



2025-2026

NURSING PROGRAM

HANDBOOK

ASSOCIATE IN NURSING

Direct Transfer Agreement | Major Related Program

(AN-DTA/MRP)

Lower Columbia College **NURSING**



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Welcome to the LCC Nursing Programs!

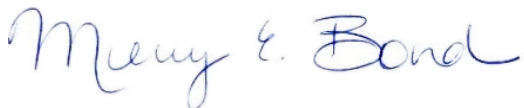
Greetings, Future Registered Nurse!

The faculty, staff, and I are so pleased to welcome you to the LCC Associate Degree Nursing Program. This is an important milestone on your educational journey toward a rewarding and dynamic career in healthcare. The LCC Nursing Program has a long history of excellence in preparing graduates to be compassionate and competent nurses. The program has been continuously approved by the Washington State Board of Nursing (WABON) since 1954, when it began as a practical nurse certificate program. Our associate degree RN program, which had its first graduates in 1971, obtained national accreditation through what is now the Accreditation Commission for Education in Nursing (ACEN) in 1976, and has since maintained continuous accreditation.

The faculty, staff, and I are committed to helping you reach your educational and career goals. We want your time with us to be instructive, growth-producing, rewarding, and inspiring. We hold our learners to the highest professional and ethical standards, and you can expect the same from us. Our curriculum is rigorous and fast-paced to prepare you for the fast pace and changes of 21st century nursing practice. Consistent and extensive study will be necessary to meet the learning outcomes for the program, which are essential for safe and effective entry-level nursing practice. Know that while we are all here to support you on your journey, we also encourage you to work hard and be accountable for your learning. This will set the stage for your lifelong learning in nursing.

Familiarize yourself with this handbook. It is your guidebook to program policies and procedures, and it will be an important tool for your successful completion of the nursing program. I look forward to getting to know you and sharing our mutual passion for nursing. On this journey, may you touch lives in positive and unexpected ways – both as a student and as a nurse!

Warm regards,



Merry E. Bond, MSN Ed, RN, CNE

Dean of Instructional Programs | Nursing Programs Director
Nursing, Allied Health, and Wellness Programs



Associate in Nursing Program | 2025-2026

Our Accreditation and Approval

Lower Columbia College is institutionally accredited by the

[Northwest Commission on Colleges and Universities](#)

8060 165th Ave. NE Suite 100, Redmond, WA 98052

The **AN-DTA/MRP Nursing Program** at Lower Columbia College, located in Longview, WA, is approved by the

[Washington State Board of Nursing \(WABON\)](#)

111 Israel Road SE, Tumwater, WA 98501

Phone: 360.263.4700

National Council of State Boards of Nursing (NCSBN) Program Code: **US29408300 ADN**



The **AN-DTA/MRP Program at Lower Columbia College**, located in Longview, WA, is accredited by the [Accreditation Commission for Education in Nursing](#) (ACEN) | 3343 Peachtree Road, Suite 850, Atlanta, GA 30326 | 404.975.5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the associate degree nursing program (April 2023): ***Continuing Accreditation with next site visit in fall 2030***. View the [public information](#) disclosed by the ACEN regarding this program.

LCC Non-Discrimination and Anti-Harassment Statements

Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388.

Important Campus Contacts

Healthcare Programs Office: HSB 202 | 360.442.2860

Office Hours: Monday through Friday | 7:30 am – 11:30 am and 12:30 pm – 4:30 pm

Emergency
911
(From a campus phone)
9911

Campus Security
(Radio)
360-442-2911

Emergency Mental
Health
(Call or text)
988

Campus Security: Student Center (STC) 106 | 360.442.2911 | security@lowercolumbia.edu

Pre-Program Education Planning: Admissions Center (ADC) | prenursing@lowercolumbia.edu

- Rebekah Villanti, Career Pathway Advisor | 360.442.2328
- Jenna Burnell, Career Pathway Advisor | 360.442.2328

Bookstore: Student Center (STC) 148 | 360.442.2249 | bookstore@lowercolumbia.edu

Counseling: Admissions Center (ADC) | 360.442.2330

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Disability and Access Services: Admissions Center (ADC) 143 | 360.442.2340 | Sara Albright, Program Coordinator | salbright@lowercolumbia.edu

Financial Aid: Admissions Center (ADC) | 360.442.2390 | financialaidoffice@lowercolumbia.edu

Washington has significant opportunities for financial aid!
Be sure to visit [How to Pay for College](#) on the LCC website!

Resources for Student Basic Needs | Navigators:

- Stephen Boyer | 360.442.2335 | sboyer@lowercolumbia.edu
- Joy Yolangco | myolangco@lowercolumbia.edu

Please reach out for information about resources and support you may be eligible for!

Registration: Admissions Center (ADC) | 360.442.2370 | registration@lowercolumbia.edu

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Purpose of Handbook

The purpose of the *Associate in Nursing (AN-DTA/MRP) Program Handbook* is to provide essential information for students enrolled in the nursing program and to supplement the [Lower Columbia College Student Handbook](#). Included information addresses associate degree nursing program options, curriculum, student rights and responsibilities, Washington State Nurse Practice Acts, campus facilities and resources specific to nursing students, and program policies and procedures.

Verification

All students enrolled in the AN-DTA/MRP program at LCC are responsible for being familiar with the most current handbook contents and are held accountable for all statements within. Prior to beginning the program, students must complete an online form verifying they will abide by the contents of the most current student handbook. The handbook is reviewed and updated at least annually by the dean of instructional programs / nursing programs director and the assistant associate degree program director. It may be revised more often as the need arises. Students will be notified of substantive changes that occur within an academic year.

About the Nursing Program

Definitions

For purposes of cultivating shared understanding of the terms used in this handbook, the following terms are defined:

1. **AN-DTA/MRP:** the LCC associate in nursing - direct transfer agreement (major ready program) degree, which is compliant with the [2014 statewide agreement](#) between Washington community and technical colleges and universities to meet the requirements of participating RN to BSN programs for transfer as a senior. This is the only associate degree option available for students completing the pre-licensure RN program at LCC.
2. **Faculty liaison:** a member of the nursing programs faculty providing oversight, overall supervision, and evaluation of the student. The faculty liaison coordinates required conferences with the student and preceptor per [WAC 246-840-533](#) and the **LCC Nursing Programs Policy and Procedures for Nursing Preceptors** ([Appendix A](#)). See also the **LCC Nursing Preceptor Manual**.
3. **Didactic:** course work that takes place in the classroom or online setting, preparing students to participate in the care of patients, families, groups, communities, and populations in the clinical or community setting.
4. **Hybrid:** refers to an instructional delivery method (modality) in which some class time and learning activities take place in-person and some take place asynchronously online.
5. **Practicum:** course work that takes place in the laboratory (skills, simulation), clinical, or community setting in which the student applies concepts learned in the didactic setting.
6. **Preceptor:** a qualified licensed nurse who provides personal instruction, training, and

supervision to any nursing student per the requirements of [WAC 246-840-533](#).

7. **Preceptorship:** refers to the relationship between preceptor and nursing student during the last quarter of the AN-DTA/MRP program. May also refer to the course work itself.
8. **RN Proctor:** a qualified licensed nurse who monitors, teaches, and supervises students during the performance of a task or skill per the requirements of [WAC 246-840-533](#). Proctors are used on rare, short-term occasions when a faculty member has determined that it is safe for the student to receive direct supervision for a particular task within the student's scope of practice.
9. **Student(s):** person(s) enrolled in LCC's AN-DTA/MRP program.

General Information

The Lower Columbia College Nursing Program began as a practical nurse program, with its first graduates in 1954. The first associate degree Registered Nurse (RN) class graduated in 1971. The nursing program is approved by the Washington State Board of Nursing (WABON) and accredited by the [Accreditation Commission for Education in Nursing](#) (ACEN). Today, approximately 200 students are enrolled annually across three program options, and approximately 120 students complete the program each year.

Graduates of the program earn the Associate in Nursing Direct Transfer Agreement/Major Related Program (AN-DTA/MRP) degree, which prepares them to take the National Council Licensure Examination for Registered Nursing (NCLEX-RN). Passing the NCLEX-RN is one part of licensure eligibility (please see the heading [Eligibility for Registered Nurse Licensure by State](#) below for further information).

The AN-DTA/MRP program includes three options:

- The traditional entry option (six quarters, excluding summers) is for students entering with their nursing assistant certification and
- There are two entry options for licensed practical nurses (LPNs)
 - The LPN2RN eLearning option (fall start only; 4 quarters, including summer) or
 - Entry into the fourth quarter of the traditional entry option (campus-based LPN opt-in; three quarters, excluding summer + HUM 255 and PSYC 255).

Please see the [Nursing Curriculum/Course Descriptions](#) heading below for detailed information about each option. All three AN-DTA/MRP options consist of a total of 135 undergraduate quarter credits. Classes for the campus-based options take place primarily during the day Monday through Friday. Students should expect to attend in-person classes, labs, and practicum rotations 3-4 days per week. The LPN2RN eLearning option is hybrid, with fall, winter, and spring courses occurring online, while lab and practicum occurs in-person at the end of spring and throughout the summer.

Graduates are encouraged to continue their nursing education and may be eligible to enter participating four-year institutions in Washington State as a senior in RN to bachelor of science in nursing (RN to BSN) pathways, including LCC's own [RN to BSN Program](#)!

Eligibility for Registered Nurse Licensure by State:

In accordance with U.S. Department of Education Regulation 34 CFR 668.43 (a) (5) (v), the Lower Columbia College associate in nursing - direct transfer agreement - major ready program (AN-DTA/MRP) degree meets the requirements for single-state or multi-state RN licensure in Washington state, which is part of the [Nurse Licensure Compact](#) (NLC).

The following are additional NLC states and territories where graduates may take the NCLEX-RN and apply for their RN multistate license (MSL) with the board of nursing (BON) in their primary state of residence (PSOR): Alabama, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Guam (partially implemented), Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania (partially implemented), Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming. Please note that MSL applicants may only have one PSOR and are not eligible to apply for temporary permits in multiple states.

The Lower Columbia College AN-DTA/MRP degree also meets all educational requirements for RN licensure in the following non-compact states: Alaska*, California, Connecticut (awaiting NLC implementation)*, District of Columbia*, Hawaii, Illinois, Massachusetts (awaiting NLC implementation)*, Michigan, Minnesota, Nevada*, New York, Oregon, and US Virgin Islands (awaiting NLC implementation)* (determined by review of each state's board of nursing requirements available publicly as of June 2025). Each state BON determines candidate eligibility for licensure on an individual basis. The information presented here is subject to change and does not guarantee that graduates of the Lower Columbia College AN-DTA/MRP degree meet the requirements in states outside of Washington. The candidate will be responsible for obtaining documentation from the LCC Nursing Programs that may be required for licensure. * *Indicates states where there is pending legislation to become part of the NLC.*

Mission, Vision, Values, and Philosophy

The mission, vision, and values statements of the Lower Columbia College Nursing Programs are authored by the nursing faculty, regularly reviewed, and aligned with the mission, vision, and values of the college.

Lower Columbia College

The mission of Lower Columbia College is to ensure each learner's personal and professional success, and influence lives in ways that are local, global, traditional, and innovative. The college's vision is to be a powerful force for improving the quality of life in our community. Our campus community values an environment of integrity, respect, collaboration, cooperation, inclusion, and innovation that fosters personal growth, academic excellence, and accountability.

The [LCC mission, vision, and values](#) inform both short- and long-term strategic planning across campus.

Nursing Programs

The LCC Nursing Programs faculty adopted the following updated mission, vision, and values statements in the spring of 2025, with the input of various stakeholder groups. This major revision was driven by a desire for the mission to be inclusive of both the associate and bachelor degree programs. Every two years, the faculty review the mission's alignment with LCC's mission and consider potential revisions.

Mission Statement

The mission of the Lower Columbia College Nursing Programs is to offer student-centered education that empowers individuals to develop into compassionate caregivers, innovative leaders, and advocates for holistic, person-centered care. We are committed to fostering cultural humility, interprofessional collaboration, and preparing nurses capable of responding to the diverse needs of communities while reaching their full potential as skilled, ethical nursing professionals.

Vision Statement

The Lower Columbia College Nursing Programs envision and aim to shape a future where compassionate, innovative, and empowered nurses thrive as leaders and advocates within their communities and across diverse healthcare environments while remaining dedicated to lifelong learning.

Values

- Integrity
- Lifelong learning
- Advocacy
- Compassion
- Professionalism

Philosophy

The philosophy of the nursing education unit is influenced by concepts of the *Code of Ethics for Nurses* (American Nurses Association [ANA], 2025), *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021), the nursing metaparadigm (Fawcett, 1984; Johnson & Carrington, 2023), and the core values of the National League for Nursing (NLN, 2024).

- Each **individual** is viewed as a unique, complex, holistic and dynamic entity with biological, psychological, social, cultural, and spiritual dimensions. Individuals have intrinsic value, unconditional worth and self-determination. The dignity of each human being is to be protected and respected. A patient/client can be an individual, family, or group.
- **Health** is a dynamic state of adaptation to stressors in the internal and/or external environment in an attempt to achieve balance. Health is influenced by heredity, environment, lifestyle, and choices.
- **Nursing** is a discipline centered on the caring application of knowledge and skills to advocate for patients, prevent illness or disability, optimize or restore health, alleviate suffering, and facilitate wellness. Nursing integrates the concepts of person, health, environment and nursing

therapeutics. Nursing relies on knowledge that is practical, theoretical and evidence-based.

- **Learning** is a life-long process, which involves the assimilation of information to expand one's knowledge and influences attitudes, beliefs, and/or behaviors. Learning builds on previous experience.
- **Teaching** facilitates the learning process to promote student success. It is a cooperative endeavor between the instructor and student.
- **Nursing education** builds upon information and concepts from several disciplines (language and literature, biological science, physical science, social science, math), and incorporates the affective, cognitive, and psychomotor learning domains.
- The **nursing curriculum** progresses from simple to complex information, concepts, and skills. It is designed to provide the student with the knowledge and skills necessary for nursing practice, promote competence, and foster the growth of independent thought, purposeful judgment and critical thinking.
- The **associate degree registered nurse** is a generalist whose nursing practice encompasses the roles of provider of care, manager of care, and member of the profession of nursing.
- The **bachelor prepared registered nurse** is equipped for professional practice as a nurse leader, scholar, and change agent in diverse healthcare settings.

LCC Global Skills

Nursing students are also expected to develop the following [Global Skills](#) by the time they graduate:

- Communication
- Critical thinking
- Quantitative reasoning
- Teamwork.

The assignments you submit and any recorded discussions or other relevant work may be assessed outside of this course for one or more [Global Skills](#). This assessment will not affect your course grades and is not shared with anyone outside the assessment team at LCC.

QSEN Competencies

Quality and Safety in Nursing Education (QSEN) competencies are the knowledge, skills, and attitudes developed in pre-licensure nursing education programs which prepare graduates for needed continuous quality and safety improvement in their practice settings. Read more about these competencies that form the framework of the nursing curriculum at the [QSEN Institute](#) website:

- Evidence-based practice
- Informatics
- Patient-centered care
- Quality improvement
- Safety
- Teamwork and collaboration

End-of-Program Student Learning Outcomes

The end-of-program student learning outcomes (EPSLOs) are benchmarks developed by the nursing faculty to establish a baseline of competent nursing practice for the entry-level registered nurse graduating from our program. The EPSLOs guide the faculty in delivering a curriculum that prepares graduates of our AN-DTA/MRP program for competent and safe nursing practice. EPSLO data is reported annually on the nursing program's [Student Achievement Data](#) webpage.

Upon completion of the associate degree nursing program at Lower Columbia College, graduates will:

1. Demonstrate **critical thinking** by applying objective, valid methods of inquiry and problem-solving to draw rational, ethical and coherent conclusions in nursing practice. Critical thinking is an **LCC Global Skill**.

QSEN Competencies addressed: Safety, evidence-based practice, and quality improvement.

2. Demonstrate **competence** in basic nursing knowledge and skills in the performance of the nursing roles as provider of care, manager of care, and member of the profession. This outcome encompasses elements of all four **LCC Global Skills**.

QSEN competencies addressed: Safety, patient-centered care, and teamwork and collaboration.

3. **Communicate** effectively in professional nursing practice. Communication is an **LCC Global Skill**.

QSEN competencies addressed: Patient-centered care, teamwork and collaboration, safety, and informatics.

4. Integrate **quantitative data** competently into professional nursing practice. Quantitative reasoning is an **LCC Global Skill**.

QSEN competencies addressed: Safety, informatics, evidence-based practice, and quality improvement.

5. Incorporate professional **interpersonal skills** and **caring behaviors** in nursing practice. Teamwork is an **LCC Global Skill**.

QSEN competencies addressed: Patient-centered care, and teamwork and collaboration.

6. Initiate **equitable and inclusive nursing practices** to promote and maintain health and reduce risk in diverse healthcare settings across the lifespan. This outcome encompasses elements of the critical thinking, communication, and teamwork **LCC Global Skills**.

QSEN competencies addressed: Safety and patient-centered care.

Program Outcomes (Goals)

Program outcomes (or goals) are benchmarks for program achievement. Some are established by external regulatory bodies. For instance, part of our program's accreditation requirements includes publishing and maintaining our NCLEX-RN pass rates, program completion rates, and employment rates. Others have been established by the nursing faculty. Program goals apply to all program options and cohorts unless specified otherwise and are reported annually on the nursing program's [Student Achievement Data](#) webpage.

1. The nursing program will promote timely **program completion**.

At least 75% of students who begin the nursing program will complete the program on time. On time is defined as 100% of program length. The time frame defining program length begins with the first nursing course.

- *Traditional campus-based program option - 6 quarters over 2 academic years, excluding summers.*
- *LPN campus-based opt-in - 3 quarters over one academic year, excluding summer.*
- *LPN2RN eLearning option - 4 quarters over one year, including summer.*

2. The nursing program will prepare graduates to **pass the NCLEX-RN**.

The NCLEX-RN pass rate of first-time test-takers for each graduating cohort will be at least 80%, and the program's most recent annual NCLEX-RN pass rate of first-time testers will be at least 80% for all graduates during the same 12-month period.

3. Nursing program graduates will be **employed as RNs** following program completion.

At least 80% of graduates who have passed the NCLEX-RN will be employed in nursing and/or pursuing higher education in nursing within 6-12 months after graduation.

4. Graduates will be satisfied with the program and their preparation to perform at an **entry-to-practice RN level** in the roles of provider of care, manager of care, and member of the profession.

At least 80% of responding graduates agree or strongly agree, at both point-of-leaving and 6-12 months after graduation, that they were prepared by the nursing program to perform at entry-to-practice RN level in the roles of provider of care, manager of care, and member of the profession.

5. Employers will be satisfied with the program and graduates' preparation to perform at an **entry-to-practice RN level** in the roles of provider of care, manager of care, and member of the profession.

At least 80% of responding employers agree or strongly agree that employed graduate RNs were prepared by the nursing program to perform at entry-to-practice RN level in the roles of provider of care, manager of care, and member of the profession.

6. The program will prepare graduates to provide **patient-centered nursing care** (respectful, culturally sensitive, empathetic, and compassionate).

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after

graduation) and employers agree or strongly agree that graduates were prepared by the program to provide patient-centered nursing care (respectful, culturally sensitive, empathetic, and compassionate).

7. The program will prepare graduates for **evidence-based nursing practice**.

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after graduation) and employers agree or strongly agree that graduates were prepared by the program for evidence-based nursing practice.

8. The program will prepare graduates to **practice within established professional, legal, and ethical frameworks**.

At least 80% of responding graduates (at both point-of-leaving and 6-12 months after graduation) and employers agree or strongly agree that graduates were prepared by the program to practice within established professional, legal, and ethical frameworks.

Program Description

This degree prepares students for licensure and employment as a registered nurse, as well as for continuing nursing education for a baccalaureate degree in nursing. Students who complete this degree and pass the registered nurse license exam (NCLEX-RN) may enter participating Bachelor of Science in Nursing programs in Washington State as seniors. The AN-DTA/MRP degree program is approved by the Washington State Board of Nursing (WABON) and accredited by the Accreditation Commission for Education in Nursing (ACEN).

Nursing Curriculum/Course Descriptions

Prerequisites (45 credits):

ENGL& 101: English Composition, 5 credits. Part one of the composition sequence. Introduces first-year college writing skills including thesis discovery, development, support, organization, sentence mechanics, diction, style, formal academic documentation, and final editing to compose claim-driven essays. Writing assignments may include analysis, synthesis, and argument.

MATH& 146: Introduction to Statistics, 5 credits. Introduces descriptive statistics, probability, and inferential statistical methods. Topics include probability distributions, sampling techniques, measures of central tendency and dispersion, correlation, regression, and statistical inference.

PSYC& 100: General Psychology, 5 credits. Explores the history, scientific principles and theories of psychology. Discusses biological aspects of behavioral and perceptual processes. Topics include behavior, thought, emotion, perception, learning, memory, sexuality and gender, personality theory, and psychological disorders. Examines research and current trends in psychology. Addresses diversity and social factors in human psychology.

PSYC& 200: Lifespan Psychology, 5 credits. Examines biological, psychological, and social factors of human development, from conception to death. Presents theories and research regarding human growth and development across the lifespan. Explores developmental theories to analyze growth and change through each of the major stages of life. Addresses the effect of poverty and culture on development.

BIOL& 160: General Biology with Lab, 5 credits. Introduces cell biology including the chemistry of life, the structure, reproduction, and metabolism of cells, genetics, and evolutionary biology. Includes inquiry-based lab. Prerequisite course for BIOL& 241 (Human Anatomy and Physiology I) and BIOL& 260 (Microbiology). A grade of C or higher is required in order to advance to BIOL& 241 or BIOL& 260. Lab hours are required for this course.

BIOL& 241: Anatomy & Physiology I, 5 credits. Provides a study of structure and function of the human body. Topics include the cell, tissues, skeletal system, articulations, muscular system, and nervous system. This is the first of a two-course sequence. This course may not be transferable unless the entire sequence (BIOL& 241 and 242) is taken at LCC. Lab hours are required for this course.

BIOL& 242: Anatomy & Physiology II, 5 credits. Continues the study of structure and function of the human body. Topics include endocrine, circulatory, lymphatic, respiratory, digestive, urinary, and reproductive systems; and fluid and electrolyte balance. This is the second part of a two-course sequence. This course may not be transferable unless the entire sequence (BIOL& 241 and 242) is taken at LCC. Laboratory is included. Lab hours are required for this course.

BIOL& 260: Microbiology, 5 credits. Introduces the fundamentals of microbiology, including: evolution, microbial structures and functions, metabolism, growth, genetics, classification and pathogenesis; virology; principles of infectious disease; host defenses and antimicrobial drugs. Laboratory includes techniques for isolation, cultivation and identification of microbes. Lab hours are required for this course.

CHEM& 121: Introduction to Chemistry, 5 credits. Provides an exploration of the matter that makes up our universe through the study of atomic structure, gases, solutions, acids and bases, stoichiometry, and reactions. This course is primarily for non-science majors preparing for careers in the health sciences and related fields. Laboratory is included. Lab hours are required for this course.

Campus-based Program Options (90 credits):

1ST Cohort Quarter: 16 credits

NUTR& 101: Nutrition, 5 credits (*may be completed prior to admission but must be completed by the end of the first quarter in the nursing program*). Develops an understanding of the importance of the science of nutrition and dietary recommendations to maintenance of a healthy life. Students will learn the principles of nutrition as they apply to macro-nutrients and metabolic pathways. Application of vitamins, minerals, and special nutritional requirements at different stages of the life cycle, as well as current issues in nutrition will be considered. This course does not include a lab.

NURS 150: Pharmacology in Nursing, 2 credits (in-person). Introduces basic principles of pharmacology and therapeutic modalities. Provides an overview of drug classifications and prototypes.

NURS 151: Nursing Concepts in Health and Illness I, 3 credits (in-person). Presents concepts that form the foundation of nursing practice and the roles of provider of care, manager of care, and member of the profession. Topics include: the nursing process, concepts of health and wellness, oxygenation, fluid and electrolyte balance, elimination, the integumentary system, comfort measures, and palliative care.

NURS 160: Skills in Nursing I, 2 credits (in-person). Introduces skills and the associated concepts for the provision of safe, effective nursing care. Topics include vital signs, physical assessment, sterile technique, wound care, blood glucose monitoring, medication administration, dosage calculation, injections, nasogastric tubes, urinary catheters, and care of tracheostomies.

NURS 161: Nursing Practicum I, 3 credits (in-person). Provides opportunities to perform beginning nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care and community settings.

HUM 150: Ethics and Policy in Healthcare I, 1 credit (online). Introduces ethical and legal principles governing healthcare with a focus on nursing practice. Discusses historic milestones in nursing. First in a series of three courses on ethics and policy in healthcare. Restricted to students admitted to the nursing program.

2ND Cohort Quarter: 17 credits

ENGL& 102: English Composition II, 5 credits (*may be completed prior to admission*). Part two of the composition sequence. Develops first-year college writing skills to compose claim-driven writing, including a 10-12 page researched argument essay. Emphasizes inquiry and research; synthesis and analysis; argumentation and reasoning; integration and documentation of evidence; and sentence mechanics, diction and style. **OR**

CMST& 220: Public Speaking, 5 credits (*may be completed prior to admission*). Examines the planning, development, and delivery of informative and persuasive speeches. Emphasis is given to effective structure and support of ideas, establishing credibility, audience analysis, language use, speaker anxiety, verbal and nonverbal presentation skills, and listening. Self-critiques are also stressed.

NURS 152: Nursing Concepts in Health and Illness II, 5 credits (in-person). Builds upon foundational nursing knowledge and concepts. Focuses on health promotion and comprehensive care of clients with chronic illness. Promotes decision making and critical thinking in the nursing roles of provider of care, manager of care and member of the profession. Topics include cancer, the endocrine, respiratory, cardiovascular, musculoskeletal and gastrointestinal systems.

NURS 162: Nursing Practicum II, 5 credits (in-person). Provides additional opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care facilities and additional community settings.

HUM 250: Ethics and Policy in Healthcare II, 2 credits (online). Presents organizational structures, legal considerations, policies, procedures and ethical principles/theories related to healthcare. Second course in a series of three courses. Restricted to students admitted to the nursing program.

3RD Cohort Quarter: 17 credits

Humanities course: 5 credits (See [distribution list](#). Be sure that at least 5 credits completed from this list are outside of the HUM discipline area. **No more than 10 credits of humanities may be from a single discipline**, and 5 credits of HUM are included in the nursing curriculum. May be completed prior to this quarter).

NURS 153: Nursing Concepts in Health and Illness III, 5 credits (in-person). Presents additional nursing knowledge and concepts focusing on comprehensive care of adults with chronic illness. Expands upon decision making and critical thinking. Further develops the nursing roles of provider of care, manager of care and member of the profession. Topics include perioperative care, and the genitourinary, reproductive, hematologic, neurologic, and sensory systems.

NURS 163: Nursing Practicum III, 5 credits (in-person). Continues to build upon previous experiences. Provides opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession, in the acute care and community settings, with increasing skill and independence.

PSYC 150: Psychosocial Issues in Healthcare I, 2 credits (online). Presents concepts necessary for the provision of psychosocial healthcare. Examines determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include coping mechanisms, therapeutic communication, culturally sensitive nursing care and social determinants of health.

4TH Cohort Quarter (traditional entry) / 1ST Cohort Quarter (LPN-entry): 15 credits

LPN opt-in entry point. LPNs entering the program with an unencumbered Washington or Oregon license receive 30 credits for NURS 150, 151, 152, 153, 160, 161, 162, and 163. For entering LPNs, regardless of quarter of entry (fall, winter, or spring)

- It is highly recommended that **all corequisites (20 credits)**, including NUTR& 101, ENGL& 102 or CMST& 220, and 10 credits from the [humanities distribution list](#) (including 5 credits from the [diversity distribution list](#)) are **completed prior to entry**. *Be sure that at least 5 credits from the humanities distribution list are outside of the HUM discipline area as **no more than 10 credits of humanities distribution credits may be from a single discipline** (5 credits of HUM 255 are included in the nursing curriculum). **NUTR& 101 must be completed prior to beginning cohort courses.***
- **NURS 209 - Nursing Success (2 credits)** - *is an admission requirement that must be completed prior to beginning NURS 261. This course will be taken*
 - *just before fall quarter for **fall cohort entry** (will be registered for the course for fall quarter),*
 - *just after fall quarter (finals week) for **winter cohort entry** (will be registered for the course for fall quarter), or*
 - *just after winter quarter (finals week) for **spring cohort entry** (will be registered for the course for winter quarter).*
- 5 credits of **HUM 255 [offered during fall only]** *will be taken in lieu of HUM 150, HUM 250, and HUM 251. **This course is taken in the fall regardless of cohort entry quarter. You may opt to take it during the leading or following fall quarter.***
- 5 credits of **PSYC 255 [offered during winter only]** *will be taken in lieu of PSYC 150 and PSYC 250. **This course is taken in the winter quarter regardless of cohort entry quarter. You may opt to take it during the leading or following winter quarter.***

Humanities (diversity) course, 5 credits (See [diversity course list](#). *Be sure that at least 5 credits completed from this list are outside of the HUM discipline area. **No more than 10 credits of humanities may be from a single discipline**, and 5 credits of HUM are included in the nursing curriculum. May be completed prior to this quarter).*

NURS 250: Pharmacology in Nursing II, 1 credit (online). Builds upon principles of pharmacology, therapeutic modalities, and dosage calculation with a focus on selected client populations.

NURS 251: Nursing Concepts in Health and Illness IV, 4 credits (hybrid). Explores nursing knowledge and concepts focusing on comprehensive nursing care of clients in the roles of provider of care, manager of care and member of the profession. Further expands upon decision making and critical thinking. Topics include maternal-child nursing, growth and development, and health promotion. The cardiac system and the associated nursing care of selected clients is also discussed.

NURS 261: Nursing Practicum IV, 5 credits (in-person). Expands the opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Introducing care of maternal-child clients. Builds on previous knowledge and skills to provide further experience in acute care of the adult with increasingly complex health concerns.

Upon completion of NURS 150-261, all required non-nursing courses, and a WABON-approved [Professional Vocational Relationships \(PVR\) course](#), traditional entry students may apply for licensure as a practical nurse in Washington only. Licensure requires passing the National Council Licensing Exam for Practical Nurses (NCLEX-PN). See the [LPN Licensure Module](#) in the Canvas Nursing Community Group for more information.

5TH Cohort Quarter (traditional entry) / 2ND Cohort Quarter (LPN-entry): 13 credits

NURS 252 Nursing Concepts in Health and Illness V, 5 credits (hybrid). Further develops nursing knowledge and concepts focusing on comprehensive care of clients with acute and complex health issues in preparation for the nursing roles of provider of care, manager of care and member of the profession. Topics include care of the client with respiratory, genitourinary, hematological and gastrointestinal health disorders.

NURS 262: Nursing Practicum V, 5 credits (in-person). Builds upon previous knowledge, skills, and experiences and provides additional opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Provides experience with clients experiencing increasingly complex alterations in health. Includes acute care and community settings.

PSYC 250: Psychosocial Issues in Healthcare II, 3 credits (online). Presents additional concepts necessary for the provision of psychosocial healthcare. Analyzes determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include care of the client experiencing mental health challenges, anxiety disorders, thought disorders, mood disorders and chemical dependency. **PSYC 255 meets this requirement for incoming LPNs.**

6TH Cohort Quarter (traditional entry) / 3RD Cohort Quarter (LPN-entry): 12 credits

NURS 253: Nursing Concepts in Health and Illness VI, 5 credits (hybrid). Expands on knowledge gained in previous courses. Focuses on providing comprehensive nursing care for clients with complex health care needs. Topics include endocrine disorders, burns, trauma, shock, neurological disorders and disaster preparedness.

NURS 263: Nursing Practicum VI, 5 credits (online). Provides opportunities to perform nursing care under the guidance of a registered nurse preceptor, integrating previous knowledge, skills, and

experience. Reinforces critical thinking, decision making, and skills in the beginning registered nurse roles of provider of care, manager of care and member of the profession.

HUM 251: Ethics and Policy in Healthcare III, 2 credits (online). Presents research, leadership, workplace issues and ethical dilemmas in healthcare with an emphasis on nursing. Final course in a series of three courses. Restricted to students admitted to the nursing program. ***HUM 255 meets this requirement for incoming LPNs.***

Upon completion of NURS 150-263 and all required non-nursing courses, students are eligible to apply for licensure as an RN. See [eligibility for RN licensure by state](#) for additional information. Licensure requires passing the National Council Licensing Exam for Registered Nurses (NCLEX-RN). See also the [RN Licensure Module](#) in the Canvas Nursing Community Group for more information.

LPN2RN eLearning Option (90 credits)

Licensure & Corequisites: 50 credits

LPNs entering the program with an unencumbered Washington or Oregon license, receive 30 credits for NURS 150, 151, 152, 153, 160, 161, 162, and 163. It is highly recommended that all corequisites (20 credits), including NUTR& 101, ENGL& 102 or CMST& 220, and 10 credits from the [humanities distribution list](#) (including 5 credits from the [diversity distribution list](#)) are completed prior to entry. Be sure that at least 5 credits from the humanities distribution list are outside of the HUM discipline area as ***no more than 10 credits of humanities distribution credits may be from a single discipline (5 credits of HUM 255 are included in the nursing curriculum).*** NUTR& 101 must be completed prior to entry.

Fall Quarter: 10 credits

HUM 255: Ethics and Policy in Healthcare, 5 credits (online). Introduces ethical and legal principles governing healthcare with a focus on nursing practice. Discusses historic milestones in nursing. Presents organizational structures, legal considerations, policies, procedures and ethical principles/theories related to healthcare. Builds upon previous concepts in research, leadership, workplace issues and ethical dilemmas in healthcare with an emphasis on nursing.

NURS 242: Nursing Throughout the Lifespan, 5 credits (online). Builds on previous nursing knowledge to present concepts essential to the provision and management of nursing care of patients throughout the lifespan. Topics include cultural influences on health, assessment, patient teaching, growth and development, care of the family. Reviews the nursing care of the pregnant and postpartum patient. Discusses strategies to achieve optimal health for patients of all ages.

Winter Quarter: 10 credits

PSYC 255: Psychosocial Issues in Healthcare, 5 credits (online). Presents additional concepts necessary for the provision of psychosocial healthcare. Analyzes determinants of health and illness across the lifespan, including social, psychological, environmental, spiritual and cultural dimensions, within the context of health care. Topics include care of the client experiencing mental health challenges, anxiety disorders, thought disorders, mood disorders and chemical dependency.

NURS 244: Comprehensive Medical-Surgical Nursing I, 5 credits (online). Using a body systems approach, explores the etiology, pathophysiology, diagnostic and laboratory studies, health

promotion, health assessment, pharmacologic interventions, and nursing management essential to safe and effective nursing care of patients with various health challenges. Topics include nursing management of patients with disorders of the respiratory, cardiovascular, vascular/lymphatic, neurological, urinary/renal, hepatobiliary/pancreatic, and gastrointestinal systems, as well as acid-base/fluid-electrolyte balance.

Spring Quarter: 10 credits

NURS 245: Comprehensive Medical-Surgical Nursing II, 5 credits (online). Using a body systems approach, continues to explore the etiology, pathophysiology, diagnostic and laboratory studies, health promotion, health assessment, pharmacologic interventions, and nursing management essential to safe and effective nursing care of patients with various health challenges. Topics include nursing management of patients with disorders of the musculoskeletal, dermatologic, immune, metabolic/endocrine, hematologic, reproductive, visual/auditory systems, and cancer.

NURS 246: Skills lab, 5 credits (hybrid – online and in-person). Provides opportunities to develop and enhance proficiency in nursing skills essential to safe and effective nursing practice as provider of care, manager of care, and member of the discipline of nursing, at the beginning registered nurse level.

Summer Quarter: 10 credits

NURS 247: Clinical Practicum, 5 credits (in-person). Provides advanced opportunities to apply knowledge and concepts learned in previous courses. Expands critical thinking and increases skill in the performance of nursing care as provider of care, manager of care, and member of the discipline of nursing at the beginning registered nurse level. Expands knowledge of nurse delegation. Community and acute care settings are utilized.

NURS 248: Advanced Clinical Practicum, 5 credits (in-person). Prepares students for autonomous nursing practice by providing opportunities to integrate and apply knowledge learned in previous courses, under the supervision of an assigned registered nurse preceptor. Reinforces critical thinking and increases skill at the beginning registered nurse level as provider of care, manager of care, and member of the discipline of nursing, preparing students for autonomous nursing practice. Expands skills in nurse delegation.

Upon completion of NURS 241-248 and all required non-nursing courses students are eligible to apply for licensure as an RN. Licensure requires passing the [NCLEX-RN](#). See the [RN Licensure Module](#) in the Canvas LPN to RN eLearning Toolkit for more information.

Nursing Program Policies

Classroom conduct and policies, as well as [Student Academic Rights and Responsibilities](#), are consistent with the [LCC Code of Student Conduct](#) which is found in the [LCC Student Handbook](#). Additionally, course policies are listed within individual course syllabi. Clinical/practicum courses have policies that reflect the additional requirements of clinical agencies. The following policies, procedures and expectations apply to all students enrolled in the AN-DTA/MRP Program at Lower Columbia College.

Academic Integrity

Academic honesty is expected in all courses without exception. Any act of academic dishonesty or abetting in academic dishonesty is prohibited and subject to disciplinary sanctions. Please see [Academic Dishonesty](#) in the [LCC Student Handbook](#) for details about how academic dishonesty is addressed at LCC. **Because of the high ethical and moral expectations of nurses in practice, the nursing programs have zero tolerance for academic dishonesty.** Disciplinary sanctions related to academic dishonesty may include a significantly lowered or failing grade on the assignment in question, a failing grade in the course, or dismissal from the program.

Acts of academic dishonesty include (but are not limited to) cheating, falsification, plagiarism, and fabrication. Per LCC policy, all instances of academic dishonesty will be submitted to the Student Conduct Officer using the Academic Dishonesty Form on the [Make a Report](#) webpage. **No student shall be allowed to withdraw from a course or from the college to avoid the consequences of academic dishonesty.** The faculty will notify the student of any suspected academic dishonesty and will give the student an opportunity to respond.

Please see the *LCC Nursing Programs Policies & Procedures for Professional Behavior and Clinical Practice Expectations* in [Appendix A](#) of this handbook, as well as individual course syllabi for further information.

Please also see LCC's statement regarding the use of **content produced by [Generative Artificial Intelligence](#)** (e.g., ChatGPT, Gemini, and other AI applications). **Unauthorized use of AI for any assignment (or authorized use without appropriate attribution) will be considered plagiarism and treated as a violation of academic integrity.**

Accountability

Students are expected to conduct themselves as mature, honest, ethical, and responsible persons. This includes being self-aware, self-directed, and accountable for one's own behaviors and choices. Students are expected to maintain client safety at all times. It is the student's responsibility to come to the clinical site prepared for safe patient care.

Please see *LCC Nursing Programs Policies & Procedures for Student Rights and Responsibilities, Professional Behavior, and Clinical Practice Expectations* in [Appendix A](#) of this handbook.

Advising by Cohort

A cohort model of academic advising is utilized once admitted to an AN-DTA/MRP program option. Students are assigned a nursing faculty advisor based on the cohort to which they are enrolled (i.e., all students in a cohort have the same faculty advisor). This information is kept up to date each quarter in [EAB Navigate](#) (see your Care Team on the right side of the screen). If a student moves to a different cohort during the program, their faculty advisor will change accordingly. Faculty advisors will check in with the cohort quarterly. Advisors are available to meet with students in person or virtually to assist with academic questions and planning. However, nursing faculty advisors do not generally provide course registration information. By the beginning of open registration each quarter, the lead faculty for the upcoming cohort quarter will provide registration and schedule information.

APA Style

All LCC Nursing Programs require written assignments to be completed utilizing the format established by the American Psychological Association (APA Style), unless otherwise stated in the assignment description. The latest edition of the [Publication Manual of the American Psychological Association](#) (links to the LCC Library e-copy) will be used as the benchmark for acceptable formatting. The APA Publication Manual is not required but is listed as a recommended resource on all program book lists.

Several open (free) resources may be used for assistance with formatting papers in APA Style:

- Lower Columbia College Library. (2023). [Library tutorials. Cite your sources: APA.](#)
- American Psychological Association. (2023). [APA Style®](#)
- Purdue University Online Writing Lab (OWL) maintains an extensive (free) [APA formatting and style guide](#)

Attendance

Attendance and punctuality are required for classroom and practicum (lab, clinical, community) experiences. Students should plan to adjust work or other schedules to accommodate class/clinical schedules. Make-up assignments, including examinations, may not be available if class session or clinical experience is missed. Alternative assignments may be required per instructor discretion. If a class session, laboratory, simulation, or clinical experience must be missed due to an unusual or extreme circumstance, the student must contact the instructor (and preceptor as applicable) by their preferred method of contact (e.g., phone, email, Canvas) **prior** to the start of class, clinical, activity, or lab, if at all possible. If the instructor cannot be immediately reached, contact the clinical facility (if a clinical day) or the Nursing and Allied Health Programs Office at 360-442-2860.

The Washington State Board of Nursing (WABON) has a minimum required number of qualifying clinical hours that must be met throughout the associate degree nursing program. For this reason, any missed clinical or simulation day will require an equivalent make-up activity. Every effort should be made to attend all scheduled clinical days as it may not be possible to replicate the missed experience. **Not meeting the clinical hour requirement for any course may lead to an incomplete grade for the course which will affect program progression and/or completion.**

For hybrid or fully online courses, attendance expectations are found in the course syllabus. The general expectation is that the student will log in to the course at least three times weekly. Please see

LCC Nursing Programs Policies & Procedures for Student Rights and Responsibilities, Professional Behavior, and Clinical Practice Expectations in [Appendix A](#) of this handbook.

Missing a scheduled exam without prior faculty approval will result in a failing grade for that exam. See specific information regarding **absences from scheduled course exams** in the ***LCC Nursing Programs Policies & Procedures for Course Exams*** in [Appendix A](#) of this handbook.

Blood Borne Pathogens and Acknowledgement of Risks

Exposure to blood and other body fluids occur across a wide variety of occupations. Healthcare workers, emergency response and public safety personnel, and other workers can be exposed to blood through needle stick and other sharps-related injuries, mucous membrane, and skin exposures. The bloodborne pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Workers and employers should take advantage of available needle- and sharps-free equipment, work practices, engineering controls including safety-engineered sharps, and personal protective equipment to prevent exposure to blood and other body fluids ([Centers for Disease Control and Prevention](#) [CDC], 2025; [National Institute for Occupational Safety and Health](#) [NIOSH], 2024).

Students are not employees of affiliating agencies and, as such, are not covered under Workers' Compensation laws. Students are required to carry personal health insurance to cover expenses for follow-up if untoward events such as needle sticks and blood splash occur. Students are responsible for expenses incurred with HIV and Hepatitis testing and follow-up and any other medical expenses the student may incur while enrolled in a nursing course.

Students in the clinical setting or campus laboratory must use protective equipment such as gloves, masks, eye protection, and/or gowns. The type of equipment used will depend upon the task and degree of exposure anticipated. Safety protocols around use of sharps will be observed at all times. Contaminated needles and sharps shall **not** be recapped.

If an exposure to blood or body fluid occurs through a puncture with a contaminated needle or sharp, or via contact with eyes, nose, mouth, or broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. **Report this immediately to your instructor. Appropriate protocols need to be started immediately and may include baseline labs.**

Please see ***LCC Nursing Programs Policies & Procedures for Incident Reporting and Tracking and Clinical Practice Expectations*** in [Appendix A](#) of this handbook. See also the [LCC Emergency Handbook](#).

Cell Phones and Other Personal Technology

Classroom and Lab Use

Cell phones and other personal devices should be silenced during class unless being used for a class activity. In extenuating circumstances, cell phones may be set on vibrate. Students are asked to avoid disrupting class and lab activities, and take emergency calls out of the learning area. Laptops and tablets are encouraged for accessing course materials, note-taking, and other class activities, but should not detract from student engagement with the in-person learning environment. Due to the

often-sensitive nature of class discussions, **no photographing or recording of class or lab content is permitted without permission of the instructor.**

Clinical Site Use

Most clinical facilities do not permit personal devices to be out on the patient care unit. In extenuating circumstances, cell phones may be set on vibrate after obtaining the instructor's permission. When a personal call is necessary, it should be taken off of the unit. Laptops and tablets may be used to take notes but should not be out in patient care areas.

- **Under no circumstances are patient documents or documentation screens to be captured, scanned, printed or copied for student use.**
- **Use of cameras or any recording device is not allowed in clinical/practicum.**
- **Students must follow agency policies regarding cell phone and electronic devices.**

Please see *LCC Nursing Programs Policies & Procedures for Course Exams; Clinical Practice Expectations; Professional Behavior, and Student Rights and Responsibilities* in [Appendix A](#) of this handbook.

Civility

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, every student is expected to adhere to the following standards and maintain a high standard of civil, respectful, and professional conduct in all academic and clinical interactions.

Civility is personal conduct that includes polite, reasonable and respectful behavior towards others. This includes honoring one's personal values while simultaneously listening to and respecting divergent points of view. Civility facilitates mutual respect, effective communication, and positive productive relationships. In the educational setting and the workplace, civility is demonstrated by actively listening to others, accountability for one's actions, showing respectful behavior toward others, and making other individuals feel valued.

Incivility includes (but is not limited to) rude, disruptive, or threatening behaviors that may result in distress for others. Discourteous behaviors that display disregard for others are considered uncivil as well as unsafe. **Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from the program and/or the college. Students are responsible for their conduct.**

Please see *LCC Nursing Programs Policies & Procedures for Professional Behavior* in [Appendix A](#) of this handbook. See also the [LCC Student Handbook - Code of Student Conduct](#).

Clinical Site Access and Authorization

Students must be readily identifiable as nursing students while in clinical agencies. Both an LCC student photo ID and nursing program student name badge is required when at any clinical agency in the nursing student role. After receiving authorization from LCC to attend clinical, the clinical agency will generate a clinical access badge if required by the agency. **A replacement fee of \$15 will be assessed if the clinical site access badge is not returned to the clinical instructor by the end of the quarter.**

The purpose of the required clinical and fieldwork documentation policy is to ensure compliance with healthcare and agency-specific requirements for student placement within agencies affiliated with LCC Nursing Programs. Clinical/fieldwork documentation requirements are to be reviewed and accurately completed on time by the due dates specified throughout the program. Per contracts between LCC and affiliating agencies, all students and faculty participating in client care experiences must meet health and safety requirements. Each student will be required to create and maintain an account in ACEMAPP. This account will be used to complete clinical requirements and house documentation proving requirements have been met. Students who do not submit documentation requirements by specified due dates forfeit placement and may be withdrawn from the program.

Please see the ***LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements and Clinical Practice Expectations*** in [Appendix A](#) of this handbook.

Disqualifiers from Clinical Authorization

Any of the following will immediately disqualify a prospective or current student from access to nursing program clinical sites:

- Major misdemeanor conviction for crimes involving weapons, violence, embezzlement, dishonesty, misappropriation, fraud or sex crimes
- Any felony conviction
- More than one drunk driving or related conviction in the past three years
- Registered sex offender
- Sex offender match

For additional information, see the Department of Social & Health Services ([DSHS Secretary's List of Crimes and Negative Actions](#)).

Clinical/Practicum Course Policies and Requirements

The purposes of these policies are to assure student compliance with requirements of clinical agencies while enrolled in clinical/practicum courses, and to protect the patients/clients of these clinical agencies. Registering for a practicum course does not guarantee access to the clinical agency. Under no circumstances will a student be permitted in the clinical setting without authorization from the LCC Nursing Program.

If a student is unable to meet the requirements for any practicum site used by the program, the student will not be eligible to enroll in the practicum course or progress in the program. An “alternate assignment” for failure to meet or comply with clinical agency requirements is not available. Students must meet the essential abilities for clinical with or without reasonable accommodation. All questions regarding clinical placements and clinical requirements are to be directed to the LCC Nursing and Allied Health Programs Office.

Under no circumstances are students to contact clinical agencies (or clinical agency personnel) directly regarding clinical or preceptor placements without authorization. Doing so may result in disciplinary action up to and including dismissal from the program.

Please see the ***LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements, Clinical Practice Expectations, and Performance Evaluation*** in [Appendix A](#) of this handbook.

Clinical/Practicum Expectations and Evaluation

The [AN-DTA/MRP clinical/practicum evaluation tool](#) lists the student's role, behaviors, and expected level of competence in the clinical setting for each course in the program. The clinical/practicum tool serves as the method of evaluation of the required learning objectives and is used in determining the clinical performance component of the course grade.

Please see the ***LCC Nursing Programs Policies & Procedures for Clinical Practice Expectations and Performance Evaluation*** in [Appendix A](#) of this handbook.

Communication in Healthcare Agencies

The student is required to obtain information from the instructor or staff regarding the client/patient before providing care. Prior to leaving the agency, the student must report to the nurse responsible for the patient/client and to the clinical instructor the current condition of the patient/client and explain the care given. Both verbal and nonverbal communication should be professional and civil at all times.

Please see the ***LCC Nursing Programs Policies & Procedures for Professional Behavior, Clinical Documentation Requirements, and Clinical Practice Expectations*** in [Appendix A](#) of this handbook.

Concerns, Complaints, or Grievances

Students are encouraged to discuss concerns professionally and directly with the fellow student(s) or faculty involved. If the issue has not been satisfactorily resolved working directly with the involved party, the student may follow the [Chain of Command Procedure](#) (also in [Appendix A](#)). If the complaint is academic in nature, the student may initiate [Academic Grievance Resolution Procedures](#), as defined in the [LCC Student Handbook](#). For concerns or complaints related to student conduct, concerning or threatening behavior, harassment or discrimination, students are encouraged to [Make a Report](#) on the LCC website.

Please see the ***LCC Nursing Programs Policies & Procedures for Complaints, Concerns, & Academic Grievances*** in [Appendix A](#) of this handbook. This policy provides guidelines related to promoting constructive dialogue.

Education Program Concern or Complaint - Additional Process

Students have the right to file a complaint with the WABON if they have concerns about the education program. Student complaints about this nursing education program can be filed with the WABON using this link [Nursing Program Complaint Link](#).

Confidentiality & Privacy of Protected Information

Student nurses will have access to sensitive and private information within patient/client health records (including potentially their own records). Students are required to adhere to each individual agency's confidentiality policies. Agencies are required by law to meet accreditation and federal

standards which govern patient/client information ([Health Insurance Portability & Accountability Act \[HIPAA\]](#)). Violation of confidentiality standards by a student nurse or staff member may result in the agency being fined or sanctioned in other ways by state and federal regulatory agencies. **Violation of confidentiality and/or privacy policies may result in disciplinary action up to and including dismissal from the nursing program.**

Confidentiality policy violations include, but are not limited to:

- Unauthorized access to patient/client records (electronic format or other forms). This includes accessing one's own health records! If you use your student status to look at your own health record, this is "unauthorized access." Accessing client records from personal or other unauthorized devices is included as well.
- Verbal or written disclosure of patient/client information outside of classroom or specific nursing program assignments.
- Failure to maintain patient/client anonymity in teaching/learning situations.
- Photocopying, printing, or taking photos of patient/client records or one's own health record.
- Removing patient/client records from the facility.
- Unintended breaches of privacy and/or confidentiality using personal devices (such as taking photos or recording video in a clinical agency and/or posting to social media accounts).

Nursing program faculty will review confidentiality policies and requirements for assignments. If the student has any questions or is confused at any time about confidentiality issues, the student is required to clarify the issue prior to taking any action regarding client information.

Please see ***LCC Nursing Programs Policies & Procedures for Professional Behavior and Clinical Practice Expectations*** in [Appendix A](#) of this handbook.

Disabilities and/or Temporary Medical Conditions

Reasonable accommodations may be available for students who have a documented disability or temporary medical condition. All accommodations must be approved through [Disability and Access Services](#). Students who believe that they may need accommodations are encouraged to contact the Disability and Access Services Office, located in the Admissions Building, Room 143, 360-442-2340, or email salbright@lowercolumbia.edu for an intake meeting with the director. If a student has a disability or temporary medical condition that interferes with course attendance or completion, the student may be eligible for a hardship withdrawal, per college policy.

Please see information about program withdrawal and re-entry related to disability or temporary medical condition below: [Re-Entry Policies for the AN-DTA/MRP Program](#). Please also see ***LCC Nursing Programs Policies & Procedures for Accessibility and Accommodations and Student Withdrawal, Dismissal & Re-Entry*** in [Appendix A](#) of this handbook.

Dismissal from Class or Clinical

Immediate dismissal from class or clinical may result depending on the severity of a behavior or conduct issue, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered a "fail" for that day. Dismissal from class or clinical may result in a [Performance and Accountability Review](#). Dismissal from the program may occur in instances of

egregious safety, professionalism, or program policy violations, with or without implementation of a performance improvement plan.

Please see *LCC Nursing Programs Policies & Procedures for Student Withdrawal, Dismissal & Re-Entry, Professional Behavior, and Clinical Practice Expectations* in [Appendix A](#) of this handbook.

Dress Code Policy (Includes Uniforms)

Please see the *LCC Nursing Programs Policies & Procedures for Professional Dress & Uniforms* in [Appendix A](#) of this handbook. This policy is inclusive of attire and hygiene guidance for clinical/practicum and lab settings.

Drug Screening

Urine drug screening is required to comply with clinical agency requirements and protect the welfare of clients, students, and faculty. **A negative drug screen is required as part of the authorization to attend clinical.** In the event that a routine drug screen is positive, whether actual or by default (failure to complete a drug screen as required is positive by default), the student will not be allowed to attend practicum. The student will not be able to progress in or return to the program for a minimum of one quarter and must submit a re-entry request for consideration (see [Re-Entry Policies](#) for the AN-DTA/MRP Program below). In the case of a student who has not yet begun the program but has a positive drug screen, the student must meet with the program director, but no re-entry request is required. Re-applying to the program will not be required. Screening related to suspected impairment is discussed under [Substance Abuse and Misuse](#).

Please see the *LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements and Substance Abuse and Misuse* in [Appendix A](#) of this handbook.

Email

Email is the primary mode of nursing program and college communications. Students are accountable for program and college communications sent to their LCC Gmail account (studentn@my.lowercolumbia.edu).

To protect privacy and meet the security requirements of clinical agencies, nursing program related digital communications will be through the student's designated LCC Gmail address or Canvas. Personal emails may not be used for nursing program communications. Email sent to nursing faculty/staff should also be sent from a designated LCC Gmail address or via Canvas.

Please see [Administrative Policy 490](#), which designates student email as official communication.

Employment (Paid or Unpaid)

For client and student safety, **students are not permitted to work (paid or unpaid) the shift immediately prior to any practicum or preceptor shift, observation experience, or other assigned course/practicum activities, such as simulation.** For instance, a student may not work the night shift immediately prior to their day shift clinical rotation. While the nursing faculty recognize that many students work while progressing through the program, **work is not considered an excused absence**

from class or clinical. Students should contact their instructor as soon as possible if unforeseen conditions such as mandatory overtime impact their ability to attend classes.

Please also refer to the [Attendance](#) policy included in this section of the handbook.

Essential Functional Abilities

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the LCC Nursing Programs as **essential for safe patient/client care** and are used as a guide in determining reasonable accommodations. To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation.

The nursing program endorses the Americans with Disabilities Act (ADA). In accordance with College policy, reasonable accommodations may be provided for a student with a disability. A candidate or student continuing in the program who identifies as having a disability and is requesting accommodation must consult [Disability and Access Services](#) (DAS) at LCC.

Please see the ***LCC Nursing Programs Policies & Procedures for Accessibility and Accommodations*** in [Appendix A](#) of this handbook.

Ethical Frameworks

Nursing students are expected to adhere to the values, moral standards, and ideals of the profession. Indeed, these tenets are a large part of what it means to be a nurse. The nursing program recognizes the [Code of Ethics for Nursing Students](#) published by the National Student Nurses' Association (NSNA, 2022), as well as the [Code of Ethics for Nurses](#) published by the American Nurses' Association (ANA, 2025).

Please see the ***LCC Nursing Programs Policies & Procedures for Professional Behaviors and Student Rights & Responsibilities*** in [Appendix A](#) of this handbook.

Exams

Exams are utilized throughout the program to assess student learning and mastery of concepts essential to safe nursing practice. The faculty and student both have an ethical duty to the integrity of the exam process.

Please see the ***LCC Nursing Program Policies & Procedures for Course Exams*** in [Appendix A](#) of this handbook.

Faith and Conscience Leave

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made in writing to the [Office of Instruction](#) within the first two weeks of the course. For more information about [Faith & Conscience Leave](#), please refer to the [LCC Student Handbook](#).

Grading Policy

The following grading scale is used throughout the LCC Nursing Programs:

- A (94.0 - 100%)
- A- (91.0 - 93.9%)
- B+ (88.0 - 90.9%)
- B (85.0 - 87.9%)
- B- (82.0 - 84.9%)
- C+ (79.0 - 81.9%)
- **C (75.0 - 78.9%)**
- C- (71.0 - 74.9%)
- D+ (68.0 - 70.9%)
- D (62.0 - 67.9%)
- F (<62.0%)

Didactic Courses

The minimum course grade required for program progression/completion is 75.0% ("C"). Grade points for course grades are transcribed per the [LCC Grading Policy](#).

In all didactic (classroom, online, or hybrid) nursing courses, points are earned by completing course assignments, unit examinations, and a final examination as described in the course syllabus. The course grade as well as individual assignment and exam grades will be determined by dividing the total points earned by the total points possible. All points are weighted equally.

However, **it is required that the student achieves a minimum of 75.0% cumulative score on exams/quizzes before non-exam points will be included in calculating the final course grade** (including bonus or extra credit points). Additionally, **a minimum average score of 75.0% must be earned on each component of the class (exams/quizzes and assignments) to earn a passing grade and progress within or complete the program.** If a student earns less than 75.0% in any course component, that component will determine the course grade. For instance, if 73.5% is a learner's cumulative exam score, the posted grade will be a C-. Be sure to see each course syllabus for grading requirements and specific course information.

Cumulative component grades will be calculated using standard mathematical rounding rules to the nearest 10th decimal place. A cumulative score of 74.9% does not meet the passing standard.

- 74.91-74.94% rounds to 74.9% (C-).
- 74.95-74.99% rounds to 75.0% (C).

Be sure to see each course syllabus for grading requirements and specific course information. Please also see the **LCC AN-DTA/MRP Program Policies & Procedures for Course Exams** in [Appendix A](#) of this handbook.

Skills/Practicum Courses

Skills and clinical/practicum courses are graded pass/fail. **Each required component of the course must be completed satisfactorily to earn a "pass."** See each course syllabus for grading requirements and specific course information.

There will be three opportunities to pass each required skills competency verification throughout the program (NURS 160, 162, 163, 209, 246, and 261). If competency is not verified for a skill on the first attempt, the second attempt will be observed and evaluated by another member of the faculty. If a

third attempt is required, two nursing faculty not involved in the first two attempts will independently evaluate the student's performance of the skill during a single observation.

In each clinical course (NURS 161, 162, 163, 261, 262, 263, and 246), students must pass a leveled dosage exam prior to gaining clinical access for the quarter. Students have three attempts to pass each dosage exam.

A remediation plan will be developed after any unsuccessful competency verification or dosage exam. The remediation plan must be completed before retesting. Failure of a third competency verification or dosage exam attempt will result in failure of the course.

See [Program Progression](#) below for additional information about requirements for program progression.

Please see ***LCC Nursing Programs Policies & Procedures for Medication Administration by Student Nurses and Performance Evaluation*** in [Appendix A](#) of this handbook.

Incomplete

An incomplete grade may be assigned at the instructor's discretion according to the [LCC Grading Policy](#). A student may not progress to subsequent cohort nursing courses while holding a grade of incomplete in any nursing course or required support course.

Gift Giving to Faculty/Staff

To prevent potential ethical violations, gift giving to instructors is strongly discouraged. By law, gifts of value of \$50 or more cannot be accepted by state employees. Your success is the best gift!

Health Conditions Affecting Essential Functional Abilities

Pregnancy

When a student informs any College employee, including confidential employees, of the student's pregnancy or related conditions, the College employee must follow [Administrative Policy Section 237: Pregnancy](#), which includes, but is not limited to,

- Promptly providing the student, verbally or in writing, with the Title IX Coordinator's contact information, and
- Informing the student that the Title IX Coordinator can coordinate specific actions to prevent sex discrimination and ensure the student's equal access to the College's education program or activity.

If a student is pregnant, it is not required, but strongly recommended they disclose this to the clinical instructor so that necessary adjustments can be made to protect the health and wellbeing of the student and baby. For example, clinical assignments may be altered to prevent unnecessary exposure to pathogens or medications that may be harmful to a developing fetus.

Student Hospitalization or Injury

The Nursing Programs must follow clinical site policies and may restrict clinical participation if the health and safety of other students and/or the public is adversely impacted. If a student is injured,

hospitalized, seriously ill, or has undergone surgery during the program, or within six weeks of the program, the student may be required to submit a Medical Release Form (completed and signed by their healthcare provider) to the dean/nursing program director before they can return to clinical. Students should contact their instructor or the dean/nursing programs director to obtain this form.

Please see the *LCC Nursing Programs Policies & Procedures for Accessibility and Accommodations* in [Appendix A](#) of this handbook.

Health Insurance

All nursing students are required to carry personal health care coverage while enrolled in their program. It is the student's responsibility to maintain health insurance while in the nursing program. Proof of health insurance must be provided before attending clinical. The required health insurance should cover basic health costs for illness, injury and hospitalization as well as the costs for testing and/or treatment needed related to risks from working within the health care environment. The field of healthcare has inherent risks in working with patients with potentially communicable diseases. Should a student have serious exposure, prevention protocols may cost thousands of dollars. Students are responsible for expenses incurred with any follow-up for blood or body fluid exposure, such as HIV and hepatitis testing, as well as for any personal injury that occurs in the health care setting or while enrolled in a nursing course. **Students are not employees of affiliating agencies (clinical/practicum sites) and are not covered under workers' compensation laws or the clinical agencies' employee health services.** LCC does not provide health insurance for students.

Please see the *LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements* in [Appendix A](#) of this handbook.

Incident Reporting

Timely reporting, tracking, and review of incidents and events involving patient, student, or faculty safety is crucial to ensuring safety in clinical and lab settings, as well as promoting program and college continuous quality improvement. All medication errors, omissions, or untoward events; incidents resulting in patient/client, staff, or student harm; incidents causing unreasonable risk for patient harm ("near miss"); and suspected or confirmed incidents of drug diversion are to be reported via a [Nursing Programs Incident or Near Miss Report](#) as soon as reasonably possible. Per [WAC 246-840-513](#), nursing programs are required to report to the Washington State Board of Nursing (WABON) within 48 hours any event involving a faculty or staff member that the program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of controlled substances or legend drugs.

Please see the *LCC Nursing Programs Policy & Procedure for Incident Reporting & Tracking* in [Appendix A](#) of this handbook.

Infection Control and Uniforms

To reduce the spread of infection, uniforms (including lab coats) that have been worn in a client care area are not to be worn in public areas outside of the healthcare facility until laundered. Shoes, as part of the uniform, should be considered contaminated and only worn in the clinical setting.

Please see the ***LCC Nursing Programs Policy & Procedure for Professional Dress & Uniforms*** in [Appendix A](#) of this handbook.

Injury and Body Fluid Exposure Protocol

Report all injuries and body fluid exposures to your instructor immediately and complete the required associated documentation described in the [Incident Reporting](#) section of this handbook. Blood and body fluid exposures include needle stick (non-sterile), puncture wound from an instrument used in patient care, body fluid splash into the eye, mouth, mucous membranes, non-intact skin or wounds. If the event occurs at a clinical agency, follow the clinical agency policy and procedures. Generally, this includes notifying the agency's Employee Health office or the house supervisor if after hours. The agency will contact the patient (if known) to request testing for HIV/HBP. Students are advised to follow up with a health care provider for baseline labs and initiation of a post-exposure prophylaxis if indicated. Regardless of whether the event occurs on campus or in a clinical agency, a [Nursing Programs Incident or Near Miss Report](#) must be completed as soon as reasonably possible.

Please see the ***LCC Nursing Programs Policy & Procedure for Incident Reporting & Tracking*** in [Appendix A](#) of this handbook.

Liability Insurance

The required liability insurance for all students in a healthcare program is included in course fees upon initial enrollment into the program and again in the second year of the program (as applicable). Additionally, this fee will be collected upon re-entry into the AN-DTA program when applicable.

Please see the ***LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements*** in [Appendix A](#) of this handbook.

Lockers

Lockers on the second floor of HSB are available for nursing and medical assistant student use. Students are to provide their own lock. Lockers are to be emptied and cleaned by the end of finals week in spring quarter. Any locks and contents that remain after that date will be removed and disposed of by LCC security. As lockers are property of the college, they may be opened and entered by college officials if deemed necessary.

Medication Administration

The safe and accurate administration of medications constitutes a fundamental aspect of clinical nursing practice and is paramount to the provision of comprehensive care. The LCC Nursing Programs embrace this principle, underpinned by a commitment to the foundational elements of quality, safety, and value in healthcare delivery. These elements are woven throughout the curriculum and clinical practice to ensure the highest standards in safe and effective person-centered care. If a medication error occurs, it must be immediately reported to the nursing faculty and the facility protocol initiated. Additionally, the dean/nursing programs director is to be informed by the nursing faculty of all medication errors on the same day as the occurrence, and an appropriate incident report is to be filed.

Please see the ***LCC Nursing Programs Policy & Procedure for Incident Reporting & Tracking and Medication Administration by Nursing Students*** in [Appendix A](#) of this handbook.

Needles, Angiocatheters and Other “Sharps”

For safety reasons, needles, angiocaths, and other “sharps” are available for skills practice use in the skills labs and classroom only. These will not be available in the general Skills Practice kits and are not to be removed from the labs/classrooms. Sharps are never to be shared between student kits. Additionally, sharps are not to be reused once used to inject any simulation equipment (injection pads, trainers, manikins). **Violation of this policy will result in disciplinary action.**

Students are expected to report incidents, injuries, or events occurring in the clinical setting to their instructor and preceptor as soon as reasonably possible, first attending to their own and the patient’s safety as necessary. If the instructor is not immediately reachable (for students in preceptorship or field experience, without direct faculty oversight), students should report the incident, injury, or event to the dean/nursing programs director as soon as reasonably possible. Students may be asked to assist their supervising faculty with completion of a [Nursing Programs Incident or Near Miss Report](#).

Please see the **LCC Nursing Programs Policy & Procedure for Incident Reporting & Tracking** in [Appendix A](#) of this handbook.

Performance Improvement Plan

A Performance Improvement Plan (PIP) is a potential outcome of the [Performance and Accountability Review](#) procedure. The PIP is used to document student behavior or performance concerns in any learning environment within the LCC Nursing Programs (online, classroom, lab, or clinical settings). It may be used to develop a collaborative **Student Success Plan** (or coaching plan) to address substandard practices and behaviors that may negatively affect student success. It may also serve as a formal **Statement of Concern** (or behavior contract) for more serious or persistent issues of unprofessional behavior or unsatisfactory performance. Either type of plan will be reviewed with the student with the intent of providing clear expectations, documenting the area of concern, and identifying strategies for success.

Depending on the severity of a student conduct or safety concern, immediate dismissal from class or clinical may be the outcome whether or not a success plan has been initiated. For example, behaviors that jeopardize safety or cause harm to self or others may require immediate dismissal from the setting.

Please also see the [Professionalism](#) and [Student Conduct](#) headings in this section, as well as the **LCC Nursing Programs Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior** in [Appendix A](#) of this handbook.

Professionalism

According to [WAC 246-840-519](#), nurse education programs shall hold students accountable for professional behavior. Professionalism is a cornerstone of a successful academic program, just as it is a cornerstone of integrity and compassion in the delivery of healthcare and building collegial and conscientious interprofessional teams. It is a key component of the American Association of Colleges of Nursing’s [Essentials: Core Competencies for Professional Nursing Education](#) and the [Quality and Safety Education for Nurses \(QSEN\) Competencies](#). The Essentials and QSEN Competencies are foundational to the nursing curriculum, as is the [Code of Ethics for Nurses](#) (American Nurses Association, 2025).

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, it is expected that every student adheres to these standards and maintains a high standard of civil, respectful, and professional conduct in all academic and clinical interactions.

Professional behavior is required for program progression in all nursing pathways.

Fundamental attributes of ethical and professional behavior include but are not limited to honesty, integrity, and civility, as well as a demonstrated desire to learn, respect for the academic process, concern for the welfare of patients and their families, commitment to patient confidentiality, respect for the rights of others, emotional maturity, and self-discipline. Since the development of ethical and professional behavior is an integral part of education in nursing, demonstrating such conduct during the professional educational program is an academic matter.

Expected baseline professional behaviors include punctuality, respectful communication, honesty, accountability, and respectful treatment of others at all times in all settings. Professional behavior also requires an awareness of how one's own behaviors are perceived by others, a commitment to honesty and accuracy in communication, openness, flexibility, and awareness of the thoughts, feelings and needs of others. **Depending on the nature and severity of any unprofessional conduct, ramifications may range from a verbal warning to immediate removal from the program.**

Please see the *LCC Nursing Programs Policies & Procedures for Clinical Expectations, Professional Behavior, and Student Rights and Responsibilities*, as well as the *Procedure for Performance and Accountability Review* in [Appendix A](#) of this handbook.

Program Progression

A minimum grade of "C" (2.0) must be earned in all nursing theory courses and required non-nursing courses (example: HUM, PSYC) for program progression and completion. A student may not progress to a subsequent nursing course while holding a grade of incomplete in a nursing course or in a required support course.

Nursing skills and clinical/practicum courses must be completed with a grade of "pass" for program progression. Additionally, professional behavior is required and must be demonstrated for progression in the program. Depending on the nature, severity, and patterns of any below standard or unprofessional conduct, ramifications may range from a verbal warning to immediate removal from the program. Refer to the [Performance Improvement Plan](#) heading above for additional information.

If the minimum required grade is not earned in a nursing course or a required concurrent non-nursing course (example: HUM 150), the student withdraws from a nursing or required non-nursing concurrent course, or a student voluntarily delays progression in the program (student is in good academic standing), the student must request program re-entry in order to repeat the needed courses and/or progress to subsequent cohort courses. **Re-entry requests must be submitted within one calendar year of the last enrollment in a nursing course.** Withdrawal from one or more courses related to hardship reasons such as medical, death in the family, military deployment, or other unforeseen emergent circumstance also require [program re-entry](#) and must follow college policy and procedures.

Please see full details in the *LCC Nursing Programs Policies & Procedures for Student Withdrawal, Dismissal, & Re-Entry* in [Appendix A](#) of this handbook.

Program Re-Entry

Following a delay in progression for any reason, the student will receive a letter from the dean/nursing programs director outlining processes for program re-entry. Requests for re-entry must be submitted on the [approved form](#) and include all required information.

A student who wishes to pursue program re-entry following a delay of progression related to voluntary, academic, or hardship reasons (as described above) must complete a [request for program re-entry](#) within one (1) calendar year of the last date of enrollment in a nursing course. **A student is permitted one (1) re-entry per program following delay of progression related to substandard academic or clinical performance and one (1) re-entry per program following a voluntary delay of progression (stopping out).**

Re-entry is not guaranteed, and when granted, is based on available space. Students who withdrew related to a hardship (as described above) will be given priority over re-entries due to voluntary delays in progression and re-entries related to substandard academic or clinical performance but are still based on available space in the desired cohort. Voluntary delays of progression and academic re-entries are prioritized based on the date of submission of the re-entry application.

A re-entry request will be considered a maximum of two (2) times. A student is no longer eligible for program entry after a request has been considered twice. A student who was dismissed from an LCC nursing program and/or denied program re-entry will not be considered in “good standing” for purposes of applying to other nursing programs.

Please see full details in the ***LCC Nursing Programs Policies & Procedures for Student Withdrawal, Dismissal, & Re-Entry*** in [Appendix A](#) of this handbook.

Safety in Clinical Agencies

Students are assigned to clinical agencies in order to meet course objectives. If at any time a student feels unsafe in an assigned setting, the student must remove herself/himself from the setting and report to the assigned proctor or preceptor, as well as the clinical instructor. The clinical instructor will follow up on the incident and will take appropriate action.

Please see the ***LCC Nursing Programs Policies & Procedures for Clinical Practice Expectations and Performance Evaluation*** in [Appendix A](#) of this handbook.

Simulation

Simulation hours are part of the required direct care hours for each practicum course throughout the program (WACs [246-840-534](#) and [246-80-5341](#)). All students will receive orientation to the simulation environment before participating in simulated clinical scenarios. **Clinical practice expectations hold true in the simulation lab as they do in any clinical setting.** The simulation lab, located in HSB 241, may have audio and video recording in operation during simulation activities for educational purposes. All equipment and manikins are to be treated with care as they represent a significant financial resource. No children are ever permitted in the skills or simulation labs. Simulation experiences are conducted to simulate a realistic clinical situation. It is an opportunity to learn, critically think, and develop clinical judgement where patient safety is not placed in jeopardy. Please see separate [Simulation Handbook](#) for additional information.

Please see the *LCC Nursing Program Policies & Procedures for Clinical Practice Expectations and Performance Evaluation* in [Appendix A](#) of this handbook.

Skills Lab

The Healthcare Programs Skills Lab (HSB 246) is available for skills review, skills practice, and course content assistance during designated hours. Occasionally, alternative spaces (such as HSB 221 or 249) will be utilized for skills practice when the main lab is unavailable. The skills lab is staffed by nursing faculty and/or other registered nurses who have been trained to offer clinical and lab support. Please note that class sessions are frequently scheduled in HSB 246, so students should check for times the lab is available for open review and practice. Open lab hours are posted in the skills lab Canvas course calendar, as well as outside of HSB 246. **Students are expected to make appointments for open lab times in the Canvas calendar for the Skills Lab course as there is a limited allowable faculty to student ratio. Drop ins will only be accepted if spaces remain unscheduled during open lab times.**

Skills lab appointments are a limited resource. Students may not book more than two consecutive hours in the lab (and may be asked to book only one hour at a time during high-traffic times at the beginning of the quarter). **Not attending a scheduled lab appointment (nor canceling with reasonable notice) will be treated as an absence for purposes of professionalism and accountability. If unable to attend a scheduled lab time, students are expected to cancel their appointment with 24 hours' notice whenever possible.** Skills lab guidelines are available on the landing page of the Healthcare Programs Skills Lab Canvas Course.

No food is allowed in the lab. Beverages must be in secured containers. No children are permitted in lab spaces. Use of the lab is restricted to LCC nursing and allied health students and staff unless prior approval is given by the dean/nursing programs director. Faculty may use audio and video recording for educational purposes. Students are expected to sign in and out of the lab.

Safety is a priority – sharps must be used and disposed of according to safe handling procedures per [OSHA standards](#). Appropriate lab attire should be worn at all times, including closed toe shoes and clothing that covers the body appropriately. All equipment and manikins are to be treated with respect and care. **Professional behavior is required in the lab as in any other clinical setting. Students are expected to clean up after themselves and assist with keeping the lab area orderly.** If photos are taken in the lab, they must be non-offensive to all potential audiences. Cell phones are not to be used for personal calls or social media in the lab. Students should step out of the lab if it is necessary to make or receive a call.

Please see the *LCC Nursing Program Policies & Procedures for Clinical Practice Expectations and Performance Evaluation* in [Appendix A](#) of this handbook.

Social Media

To comply with HIPAA and protect patient/client confidentiality, students may not use personal devices (cell phones, tablets, or other devices), to transmit, copy, photograph or download any patient/client information at or from any location. **No photographs are to be taken in client care areas. Posting any patient/client information on any email, social media, chat, or other type of public or subscription platform is strictly prohibited. Violation of this policy may result in a failing grade for the clinical course and dismissal from the nursing program.** Students must comply with clinical agency and federal policies on the use of social media as it relates to patients/clients as well.

Nurses face risks when social media is used inappropriately. Results of this may include disciplinary action by the state board of nursing, loss of employment, as well as legal action.

From the [*American Nurses Association*](#):

6 tips for Nurses Using Social Media

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession.

ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

Please see the ***LCC Nursing Program Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior*** in [Appendix A](#) of this handbook.

Student Conduct

Professional and civil conduct is expected in all college, clinical, and community settings where class and/or program related activities occur. Additionally, please see the [Clinical/Practicum Course Requirements](#) in this handbook regarding expectations for student conduct in clinical/practicum settings. Immediate dismissal from class or clinical may occur depending on the severity of the behavior that violates conduct or professionalism guidelines, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered, at minimum, a "fail" for that

day, with a need to successfully make up the lost hours. Dismissal from the program may occur in instances of severe or egregious violations of safety, professionalism, or program policies.

Please refer to the [Student Code of Conduct](#) in the [LCC Student Handbook](#). Please see the ***LCC Nursing Program Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior*** in [Appendix A](#) of this handbook.

Substance Abuse and Misuse

All students are expected to perform clinical/practicum activities efficiently and safely, without the influence of drugs (including marijuana) or alcohol. Students must notify the course instructor if they are taking any medication which may impact the student's ability to provide safe, competent care (essential functional abilities). This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance due to use of drugs and/or alcohol, including marijuana.
- Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.
- Removing any drug from the institution or patient supply for any reason.
- Falsifying specimen collection for required drug screen in clinical.

If the student's behavior in clinical is creating or potentially creating unsafe patient care and the student appears to be under the influence of drugs or alcohol (based on a reasonable suspicion), the assigned proctor, preceptor, or faculty will ensure the safety of clients by removing them from the care of the student. The student's safety will also be ensured, including their removal from the clinical environment. The faculty, in consultation with the dean/nursing programs director will implement processes outlined in the programs' [Substance Abuse and Misuse](#) Policies and Procedures.

Please refer to [LCC administrative Policy 240: Alcohol & Drug Free Workplace](#) and information about the [Federal Drug-Free Schools and Communities Act](#) in the [LCC Student Handbook](#).

Please also see the ***LCC Nursing Programs Policies & Procedures for Substance Abuse and Misuse, Incident Reporting & Tracking, and Student Withdrawal, Dismissal, & Re-Entry*** in [Appendix A](#) of this handbook.

Violation of Behavioral Standards

The following are *examples* of unsafe and unacceptable behavioral standards by the student nurse:

- Violates or threatens the physical safety of the client: student nurse neglects use of side rails, restraints; comes unprepared to clinical; leaves bed in high position.
- Violates or threatens the psychological safety of the client: student nurse does not communicate using appropriate terms; does not encourage verbalization, is not aware of difference in ability to communicate, failure to document or act on changes in behavior.

- Violates or threatens the microbiological safety of the client, self, or others: student nurse does not realize when he/she violates technique and precautions; fails to follow hand hygiene policies; comes sick to clinical experience; unrecognized violation of isolation procedure.
- Violates or threatens the chemical safety of the client: student nurse fails to follow the "Rights of Administering Medications"; fails to monitor IV infusions safely; fails to identify and follow through on significant nursing implications related to medications.
- Violates or threatens the thermal safety of the client: student nurse fails to observe safety precautions during O₂ therapy, heat/cold treatments.
- Inadequately and/or inaccurately utilizes the nursing process: student nurse fails to observe and/or report in a timely manner critical assessment or change in patient's condition.
- Violates previously mastered principles/learning objectives in carrying out nursing care skills.
- Assumes inappropriate independence in actions or decisions: student nurse fails to seek supervision and therefore creates a potentially unsafe situation.
- Violates patient confidentiality policies.
- Repeatedly disregards appearance and uniform policies.
- Has repeated tardiness.
- Uses profane or offensive language.
- Demonstrates inconsiderate treatment of clients, classmates, and faculty or agency staff.
- Has unexcused absences.
- Comes to clinical without required assignments, information, or knowledge
- Falsifies records (print or electronic)

Depending on the facts and circumstances surrounding each situation, potential outcomes for violation of behavioral standards (professional behaviors, clinical practice expectations) may include, but are not limited to, immediate dismissal from the clinical area and/or a failing grade in the course. Criteria for evaluation in the clinical setting are included in the [Practicum Evaluation Tool](#).

Nursing program faculty have a responsibility to protect the public. By contractual agreement, clinical agencies reserve the right to terminate use of facilities by a particular student when necessary to maintain operations free from disruption and to ensure quality of client care. If a student is denied access to a clinical agency due to a safety or conduct violation, progression in the nursing program may be denied.

Please see the ***LCC Nursing Program Policies & Procedures for Clinical Practice Expectations and Performance Evaluation*** in [Appendix A](#) of this handbook.

Student Information and Resources

Cohort Model and Combined Courses

In the AN-DTA/MRP, students are admitted to a **cohort**, which is a group of students who begin the nursing program at the same time. Courses in the program may be combined with another section of the same course. Example: a nursing program course may have multiple sections but be combined on campus or Canvas.

Graduation and Commencement

To receive a degree from LCC and to be eligible for licensure as a registered nurse, students must apply for graduation through the Registration Office. Graduation applications are available on the [LCC graduation webpage](#) and at the Registration Office. It is recommended that students apply for graduation two quarters before their intended completion so that any deficiencies may be identified and corrected. The deadline to apply for graduation is posted each quarter on the website and is generally about six weeks before the end of the quarter. Requirements for the AN DTA/MRP degree can be found on the [Health Sciences & Wellness Pathway](#) webpage.

LCC Commencement is held in June each year. Students who have completed degree requirements during the past year may participate in the June commencement ceremony. Students eligible to graduate at the end of summer quarter may apply for spring graduation and participate in Commencement, completing requirements through the Summer Completion Option. Nursing Pinning ceremonies are held quarterly, sponsored jointly by LCC and the Student Nurse Organization, and are separate from LCC commencement activities.

Library Learning Resources

The LCC Library is located in the Alan Thompson Library building. The [LCC Library & Learning Commons website](#) includes online databases, open educational resources, eBooks, and research assistance. The physical library space includes group study areas, whiteboards, SMART Boards, computers, printers, books, movies, magazines, journals, newspapers and physical reserve items for classes. The Learning Commons, located in the Library, additionally offers free individual and group tutoring for most subject areas, both in person as well as online through [eTutoring](#).

National Council Licensure Examinations NCLEX-RN

Upon successful completion of the nursing program, students may apply to take the NCLEX-RN to become licensed as an RN. Information regarding applying for licensure will be provided to the students during the last quarter of the program. The dean/nursing programs director is available to answer questions regarding licensure or taking the NCLEX. Additional information is available in the Canvas Nursing Community Group, as well as the [National Council of State Boards of Nursing \(NCSBN\)](#) website.

Nursing Community Group/LPN2RN Toolkit (Canvas)

A Nursing Community Group/LPN2RN Toolkit is maintained in Canvas for nursing students and faculty (in respective program options). These Canvas courses are used to disseminate information of import and interest to nursing students, provide a repository for various program information and resources,

and provide a means of communication between members. Each nursing student will be sent an invitation by email to join the Canvas Nursing Community Group or LPN2RN Toolkit depending on the program option. This invitation may be accepted or declined without consequence. If the invitation is accepted, the student will be added to the roster of the respective Canvas course. The roster is accessible to all members. Membership in this group is discontinued upon leaving the program. Graduates of the program will keep access for up to 12 weeks after graduation. A student may opt-out of this group at any time by notifying the eLearning director.

Nursing Program Data Collection

As part of maintaining compliance for ongoing program approval and accreditation, the AN-DTA/MRP program must collect data from students. Data is primarily collected via surveys that are administered to students during, at the end of, and following completion of the program. Collaborative meetings (such as advisory committees and the student-faculty committee) are another way that the program seeks student input.

Course Effectiveness Evaluations

Course effectiveness data is collected every quarter a nursing course is taught. This information regarding student perspective on the course content, delivery, or structure is used for continuous program improvement. Students will receive a Google Form link for course effectiveness evaluations near the end of each quarter. Course effectiveness evaluations are anonymous. Faculty are evaluated via a different form and process (see [Evaluating Faculty](#) below). Because course effectiveness survey results are reviewed by all program faculty and staff, any specific faculty/staff references will be redacted from the course effectiveness compiled data.

Evaluating Faculty

Students have the opportunity to evaluate faculty and instruction per the college evaluation schedule through the approved process. Not every faculty member is evaluated every quarter, but course effectiveness evaluation is completed quarterly. The faculty evaluation process works most effectively when constructive feedback is provided. Please note that evaluation schedules are determined by the faculty collective bargaining agreement and cannot be adjusted. Faculty in their tenure track are often evaluated earlier in the quarter to accommodate their committee review process and college Board of Trustee meeting schedules.

Nursing Advisory Committee

The Nursing Advisory Committee meets a minimum of twice per year and is made up of local clinical partners, employers, representatives from organized labor, community members, and nurses. The purpose of this committee is to provide input to help maintain, update and/or improve the program. At least one student representative is encouraged to serve on this committee. If interested, please contact the SNO president or dean/nursing program director.

Student-Faculty Committee

The student-faculty committee meets quarterly to share information, address program-level concerns, and to seek student input regarding program decisions that impact students. Each nursing cohort elects a representative to attend the quarterly meetings to provide input on nursing program policies

and procedures, planning, implementation, evaluation and quality improvement. Students may participate in the meetings via video conferencing if unable to attend in person.

Surveys: Point-of-Leaving, Student Perception, Graduate, and Employer

Survey data is used for program monitoring and improvement and is integral to the Systematic Plan of Evaluation (SPE) for each nursing program that is required by both state law and national accreditation standards. Several surveys will be conducted during and after the nursing program, including the

- **Point of Leaving Survey:** administered at the conclusion of the program
- **Achievement Scale for Student Perception of Program Information and Student Services:** administered each spring
- **Graduate Survey:** sent approximately six months after program completion
- **Employer Survey:** sent to employers within one year of graduation.

Completion of these surveys and your constructive feedback is vital to our continuous program improvement efforts.

Peer Mentoring

Launched during the 2023-2024 academic year, the nursing faculty support the Student Nurse Organization (SNO) in providing the opportunity for peer mentoring for students in the first year of the traditional-entry AN-DTA/MRP and LPNs entering the program. Mentors are volunteers who have successfully completed the first year of the program and are willing to collaborate with a fellow student in setting academic/professional goals and enhancing accountability. Students will be added to the Mentoring Canvas course upon program entry. Mentoring relationships are initiated through self-selection and participating students may establish the duration and goals of the mentoring relationship.

Pinning

Lower Columbia College provides a Nurse Pinning ceremony at the end of each quarter to recognize program completion. Coordination of the event is facilitated by a nursing faculty member, who will be in contact with the graduating class during the final quarter of the nursing program to arrange the details within given parameters. The funding for refreshments and decorations is provided by the Student Nurse Organization.

Skills Lab

HSB 246 serves as a learning and skills lab for Nursing and Allied Health students. Faculty/staff are available per the scheduled hours in the Healthcare Programs Skills Lab course in Canvas. Students may sign up for available times using Canvas scheduling in order to receive assistance with skills and course content. Students are encouraged to utilize this resource. Use of the Skills Lab may also be required as part of a course or as part of an individualized learning plan. Please refer to [Skills Lab Policies](#) as well.

Student Nurse Organization (SNO)

All students enrolled in a nursing program, as well as all pre-nursing students, may participate in the Student Nurse Organization (SNO). The SNO is recognized and funded by the Associated Students of LCC (ASLCC). The organization aids in the preparation of student nurses for the assumption of professional responsibilities and promotes interaction among student nurses. The SNO also promotes community service and advocacy. A variety of meetings and activities are scheduled by SNO each quarter. Each quarter, each nursing cohort selects a SNO representative. Students may additionally serve as chapter officers. Students may participate in meetings via video conferencing if unable to attend in person.

Zeta Sigma Chapter of Alpha Delta Nu Honor Society

Zeta Sigma (ZΣ) is the LCC chapter of the Alpha Delta Nu (ΑΔΝ) Associate Degree Nursing Honor Society. ΑΔΝ is affiliated with the Organization for Associate Degree Nursing (OADN), which promotes scholarship and academic excellence in the profession of nursing. OADN is the national voice and a pivotal resource for community college nursing education and the associate degree pathway, with a vision to expand networks that promote leadership, collaboration, and advocacy to further enrich nursing education.

The Alpha Delta Nu Nursing Honor Society recognizes the academic excellence of students in the study of Associate Degree Nursing. The society encourages the pursuit of advanced degrees in the profession of nursing as well as continuing education as a life-long professional responsibility.

Eligibility

- Earned grade of B or better in each nursing class
- Completed service-learning project
- No previous failures in any nursing class and/or delay in program progression.
- Consistently demonstrates integrity and professionalism.

How to Join Zeta Sigma

Students will be invited to provisional membership after successful completion (see above) of at least one quarter of a nursing course. Full membership (induction) is offered at the end of the final quarter of study if a student earns a grade of B or better in all nursing and support courses. Students offered induction to ZΣ shall also have completed at least one service-learning project and demonstrated conduct on campus and in all clinical areas that reflect integrity and professionalism.

Why Join Zeta Sigma

Access to resources, scholarships, and professional development opportunities. Zeta Sigma membership looks great on resumes and scholarship applications. Inductees, upon pursuit of BSN or higher degrees, are invited to pursue the accelerated membership pathway to [Sigma Theta Tau International Honor Society of Nursing](#) (Sigma).

References

American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*.

<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*.

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/>

Fawcett, J. (1984). The metaparadigm of nursing: Present status and future refinements. *Journal of Nursing Scholarship*, 16(3), 84-87. <https://doi.org/10.1111/j.1547-5069.1984.tb01393.x>

Johnson, E., & Carrington, J. M. (2023). Revisiting the nursing metaparadigm: Acknowledging technology as foundational to progressing nursing knowledge. *Nursing inquiry*, 30(1), e12502.

<https://doi.org/10.1111/nin.12502>

National League for Nursing. (2024). *Core values*. <https://www.nln.org/about/about/core-values>

Appendix A: Program Policies & Procedures



Lower Columbia College Nursing Programs

Policies & Procedures: Accessibility & Accommodations

Pathway(s) Covered

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of this policy is to guide students with disabilities in obtaining the necessary support and approvals tailored to their individual needs. Lower Columbia Colleges' Disability and Access Services (DAS) Department has staff to assist qualified students with disabilities by providing accommodations and equal access to academic programs and activities. With goals designed to:

- Create a respectful and confidential environment.
- Develop a plan for reasonable accommodation.
- Explain how to request accommodations.
- Implement accommodations in a timely manner.

Background Information

To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation. The nursing program follows the Americans with Disabilities Act (ADA) and Title IX Regulations. In accordance with College policy, reasonable accommodations may be provided for a student with a disability or temporary medical condition. In order to be admitted to and progress in the nursing program, the student must be able to meet essential functions with or without reasonable accommodation. A candidate or student continuing in the program who identifies as having a disability or temporary medical condition and is requesting accommodation must consult Disability and Access Services (DAS) at LCC.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Collaborate with DAS personnel in establishing reasonable accommodations.
 - Work with students to implement and maintain reasonable accommodations provided through the DAS office.
- DAS Personnel:
 - Collaborate with the faculty of record to establish and implement reasonable accommodations.
- Title IX Coordinator:
 - Collaborates with DAS to establish accommodations in accordance with Title IX requirements.

- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

- Disability and Access Services [Documentation Guidelines](#)
- Administrative policy [Section 237: Pregnancy](#)
- Administrative policy [Section 425: Non-Discrimination and Anti-Harassment](#)
- Administrative policy [Section 430: Reasonable Accommodation](#)
- Administrative policy [Section 480: Student Absence for Reasons of Faith or Conscience](#)

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)
- [Course Exams](#)
- [Performance Evaluation](#)

Policy and Procedures for Accessibility and Accommodations

Essential Functional Abilities

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the LCC Nursing Program as essential for safe patient/client care and are used as a guide in determining reasonable accommodations. To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation. Refer to the [List of Essential Functional Abilities for Nursing Students](#) below.

A candidate or student continuing in the program who identifies as having a disability and is requesting accommodation must consult [Disability and Access Services](#) (DAS) at LCC.

- When the candidate or student discloses a disability and requests accommodation, they will be asked to provide documentation of the disability for the purpose of determining reasonable accommodations. Students are not required to disclose their disability to faculty.
- Documentation requirements will be explained to the student at the appointment and can be found on the [DAS webpage](#).
- The DAS director determines the acceptance or denial of academic accommodations.
- LCC will provide reasonable accommodations. However, LCC is not required to make modifications that would substantially alter the nature or requirements of the program or to provide auxiliary aids that present an undue burden to LCC.
- If a student is denied their request for accommodations, they can appeal to the 504/ADA Coordinator, as explained in a letter to the student.
- For an appointment to discuss potential accommodations, students must complete the [Becoming a DAS Student](#) request form. **Students are responsible for renewing accommodations quarterly through the DAS Office.**

Disabilities and Temporary Medical Conditions

Reasonable accommodations are available for students who have a documented disability or temporary medical condition and must be approved through Disability Support Services. Students who believe that they may need accommodations are encouraged to complete the [Becoming a DAS Student](#) form. If a student has a disability or temporary medical condition that interferes with course attendance or completion, the student may be eligible for a hardship withdrawal (formerly medical withdrawal) or an incomplete grade, per college policy.

Per the re-entry policies of the nursing program, A student who is unable to complete a course due to medical reasons (hardship withdrawal) may request re-entry for up to one calendar year from the last nursing course completion. The student must submit documentation of resolution of the medical issue or have an approved reasonable accommodation before re-entry will be considered. Re-entry is on a space-available basis; medical withdrawals will be given priority over re-entries due to voluntary delays in progression and academic program re-entries. If the student is unable to re-enter within one calendar year, they may be required to retake previous nursing coursework to ensure they have current nursing knowledge and skills. Re-entering after a hardship (medical) withdrawal while in good standing academically in the program will not count toward the “one re-entry per program” policy.

Health Conditions Affecting Essential Functional Abilities

Pregnancy

When a student informs any College employee, including confidential employees, of the student’s pregnancy or related conditions, the College employee must follow [Administrative Policy Section 237: Pregnancy](#), which includes, but is not limited to,

- Promptly providing the student, verbally or in writing, the Title IX Coordinator’s contact information, and
- Informing the student that the Title IX Coordinator can coordinate specific actions to prevent sex discrimination and ensure the student’s equal access to the College’s education program or activity.

If a student is pregnant, it is not required, but strongly recommended that they disclose this to the clinical instructor so that necessary adjustments can be made to protect the health and well-being of the student and fetus. For example, clinical assignments may be altered to prevent unnecessary exposure to pathogens or medications that may be harmful to a developing fetus.

Student Hospitalization or Injury

The Nursing Program must follow clinical site policies and may restrict clinical participation if the health and safety of other students and/or the public is adversely impacted. If a student is injured, hospitalized, seriously ill, or has undergone surgery during the program or within six weeks of the program, the student may be required to submit a Medical Release Form (completed and signed by their healthcare provider) to the dean/nursing program director before they can return to clinical practice. Students should contact their instructor or the dean/nursing program director to obtain this form.

Faith and Conscience Leave

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made in writing to the Office of Instruction within the first two weeks of the course. For more information on Faith & Conscience and additional student policies and procedures, please refer to [LCC's Student Handbook](#).

List of Essential Functional Abilities for Nursing Students

Visual

1. Observe and discern subtle changes in physical conditions and the environment
2. Visualize different color spectrums and color changes
3. Read fine print
4. Read data displayed on monitors/equipment
5. Detect non-verbal communication

Auditory

1. Distinguish muffled sounds heard through a stethoscope.
2. Hear and discriminate high and low frequency sounds produced by the body and the environment.
3. Effectively hear to communicate with others.

Tactile

1. Discern tremors, vibrations, pulses, textures, temperature, shape, sizes, location and other physical characteristics.

Olfactory

1. Detect body odors and odors in the environment.

Communication

1. Verbally and in writing, engage in two-way communication in English.
2. Use qualified interpreters when appropriate to communicate with non-English speaking clients.
3. Interact effectively with others from a variety of social, emotional, cultural, and intellectual backgrounds.
4. Communicate in a timely manner.

Interpersonal Relationships

1. Work effectively in groups
2. Work effectively independently.
3. Interpret nonverbal communication.
4. Express one's ideas and feelings in a clear manner.
5. Demonstrate behaviors that are age-appropriate in relation to the client.
6. Convey caring, respect, tact, compassion, and empathy to the client and others.
7. Function effectively in situations of uncertainty and stress

Cognitive Thinking

1. Operate a computer to obtain, enter, and transmit data.
2. Effectively read, write, and comprehend the English language.

3. Consistently and dependably engage in the process of critical thinking to formulate and implement safe and ethical decisions within the appropriate scope of practice in a variety of healthcare settings.
4. Demonstrate satisfactory performance on written examinations, including mathematical calculations.

Motor Function

1. Handle small, delicate equipment/objects without extraneous movement, contamination, or destruction.
2. Move, position, transfer, and assist with lifting and ambulation without injury to clients, self, or others.
3. Maintain balance.
4. Respond rapidly to emergency situations.
5. Coordinate hand/eye movements
6. Lift and/or carry objects weighing up to 25 pounds without injury to client, self, or others.
7. Stand, bend, and walk for prolonged periods of time while performing physical activities requiring energy without jeopardizing the safety of the client, self, or others.
8. Function with hands free for nursing care and transporting devices.
9. Coordinate fine and gross motor hand movements to provide safe, effective nursing care.
10. Handle multiple tasks concurrently.

References

- [Lower Columbia College Student Handbook](#)
- U.S. Department of Justice, Civil Rights Division. (2024). [ADA.gov](#).

Revision History

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Contributor(s): Merry Bond, Michaela Jackson, Mary Kate Morgan, Kendra Sprague

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Lower Columbia College Nursing Programs

Policies & Procedures: Clinical Documentation Requirements

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of the required clinical and fieldwork documentation policy is to ensure compliance with healthcare and agency-specific requirements for student placement within agencies affiliated with LCC Nursing Programs.

Background Information

Clinical/fieldwork documentation requirements are to be reviewed and accurately completed on time by the due dates specified throughout the program. Per contracts between Lower Columbia College and affiliating agencies, all students and faculty participating in patient care experiences must meet health and safety requirements. Students who do not submit documentation requirements by the specified due dates forfeit placement and may be withdrawn from the program.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
 - Oversee compliance with clinical requirements for all students and faculty in collaboration with the Clinical Placement Coordinator and Healthcare Programs Coordinator.
- Nursing Programs Faculty:
 - Triennial cyclic review of Policy and Procedures Manual
 - Ensure own compliance with clinical documentation requirements.
- Faculty of Record:
 - Ensure clinical documentation compliance of all students before they access clinical sites.
- Clinical Placement Coordinator:
 - Manage receipt, approval, and storage of faculty and staff clinical documentation in compliance with federal and state regulations.
- Healthcare Programs Coordinator:
 - Collaborate with the Clinical Placement Coordinator in data collection for required clinical documentation.
- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

- o Ensure all required documentation is submitted accurately and on time.

Supporting LCC Documents or Processes

- Administrative Policy, [Section 245: Workplace Safety](#).

Related LCC Nursing Programs Policies & Procedures

- [Substance Use and Misuse](#)

Policy/Procedure for Clinical Documentation Requirements

Criminal Background and Drug Screening

Students in all nursing programs/options must pass a criminal background check and drug screen before beginning the nursing coursework.

- A negative urine drug screen must be obtained within 60 days of beginning the nursing program at an approved occupational healthcare provider.
- State and Federal criminal background checks through the approved program vendor must be passed before nursing coursework. A self-disclosure form must be completed, as well as a release for the program to access information contained in the background check. Additional background checks may be required depending on clinical rotations (for instance, Department of Social & Health Services clearance or fingerprinting may be required in some settings where students will have access to particularly vulnerable populations).

Because LCC must comply with health care agency requirements, a positive finding in a background check or drug screen may exclude the student from enrolling or completing the nursing program. Some crimes disqualify a person from access to vulnerable populations or from nursing licensure. Clinical agencies retain the right to refuse placement to students with a history of certain offenses. For additional information, see the Department of Social & Health Services Secretary's list of [Disqualifying Crimes and Negative Actions](#). Prospective nursing students are encouraged to contact the dean of instructional programs/nursing programs director with related questions.

Additional Required Documentation

As communicated in the provided timelines at admission, students must provide the following documentation. Evidence is uploaded to the ACEMAPP clinical placement platform by the student or the clinical placement coordinator (applies to all programs/options unless otherwise noted):

- Social Security Card
- American Heart Association (AHA) certification in Basic Life Support (BLS) for Healthcare Providers.
- AHA certification in First Aid (*traditional entry AN-DTA/MRP only*).
- Evidence of current unencumbered Washington, Oregon, or approved multi-state LPN license (*LPN-entry AN-DTA/MRP options only*).
- Evidence of current unencumbered Washington State or approved multistate RN license (*RN to BSN only*).
- Immunizations/proof of immunity:
 - o Two (2) step tuberculin (TB) skin test, Quantiferon Gold blood test, or chest x-ray (with previous reaction to skin test)

- o Two (2) doses of MMR vaccine or a titer showing individual immunity to all three components (measles, mumps, and rubella)
- o Two (2) doses of *Varicella* vaccine or a titer showing immunity
- o Hepatitis B vaccination series and titer showing immunity
- o Tetanus, diphtheria, and pertussis (TDAP) adult vaccination within the past ten (10) years
- o Annual influenza vaccination
- o Vaccination against COVID-19. Please read the current Washington State Department of Health (DOH) guidance regarding [COVID-19 Vaccines](#). At this time, clinical agencies are recognizing full vaccination in the following ways:
 - Completing a 2-dose original monovalent series, such as the Pfizer, Moderna, or Novavax series, or the single-dose Johnson & Johnson Janssen vaccine. All monovalent options will be accepted if they were previously received but are no longer currently authorized for use by the FDA. On April 18, 2023, the FDA no longer authorized the monovalent Moderna and Pfizer-BioNTech COVID-19 series, and on May 17, 2023, the Janssen monovalent vaccine expired and is no longer available in the US.
 - If not previously vaccinated with one of the above, the current updated bivalent vaccine will be required (Pfizer or Moderna).
 - This requirement may vary between healthcare organizations. For instance, some agencies may require the updated bivalent vaccine in addition to the original monovalent series.

Interested students must contact the Nursing & Allied Health Programs office for current information about medical or religious vaccine exemptions and clinical placement. While the program may approve an exemption for a qualifying medical or religious reason, affiliating agencies reserve the right to deny accommodations. This may affect student access to a preferred or required clinical experience and ultimately impact program progression or completion.

- Insurance for professional liability is included in the course fee for the clinical/field experience course.
- Students must authorize a release of record (see *Criminal Background and Drug Screening* above).
- Required agency educational modules through ACEMAPP. Additional agency-specific education may be required, depending on placement.
- Personal health insurance

Required Expenses

Unless otherwise noted, expenses incurred are the responsibility of the student. Admission to the nursing program is contingent upon compliance with all clinical requirements prior to beginning cohort courses (those courses restricted to students who are admitted to the program). Students will be asked to attest to the intent of clinical compliance prior to being registered for cohort courses. A detailed list of expenses for each program and option is available on the LCC Nursing webpages:

[Nursing Program Costs.](#)

- Immunizations and/or titers
- Comprehensive criminal background check
- Urine drug screen within 60 days of beginning the program

- Current American Heart Association (AHA) BLS for Healthcare Providers certification
- First aid certification (not required for LPN-entry options)
- Personal healthcare insurance coverage
- ACEMAPP (clinical placement management system) annual fee

References

- [WAC 246-840-522](#): Additional student requirements for RN to BSN and graduate nursing education programs.

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Lower Columbia College Nursing Programs

Policies & Procedures: Clinical Practice Expectations

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of this policy is to clarify the professional accountability expected of all LCC nursing students in the clinical setting.

Background Information

Accountability is an individual responsibility in all professions. Nurses and student nurses are expected to conduct themselves as mature, honest, ethical, and responsible persons. This includes being self-aware, self-directed, and accountable for one's own behavior and choices. Accountability requires a person to be responsible and answerable for their decisions, actions, and behaviors. Nurses are accountable for the care provided to clients entrusted to their care. Nurses are accountable to their clients and colleagues.

Professional accountability begins with the student role. Each nursing student is legally accountable to the level of their preparation and/or licensure and does not function under the license of another nurse. Nursing students are legally and ethically responsible for any failure to act in a safe and prudent manner. Each student is accountable to their assigned client(s), supervising faculty, and the Lower Columbia College (LCC) Nursing Programs.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty:
 - Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Communicate expectations regarding student compliance with clinical practice expectations.
 - Provide formative and summative feedback to students regarding their clinical performance using the established tools.
 - Employ the [Performance and Accountability Review](#) as necessary.
- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

- Lower Columbia College [Code of Student Conduct](#)

Related LCC Nursing Programs Policies & Procedures

- [Chain of Command for Student Concerns & Complaints](#)
- [Incident Reporting and Tracking](#)
- [Professional Behavior](#)
- [Nursing Student Rights and Responsibilities](#)
- [Performance and Accountability Review](#)
- [Student Withdrawal, Dismissal, and Re-Entry](#)

Policy and Procedures for Clinical Practice Expectations

Clinical Practice Expectations

Professional conduct of student nurses in the clinical setting is governed by [WAC 246-840-700](#) (Standards of nursing conduct or practice) and [RCW 18.79](#) (Washington State Nurse Practice Act). The LCC Nursing Programs are additionally guided by the American Nurses Association (ANA) [Code of Ethics for Nurses](#) and the National Student Nurses Association (NSNA) [Code of Ethics](#).

Clinical/Practicum Evaluation

To complete each clinical/practicum or field experience course, students must meet all course components at a passing level.

- **Associate degree program options** (traditional RN, campus-based LPN-RN, LPN2RN eLearning): course components may include skills testing, dosage calculation testing, written assignments, and demonstrating clinical competencies in both the clinical and simulation settings. The latter is evaluated using the [clinical/practicum evaluation tool](#), which is aligned with the required behaviors and competencies for each practicum course.
- **RN to BSN program:** field experience (NURS 430) components include completion of required hours, meeting associated learning objectives per the [RN to BSN field experience evaluation tool](#), as well as development of a community-based intervention and evaluation plan for a population identified through the field experience.

Learners enrolled in an LCC Nursing Program are expected to

- Demonstrate professional behaviors at all times (see related [Professional Behaviors policy](#)).
- Be responsible for reading and familiarizing themselves with printed college and nursing program policies and procedures. Always arrive prepared for scheduled clinical/field work assignments.
- Attend all required clinical/fieldwork orientations.
- Complete all clinical documentation requirements by the specified due dates.
- Consider all client/family/population information as strictly confidential. Such information will only be discussed with faculty and appropriate clinical/fieldwork partners (see related [Student Rights and Responsibilities policy](#)). No audio or video recording using personal devices by students is permitted in health care settings.

- Recognize that client/clinical/fieldwork data is not appropriate information to share on social networking sites. This includes sharing photos or other recorded media on social media.
- Ensure that all client data is de-identified when utilizing client data for assignments or learning activities.
- Report to practicum/clinical faculty potential conflicts of interest or concerns regarding ability to deliver effective client care (e.g., assigned client is a friend, family member, neighbor).
- Communicate any agency, individual, or instructor-related concerns using the Nursing Program [Chain of Command](#). Refrain from discussing concerns or criticism outside the school or with other students.
- Be accountable, ethical, and timely. Being less than completely honest or delaying a report of critical information in the clinical/fieldwork area jeopardizes client safety.
- Be responsible for their own learning and help promote an atmosphere that facilitates maximum learning for clients and fellow learners. A student will not obstruct the learning process of others by causing undue anxiety for any reason, including the monopolization of instructors' time.
- Complete the required clinical hours for each quarter. Any missed practicum or clinical rotation/day will require an equivalent make-up activity. Every effort should be made to attend all scheduled clinical days, as it may not be possible to replicate the missed experience. Not meeting the clinical hour requirement for any clinical or practicum course can lead to an incomplete grade for the course and may prevent program progression.

Promoting Just Culture

Just culture is defined by the development of non-blaming systems for error reporting and learning. Such systems promote trust among employees, ensuring that addressing human errors will not result in punitive consequences. Cultivating a just culture can subsequently improve both safety and reliability of organizational processes and procedures (Paradiso & Sweeney, 2019). The LCC Nursing Programs promote a just culture and utilize multiple tools to support this approach, including but not limited to:

- The North Carolina Board of Nursing *Student Practice Event Evaluation Tool* ([SPEET](#); North Carolina Board of Nursing, rev. 2021).
- Verbal coaching, counseling
- Skills lab referrals
- Student success plans (written)
- Incident and near miss review for program improvement (see related [Incident Reports and Tracking policy](#))

Depending on the severity, precipitating factors, prior counseling, and established patterns of behavior, violation of patient safety and/or program clinical requirements may result in disciplinary action, up to and including dismissal from the nursing program.

References

- American Nurses Association. (2025). [Code of ethics for nurses](#).
- National Student Nurses' Association. (2022). [NSNA code of ethics](#).
- North Carolina Board of Nursing. (rev. 2021). [Just culture: SPEET](#).
- Paradiso, L., & Sweeney, N. (2019). [Just culture: It's more than policy](#). *Nursing Management*, 50(6), 38-45.

- [RCW 18.79](#): *Washington State nurse practice act*
- [WAC 246-840-700](#): *Standards of nursing conduct or practice*

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Lower Columbia College Nursing Programs

Policies & Procedures: Complaints, Concerns, and Academic Grievances

Pathway(s) Covered

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of the policy is to provide guidelines related to promoting constructive dialogue and seeking meaningful understanding of student complaints, concerns, and academic grievances in either an informal or formal manner. The aim of this policy is to empower students enrolled in a nursing program at LCC to express their concerns and seek constructive resolution, ultimately enhancing the quality of education and maintaining the highest standards and professionalism within the nursing programs.

Background

Fostering a supportive and inclusive learning environment for students is essential to all nursing programs' faculty and staff. Recognizing that concerns, complaints, and grievances can arise during the course of an educational journey, a comprehensive concern, complaint, and grievance policy was developed to ensure that each student's voice is heard and their issues are addressed in a fair and timely manner. This policy promotes transparency and accountability within the nursing programs and upholds the commitment to providing a safe and respectful educational experience for all nursing students.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
 - Meet with students as needed to address complaints, academic grievances, and concerns in accordance with the chain of command and LCC policies and procedures.
- Nursing Assistant Program Director/Nursing Programs Assistant Directors:
 - Meet with students as needed to address complaints, academic grievances, and concerns in accordance with the chain of command and LCC policies and procedures.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Teach, model, and reinforce professional communication and conflict resolution behaviors.
 - Meet with students as needed to address complaints, academic grievances, and concerns in accordance with the chain of command and LCC policies and procedures.
- Title IX Coordinator:
 - Addresses student complaints related to Title IX.
- Student: Read, seek clarification, and comply with

- o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
- o LCC academic policies and procedures ([LCC Student Handbook](#)).

Students, faculty, assistant program directors, dean of instructional programs/nursing program director, vice president of instruction, Title IX Officer(s).

Supporting LCC Documents or Processes

- [LCC Student Handbook](#):
 - o [Student Academic Grievance Resolution Procedures](#)
 - o [Mandatory Reporter Protocol \(Title IX\)](#)
 - o [Non-Discrimination and Anti-Harassment Policy](#)
 - o [Student Complaint Process](#)

Related LCC Nursing Programs Policies & Procedures

- [Chain of Command for Student Concerns & Complaints](#)
- [Professional Behavior](#)
- [Nursing Student Rights and Responsibilities](#)

Policy and Procedures for Complaints, Concerns, and Grievances

Academic Grievances

A student who feels that an instructor assigned a grade arbitrarily, employed arbitrary standards in evaluating their progress, took an action affecting their academic process in an arbitrary manner, or made an erroneous decision adversely affecting their academic standing, may pursue LCC's [Student Academic Grievance Resolution Procedures](#) found in the [LCC Student Handbook](#).

Discrimination and Harassment Complaints

The LCC Nursing Program aligns with the college in providing equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, discharged veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, [\(360\) 442-2120](tel:(360)442-2120), Phone number/TTY [\(800\) 833-6388](tel:(800)833-6388).

Students who observe or experience harassment, discrimination, bias, misconduct or threatening behavior are encouraged to report their observations/experiences using the [Make a Report Form](#).

Complaints involving sex discrimination will be processed under [Policy 235 Non-Discrimination and Anti-Harassment](#).

Complaints or Concerns

A complaint is viewed as unsatisfactory or unacceptable performance or action of another student, staff, or faculty member, which the student believes to be unfair or inconsistent with the policies of the college or the nursing programs.

- ***Discuss Complaint with Student/Staff/Faculty:***

Students are encouraged to discuss concerns with the student/staff/faculty involved. All parties should strive to engage in an honest dialogue and openly discuss their individual viewpoints, facts, perspectives, opinions, and experiences to foster a deeper understanding. The goal is to have a more thorough awareness of the situation, event, or area of concern and arrive at a mutually agreed-upon resolution to the complaint in a constructive and respectful manner.

The nursing programs' faculty and staff encourage and model the use of evidence-based conflict resolution strategies, such as those outlined in "[Conflict Resolution Strategies for Nurse Leaders](#)" (American Nurses Association [ANA], 2023) or "[Critical Conversations in Healthcare](#)" (Clancy, 2024). A hard copy of the latter resource is available on site for student, staff, and faculty use.

If the complaint or concern involves (an) other student(s), and is not satisfactorily resolved during this step, the student should bring the matter to the appropriate faculty member according to the LCC Nursing Program's [Chain of Command Procedure](#).

- ***Conference with Assistant Program Director:***

If not resolved, or depending on the nature of the complaint, the next step is to discuss the issue with the appropriate assistant program director. The assistant program director will schedule a meeting with the student and staff/faculty to review the findings, address mediation, and seek a mutually agreed-upon resolution of the complaint. This resolution may be a verbal decision at the time of the conference, or deliberation may be necessary prior to making a decision. In either case, the decision will also be communicated in writing to all involved parties as soon as possible (depending on time sensitivity, but communication should be within one week). Should the issue involve the assistant program director, the concern will be directed to the dean of instruction/nursing program director.

- ***Advancing Complaint to the Dean of Instructional Programs/Nursing Program Director:***

If the issue has not been satisfactorily resolved at the previous level, the student may follow the chain of command and discuss the concern with the dean of instructional programs/nursing program director. The decision from the dean/director is deemed final. An exception is if the complaint involves or is against the dean of instructional programs/nursing programs director, then the complaint would be forwarded to the vice president of instruction.

References

- American Nurses Association. (2023, September 18). [*Conflict resolution strategies for nurse leaders*](#).
- Clancy, C. (2024). [*Critical conversations in healthcare*](#) (3rd ed.). Sigma Theta Tau International Honor Society of Nursing.

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Lower Columbia College Nursing Programs

Policies & Procedures: Course Exams

Pathway(s) Covered

Traditional entry RN, LPN2RN campus, LPN2RN eLearning

Purpose of Policy

To ensure uniform, evidence-based testing standards that result in the program and faculty members upholding a consistent, fair, and defensible testing environment (NurseTim, 2021).

Background Information

The LCC Nursing Program recognizes its ethical obligation to students “to ensure that exams and decisions based on exams are supported by solid validity and reliability evidence, are consistent across courses, and fair to all test takers regardless of age, gender, disability, race, ethnicity, national origin, religion, sexual orientation, linguistic background, testing style and ability, and other personal characteristics” (National League for Nursing [NLN], 2020, p. 6). Faculty is responsible for assessing students’ abilities and ensuring they are competent to practice nursing while recognizing that current approaches to learning assessment are limited and flawed. The program must also protect student privacy and confidentiality (NLN, 2020). Students are obligated to uphold the highest standards of honesty, integrity, and personal responsibility in preparation for professional practice. Birks et al. (2018) and McClung & Schneider (2018) reported an association between academic dishonesty and professional misconduct, suggesting a relationship between academic and professional integrity.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Ensure adherence to testing policies and procedures when scheduling, proctoring, and reviewing nursing course exams.
- Testing Center and DAS Personnel:
 - Ensure adherence to testing policies and procedures when proctoring nursing exams.
 - Report variances to the faculty of record.
- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

- Academic Dishonesty: [LCC Student Handbook](#).

Related LCC Nursing Programs Policies & Procedures

- [Professional Behavior](#)

Policy and Procedures for Nursing Course Exams

Exam grading scale and grading policies:

- The LCC Nursing Program grading scale is used in all nursing courses (except practicum courses, which are graded pass/fail). The minimum course grade for progression within (or completion of) the program is a grade of “C” or 75.0%.
 - o A (94.0 - 100%)
 - o A- (91.0 - 93.9%)
 - o B+ (88.0 - 90.9%)
 - o B (85.0 - 87.9%)
 - o B- (82.0 - 84.9%)
 - o C+ (79.0 - 81.9%)
 - o C (75.0 - 78.9%) - minimum grade required for program progression
 - o C- (71.0 - 74.9%)
 - o D+ (68.0 - 70.9%)
 - o D (62.0 - 67.9%)
 - o F (<62.0%)
- A minimum cumulative grade of 75.0% must be earned on quizzes and exams (points earned divided by total points) before non-exam points will be used (including bonus or extra credit points) for the final course grade.
- Exam grades will be calculated using standard mathematical rounding rules to the nearest 10th decimal place. A cumulative score of 74.9% does not meet the passing standard.
 - o 74.91-74.94% rounds to 74.9% (C-).
 - o 74.95-74.99% rounds to 75.0% (C).
- Course quizzes and exams may only be taken once for a grade. The grade ultimately issued by the faculty is final. The only exceptions include calculation or other types of errors noted upon review.
- If the required minimum cumulative exam score of 75.0% is met, the final grade will be determined by dividing the total course points earned by the total points possible. This percentage will be assigned the corresponding letter grade, using the Nursing Program Grading Scale. A minimum grade of 75.0% (“C”) is required to pass all graded nursing courses and progress in the program.
- Course exams will be administered according to the course schedule outlined in each course syllabus or supplement. This may include unit-level exams as well as a comprehensive course final exam.
- If extra credit is offered on an individual course exam, it will not be included in or added to individual exam scores until the base exam score is 75.0% or higher. This aligns with the program’s grading policy, which states that extra credit will only be applied once a passing grade has been achieved.

Exam-related attendance policies

- Exams will begin promptly as scheduled. Late arrivals will not be granted extended testing time and must complete the exam within the allotted time.
- Exams for students in online courses will close at the scheduled time noted in the Canvas course schedule, regardless of when the student begins testing. Students are expected to schedule adequate time for testing before the date/time the exam is due.
- In the event of an unexpected situation beyond the student's control (e.g., serious illness, injury, accident, or death of an immediate family member), the student must notify the course faculty using the preferred method of contact specified in the course syllabus. This must occur before the scheduled examination begins.
- Missing an exam without prior approval will result in a score of 0 for the exam. There are no makeup opportunities for unexcused absences from quizzes or exams.

Kaplan standardized exams:

Kaplan standardized focused reviews, integrated exams, diagnostic exams, and predictor exams are utilized throughout the program to support concept mastery and NCLEX preparedness.

- Congruent with [WAC 246-840-537](#) and the National League for Nursing (2020) fair testing practice standards, Kaplan standardized exams are required components of each didactic nursing course. Still, they are not utilized solely to determine course grades or program progression. All types of Kaplan activities are considered course assignments and are not part of the student's cumulative exam score for any course.
- Kaplan Focused Reviews are used throughout the program as homework assignments related to relevant course content. Points are given for assignment completion, which are included in the student's course assignment grade.
- Kaplan remediation may be assigned as a learning tool to facilitate preparation for course exams or Kaplan standardized exams. Points may be awarded for completing remediation activities, which are factored into the student's course assignment grade.

Exam criteria and security for campus-based program options:

- All exams, including course exams and Kaplan Integrated and Predictor Exams, will be proctored on the LCC campus
 - By program faculty or staff in a classroom or computer lab setting, or
 - In the [LCC Testing Center](#), located in the Main Building.
- The length of time for course exams will be as needed to allow 2 minutes per standard multiple-choice question. Standardized Kaplan integrated, diagnostic, and predictor exams will be administered according to the provided predetermined time limits.
- For courses in the campus-based program options, all students in a cohort will begin testing at the same time, whether testing in the proctoring center, computer lab, or classroom.
- Kaplan integrated, diagnostic, and predictor exams may be open only for the provided predetermined time limits.
- Student personal devices may never be used to access exams, including during post-exam review.
- Personal devices must be turned off and put away during exams and post-exam reviews. Smart watches must be removed and stowed as well.

- Earplugs or sound-canceling earmuffs may be used during exams (as provided in the testing area).
- No headphones, including earbuds or AirPods, are permitted during exams.
- Head coverings (hats/hoodies/scarves) may not be worn during exams, except for religious head coverings.
- If scratch paper is to be allowed for the exam, it will be provided by the faculty/proctor, and the student must write their name on it. All scratch paper will be turned in to the faculty or the designated proctor when the exam is completed, before the student leaves the testing area.
- Students must check with the proctor if they need to leave the room during an exam. Leaving the room during an exam will be permitted only in cases of extreme urgency, and no more than one student may leave the room at a time.
- If an emergency interruption occurs during an exam, the academic integrity policy remains in effect. Students will be expected to follow faculty or designated proctor instructions, including when and how the exam is to be resumed.
- Exams administered in Canvas will be arranged by the faculty so that
 - Students will see only one question at a time on the screen, but may flag and return to questions.
 - Potential answers for multiple-choice and select-all-that-apply questions will be shuffled.
 - Exam grades will not be shared with students (released) until all students have tested. This means that students will not be able to see exam questions or scores immediately after testing.
 - Partial credit is given according to the Canvas default for select-all-that-apply questions that are partially answered correctly.

Exam criteria and security for the LPN2RN eLearning program option:

- Academic integrity is expected while testing in a remote environment as well. Please refer to the Academic Integrity policy in the [Nursing Program Handbook](#). Violations of academic integrity may result in sanctions up to and including dismissal from the program and the college.
- All course exams will be proctored using [HonorLock](#). Students are encouraged to review the system requirements (listed on the LCC webpage linked above and in each online course syllabus) and ensure their system meets the minimum requirements well before their first scheduled online exam.
- The length of time for course exams will be as needed to allow 2 minutes per standard multiple-choice question.
- Standardized Kaplan integrated, diagnostic, and predictor exams may be open only for specified, predetermined time limits. These exams will be taken on campus during NURS 246 skills course days (either in the HSB computer lab with a faculty proctor or in the LCC Testing Center, located in the Main Building).
- Secondary devices (devices other than the computer being used to take the exam, such as phones, tablets, different computers, e-readers, smartwatches, or any other electronic devices) must be turned off and put away during exams.
 - Use of a secondary device, “hotspot,” must be approved by the course instructor before the scheduled exam.

- o The screen of the “hotspot” device must be shown to the camera at the beginning of the testing session to verify that it is off, and then placed securely away from the testing area.
- Secondary monitors attached to the computer being used for testing must also be turned off.
- No headphones, including earbuds or AirPods, are permitted during exams.
- Head coverings (hats/hoodies/scarves) may not be worn during exams, except for religious head coverings.
- All exams must be taken in a room where the student(s):
 - o Is alone in the room (no other people or pets should be present).
 - o Will not reasonably be interrupted (students should not be testing while working or in open public areas).
 - o Can sit at a table or desk facing the monitor/webcam straight on.
 - o Entire face remains visible within the video frame throughout the exam.
- If scratch paper is allowed for the exam, both sides must be shown to the camera at the beginning of the testing session to ensure they are blank. A small, blank whiteboard may be used as an alternative (as shown to the camera at the beginning of the session).
- Students should be aware that all audio and video is recorded throughout the exam by the proctoring program and may be reviewed by the course instructor and other college personnel. Students are expected to exercise professional behaviors while testing in remote settings.

Post-Exam Review for campus-based program options:

- Post-exam reviews may occur in the group/class setting or individually with the instructor at the instructor’s discretion.
- Students will never be given access to exams for review without direct supervision from their instructor.
- Student personal devices may never be used to access exams, including during post-exam review.

References

- Birks, M., Smithson, J., Antney, J., Zhao, L., & Burkot, C. (2018). [Exploring the paradox: A cross-sectional study of academic dishonesty among Australian nursing students](#). *Nurse Education Today*, 65, 96-101.
- Ferris State University School of Nursing. (2022). [Standardized testing policy and procedure](#).
- Lower Columbia College. (2023). [Online test proctoring](#).
- McClung, E. L., & Schneider, J. K. (2018). [The development and testing of the nursing student perceptions of dishonesty scale](#). *Nurse Education Today*, 61, 28-35.
- National League for Nursing. (2012, Rev. 2020). [The fair testing imperative in nursing education: A living document from the National League for Nursing](#) (Rev. ed.)
- NurseTim. (2021). [Exam and testing policy](#).
- Pacific Lutheran University. (2023, July 8). [Prelicensure examination policy](#). School of Nursing faculty handbook.
- [WAC 246-840-537](#): Curriculum for approved nursing education programs.

Revision History

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Lower Columbia College Nursing Programs

Policies & Procedures: Incident Reports and Tracking

Pathway(s) Covered

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

Timely reporting, tracking, and review of incidents and events involving patient, student, or faculty safety is crucial to ensuring safety in clinical and lab settings, as well as promoting program and college continuous quality improvement.

Background Information

Per [WAC 246-840-513](#), nursing programs are required to report to the Washington State Board of Nursing (WABON) within two (2) business days any event involving a faculty or staff member that the program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of controlled substances or legend drugs. The program is also required to maintain a log of events reported by a patient, family member, student, faculty member, or healthcare provider that result in patient harm, unreasonable risk of patient harm, allegations of diversion, or medication errors.

Lower Columbia College policy additionally requires the timely reporting of all accidents and injuries involving students, faculty, or staff.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
 - Facilitate program review of all incidents and near misses.
 - Report to the WABON in accordance with WAC requirements.
- Nursing Programs Faculty:
 - Triennial cyclic review of Policy and Procedures Manual
 - Participate in program review of all incidents and near misses.
- Faculty of Record:
 - Report and complete documentation for all incidents and near misses per the required timelines.
 - Ensure student and client safety, and appropriate communication with clinical agency staff following all incidents and near misses.
- LCC Environmental Health & Safety Director:
 - Follow up with Dean/NPD regarding any incidents involving accident or injury to a student, faculty, or staff member.
- Student: Read, seek clarification, and comply with

- o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
- o LCC academic policies and procedures ([LCC Student Handbook](#)).
- o Promptly report all incidents and near misses to the faculty of record (supervising faculty).

Supporting LCC Policies, Procedures, or Processes

- Administrative Policy, [Section 245: Workplace Safety](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)
- [Medication Administration by Student Nurses](#)

Policy and Procedures for Incident Reports and Tracking

Students

- Students are expected to report incidents, injuries, or events occurring in the clinical or laboratory setting to their instructor or lab personnel as soon as reasonably possible, prioritizing their own and the patient's safety as necessary.
- If the instructor is not immediately reachable (for students in preceptorship without direct faculty oversight), students should report the incident, injury, or event to the nursing program director as soon as reasonably possible.
- Students may be asked to assist their supervising faculty with the completion of a [Nursing Program Incident or Near Miss Report](#), which includes
 - o Incident date and time
 - o Incident type
 - o Name and contact information for student(s) involved
 - o Location of incident
 - o Associated course, hours of attendance for the day, clinical faculty, and preceptor (if applicable)
 - o Description of incident
 - o Patient status (if applicable)
 - o Facility reporting and response
 - o Analysis of contributing factors
 - o Additional information
 - o Faculty comments
 - o Signature of student(s) and supervising faculty (may be digital)
- The supervising nursing faculty or the nursing program director will facilitate completion of this report in collaboration with the involved student(s).
- Patient-identifying information should not be included in the report.
- A copy of this report will be placed in the student's file.

- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.
- Agency reporting and documentation guidelines must also be followed.
- All incidents, injuries, and events will be reviewed by the nursing program with the intent of determining cause and contributing factors, preventing future occurrences, facilitating student learning, and promoting program improvement.
- The LCC Nursing Program supports and promotes a just culture in its pursuit of patient, student, and faculty safety, and continuous program improvement (ANA, 2010).

Faculty

- For incidents, injuries, or events of concern occurring in the clinical or lab setting, clinical faculty are expected to notify the following personnel as soon as reasonably possible:
 - Course coordinator
 - Nursing program director
- As soon as reasonably possible, a [Nursing Program Incident or Near Miss Report](#) must be completed by the supervising faculty member in collaboration with the student who witnessed or experienced the incident, injury, or event.
 - The supervising faculty should ensure all sections of the report are completed, including the contributing factors and faculty comments sections.
- If the incident or event involves actual or potential patient harm, a [Student Practice Evaluation Tool \(SPEET\)](#) worksheet should also be completed before any individual actions related to the event.
 - Faculty are expected to utilize this tool to guide decisions around response to the event in consultation with the nursing program administrator.
 - See the nursing policy and procedure for guidance regarding coaching, remediation, and disciplinary actions in the Nursing Program Handbook.
 - Submit the completed SPEET worksheet with the incident report or to the nursing program director (as applicable).
- Refer to the [LCC Emergency Handbook](#) for procedures to address exposure to blood-borne pathogens or chemical spills occurring on campus. Follow agency policies and procedures at clinical sites.
- Refer the injured or exposed student as needed to emergency or occupational health services.
- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.

Dean of Instructional Programs/Nursing Program Director

- For any incident or event the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances, the dean of instructional programs/nursing program director will complete a [WABON Incident Report](#) within two (2) business days.
- The nursing program administrator will securely store student and faculty incident reports and related documents in accordance with the [LCC Nursing & Allied Health Programs Records Management Policy](#).

Program

- Accountability, open reporting, error prevention, and process improvement are facilitated by the use of the principles of “Just Culture.” Careful review of mistakes, errors, and “near misses” facilitates learning from such occurrences and identifies opportunities for process and system improvement. Human error and reckless behavior exist on a continuum of severity.
- With this in mind, the nursing faculty will review all incidents, injuries, and events of concern during the next available program business meeting using the [Nursing Program Incident Review](#) form:
 - Suspected causes and contributing factors
 - Corrective action taken
 - Remediation plan to facilitate student learning
 - Program improvement measures, if indicated
 - Additional comments may be added as needed

References

- American Nursing Association. (2010). [Position statement: Just culture.](#)
- North Carolina Board of Nursing (2020). [Just culture student practice event evaluation tool \(SPEET\).](#)
- [WAC 246-840-513](#): *Reporting and recordkeeping requirements for nursing education programs.*

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Lower Columbia College Nursing Programs

Policies & Procedures: Student Participation in Invasive and Non-Invasive Procedures

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning

Purpose of Policy

This policy aims to standardize processes for performing invasive and non-invasive procedures related to clinical skills on adult (peer) volunteers in designated skills or practicum courses. Nursing programs seek to foster a culture of physical and psychological safety in simulation-related activities. Kang et al. (2022) suggested that student safety guidelines should be established to maximize student learning and safety when practicing skills using peers as clients in laboratory settings.

Background Information

Healthcare students practicing procedures on fellow students can provide valuable benefits, including hands-on experience, increased confidence in performing skills, development of clinical reasoning, improved communication, fostering a collaborative learning environment, and allowing for immediate feedback in a safe and controlled setting. This can ultimately enhance student preparedness for real-world client care (Shibuya et al., 2024).

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director: Triennial cyclic review of *Policy and Procedures Manual*, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty: Biennial review of *Policy and Procedures Manual*
- Faculty of Record:
 - Review student preparedness for procedure(s), including completion of informed consent documentation for invasive procedures.
 - Directly supervise the performance of invasive procedure(s).
- Student: Read and seek clarification of
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, and Processes

- Administrative Policy, [Section 245: Workplace Safety](#).
- Administrative Policy, [Section 320: Use of Human Subjects](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Related LCC Nursing Programs Policies and Procedures

- [Informed Consent for Invasive Procedures: CBG Sampling](#)
- Informed Consent for Invasive Procedures: Peripheral Venipuncture and Cannulation
- [Clinical Practice Expectations](#)
- [Incident Reporting & Tracking](#)
- [Professional Behavior](#)

Policy and Procedures for Student Participation in Invasive and Non-Invasive Procedures

Policy Statement:

The LCC Nursing Programs emphasize student and patient safety, as well as competency development in all skills practiced in lab settings. Students may practice new skills on high- or low-fidelity simulators (manikins) or skill trainers. Additionally, students may be asked to act as the client for another student during selected non-invasive skills, such as physical assessment. Once students have demonstrated competency in specific invasive skills, they have the opportunity to perform that skill under direct faculty supervision with another student acting as the client (capillary blood glucose sample collection, peripheral intravenous catheter insertion).

Skills Practice (Non-Invasive Procedures):

Throughout the associate degree nursing program, students will learn and have the opportunity to practice new skills in the lab setting. Practice is intended to prepare students for client care. Some commonly performed skills require peer or faculty verification of competency (passing a skills test) before proceeding to client care:

- Vital signs
- Adult “head-to-toe” assessment
- Medication preparation and administration
- Subcutaneous insulin preparation and injection
- Intramuscular injection
- Sterile dressing change
- Nasogastric tube insertion
- Tracheostomy suctioning
- Foley and straight catheter insertion, Foley catheter removal, and urine specimen collection
- Peripheral intravenous catheter insertion
- Infant intramuscular injection
- Mother-baby assessment
- Central venous access device care - flush, dressing change
- Intravenous medication administration - direct injection

While some skills will be practiced and competency validations performed on simulated humans or task trainers (such as simulated arms for IV catheter insertion), others will require the participation of a live human in the role of a simulated client.

Student Participation as Client in Non-Invasive Procedures:

Students will engage in simulated non-invasive procedures, including physical assessments, psychomotor skills practice (e.g., transfers, vital sign measurements, and other activities of daily living

[ADLs]), and injection landmark identification to develop essential clinical competencies. Participating as a client in these simulations provides valuable experiential learning, fostering empathy and understanding of the client's perspective.

- Student participation as a client for any procedure is voluntary. Students have the right to decline participation in any aspect of these activities without academic penalty. Faculty encourage students to communicate their comfort levels and concerns to promote a safe and effective learning environment.
- All simulated assessments will be conducted over clothing. Special care should be taken to respect student modesty and comfort. Assessment around the breasts, genitalia, and buttocks will be avoided.
- Students are not required to disclose personal health information during simulated health history assessments. All participating students must keep any personal identifying information (PII) shared during simulated activities confidential.
- Students experiencing any emotional distress related to these activities are encouraged to seek support from faculty or student counseling services.
- Faculty will provide clear instructions and demonstrations of all procedures, emphasizing the importance of student autonomy and respect for individual boundaries. Faculty will monitor student interactions to ensure adherence to this policy. Faculty will also work with students to identify alternative teaching and learning methods for those who opt out of client participation.
- Students must participate in the peer-to-peer or equivalent alternative activity to meet the learning objectives.

Student Participation in Invasive Procedures:

At the discretion of the nursing faculty, associate degree nursing students may be provided supervised learning opportunities in laboratory environments:

- Capillary blood sampling (NURS 160/161) to include **one piercing** of the skin of the finger with a sterile lancet to obtain capillary blood specimens. The supervised procedure will consist of locating an appropriate site, cleansing the skin per protocol, and piercing the skin with a lancet for capillary blood sampling.
- Peripheral intravenous cannulation (NURS 163) to include **one** venipuncture and subsequent cannulation (IV start attempt) performed by a nursing student under the direct supervision of the nursing faculty. The supervised procedure will consist of locating an appropriate site, cleansing the skin per protocol, and piercing the skin, underlying subcutaneous tissue, and the vein wall for venipuncture. The IV catheter will be threaded into the vein and then immediately removed. Nothing is to be administered into or drawn out of the cannulated vein.

Students are expected to follow safety protocols when performing invasive procedures and to adhere to LCC policies and procedures. While performing an invasive procedure, students will be directly supervised by a nursing faculty member who has had the opportunity to review the protocols, consents, and procedures.

Procedure:

1. Participation in invasive skills is voluntary and requires direct, in-person supervision by an LCC nursing faculty member.

2. These are reciprocal peer-to-peer procedures. A pair of students act as the nurse and the client, then switch roles.
3. Students will review the selected competency with the faculty member before performing the procedure. A competency review includes, but is not limited to
 - a. student knowledge and practice of proper asepsis for the procedure(s), and safe disposal of sharps, blood and body fluids, and contaminated supplies and equipment
 - a. identification of indications, contraindications, and potential complications of the chosen procedure
 - a. evidence of successful completion of associated skills testing before performing the procedure
 - a. practice session immediately before performing the skill on a live subject.
2. Written informed consent by a live human subject is given to the supervising faculty member.
 - a. Supervising faculty must witness signatures on consent forms after reviewing the consent process with both the student and volunteer.
 - a. The review includes the ethical considerations for volunteers and provides information about the procedure, including contraindications and potential complications.
2. Invasive procedures are limited to one attempt per procedure.
3. Sterile supplies for supervised invasive procedures will be provided by nursing faculty from lab stock. ***Under no circumstances are Skill Practice Kit supplies to be used for peer-to-peer procedures.***

References:

- Kang, Y., Choi, D., & Park, S. (2022). [Experiences of nursing instructors related to safety issues using students as practice models in laboratories: A focus group study](#). *International Journal of Environmental Research and Public Health*, 19(24), 17081.
- Shibuya, H., Saito, A., Mugiyama, M., Yamaji, N., Eto, C., & Shibuya, S. (2024). [Education programs for invasive procedures involving nurses: A scoping review](#). *Open Journal of Nursing*, 14(5), 200-224.

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Lower Columbia College Nursing Programs

Policies & Procedures: Medication Administration by Nursing Students

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, and RN to BSN

Purpose of Policy

Safety and accuracy are of utmost importance in the administration of medication by student nurses. The following policies and procedures are in place to ensure the safe and accurate administration of medication.

Background Information

The safe and accurate administration of medications constitutes a fundamental aspect of clinical nursing practice and is paramount to the provision of comprehensive care. Lower Columbia College Nursing Programs embrace this principle, underpinned by a steadfast commitment to foundational elements of quality, safety, and value in healthcare delivery. These elements are woven throughout the curriculum and clinical practice to ensure the highest standards in safe and effective person-centered care.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Supervise students in preparing and administering medications in the clinical setting.
 - Ensure that related dosage calculations and skill competencies have been met before students are permitted to administer medications in the clinical setting.
- Proctor/Preceptor:
 - When delegated by nursing program faculty, ensure that students demonstrate competency in preparing and administering medications in the clinical setting.
 - Report any deviations from policy or procedures to faculty/faculty liaison as soon as reasonably possible.
- Student: Read and seek clarification of
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

- Administrative Policy [Section 240: Alcohol & Drug-Free Workplace](#)
- LCC Student Handbook:

- o [Code of Student Conduct](#)
- o Federal Drug-Free Schools and Communities Act
- Administrative Policy, [Section 245: Workplace Safety](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)
- [Incident Reporting & Tracking](#)
- [Student Withdrawal, Dismissal & Re-entry](#)

Policy and Procedures for Medication Administration

Students enrolled in clinical-based courses (practicum, field experience) in the LCC Nursing Program are required to practice within the scope of the clinical curriculum and under the supervision of an

- LCC nursing faculty
- Assigned preceptor
- Designated proctor

Student nurses will receive instruction on the correct procedures for administering medication via various routes, using medication delivery devices, ensuring medication safety, calculating dosages, and meeting expectations regarding medication knowledge. Students will have opportunities to practice medication administration skills and related activities and must demonstrate competency before being allowed to administer medications in the clinical setting.

LCC nursing faculty, an assigned preceptor, or a designated proctor will supervise medication administration. A preceptor or proctor must be a licensed nurse. The supervision required for medication administration may vary from intensive guidance to oversight based on the faculty's appraisal of a student's abilities and experience.

Medication Administration

In specific nursing skills and practicum courses, students will receive instruction on medication administration (including oral, topical, rectal, intradermal, subcutaneous, intramuscular, and intravenous routes) and be provided with practice opportunities. They must complete a simulated experience/skills test before being allowed to administer medications in the clinical setting. Students will receive instruction on calculating dosage, be given practice opportunities, and must demonstrate competency to progress in the program and administer medications in practicum courses.

Student instruction on medication administration will include, but is not limited to:

1. Correct reading and interpretation of medication orders.
2. Safe medication administration protocols, including
 - a. ensuring the **right** patient,
 - a. the **right** medication,
 - a. at the **right** dose,
 - a. at the **right** time,
 - a. by the **right** ordered route,

- a. and documenting **correctly**.
- 2. Routes of medication administration, including the nursing judgment required to safely implement the routes of medication administration.
- 3. Crushing oral medications and the contraindications.
- 4. Safe use of Automated Drug Delivery Devices (ADDDs) and other medication dispensing systems.
- 5. Accurate dosage calculation.
- 6. Requirements for administering controlled substances.
- 7. Destroying/wasting medications.
- 8. Monitoring for and reporting drug diversion.
- 9. Reporting drug errors and/or near misses (see the [LCC Nursing Programs Incident Reporting and Tracking Policy and Procedure](#)).

Evaluation of Medication Administration Competency

- 1. Students will be evaluated during each practicum course to assess their competency in medication administration, which encompasses operational knowledge of pharmacology, medication administration techniques, and safe dosage calculation.
- 2. Before clinical site access in each practicum course, students must pass a dosage calculation exam (skill verification).
 - a. Students may not administer medications in the clinical setting until they have passed the clinical course examination.
 - a. Students must achieve a score of 90% or higher to pass the exam successfully.
 - a. Students have a maximum of three attempts to pass the exam successfully.
 - a. Students who do not successfully pass the dosage calculation within three attempts will not be permitted clinical site access and are not eligible to continue in the nursing program pathway. Students are eligible to request program re-entry per the [LCC Nursing Programs Withdrawal, Dismissal & Re-entry Policy & Procedures](#).

Requirements and Restrictions that Apply to All Nursing Students

- 1. Communication and order transmission restrictions. Nursing students are **NOT** permitted to:
 - a. Take provider orders/prescriptions.
 - a. Transcribe provider orders/prescriptions.
 - a. Communicate medication orders/prescriptions to the pharmacy.
- 2. Each dose of medication will be administered per the Rights of Medication Administration (as described on page 1 - items 2, a-f).
- 3. Documentation of the administered dose will be performed in accordance with agency-specific policies, procedures, and protocols.
- 4. A faculty member or supervising nurse (proctor or preceptor) must discuss parameters of the medication with the student before a student administers medication, including: purpose, mechanism of action, and nursing considerations.
- 5. Students are **NOT** permitted to:
 - a. Discontinue a patient-controlled analgesia (PCA) or patient-controlled epidural analgesia (PCEA) infusion.
 - a. Cosign/witness controlled medication shift count or dose wastage.

- a. Administer, witness, or cosign for blood products. Students may participate in monitoring the client receiving blood products.
- a. Confirm, release, or acknowledge medication orders/prescriptions in the electronic medication record (EMR).
- a. Administer medications that are not confirmed, released, or acknowledged in the EMR.
- a. Administer chemotherapy or experimental medications/treatments.
- a. Administer conscious/procedural sedation or assume monitoring responsibility for clients undergoing conscious/procedural sedation.
- a. Administer or adjust/titrate medications that require advanced training (e.g., medications that are restricted to critical care areas, emergency department), including but not limited to:
 - . Sodium chloride with a concentration higher than 0.9% (normal saline)
 - . adenosine
 - . amiodarone
 - . atropine
 - . dopamine
 - . epinephrine
 - . lidocaine (except for topical ointments, transdermal patches)
 - . magnesium sulfate
 - . pitocin
 - . procainamide
 - . sotalol
 - . thrombolytics (i.e., tissue plasminogen activator or TPA)
 - . vasopressin
- a. Administer medications via an epidural or spinal catheter.
- a. Provide any agency policy required peer check (e.g., those requiring a second licensed nurse verification).
- 2. Administration of intravenous or injectable anticoagulants is calculated with an RN who checks and co-signs.
- 3. Administration of all forms of insulin (subcutaneous, intravenous push, intravenous infusion) is calculated and prepared with direct RN supervision throughout.

ADDDs

Students will complete training on ADDDs before using them in the practicum setting. This training may be completed in the skills lab or the clinical/practicum facility. Students will receive on-site orientation to agency-specific ADDDs by a licensed nurse (instructor, preceptor, or designee). The student will be supervised by the clinical faculty when using the ADDD. Once the faculty has established the student's competence, the student may be allowed to access the ADDD while supervised by a designated preceptor or proctor. "Competence" includes, but is not limited to:

1. Log in to ADDD
2. Identify the correct client
3. Accurately select medications to be given
4. Secure ADDD when complete
5. Follow Rights of Medication Administration (as described on page 1 - items 2, a-f)
6. Demonstrate agency-specific inventory control measures (wasting medications)

Reporting and Documentation of Student Medication Errors, Near Misses, and Alleged Diversion

All student medication errors, “near misses” that present an unreasonable risk of patient harm, and alleged drug diversion will be documented on the appropriate [LCC Nursing Programs Incident or Near Miss Report](#) form by the student and/or supervising clinical instructor. This completed form must be submitted to the dean of instruction/nursing programs director (dean/NPD) as soon as reasonably possible and within 24 hours of the incident. The dean/NPD will maintain a log of all incidents, and is responsible for reporting events the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances to the Washington State Board of Nursing (WABON) within two (2) business days, per [WAC 246-840-513](#). Additionally, clinical agency-required incident reports will be completed by the student/faculty per the agency policy. See also the [Nursing Programs Policy & Procedure for Incident Reporting and Tracking](#).

Nursing Program Review of Medication Errors, Near Misses, Drug Diversion

Accountability, open reporting, error prevention, and process improvement are facilitated by the use of the principles of “Just Culture.” Careful review of mistakes, errors, and “near misses” facilitates learning from such occurrences and identifies opportunities for process and system improvement. Human error and reckless behavior exist on a continuum of severity. With this in mind, incidents will be reviewed by the nursing programs with the intent of:

1. Determining the cause and contributing factors of the incident (root cause analysis)
2. Preventing future occurrences
3. Facilitating student learning
4. Program improvement

The nursing program utilizes the North Carolina Board of Nursing’s [Student Practice Evaluation Tool \(SPEET\)](#) in its review of student practice events resulting in actual or potential harm to the patient. The [Nursing Program Incident Review](#) form will be used for program review of incidents for root cause analysis and program improvement. Nursing program responses to medication administration errors or alleged drug diversion will vary based on the circumstances surrounding the incident and may range from remediation to disciplinary actions. Disciplinary actions may include dismissal from the program for a student who recklessly disregards patient safety or has an incident of confirmed drug diversion.

References

- North Carolina Board of Nursing (2020). [Just culture student practice event evaluation tool \(SPEET\)](#).
- Olympic College Nursing Program. (2021). *VL-BSN pathway phase II application*.
- [WAC 246-840-513](#): *Reporting and recordkeeping requirements for nursing education programs*.
- [WAC 246-840-522](#): *Additional student requirements for RN to BSN and graduate nursing education programs*.

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Lower Columbia College Nursing Programs

Policies & Procedures: Nursing Preceptors

Pathway(s) Included

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

To provide parameters around the use of nursing preceptors to enhance clinical-based learning during the final quarter of all AN-DTA/MRP program options (NURS 248 and NURS 263), as well as the RN to BSN field experience course (NURS 430).

Background Information

Nursing preceptors are experienced nurses who mentor and monitor nursing students during practicum and field experiences. The preceptor's role includes providing guidance in the designated clinical setting and offering timely formative feedback that is congruent with the expected course outcomes. While the preceptor provides input regarding the evaluation of student performance, the faculty liaison (overseeing faculty) ultimately determines the course grade using the appropriate evaluation tool. See also the [LCC Nursing Programs Clinical Performance Expectations](#) policy and procedure regarding evaluation of clinical performance.

Preceptors will be evaluated per the AN-DTA/MRP Program Systematic Plan of Evaluation (SPE), in compliance with [ACEN Criterion 2.9](#), and the RN to BSN SPE in compliance with [CCNE Key Element II-G](#).

This policy and procedure are congruent with [WAC 246-840-533](#): *Nursing preceptors, interdisciplinary preceptors, and proctors in clinical practice settings for nursing students located in Washington state*.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Facilitate triennial cyclic review of Nursing Education Unit (NEU) Policies and Procedures, including review for alignment between the policies of the NEU and LCC administrative and board policies.
- Nursing Programs Faculty: Participate in triennial cyclic review of NEU Policy and Procedures.
- Faculty Liaison:
 - Ensure students and assigned unit personnel (RN preceptors) have access to required information.
 - Communicate with preceptors and students regarding preceptorship requirements (meetings, data collection, questions, and concerns) promptly to ensure compliance with regulatory, safety, and accreditation standards.
 - Ensure all required documentation is completed on time.
- Preceptor:

- o Communicate with faculty and students regarding preceptorship requirements (meetings, data collection) promptly to ensure compliance with related regulatory standards.
- o Participate in required meetings (beginning, midpoint, and end of experience).
- o Read and seek clarification of the [Preceptor Manual](#) and course syllabus.
- Student: Read, seek clarification of, and comply with:
 - o Restrictions to the student's scope of practice.
 - o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - o LCC academic policies and procedures ([LCC Student Handbook](#)).

Students, nursing program faculty, clinical preceptors, assistant program directors, dean of instructional programs/nursing programs director.

Supporting LCC Policies, Procedures, or Processes

- [Co-operative education](#)

Related Nursing Program Policies and Procedures

- [Clinical Performance Expectations](#)

Policy and Procedures for Nursing Preceptors

A nurse preceptor must have a current, unencumbered registered nurse license in the state where the preceptorship is taking place. The nurse preceptor must also be employed at the facility where the preceptorship is occurring. The preceptor:

- Will have at least one year of clinical or practice experience as a registered nurse.
- Is not a member of the student's immediate family.
- Does not have any known financial, business, or professional relationship that conflicts with the proper execution of preceptor duties to supervise and evaluate the student impartially.
- Will not act as a preceptor for more than two students at any one time.

A faculty liaison will be assigned for each precepted clinical or field experience course, at a ratio not exceeding 15 students per faculty liaison. The faculty liaison will orient the preceptor to the course and its student learning objectives before the preceptorship begins. This is facilitated through the LCC Nursing Programs [Preceptor Manual](#). Orientation will also include the written role expectations of the faculty liaison, preceptor, and student. The faculty liaison is responsible for overall supervision and evaluation of the student and will confer with the preceptor and student at least once during the beginning, midpoint, and end of the preceptorship experience.

Potential preceptor placements are determined by the LCC Clinical Placement Coordinator, who uses the clinical placement grids and inquires with various agencies. These are communicated to the faculty liaison, who creates a preliminary student/preceptor placement plan. Preceptors are requested from the units/agencies based on the initial placement plan. Agencies select preceptors and notify the LCC Clinical Placement Coordinator. The faculty liaison confirms or modifies the student placement plan as needed based on preceptor availability. Agency criteria for preceptor selection are reviewed every two years to ensure they comply with the WAC and LCC criteria.

Once preceptor assignments are received, qualifications will be monitored by the nursing program each quarter. Before working with the assigned student, each preceptor will be instructed to fill out a form including their attestation to all of the above qualifications. The corresponding data will be stored in a shared Google Drive, with access limited to the dean/NPD, faculty liaisons for preceptorship, and the healthcare programs coordinator. The faculty liaison(s) will verify RN licensure via online provider credential search with the appropriate regulatory body and note this in the same spreadsheet for the current quarter. If a license expires within the current quarter, the faculty liaison will check again on or before the expiration date to verify continued licensure.

Preceptors are oriented to their role, mentored, and monitored by the faculty liaison. Clinical agencies may require and offer additional on-site preceptor orientation. The nursing program's orientation process includes providing an orientation packet at the beginning of the preceptorship.

The preceptor orientation packet includes:

- Preceptor letter, including faculty liaison contact information, instructions, and access to the required acknowledgment form
- Student scope of practice policy
- Preceptor evaluation tool/rubric
- Preceptor orientation manual
 - Preceptor role & responsibilities
 - Student role & responsibilities
 - Faculty Liaison role & responsibilities
 - Student learning outcomes
 - Copy of the Practicum Evaluation Tool
 - Information to facilitate working with adult learners

The faculty liaison initiates contact with the preceptor at the beginning, midpoint, and end of the experience. The liaison is available for consultation as needed for the student and the preceptor. The faculty liaison will track each contact with the preceptor and/or student in the Contact Log located within the Practicum Evaluation Tool (stored by cohort in the shared Nursing Student Practicum Evaluations Google Drive). Meetings may take place in-person or virtually to maximize convenience for all parties. Regardless of the modality, meetings at the beginning, midpoint, and end of the experience must include all three parties: the student, preceptor, and faculty liaison.

The preceptor's role includes providing timely and regular feedback to the student. Concerns should be addressed early to give the student ample opportunity to meet learning objectives. At the conclusion of the experience, the preceptor completes the appropriate Preceptor Evaluation Tool/Rubric and reviews this with the student (this may be part of the "end of experience" meeting that includes the faculty liaison). The faculty liaison collects the completed evaluation tool and is responsible for the final evaluation of the student (using the appropriate practicum or field experience evaluation tool) and course grade.

At the conclusion of the experience, the student will evaluate the preceptor and the preceptorship using the specified form. The evaluations are reviewed by the faculty liaison, shared with site managers, and discussed at a subsequent nursing program meeting to determine the effectiveness of each preceptor. The faculty liaison will work with the clinical agency to share student preceptor feedback and discuss concerns.

References

- Accreditation Commission for Education in Nursing. (2023). [2023 standards & criteria](#).
- Commission for Collegiate Nursing Education. (2024). [Standards for accreditation of baccalaureate and graduate nursing programs](#): Amended 2024.
- [WAC 246-840-533](#) (rev. 2022). *Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state.*

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Contributor(s): Tamara Norton

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Lower Columbia College Nursing Programs

Policies & Procedures: Performance Evaluation

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of this policy/procedure is to define the LCC Nursing Programs' student performance evaluation processes.

Background Information

Student practicum and fieldwork performance criteria and evaluation tools/rubrics are developed utilizing competencies drawn from the mission, vision, and values of the LCC Nursing Programs; end-of-program student learning outcomes (EPSLOs); course learning outcomes (CLOs); and relevant professional, regulatory, and ethical frameworks:

- [*The essentials: Core competencies for professional nursing education*](#) (American Association of Colleges of Nursing [AACN], 2021)
- All AN-DTA/MRP options: [*Quality and Safety in Education for Nursing \(QSEN\) Pre-licensure competencies*](#) (QSEN Institute, 2007)
- Nursing education program requirements per the Washington State Board of Nursing (WABON) outlined in the following WACs:
 - o All approved nursing education programs: [WAC 246-840-531](#)
 - o Pre-licensure RN education programs: [WAC 246-840-541](#)
 - o RN to BSN programs: [WAC 246-840-542](#).
- [*Nursing: Scope and standards of practice*](#) (4th ed.; American Nurses Association [ANA], 2021)
- [*Code of ethics for nurses*](#). (ANA, 2025)

The nursing programs are also committed to incorporating equitable teaching and learning practices, including transparent methods articulated by the [*Transparency in Learning and Teaching Project*](#) (TILT, 2023).

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - o Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty:
 - o Triennial cyclic review of Policy and Procedures Manual.
- Faculty of Record:
 - o Communicate clear expectations to students about how their performance will be assessed and evaluated.

- o Provide formative and summative feedback to students regarding their performance using the established tools.
- Student: Read, seek clarification, and comply with
 - o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - o LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

- [Student Academic Rights and Responsibilities](#)

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)
- [Nursing Student Rights and Responsibilities](#)

Policy and Procedures for Student Performance Evaluation

Faculty Role in Performance Evaluation

- Performance evaluation tools/rubrics are provided in materials available to students at the start of each practicum/field experience course:
 - o [AN-DTA/MRP Practicum Evaluation Tools](#)
 - o [RN to BSN Field Experience Evaluation Tool](#)
- The degree of student achievement in meeting the practice standards and learning outcomes necessary to provide quality, safe, and effective care is scored utilizing the performance evaluation tools/rubrics.
- Performance criteria include cognitive, affective, and psychomotor domains of learning.
- The student's performance will be measured by criterion-referenced standards noted in the performance evaluation tools/rubrics. Critical performance behaviors and related skills have been defined for each level of all programs.
- The practicum/field experience faculty retains the role of evaluating student clinical performance. When the student is in a precepted experience, the faculty supervisor may seek input from the preceptor regarding the student's performance but retains ultimate responsibility for evaluating student performance in meeting clinical/fieldwork learning outcomes ([WAC 246-840-533](#)).
- The clinical/fieldwork faculty is responsible for gathering and judging performance data. The faculty seeks to observe and measure student performance during practicum/field experiences. In addition, the faculty uses heuristic tools such as care mapping/planning, preparation worksheets, student discussions, student journal reflections, and student nursing documentation to identify progress in making clinical judgments.

Student's Role in Performance Evaluation

- The role of the student in evaluation is to promote an evaluative relationship with the practicum/field experience faculty.
- The student will seek opportunities to invite the practicum/field experience faculty to observe performance and to provide information regarding individual, family, and population care as appropriate for the student's scope and the learning objectives.

- The student will submit completed practicum/field experience assignments on time, including journal reflections and nursing documentation.
- The student will critically review the student's own performance and incorporate faculty feedback into future practicum/field experiences.
- Students must achieve clinical/fieldwork performance evaluation competency by meeting each course-defined clinical/fieldwork **critical** behavior and attain the BSN program-defined minimum clinical/fieldwork performance evaluation grade to progress in the program.

Performance Evaluation Conference

(including mid-term meetings where appropriate for students in all AN-DTA/MRP options):

- A practicum/field experience performance evaluation conference will be scheduled between the student and practicum/field experience faculty upon the completion of the practicum/field experience.
- The student will bring a completed self-evaluation to the conference, which includes supportive evidence of their self-ratings.
- The student may request a copy of the midpoint and/or final practicum/field experience performance evaluation. If requested, a copy will be provided by the course faculty.

Simulation Evaluation

- Expectations of students in the simulation setting (either CSim or VSim) are described in the [Nursing Programs Simulation Handbook](#).
- Simulation experiences associated with practicum/field experience courses are a required component of the course.
- Simulation participation will be taken into consideration in the final clinical/fieldwork course performance evaluation.

References

- American Association of Colleges of Nursing. (2021). [*The essentials: Core competencies for professional nursing education*](#).
- American Nurses Association. (2025). [*Code of ethics for nurses*](#).
- American Nurses Association. (2021). [*Scope of practice*](#).
- [*Lower Columbia College Nursing Programs Simulation Handbook*](#)
- Olympic College VL to BSN. (2021). *Phase II Application*.
- Quality and Safety Education for Nurses Institute. (2007). [*QSEN competencies*](#).
- [WAC 246-840-531](#). *Clinical and practice experiences for students in approved nursing education programs.*
- [WAC 246-840-533](#). *Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state.*
- [WAC 246-840-541](#). *Curriculum for pre-licensure registered nursing education programs.*
- [WAC 246-840-542](#). *Curriculum for registered nurse to bachelor's or master's in nursing education programs.*

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Lower Columbia College Nursing Programs

Policies & Procedures: Professional Behavior

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of the professional behavior policy is to provide standards for professional behaviors that are appropriate for the healthcare workplace and associated activities for professional nursing practice.

Background Information

According to [WAC 246-840-519](#), nurse education programs shall hold students accountable for professional behavior. Professionalism is a cornerstone of a successful academic program, just as it is a cornerstone of integrity and compassion in the delivery of healthcare and building collegial and conscientious interprofessional teams. It is a key component of the American Association of Colleges of Nursing's [Essentials: Core Competencies for Professional Nursing Education](#). The Essentials Domains and Concepts of Competent Practice guide the curriculum of the RN to BSN program at LCC, as does the [Code of Ethics for Nurses](#) (American Nurses Association, 2015).

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, it is expected that every student adheres to these standards and maintains a high standard of civil, respectful, and professional conduct in all academic and clinical interactions. Professional behavior is required for progression in all nursing pathways.

Person/Persons Responsible for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Ensure adherence to testing policies and procedures when scheduling, proctoring, and reviewing nursing course exams.
- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Students, faculty, assistant RN to BSN program director, dean of instructional programs/nursing programs director

Supporting LCC Policies, Procedures, or Processes

- [Lower Columbia College Student Handbook](#)
 - [Academic Dishonesty](#)
 - [Code of Student Conduct](#)

Related LCC Nursing Programs Policies & Procedures

- [Performance and Accountability Review Procedure](#)

Policies and Procedures for Professional Behavior

Fundamental attributes of ethical and professional behavior include but are not limited to honesty, integrity, and civility, as well as a demonstrated desire to learn, respect for the academic process, concern for the welfare of patients and their families, commitment to patient confidentiality, respect for the rights of others, emotional maturity, and self-discipline. Since the development of ethical and professional behavior is an integral part of nursing education, demonstrating such conduct during the professional educational program is an academic matter.

Expected professional behaviors include punctuality, respectful communication, honesty, accountability, and treating others with respect at all times in all settings. Professional behavior also requires an awareness of the impact of one's own behaviors, a commitment to honesty and accuracy in communication, openness, flexibility, and understanding of the thoughts, feelings, and needs of others.

Academic Integrity

Academic honesty is expected in all courses without exception. Any act of academic dishonesty is prohibited and subject to discipline. Please see Academic Dishonesty in the [LCC Student Handbook](#) for details about how academic dishonesty is addressed at LCC. Because of the high ethical and moral expectations of nurses in practice, the nursing program has zero tolerance for academic dishonesty. Sanctions may include a significantly lowered or failing grade on the assignment, a failing grade in the course, or dismissal from the program. Acts of academic dishonesty include (but are not limited to) cheating, falsification, plagiarism, and fabrication.

- Cheating includes any attempt to use, give, or obtain unauthorized assistance relating to the completion of an academic assignment. Examples of cheating include, but are not limited to, obtaining information about the contents of exams from internet resources or classmates, utilizing artificial intelligence (AI) to complete written assignments without authorization, or otherwise gaining unauthorized assistance.
- Plagiarism includes using as one's own, without proper attribution, the ideas, writings, or work of another person in completing an academic assignment. Plagiarism may involve failing to properly attribute not only direct quotations, but also failing to cite paraphrased information, or resubmitting your own previously completed work as new work without permission.
- Fabrication includes falsifying data, information, or citations in completing an academic assignment and includes providing false or deceptive information to an instructor concerning the completion of an assignment. In nursing, falsification may also include documenting care that did not occur or assessment data that is not accurate (or was not actually collected).

Per LCC policy, all instances of academic dishonesty will be reported to the Vice President of Student Success. No student shall be allowed to withdraw from a course or from the college to avoid the

consequences of academic dishonesty. The instructor will notify the student of any suspected academic dishonesty and then inform the dean, in accordance with the [LCC Academic Dishonesty](#) policies and procedures. The faculty member is also required to submit an Academic Dishonesty report through the college's [Make a Report](#) page.

Civility

All LCC Nursing Programs seek to align with the civility and inclusivity called for by the National League for Nursing (NLN, 2018) in cultivating healthy learning and work environments. Civility is personal conduct that includes polite, reasonable and respectful behavior towards others. This includes honoring one's personal values while simultaneously listening to and respecting divergent points of view. Civility facilitates mutual respect, effective communication, and positive productive relationships. In the educational setting and the workplace, civility is demonstrated by actively listening to others, accountability for one's actions, showing respectful behavior toward others, and making other individuals feel valued.

Incivility is rude, disruptive, or threatening behaviors that may result in distress for others. Discourteous behaviors that display disregard for others are considered uncivilized as well as unsafe. Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from a patient care, classroom, or lab setting. Students are responsible for their conduct. Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from a patient care, classroom, or lab setting. Repeated or egregious violation of civility expectations or the LCC Code of Student Conduct may result in dismissal from the nursing program and/or the college.

Classroom (in-person and virtual) Conduct

All communication with faculty and other students should always be respectful. The following are expected behaviors that support the teaching/learning environment:

- Arrive on time for scheduled class times or appointments, whether in-person or online. Notify the faculty member in the event of tardiness or absence prior to the class or appointment.
- Students who are disruptive or disrespectful may be asked to leave the classroom.
- Behaviors considered disruptive, unruly, or that interfere with the ability of the professor to teach may include, but are not limited to, intimidating behavior, persistent arguing, refusal to comply with a direct request, yelling in class, gross, lewd, or offensive behavior or gestures.
- Online conduct reflects the same requirements as classroom conduct. Courtesy, politeness, and good manners must be used when students and faculty are involved in online educational discourse; the same as if the interaction were to take place in person. Behavior must be responsible and caring toward others. Certain issues are specific to online education. For instance, written or audio discussion and email are expected to have the same level of civility as an on-site classroom situation. Students must refrain from disruptive behavior with verbal or written side conversation or background noise when connected to a live online class. The written communication for online learning deserves the same amount of formality and respect as face-to face communication.

Communication

All communication, via any modality, should be respectful and adhere to professional standards. Face-to-face and phone communication must be civil and use a professional level of courtesy, politeness, and good manners. Email is a rapid and efficient form of communication. Those receiving an email cannot always understand the sender's intended tone or the context of the communication. Care should be taken to avoid unintended misinterpretations. Emails should be responded to promptly; this can be accomplished by checking your official LCC account frequently. Students may expect that email communication will be addressed within 2 business days and the same should hold true for email communications requiring a response from the student. The content of email communication must be respectful and courteous and in a writing style appropriate for the business and/or educational environment.

Professional Integrity

Professional nursing practice carries with it an expectation of integrity, which may also be defined as honesty, accountability, and doing the right thing. In order to promote and uphold behaviors that align with the integrity expected in nursing practice, students are expected to be aware of and adhere to the nursing *Code of Ethics* (ANA, 2015). Activities such as maintaining patient confidentiality and privacy, consistently demonstrating professional and ethical conduct, and recognizing when it is necessary to report the unethical conduct of others. Students should be aware of actions or situations that could potentially create conflicts of interest. Students are expected to familiarize themselves with the rules and regulations that govern their practice, and apply them in a fair and consistent manner, free from biases.

The Washington State Nurse Practice Acts are included in the RN to BSN Program Handbook and include Revised Code of Washington (RCW) [Chapter 18.79](#) and Washington Administrative Code (WAC) [Chapter 246-840](#).

Social Media and Technology

To comply with HIPAA and protect confidentiality, students may not use personal electronic devices (cell phones, tablets, or other devices), to transmit, copy, photograph or download any patient/client information at or from any location. No photographs are to be taken in the clinical setting. Posting any patient/client information on Facebook, X (formerly known as Twitter), email, or other social media is prohibited. Violation of this policy may result in a failing grade and dismissal from the nursing program. Students must comply with clinical agency and federal policies on the use of social media as it relates to patients/clients as well. Nurses face risks when social media is used inappropriately. Results of this may include disciplinary action by the state board of nursing, loss of employment, as well as legal action (ANA, 2022; National Council of State Boards of Nursing, 2011).

Performance and Accountability Review and Performance Improvement Plan (PIP)

Depending on the nature and severity of any below-standard or unprofessional conduct, ramifications range from a verbal warning to immediate removal from the program. The [Performance and Accountability Review Procedure](#) is followed to address such issues. The Performance Improvement Plan is a potential outcome of the Performance and Accountability Review. The PIP is used to document student behavior or performance concerns in any learning environment within the LCC Nursing Programs (online, classroom, lab, or clinical settings). It may be used to develop a

collaborative **Student Success Plan** (or coaching plan) to address substandard practices and behaviors that may negatively affect student success. It may also serve as a formal **Statement of Concern** (or behavior contract) for more serious or persistent issues of unprofessional behavior or unsatisfactory performance. Either type of plan will be reviewed with the student with the intent of providing clear expectations, documenting the area of concern, and identifying strategies for success.

Depending on the severity of a student conduct or safety concern, immediate dismissal from class or clinical may be the outcome, whether or not a success plan has been initiated. For example, behaviors that jeopardize safety or cause harm to self or others may require immediate dismissal from the setting.

References:

- American Nurses Association. (2022). *Social media*. <https://www.nursingworld.org/social/>
- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>
- [*Lower Columbia College Nursing Program Handbook*](#)
- National Council of State Boards of Nursing. (2011, August). *White Paper: A nurse's guide to the use of social media*. Chicago, IL: Author.
- [WAC 246-840-519](#). *Student requirements in all approved nursing education programs*.

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Contributor(s): Merry Bond

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Lower Columbia College Healthcare Programs

Policies & Procedures: Record Keeping and Systems

Pathway(s) Included

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN, and MEDA COP and AAS(-T) options.

Purpose of Policy

The purpose of student record keeping is to maintain both public and protected records in a way that is compliant with both Federal law (FERPA, HIPAA) and State requirements (RCWs and WACs guiding community college and healthcare education programs).

Background Information

According to [WAC 246-840-519](#), nursing education programs approved in Washington state are required to maintain student record-keeping and systems in accordance with an established policy shared with students. All program-related records for all nursing programs and options must be managed in compliance with Washington state and Federal guidelines. State-required records are retained per the Community and Technical Colleges Records Retention Schedule, while Federal compliance records follow the Federal Records Management General Records Schedule.

Specific guidelines apply to Nursing Assistant Programs and student information, as outlined in [WAC 246-841A-455](#).

Medical Assisting Program course records must be maintained in accordance with specialized accreditation standards to ensure program quality.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Facilitate triennial cyclic review of Nursing Education Unit (NEU) and Allied Health Program Policies and Procedures, including review for alignment between the policies of the NEU and LCC administrative and board policies.
 - Initiate triennial records audits in collaboration with the Healthcare Programs Coordinator.
 - Establishing, overseeing, and maintaining program and administrative unit records in compliance with applicable state and federal regulations.
- Nursing and Allied Health Programs Faculty:
 - Participate in triennial cyclic review of NEU Policy and Procedures.
 - Establish and maintain class and clinical records in compliance with applicable state and federal regulations.
- Healthcare Programs Coordinators:
 - Establish and maintain healthcare program records in compliance with applicable state and federal regulations.

- o Completes triennial records audits in collaboration with the Dean/NPD.

Supporting LCC Policies, Procedures, or Processes

- Administrative Policies: [Section 701: Acceptable Use of Information Systems and Services](#)
- Administrative Policies: [Section 705: E-mail Retention](#)

Related LCC Nursing & Allied Health Programs Policies & Procedures

- [Nursing Student Educational Record Management Audit](#)

Policy and Procedures for Record Keeping and Systems

According to [WAC 246-840-519](#), the nursing education program will maintain student record-keeping and systems in accordance with an established policy shared with students. All program-related records for all nursing programs/options will be managed in compliance with Washington state and Federal guidelines. Records required by the state will be retained in accordance with the [Community and Technical Colleges Records Retention Schedule](#). For records requiring Federal compliance, the Federal Records Management [General Records Schedule](#) is followed (Federal grants, financial aid records, etc.).

Nursing Assistant Program and student information will be maintained in accordance with [WAC 246-841A-455](#).

Course records for the Medical Assisting Program are additionally maintained per the standards of the Medical Assisting Education Review Board (MAERB) addressed in [Policy 220: Retention of Course Documents and Student Achievement Records](#).

Per clinical consortium and agency requirements, student and faculty records pertaining to authorization for clinical placement will be retained for seven years from the date of completion of the program or separation from service.

Records containing confidential information will be secured and not accessible to the public. Paper records containing private or confidential information will be destroyed by shredding.

Record Retention Schedules

The following table includes excerpts from the [Community and Technical Colleges Records Retention Schedule](#) and reflects current policy.

- **Academic appeals and grievances**
 - o Retain for **6 years** after graduation or the date of last attendance, then destroy (p. 47).
- **Accreditation records**
 - o Retain for **6 years** after the end of accreditation or until superseded by new accreditation, then
 - ***transfer to Washington State Archives for permanent retention*** only documents pertaining to granting/loss of accreditation,
 - or ***destroy*** statistical, descriptive, and evaluative materials in applying for or maintenance of accreditation (p. 46).

- **Admission applications** - Enrolled
 - Retain for **6 years** after graduation/date of last attendance, then destroy (p. 14).
- **Admission applications** - Not accepted, not enrolled, or incomplete.
 - Retain for **2 years** after the beginning of the academic quarter for which applied or date of last submission (whichever is later), then destroy (p. 15).
- **Admission examination scores (not course exams)**
 - Whether admitted or not
 - Retain for **6 years** after graduation or date of last attendance, then destroy (p. 49).
- **Advising students, including veterans (academic/career)**
 - Records documenting advice and other services provided to students to assist them in identifying a major, monitoring progress, or assisting in career planning.
 - Retain for **6 years** after graduation or the date of last attendance, then destroy (p. 26, 29).
- **Advising alumni and the general public**
 - Records documenting advice and other services provided to alumni or other members of the public to assist them in career planning.
 - Retain for **2 years** after the most recent contact, then destroy (p. 27).
- **Coursework Grades/Scores/Comments (includes course exams)**
 - Retain for **2 years** after the end of the academic quarter, then destroy (p. 48).
 - **NA-C Exception:** Documentation must be retained for **5 years** to include a record of student performance (test and quiz scores, assignment scores, skills lab, and clinical performance evaluations) and course outcomes.
- **Health services: Flu vaccination records (*given by LCC*)**
 - Retain for **8 years**, then destroy (p. 40).
- **Papers, projects, and assignments by students – not retrieved by students**
 - Retain for **1 quarter** after the end of the academic quarter in which the assignment was graded, then destroy (p. 49).
- **Reference letters for students**
 - Retain for **2 years** after the date of reference, then destroy (p. 49).
- **Student Evaluation of Instruction (*includes course effectiveness evaluations*)**
 - Retain for **5 years** after the end of the academic year, then destroy (p. 49).
- **Student internships (*includes clinicals, practicums, preceptorships*)**
 - Retain for **6 years** after graduation or the date of last attendance, then destroy
 - **Nursing and MEDA Exception:** Clinical consortia require programs to retain records for **7 years**, then destroy.

References

- Medical Assisting Education Review Board. (2024, January). Policy 220: Retention of Course Documents and Student Achievement Records. [*Policies and Procedures Manual for CAAHEP-Accredited Medical Assisting Programs*](#).
- National Archives. (2023, November 29). [*General records schedules*](#) (GRS).
- [*WAC 246-840-519*](#): *Student requirements in all approved nursing education programs*. (2016).
- [*WAC 246-841A-455*](#): *Administrative procedures for approved nursing assistant training programs*. (2023).
- Washington Secretary of State. (2025, April). [*Community and technical colleges records retention schedule*](#) (Version 2.2).

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Contributor(s): Vicky Soladey

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Lower Columbia College Nursing Programs

Policies & Procedures: Student Rights and Responsibilities

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of this policy is to establish a framework that promotes transparency, fairness, and accountability within the LCC Nursing Programs, ensuring that the rights and well-being of students are respected and protected, while also setting expectations for responsible behavior and ethical conduct.

Background Information

Foundational principles of the nursing profession are honesty, integrity, and high ethical standards. Nursing students have rights and responsibilities, including academic, ethical, professional, and legal considerations.

Professional behavior is expected of all nursing students. Per [WAC 246-840-519](#), the nursing education program shall hold students accountable for professional behavior as identified in:

- RCW [18.79](#); RCW [18.130](#); and
- [246-840 WAC](#), including academic honesty and integrity.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - o Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty:
 - o Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - o Communicate expectations regarding student compliance and participation.
- Student: Read, seek clarification, and comply with
 - o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - o LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes:

- [LCC Student Handbook: Student Academic Rights and Responsibilities](#)
- [Code of Student Conduct: WAC 132M-126](#)

Related LCC Nursing Programs Policies & Procedures

- [Chain of Command for Student Concerns & Complaints](#)

- [Clinical Practice Expectations](#)
- [Complaints, Concerns, and Academic Grievances](#)
- [Performance and Accountability Review](#)
- [Professional Behavior](#)
- [Student Withdrawal, Dismissal, and Re-Entry](#)

Policy and Procedures for Student Rights and Responsibilities

LCC Student Academic Rights and Responsibilities

Students admitted to an LCC Nursing Program have the academic rights described in the [LCC Student Handbook](#). All LCC students are expected to know and comply with the responsibilities, procedures, and academic standards defined by the college faculty. Violation of student responsibilities or the [Code of Student Conduct](#) may result in student sanctions up to and including dismissal from the nursing program and/or the college.

Nursing Student Rights and Responsibilities

- Abide by the published course and program policies.
- Communicate in a professional, respectful, and honest manner.
 - Refrain from derogatory comments towards or about LCC students or employees on social media that adversely affect the college community or the pursuit of its objectives.
- Follow the established [Chain of Command Procedure](#) regarding course content and academic issues.
- Exhibit professional behaviors in the classroom, lab, and practicum and promote professionalism in others. This includes, but is not limited to:
 - Adhere to course attendance policies specified in syllabi.
 - Arrive prepared for class, lab, and practicum.
 - Be an active participant in the learning process.
 - Avoid distracting others in class.
 - Demonstrate responsibility and accountability for actions, behaviors, and communications.
- Be responsible for prior learning, including concepts learned in prerequisite courses and prior nursing program courses.
- Promote the safety of self and others within the current scope of practice, including the provision of safe patient care.
- Protect the privacy and confidential information of all parties (students, patients, healthcare staff members, etc.).
- Exhibit self-awareness, self-regulation, self-direction, and motivation necessary for successful program completion.
- Conduct oneself in a manner consistent with the American Nurses Association (ANA) [Scope and Standards of Practice](#), ANA [Code of Ethics for Nurses](#), and the laws and regulations governing nursing care ([RCW 18.79](#); [18.130](#); [WAC 246-840](#)).
- Stay informed regarding nursing program announcements and changes by checking LCC email and the designated program-related Canvas communication course at least three times weekly while enrolled.

- Students have the right to pursue grade appeal through established [LCC Academic Grievance Resolution Procedures](#).
- Students have the right to bring forward complaints or concerns in accordance with the [Complaints, Concerns, and Grievances](#) policy and procedures.

Failure to abide by the Nursing Student Responsibilities and [professional behavior expectations](#) may result in disciplinary action up to and including dismissal from the nursing program.

References

- American Nurses Association. (2021). [Nursing: Scope and standards of practice](#). (4th ed.).
- American Nurses Association. (2025). [Code of ethics for nurses](#).

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Lower Columbia College Nursing Programs

Policies & Procedures: Drug Screening and Substance Abuse or Misuse

Pathway(s) Covered

Traditional entry RN, Campus-based LPN opt-in, LPN2RN eLearning, and RN to BSN

Purpose of Policy

This policy aims to notify students accepted to a nursing program at Lower Columbia College of the program's clinical drug screen requirement, as outlined in this policy. All admitted students must test negative before engaging in clinical activity associated with an LCC Nursing Program. This policy promotes nursing health, patient safety, and compliance with legal and professional expectations of nursing students in the clinical setting. The LCC Nursing Programs recognize the ethical and legal duty to the safety of the public, while acknowledging that undiagnosed and untreated substance use disorder (SUD) also increases risk for harm to the healthcare provider (Stone et al., 2021). LCC is committed to the principles of a just culture.

Background Information

LCC's [Alcohol-and-Drug-Free Campus Workplace Policy](#) prohibits the unauthorized use, possession, sale, conveyance, distribution, and manufacture of controlled substances, as well as being under the influence of legally prescribed drugs that prevent an individual from performing the essential functions of his or her job or where the individual poses a direct threat while using those drugs.

All students are expected to perform clinical/practicum activities efficiently and safely without the influence of drugs (including marijuana) or alcohol. Students must notify the course instructor if they are under the influence of any medication that may impact their ability to provide safe, competent care (essential functional skills) and recuse themselves from patient care in such instances. This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
 - Meet with students as needed to ensure procedures are followed in response to a positive drug screen or suspected student impairment in a classroom, laboratory, or clinical setting.
- Nursing Programs Faculty: Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Ensure client and student safety when student impairment is suspected.
 - Report to the dean as soon as reasonably possible.
- Proctor/Preceptor:
 - Ensure client and student safety when student impairment is suspected.

- o Report to the faculty/faculty liaison as soon as reasonably possible.
- Student: Read and seek clarification of
 - o LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - o LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, and Publications

- Administrative Policy [Section 240: Alcohol & Drug-Free Workplace](#)
- LCC Student Handbook:
 - o [Code of Student Conduct](#)
 - o [Federal Drug-Free Schools and Communities Act](#)

Related LCC Nursing Programs Policies & Procedures

- [Accessibility and Accommodations](#)
- [Clinical Documentation Requirements](#)
- [Clinical Practice Expectations](#)
- [Complaints, Concerns, and Academic Grievances](#)
- [Incident Reporting & Tracking](#)
- [Medication Administration by Student Nurses](#)
- [Student Withdrawal, Dismissal, & Re-Entry](#)

Policy and Procedures for Student Substance Use or Misuse

Reasons for Drug Testing

Drug testing occurs for one of the following reasons in the LCC Nursing Programs.

1. A negative urine drug screen (UDS) is required to attend clinical in any LCC nursing program. The standard LCC clinical affiliation agreement specifies that a UDS must occur within 90 days of beginning the specified program.
2. As requested by the clinical facility.
3. When there is cause or suspicion that a student is impaired in a classroom, laboratory, or clinical setting.

The process for obtaining a site-required drug screen or a test in response to cause or suspicion of impairment will be facilitated by LCC to meet the agency's or college's requirements. Students are responsible for the cost of drug screening unless a requesting site provides the service at no charge.

Positive Drug Test

If a required drug screen is positive, whether actual or by default (failure or refusal to complete a drug screen as required will be considered positive by default), the student will not be permitted to participate in or return to their practicum or field experience. The student may not progress in or return to the program for *a minimum* of one academic quarter and must submit a re-entry request for consideration when meeting treatment and monitoring requirements as appropriate (see below).

In the case of a student who has yet to begin the program and has a positive drug screen, the student must meet with the dean/program director, but no re-entry request is required. After meeting with the dean/program director, the student may request entry to the program after a minimum of one academic quarter when meeting treatment and monitoring requirements as appropriate (see below). Per the [Student Withdrawal, Dismissal, and Re-Entry Policy and Procedures](#), re-entry and deferred entry are subject to available space.

Students seeking either nursing program re-entry or deferred entry following a positive drug test must also enroll in the [Washington Health Professional Services](#) (WHPS) program if they carry an LPN or RN license or the [Washington Recovery and Monitoring Program](#) (WRAMP) if they are actively nursing assistant certified. *Enrollment in the WHPS program may help defray treatment and monitoring costs for the student.* If a student is not eligible for the WHPS or WRAMP program, they must undergo a professional evaluation by a mutually agreed upon independent, certified drug and alcohol counselor for evaluation and/or treatment at the student's expense.

The student may not enter/re-enter the program until the initial treatment program has concluded (not including follow-up care). At that time, with monitoring through the WHPS or WRAMP program as appropriate, the student may request entry or re-entry to the program per the [re-entry policies and procedures](#).

Substance Abuse or Misuse

The LCC Nursing Programs prohibit the following actions/conditions:

- Unsafe or potentially unsafe clinical performance due to the use of drugs and/or alcohol, including marijuana.
- Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative, or similar drug while on clinical time.
- Using any intoxicating or illegal substances while on clinical time, on the premises, or away from the premises when required to return to the clinical facility.
- Removing any drug from the institution or patient supply for any reason.
- Falsifying specimen collection for a required drug screen.

Cause or Suspicion of Impairment

If a student's behavior in a class, lab, or clinical setting is creating or potentially creating unsafe patient care, and the student appears to be under the influence of drugs or alcohol (based on reasonable suspicion):

- The assigned proctor or preceptor will ensure clients' safety by removing them from the student's care. Findings should be reported to the clinical/practicum faculty as soon as reasonably possible.
- The student's safety will be ensured, as well as their removal from the clinical environment. The faculty member will notify the dean/nursing programs director as soon as reasonably possible, with the goals of timely intervention and protecting student confidentiality. Notably, any incidence of known diversion of legend drugs must be reported to the WABON within two

(2) business days per [WAC 246-840-513](#). See also the LCC Nursing Programs [Incident Reporting and Tracking Policy and Procedures](#).

- The student will be required to complete a drug and alcohol screening at an approved facility.
 - The expense of testing will be the responsibility of the student.
 - The student must also enroll in the [Washington Health Professional Services](#) (WHPS) program if they carry an LPN or RN license and the [Washington Recovery and Monitoring Program](#) (WRAMP) if they are actively nursing assistant certified. *Enrollment in WHPS may help defray treatment and monitoring costs for the student, and WHPS or WRAMP enrollment will be required for program re-entry (see below).*
 - The student must agree that the drug and alcohol testing results will be shared with the dean/nursing programs director. Drug screen results are not shared with clinical agencies unless the agency requires a drug screen as part of the clinical compliance documentation.
 - If a student is not eligible for the WHPS or WRAMP program, they must undergo a professional evaluation by a mutually agreed upon independent, certified drug and alcohol counselor for evaluation and treatment at the student's expense.
- If the student refuses or does not complete the required testing and/or subsequent enrollment in a monitoring program, they will be academically dismissed from the program on the grounds of implied admission to being under the influence of drugs or alcohol while in the clinical setting, which is a safety issue. The student may pursue due process as described in the [Complaints, Concerns, and Academic Grievances Policy and Procedures](#).
- If the student agrees to drug or alcohol treatment, they may not progress in the program until the treatment program has concluded (not including follow-up care). At that time, with monitoring through the WHPS or WRAMP program (as appropriate), the student may request re-entry to the program in accordance with the [re-entry policies and procedures](#).
- Any student dismissed from the program due to substance use/misuse may request re-entry with evidence of completing an approved treatment program. The standard [re-entry policies and procedures](#) apply.

References

- Lake Washington Institute of Technology. *Drug screening policy and procedure*.
- Purdue University Northwest College of Nursing. [Student drug testing policy](#).
- Stone, L., Rice, J., & Garcia, R. (2021, February 1). [Addressing substance use disorder and diversion in the healthcare environment](#). *American Nurse*.
- Washington State University College of Nursing. [Drug screening policy and procedure](#).

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Lower Columbia College Nursing Programs

Policies & Procedures: Professional Dress & Uniforms

Pathway(s) Covered

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Background Information

The student or professional nurse's appearance, personal hygiene, and behavior significantly contribute to the client's comfort, security, and overall well-being. Any personal appearance, grooming, or clothing that creates a distraction is considered inappropriate. Hair color outside of the range of naturally occurring, offensive, or extreme tattoos, inadequate hygiene, or body odor may upset or frighten the client and family, and convey a lack of respect for others.

Purpose of Policy

The purpose of the professional dress and uniform policy is to provide standards for attire, grooming, and personal hygiene that are appropriate for the healthcare workplace and associated activities for LCC nursing students.

Roles and Responsibilities for Adherence

- Dean of Instructional Programs/Nursing Programs Director:
 - Triennial cyclic review of Policy and Procedures Manual, including review for alignment between Nursing Programs policies and LCC administrative and board policies.
- Nursing Programs Faculty:
 - Triennial cyclic review of Policy and Procedures Manual
- Faculty of Record:
 - Communicate expectations regarding dress code and uniforms.
 - Provide feedback to students regarding adherence to professional dress and uniforms.
 - Employ the [Performance and Accountability Review](#) as necessary.
- Student: Read, seek clarification, and comply with
 - LCC Nursing Programs policies and procedures ([LCC AN-DTA/MRP Program Handbook](#), [LCC RN to BSN Program Handbook](#)).
 - LCC academic policies and procedures ([LCC Student Handbook](#)).

Supporting LCC Policies, Procedures, or Processes

LCC does not maintain a policy regarding attire. Nursing students are required to conform to appearance and hygiene guidelines that promote a professional, appropriate, and clean presentation in the clinical setting.

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)

- [Nursing Student Rights and Responsibilities](#)
- [Performance and Accountability Review](#)
- [Professional Behavior](#)

Policy and Procedures for Professional Dress and Uniforms

NA-C and all AN-DTA/MRP options

In the **clinical/practicum setting**, including the campus simulation lab, the student must be in the specified uniform, with name badge, proper agency identifiers, and LCC student identification. Certain clinical sites may have specific dress codes, such as facility-provided scrubs in specialty areas.

Agency-specific dress/uniform policies may supersede this LCC Nursing Program policy. Students are expected to adhere to agency dress/uniform policies in such cases.

A student reporting for lab, clinical, or fieldwork with inappropriate attire or hygiene may be dismissed from the site by instructors or health agency personnel until the condition(s) is/are corrected. The student may not have an opportunity to make up the experience.

Hair

- Hair color must be in the range of natural hair colors. Pink, blue, green, purple or other hues that are not considered within the natural hair color spectrum are not allowed.
- If hair is beyond collar length, it must be pulled back and fastened neatly. Hair should be secured such that it is not able to fall into the face, workspaces, or equipment.
- Facial hair, if present, is to be neat and clean. Please note that special equipment (such as beard masks or respirators) may be required to comply with precautions in the clinical setting.

Jewelry and visible piercings must not pose a safety risk:

- No dangling, hoop, or large earrings
- No open earlobe expanders, or gauges (plugs must be worn in expanded earlobes)
- No bracelets or necklaces
- One finger ring is allowed that does not pose a safety or infection control risk.
- Facial piercings are limited to small, discreet, and close to the face. No hoops may be worn that pose a safety risk.

Tattoos

- Tattoos that include obscene or profane imagery or language must be covered.

Grooming and hygiene

- Proper hygiene (bathing, deodorant, oral care) is required. Body odor is offensive.
- Personal fragrances (cologne, perfume) are not allowed.
- The student and uniform/clothing is to be free from odors such as smoke or perfume.
- Fingernails are to be clean and neatly trimmed. No artificial nails or long fingernails are permitted for direct patient care. Polish may be worn *if permitted by agency policy* but it must not be chipped or peeling.
- Cosmetics may be worn in moderation and appropriately for the healthcare setting (work environment).

Uniforms

The LCC student nurse uniform is required in the clinical/practicum setting (including the simulation lab). The uniform is to be worn in its entirety unless otherwise specified. The uniform is to be clean, pressed, and well-maintained. Students may wear uniforms on campus only for clinical lab days, skills testing, or simulation. Uniforms are not to be worn in public settings. This is an infection control issue.

The uniform consists of:

- Navy-blue scrub top and pants of any style or brand (white tops may continue to be worn during the program's transition to navy-blue tops).
- A short white lab coat or warm-up jacket made of scrub material (no longer than hip length) is optional.
- The *LCC Nursing* logo patch is to be secured to the right shoulder (deltoid area) of the uniform and lab coat (tape or staples are not acceptable means of securing shoulder patches).
- Closed-toe, closed-heel shoes with a solid upper of any color may be worn for clinical/practicum and related activities. Shoes made of any woven material (mesh, cotton, cloth, etc.) are unacceptable. Shoes must have slip-resistant soles and must be clean and in good repair.
- The LCC name badge, student photo ID, and agency identification (if applicable) are to be pinned to the upper left side of the shirt or may be worn on a quick-release lanyard.
- A washable, medical-grade fanny pack-type organizer in navy blue or black may be worn around the waist if desired.

When in the clinical/practicum agency, to obtain necessary client data:

- The LCC Nursing student name badge, LCC student photo ID, and agency identification (if applicable) must be worn as they would be for a clinical rotation.
- A clean and pressed short, white lab coat may be worn with appropriate professional (business/business casual) attire, *OR* the LCC student nurse uniform may be worn (see uniform policy information above for guidance regarding the use of the LCC student nurse uniform).
- Students changing into facility-issued scrubs for the assigned rotation (such as surgical service or obstetrics rotations) may dress in appropriate professional (business/business casual) attire to enter and exit the facility. Appropriate shoes and identification must be worn at all times in any clinical/practicum site.

Not acceptable in any clinical/practicum site at any time (including the simulation lab):

- Denim jeans, skirts, dresses or overalls.
- Sweatpants or sweatshirts, workout clothing, running attire, or other shorts.
- Spandex/Lycra clothing; tights or leggings worn as pants.
- Tank tops or camisoles that expose the midriff or excessive cleavage.
- Visible undergarments.

Not acceptable in the skills lab at any time

- Open-toed shoes
- Tops or pants/shorts/skirts that expose excessive breast cleavage or the buttocks.

RN to BSN program

Scrub uniforms are not required for the RN to BSN field experience. However, students should always defer to agency dress code requirements when more stringent than this LCC policy.

- RN to BSN students must adhere to all grooming and hygiene expectations described above.
- RN to BSN students must also wear their LCC nursing student ID badge, LCC student photo ID, and agency identification at all times while in the clinical site.
- Appropriate professional (business/business casual) attire should be worn by RN to BSN students in the clinical setting.
- A short, white lab coat made of scrub material may be worn if appropriate. The *LCC Nursing* logo patch should be sewn to the right shoulder/deltoid area.
- Closed-toe shoes should be worn in the clinical setting at all times.

References

- Lower Columbia College Nursing Program. (2023, April). [*Nursing Program Handbook*](#).
- Olympic College Nursing Program. (2021). *Phase II VL-BSN Application*.
- Pacific Lutheran University. (2023). [*School of Nursing Student Handbook*](#).

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Lower Columbia College Nursing Programs

Policies & Procedures: Student Withdrawal, Dismissal, and Re-Entry

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy

The purpose of the student withdrawal, dismissal, and re-entry policy and procedure is to explain processes for students who may need to withdraw from courses for personal or academic reasons, who are dismissed from the program for safety/critical elements, and to guide students in the appropriate steps to seek re-entry into a nursing program pathway.

Background Information

The ability to meet students' needs is the key to retention and reflects the overall success of all nursing pathways at LCC. The nursing program must also uphold safety and conduct expectations that protect the public. Upon admission to a nursing program pathway, the student assumes responsibility for progressing in the program by meeting course and program requirements.

Developing guidelines for student withdrawal from a program pathway and establishing a defined process for re-entry, including faculty review and approval, supports students in achieving their academic and professional goals and meeting program outcomes. It also helps ensure the consistent application of policies and procedures regarding program withdrawal and re-entry. Developing guidelines for dismissal from a program in the event of safety or conduct violations contributes to safety and quality for clients, students, faculty, and the LCC Nursing Programs.

Roles and Responsibilities for Adherence

Students, faculty, healthcare program coordinators, assistant program directors, dean of instructional programs/nursing program director.

Supporting LCC Policies, Procedures, or Processes

- [LCC Academic Calendar](#)
- [LCC Policy 237 - Pregnancy](#)
- [LCC Policy 310 - Grading Policy](#)
- [LCC Student Handbook](#):
 - [Adding and Withdrawing from Classes](#)
 - [Code of Student Conduct](#)
 - [Student Rights and Responsibilities](#)
 - [Student Academic Grievance Resolution Procedures](#)

Related LCC Nursing Programs Policies & Procedures

- [Clinical Practice Expectations](#)

- [Nursing Student Rights and Responsibilities](#)
- [Performance and Accountability Review](#)
- [Professional Behavior](#)

Policy and Procedures for Student Withdrawal, Dismissal, and Re-Entry

Student Withdrawal, Delay of Progression, or Non-Progression

Students may defer progression in an LCC nursing program or withdraw from some or all of their nursing courses for a variety of reasons:

- The student opts to withdraw from a nursing course due to substandard academic performance and is ineligible for progression to subsequent cohort courses.
- The student is unsuccessful in one or more nursing courses and is unable to progress to the subsequent cohort courses.
- The student is unable to complete their clinical practicum or skills course due to substandard performance or safety concerns that do not warrant program dismissal.
- Hardship-related withdrawal (medical, military deployment, or other unexpected circumstances beyond the student's control)
- The student chooses to withdraw from their courses or delay their progression for other personal reasons.

The following procedures will be followed, regardless of the reason for withdrawal (voluntary or hardship) from a nursing course or program:

- The primary theory and clinical course in each associate degree nursing cohort require concurrent enrollment:
 - **NURS 151/160/161** (*NURS 160/161 must be taken or withdrawn from together*).
 - **NURS 152/162**
 - **NURS 153/163**
 - **NURS 251/261**
 - **NURS 252/262**
 - **NURS 253/263**
- Nursing support and non-nursing support courses require concurrent enrollment with other cohort courses as well, but may be taken apart from the other cohort courses with dean/nursing program director approval (NURS 150, 250; HUM 150, 250, 251, 255; PSYC 150, 250, 255). ***Please note that a student cannot continue in other cohort courses while withdrawing from one of these courses.***
- **LPN2RN eLearning courses** do not require concurrent enrollment. However, each course is only offered once per year, and the course progression **must be taken in order: NURS 242, NURS 244, NURS 245, NURS 246, NURS 247, and NURS 248.**
- A student may not continue in a clinical/skills course without being enrolled in the concurrent theory course. However, if they are withdrawing from a clinical/skills course, it is possible that they may continue in the theory course. This option is only considered when the withdrawal is not related to a professionalism/conduct issue in the clinical setting. A student should consult with their faculty to determine whether this applies to their situation.
- An RN to BSN student must complete NURS 400 within their first quarter of enrollment in the program and may not progress in the program without first successfully completing NURS 400.

- AN RN to BSN student may not progress to their field experience (NURS 430) without first successfully completing NURS 410 (Community and Public Health Nursing) and NURS 415 (Nursing Leadership for Organizational Change).

Voluntary Withdrawal or Delay of Progression

- A student may choose to withdraw themselves from a course(s) at any time during the first 80% of the term for any reason. The student must withdraw themselves from the appropriate course(s) following the guidelines above, prior to the last day to drop a course (see [LCC Academic Calendar](#) for official college academic dates and deadlines).
- If a student withdraws within the first two weeks (or 20%) of the term, the course(s) will not show at all on their transcript. They may be eligible for a full or partial refund of tuition during this period per college policy. After 20% of the term, a 'W' grade will be visible for each course withdrawn from. This does not impact the student's GPA.
- See the [LCC Student Handbook](#) page - [Adding and Withdrawing from Classes](#) - for details about how to withdraw from a course.
- ***Withdrawing from any nursing courses in the AN-DTA degree options requires petitioning for re-entry. We advise against withdrawing from any of your courses without first speaking to your faculty or faculty advisor.***
- Please note that a nursing student is permitted **one (1) re-entry per program** following withdrawal related to substandard academic performance and one re-entry following a voluntary withdrawal or delay of progression. ***Program re-entry is prioritized based on the reason for the delay in progression, the date of approval, the date of request submission, and then space availability within the desired cohort.*** See Nursing Program Re-Entry Procedures below for further details about seeking program re-entry.
- An RN to BSN student may move between full-time and part-time enrollment between quarters, following the college's withdrawal policies and procedures. This will not be considered a delay in progression requiring program re-entry. However, the availability of required courses during desired quarters may affect the rate of progression. Sequential or concurrent enrollment will also be necessary for the cases listed in the previous section.
- For a student wishing to delay progression or seek leave due to pregnancy or related conditions, [Administrative Policy Section 237: Pregnancy](#), applies. The student is encouraged to contact the Title IX Coordinator, who can coordinate specific actions to prevent sex discrimination and ensure the student's equal access to the College's education program or activity.

Hardship Withdrawal

A hardship withdrawal (previously described as a medical withdrawal) must follow the LCC policy and procedures described in the [LCC Student Handbook](#) page: [Adding and Withdrawing from Classes](#). A hardship withdrawal may occur related to one of the following reasons:

- **Medical:** a significant injury or illness requiring recuperation which interferes with the student's ability to be successful in their coursework.
- **Death:** a death in the student's immediate family, which includes parent(s), sibling(s), spouse/partner, or dependent.
- **Military service:** orders to report for active duty training, or other mandatory service assignment for state or Federal armed services.
- **Hardship:** a significant and unanticipated personal emergency or circumstance beyond the control of the petitioner.

A student requesting a hardship withdrawal will be guided by program faculty or administration through the process occurring after the last day to withdraw from a course, including what documentation will be required. *The Nursing Programs also recognize withdrawals related to a hardship reason which occur prior to the last day to withdraw from classes for re-entry priority.* See Nursing Program Re-Entry Procedures below for further details about seeking program re-entry following a hardship-related withdrawal or delay of progression.

Incomplete Grade

Per LCC policy, an incomplete grade may be issued at the faculty's discretion to a student whose work to date is meeting passing standards, but is not completed by the end of the quarter (see LCC [Grading Policy](#) - Policy 310). A student holding an incomplete grade in a cohort nursing course will not be permitted to progress to subsequent cohort courses until the incomplete grade is resolved. Progression to the subsequent cohort courses (if not occurring on schedule) will be contingent upon space availability in the desired cohort.

Dismissal from Class or Clinical

Immediate dismissal from a class or clinical setting may result depending on the severity of the conduct or safety violation. If a student is dismissed from class or clinical, it will be, at minimum, considered a "fail" for that day/experience. Dismissal from a nursing program may occur in instances of egregious violations of safety, conduct, or program policies. See the [LCC Code of Student Conduct](#) and the LCC Nursing Programs Policies for Required [Clinical Practice Expectations](#) and [Professional Behavior](#).

When a student is dismissed from a nursing program as a disciplinary sanction (academic integrity violation, other grievous student conduct issue, or severe safety violation in the clinical environment, for example), they will be ineligible to complete any further coursework within the nursing program. Depending on the nature of the dismissal, the student will receive a failing grade (at minimum) in the related course and will be administratively withdrawn from all other program courses.

Nursing program re-entry may not be an option if the dismissal is due to a critical safety concern (resulting in actual or potential harm) or disciplinary action, depending on the severity of the behavior. A student may not self-withdraw from a nursing course to avoid a disciplinary sanction (for instance, a failing grade resulting from an academic integrity or student conduct violation). A student who was dismissed from an LCC nursing program and/or denied program re-entry will not be considered in "good standing" for purposes of applying to other nursing programs.

Nursing Program Re-Entry

Following a delay in progression for any reason, the student will be sent a letter by the dean of instructional programs/nursing program director, including an explanation of the reason for non-progression, reference to the [Student Academic Rights and Responsibilities](#), and the [Student Academic Grievance Resolution Procedures](#), and instructions for seeking program re-entry.

A student who wishes to pursue program re-entry following a delay of progression related to voluntary, academic, or hardship reasons (as described above) must complete a [request for program re-entry](#) ***within one (1) calendar year of the last date of enrollment in a nursing course. A student is permitted one (1) re-entry per program following a delay of progression related to substandard***

academic or clinical performance and one (1) re-entry per program following a voluntary delay of progression (stopping out).

Re-entry following hardship withdrawal

A student seeking re-entry following delayed progression due to a hardship reason must complete a re-entry request using the [approved re-entry form](#). If the program re-entry will occur within six (6) weeks of an illness, injury, procedure, or hospitalization, the student must also submit a completed and signed Medical Release Form from their healthcare provider before returning to the clinical practicum. The returning student must be able to meet attendance and participation requirements, including meeting the nursing student essential abilities, with or without reasonable accommodation. See the LCC Nursing Programs Policy for [Accessibility and Accommodations](#).

Students who withdrew related to a hardship (as described above) will be given priority over re-entries due to voluntary delays in progression and re-entries related to substandard academic or clinical performance, but are still based on available space in the desired cohort. Re-entering after a hardship withdrawal while in good standing academically in the program will not count toward the “one (1) re-entry per program” policy.

Re-entry following military deployment

Military service members and reservists who are temporarily unable to attend class or have to suspend their studies due to service requirements (considered a hardship withdrawal) will be accommodated to the fullest extent possible. If course completion and program progression are affected by service requirements, a re-entry request on the [approved re-entry form](#) must be submitted with documentation of the service requirement. This will not be counted as the student’s single program re-entry, and the ***highest priority for re-entry*** will be given.

Re-entry following voluntary delay or substandard academic or clinical performance

Requests for re-entry following delay of progression or program completion related to a voluntary reason or substandard academic or clinical performance (including program dismissal) must be submitted on the [approved re-entry form](#) and include all required information. Re-entry requests are reviewed by the nursing faculty at scheduled nursing program meetings. The student will be informed of the decision by the dean/nursing program director following faculty review. Faculty approve or deny the re-entry request based on discussion and documentation of the ***student’s performance*** and the ***student’s written statement***. Re-entry requests will not be considered before final exam week if the student is currently enrolled in a nursing course, and must be submitted within one year of last enrollment in a nursing course.

Per the [Re-entry Request Form](#) and [Re-Entry Decision Rubric](#), the written statement is to include the following:

- All required elements of the re-entry request per the instructions on the Re-Entry Request Form.
- A coherently written, typed statement without significant spelling or grammatical errors, which demonstrates effort and thought.
- The reason(s) for withdrawal, delay of progression, or substandard performance, articulating an accurate understanding of the issue(s) that prevented program progression. This analysis must include self-reflection as well as identification of any patterns of behavior contributing to non-progression.

- Evidence of accountability for the student's own role in the circumstances leading to withdrawal or delay of progression.
- Specific, measurable, achievable, realistic, and timely (SMART) strategies for success that are directly related to the behaviors that prevented program progression.

Significant faculty concerns regarding client safety, student conduct, or professionalism may override a rubric score and result in ineligibility for re-entry.

Re-entry to the Nursing Program is not guaranteed and, when granted, is on a space-available basis. ***A re-entry request will be considered a maximum of two (2) times.*** A student is no longer eligible for program entry after a request has been considered twice. A student dismissed from an LCC nursing program and/or denied program re-entry will not be considered in "good standing" for purposes of applying to other nursing programs.

Re-entry requests must be submitted within one (1) calendar year of last enrollment in a nursing course to be considered. If more than one year has elapsed, the student is not eligible for re-entry and is encouraged to meet with the Nursing Program Director to discuss options, including re-applying to the nursing program.

Depending on the length of time a student has been out of the program and the specific circumstances of the case, the student may be required to repeat prior courses or restart the program to ensure they have current knowledge. If approved for program re-entry, the student must meet the current eligibility requirements and be selected for admission under the current application process and policies.

To help ensure current knowledge or clinical competency, a student who is permitted re-entry to a nursing program is required to audit or retake for a grade the required concurrent nursing course(s), even if this course has been previously completed successfully. If a student chooses to retake a required nursing course for a grade rather than for an audit, the student must achieve a minimum of a "C" in a theory course or a "P" in a practicum course, despite having previously earned a passing grade in the course. When retaking a nursing course as an "audit", all designated requirements, as determined in writing by the instructor at the beginning of the course, must be met satisfactorily to progress in the program.

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Lower Columbia College Nursing Programs

Procedures: Chain of Command for Student Concerns & Complaints

Pathway(s) Covered:

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Overview:

This Chain of Command procedure outlines a structured approach for Lower Columbia College nursing students to articulate and resolve complaints and concerns. By clearly defining steps for escalation, it models professional communication and problem-solving, empowering students and faculty to address issues effectively at the earliest possible stage, and contributing to a culture of mutual respect and continuous improvement within the program.

The chain of command is vital in healthcare because it establishes clear lines of authority, communication, and accountability, all of which are critical for ensuring client safety and efficient operations. It ensures that concerns are escalated to the appropriate person with the authority to act, fostering timely decision-making and problem resolution. Nursing education programs must promote this model to prepare students for the realities of clinical practice, teaching them professional communication, accountability, and the importance of advocating for their clients within a structured system, ultimately contributing to a culture of safety and effective interprofessional collaboration.

Related LCC Policies, Procedures, and Publications

- [Make a Report](#)
 - Code of Student Conduct
 - Concerning or Threatening Behavior
 - Discrimination
 - Sex Discrimination
- [Student Academic Grievance Resolution Procedures](#)
- [Organizational Chart](#) (p. 5)

Related LCC Nursing Programs Policies and Procedures

- [Clinical Practice Expectations](#)
- [Complaints, Concerns, and Academic Grievances](#)
- [Professional Behavior](#)
- [Student Rights and Responsibilities](#)

Procedure

The chain of command schematic should be followed for a student concern or complaint that does not meet the criteria for other types of student concerns or complaints that warrant activating campus reporting systems, such as code of student conduct violations, concerning or threatening behaviors, academic grievances, discrimination, harassment, or sexual discrimination.

1. **Student:** Students should first attempt to resolve student to student concerns with each other in a constructive and professional manner before approaching faculty.
2. **Course Faculty:**
 - a. Concerns that include course faculty should first be addressed professionally and directly with the course faculty.
 - a. Student-to-student concerns unresolved at the previous level may be escalated to the course faculty.
 - a. Course faculty (especially adjunct or clinical faculty who are not the cohort lead) may also notify the following faculty of a concern at this level as needed:
 - . **Course Lead Faculty:** This is the core full-time nursing faculty member who coordinates all courses within a cohort or program option.
 - . **Faculty Advisor:** This is the core full-time nursing faculty advisor for the cohort or program option.
2. **Assistant or Program Director:** Concerns unresolved at the previous level may be escalated to the appropriate assistant or program director:
 - a. **NA-C Program Director**
 - a. **Associate Degree Program Assistant Director**
 - a. **RN to BSN Program Assistant Director**
2. **Dean/Nursing Programs Director:** Concerns unresolved at the previous level may be escalated to the dean of instructional programs/nursing programs director.
3. **Vice President of Instruction:** Concerns unresolved at the previous level may be escalated to the Vice President of Instruction.

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Lower Columbia College Nursing Programs

Procedures: Dosage Calculation

Pathway(s) Covered

Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning

Overview

To establish consistent dosage calculation guidelines and conventions throughout all associate degree nursing program options. Dosage calculations include the precise determination of medication doses to ensure that clients receive the correct amount of medication. They may consider multiple variables, including weight, age, rates of delivery through infusion or direct injection, and other factors. Precision is required to ensure safe medication delivery. Consistent methods for calculating and documenting calculations are paramount.

Related LCC Nursing & Allied Health Programs Policies & Procedures

- [Medication Administration for Student Nurses](#)

Procedures for Dosage Calculation

Methods of Instruction

- To ensure consistency, the dimensional analysis method of calculation will be the primary method taught in the LCC Nursing Program options.
- Recognizing the different learning needs and styles of nursing students, resources that include alternative methods of calculation will be included in curricular materials and the Canvas Nursing Community group (LPN Tool Kit for eLearning students).

General Calculation Rules

- If possible, do not round until the end of a multi-step calculation. If it is necessary to round at an intermediate step because of an extended decimal fraction, round to the nearest hundredth (for instance, 0.006548 would be rounded to 0.01)
- Round to the nearest hundredth, with the following exceptions:
 - o Drops (gtts): round to the nearest whole drop
 - o Time: round to the nearest minute
 - o Units: round to the nearest whole number
 - o Capsules: round to the nearest whole number
 - o Tablets that are scored may be rounded to the nearest $\frac{1}{2}$ tab or $\frac{1}{4}$ tab (if scored twice).
- At times, there may be exceptions to these rules. Your instructor will specify any situations that deviate from these rules (for example, pediatric drug calculations)
- In the clinical setting, always assess the available equipment to determine how to be as accurate as possible.
- Rounding to the nearest hundredth:

- o If the digit in the thousandth place is $>$ or $=$ to 5, round the digit in the hundredth place up:
 - for example, $1.478 = 1.48$
- o If the digit in the thousandths place is $<$ 5, round the digit in the hundredths place down:
 - for example $1.623 = 1.62$
- Unless instructed otherwise, always include units with the final answer.

Conventions in Dosage Calculations

- No trailing zeroes should follow a decimal fraction:
 - o Correct: 5 ml
 - o Incorrect: 5.0 ml
- Be sure to include a zero before a decimal fraction of 1 (one):
 - o Correct: 0.32 ml
 - o Incorrect: .32 ml

References:

- Centennial College Library and Learning Centre. (2024). [*Math help from the Learning Centre: Nursing math.*](#)
- Open Resources for Nursing. (2021). Nursing Skills [Internet]. [*Chapter 5 Math Calculations.*](#)
- University of Tennessee Health Science Center College of Nursing. (2016). [*General dosage rounding rules.*](#)

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Contributor(s): Nursing Faculty

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Lower Columbia College Nursing Programs

Procedures: Performance and Accountability Review

Pathway(s) Covered

NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Overview

This document outlines the procedure of the Lower Columbia College (LCC) Nursing Programs for addressing student professional behavior, academic performance, and clinical practice expectations. The procedure employs a tiered approach. Professionalism and performance concerns are initially addressed with a **Verbal Warning**, followed by a collaborative **Student Success Plan** if the behavior persists or does not meet expectations. This plan aims to help students improve through individualized strategies.

More significant or recurring issues, or a student's refusal to participate in a Student Success Plan, lead to a formal **Statement of Concern**. This is a documented contract involving the student, faculty, and potentially program leadership. Depending on the severity, a Statement of Concern can lead to course failure or program dismissal. **Dismissal from the Program** is reserved for serious safety or conduct violations that threaten safety or ethical standards, such as egregious patient safety breaches, academic dishonesty, or falsification of records.

Related LCC Nursing Program Policies & Procedures

- [Clinical Practice Expectations](#)
- [Professional Behavior](#)
- [Student Withdrawal, Dismissal, and Re-Entry](#)

Supporting Documents

- Nursing Programs [Performance Improvement Plan \(PIP\) Form](#)

Definitions

- **Verbal Warning:** An informal, oral notification that a student's behavior is not meeting expectations and must improve. This may occur during a scheduled meeting with the faculty member or when the behavior is noted. The student will be provided with a written summary of the verbal warning.
- **Student Success Plan:** A coaching or remediation plan developed by the faculty member when a student's behavior is not meeting expectations following a verbal warning. The Student Success Plan is utilized when the behavior of concern does not reach the threshold for a Statement of Concern or other further escalation.
- **Statement of Concern:** A formalized behavior contract between the student and nursing program faculty when a student's behavior is not meeting expectations following

implementation of a Student Success Plan. The Statement of Concern may also be initiated when a student's behavior is beyond the scope of the Student Success Plan, but does not meet the threshold for program dismissal or non-progression.

- **Dismissal from Program:** Removal from a nursing program due to student behaviors that threaten the safety of self and others or violate the ethical standards of the LCC Nursing Programs. Examples include, but are not limited to, reckless violation of patient safety standards, plagiarism and other forms of academic dishonesty, and falsification of documentation. Depending on the severity and nature of the safety standards or conduct violation, a student dismissed from the program may not be eligible for re-entry. Areas of particular concern for the Nursing Programs include threats to the safety of self and others.

Student Success Plan

A Student Success Plan is a coaching or remediation plan implemented by the faculty to address student behavioral concerns that do not reach the threshold of violating a behavioral standard (which would warrant a Statement of Concern). The success plan is intended to help students identify areas where performance and/or learning objectives are not being met and assist them in setting goals to improve their performance to demonstrate competency.

Steps for implementing a statement of concern may include, but are not limited to:

- Faculty will communicate with the student verbally and in writing about the area of concern.
- In collaboration with the student, the course faculty and other appropriate faculty members (i.e., course lead faculty or faculty advisor) will develop an individualized plan for student success using the [Performance Improvement Plan \(PIP\) Form](#).
- The student may agree to participate in the plan by reviewing and signing the written outline.
 - A Statement of Concern will be initiated if a student chooses not to participate in a Student Success Plan.
- Upon completion of the plan, faculty will re-evaluate the student's performance and determine whether the action has resulted in success for the student. If improvement is not achieved, the Student Success Plan will be escalated to a Statement of Concern, which will include a determination of whether the student will continue in the program with their cohort.

Circumstances that may indicate a Student Success Plan include, but are not limited to, the following:

- Inability to meet standards, expectations, or grades in a course.
- Lack of performance, engagement, or professionalism.
- Tardiness or inability to meet attendance standards (for instance, unexcused absences from required classroom or lab sessions).
- Inability to safely and correctly perform necessary nursing skills within a clinical environment.
- Inappropriate dress, hygiene, language, or behavior during a class or lab session.
- Demonstrates inconsiderate treatment of clients, classmates, faculty, or agency staff.
- Comes to clinical without required assignments, information, or knowledge.

Multiple occurrences or reoccurrences of these behaviors, or failure to adhere to the coaching plan, will be escalated to a Statement of Concern.

Statement of Concern

A Statement of Concern is documentation of a formalized, individualized behavioral contract between the student and nursing program faculty. Students are expected to adhere to the policies of LCC, as well as the policies of the nursing programs. A Statement of Concern may be issued immediately rather than a Student Success Plan, depending on the severity of the occurrence. The Statement of Concern will be utilized for students who demonstrate substandard performance or non-compliance in areas such as professionalism, clinical practice, laboratory work, or policy violations. A student may fail a course (academic non-progression) or be dismissed from the nursing program related to a Statement of Concern, depending on the severity of the violation.

Steps for issuing a Statement of Concern may include, but not be limited to, the following:

- Faculty will communicate with the student verbally and in writing about the area of concern.
- If the policy violation is deemed significant, the dean of instruction/nursing programs director will consult with the initiating faculty and the assistant program director to determine the appropriate course of action, which may include:
 - Escalation to a final Statement of Concern
 - Failure of the course
 - Dismissal from the program
- Following this decision, the initiating faculty member is responsible for completing the [Performance Improvement Plan \(PIP\) Form](#). They will then meet with the student (with either the assistant program director or a tenured member of the faculty) to discuss the area of concern, communicate the decision, and outline any indicated remedial actions.
- Faculty will notify the dean of instruction/nursing programs director of any policy violation and place a signed copy of the PIP Form in the shared Nursing Student Practicum Evaluations Google Drive and the student's physical program file. The faculty will also make a note in the EAB Navigate system.
- If dismissal from the program is recommended, or if this is the final Statement of Concern, the assistant program director or another tenured faculty member will attend the meeting with the student and the course faculty.
- Upon completing the steps outlined in the Statement of Concern, faculty will re-evaluate the student's performance and determine whether the conditions of the action plan have been met and whether the student has achieved success, allowing them to continue in the program. Resolution of the behavior(s) must be evaluated and resolved within the quarter initiated, or within a designated timeline agreed upon by all involved faculty.

Behavioral Standards violations may include, but are not limited to:

- ***Breach of the terms of a Student Success Plan***, refusal to participate in the Student Success Plan, or recurring similar behaviors after a Student Success Plan has been concluded.
- ***Violates or threatens the physical safety of the client***: for instance, the student nurse neglects the use of fall-prevention measures, comes unprepared to clinical, or leaves the bed in an elevated position.
- ***Violates or threatens the psychological safety of the client***: for instance, the student nurse dismisses or belittles the patient's feelings, breaches privacy or confidentiality, makes judgmental or critical remarks (whether or not in the patient's presence), or ignores a patient's emotional needs.

- ***Violates or threatens the microbiological safety of the client, self, or others:*** for instance, the student nurse fails to recognize when they violate technique and precautions, neglects to follow hand hygiene policies, participates in a clinical experience while ill, or disregards isolation precautions.
- ***Violates or threatens the chemical safety of the client:*** for instance, the student nurse fails to follow the “Rights of Administering Medications,” fails to monitor IV infusions safely, or fails to identify and follow through on significant nursing implications related to medications.
- ***Violates or threatens the thermal safety of the client:*** for instance, the student nurse fails to observe safety precautions during oxygen therapy or heat/cold treatments.
- ***Inadequately and/or inaccurately utilizes the nursing process:*** for instance, the student nurse fails to observe or promptly report critical assessment data or a change in the patient’s condition.
- ***Violates previously mastered principles/learning objectives*** in carrying out nursing care skills.
- ***Assumes inappropriate independence in actions or decisions:*** student nurse fails to seek supervision and therefore creates a potentially unsafe situation.
- ***Violates patient privacy or confidentiality*** policies, resulting in a HIPAA violation.
- ***Repeatedly disregards appearance and uniform policies.***
- ***Violates academic integrity standards*** (not limited to):
 - Plagiarizes
 - Falsifies records (print or electronic)
 - Accesses or attempts to access unauthorized materials during an exam
- ***Incivility or bullying:*** rude, disruptive, or disrespectful speech or behavior toward a peer, faculty, client, visitor, or member of the healthcare team.
- Any action or lack of action resulting in ***grievous patient harm or a substantial risk of harm.***

If a student fails to comply with the terms of a Statement of Concern or behaviors recur, the dean of instruction/nursing programs director will consult with the initiating faculty and the assistant program director to determine the appropriate course of action, which may include, but is not limited to:

- Escalation to a final Statement of Concern
- Failure of the course (inclusive of academic non-progression)
- Dismissal from the program

References

- BYU-Idaho Department of Nursing. (2023). [Performance improvement plan](#).
- South Dakota State University College of Nursing. (2018). [Student performance improvement plan \(PIP\) form](#).
- University of Pittsburgh School of Nursing (2023). [Policy No. 368: Student performance improvement](#).

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Appendix B: Nursing Practice Information

Cultural Competence in Healthcare

The Washington State legislature requires all health care providers licensed by the Department of Health to receive multicultural health awareness education and training. Please review the [National CLAS Standards](#) (National Standards for Culturally and Linguistically Appropriate Services). These standards are intended to promote health equity, improve quality, and help eliminate health care disparities. This handout is in your Nursing Orientation packet and can also be found on the [US Health & Human Services](#) website.

Licensure

Upon completion of the first four quarters of the Nursing Program and an additional Personal Vocational Relationships course (offered online Lower Columbia College Continuing Education), students may apply for state licensure as a Practical Nurse by examination (NCLEX–PN) in Washington. Practical Nurse Licensure is not required for progression in the program. Completion of the full Nursing Program fulfills the requirements of the Associate Degree and qualifies students to apply for state licensure as a Registered Nurse by examination (NCLEX–RN).

LPN Scope of Practice in the Student Role

The nursing program recognizes the work experience of LPNs entering the program. However, students entering the associate degree program are pre-RN licensure. The associate degree program at LCC includes clinical/practicum experiences at the RN scope of practice level (beyond the scope of LPN licensure in many cases). It is imperative that students entering the program as LPNs maintain a learning perspective and recognition of the student scope. ***Always consult with the clinical instructor if there is any question about whether an action is beyond the student scope*** (without direct supervision).

Standards of Nursing Conduct or Practice

National Council of State Boards of Nursing (NCSBN) [Scope of Practice Decision Tree](#)

WAC 246-840-700: *Standards of nursing conduct or practice.*

- (1) The purpose of defining standards of nursing conduct or practice through WAC [246-840-700](#) and [246-840-710](#) is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter [18.79](#) RCW. Violation of these standards may be grounds for disciplinary action under chapter [18.130](#) RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;
- (2) The nursing process is defined as a systematic problem-solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

Comparison of Standards of Nursing Conduct or Practice

(a) Registered Nurse:

Minimum standards for registered nurses include the following:

- (i) Standard I - Initiating the Nursing Process:**
 - (A) Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;
 - (B) Nursing Diagnosis/Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;
 - (C) Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;
 - (D) Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and
 - (E) Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;
- (ii) Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:
 - (A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);**
 - (B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 240-840-010(10);**
 - (C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff; and**
 - (D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405;**
- (iii) Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.

(b) Licensed Practical Nurse:

Minimum standards for licensed practical nurses include the following:

- (i) Standard I – Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;
 - (A) Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific

data as directed, and communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;

- (B)** Nursing Diagnosis/Problem Identification: The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
- (C)** Planning: The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
- (D)** Implementation: The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
- (E)** Evaluation: The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;

(ii) Standard II Delegation and Supervision: Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:

- (A)** The practical nurse may delegate selected nursing tasks to competent individuals in selected situations in accordance with their education, credentials and competence as defined in WAC 246-840-010(10).
- (B)** The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;
- (C)** The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and
- (D)** In community based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers:

(iii) Standard III Health Teaching. The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) The following standards apply to registered nurses and licensed practical nurses:

- (a)** The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behavior, actions, attitudes, and feelings of others; and
- (b)** The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and
- (c)** The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(6) Other responsibilities:

- (a)** The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;
- (b)** The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

- (c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.
- (d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and
- (e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter [70.02](#) RCW

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.250](#). WSR 22-23-130, § 246-840-700, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW [18.79.110](#), [18.79.260](#) (3)(f), [18.88A.210](#), 2003 c 140. WSR 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

WAC [246-840-705](#) - Functions of a registered nurse and a licensed practical nurse.

Comparison of the Functions of the RN and the LPN

- (1) Registered Nurses:** The registered nurse performs acts that require substantial knowledge, judgment and skill based on the principles of biological, behavioral, health and nursing sciences. Such acts are grounded in the elements of the nursing process which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, super-vision, delegation and evaluation of nursing practice; and

Registered Nurses: The registered nurse functions in an **independent role** when utilizing the nursing process as defined in WAC 246-840-700(2) to meet the complex needs of the client.

In an **interdependent role** as a member of a health care team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care.

The registered nurse functions in an **interdependent role** when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician.

A registered nurse may not accept delegation of acts not within his or her scope of practice.

- (2) Licensed Practical Nurses:** The licensed practical nurse performs services requiring knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen. The licensed practical nurse recognizes and is able to meet the basis needs for the client, and gives nursing care under the direction and supervision, to clients in routine nursing situations. A routine nursing situation is one that is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge. In complex nursing care situations, the licensed practical nurse functions as an assistant to the registered nurse and facilitates client

care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care; and

Licensed Practical Nurses: The licensed practical nurse functions in an **inter-dependent role** to deliver care as directed and assists in the revision of care plans in collaboration with the registered nurse. This shall not be construed as authorizing an independent role for the LPN.

The licensed practical nurse functions in a **dependent role** when executing a medical regimen under the direction and supervision of an advanced registered nurse practitioner, licensed physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician.

A licensed practical nurse may not accept delegation of acts not within his or her scope of practice.

[Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-705, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-705, filed 6/18/97, effective 7/19/97.]

WAC [246-840-710](#) - Violations of standards of nursing conduct or practice.

The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter [18.130](#) RCW:

- (1) Engaging in conduct described in RCW [18.130.180](#);
- (2) Failure to adhere to the standards enumerated in WAC [246-840-700](#) which may include but are not limited to:
 - (a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;
 - (b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or legibly;
 - (c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;
 - (d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with nursing standards;
 - (e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;
 - (f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;
 - (g) Willfully causing or contributing to physical or emotional abuse to the client;
 - (h) Engaging in sexual misconduct with a client as defined in WAC [246-840-740](#); or
 - (i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;
- (3) Failure to adhere to the standards enumerated in WAC [246-840-700](#)(2) which may include:
 - (a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as

prohibiting delegation to family members and other caregivers exempted by RCW [18.79.040](#)(3), [18.79.050](#), [18.79.060](#) or [18.79.240](#); or

- (b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;
- (4) (a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety;
(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or
(a) Writing prescriptions for drugs unless authorized to do so by the commission;
- (5) Other violations:
 - (a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;
 - (b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons, or
 - (c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;
 - (d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in chapter [43.830](#) RCW [RCW [43.43.830](#)] and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or
 - (e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC [246-840-730](#)
- (6) The nurse shall only practice nursing in the state of Washington with a current Washington license;
- (7) The licensed nurse shall not permit his or her license to be used by another person;
- (8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;
- (9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or
- (10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW [18.79.010](#), [18.79.110](#), and [18.79.250](#). WSR 22-23-130, § 246-840-710, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW [18.79.110](#). WSR 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

Nursing Technician

WAC 246-840-840 - *Nursing Technician*

The purpose of the nursing technician credential is to provide additional work-related opportunities for students enrolled in an LPN, ADN, or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.

- (1) The nursing technician is as defined in WAC 246-840-010(18).
- (2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.
- (3) The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.340. WSR 22-04-082, § 246-840-840, filed 1/31/22, effective 5/13/22. Statutory Authority: RCW 18.79.110 and 2012 c 153. WSR 13-15-064, § 246-840-840, filed 7/15/13, effective 8/15/13. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-840, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-840, filed 6/18/97, effective 7/19/97.]

WAC 246-840-850 - *Use of nomenclature.*

- (1) Any person who meets the definition of nursing technician under WAC 246-840-010(21) shall use the title nursing technician.
- (2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under chapter 18.79 RCW, unless otherwise exempted by chapter 18.79 RCW.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.340. WSR 22-04-082, § 246-840-850, filed 1/31/22, effective 5/13/22. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-850, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-850, filed 6/18/97, effective 7/19/97.]

WAC 246-840-860 - *Nursing technician criteria.*

To be eligible for employment as a nursing technician a student must meet the following criteria:

- (1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.
- (2) Currently enrolled in a nursing commission approved program will be considered to include:
 - (a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;
 - (b) Thirty days after graduation from an approved program; or
 - (c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.
 - (d) Current enrollment does not include:
 - (i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

- (ii) Students who are awaiting the opportunity to reenroll in nursing courses.

[Statutory Authority: RCW [18.79.110](#), [18.88A.060](#) and 2020 c 76. WSR 21-04-016, § 246-840-860, filed 1/22/21, effective 2/22/21. Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-860, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW [18.79.160](#). WSR 97-17-049, § 246-840-860, filed 8/15/97, effective 9/15/97.]

WAC 246-840-870 - Functions of the nursing technician.

- (1) The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:
- (2) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.
- (3) May gather information about patients and administer care to patients.
- (4) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.
- (5) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
- (6) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.
- (7) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-870, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-870, filed 6/18/97, effective 7/19/97.]

WAC 246-840-880 - Functions of the registered nurse supervising the nursing technician.

The registered nurse who is responsible for supervising the nursing technician:

- (1) Is accountable at all times for the client's safety and well-being.
- (2) Is responsible at all times for the nursing process as delineated in WAC [246-840-700](#) and this responsibility cannot be delegated.
- (3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient/resident.
- (4) Shall be immediately available at all times to the nursing technician.

- (5) Shall have knowledge of the specific nursing functions the nursing technician is authorized to perform. The authorized functions appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-880, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-880, filed 6/18/97, effective 7/19/97.]

WAC 246-840-890 - Functions of the employing facility.

In addition to the responsibilities required by RCW [18.79.360](#) (4)(e), the employer of the nursing technician shall:

- (1) Verify the nursing technician's enrollment in a nursing program approved by the commission.
- (2) Verify that the nursing technician continues to qualify as a nursing technician and continues to be in good standing within three weeks of completion of each academic term (semester or quarter).
- (3) Obtain and maintain written documentation of the specific nursing functions that the nursing technician may perform from the approved nursing program.
- (4) Follow their own guidelines, policies, principles and procedures relating to nursing technicians.
- (5) Identify the student nurse as a "nursing technician."
- (6) Advise the department and nursing program of any practice-related action taken against the nursing technician. The employing facility shall notify the department at P.O. Box 47864, Olympia, Washington, 98504-7864.
- (7) Provide training regarding the provisions of RCW [18.79.330](#) through 18.79.370 as specified in RCW [18.79.360](#) (4)(e).

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-890, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-890, filed 6/18/97, effective 7/19/97.]

WAC 246-840-900 - Functions of the nursing program.

The nursing program in which the nursing technician is enrolled should:

- (1) Provide to the employer written documentation of specific nursing functions the nursing technician may perform. This documentation should be based upon, and limited to, the nursing technician's education and demonstrated ability to safely perform the functions listed.
- (2) Provide to the employer and the commission written documentation when a nursing technician is no longer considered to be in good standing as defined in WAC [246-840-010](#)(16). The nursing program should notify the employer and the commission immediately if the nursing technician is no longer in good standing. Notification to the commission should be sent to P.O. Box 47864, Olympia, Washington, 98504-7864.

[Statutory Authority: Chapter [18.79](#) RCW and 2003 c 258. WSR 04-13-053, § 246-840-900, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter [18.79](#) RCW. WSR 97-13-100, § 246-840-900, filed 6/18/97, effective 7/19/97.]

WAC 246-840-905 - *How to register as a nursing technician.*

- (1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington, 98504-7864.
- (2) Every applicant shall provide:
- (3) The application fee under WAC 246-840-990.
 - (a) Verification of seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8.
 - (b) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date.
 - (c) A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW 18.79.360(4).

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-905, filed 6/11/04, effective 6/11/04.]