Post Exposure Prophylaxis Hotline (PEPLine) is for clinicians in need of advice on how to best treat healthcare workers accidentally exposed to blood-borne disease — **1-888-448-4911**

References:

Center for Disease Control. (2006). Updated Public health service guidelines for the management of health-care worker exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis, June 29, 2001. <http://www.thebody.com/cdc/pdfs/rr5011.pdf>

Center for Disease Control. (1998b). Public health service guidelines for the management of health-care worker exposures to HIV and recommendations for postexposure prophylaxis, figure 1, May 15, 1998. <http://www.thebody.com/cdc/pep/figure1.html>.

Center for Disease Control. (1998c). National hotline opens for advice on occupational HIV exposure prophylaxis, November 19, 1997. <Http://www.thebody.com/cdc/pepline.html>.

ACTUAL AND POTENTIAL CRITICAL INCIDENT OR MEDICATION ERROR REPORTS

ACTUAL CRITICAL INCIDENT REPORTS:

A student shall complete the attached form when an actual incident occurs such as:

1. Administering the wrong medication.
2. Administering medication to the wrong client.
3. Administering the wrong dose or drip rate.
4. Administering the medication at the wrong time or omitting a dose by mistake.
5. Unsafe medication administration.
6. Incomplete, inaccurate or incorrect charting.
7. Inappropriate actions resulting in potential danger to client/patient well-being.

POTENTIAL CRITICAL INCIDENT REPORTS:

A student shall complete the attached form when the instructor stops an incident from occurring in such incidences as:

1. Student demonstrates an inadequate knowledge base to carry out safe clinical practice (not being prepared to safely care for the client due to inadequate preparation of transfer of knowledge from theory.)
2. Poor nursing judgment is exhibited which could lead to danger to client/patient well-being.
3. Selecting wrong medication but not administering it—stopped by the Instructor or RN.
4. Omitting the assessment of vital signs, weight, or lab values needed to assure safe nursing care of client(s).
5. Inadequate knowledge base about risk or safety factors or appropriate Nursing measures and rationale required for specific client.
6. Other behaviors which warrant the concern of the nursing instructor or clinical staff.

Consequences of such reports shall be determined by the level team faculty in the School of
Nursing.

This portion of form is to be completed by student

STUDENT REPORT OF ACTUAL INCIDENT OR MEDICATION ERROR

NAME _____ DATE _____

AGENCY _____ DATE/TIME OF INCIDENT _____

- Brief Statement of the incident: (Comments may be stated on a separate 8 ½ X 11" page attached to this document.)

- Diagnosis of Patient:

- Results of Incident:

A. To the Patient:

B. What action was taken at the agency by you, your instructor, agency staff?

ACTUAL INCIDENT OR MEDICATION ERROR FORM

- Potential Consequences related to the incident or medication error.

- Explanation of the Incident

A. How did this incident or medication error occur?

B. How could this have been avoided?

C. How can this be prevented in the future?

ACTUAL INCIDENT OR MEDICATION ERROR FORM

This portion of form to be completed by the instructor:

- Action Taken:

SIGNATURES:

_____ Date

_____ Date

_____ Date

Distribution:

- ___ Student
- ___ Dean
- ___ Student File
- ___ Agency Unit Supervisor (optional)
- ___ Academic Dean (optional)

Point Loma Nazarene University
School of Nursing
Nursing of Communities: Community Health Focus Practicum
NSG 461

TOPIC: Guidelines for Priorities

HIGH PRIORITY : Situations which may be potentially life threatening. The client/public is at high risk.

- * Environmental disaster
- * Physical or emotional abuse, neglect, or exploitation of any person having limited ability to protect himself/herself
- * Client with symptoms of severe emotional illness who is a threat to self or others
- * Client with symptoms or diagnosis of a communicable disease which requires legally mandated control measures
- * Communicable disease epidemic
- * Client with symptoms or diagnosis of serious illness, acute or chronic, or impending death; an unconscious client
- * The client with an unstable physical condition
- * High-risk prenatal client
- * High-risk postpartum client
- * High-risk infants and children
- * High-risk older adults

INTERMEDIATE PRIORITY: Situations which are potentially health-threatening. The client/public is at intermediate risk.

- * Emotional illness, untreated; able to care for self
- * Communicable disease in active state but being diagnosed or under care
- * Acute or chronic illness under care and adequately managed but needs CHN follow-up
- * Suspected acute or chronic illness not in life-threatening category
- * Prenatal client under care and without complications
- * Postpartum client under care and without complications
- * Infant progressing normally up to 6 weeks
- * Children suspected of health problems (physical or emotional), developmental delay, inadequate care, or social deprivation

LOW PRIORITY: Situation requiring community health nursing support for maintenance of current health

status. The client/public is at low risk.

- * Emotional illness, receiving care
- * Communicable disease receiving appropriate care and resolving
- * Acute or chronic illness, resolving, stabilized, or in remission
- * Postpartum clients progressing normally more than 6 weeks postpartum
- * Infants and children progressing normally after 6 weeks; receiving adequate and appropriate care; needing only routine care

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TOPIC: Field Visit Safety

1. Make appointments for home visits, if possible.
 2. Every day, before you leave the health center, write down itinerary for the day. Include addresses and phone numbers.
 3. Never leave the key in the ignition of your car. Never leave your car unlocked. If there is a possibility you may lock your keys in your car, take another set with you. Do not hide the spare key(s) somewhere on the car, as thieves are familiar with all the hiding places.
 4. Always keep your car well maintained to avoid possible breakdowns. Check your gas gauge every time you start your car. Check your tires at least once a week for wear.
 5. Keep your car doors locked and the windows closed whenever driving. If you need ventilation, open the window(s) one inch and use the air vents.
 6. Always check the back seat of your car before entering it.
 7. If you plan to lock your purse in the trunk or place it under the car seat, do this before leaving the health center premises. A purse can be a temptation both in homes and on the streets.
- Carry identification and keys in your pocket.
8. Keep your car in gear while stopped at traffic lights and stop signs. If your safety is threatened, hold down on the horn and drive away as quickly as possible.
 9. Always be aware of your surroundings while walking. Be aware of your inner alarm system. Do not daydream. Walk with a determined step.
 10. If someone suspicious is behind you, or ahead of you, cross the street. If necessary, crisscross from one side to another, back and forth. If you feel you are being followed, do not be afraid to run. Keep looking behind you. Be prepared to run to a residence or business, or possibly flag down a passing car.
 11. Walk near the curb and avoid passing close to shrubbery, dark doorways, parked cars, or other places of concealment. When possible, avoid shortcuts, especially through backyards, parking lots and alleys.
 12. Plan your route in advance.
 13. If someone asks for directions, remain several feet from the car as you give them—far enough away to be safe from a hand that might grab your purse or you.
 14. Do not wear revealing clothing as this may increase your vulnerability on the street or in a home.
 15. Wear a name tag and carry some form of identification so clients can be assured you are a valid representative of the agency.
 16. If, when you arrive at the address of intended visit, there are indications for concern, such as a gang of people or a dog, do not continue with the visit at that time. Rather plan to return on another day or with another person. Do not enter if someone appears intoxicated.
 17. Knock on the door of residence and wait until occupant comes to open it. Do not enter even if someone calls “come in”. You cannot know who or what may be inside.
 18. Confirm with the client at the door that it is convenient to have the home visit today, or would they prefer another time. Even if there had been a telephone appointment made prior to

the visit, this practice, although primarily for politeness, is advisable in order to increase the opportunity to assess safety of the situation.

19. If you are visiting a residence and have cause for concern, always stay between the client and the door. Cut the visit short if you feel uneasy. If appropriate, you may return on another day with another person.

20. It would be best to not visit an adult male alone in a closed residence, even if that person is the spouse or boyfriend of a known client. It would be preferable to make a “doorstep” visit or plan to come back at another time when someone else is there. You may plan to come back on another day with another person. If you decide to continue on with the visit, keep the door open, if possible, and stay between the door and the client.

21. If you ride an elevator, ride alone or with more than one person.

22. When there is a question of possible danger or threat to safety in making a visit, leave the situation and discuss plans with your instructor for further management of the case.

23. Carry only enough money with you for emergency transportation and phone calls. Unless absolutely necessary, do NOT carry credit cards in your purse on clinical days.

24. Most acts of violence occur during evening or night hours. Items 13-14 should be observed all the time! In addition, one should always note where police, fire, or well lit service stations are located. If harassed, or in danger of assault, drive there with horn blowing and ask for assistance.