



**CENTRAL OREGON COMMUNITY COLLEGE**

2022-2023 Nursing Program

# NURSING PROGRAM ENTRANCE AND TECHNICAL STANDARDS AND POLICIES

## CENTRAL OREGON COMMUNITY COLLEGE NURSING PROGRAM

## Nursing Program Entrance Policies

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**Policies for Entrance, Readmission, Advanced Placement or Transfer into the Nursing Program**

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**TITLE: Oregon Health Authority Standardized Administrative Rules**

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**POLICY:** Since July 1, 2014, health profession students are required to meet a standardized, universal set of administrative requirements prior to doing clinical training in Oregon. These requirements include immunizations, screenings, and background checks. Students are responsible for gathering, providing and maintaining all the required evidence and documentation demonstrating completion of the administrative requirements. For detailed information, please see Oregon Administrative Rule 409-030-0100.

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**TITLE: Immunizations / TB Screening / CPR**

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**POLICY:** In order to enter, reenter, advance place, or transfer into the Nursing Program, all of the following documentation must be on record with the Nursing Department Administrative Assistant. Deadlines for turning in this documentation for entering students are found in the *Welcome To First Year* letter included in the admission packet. Reentering, advanced placement, and transfer students will work directly with a faculty member in establishing timelines. For annual requirements, second year students must show completion prior to the beginning of Fall term, and the results for CPR must be valid through the end of the academic year. **Any student not turning in the required documentation by the established deadline will forfeit his/her seat in the program.** Entering students will have to re-apply for admission. **NO EXCEPTIONS.** *Please contact the Nursing Department Administrative Assistant for help and questions before the deadline passes.*

**Nursing Department Administrative Assistant  
541-383-7569**

**PROCEDURE** Students are required to submit copies of the required immunizations and screenings to the Verified Credentials and My Clinical exchange websites by the established deadline noted in the Admission checklist. These records may be shared with our community partners to ensure compliance with their policies.

**Immunizations/TB Screening for 1<sup>st</sup> year/AP Nursing Students**

The following immunizations and screenings are required by the Oregon Health Authority Standardized Administrative Rule 409-030-0100 for healthcare providers. Only medical exemptions are accepted. **Note: Any medical exemption must be signed by a local medical professional, and must be approved by the department chair.**

<b>Hepatitis B Vaccine</b>	<p>Documentation of Hepatitis B surface antibody test (titer) showing positive immunity, obtained within one year.  <b>If the titer is negative then a 2<sup>nd</sup> series must be completed.**</b></p> <p>If you have not had the Hepatitis B series, <b>then</b> the series must be started according to the schedule below:  <b>May use Three dose Engerix- B or Recombivax HB:</b></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose before Aug. 31<sup>st</sup></li> <li>• 2<sup>nd</sup> dose 1 month after the 1<sup>st</sup> dose</li> <li>• 3<sup>rd</sup> dose 6 months after the 2<sup>nd</sup> dose</li> <li>• Titer 1 month after the 3<sup>rd</sup> dose</li> </ul> <p><b>Or may use the Two Dose Heplisav-B:</b></p> <ul style="list-style-type: none"> <li>• One month apart</li> </ul> <p><b>**If the titer is still negative after the 2<sup>nd</sup> series the student will be considered a non-responder and will require no further action.</b></p>
<b>MMR Vaccine</b> (measles, mumps, rubella)	<p>Documentation of 2 MMR vaccinations at least 4 weeks apart  <b>OR</b></p> <ul style="list-style-type: none"> <li>• Series in progress: <ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose before Aug. 31<sup>st</sup></li> <li>• 2<sup>nd</sup> dose at least 4 weeks after the 1<sup>st</sup> dose</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Results of Measles, Mumps, &amp; Rubella titers showing immunity</li> </ul> <p><b>*if any component titer is negative, vaccine series must be completed.</b></p>
<b>Varicella Vaccine</b>	<p>Documentation of 2 doses of Varicella vaccine at least 4 weeks apart.  <b>OR</b></p> <p>Series in progress:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose before Aug. 31<sup>st</sup></li> <li>• 2<sup>nd</sup> dose at least 4 weeks after 1<sup>st</sup> dose</li> </ul> <p><b>OR</b></p> <p>Results of Varicella titer demonstrating immunity</p>
<b>Tdap</b> (tetanus, diphtheria, pertussis)	<p>Documentation of at least one dose after 11 years old  Td (tetanus/diphtheria) must be within the past 10 years</p>
<b>TB Test</b>	<p>Documentation of a <b>Quantiferon Gold or T-Spot</b> within the past 2 years.  *Students with a past positive TB test must provide documentation of the test and follow-up chest x-ray and treatment must be completed by the 1<sup>st</sup> day of class.</p>
<b>Influenza Vaccine</b>	<p>Influenza vaccine will be administered during Fall term when the vaccine for the year is available.</p>
<b>CPR</b>	<p><b>American Heart Association BLS Provider CPR card:</b>  Students must provide a <u>copy</u>, not original, of the front and back of a CPR card for health care workers to the Nursing Department Administrative Assistant by the established deadline. Cards must be current through the academic year (June 30<sup>th</sup>, 2022).</p>
<b>COVID</b>	<p>COVID Vaccination is required for all students and clinical faculty members for the 2022/2023 academic year. Our Primary clinical partner St Charles, does not accept exceptions for nursing students. Following the Centers for Disease Control and Prevention (CDC), COCC defines "fully COVID-19 vaccinated" as: two doses of the Pfizer-BioNTech or Moderna COVID-19 vaccine or one dose of the Janssen/Johnson &amp; Johnson COVID-19 vaccine, with full effectiveness as of the 15th day after the last dose.</p>

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**TITLE****Criminal Background Check: Conditions That May Affect Entrance, Clinical Placement, and/or Continuation in the Nursing Program**

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**Nursing Program Policy**

The Nursing Program is required to conduct a national criminal background check of all entering students through a college designated organization. The organization will search law enforcement data systems and must be initiated prior to beginning, re-entering, advance placing or transferring into the Nursing Program, and no sooner than one year prior to enrollment in the nursing courses. Students that have not initiated this process by the established deadline will be denied admission to the Nursing Program per Oregon State Board of Nursing regulations. For students failing the record check, admission into or continuation in the nursing course may not be possible. This will be determined on a case by case basis in conjunction with our clinical partners.

The Nursing Program has the right to deny admission or progression in the program to any student whose background poses a threat to an individual, the College, the Nursing profession, and/or the community, or to any student that is in violation of the Oregon Nurse Practice Act. (Oregon Administrative Rules, 851-021-0055 Standards for Approval: Students, (6) Students are required to submit to a criminal background check to identify criminal convictions that may: (a) Pose a risk to public safety; (b) Preclude the ability to complete required clinical practicum; or (c) Result in Notice to Deny Licensure on application for initial licensure in Oregon.)

Please see the following Oregon Administrative Rules for details: **State and Nationwide Criminal Records Checks, Fitness Determinations**, OAR 851-031-0007; **Conduct Derogatory to the Standards of Nursing Defined**, OAR 851-045-0070; **Criminal Conviction History/Falsification of Application - Denial of Licensure; Revocation of Licensure**, OAR 851-045-0080; and will follow all rules regarding **Mandatory Reporting** OAR 851-045-0090; as well as **Oregon House Bill 2442, Section 6; and the Department of Human Services, Chapter 407, Division 7: Criminal Record and Abuse Check.**

For the full documents go to: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN), under Administrative Rules and [http://www.oregon.gov/DHS/admin/crim\\_checks/index.shtml](http://www.oregon.gov/DHS/admin/crim_checks/index.shtml)

**COCC  
COLLEGE POLICY:****Purpose:**

Criminal history checks are a crucial piece to a student's successful completion in a program that requires a clinical setting, State licensure or National certification, or before a student enters a facility that provides services to vulnerable people. Consistent with this principle, criminal background checks will be performed according to the following guidelines.

**Expectations**

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1. Students who have been admitted, readmitted, advanced placed or transferred into the Nursing Program must initiate a criminal background check on, or before the established deadline.
    - a. Failing to meet this deadline will result in the student being administratively withdrawn from the program and their seat given to an alternate student.
    - b. Only the vendor specified by Central Oregon Community College, Verified Credentials, may be used for the criminal background check.
    - c. Students will be required to sign a waiver giving the vendor permission to share their background information with the Nurse Administrator, Nursing Department Chair, and appropriate college representative and, if requested, with the administrator of the assigned clinical placement site.
    - d. Alternate students must initiate the criminal background check, by the date specified, after they have secured a seat in the Nursing Program.
    - e. The criminal background check is valid for the duration of the students program of study.
  
  2. Clinical partners and the Oregon State Board of Nursing (OSBN) make fitness determinations consistent with those practices set forth by the Oregon Administrative Rules (OARs) and the US Equal Employment Opportunity Commission (EEOC).
    - a. Please be advised that Division 1 of the Oregon Administrative Rules advises that the Oregon State Board of Nursing views the following crimes as ones that are "likely to result in denial unless there are significant mitigating circumstances" **OAR 851-001-0115**:
      - i. Aggravated murder
      - ii. Murder
      - iii. Rape 1
      - iv. Sodomy 1
      - v. Unlawful sexual penetration
    - b. Sexual Abuse
    - c. It also states that the following crimes and/or criminal offender information may be "potentially disqualifying":
      - i. All Felonies.

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- ii. All misdemeanors.
  - iii. Any U.S. military crimes or international crimes.
  - iv. Sex offender registration
  - v. Conditions of parole, probation, or diversion program
  - vi. Unresolved arrest, charge, pending indictment or outstanding warrant
- d. Community partners may also consider the instances listed above as “likely to result in denial” or “potentially disqualifying.” Most community partners will consider background discrepancies on a case-by-case basis. Their criteria for approval is likely to consider EEOC “Green Factors,” which state that employers must carefully consider the following:
- i. The nature and gravity of the offense or conduct
  - ii. The time that has passed since the offense or conduct and/or completion of the sentence
  - iii. The nature of the job held or sought
- e. In addition to EEOC guidelines, the OSBN will consider
- i. Passage of time since commission of the crime
  - ii. Age of the individual at the time of the crime
  - iii. The likelihood of a repetition of the offense(s)
  - iv. Whether the conviction was set aside
  - v. Letters of support that supply evidence of the individual’s current character
- f. Some clinical partners have reported that they will also consider
- i. Conduct since the commission of the crime
  - ii. Completion of conditions set forth during sentencing
  - iii. The number of offenses
  - iv. Evidence that the individual has worked post-conviction with no known incidents of criminal conduct
  - v. Length and consistency of employment history before the offense
  - vi. Efforts toward rehabilitation
- g. If you have a discrepancy in your clinical background check, please contact the Nursing Department. We recommend that you be ready to describe the numbered items above. We also recommend that you seek a character reference from someone who can attest to your current conduct. The Department will include these materials when they submit your background materials to our community partners.
3. While enrolled in the Nursing program, the student must disclose immediately to the Nurse Administrator, in writing, within five business days or prior to the next scheduled clinical day, whichever comes first, any warrants, arrests, charges, or convictions that arise from the time the check was initiated and through the end of the program. Failure to disclose or concealing a crime is grounds for immediate dismissal from the program.

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The Nursing Program reserves the right to require additional criminal background checks at the cost to the student.

- a. Upon written notification, the Nurse Administrator, Nursing Department Chair and appropriate College representatives will review the student's status in the Nursing Program.
  - i. A possible outcome of the review may be the student's inability to continue in the Program.

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**PROCEDURE:            Verified Credentials**

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**Central Oregon Community College** has partnered with Verified Credentials to manage your program requirements including the following:

- Criminal Background Check
- Drug Screen
- Immunizations
- TB Screening
- CPR certification

To access go to: <http://scholar.verifiedcredentials.com/cocc>

**How It Works:**

1. **Enter code for the program you will be attending** located above the "Get Started!" button on the right side of the page. The code will be provided in your admission packet.
2. Create an account
3. Enter all required information
4. Review required information
5. Upload official documentation

You may track your progress on your account. Information will automatically be shared with your school. All VCI reports that list discrepancies will be shared with our clinical partners.

If you have any questions, the Client Services Team is ready to assist you. Please call VCI at 800.938.6090 or email at [ClientServices@verifiedcredentials.com](mailto:ClientServices@verifiedcredentials.com).

St. Charles Health System has partnered with My Clinical Exchange as a method to track all students in their system. <https://myclinicaexchange.com>

Once admitted into the program you will receive more information on uploading documents into this service.

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**TITLE:**

**Disqualification Based on Background Checks**

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**POLICY:** All applicants whose background checks reveal potentially disqualifying information will be



reviewed individually by the Nurse Administrator, Nursing Department Chair and/or appropriate College representative. Potentially disqualifying information includes, but is not limited to:

- Likely or Potentially Disqualifying Crimes: OAR 851-001-0115
  - Seriousness of the crime
  - Applicability of the crime to the practice of nursing
  - Elapsed time since the date of conviction
- Arrests that have not resulted in convictions
  - Alleged behavior is job-related
  - When the criminal matter is pending adjudication
- Other potentially disqualifying background information
  - Intentional failure to disclose requested or relevant background information.
  - History of conduct contrary to generally accepted codes of conduct and behavior pertinent to nursing practice.

#### **Conditions That Might Affect Certification/Licensure**

If a student can answer yes to any of the Oregon State Board of Nursing (OSBN) questions listed in the following table, the student should contact the Nurse Administrator immediately to discuss progression in the Nursing program. It is vital that the student voluntarily disclose any mitigating information in writing relevant to his or her background to the Nurse Administrator. This includes at the time of entrance and at any time while enrolled in a Nursing course.

All applicants for certification/licensing exams are required by the Oregon State Board of Nursing to answer the following questions:

OSBN Questions		Yes	No
1	<p>a) In the last two years, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?</p> <p>b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?</p> <p>c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?</p> <p><i>ATTENTION: You must answer YES to this question if you are enrolled in an impaired nurse program in any state or jurisdiction including Oregon. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP), please review the disclosure instructions for Question 1 before answering any of the questions.</i></p>	<input type="radio"/>	<input type="radio"/>
2	Other than any information you may have provided in Question 1, do you have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?	<input type="radio"/>	<input type="radio"/>
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense? <i>ATTENTION: this includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, even if you were not convicted of any charge (for example-no charges were filed, case was dismissed, or you entered a diversion program.) Driving under the influence must be reported here.</i>	<input type="radio"/>	<input type="radio"/>
4	Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations. <i>ATTENTION: You must answer YES to this question even if the allegation was not substantiated.</i>	<input type="radio"/>	<input type="radio"/>
5	<p>a) Have you ever been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.</p> <p>b) Have you ever been found in violation of any state or federal law rule, or practice standard regulating a health care profession?</p> <p><i>ATTENTION: Questions 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</i></p>	<input type="radio"/>	<input type="radio"/>
6	<p>a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? <i>ATTENTION: Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.</i></p> <p>b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?</p>	<input type="radio"/>	<input type="radio"/>
7	Have you ever had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?	<input type="radio"/>	<input type="radio"/>
8	Have you ever had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?	<input type="radio"/>	<input type="radio"/>

Adapted from the OSBN Website: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

**Please note:** falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of licensure/certification. The Oregon State Board of Nursing conducts criminal records checks on all applications through Law Enforcement Data System. If a student can answer YES to any of the above questions, the Oregon State Board of Nursing may deny licensure/certification. If concerned, contact the Oregon

State Board of Nursing (971) 673-0685 or [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

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**TITLE: Substance Abuse and Misuse Drug Screening**

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**POLICY:** All Nursing Program students attend clinical and have patient contact as part of their training program. Therefore, each student will be required to undergo a 10-panel drug screen. Entering students will be administratively withdrawn from class if the required urine drug screen is not completed with the specified vendor, by the deadline indicated in the admission packet. Any student (readmission, advanced placements, and transfer students included) with a positive urine drug screen, will not be allowed to attend clinical and will be immediately dismissed from the Nursing Program.

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**EXPECTATIONS:**

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- 1) The 10-panel drug screen will include the following drugs:
  - a) Amphetamines [including methamphetamine]
    - i) *A positive drug screen for stimulants used in the treatment of Attention Deficit Disorder [ADD] may be approved, only after verification of need with the applicant's Health Care Provider. A letter must be sent by your provider on letterhead, directly to the Nurse Administrator.*
  - b) Barbiturates
  - c) Benzodiazepines
    - i) *A positive drug screen for benzodiazepines used in the treatment of seizure or anxiety disorders may be approved, only after verification of need with the applicant's Health Care Provider. A letter must be sent by your provider, on letterhead, directly to the Nurse Administrator.*
  - d) Cocaine
  - e) Marijuana
  - f) Methadone
  - g) Opiates
    - i) *Students taking opiate medications under the supervision of a health care provider may be allowed to attend lecture class, only after verification of need with the applicant's Health Care Provider. A letter must be sent by your provider, on letterhead, directly to the Nurse Administrator.*
    - ii) *Students taking opiate medications under the supervision of a health care provider will not be allowed to participate in the care of individuals in clinical or in lab. See attendance policy in the Nursing Program Student Handbook.*
- 2) Students must sign a waiver giving the vendor the right to send the results of the drug screen to the Nurse Administrator.
- 3) Once a student has selected to release background, drug, and vaccinations reports through Verified Credentials, Inc. (VCI), the full VCI report may be shared with our community partners. All VCI reports that list discrepancies will be

shared. Community partners reserve the right to evaluate reports on a case-by-case basis to authorize students for participation in clinical, alternative clinical experiences (ACEs), and capstone. Please note that community partner decisions may differ from the decisions made by other community partners or the Oregon State Board of Nursing. Because clinical hours are a required part of program completion and licensure and because placement opportunities are limited, a student who is not approved for participation at these sites may be dismissed from the program.

**TITLE:** **Alcohol and Substance Abuse Re-Screening**

**POLICY:** Any student exhibiting behaviors suggestive of alcohol or substance misuse, or that for any reason poses a threat to patient safety; will be removed from patient care responsibilities, including in the Learning Resource Center (LRC), and sent for alcohol and drug screening. Students may not operate a vehicle until cleared by a physician at the testing facility.

**EXPECTATIONS:**

- 1) The Nursing Program may rescreen any student, for cause, at the student's expense.
  - a) Concerns that may trigger a rescreen for substance abuse:
    - i) Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs. These behaviors include but are not limited to: A change in a person's behavior, such as
      - inappropriate emotional responses
      - inappropriate response/laughter
      - irritable, restless manner
      - impulsive actions
      - repeated tardiness or absence
      - accidents or near-misses involving patients or equipment
      - diminished work performance
    - A change in a person's apparent cognitive function, such as
      - slowed thinking
      - immobilization with resulting inability to think or act
      - threats to kill or harm oneself or another person
      - poor judgment regarding safety issues for self, patients, and coworkers
    - A change in a person's apparent physical symptoms, such as

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- complaints of blurred vision; dilated or constricted pupils; bloodshot eyes
  - slurred speech
  - breath odors or general odor of alcohol
  - excessive sweating
  - emaciated or unusual weight loss
  - tremor or twitching, especially early morning
  - poor coordination or unstable gait
  - complaints of morning headache; abdominal or muscle cramps; diarrhea
  - severe physical distress; e.g., seizures, chest pain, respiratory distress

Violations of law, such as:

- possessing a weapon or hazardous object
- possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with a licensed healthcare provider's order

- 2) It is the responsibility of students to notify the clinical instructor or LRC Coordinator if they are taking any medications that have potential adverse effects on their ability to perform safely and effectively, including medications that are prescribed by a provider.
  - Students may not attend clinical or lab until they have completed a course of medication that may have a negative effect on their clinical performance.
- 3) If a student exhibits behaviors that suggest impairment, the Nursing Program faculty member or a college representative will arrange for the student's safe transportation to the laboratory and home afterwards.
  - Campus security will escort students to a designated facility for body fluid drug screening as soon as the student has been relieved of patient care responsibility.
  - Campus security will not go alone with a student and a student must not be allowed to operate a motor vehicle.
  - Taxi will be used when available, or students may call someone for a ride.
  - The police will be called if the student enters their vehicle and attempts to drive it from the clinical site.
  - The student will bear all expenses of program mandated testing.
  - Students must give written consent for alcohol and drug screening and for results of the screening to be released to the Nurse Administrator.
  - a) Failure to give written consent or failure to provide a legitimate sample for screening will be considered implied admission of substance use in violation of this policy and grounds for dismissal from the Nursing Program.
  - b) The student involved in the alleged substance violation will be excluded from the Nursing Program

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until the test results have been received and reviewed by the Nurse Administrator or in her/his absence, the Lead Clinical Instructor.

- c) If the alcohol and drug screen results are negative, the student may return to the Nursing Program activities.
- The student will be expected to make up missed time and assignments.
  - Opportunity for make-up will be provided.
- d) If the alcohol and drug screen results are positive, the Nurse Administrator will inform the student of their dismissal from the Nursing Program on the grounds of substance use.
- (1) A student who disagrees with the Program's decision can utilize the Central Oregon Community College grievance process outlined in the Student Rights and Responsibilities Handbook found on the COCC webpage.
- e) The Nursing Program will exercise the obligation to act as a mandatory reporter in the event of a positive drug screen.
- (1) If a Nursing student holds a certificate or license issued by the Oregon State Board of Nursing and engages in behavior defined as "Conduct Derogatory to the Standards of Nursing Defined" [see *Oregon Administrative Rules (OAR) 851-045-0070*], the situation will be reported to the Board.

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**TITLE:**           **Technical Standards**

**POLICY:**        Technical Standards \*

The Central Oregon Community College Nursing Program has the responsibility to society to educate competent health care providers to care for their patients with clinical judgment, broadly based knowledge, and competent technical skills at the entry level.

In compliance with state licensing standards and best practices, the program has academic as well as technical standards (non-academic criteria) students must meet in order to successfully progress in and graduate from the program.

The Technical Standards document is provided in order to assure that the students who enter the program know and understand the requirements and can make informed decisions regarding the pursuit of this profession.

#### **TECHNICAL STANDARDS**

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

program should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required for successful completion of the program.

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

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

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

**Cognitive:**

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

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

- Process information thoroughly and quickly to prioritize and implement nursing care.
- Sequence or cluster data to determine patient needs.
- Develop and implement a nursing plan of care for patients in acute, long term and community settings.
- Discriminate fine/subtle differences in medical word endings.
- Report patient data using multiple formats to members of the health care team.
- Appropriately interpret medical orders and patient information found in the medical record.
- Perform math computations for medication dosage calculations.
- Apply knowledge/skills gained through completion of program prerequisites, including requirement for computer proficiency.

**Physical:**

**Motor:**

1. Coordinate fine and gross motor movements.
2. Coordinate hand/eye movements.

3. Negotiate level surfaces, ramps, and stairs.
4. Work effectively and efficiently within a limited space.
5. Effectively manage psychomotor tasks to provide safe patient care for up to a twelve (12) hours clinical shift.

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

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

**Sensory:**

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

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

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



care.

- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
- Feel or note vibrations, such as an arterial pulse, using touch or approved equipment.

**Behavioral:**

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

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

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

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

**Disclosure of a Disability.** Students wishing accommodations must contact Disability Services.

Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The college will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the Program or provide accommodations that inflict an undue burden on the respective College. Students who disclose a disability and request accommodation after the educational Program begins may experience a delay in Program progression, although all efforts will be made to promptly accommodate the student.

**Disability affecting licensure:** The RN licensing process is under the control of the Oregon Board of

Nursing and not COCC. More information is available here:

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=255970> and  
[https://www.oregon.gov/OSBN/Documents/FAQ\\_NCLEX\\_Accommodations.pdf](https://www.oregon.gov/OSBN/Documents/FAQ_NCLEX_Accommodations.pdf)

If a student has concerns that a disability may affect eventual licensure as an RN, they may contact the Oregon Board of Nursing. Additionally, The National Council Licensure Exam, (NCLEX) is required for all RN applicants and does not utilize the same accommodation process as COCC. Information on the NCLEX exam is available here: <https://www.ncsbn.org>



**Nursing Program– Letter of Agreement**

This **Letter of Agreement** is to be read and signed by every student upon entering the Nursing Program or upon enrollment in a Nursing (NUR) course at Central Oregon Community College.

**Student Name:** \_\_\_\_\_  
*Please Print Clearly*

**Student ID Number:** \_\_\_\_\_

**My signature confirms the following: that I have been provided with a copy of the *Nursing Program Entrance and Technical Standards handbook*, and have read and understand its content, and that I agree to abide by the policies detailed therein. Furthermore, I understand that failure to abide by the policies will result in a review of my progression in the Nursing Program and will result in a progression Communication Record or a Probationary Record as determined by the Nursing Faculty; or could result in immediate dismissal from the Nursing Program as determined by the Nursing Faculty, Nurse Administrator and Nursing Department Chair and appropriate College Administration representatives. I understand that this signed *Letter of Agreement* will be placed in my student file and that I am to retain the student copy for my personal files.**

**STUDENT COPY**

Date: \_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_  
Nurse Administrator



**Nursing Program – Student Statement of Understanding  
Criminal Background Check**

Student Name: [print] \_\_\_\_\_ [Student ID] \_\_\_\_\_

***Please read and initial each item, then sign and date at the bottom of the page.***

\_\_\_\_\_ I have received the packet of information that explains the process of initiating a criminal background check and the crimes that would disqualify me from admission to a Nursing Program.

\_\_\_\_\_ I understand that in accordance with Oregon Department of Human Services (DHS), Oregon Health Authority, Oregon State Board of Nursing (OSBN) and Central Oregon Community College: Nursing Programs rules and policies, all Nursing Programs students are required to initiate a criminal background check. The background check should be initiated no sooner than one year prior to enrollment and on or before August 31st.

\_\_\_\_\_ I understand that I must sign and submit this “Criminal Background Check Statement of Understanding” to the Admissions and Records Department on or before the deadline date specified in the Admission packet. If the Admissions and Records Department does not receive this document by the date specified, my space will be given to a student on the alternate list.

\_\_\_\_\_ I understand that Verified Credentials will allow the Nurse Administrator in the Nursing Program, in which I am enrolled, to access the results of my criminal background check including any crimes listed on the DHS and OSBN disqualifying crimes list.

\_\_\_\_\_ I understand that I am required to disclose any outstanding warrants, arrests, or past arrests, charges, and convictions, and if admitted to a Nursing Program, I agree to disclose any warrants, arrests, charges, or convictions that occur while I am a student in the program. Failure to disclose or concealing a criminal background will result in denial of admission or dismissal from the Nursing Program in which I am enrolled.

\_\_\_\_\_ I understand that the Nursing Program in which I am enrolled reserves the right to require additional criminal background checks for cause, or if there is an approved interruption in my course of study.

\_\_\_\_\_ I understand that Verified Credentials, conducts criminal background checks for the COCC Nursing Department Programs, and any individual that has been disqualified based on the background check, may challenge the accuracy and completeness of their record check through the vendor.

\_\_\_\_\_ I understand that any student deemed disqualified by the criminal background check has a right to appeal through the Central Oregon Community College student appeals process.

\_\_\_\_\_ My signature on this document signifies that I have read, understand and agree to the criminal background check policy and that I authorize release of the results of the background check to the Nurse Administrator, in the Nursing Program in which I am enrolled, and to all clinical sites to which I am assigned while in the program.

**DISCLOSURE REGARDING BACKGROUND REPORTS**

With your authorization, Central Oregon Community College (the "Organization") will obtain a background report about you for purposes of your participation in an educational program with it, which may include participation in a clinical or other similar program(s). The authorization you give will allow the Organization to obtain this report, as well as additional reports, before and during your attendance there. These reports may include information about your character, general reputation, personal characteristics and/or mode of living, whichever may be applicable. Contained in these reports may be criminal record information about you, information about your prior employment, education, licenses and certifications or other background information about you.

**AUTHORIZATION TO OBTAIN BACKGROUND REPORTS**

I certify that I have received, read and understand the separate documents entitled Disclosure Regarding Background Reports, Disclosure Regarding Investigative Background Reports and (if applicable) A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize Central Oregon Community College (the "Organization") to obtain background reports regarding me. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

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

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Nurse Administrator Signature

**OFFICIAL COPY  
TO BE ON FILE**



**Nursing Program – Student Statement of Understanding  
Screening for Substance Abuse and Misuse**

Student Name: [print] \_\_\_\_\_ [Student ID] \_\_\_\_\_

***Please read and initial each item, then sign and date at the bottom of the page.***

\_\_\_\_\_ I have received the Nursing Program, Substance Abuse and Misuse Drug Screening Policy and information that explains the process of initiating a Urine Drug Screen for Substance of Abuse or Misuse.

\_\_\_\_\_ I understand that in accordance with Oregon Health Authority rules and policies, all Health Careers Programs students who attend a clinical, which requires patient contact, are required to initiate a 10-panel urine drug screen for 8 substances of abuse, no later than the due date specified in the admissions packet. Tested drugs are:

1. Amphetamines [including methamphetamines]
  - a. *Amphetamines used in the treatment of Attention Deficit Disorders may be exempt. See policy manual.*
2. Barbiturates
3. Benzodiazepines
  - a. *Amphetamines used in the treatment of seizure or anxiety disorders may be exempt. See policy manual.*
4. Cocaine
5. Marijuana
6. Methadone
7. Opiates
  - a. *Opiates used in the treatment of acute pain may be exempt. See policy manual.*
8. Phencyclidine

\_\_\_\_\_ I understand that I must sign and submit this “Statement of Understanding” to the Admissions and Records Department on or before the deadline date specified in the admission packet. If the Department’s Administrative Assistant does not receive this document by the date specified, I will be administratively withdrawn from the program and my seat forfeited to a student on the alternate list.

\_\_\_\_\_ I understand that the Verified Credentials will allow the Nurse Administrator, in the Nursing Program in which I am enrolled, to access the results of my completed urine drug screen. If I have a positive urine drug screen that prevents me from attending clinical, the Nurse Administrator will notify me of my disqualification from the Program.

\_\_\_\_\_ I understand that Nursing Program reserve the right to require additional urine drug screening, at cost to the student, for cause or if there is an approved interruption in my course of study.

\_\_\_\_\_ I understand that Verified Credentials conducts urine drug screens for Nursing Department Programs and any individual who is disqualified based on their urine drug screen may challenge the accuracy and completeness of their urine drug screen through the vendor.

\_\_\_\_\_ I understand that any student deemed disqualified by the urine drug screen has a right to appeal through the Central Oregon Community College student appeals process.

\_\_\_\_\_ My signature on this document indicates that I have read, understand and agree to the urine drug screen policy and that I authorize release of the results of the urine drug screen to the Nurse Administrator, in the Nursing Department Program in which I am enrolled, and if requested, to the administrator of the clinical placement site. Clinical sites shall make all final clearance and placement decisions.

Student Legal Signature: \_\_\_\_\_ [date] \_\_\_\_\_

**CENTRAL OREGON COMMUNITY COLLEGE**  
**Allied Health and Nursing Program**  
**Immunization Declination Form – only complete if applicable to you**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Statement of Understanding**

I understand that I face possible exposure to contagious diseases in my clinical practicum experience, and at off-campus, externship sites as a health professions student at Central Oregon Community College. This may place me at risk for acquiring preventable, communicable diseases. Appropriate college personnel have advised me to get appropriate vaccinations against these diseases.

I understand that by declining the immunizations indicated below, I continue to be at risk for acquiring preventable illnesses. Because of clinical site requirements, I understand that I cannot waive the TB requirement and that clinical sites are under no obligation to accept a religious waiver. I release Central Oregon Community College and its related externship affiliates from all liability arising because of my refusal to receive required vaccinations.

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

**Exempt Medical** For medical reasons the above listed student is exempt from (check all that apply):

- |                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> MMR   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Tdap      | <input type="checkbox"/> Tetanus   |

The student remains susceptible if exposed.

Medical reason:

\_\_\_\_\_  
 Signature of Health Care Provider Date

\_\_\_\_\_ A signed physician statement verifying the medical reason for not receiving the immunization(s) is attached, in lieu of the above signature.

**Exempt Religious** Because of religious beliefs, I waive the following vaccination(s):  
*Religious exemption may not be accepted by clinical facilities and could result in removal of clinical opportunity and inability to meet the Nursing Program requirements.*

- |                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> MMR   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Tdap      | <input type="checkbox"/> Tetanus   |

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

**OFFICIAL COPY**