



Conemaugh School of Nursing

Student Guide

2021-2022

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General Disclaimer

This guide is subject to revision at any time. The school reserves the right to change, withdraw, or supplement this guide as it deems necessary or appropriate in its policies and operating procedures, curricula, class schedules, course content, training, equipment, tuition and fees, faculty, and staff. Students are individually responsible for being aware of information contained in the guide and any amendments thereto. Failure to read and comply with school regulations will not exempt students from penalties that they may incur. Students are advised to read and fully understand the rules, regulations, and policies stated herein and to retain this guide for use as a reference.

Our Mission, Vision, and Values

Conemaugh Health System is the largest healthcare provider in west central Pennsylvania, serving over a half-million patients each year. Our dedicated clinical and nonclinical staff are committed to providing the ideal patient experience through comprehensive care and attention to our patients' needs.

Our Mission

Making Communities Healthier.

Our Vision

We want to create places where:

- People choose to come for healthcare.
- Physicians want to practice.
- Employees want to work.

Duke LifePoint Promise

Duke LifePoint promises to engage with our patients and people, lead quality innovation, and advance knowledge to improve health in the communities we serve.

High Five Guiding Principles

1. Delivering high quality patient care
2. Creating excellent workplaces for our employees
3. Supporting physicians
4. Providing community value
5. Ensuring fiscal responsibility

LifePoint Core Values

- Honesty
- Integrity/Trustworthiness
- Inclusion
- Compassion
- Legal and Ethical Compliance

Pennsylvania State Board of Nursing Approval

Approval – Conemaugh School of Nursing has appeared on the list of approved nursing schools since the list was compiled in 1918 by the Pennsylvania State Board of Nursing, PO Box 2649, Harrisburg, PA 17105. Phone (717) 783-7142. Fax (717) 783-0822. www.dos.state.pa.us.

Accreditation Commission for Education in Nursing, Inc.

Accreditation – The School is accredited by the Accreditation Commission for Education in Nursing, Inc., 3390 Peachtree Road NE, Suite 1400, Atlanta, Georgia 30326 Phone (404) 975-5000 Fax: (404) 975-5020
www.acenursing.org

Graduates of the ACEN-accredited programs outperform other graduates on licensure and advanced-certification examinations. The ACEN focuses on curriculum, faculty and student outcomes. The ACEN's goals are:

- Supporting nursing education and transition-to-practice programs in obtaining and maintaining accreditation
- Promoting peer-review
- Advocating for self-regulation
- Fostering quality, equity, access, opportunity, mobility, and preparation for practice, or transition-to-practice, at all levels of nursing preparation
- Developing standards and criteria for accreditation

ACEN Mission Statement

The Accreditation Commission for Education in Nursing (ACEN) supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a peer-review, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules and to the oversight of preparation for work in the profession.

PHILOSOPHY

The Conemaugh School of Nursing faculty believe:

Man is a valued person in and of him- or herself to be cared for, respected, nurtured, understood, and assisted without condition or limitation. Man is viewed as greater than, and different from, the sum of his or her parts. Man is a spiritual, moral, mental, physical being who is constantly evolving and adapting to the world and the environment in which he lives. Man is part of a culturally diverse population of individuals, groups, family, and community.

Health is the unity and harmony of mind, body, and soul. It focuses on the entire nature of the individual in the physical, social, esthetic, and moral realms. Health is a subjective self-defined state associated with the degree of congruence between the self as perceived and the self as experienced. Man demonstrates health when there is harmony with the world and openness to diversity.

Nursing is a dynamic, changing, and caring profession in which the utmost concern is for human dignity and preservation of humanity. Nursing consists of knowledge, caring, healing, thought, value, philosophy, commitment, action, passion, and health promotion. Through human-to-human caring transactions, the nurse assists persons to gain a higher degree of harmony within the mind, body and soul which generates self-knowledge, self-reverence, self-healing, and self-care processes while allowing increasing diversity. Nursing possesses a deep respect for the wonders of life and focuses on the power to grow and change while maintaining human dignity and spirituality. Nurses give support and hope in helpless situations. As a professional discipline, nurses collaborate with other health team members and are complementary to the medical profession. Through evidence-based practice, nursing provides excellence to every patient, every time.

Nursing education is a process of transpersonal teaching-learning human care experiences, which provides the learner the ability to assess and realize another's condition of being-in-the-world and to feel a union with another. The School facilitates a comprehensive program of study which requires knowledge of human behavior and human responses to actual or potential health problems; knowledge and understanding of individual needs; knowledge of how to respond to other's needs; knowledge of our strengths and limitations; determining the meaning of the situation for the person; and knowledge of how to comfort and offer compassion and empathy. The learner is expected to be motivated, demonstrate initiative, have a capacity to learn, and actively engage in the educational process in a climate of mutual respect, growth, change, and excellence. The teaching-learning process of transpersonal human care experiences and the exchange of mutual ideas provide a knowledge base for competent clinical nursing practice.

The faculty cultivates an attitude which prepares the graduate to engage in self-directed, analytical inquiry throughout their professional life to keep pace with ever-changing trends, innovative technologies, and to maintain clinical competency. Through concurrent theory and clinical practice the School prepares the Conemaugh graduate to function within the scope of current legal, ethical and nursing standards for an entry-level clinical nurse position in a variety of health care settings.

THE STUDENT GUIDE

The **Student Guide** is compiled to acquaint students with the policies of the School of Nursing and the Student Association, so students are aware of their privileges and responsibilities at the Conemaugh School of Nursing. The **Student Guide** is supplemental to the Conemaugh School of Nursing **Catalog**.

ACADEMIC INTEGRITY

Faculty and students of Conemaugh have a responsibility to maintain academic integrity.

Academic Integrity is the expectation that a student's grade, performance and conduct will reflect only that student's achievement. The student/faculty's conduct in the pursuit of knowledge, understanding and truth is done in an honest and professional manner in keeping with the Hospital's Vision and Values and the Philosophy of the Conemaugh School of Nursing.

Academic Dishonesty is participating in deceptive practices regarding one's academic work. Academic dishonesty includes acts of cheating, lying and plagiarizing.

- **Cheating** is the use of unauthorized assistance in taking exams, tests and quizzes, written work, carrying out assignments, or acquiring tests or other academic materials belonging to faculty/others with or without permission, or giving or receiving information relevant to the content of an exam. This includes the use of social media devices, to give or receive information relevant to the content of an assignment or testing.
- **Lying** is the verbalization or documentation of an untrue statement or information.
- **Plagiarizing** is to use the work of another in any form with or without acknowledging that one, in doing so, is dishonest. To call the work of another as one's own, if done without the other person's consent is theft.

Students have a responsibility to attend classes and are expected to be prepared for learning activities. Theory and clinical experiences are correlated in courses in order to accomplish the learning outcomes of the curriculum. Students should be aware that absenteeism may result in the inability to achieve learning outcomes or the inability of faculty to effectively evaluate the student's application of classroom theory, skill development and critical judgment abilities. Absence from class on a day in which an assignment is due, does not excuse the student from the obligation to have the assignment in on time. Students are obligated to be in attendance on days when quizzes and examinations are scheduled.

The faculty of Conemaugh has a responsibility to provide a model of academic integrity for the student. At the beginning of each course, the student is provided with a course overview and course outline. They outline what is expected of the student in regard to attendance, assignments, grading standards and procedures. Faculty will provide a schedule of planned learning activities and keep students informed of academic progress in a timely manner.

Faculty will arrive at class and/or clinical on time and conduct learning activities for the assigned length of time. The faculty will demonstrate preparation, reliable testing practices and evaluation of work according to well-defined criteria to award appropriate grades.

The use of the Health Sciences Library is a privilege to enhance knowledge and learning. It is dishonest to remove items without signing them out according to library procedure. The destruction and misuse of library materials results in financial loss for the Hospital and denies others access to knowledge.

Violation of the Academic Integrity Policy will result in official documentation by the School of the student's performance which may lead to immediate probationary status or program dismissal. Judgments may be indicated on the "Graduate Summary for Employment" evaluation and/or references provided by the school.

GRADING POLICIES

Students' progress through the program by meeting standards of: academic achievement, attendance, professional behavior, financial obligations, and program requirements of the school. The student is expected to keep family members informed of their progress.

NURSING COURSES

A nursing course consists of theory and clinical practicum. The students must successfully pass both components to progress to the next course and in the program. The student experiencing difficulties should meet with the Director and/or Associate Director, School of Nursing, to clarify their academic and clinical status. A student who has not met all course learning outcomes and program requirements may be dismissed or given a period of time, by the Director, School of Nursing, in which to correct the areas of unsatisfactory performance.

REMEDICATION

The school provides assistance to aid the student in achieving Student Learning Outcomes and progress in the curriculum as planned. The requirement for the student to engage in remediation is initiated by the faculty at any point in the nursing course. A Referral of Concern is sent from the nursing course faculty to the Associate Director. Within one week of notification to the student, an Action Plan is to be mutually developed between the student and the Associate Director. The student completes a "Self-Assessment" of study habits, preparation for testing, theory knowledge, and test taking ability. From this assessment, the "Identification of Needs" will be determined and addressed.

The Associate Director will provide guidance on study habits, test taking strategies, textbook resources, and the organization of information to enhance knowledge and clinical application. The student and Associate Director will design a "Plan of Action." The student will sign the Remediation Form and write a comment attesting to follow through with the agreed upon plan. Students may also be required to complete a "Nursing Student Self-Remediation Form" prior to their next exam. This form will then need to be reviewed with the course faculty and a "Plan for Success" will be developed. The original forms are retained in the student file and a copy is given to the student. Successful evaluation of the Remediation Plan is indicated by the students' academic performance, professional development, and program progression.

Additional resources to enhance academic performance, clinical performance, and remediation are provided by the Academic Admissions Coordinator/Recruiter on study skills, organization, and test taking strategies. "Tips for Academic Success" are published in the Student Guide.

It is the student's responsibility to read the assigned textbook readings, clarify theory concepts that are unclear with course faculty, be attentive in test review, attend and take notes in class/tutorial, utilize NCLEX-RN preparation textbooks, outline content from assignments, engage in critical thinking case studies/virtual excursions, complete worksheets and answer outcomes from the course outline and textbook.

TESTING POLICY

1. For a quiet test taking environment, **the faculty encourages the use of earplugs.**
2. All students are expected to be prompt for exams. If a delay of arrival is anticipated, the student is to utilize the call off procedure. **Once the exam has commenced, students are not to enter the room, but instead see the course secretary.**
3. **All articles brought to the testing area (this includes refreshments, book bags, coats, etc.) must be placed in a designated area. Only pencils and erasers are permitted. No highlighters are permitted during testing.**
4. During the testing period, no questions of clarification are permitted. Only comments concerning typographical errors or grammatical errors will be accepted.
5. Test answer selection should be indicated on the test and answer form.
6. When the test is completed by the student, the student submits both the test and answer sheet to the proctor and leaves the room immediately.
7. Students must leave the testing area and cannot stand or remain near the testing area. Talking is a distraction to individuals still testing.
8. Once the student has exited the room they cannot re-enter until the proctor has left the room or indicates that the student can re-enter the classroom.
9. Grades for the exam will be given once the faculty assesses test reliability and validity.
10. Grades are emailed to students or placed in the student mailboxes to maintain confidentiality.
11. Test reviews are to enhance understanding of theoretical concepts and essential critical thinking skills. The climate of test review is mutual respect and courteous behavior. No arguing will be tolerated. If this occurs, the faculty will exit the room.
12. Challenging the test answers will not be accepted during the test review process. Clarification and rationale will be provided by faculty.
13. A student who wishes to present information concerning a test question and answer selection is to provide a resource to the course faculty for consideration and review. Students have the right to seek assistance utilizing the appropriate chain of command.
14. Cell phones, Apple Watches or smart watches, cameras and other audio-visual or communicative devices are not permitted in the testing or test review area. Students may not have electronic earpieces in place. The test will be collected and you may be dismissed from the program.
15. Additional clarification of tested concepts may be discussed privately with the faculty person.
16. Failure to adhere to the testing policy/academic integrity policy may result in program dismissal or disciplinary action.
17. Students who miss a scheduled examination must take the make-up exam on the day of return to the school. The course coordinator is contacted at the beginning of the return to school day. A pattern of absence for scheduled course exams will be reported to the Director, School of Nursing.

CLINICAL PERFORMANCE GRADE

Determination of the clinical performance grade is based on the student meeting established standards of achievement, attendance and program requirements.

The FINAL clinical grade indicates that the evaluation was based on consistency in performance and that adequate time for evaluation in meeting outcomes occurred:

Satisfactory (S) - Successfully meets all mandatory learning outcomes for the course and program requirements.

Unsatisfactory (U) - Failure to meet one or more of the learning outcomes of the course and/or program requirements. Failure to maintain a satisfactory performance level from previous courses.

Incomplete (I) - Inability to meet requirements within a scheduled time period.

Weekly Clinical Evaluation Record – A weekly clinical report is provided to all students. This report is written and discussed with the student on an individual basis. The weekly report indicates student progression toward meeting the course learning outcomes and adherence to the program requirements. The narrative portion of the report identifies student strengths and weaknesses, and the instructor's recommendation for improvement.

The student is considered satisfactory in all outcomes including program requirements. If there is a specific area that does not apply it will be marked as not applicable (N/A). If the student is unsatisfactory in an area it will be marked unsatisfactory (U). The unsatisfactory element will be explained in detail on the summary portion of the weekly clinical evaluation.

PROGRAM REQUIREMENTS

1. Behaves in a manner that promotes respect for self, others, and the profession of nursing.
2. Maintains confidentiality in all aspects of the educational experience.
3. Is punctual for clinical experience.
4. Adheres to all policies as stated in the Student Guide and Catalog.
5. Utilizes correct grammar, spelling, sentence structure, and punctuation in oral and written communication.
6. Prepares for the clinical experience by utilizing available learning resources.
7. Applies knowledge and skills learned in previous courses to the current course of study.
8. Seeks guidance in unfamiliar learning experiences from faculty and other health team members.
9. Authors his/her own assignments and learning activities.
10. Completes assignments and adheres to course requirements.
11. Utilizes constructive criticism as a basis for improvement.
12. Accepts responsibility for actions.
13. Completes and Submits ATI assignments as course required.

REFERRALS TO THE ASSOCIATE DIRECTOR FROM COURSE FACULTY

Referrals sent to the Associate Director, School of Nursing, provide a means of communication, which addresses student difficulties concerning academic or non-academic matters. Students are encouraged to discuss any difficulties with the Associate Director. The Associate Director will initiate a student progress letter outlining areas which need improvement and resources available for assistance. These letters will be given to the student as needed.

Individual Conference for Clinical Difficulties – Students experiencing clinical difficulties will have a conference with the course coordinator and involved course faculty. Areas of concern and methodologies for improvement are to be discussed. Remediation in the clinical skills lab may be an intervention to assist the student to achieve clinical outcomes. A form is completed by the student and involved course faculty.

The purpose of the conference, recommendations for improvement and student comments, will be written and kept with the student record.

PROBATIONARY STATUS

Students are informed of their academic status in the theory component of a course through written communication. Students are encouraged to take advantage of faculty assistance and the various learning resources that are available. The student is not placed on probationary status for difficulties in mastering theoretical concepts. A student may be placed on probationary status for violations involving clinical requirements, academic integrity or behavioral policies of the School of Nursing or hospital policies. A nursing course consists of theory and clinical practicum. The student experiencing difficulties should meet with the Director and/or Associate Director to clarify their academic and clinical status. A specific time period is designated to meet expected competencies and behaviors in order to progress in the curriculum as planned throughout a semester. Students having difficulty fulfilling course learning outcomes, as determined by the course faculty, may be placed on probation.

Students are expected to follow the academic integrity and behavioral policies in order to progress in the curriculum as planned. Probationary status may also apply to absenteeism and unprofessional behavior. Students who violate academic and/or behavioral policies will be subject to corrective action. Failure to comply with behavioral policies may lead to the student being placed on probation. Failure to achieve a passing grade in the course results in involuntary withdrawal from the program.

The intent of probationary status is to assist the student toward improved academic, behavioral or clinical performance. Since the intent of probationary status is to help students work on their limitations and improve their performance toward meeting course learning outcomes and program requirements, a designated time frame will be granted to the student in order to resolve the probationary status. Students are encouraged to take advantage of tutorial sessions, additional learning opportunities, and computer resources. Students are only permitted to be placed on probation in each category, academic/behavior probation and clinical probation, **once** during their time through the program. Should the student not fully correct areas of weakness within the established time period, the student will be involuntarily withdrawn from the program.

CONEMAUGH SCHOOL OF NURSING CREDIT CALCULATION POLICY

Conemaugh School of Nursing Curriculum

- 15 hours college theory = 1 college credit
- 45 hours college lab = 1 college credit
- 15 hours nursing theory = 1 credit
- 45 hours nursing clinical = 1 credit
- 45 hours nursing lab = 1 credit

Use of the Term "Credit"

1. Credit assigned to nursing courses does not constitute "college credit" and does not imply nursing courses earn the equivalent of college credit.
2. The term "credit" assigned to nursing courses is for grading and/or financial purposes only.
3. Only an authorized degree-granting institution in which a student enrolls may determine whether the completed nursing courses may be accepted for "college credit".

Contact Hour Calculation:

Contact hours are calculated by adding the total number of hours spent in the semester in the nursing and college classroom and the clinical area divided by the number of weeks in the semester. The contact hours do not factor in out-of-classroom time.

Example: Fundamentals total hours =270+90 hours for college credits=360/16 weeks=22.5 contact hours.
 (*Allowances are made for lectures that may go over slightly in time)

GRADING SYSTEM

The grading scale at Pennsylvania Highlands Community College (PHCC). Percentage grade for each letter grade is determined by the course faculty:

Grade	Quality Point	Description
A	4	Superior/Excellent
B	3	Good/Above Average
C	2	Satisfactory/Average
D	1	Pass/Unsatisfactory
I	0	Incomplete
F	0	Failure
W	0	Withdrawal
S	0	Satisfactory
U	0	Unsatisfactory
RD	0	Report Delayed
AU	0	Audit

Grading scale at Conemaugh School of Nursing:

Letter Grade	Percentage	Quality Point	Interpretation
A	93-100	4.0	Outstanding
B+	90-92	3.25	
B	85-89	3.00	Above Average
C+	82-84	2.25	
C	78-81	2.00	Average
D	70-77	1.00	Below Average
F	0-69	0	Failure
I			Incomplete
W			Withdrawal
S			Satisfactory
U			Unsatisfactory
WF			Withdrawal/Failure

ACADEMIC STANDING

Academic standing is determined by a grade point system. Theory grades are determined on a percentage basis with a letter grade equivalent. The student's academic quality point average (QPA) is obtained by multiplying the number of credit hours by the number of quality points. The total number of quality points is then divided by the total number of credit hours to determine the QPA. A cumulative QPA will be maintained for each student to establish class rank. Courses transferred into the program are not calculated in the determination of the term QPA. The honor roll scale at Conemaugh School of Nursing is: 3.0-3.5 QPA, Honors; 3.51-3.99 QPA, High Honors; and 4.0 QPA Highest Honors.

CALCULATING CUMULATIVE QUALITY POINT AVERAGE

The student's cumulative quality point average is obtained by adding all course credits and course quality points. The sum of the total quality points is then divided by the sum of the credits:

$$\frac{\text{Sum of quality points}}{\text{Sum of credits}} = \text{Quality Point Average (QPA)}$$

Quality points for each course are determined by multiplying the number of credit hours by the number of quality points awarded according to the grade received. For example: A "B" grade in General Psychology equals 9 quality points. Three (3) Quality Points x 3 credits = 9 course quality points.

Courses transferred in to the School of Nursing are not calculated in the determination of the QPA. For courses that are repeated, the second course grade is utilized to calculate the QPA.

Sample calculation of quality point average for Semester I:

Course	Grade	Quality Points	X	Credits	=	Course Quality Points
English Composition	B+	3.5	X	3*	=	10.5
General Psychology	A	4	X	3*	=	12
Fundamentals of Nursing	B	3	X	12	=	36
				18		58.5

$$\frac{\text{Sum of Quality Points}}{\text{Sum of Credits}} = \frac{58.5}{18} = 3.25 \text{ QPA}$$

* = college credits

ACADEMIC SUPPORT SERVICES

Throughout the program, students have a variety of resources to enhance their progression and completion of the nursing program. The following resources are available to assist them toward successful achievement of learning outcomes:

- Scheduled test reviews, case studies and tutorial concepts in nursing courses.
- Resources located in the Health Sciences Library/Computer Lab.
- Reference sources and internet access in the Health Sciences Library
- Test taking, time management and study skill sessions provided by the Academic Admissions Coordinator/Recruiter and Associate Director.
- Clinical skills can be practiced in the Skills Lab.
- The faculty will have office time to provide individualized academic advisement.
- A referral can be made for personal counseling to the Conemaugh Behavioral Medicine Department.
- Faculty provides test reviews and discusses rationale of theory.
- The student can be provided with problem-based learning activities.
- A Faculty Resource person is assigned for assistance.
- Volunteer assistance from upper classmen is offered.
- Scheduled use of the Human Patient Simulator.
- For college courses the college has Academic Support Services. The student needs to contact the college course faculty for available resources.
- STAT Nursing and ATI Test Taking Strategies

TIPS FOR ACADEMIC SUCCESS

- Timely attendance of all classes, labs and clinical activities.
- Study first, and have fun with friends second.
- Read the textbooks and outline essential content.
- Utilize diverse resources available in the Health Sciences Library.
- Review Anatomy and Physiology.
- Practice medication dosage calculation.
- Stay focused in class by sitting in the front of the room.
- Highlight important test dates and project due dates in every course on a calendar. Avoid waiting to the last minute to devote time for two or more events scheduled in the same day or week.
- Make time to study in a place with few distractions. Avoid studying in front of the TV, lying in bed, or in a place where you can readily socialize.
- To lessen confusion, group studying or quizzing should only occur when you have a good grasp of the material.
- Time management is very important if you work in an outside job.
- Take sample NCLEX questions.
- Utilize achievement test results to correct areas of weakness.
- Take advantage of remediation opportunities.
- Review unit exams on a one-to-one basis with the course faculty.
- Limit social networking with friends and gaming activities.

COUNSELING AND GUIDANCE ASSISTANCE

1. **Definition** - Counseling and guidance service is provided to students to assist them in meeting their situational needs (professional and academic) through use of available resources. Services become available following self, faculty, Academic Admissions Coordinator/Recruiter referral and/or Student Health Nurse.
2. **Objectives**
 - A. Assist students with academic, personal, social, and professional matters.
 - B. Utilize effective problem solving and decision-making skills.
3. **Resource Personnel whom can refer students to appropriate agencies for situational needs.**
 - A. *Administrative Faculty*
 1. Provides individual counseling to students in the areas of academic and professional growth and development.
 2. Provides group counseling on the NCLEX-RN examination, test taking skills, study skills, time management, clinical preparation, stress management, interviewing skills, and resume writing.
 - B. *Nursing Faculty*
 1. Provides professional and academic guidance as needed
 2. Refers students to the Administrative faculty or the student health nurse when appropriate
 - D. *Faculty members of the Pennsylvania Highlands Community College* provide academic counseling and guidance when needed. Tutoring services and study skills/test taking education are also available.
 - E. *The student's personal physician* provides physical and mental health counseling.
 - F. *The Health Nurse for Students* can provide basic personal counseling, health counseling, and initiate referral to appropriate resources.
4. **Procedures**
 - A. Referrals are made by faculty via a "Referral of Concern" form to the Associate Director, who sends a letter to the student.

- B. Faculty can make verbal referrals.
- C. Conferences may be requested by the faculty and/or student. Students may ask for Counseling Services.

JURY/MILITARY DUTY

Students who receive a notice for jury or military duty should make an appointment to discuss it with the Director, School of Nursing.

1. Jury Duty

- A. The student must submit the jury notification letter to the Director to be excused from school for jury duty.
- B. Jury duty is considered an educational experience, and students may be excused to serve. If possible, arrangements will be made to change the student's schedule to allow time for duty. Time off may have to be made up in order to meet objectives. If the call to jury is detrimental to the student's education, a letter asking that the student be excused or reassigned will be sent to the Clerk of Courts.
- C. Upon return to school, proof of jury duty attendance must be submitted to the school office.

2. Military Duty

- A. Reserve Training Leave
 - 1. Students subject to reserve training must:
 - a) Submit a copy of the orders and a written request for a military leave to the Director. If the reserve training schedule is detrimental to the student's education, a letter requesting that the training be rescheduled will be sent to the appropriate person.
 - b) Meet with the course coordinator and instructor to determine if an educational schedule can be developed around the military leave. If possible, the student's schedule will be changed. Makeup time may have to be scheduled during vacation in order to meet educational objectives.
 - c) Return promptly at the completion of the leave.
 - 2. Extended Military Leave
 - a) Students subject to extended military leave must submit a copy of the orders and a written request for a military leave to the Director.
 - b) A military leave will be granted to students in good standing whose studies are voluntarily or involuntarily interrupted by active military duty.
 - c) Readmission will be granted based on standards established by the current Veteran's Administration Law and the student's ability to meet the school's educational objectives.

APPOINTMENTS WITH FACULTY

Students may schedule appointments with faculty. If the instructor is not available, special requests are to be written and left with the school secretary or the Associate Director. These messages will be placed in the faculty member's mailbox or voicemail.

LEARNING ENVIRONMENT

Students are to be respectful and courteous to the teacher, guests, and fellow classmates. Private conversations between classmates are distracting and deny an equal opportunity for all persons present to get the full and positive benefit of the teaching-learning environment.

Additional examples of misconduct in the learning environment are: sleeping, distracting behavior, answering cell phones, texting, disputing faculty authority and expertise, and interference with academic activities. Students need to assist in maintaining an environment conducive to learning and conduct

control. If information presented needs clarified, the faculty welcomes questions.

Faculty has the right to assign classroom seating or ask a disruptive student to leave the learning environment.

Profanity or disrespect in any form via verbal, nonverbal or gesture will not be tolerated.

Oral and written communication, including electronic communication, is in keeping with the Code of Conduct and High 5 Guiding Principles of Conemaugh Memorial Medical Center. Cell phones must be turned off and not utilized during teaching/learning activities or meetings. Electronic earpieces are not permitted. These devices are not permitted in a testing environment. In the healthcare setting, the student must comply with the hospital's cell phone policy.

A pattern of disruptive/distracting behavior following a warning by faculty will result in probationary status and possible dismissal from the school.

PROFESSIONAL ACCOUNTABILITY

As a potential registered nurse, students are to abide by Hospital and School regulations and expectations. Inappropriate behavior, dress, grooming, language, and attitude are not tolerated. A student who continues to exhibit this behavior can be placed on probationary status or dismissed from the program. Students have a responsibility to monitor other individuals' patterns of practice. Mistakes and errors can lower the standards of practice expected in providing patient care. The person who conceals mistakes of others is as guilty of that error as the actual participant.

ATTENDANCE

Classroom Attendance

Students are expected to attend and be punctual for all classes. **Students who arrive after lecture begins are not permitted to enter the classroom; likewise, students who leave the classroom are not permitted to re-enter.** Absenteeism may affect grades and could result in academic failure. In the event of unavoidable absence, the student is responsible for information presented in class. Appointments should not be made during scheduled course activities or school functions. Students with special considerations should take these up with the Student Health Nurse.

If an unavoidable absence is required, prior arrangements should be made with the course coordinator. In the event of an absence, it is the student's responsibility to contact the instructor at the beginning of the school day of return for makeup requirements. Makeup work for an excused absence must be completed within the time frame established by the faculty. Reporting absence for classroom theory is not mandatory except for a scheduled exam.

All students are expected to be prompt for a scheduled class and to remain for the entire period. Attendance will be taken for scheduled class time. Students with an attendance problem may be required to meet with the Director. When 10% of the course theory hours are missed, there will be a 1% reduction in the final theory grade percentage at the completion of the course. When 20% of the scheduled theory is missed, there will be a 2% grade reduction in the final theory grade for the course. The situation will be reviewed by the course faculty and the Director, School of Nursing, prior to the final documented grade reduction.

Clinical Attendance

Regular and prompt attendance during clinical experience facilitates students' accomplishment of Student Learning Outcomes. Assigned time for clinical experience is necessary for students to demonstrate application of classroom theory, to develop skills and judgment, and to give instructors the opportunity to evaluate achievement in accomplishing course outcomes. Fifteen percent or more of clinical hours missed per nursing course is reason for dismissal. In the event of a labor dispute in the clinical setting, it may be required that clinical time lost is made up. Students are not expected to cross a strike line. Reporting absence or tardiness is required. Failure to notify the school in a timely manner results in forfeiture of clinical experiences. It is the students' responsibility to contact the course coordinator at the beginning of the school day they return from their absence.

Reporting absences or tardiness for all scheduled clinical practicum is required. The procedure for notification is to call your assigned clinical instructor. Notification should be a minimum of one hour prior to the scheduled clinical experience. Speak clearly and identify yourself. Failure to notify the School in a timely manner will result in forfeiture of clinical experiences and an unsatisfactory clinical evaluation.

A structured alternate learning assignment developed by the course faculty is required for each clinical absence day, except in the case of a mandatory court appearance or death of a family member. Additionally, a student who misses scheduled clinical time due to documented hospitalization, emergency room care for themselves or an immediate family member is **not** given an alternate assignment.

Immediate Family Member:

Students' spouse, parent, child, sister, brother, legal guardian or ward, grandparent, great-grandparent, grandchild, great-grandchild, mother or father-in-law, daughter or son-in-law, sister or brother-in-law, stepchild, stepmother, stepfather, stepsister, stepbrother, or any individual living with the student. Up to three days of excused absence is granted in one week.

Close Family Member:

Student's aunt, uncle, first cousin, niece, nephew, grandparent-in-law, great-grandparent-in-law, or any "ex-in-law/spouse." One day of excused absence is granted in one week.

If a student arrives 15 minutes late for clinical, they are marked for one-half day absence in addition to tardy and are required to complete an alternate clinical assignment. Alternate clinical assignments do not replace the value of skill performance and professional judgment afforded in the clinical setting in meeting course outcomes. All students are expected to be prompt for scheduled clinical or community experience and to remain for the entire period. Alternate clinical assignments will be challenging and will take at least 50% of the time to complete as the hours of clinical missed. Faculty teaching the theory content of the clinical alternate assignment will develop a key for correction of the student's submitted written alternate assignment. Due dates will be determined by each course. Failure to comply to complete the assignment in a satisfactory manner will result in an incomplete and subsequent failure to progress in the program.

Total absent time is documented on final transcripts and on the Graduate Readiness for Employment Summary. Since the School of Nursing is part of Conemaugh Memorial Medical Center, the school normally does not close due to inclement weather (*See page 38 for the Inclement Weather Policy*).

DRESS CODE POLICY

Grooming and attire worn by individuals connected with the School of Nursing should reflect an image of respect and professionalism in an academic and hospital setting. Dress that is appropriate, modest and in good taste is expected on all Conemaugh Memorial Medical Center Campus areas. Students are to be properly groomed and hair clean. Every impression made on patients and the public is significant, regardless of department, location or assignment.

The student photo ID badge must be worn at all times on upper chest. Lack of a hospital photo ID badge requires a badge to be immediately purchased from the security department for a fee. If a student needs to be sent off of clinical to obtain a new ID badge then it will be documented as absent for the clinical or theory time and an alternate assignment could be required.

At the discretion of the instructor/assigned staff, extremes in appearance or in attire will result in student dismissal from the learning experience. Repeated violation may result in probationary status or program dismissal by the Director, School of Nursing.

Required Clinical Attire:

Uniform – The complete school uniform consists of the white or teal top with school logo, teal slacks, photo ID badge, white leather shoes, white socks, and facial covering. Scrub clothing is the appropriate attire in senior level courses. Any uniform that appears discolored, stained, soiled or torn must be replaced. Since areas requiring scrub clothing as clinical dress tend to be cool, a clean white long sleeve shirt without a logo may be worn (no thermal underwear) under the uniform scrub top. The faculty will provide guidance for clinical attire for Mental Health and Community experiences.

Photo Identification Badge – A Conemaugh Memorial Medical Center photo identification badge is to be worn at all times. The ID badge is to be worn on the upper chest with photo and information visible. The badge is to be unadorned.

Shoes – **White** low heeled oxford or strap shoes, or leather tennis shoes are acceptable. Backless shoes are not permitted on the clinical area. The shoes are not to have fabric or a conspicuous logo printed on the shoe. Soles of the shoes must be white or neutral in color unless otherwise approved by the Director. White shoes and white laces are expected to be clean and look professional.

Wristwatch – The watch cannot be distracting and must have a second-hand sweep. **No Apple Watches or smart watches of any type are permitted.**

Undergarments – Men are to wear white non-logo printed tee shirts under the tunic top. Women are to wear appropriate white or beige undergarments. A white non-logo long sleeve shirt may be worn under the tunic top (no thermal underwear). **White socks** must be worn with clinical attire.

Lab Coat – Professional appearance is essential in patient care areas as a representative of the nursing profession. A lab coat with the student's photo ID badge can be worn on the clinical setting. Lab coats should not be worn when providing direct bedside care provisions. Clean, non-wrinkled lab coats and the student's photo ID badge must be worn over classroom attire when the student goes to the clinical area for their patient assignment. No warm-up jackets or hoodies are permitted to preassess.

Makeup and Implants – Subtle makeup is acceptable. Exposed and under the skin facial implants are not permitted. Natural and subtle eyelashes and eyelash makeup is acceptable.

Contact Lenses/Glasses – Contact lenses must be a natural eye color and not distracting. Glasses must

have clear lenses and frames that are not distracting in shape, color or pattern. Due to COVID, all students must wear protective eyewear.

Hair – Hair is to be clean and neatly groomed, appropriately styled and colored. (Unnatural hair color, purple, green, blue, pink, etc., is not permitted.) Ribbons, headbands, or hair ornaments are not allowed with the uniform. Long hair is to be pinned neatly above the uniform collar or held secure with an elastic hair tie in a ponytail or braid down the back. Hair should not fall forward when providing patient care. No messy buns. Men must be clean shaven or mustaches and beards neatly trimmed. No man-buns.

Hygiene – Daily bathing, use of deodorants and mouth care are expected. Clean dental hygiene and teeth in good repair are required. Perfumes/colognes should be avoided. Cigarette smoke on hair, breath and clothing can be unwelcome odors to others. Fingernails are to be trimmed short and kept clean. Due to an infection control hazard, no nail polish, acrylic nails or glue-on nails and nail ornamentation may be worn with the uniform. Fingernail length must promote client and employee safety and not hinder patient care. Nails should not exceed 1/4" in length beyond the fingertip.

Jewelry – Bracelets are not to be worn on the clinical area. The only rings that can be worn are an engagement ring and the wedding band. The rings allowed should not cause injury or compromise the integrity of gloves. Pierced jewelry is to be conservative and tasteful and limited to two pieces in the ear lobe. Exposed jewelry on the body and/or nose or tongue is not permitted on clinical or when pre-assessing. Gauged/spacer earrings or ear bars are not accepted. Daith piercing for medical reason must have a note from the MD given to the Student Health Nurse. Neckwear is to be inconspicuous. A necklace, pendant and/or medal can be worn under the uniform.

Gum Chewing – Chewing gum detracts from a professional appearance and is not permitted during clinical experiences, clinical preparation, or on the school campus.

Tattoos – Body tattoos need to be covered by clothing, appropriate makeup or a skin toned Band-Aid at all times when representing the school, such as at preassessment.

Tongue – Having a forked/sliced tongue is not permitted. No tongue jewelry is permitted.

Required Classroom Attire:

Patterns of good attire are part of professional image. Students are expected to be conservatively clothed in the learning center and in the Hospital. Required classroom attire for the academic setting is the Conemaugh School of Nursing polo shirt, ID badge, and facial covering. The shirt, with the embroidered logo on it, is to be worn with **dress slacks** or khakis. No jeans of any type or color are permitted. Clothes must fit appropriately and may not be so tight as to reveal undergarments. No yoga or sweat pants. If cold, a non-logo white shirt or turtle neck jersey may be worn under the polo shirt. **Only the approved black Conemaugh logo jacket may be worn in cool weather or a plain black zip-up jacket with no hood or logo's.** Shoes should be tennis, loafers, leather sandals, boots or a shoe that is secure on the foot with a heel back strap. Shoes and clothing are to be clean and in good repair.

Permitted in Campus Classrooms:

- Non-frayed non-faded waist high dress pants that are black, brown, navy, white, gray, or khaki
- School of Nursing polo shirts in the specified colors with the Conemaugh School of Nursing logo
- Conemaugh School of Nursing logo black jacket
- Conservative, appropriate colored underwear that is not visualized under garments
- Clean and pressed clothes in good condition
- Clean and well-kept shoes or leather sandals that are secure to the foot with a heel back strap.

Not Permitted in Campus Classrooms:

- Technical devices - blue tooth, ear buds or non-approved electronic devices
- Tight fitting or sloppy clothing
- Head coverings/baseball caps
- Clothing that has holes or is frayed or torn
- Not wearing appropriate underwear
- Underwear being visible or skimpy
- Flip flops, croc's
- 3"- 4" spiked heeled shoes or boots
- Bare feet
- Dirty or worn shoes
- No jeans of any color
- Hip huggers, shorts, or Capri pants
- Lounge pants, sweat pants, scrub pants, leggings, or yoga pants
- Excessive cosmetics or jewelry
- Non-Conemaugh School of Nursing logo sweatshirt/jacket
- No hoodies
- Pierced tongue or facial jewelry
- Gauging/spacer in the ear lobes and ear bars
- Perfumes/colognes
- No smart watches of any type

CHILDREN IN THE CLASSROOM SETTING POLICY

Conemaugh School of Nursing values its students and recognizes the importance that families fulfill in their lives. This being said, Conemaugh Memorial Medical Center and the Conemaugh School of Nursing are not appropriate places for non-student, minor children to be present. Please make every effort to have child care and/or emergency child care available for your children during clinical and classroom times. The learning environments need to be safe and disruption free for all staff and students at all times.

PROFESSIONAL CONDUCT GUIDE

All employees/students are expected to conduct themselves at all times in accordance with the Code of Conduct and other health system policies. Inappropriate conduct, disruptive behavior or any other inappropriate actions caused by alcohol/drug use at any time on campus, at any designated social functions (whether on or off premises) or while representing the school in any way, will be cause for

corrective action up to and including dismissal from the program.

1. According to the Professional Nursing Law of Pennsylvania, professional nursing rendered to patients by students enrolled in a school of nursing is limited to those services which are part of the course of study, and while under the supervision of the faculty.
2. Students are directly responsible to the instructor when on the clinical area.
3. At completion of clinical practice or leaving the clinical area, the student must report the patient's condition, needs and nursing care provided to the instructor and nurse assigned to the patient.
4. Information obtained as a part of the clinical experience is privileged communication and must be treated as confidential and maintain HIPAA standards.
 - A. Privacy of the patient and family must be assured. Discussion regarding patients must be done in a professional manner.
 - B. Public places are not appropriate for discussion of confidential information.
 - C. Charts and other sources of medical information of non-assigned patients are not to be read.
 - D. Photos/Photocopying of patient information is not permitted.
5. Student must not:
 - A. Accept a verbal order.
 - B. Sign as witness on legal documents.
 - C. Accept money or gifts from patients or visitors.
 - D. Recommend a doctor or health service to patients.
6. All patients are addressed by use of "Mr.", "Miss", "Mrs.", or "Ms." unless the patient requests otherwise.
7. Charts may only be reviewed during non-scheduled class time. The instructor will inform the student of chart availability. The health team participating in the care of the patient has priority to accessing chart information, even if the student is reviewing the chart.
8. **The student is to wear appropriate shoes, conservative clothing, a lab coat, and photo ID badge when securing information for assignments.**
9. Students should be in the Hospital only when picking up clinical assignments, going to and from clinical, meals, or Employee Health Office.
10. Telephones are to be answered promptly. When answering the phone, the student identifies the department, states name and indicates that he or she is a student nurse.
11. Every effort should be made to keep the Hospital environment as quiet as possible.
12. Students are not to wait for other students on the clinical area.
13. Students are to comply with the Hospital visiting policy. Clinical attire is not acceptable when going to visit patients in the Hospital.
14. Adhere to the "Commitments of Excellence" guidelines.
15. Follow the "Hospitality Standards" of Memorial Medical Center.
16. Follow HIPAA regulations.
17. **Students are not permitted to photocopy patient information or take a cell phone photograph.**

HIPAA: Health Insurance Portability and Accountability Act/Written in 1996/Effective in 2003/Revised 2010/Final Bill 2013

- Allowed health insurance to be easily transferred when changes in employment or family status occurs
- Largely responsible for pushing the EMR process
- Designed to reduce waste, fraud and abuse in health care
- Also aimed at reducing healthcare costs
- Ensured Privacy and Security of patient information

- Patients' Protected Health Information (PHI) could not be used or shared with anyone unless the patient authorized it, or in certain specific situations
- Privacy/Security Rule said that Covered Entities (CEs) must reasonably safeguard PHI from intentional or unintentional use, as well as malware, viruses, theft
- The Rule also includes fines and penalties, including prison, for CEs that don't protect PHI
- TPO: treatment, payment, healthcare operations—we can share PHI, without patient consent, for these purposes
- PHI: Protected Health Information / may be written, oral, electronic or faxed/ it is individually identifiable health information about a patient (name, SS#, address, diagnosis, MR #, account #, DOB, H & P, license, photograph, etc.)
- Identity theft is the fastest growing crime in the US—with just a few pieces of PHI, the patient's identity can be stolen
- We are required to give patients a Notice of Privacy Practices which tells them how to get access to their medical records, how to make corrections to their records, how we may use their PHI, what their rights are, and what our responsibilities are
- Always be cognizant of where you are and who is around when discussing patients/care
- Avoid speaking in hallways, waiting rooms, elevators, AND THE SHUTTLE!
- Never discuss patients' care with your family, friends
- Never look at medical records of patients that you are not caring for and never electronically access your friends, family or neighbors' MRs/ you can be terminated for it
- Never throw papers containing patient information into the trash---use the shredder boxes that are in each dept.
- Patient records should NEVER leave the facility
- When speaking with patients about their care: speak softly and close curtains in semi-private areas. Before speaking in front of others in the room, make sure patient is okay with it
- Students are considered employees and have to follow the same rules as others
- Students are also protected by the same rules as others, so if you feel you are being discriminated against in any way, please report it to your instructor, the Director of the SON, HR, Compliance Officer (Liz Nicodemus 814-410-8421)
- No retaliation will be taken against anyone who, in good faith, contacts management, or makes a report
- Minimum Necessary: Each position or role here has access to only the minimum necessary amount of PHI needed to perform their job
- Audits are done routinely to look for patterns of excessively high numbers of patient records accessed, users who accessed others with the same name, address, or any questionable access

HITECH Act: Went into effect in Sept 2010

- Increased the penalties for violating a patient's privacy. Now we have to notify those patients whose records were breached or whose privacy was violated
- The person who did the breach can be sued, fined, or spend time in prison
- If you do not need the information to care for your patients, do not look at it!

Final HIPAA Omnibus Rule: Published in January 2013

Changed some parts of the HIPAA/HITECH Rules, but the basic premise is the same: privacy and security of PHI is essential; must have work-related reason for accessing records;

Social Media

- Facebook and other sites are not secure
- Once you post something, the site owns it and can forward it to anyone, or revise it and re-post it.
- Once posted, forever posted
- The world can see what you post
- Never describe a patient, their condition, name, room #, or anything else about patients on FB or any social media site—No Exceptions and Zero Tolerance

BUCKLEY AMENDMENT

The School of Nursing acknowledges the student's rights to privacy and to review his or her records in compliance with the Family Educational Rights and Privacy Act of 1974, as amended 1976 (Public Law 93-380).

As a result of this Act:

1. Student files are open to the student after a written request is received from the student to the Director, School of Nursing.
2. Records/transcripts/references are released only after written consent is received from the student or graduate.
3. Grades are sent only to the student. The student is responsible for sharing grades with significant others.
4. Conferences with parents, spouse and significant others will be conducted only if the student is present.

Specifically, the student over 18 years of age:

1. Is provided with opportunities to privately review grades and evaluations with faculty members.
2. Is able to request a review of grades or evaluations with the Associate Director or Director, School of Nursing, after review with the appropriate faculty member.
3. May request to inspect and review his or her Educational Record. Written request is made to the Director, School of Nursing office. The student may review the Educational Record at the school's convenience, but within 48 hours of the request. The Record is reviewed in the presence of the Director, School of Nursing, or designee.
4. May not review records for which rights have been waived.
5. May add a written statement to his or her Educational Record.
6. May seek to amend his or her Educational Record.

RECORDS MANAGEMENT

Purpose

Records are maintained by the School of Nursing to serve as a source of historical information.

Confidentiality

Records maintained by the School of Nursing on behalf of its applicants, students, graduates, and employees are retained in a manner which ensures and maintains their confidentiality.

Maintenance

Records retained by the School of Nursing on behalf of its applicants, students, graduates, and program withdrawals are maintained in locked, fire resistant files under the supervision of the Director, School of Nursing.

- Accepted applicant records are maintained permanently.
- Health records are maintained in the office by the Student Health Nurse for a 5-year period. As of

May 2019, records are available from the Employee Health Office in their Agility software secure health database.

- Financial Aid records are kept in the Student Financial Services Office. (Refer to Student Financial Services Financial Aid Policies and Procedures).

Safety deposit boxes at AmeriServ Financial on Franklin Street store a back-up copy of the graduates' academic transcript and summary of clinical performance (prior to computerization).

Non-permanent records and/or information that exceeds the retention period are disposed of in a manner that ensures confidentiality (i.e., shredding).

Material that is deemed relevant may be added to a specific record at any time. Material that is not relevant to a specific record may be removed and disposed in a manner that maintains confidentiality.

Custody of Records

The Hospital shall assume responsibility for the safe keeping of all records in the event of closure of the School of Nursing. The Hospital will develop an appropriate procedure for record access and transcript service in the event of school closure. If the Hospital closes, State Board of Nursing advice will be obtained regarding permanent safekeeping and availability of records. The Board shall be notified in writing of record placement.

Access to Records

1. Student academic records are accessible to current faculty members, Director, School of Nursing, the Vice President of Nursing, the Associate Director, the Academic Admissions Coordinator/Recruiter, Financial Aid Administrator, and the school secretaries.
2. Health records are considered confidential, accessible to the Student Health Nurse and Employee Health Office Staff.
3. Financial Aid records are kept confidential and are accessible to the Financial Aid Administrators. If requested, others with legitimate educational interest may gain access to the files. This includes, Conemaugh Finance Department, Program Directors and other qualified parties such as auditors, program reviewers and third parties for the direct administration and auditing of student accounts.
4. The following persons or organizations may also have access to the student's actual record without his/her consent: State or local officers to whom state law requires information to be reported, organizations such as accrediting agencies, and official representatives of a financial aid source in connection with a student's application for or receipt of financial aid.
5. In compliance with the General Education Act of 1974, as amended in 1976, this school provides the student with the right to inspect his/her own records and to challenge them. A student writes to the Director of the School of Nursing to request a review of the record. If the student believes the record contains inaccurate or misleading information, a meeting is conducted by the Director to evaluate the information. If the meeting does not resolve the conflict, the student may request a meeting with the Vice President of Nursing or a designated institutional official.
6. A student must give written authorization to release information relating to health, academic, and clinical performance. Such information is released only to prospective employers and educational institutions.
7. Rights accorded to the parents and/or students are transferred to a student who is 18 years of age, or is attending an institution of post-secondary education; therefore, permission or consent is required of the student only.
8. Information shall be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the student.

Contents of Records

Student Academic Records are defined as those records for individuals who are currently enrolled in the School of Nursing.

Student records are filed alphabetically by year of expected program completion.

Contents include, but are not limited to:

- Application and submitted reference forms
- Official high school transcript or GED
- Official post-secondary transcripts, if applicable
- Results of pre-admission testing and/or other standardized testing scores, if applicable
- Interview summary
- Acceptance letter
- Student Achievement Outcome Data
- Copies of correspondence between the School of Nursing and the student and/or student and the School of Nursing
- Child Abuse and Criminal Clearance certificates
- Code of Conduct
- Confidentiality form

The student's Conemaugh School of Nursing transcript (academic record) is kept in a separate file during enrollment.

The student's clinical nursing course evaluations and anecdotal records are kept in a separate file during enrollment.

Student Health Records are defined as those records for individuals who are currently enrolled in the School of Nursing. Contents include:

- Student Health Cumulative Health Record
- Laboratory testing results
- Any immunization records
- Other documents as necessitated by the care required for the student during the nursing program
- After 5 years, any paper health records will be removed disposed in a manner that maintains confidentiality. Health records that are stored in the Employee Health Offices Computerized Medical Record are permanent.

Graduate Records are defined as those records maintained for individuals who completed the program and who were awarded a diploma. The complete record at program completion is retained for 5 years. After 5 years, student files are reviewed and maintained following LifePoint retention policy.

In a separate file the Conemaugh School of Nursing academic transcript and "Graduate Summary for Employment" form are retained permanently on hard copy ad infinitum.

The graduate's Health Record is retained for 5 years by the School of Nursing.

Inactive Records are defined as those records maintained for individuals who did not complete the program. The entire record is retained for 5 years.

Contents include any or all of the following:

- Application and submitted reference forms

- Official high school transcript or GED
- Official post-secondary transcripts, if applicable
- Results of pre-admission testing and/or other standardized testing scores
- Interview summary
- Acceptance/rejection letter
- Child Abuse and Criminal Clearance forms
- Code of Conduct
- Right to Know form
- Confidentiality form
- Copies of correspondence between the School of Nursing and the student and/or the student and the School of Nursing
- Academic record (transcript)
- Nursing course evaluations and anecdotal forms

After 5 years, student files are reviewed and maintained following LifePoint's retention policy.

- Academic transcript, if applicable
- School of Nursing and the individual's correspondence concerning program detachment, if applicable

Review of Student, Graduate, and Inactive Records

1. The individual may request to review his/her record. A written request is made to the Director of the School of Nursing. Within 48 hours of the request, at the convenience of the Director, the individual may review the record. The record must be reviewed in the presence of the Director, School of Nursing, or designee.
2. The individual may not examine records for which he/she waived rights.
3. The individual may add a written statement to his/her record.

Release of Record Information

1. Personally identifiable information is released only with the written consent, except in emergency situations or in connection with financial aid from which the student has applied or received.
2. The student signs a form granting permission for release of information and forms permitting release of grades from Penn Highlands Community College. The forms are signed at registration and are kept in the student's record.
3. Students must sign an Authorization for Release of Protected Health Information for any request for health records. Health records will only be released when all outstanding financial obligations are met within the school.

Release of Academic Record

1. An official transcript is signed by the Director of the School of Nursing and imprinted with the official seal of the Conemaugh Valley Memorial Hospital School of Nursing.
2. An unofficial transcript is not imprinted with the official seal.
3. Transcripts are requested from the Secretary to the Director, School of Nursing, by a written statement signed by the student or graduate.
4. The School of Nursing will release a transcript and/or medical records upon receipt of a written request from the graduate.
5. The envelope containing the official transcript is signed by the Director, School of Nursing, if the official transcript is not sent directly to an agency.
6. The Graduate Summary of Employment is released to agencies requesting a reference for employment after a release is authorized by the student or graduate.
7. Transcripts from other institutions that are part of the student's record may not be sent to a third party.
8. Official transcripts and academic records will be released only if all current financial obligations are

met.

Preparation of Final Record

Transcripts are compiled, and then signed, by the Director, School of Nursing

INSTRUCTIONS FOR ACCESSING TRANSCRIPT REQUEST FORM

1. Go to www.conemaugh.org
2. Click on Education
3. Click on School of Nursing
4. Click on Transcript Request

Once Transcript Request is clicked, directions will pop up and explain where to send the form.

Conemaugh School of Nursing & Allied Health Programs
Transcript Request

To request a transcript, please complete the information below. All official transcripts are mailed using first class mail because the School's Seal cannot be affixed to a fax or electronic copy. (Please allow time for standard mail delivery). Unofficial transcripts may be faxed or emailed. During the academic year the transcript requests are processed within five business days of receipt of your request. There is no fee to process official and unofficial Transcripts.

Number of Transcripts Requested _____ Official Transcript Requested Unofficial Transcript Requested

Select Program of Study:

School of Nursing School of EMS School of Histotechnology

School of Medical Laboratory Science School of Radiologic Technology School of Surgical Technology

Current Name: _____

Name under which you attended the program: _____

Year of graduation/attendance: _____

Phone: _____

Email: _____

Complete name and address of where the transcript is to be mailed:

Return this form to:
Conemaugh School of Nursing & Allied Health Programs
Attn: Transcript Request
1086 Franklin Street
Johnstown, PA 15905-4398

GRADUATION AWARDS

The academic standing awards are determined upon completion of the graduates' academic transcripts.

The Meyer and Sally Bloom (Class Valedictorian) Award – Awarded to the student who demonstrates excellence in academic performance in the pursuit of nursing education and who possesses the highest grade point average of the graduating class.

Criteria:

1. Demonstrates excellence in academic performance in the pursuit of nursing education.
2. Possesses the highest grade point average of the graduating class.

The Elaine E. Behe and William L. Hughes (Class Salutatorian) Award – Awarded to the student who demonstrates excellence in academic performance in the pursuit of nursing education and who possesses the second highest grade point average of the class.

Criteria:

1. Demonstrates excellence in academic performance in the pursuit of nursing education.
2. Possesses the second highest grade point average of the graduating class.

The remaining graduation awards are determined at the completion of Semester V:

The Karen Walker Stringent, RN, Communication and Health Teaching Award – Awarded to a student who throughout the course of study consistently models effective communication and teaching behaviors which maintain the sensitivity, value and respect of others. (Faculty vote determines the recipient.)

Criteria:

1. Demonstrates academic achievement in nursing (grade point average at least 3.01).
2. Demonstrates professional behaviors by proficient self-expression, both verbally and non-verbally.
3. Utilizes individualized, age specific communication techniques and teaching strategies.
4. Demonstrates ability to accurately assess another's perceptions, feelings, concerns, and understandings.
5. Conveys respect, sensitivity, patience, understanding, and concern in meeting the health teaching needs of patients, family and community.
6. Considers community resources and referral services as an essential focus of health care promotion, maintenance, and recovery.
7. Strives to improve the care of patients without prejudicial behaviors.

The Evelyn Frye, RN/Boyd Lingenfelter, Humanitarian Award – Awarded to a student who throughout the course of study consistently models compassion, competence and humanitarian care. (Faculty vote determines the recipient.)

Criteria:

1. Demonstrates academic achievement in nursing (grade point average at least 3.01).
2. Approaches life with an attitude of selflessness and reveals a true concern and compassion for others.
3. Values the presence of the nurse as a healing modality in all areas of health care.
4. Demonstrates expert performance of nursing skills based on a theoretical body of knowledge and scientific rationale.
5. Exemplifies the caring aspects of the nursing role by demonstrating a high regard and reverence for persons and human life.
6. Shares the philosophy that the patient is part of the health team and it is the client's right to be involved in his health care.

The Sally Jordan Nursing Leadership and Management Award – Awarded to a student who throughout the course of study consistently models personal and professional behaviors that lead to effective leadership and management in nursing. (Faculty vote determines the recipient.)

Criteria:

1. Demonstrates academic achievement in nursing (grade point average at least 3.01).
2. Utilizes management and leadership skills to foster collaboration, coordination, and positive communication processes with patients, families, health team members, and others.

3. Displays exceptional insight and understanding to confront various problems and achieve resolution toward quality outcomes.
4. Is flexible and has the ability to discriminate relevant and non-relevant issues toward developing a speedy plan of action in handling a crisis situation.
5. Demonstrates ethical and professional behaviors when handling difficult circumstances.
6. Expects and embraces change as the reality of health care reform.

The Margaret Nestor, RN, Student Service Award – Awarded to the student who demonstrates outstanding contributions to the growth and welfare of the school, student body, and community. (The School of Nursing Director and the Academic Admissions Coordinator/Recruiter determine the recipient.)

Criteria:

1. Promotes socialization and harmonious group relationships between fellow students and faculty/student activities.
2. Donates time in organizing school and community projects.
3. Possesses the ability to stimulate others in participating in student body, school, and community functions.
4. Demonstrates outstanding contributions to the growth of the school and the welfare of the student body and community.

The Conemaugh School of Nursing Outstanding Student Nurse Award -Awarded to a student who throughout the course of study consistently models the professional excellence of the Conemaugh nurse. (The senior nursing students and faculty vote determines the recipient.)

Criteria:

1. Demonstrates academic excellence in nursing (grade point average above 3.25).
2. Upholds the philosophy and models the professional standards characteristic of the Conemaugh School of Nursing.
3. Displays expertise in leadership, management, critical thinking, nursing process, communication, health teaching, and ethico-legal perspectives in the role of the nurse.
4. Possesses a desire to learn beyond what is required and creates learning opportunities for self and others.
5. Exemplifies outstanding clinical skills in providing exceptional nursing care.
6. Possesses a high sense of integrity, diligence, devotion, and dedication in the pursuit of nursing education.

Spirit of the Pink Cross Award Provided by the Dana Petrunak Conemaugh School of Nursing Alumni Association Fund – Awarded to the student who throughout the course of study consistently models personal and professional behaviors that exemplify the quality professional nurse who will wear the pink cross. (The senior nursing students and faculty vote determines the recipient.)

Criteria:

1. Promotes the Conemaugh School of Nursing.
2. Serves as an enthusiastic leader.
3. Demonstrates a positive role model as a Student Nurse.
4. Models the quality and excellence that the pink cross stands for: exhibiting professional behavior while providing compassionate nursing care.
5. Expresses the desire to impact nursing with innovative ideas, embracing change with a positive attitude.
6. Actively participates in a nursing organization.

PLACEMENT ASSISTANCE

Every effort is made to help place students/graduates in the job market. Studies conducted indicate that graduates who actively sought employment as a Graduate Nurse were able to procure it. Nursing

shortages exist in many areas of the United States. Proposed changes in demographics indicate that the employment opportunities for RN's will continue to grow significantly.

Presently, the following services are offered to assist the student/graduate with placement:

1. The Critical Thinking course is presented during the senior year pertaining to the interview process, constructing resumes and writing cover letters.
2. A panel discussion on employment concerns and opportunities is presented during the Advanced Nursing and Leadership course. This panel of graduates, nurse managers, human resource personnel, and the Nursing Director's respond to student questions regarding employment and interviewing.
3. Access to the Internet is available in the Health Sciences Library to seek nationwide job postings.

REFERENCE REQUEST

References are a comprehensive assessment of the student's performance by the school for any employment opportunity. The School of Nursing faculty can provide an academic or nursing professional reference. The individual must provide name, address, and a written request form, Authorization for Letter of Recommendation, for the release of information. Post program completion, faculty can provide a personal reference with the appropriate Authorization for Letter of Recommendation form which can be found on the Conemaugh School of Nursing website.

COMPLAINTS

Complaints of non-academic issues deemed as not seriously affecting a student's status in the school, should be discussed and resolved with the appropriate individuals. The process of communication should be respectful and detailed, and follow the chain of command. The decision of the Director, School of Nursing, is final.

ACADEMIC APPEAL FOR SERIOUS COMPLAINTS

A serious complaint is an expression of dissatisfaction about something or someone that is the cause or subject. As a promotion of individual freedom in the educational system, an individual is encouraged to express personal dissatisfaction with academic issues without fear of retaliation or the creation of an intimidating academic environment. Academic issues must be handled in a timely manner.

The situation must be discussed within five school days with the individuals directly involved. If the issue is not resolved, a meeting is held with the course coordinator. This allows both student and faculty member the opportunity to support their case.

If the academic situation involves clinical performance, a second evaluative opinion may be requested by the student to the Director/Associate Director, School of Nursing. The faculty person providing the second opinion must have the opportunity to clinically evaluate the student's performance in meeting course objectives. This evaluation must take place a minimum of two weeks prior to the conclusion of the course's clinical experience.

In the event that the issue remains unresolved, the student, a faculty member and/or the course coordinator may ask the Director, School of Nursing, for input.

Failure to resolve the situation will result in a meeting with the Chief Nursing Officer or his/her appointed designee and all individuals involved. The decision by the Chief Nursing Officer or his/her appointed institutional official is binding.

GRIEVANCE COMMITTEE AND PROCEDURE

A grievance is a written expression of dissatisfaction about something or someone that is the cause or subject of protest of a non-academic issue. A formal allegation against a party or program expressed in a written, signed statement.

The grievance procedure provides a prompt and fair resolution by providing the student a reason for an appeal of a decision. A grievance is defined as any and all serious non-academic disputes or complaints arising within the student body or between student/students/student body and faculty. A group grievance should be presented to the Grievance Committee by one representative. Guidance through the procedure is available from the Academic Admissions Coordinator/Recruiter. To ensure a prompt resolution, each step must be completed in sequence with strict adherence to time limits. Failure to do so will result in dismissal of the grievance. The grievant has the option of discontinuing the proceeding at any stage of the procedure.

I. Objectives

- A. Provides an opportunity to verbalize non-academic grievances.
- B. Promotes responsibilities and individual freedom.
- C. Improves communicative processes between faculty and students.

II. Functions

- A. Incorporates the Student Bill of Rights into the educational system.
- B. Provides an objective means of handling appeals.
- C. Provides a means for persons to express their dissatisfaction without fear of retaliation.

III. Membership

- A. Two students from each class who are elected each year by class members.
- B. Four faculty members elected each year by the faculty. Administrative faculty is not eligible for membership. The faculty member with the highest number of votes will be elected to act as chairperson retaining voting privilege.
- C. An election will be held by the class or faculty to replace a student or faculty member who is unable to fulfill responsibilities due to health, personal reasons, failure to attend scheduled meetings, breach of confidentiality or resignation from student body or the faculty. A member unable to fulfill the responsibilities must immediately notify the chairperson in writing.
- D. If a grievance is filed against or by a member of the grievance committee, the member will be replaced for that specific proceeding. The temporary members will be voted on by the remaining members of the Grievance Committee.

IV. Authority

Decisions made by the Grievance Committee are final. It is to be immediately enforced by both faculty and students.

V. Procedure

- A. *Informal Phase*
 - 1) Discuss the incident with individual(s) directly involved within three school days of the incident.
 - 2) If the grievance remains unresolved the grievant and involved individuals may meet with the Director, School of Nursing, within two school days of the interaction.
 - 3) If the grievance remains unresolved, the grievant may follow the formal phase of the procedure.
- B. *Formal Phase* instituted in the event that the grievance is not resolved in the informal phase.

- 1) Request within one school day, **in writing**, a hearing of the Grievance Committee. Such a request shall be made on the “Application for Hearing with Grievance Committee” form, located in the **Student Guide**, and directed to the chairperson of the Grievance Committee. The Grievance Committee must schedule a hearing within three school days from the date of **the written** application. A copy of the form will be kept on file in the School of Nursing Office.
- 2) Forty-eight hours prior to the scheduled Grievance Committee meeting, the persons involved must present to the chairperson of the Grievance Committee all written documentation concerning the grievance. The grievant and any individual affected by the grievance have a right to be informed of any evidence in advance of the hearing. Immediately upon receipt, the Grievance Committee chairperson shall supply the opposing side with the evidence summary. Evidence not supplied in this fashion by either side shall not be considered by the Grievance Committee.
- 3) All persons involved with the stated grievance will be notified by the chairperson 48 hours prior to the scheduled time of the meeting.
- 4) The grievant appears before the Grievance Committee and has the right to have a representative of choice at the meeting. Representative of choice does not testify.
- 5) The grievant may present evidence and witnesses relevant to the issue at hand. The grievant may question witnesses relevant to the issue at hand.
- 6) The grievant must be informed of any evidence against the grievant and its source.
- 7) Persons involved in the grievance have an equal opportunity to speak. The members of the Grievance Committee may only ask objective questions for clarification of the issue.
- 8) In order to obtain a verbatim account of the proceedings, they will be recorded and transcribed in writing, with a copy of all documents to be retained by the School of Nursing.
- 9) Following testimony and formal argument, the record will be closed. The Grievance Committee then will convene behind closed doors to discuss the case and determine its decision. It is the ethical responsibility of the Committee members to maintain strict confidentiality regarding the proceedings.
- 10) The Committee's recommendation will be by simple majority and will be made the same day as the hearing. If a tie vote is registered by the Committee, the documented case proceedings are automatically forwarded to the Director of the School for a decision to break the tie vote.
- 11) The grievant and any individual affected by the grievance will be called before the Committee and the chairperson will present the Committee recommendation orally. Also, the decision of the Committee will be made in writing by the chairperson to the grievant within one week of the hearing.

C. *Right to Appeal*

In the event that the grievant feels that the case has been unfairly handled by the Committee, appeal may be made to Conemaugh’s Chief Nursing Officer or their designee. However, the grievant is bound by the Grievance Committee decision until a decision is rendered by the Chief Nursing Office or a designated institutional official within one week of the Grievance Committee decision.

Application for Hearing with Grievance Committee

DATE _____

OBJECTIVE STATEMENT

Regarding grievance _____

Grievant statement _____

The following are named as defendants concerning this grievance:

- 1.
- 2.
- 3.
- 4.

Grievant _____

**GRIEVANCE STATEMENT FROM THE US DEPARTMENT OF EDUCATION
Conemaugh School of Nursing**

Conemaugh is required by U.S. Department of Education regulations to provide its students and prospective students with contact information for any relevant state official or agency that would appropriately handle a student's complaint about Conemaugh's education programs. Students are encouraged to utilize Conemaugh's internal complaint policies and procedures prior to filing a complaint with the Commonwealth of Pennsylvania. If a concern cannot be addressed through internal processes, students or prospective students may file a complaint with the Pennsylvania Attorney General's Bureau of Consumer Protection (16th Floor, Strawberry Square, Harrisburg, PA 17120). Information about the Bureau of Consumer Protection's process for submitting consumer complaints is available at <https://www.attorneygeneral.gov/submit-a-complaint/> or by calling 800-441-2555.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#).

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

TUITION AND FEES

Information regarding current tuition and fees is available on the school website <https://www.conemaugh.org/education/school-of-nursing/student-financial-services> and at the Student Financial Services Office. Tuition, fees, and expenses are published each academic year on an estimated basis and are subject to change.

All students will be charged per credit for tuition and comprehensive fees each semester. The comprehensive fees will be charged to all students enrolling in credit courses and is determined based on enrollment status. This fee supports the services provided to students and covers expenses related to health, testing, skills/sim lab, activities, etc.

Textbooks and supplies are purchased through outside vendors and are not included in the tuition and fee amounts billed.

PAYMENT OF TUITION AND FEES

Students become responsible for tuition and fees at the time of registration. All financial arrangements for tuition and fees must be made on or before the tuition due date for each semester or registration may be cancelled. Students are billed by semester for all enrolled courses including the general education courses. Payment is due two weeks prior to the first day of each semester.

Students must have one of the following payment methods in place by the tuition due date each semester:

Payment of Balance in Full

The school accepts cash, check, money orders, and credit/debit payments. Payments may be mailed to the school or made at the Student Financial Services Office during regular business hours. Payments are not accepted over the phone.

Approved Financial Aid

It is the responsibility of the student who intends to use financial aid to cover their account balance to complete all parts of the financial aid process by the deadlines established by the Student Financial Services Office. Costs not covered by financial aid are the responsibility of the student and must be paid on or before the tuition due date.

Payment Plan

Successful enrollment in a payment plan requires a completed agreement, payment of a \$25.00 enrollment fee, and payment of the first month's payment. Additional information regarding the payment plan may be obtained through the Student Financial Services Office.

Third Party Payments

Students whose tuition and fees are funded through a third party, such as a business or agency, must have written documentation from the third party submitted to the Student Financial Services Office upon registration or by the tuition due date.

STUDENT FINANCIAL OBLIGATIONS

Students are responsible for payment of tuition and fees for the courses that they are enrolled in each semester. Failure to satisfactorily attend or complete courses does not absolve a student from his or her financial obligations for those courses. Students who apply for financial aid are responsible for payment of any balance not covered by financial aid.

A \$25 late fee is assessed to an account not paid by the due date. Additional late fees are charged in 30 day increments if balances remain unpaid. The late fees process also applies to students on a payment plan who are not meeting the payment schedule.

Students with outstanding financial obligations will have a hold on their account and may not be permitted to advance in the program, receive records including transcripts, health, etc., or participate in

graduation until the hold is cleared. At the discretion of School Administration, students may also be prevented from attending class and clinical.

The Student Financial Services Office makes every attempt to contact each student to arrange satisfactory payment of the outstanding amount. If all efforts have been exhausted and the debt is still outstanding, the unpaid account is referred to a private collection agency based on the outstanding balance and the delinquency is attached to his or her credit report.

FINANCIAL AID

The Student Financial Services Office supports the mission, vision, and values of the institution in its operational practices. The Student Financial Services Office seeks to help the schools provide an excellent education by assisting students in receiving aid for which they are eligible.

The basic philosophy of the Student Financial Services Office at Conemaugh Memorial Medical Center is to help students achieve their educational potential by assisting students and families in determining the best way to meet their educational expenses. Financial aid will be offered to an eligible student and most financial aid is determined on the basis of financial need as determined by the Free Application for Federal Student Aid (FAFSA).

Conemaugh satisfies the definition of an eligible institution under the Higher Education Act of 1965 as an institution of higher education. The institution's approval to participate in the student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) is documented in the Program Participation Agreement (PPA) and the Eligibility and Certification Approval Report (ECAR).

Applicants for federal financial assistance must submit the FAFSA at www.fafsa.ed.gov. **The school code is 006537.** Accepted students should submit the FAFSA by May 1st prior to the academic year for which funds are being requested. Transfer students should submit the FAFSA upon acceptance. Students are given additional information regarding financial aid and how to apply upon acceptance.

Receiving Financial Aid:

1. The determination of aid is based on the complete information provided on the FAFSA.
2. Financial aid is given on the basis of financial need and continuing satisfactory academic progress.
3. Financial need is determined by establishing the difference between the cost of attendance and the expected family contribution (EFC) as determined by FAFSA.
4. Satisfactory academic progress is evidenced by meeting the criteria for promotion at the end of each term.
5. When a student fails to maintain satisfactory academic progress, he or she is withdrawn from the program.
6. Eligibility for federal student loans is determined by making academic progress and corresponds to an enrollment period. The standard is based on the School of Nursing's academic year.
 - First-Year Student or Level 1 – All students enrolled in credits in accordance with the first-year curriculum plan are considered first-year undergraduate or level 1 students for the awarding of Title IV funding.
 - Second-Year Student or Level 2 – All students enrolled in credits in accordance with the second-year curriculum plan are considered second-year undergraduate or level 2 students for the awarding of Title IV funding.

As a for-profit institution, the nursing program is subject to the clock-to-credit hour conversion

requirements instituted as part of the Department of Education’s program integrity regulations. As a result, we are required to use a formula to calculate how many credits a student is completing for the awarding of Title IV financial aid purposes only. The clock-to-credit hour conversion factor for the School of Nursing is 37.5 hours per week as determined by the Department of Education and the program’s accreditor, ACEN (Accreditation Commission for Education in Nursing). The nursing courses in the curriculum plan are subject to the clock-to-credit hour conversion only; the college general education courses are not subject to the clock-to-credit hour conversion.

SATISFACTORY ACADEMIC PROGRESS POLICY

Students of Conemaugh Memorial Medical Center are required to successfully complete all scheduled courses before advancing to the next level and/or semester. It is the policy of Conemaugh to monitor the academic progress of a student in his or her program of study. Satisfactory Academic Progress (SAP) is measured at the end of each semester.

In accordance with the school’s academic promotion policies, a student is considered to be making SAP if he or she achieves a passing grade of no less than a “C” in all enrolled courses within the curriculum plan and receives a clinical performance grade of “Satisfactory” in each course where applicable. The student must also complete the education program requirements within 150% of the published length of the program. Please refer to the academic promotion policy of each education program for further detail.

If a student fails to make SAP, the student’s financial aid is cancelled and the student is withdrawn from the program entirely. As a result, Conemaugh does not offer an appeal process by which a student who is not meeting SAP standards can petition the school for reconsideration of his or her eligibility of Federal Student Aid (FSA) funds.

A student who is withdrawn from the program may reapply for admission and is considered on the basis of the admissions policies. A student who previously failed to make SAP is given a financial aid warning at readmission. The student may continue to receive FSA funds for one payment period after re-admittance. Should the student fail to meet SAP after that payment period, he or she loses his or her financial aid eligibility and is again withdrawn from the education program. A student is only permitted one re-admission to a Conemaugh program of study.

CMMC INSTITUTIONAL REFUND POLICY

Students who withdraw from a Conemaugh program may be entitled to a tuition and fee refund. Tuition and fee refunds for courses taken at Conemaugh are subject to a scale based on period of attendance. The last date of attendance is determined according to the federal regulations by the Program Directors of the students program.

If a student withdraws from a modular semester (terms within a semester) and does not begin attendance in a course in the second term, then the tuition charges for that course will be removed from the account.

The institutional refund calculation applies to both the tuition and fees charged for the semester. Fees that are not attendance related, such as payment plan, late, application, and registration fees are nonrefundable and the institutional refund calculation does not apply to these types of fees.

The refund schedule is based on weeks of attendance. For refund purposes, a week begins on the Monday at the start of the semester’s first scheduled classes.

Withdrawal within first week	100% refund
Withdrawal within second week	80% refund
Withdrawal within third week	60% refund

Withdrawal within fourth week	40% refund
Withdrawal within fifth week	no refund

The institutional refund policy is applicable to Conemaugh courses that are billed by Conemaugh. General education courses through another institution such as Pennsylvania Highlands Community College will be subject to that institution's refund policy.

RETURN OF TITLE IV POLICY

Students who are eligible for Title IV funds and withdraw from any Conemaugh program must be evaluated to determine if any of the Title IV funds received on their behalf need to be returned to The Department of Education. This federal student aid process is called the Return of Title IV Funds and supersedes any other school refund policy. The steps in the calculation of the Return of Title IV Funds are as follows:

1. Determine the total charges for the payment period and any charges still owed by the student for the payment period. The return calculation is completed on a payment period basis.
2. Determine the date that the student withdrew.
3. Determine the amount of Title IV aid that was disbursed and could have been disbursed for the payment period.
4. Determine the percentage of Title IV aid earned by dividing the calendar days completed in the period by the total calendar days in the period. Then multiply the percentage of Title IV aid earned by the total Title IV aid disbursed and that could have been disbursed for the period.
5. Determine if the student is due a post-withdrawal disbursement or if the Title IV aid must be returned.
6. Calculate the amount, if any, of unearned Title IV aid due from the school and/or the student.
7. Determine the return of funds by the school and/or the student. The Department of Education requires funds to be returned in the following order:
 - Unsubsidized FFEL/Direct Stafford Loan
 - Subsidized FFEL/Direct Stafford Loan
 - FFEL/Direct PLUS (Parent)
 - PELL Grant
 - Any applicable other Title IV Program

The school is responsible for returning all Title IV funds as determined from the return calculation to the Department of Education. This may result in a balance on the student's account for which the student is responsible to pay the school. The student's responsibility for loan repayment will be in accordance with the terms of his or her promissory note.

STUDENT LENDING CODE OF CONDUCT

Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools are committed to providing students and their families with the best information and processing alternatives available regarding student borrowing. In support of this and in an effort to rule out any perceived or actual conflict of interest between Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools' officers, employees or agents and education loan lenders, Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools has adopted the following:

- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do not participate in any revenue-sharing arrangements with any lender.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do not permit any officer, employee or agent of the school who is employed in the Student Financial

Services Office or is otherwise involved in the administration of education loans to accept any gifts of greater than a nominal value from any lender, guarantor or servicer.

- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do not permit any officer, employee or agent of the school who is employed in the Student Financial Services Office or is otherwise involved in the administration of education loans to accept any fee, payment or other financial benefit (including a stock purchase option) from a lender or affiliate of a lender as compensation for any type of consulting arrangement or contract to provide services to a lender or on behalf of a lender relating to education loans.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do not permit any officer, employee or agent of the school who is employed in the Student Financial Services Office or is otherwise involved in the administration of education loans to accept anything of value from a lender, guarantor, or group of lenders and/or guarantors in exchange for service on an advisory board, commission or other group established by such a lender, guarantor group of lenders and/or guarantors.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do allow for the reasonable reimbursement of expenses associated with participation in such boards, commissions or groups by lenders, guarantors, or groups of lenders and/or guarantors.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools do not assign a lender to any first-time borrower through financial aid packaging or any other means.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools recognize that a borrower has the right to choose any lender from which to borrow to finance his/her education.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools will not refuse to certify or otherwise deny or delay certification of a loan based on the borrower's selection of a lender and/or guarantor.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools will not request or accept any offer of funds to be used for private education loans to students from any lender in exchange for providing the lender with a specified number or volume of Title IV loans, or a preferred lender arrangement for Title IV loans.
- Conemaugh Memorial Medical Center School of Nursing and Allied Health Schools will not request or accept any assistance with call center or Student Financial Services Office staffing.

VETERANS

Conemaugh recognizes the sacrifice of those who have served in the United States Armed Forces. Thank you for your service!

If you are a veteran, service member, survivor, or dependent of a veteran, you may be eligible for veterans' educational benefits to help you achieve your educational goals if you attend one of the following Conemaugh programs:

- EMT
- Paramedic
- Medical Technology
- Nursing
- Radiologic Technology

For information about using military educational benefits at Conemaugh, contact our Veteran Certifying Officials in the Student Financial Services Office. You can also log on to the **U.S. Department of Veteran Affairs** website by visiting <https://benefits.va.gov/gibill/> for additional information about educational benefits. The VA Certificate of Eligibility or Statement of Benefits obtained from the

Department of Veterans Affairs needs to be submitted to the Veteran Certifying Officials in the Student Financial Services Office.

Conemaugh will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under Chapter 33 Post 9/11 GI Bill or Chapter 31 Vocational Rehabilitation benefits.

Note: A covered individual is any individual who is entitled to educational assistance under Chapter 31 Vocational Rehabilitation and Employment or Chapter 33 Post 9/11 GI Bill benefits.

For veterans utilizing the Chapter 33 Post 9/11 GI Bill and for training beginning on or after August 1, 2018, the Monthly Housing Allowance (MHA) payment amounts are based on the Department of Defense's Basic Allowance for Housing (BAH) rates for an "E-5 with dependents" for the zip code of the campus or training location where the student has a majority of classes. Conemaugh's main campus (1086 Franklin Street, Johnstown, PA 15905) is the location where all students attend the majority of their classes. For a list of additional clinical sites, please visit www.conemaugh.org/education.

STUDENT FINANCIAL SERVICES OFFICE CONTACT INFORMATION

The Student Financial Services Office handles all financial aid, bursar/billing functions, enrollment verification, and student account services. The office is located in the education building and the administrators can be reached at 814-534-9890 or 814-534-3402.

PARKING

All students are encouraged to park at Masonic Temple or in lot #32 (Blind Association Lot). The shuttle service is available from 5:00 am – 8:00 pm Monday through Friday. Student parking for the Lee Campus is located in Lot I (across from the train station). Violation of this policy will result in school notification and the student will be verbally warned for a first offense. A second offense will constitute a documented written warning, and the student will be placed on probation. A third offense will result in the student not being permitted to engage in learning activities at the Medical Center and campus locations. **Students employed by Conemaugh Memorial Medical Center are reminded that while on campus as a student you must park in your assigned parking areas.**

Shuttle Service:

- Shuttle service from the Main Campus to the Lee Campus is available Monday through Friday from 0530 until 1610.
- Shuttle service is not available on weekends or holidays.
- Shuttle service will Drop off and pick-up at 1111 Franklin Street (side), Martella's Drug Store on Franklin Street, and the Good Samaritan Crosswalk on Franklin Street.
- Vehicles must be registered with the Security Department (extension 9730). A Conemaugh Memorial Medical Center tag must be visible in the vehicle at all times while parked on the campus.

Special Note: If a student must cross Franklin Street, please use the crosswalk and exercise extreme caution. Students are encouraged to use the basement tunnel anytime or during inclement weather.

INCLEMENT WEATHER POLICY

Students pursuing a career in the healthcare field should realize the importance of punctuality and good attendance. Day-to-day operations in the Conemaugh Health System continue regardless of weather conditions. Patients require the same level and quality of care at all times. Although we strongly believe that attendance assists in the formation of a professional work ethic, students should not take unnecessary risks.

At times, weather conditions in the Johnstown area may warrant the delay of classes or closure of the School of Nursing. In the event of an emergency situation, the Director, School of Nursing, will make a determination of School closure or individual class cancellation.

The School utilizes the Remind app system to inform students and staff of school delays or cancellations. Students are given instructions on downloading the Remind app at orientation, and are strongly encouraged to download the app and sign up for alerts and notifications.

Due to requirements of accrediting bodies and/or curriculum needs, revision of the academic schedule may be necessary.

Conemaugh values the educational and personal welfare of its academic population. Each individual has the responsibility to assess their ability to reach the educational campus safely.

CONEMAUGH MEMORIAL MEDICAL CENTER HEALTH SCIENCES LIBRARY

The Conemaugh Memorial Medical Center's Health Sciences Library, Room F-205 is located on the second floor of the "F" Building (across the street from the entrance to the main hospital). The library is staffed from 0730 to 1600, Monday through Friday, except on major holidays.

By utilizing a personal Conemaugh ID Badge, patrons have admission to the library 24/7. A security camera system is always in operation. Absolutely no eating and/or drinking are permitted by the computers in the main library. Smoking is prohibited. Restrooms and a water fountain are located near the elevator.

An atmosphere conducive to study is to be maintained at all times in the library. Patrons have admittance to a small private study area located in the outer hallway as well as a large group study area located in the main library. A photocopy machine is available for patron use in the library.

To meet hospital and educational needs, the library is Wi-Fi accessible and supports seven dedicated computer workstations with one networked printer. These computers allow Internet/Intranet access and also log on to the following library provided databases: *Clinical Key*, *UpToDate*, *AccessMedicine*, *AccessSurgery*, *AccessEmergency Medicine*, *STAT!Ref*, *Rehabilitation Reference Center*, *EBSCOhost*, *R2*, and *OVID*. The library staff offers database guidance to patrons utilizing either one-on-one or small group instruction.

All patrons must complete an [Application for Library Privileges](#) form before they are permitted to sign-out library materials. It is mandatory that all new Conemaugh students and residents have an orientation to the Health Sciences Library.

The preference is that all library materials should be signed-out during normal operating hours. If you must check a book out after staffed hours, be sure to **legibly sign and date** the book card, found in a pocket at the back of the book. Leave the signed card, on the circulation counter, to enable the Librarian

to sign-out your materials the next working day. There are three categories of circulation for library materials: two weeks, overnight and non-circulatory. Bound volumes of journals and RESERVE materials do not circulate.

The library collection is comprised of medical, nursing and allied health textbooks as well as some additional books of interest pertaining to the medical field. Depending on the item in the collection, textbooks and journals are available in either print or electronic formats with online access primarily obtained through multiple full-text databases. The library maintains an Online Public Access Catalog (OPAC) called Cyber Tools that is searchable with an A to Z list and/or by keyword, author, title and subject. The print library is organized according to the National Library of Medicine (NLM) Classification System. Materials that are not currently available in the library's collection may be acquired through Interlibrary Loan. All requested articles will be sent to the patron's Conemaugh email account.

Most materials have a two week circulation period that may be renewed in person, by phone or email. If there are other patrons waiting for the same materials, renewal may be denied. Library materials may be returned after staffed hours by depositing them in the book drop-box located, in the library, in front of the circulation counter. Library patrons will be charged with the current cost of \$0.25 per day/per item for overdue materials. This charge will be retroactive to the original due date of the materials. Email reminders are sent out weekly on overdue materials and library privileges are suspended after three reminders. When this occurs, the Librarian will attempt to contact the patron by phone, email or letter to rectify the situation.

Until the overdue materials are returned and the patron's fine is paid in full, all future library privileges are suspended. If the materials are not returned, the patron will be billed the current retail replacement cost of the non-returned materials plus a \$10.00 per item processing fee. If the material is no longer available to purchase, then the cost of a comparable item will be billed. All fine monies will be applied toward a library fund to be used for the replacement of lost or stolen items. If the patron is a student or resident, the Librarian will exercise their right to contact the appropriate Program Director and impede the student's or resident's graduation until the situation is rectified.

A Computer Lab, Room F-206 (located in the outer hallway from the main library area), is available to meet hospital and educational needs with two networked printers and thirty-five dedicated computers that allow Internet/Intranet and all purchased database access. Entry may be gained 24/7 using a personal Conemaugh ID Badge and the reader beside the computer lab door. Smoking, eating and drinking are **absolutely prohibited** in this area. Care is to be taken in handling computer equipment. The Librarian can provide guidance to patrons, students and residents.

The Health Sciences Library employs a Print Manager program on the computers in the main library and the computer lab. This program is designed to help manage unnecessary printing. Both bullet point and screen shot instruction sheets are posted near all the printer workstations in the library and the computer lab. The Librarian is available to provide instruction and assistance with the Print Manager program.

COPYRIGHT POLICY (Policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.)

SCOPE:

This policy applies to all Conemaugh Health System Entities.

PURPOSE:

To ensure compliance with copyright laws and licensing requirements.

REQUIREMENTS:

No employee will reproduce any copyrighted material without the express permission of the copyright holder, unless licensed under an agreement with the Copyright Clearance Center (CCC), Broadcast Music Inc. (BMI) or American Society of Composers, Authors and Publishers (ASCAP) to do so. Copyrighted works include, but are not limited to, printed articles from publications, magazines, books, television and radio programs, videotapes, musical performances, photographs, training materials, manuals, documentation, software programs, and databases. In general, the laws that apply to printed materials are also applicable to visual and electronic media and include diskettes, CD-ROMS and World Wide Web pages.

With only very narrow exceptions, copyright laws prohibit anyone from reproducing any copyrighted work, whether in print, video, electronic, or any other form. Works are protected by copyright laws in the United States even if they are not registered with the U.S. Copyright Office and even if they do not carry the copyright symbol.

The unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, is an act of infringement of the Copyright Act (Title 17 of the United States Code). Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act. These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

There are three elements that must be in place in order for the infringement to occur:

1. The copyright holder must have a valid copyright.
2. The person who is allegedly infringing must have access to the copyrighted work.
3. The duplication of the copyrighted work must be outside the exceptions.

Any employee **who violates this policy will be subject to corrective action up to and including termination of employment. In addition civil and criminal penalties may apply.**

For more information, please see the website of the U.S. Copyright Office at www.copyright.gov especially their FAQ's at www.copyright.gov/help/faq.

Original Policy Dated:	7/2016
Reviewed:	7/2020
Next Review Date:	7/2023

TYPICAL DEMANDS OF THE EDUCATIONAL PROGRAM

Nursing students, under direct faculty supervision, perform essentially the same physical and emotional activities as professional registered nurses in the clinical setting. The following are physical activities required in nursing and is considered in the medium duty category, as defined by the United States Department of Labor.

Verbal: Clearly speak the English language to elicit information, communicate changes in patient status, educate others, and interact with health team members.

Hearing: Normal range of hearing is needed to communicate effectively. Listens with a stethoscope in the performance of a physical assessment to detect critical changes. Must be able to detect mechanical alarms. Effectively participates in group discussions and phone conversations.

Vision: Assess health status of patients, including subtle color changes. Describes observation of patient's nonverbal behavior. Reads written communication. Monitors equipment findings and prepares medications.

Depth Perception: Required for fine task performance when using medical supplies for insertion into the body or medication administration by injections.

Fine Motor Skills: Must be able to write clearly and precisely with a pen to perform certain nursing procedures. Grasping and control of medical equipment is necessary.

Tactile Sensation: Hands and fingers are utilized as a means of physical assessment. The individual must be able to feel vibration and distinguish temperature changes. Must be able to grasp and easily manipulate equipment when providing patient care.

Walking/Standing: Clinical nursing requires walking and standing for extensive periods of time.

Sitting: Occurs when engaged in clinical conferences and entering data into the patient's medical record.

Lifting/Carrying: The profession requires the lifting and carrying of medical equipment, supplies, medications, and charts. Varying weights are encountered when lifting and transferring patients. It is expected to request assistance when lifting and repositioning patients.

Pushing/Pulling: Pushing and pulling are required in the transfer of patients and medical equipment. Pushing is required at 3.5 pounds of pressure in performance of CPR.

Bending/Reaching/Twisting: Required when bathing patients, making beds, setting up and monitoring medical equipment.

Temperament: The skills inherent in nursing include critical thinking abilities and the ability to adapt to changing stressful conditions. The students must interact with patients in a caring and professional manner. They must be aware that they will be exposed to body fluids and communicable diseases. Students will be provided the knowledge and skills related to their own protection and the protection of others. At all times, a professional demeanor is necessary to handle emergency situations that may arise. Emotional stability is needed to maintain a therapeutic relationship with patients, families and health team members. A student nurse may not pose a significant risk to the health and safety of those in the clinical area.

Reasonable Accommodation: Conemaugh Memorial Medical Center does not deny a disabled applicant admission without considering requests for measures to accommodate that prospective student's disability. Reasonable consideration of the educational and safety needs of the student and safety needs of patients are assessed. The process of providing accommodations to disabled students will include, but not be limited to, medical determination of the disability. The individual will be required to submit a written statement from their personal physician describing the disability and outlining the abilities and limitations expected in relation to the performance of nursing functions and educational requirements. The student may be evaluated by Student Health Nurse and possibly be referred for additional professional evaluation.

Information on the type of necessary accommodations may be gathered from the individual, medical experts and educational/vocational experts. Final determination of the feasibility of the accommodation will be based on patient safety features, and level of undue burden and maintenance of the fundamental nature of the educational service provided by the school.

The following is in accordance with the American Disabilities Act:

1. **Disability:** (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individuals; (b) a record of such an impairment; or (c) being regarded as having such an impairment.
2. **Impairment:** includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the major body systems, or any mental or psychological disorder, such as mental illness or retardation, or learning disabilities.
3. **Major Life Activities** An activity that an average person can perform with little or no difficulty; including functions such as caring for oneself, walking, seeing, hearing, breathing, speaking, and working.

NOTICE OF NON-DISCRIMINATION, EQUAL OPPORTUNITY AND DIVERSITY INITIATIVES

Conemaugh Health System and Conemaugh School of Nursing and Allied Health Programs affirm its commitment to nondiscrimination, equal opportunity and the pursuit of diversity. Conemaugh School of Nursing and Allied Health Programs does not discriminate on the basis of sex or gender or in a protected class which includes the following: race, ethnicity, religion, color, national origin, sex, age (40 years and over), ancestry, individuals with disabilities, veteran status, sexual orientation, height, weight, genetic information, marital status, gender identity, caregiver status or familial status, in the administration of any of its educational programs, activities or with respect to employment or admissions to the Conemaugh School of Nursing and Allied Health educational programs and activities operated by recipients of Federal financial assistance.

Sexual harassment, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal or physical conduct of a sexual nature. Sexual violence refers to physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent due to the victim's use of drugs or alcohol, age or disability.

This policy is in accord with local, state, and federal laws, including Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Age Discrimination Act of 1975. Inquiries regarding these regulations, policies or complaints of discrimination should be referred to Conemaugh Health System Patient Relations at 814-534-9000.

Inquiries or complaints regarding Title IX and the Title IX regulations should also be referred to the Title IX Coordinator, Patricia Huber-Smith, RN, BSN, at 814-534-9485 or phubersm@comenaugh.org and/or the Director and Associate Director of the School of Nursing. Title IX information can also be found in the Campus Safety and Security Report on the School of Nursing and Allied Health Education website: www.conemaugh.org.

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME _____

SUPERVISOR _____

JOB TITLE Student Nurse

DEPARTMENT School of Nursing

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A. PHYSICAL DEMANDS	No	O	F	C	B. Working Conditions (cont.)	No	O	F	C
1. Standing				X	8. Confined Spaces		X		
2. Walking				X	9. Heights	X			
3. Sitting		X			10. Constant noise above 85 dB	X			
4. Lifting: Heavy-Max 65 lbs.			X		11. Intermittent noise above 85 dB	X			
5. Lifting: Heavy-Mod 40 lbs.			X		12. Vibration	X			
6. Lifting: Mod – Max 25 lbs.			X		13. Fumes Irritant/Toxic	X			
7. Lifting: Light-Max 10 lbs.			X		14. Dust More than nuisance	X			
8. Carrying Est. Wt. <u>25 Lbs.</u>			X		15. Gases Type <u>Oxygen</u>			X	
9. Pushing Est. Wt. <u>350 Lbs.</u>		X			16. Lead	X			
10. Pulling Est. Wt. <u>200 Lbs.</u>		X			17. Silica-Asbestos	X			
		X			18. Chemical Types <u>MSDS Unit Types</u>			X	
11. Pulling hand over hand									
12. Climbing stairs		X			19. Grease and Oils	X			
		X			20. Working with machinery w/ moving parts	X			
13. Climbing - Use of legs/arms					21. Working with moving vehicles		X		
14. Balancing		X			22. Working with ladders/scaffold	X			
15. Stooping		X			23. Working below ground	X			
16. Kneeling		X			24. Working with hands in water			X	
17. Repeated Bending		X			25. Working alone		X		
18. Crawling		X			26. Hours worked weekly more than 40 (average) Other		X		
19. Reaching: High/Low Level		X			27. Contact with patients				X
20. Fingers movement-Repetitive		X							
21. Repetitive twisting or pressure involving wrist or hands		X			C. PROTECTIVE EQUIPMENT REQUIRED	No	O	F	C
22. Both hands required				X	1. Gloves - Type <u>Hypoallergenic Latex</u>			X	
23. Both legs required				X	2. Gown		X		
24. Ability for rapid mental/muscular coordination simultaneously				X			X		
25. Oral communication/speak clearly				X	3. Mask		X		
26. Hearing – conversation				X	4. Eye Wear - Type <u>Goggles</u>		X		
27. Specific visual requirements					5. Respirator – Type <u>PAPR</u>		X		
28. Depth perception		Near <u>X</u>	Far <u>X</u>		6. Hearing Protection Type	X			
29. Color Vision		Yes <u>X</u>	No		7. Hard Hat	X			
30. Operation of truck/motor vehicle - Other		Yes	No <u>X</u>		8. Boots - Type	X			
					9. Body Protection		X		
B. WORKING CONDITIONS	No	O	F	C	D. EXPOSURE CATEGORIES				
1. Outside	X				1. Category I Tasks	X			
2. Outside and Inside	X				2. Category II Tasks				
3. Heat between 90 – 100	X				3. Category III Tasks				
Heat over 100	X								
4. Cold below 55	X								
5. Temperature changes Excessive – Frequent	X								
6. Wetness	X								
7. Dry atmospheric conditions	X								

O=Occasionally - up to 25% time on job
 F=Frequently - 25 - 75 % time on job
 C=Constantly - more than 75% time on job

DATE 8/2016 Reviewed 7/2018, 7/2019

STUDENT HEALTH POLICY SCHOOL OF NURSING

The Student Health Program is supervised by the Director of Employee Health Services with an emphasis on prevention and the maintenance of positive health habits. The goals of the program are to promote the continued physical and emotional health of students to meet the demands of the nursing program. Also to support the concept of the student accepting responsibility for maintenance of their own health. Students are to adhere to the policies and procedures and the school does not assume responsibility for the health and safety of students who fail to adhere to the policies and procedures.

1. **Students should carry personal health insurance from the time of enrollment and throughout the program. Expenses incurred through illness or accident is the responsibility of the student.**
2. Students who are ill should not report to the school for health care, the student should pursue health care with his/her physician or alternate health care provider.
3. Care for health problems that occur at home or on vacation is the responsibility of the student.
4. When students are at school, students should report an illness or injury to their instructor and also to the Student Health Nurse at 814-534-9485 or pager #614.
5. Students involved in an accident or injury while on hospital property and/or nursing unit must notify their instructor and Student Health Nurse. Students must report to the Emergency Room for evaluation and treatment. Students are financially responsible for all care received due to accidents and injuries.
6. Students that need to call off due to illness or injury should call their clinical instructor no later than 1 hour before scheduled clinical practice or class.
7. Students who report to the Student Health Nurse and/or the Emergency Room for an injury, accident, or blood/body fluid exposure must complete an incident room on the SEM Event / Incident Report site located on Conemaugh's intranet site. Students are financially responsible for all care received due to injury, accident, or blood/body fluid exposure.
 - a. Student who has a Blood borne Pathogen Exposure, the student will:
 - i. Report this to their Director and to the Student Health Nurse
 - ii. Be seen in the Emergency Room within 1-2 hours of the exposure
 - iii. Complete an SEM Event/Incident Report
 - iv. Follow up with their family physician to discuss the results of testing and to schedule further bloodwork and follow up
 - v. The Emergency Room Department will arrange for testing of the source patient
 - vi. Students are financially responsible for any costs that are not covered by their insurance associated with the visits to the Emergency Room and Family Physician
8. Prenatal care, dental care, orthopedic appliances, referrals made by the Department of Emergency Medicine or alternate health care provider, etc. are the student's financial responsibility. Referrals can be also made by the Student Health Nurse but are again the student's financial responsibility.
9. Each student is notified of all scheduled health services, i.e., flu shots.
10. Flu vaccines are mandatory. They will be available through the Student Health Nurse from October – December. If a student receives the vaccine at a location other than the school, documentation must be submitted to the Student Health Nurse. Anyone not receiving and providing documentation of the flu vaccine will not be permitted to participate in clinical experiences.
11. Students who are ill for 3 or more consecutive days are required to have an excuse from their physician that they are permitted to return to class or clinical practice and see the Student Health Nurse before returning to class or clinical practice. The release must specifically state that the student may participate in classroom and clinical experiences and if the student has any restrictions with a timeframe.
12. A student who had surgery for any reason, seen in an emergency room, or was hospitalized must submit a signed release from a licensed medical provider regardless of the time missed. The release must specifically state that the student may participate in classroom and clinical experiences and if the student has any restrictions with a timeframe.
13. Student are not permitted to wear any type of apparatus while attending any clinical experiences. An apparatus is defined as, but not limited to; splint, sling, any type of cast, any type of boot, or any type of immobilizer. Students are not permitted to use any assistive device (crutches, cane, walker, etc.) while attending clinical.

14. Students who are readmitted to the program are required to follow the readmission procedure before returning to the program.
15. Students who have chronic health problems should seek the care of a personal physician.
16. See immunization guidelines that are required for Health care professionals. Hepatitis B, MMR, Varicella, and Tdap vaccines may be available. If any immunizations are received at a location other than the school, documentation must be submitted to the Student Health Nurse.
17. Students who have or have had a communicable disease which could place the students or others in jeopardy should report this illness to the Student Health Office as well as to their personal physician. Restriction of activities relevant to that illness can be determined at that time. A student recovering from such a contagious illness should be seen in the Student Health Office prior to returning to classes or clinical work. i.e. COVID
18. Students are instructed in and must follow Standard Precautions and will comply with Conemaugh Memorial Medical Center's policies related to communicable and infectious disease. The school does not assume responsibility for the health and safety of students who fail to adhere to the policies and procedures of CMMC. i.e. COVID
19. See attached Pregnancy Policy and information on support for breastfeeding mothers.
20. For more specific information concerning exposure guidelines and duration of required leave of absences, refer to the Hospital Employee Health Policy.
21. N95 Respirator Fit Testing may be done annually for students who are required to wear a N95 during clinical rotations.

IMMUNIZATION GUIDELINES – REQUIRED FOR HEALTHCARE WORKER AT TIME OF HIRE/START-UP

	Required for	Proof of Immunization	Laboratory Evidence of Immunity	Booster/ Revaccination Required for Negative Lab Result	Comments
Measles (rubeola)	All personnel	Accepted	If no proof of immunity	Only if no documentation of vaccination x2	Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. Volunteers born before 1957 do not need rubeola titers. If healthcare personnel who have 2 documented doses of measles- or mumps-containing vaccine are tested serologically and have negative or equivocal titer results for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of measles and mumps immunity; retesting is not necessary. www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
Mumps	If rubeola or rubella given	Accepted	Not performed in our lab	Only if no documentation of vaccination x2	
Rubella	All personnel	Accepted	If no proof of immunization	Only if no documentation of vaccination x1	
Varicella	All personnel	Accepted	If no proof of immunization or provider documentation varicella/herpes zoster	Only if no documentation of vaccination x2	It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.
Hepatitis B	Category 1 & 2 employees	Proof of 3 vaccine series AND positive laboratory evidence of immunity is required (if proof not available, labs drawn)		If only one 3 dose set previously	Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1-2 months after dose #3.
Tdap	All personnel	Accepted	No	Not done	All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.
Influenza	All personnel	Accepted	No	Not done	All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers should receive annual vaccination against influenza.

Note:

- Employees, students, residents, and healthcare providers may begin work or rotation prior to the completion of any of the vaccine series. Documentation that a vaccine series has been initiated is all that is required.
- No laboratory evidence of immunity is done after MMR or varicella immunization. Post-vaccination laboratory testing is only done for the Hepatitis B series.

Source: <http://www.immunize.org/catg.d/p2017.pdf>

From Employee Health Immunizations Policy

Last reviewed-2/2017; 10/2017

CONEMAUGH SCHOOL OF NURSING PREGNANCY POLICY

A female student enrolled in Conemaugh School of Nursing has the option to voluntarily inform or not inform program officials of her pregnancy.

If the student chooses to voluntarily inform the program officials of her pregnancy, it must be done in writing when she receives confirmation of the pregnancy from any pregnancy testing and/or from her physician. Written disclosure of the pregnancy will be documented by the voluntary signing of a Declaration of Pregnancy form (*see below*). A copy of the form and a statement from the student's physician indicating the expected date of delivery and any restrictions will be submitted to the Student Health Nurse.

In the absence of voluntary written disclosure, the student cannot be considered pregnant. The student does have the option of continuing in the program without modification. Because of the potential of exposure to communicable illnesses and/or any risk of harm to the mother and fetus, the School of Nursing strongly encourages students who become pregnant while enrolled in the program to inform program officials of this fact in writing.

Following the birth of the baby, the student may remain in the program unless contraindicated by the student's physician. She may remain in the program and courses as long as her performance is not adversely affected and she must meet all the required outcomes to advance in the program and for successful completion of the course. The student may take time off to care for herself and the baby, but time that is off is counted as missed time. The length of time taken off is determined by the student and also by the approval of the student's personal physician. On return to school after the maternity leave, the student must submit a written physician statement indicating when she is able to return to the program and reports to the office of the Student Health Nurse before returning to the program. The written physician statement needs to include when the student is able to return to school and clinical rotations and if the student has any restrictions in her activities with a specific timeframe.

Student options for pregnancy and after birth of baby include:

1. The student remains in the program on a full-time basis **without** clinical and/or didactic modifications as requested by the student. The student may remain enrolled in the program on a full-time basis provided didactic and clinical performance is not adversely affected and continued enrollment is approved by the student's personal physician.
2. The student remains in the program on a full-time basis **with** clinical and/or didactic modifications as requested by the student. The student may remain enrolled in the program on a full-time basis provided didactic and clinical performance is not adversely affected and continued enrollment is approved by the student's personal physician. The student is still responsible to complete the didactic and clinical requirements required for program completion.
3. The student may request medical leave with a re-entry option. The re-entry option states that the student granted medical leave may re-enter the program the next consecutive year. The student must re-apply to the program. Placement in the curriculum plan would be determined by the Admissions Committee.
4. The student may withdraw from the program.

The student may revoke this declaration at any time without explanation by submitting a signed and dated statement requesting revocation.

I have read and understand Conemaugh School of Nursing Pregnancy Policy.

Student Signature/Print Name

Date

Program Official Signature

Date

**PREGNANCY POLICY DECLARATION
STUDENT DECLARATION OF PREGNANCY**

Please complete the following and return to the Program Director as soon as possible. The Program Director will submit a copy of the completed form to the Student Health Nurse.

I am declaring that I am pregnant.

<p><i>Physician Statement of Pregnancy:</i></p> <p><i>Expected Due Date:</i> / /</p> <p><i>Any restrictions during pregnancy:</i></p> <p><i>Physician Signature:</i></p> <p><i>Physician Name and Office: (printed)</i></p>
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I understand that I have the right to un-declare my pregnancy without any explanation or if I find out that I am not pregnant, or if my pregnancy is terminated.

I will promptly inform you in writing that my pregnancy has ended. (Informing the Student Health Nurse in writing when your pregnancy has ended is optional. This sentence may be crossed out if you wish.)

By signing below, I understand the Conemaugh SON Pregnancy Policy and will provide the necessary documentation to declare my pregnancy and for my return to school.

STUDENT NAME (Please print):	
SIGNATURE:	DATE:

SUPPORT FOR BREASTFEEDING MOTHERS

- Break time for Nursing Mothers Law
 - Effective March 23, 2010, this federal law requires employers to provide break time and a place for hourly paid workers to express breast milk at work. The law states that employers must provide a “reasonable” amount of time and that they must provide a private space other than a bathroom. They are required to provide this until the employee’s baby turns one year old. This law is part of Section 4207 of the Patient Protection and Affordable Care Act under the Fair Labor Standards Act (FLSA) of 2011
- Detailed Law Information
 - Detailed and specific information regarding the Break Time for Nursing Mothers Law can be found at www.usbreastfeeding.org. Click “Policies and Actions” and “Resources” from the top navigation bar for more information.
- Contact Information
 - For questions, please contact the Student Health Nurse, Lactation Services at 814-534-3144, or Human Resources at 814-534-9114.
- Pumping Rooms for Breastfeeding Mothers
 - Conemaugh Memorial Medical Center – Main Campus
 - Good Samaritan Building, Room GS 1032
 - Clinical Pavilion – 5th Floor Pediatrics Department, Room M5535
 - Ashman/Rose Pavilion 1029A
 - G Building – G114 – by student mailboxes

NON-HARASSMENT POLICY (Policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.)

SCOPE:

This policy applies to Conemaugh Health System entities.

PURPOSE:

To comply with federal, state, and local laws regarding harassment on any protected basis (i.e., color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran's status, etc.)

POLICY:

I. Harassment

In accordance with applicable law, Conemaugh Health System prohibits sexual harassment and harassment because of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran's status or any other basis protected by applicable federal, state, or local law. All such harassment is prohibited and will not be tolerated.

II. Sexual Harassment

- A. It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.
- B. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex.
- C. Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.
- D. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).
- E. The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a vendor, patient or other visitor.
- F. Applicable state and federal law defines sexual harassment as unwanted sexual advances, request for sexual favors, or visual, verbal, or physical contact of a sexual nature when:
 - a. Submission to the conduct is made a term or condition of employment; or
 - b. Submission to or rejection of the conduct is used as basis for employment decisions affecting the individual; or
 - c. The conduct has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile or offensive work environment.
- G. Sexual Harassment includes many forms of offensive behavior. The following is a partial list of prohibited behaviors:
 - a. Unwanted sexual advances;
 - b. Offering employment benefits in exchange for sexual favors;
 - c. Visual conduct such as leering, making sexual gestures, or displaying sexually suggestive objects, pictures, cartoons or posters;
 - d. Dissemination through e-mail or other electronic communication material that contains sexual suggestive content;
 - e. Verbal conduct such as making or using derogatory comments, epithets, slurs, sexually explicit jokes, or inappropriate comments about any employee's body or dress;

- f. Verbal sexual advances or propositions;
 - g. Verbal abuse of sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, or suggestive or obscene letters, notes or invitations;
 - h. Physical conduct such as unwanted touching, assault or impeding or blocking movements; and
 - i. Retaliation for reporting harassment or threatening to report harassment.
- H. It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment by a subordinate or manager, or harassment by persons doing business with or for Conemaugh Health System.

III. Other Types of Harassment

- A. Prohibited harassment on the basis of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran's status or any other basis protected by applicable federal, state, or local law, includes behavior similar to sexual harassment, such as:
- a. Verbal conduct such as threats, epithets, derogatory comments or slurs;
 - b. Visual conduct such as derogatory posters, photographs, cartoons, drawings or gestures;
 - c. Dissemination of offensive/inappropriate e-mail or other electronic communication;
 - d. Physical conduct such as assault, unwanted touching, or blocking normal movements; and
 - e. Retaliation for reporting harassment or threatening to report harassment.

V. Complaint Procedure

- A. All employees are responsible for helping to avoid unlawful harassment. If employees feel that they or another applicant or employee have been harassed in violation of this policy, they should report their concerns to their supervisor, a member of Senior Management or to Human Resources and/or file a formal complaint in accordance with the Complaint Filing and Investigative Procedures policy. The employee may also voice complaint by calling the Hospital Support Center Ethics Line at 1-877-508-5433. Any Supervisor who becomes aware of conduct in violation of this policy shall report such conduct to Human Resources immediately.
- B. The Company will not allow retaliation against anyone who expresses a concern about harassment or who participates in any investigation.

VI. Corrective Action/Liability for Harassment

- A. Any employee of the health system, whether a co-worker or manager, who is found to have engaged in prohibited harassment or retaliation is subject to corrective action, up to and including discharge from employment.
- B. Any employee, who engages in prohibited harassment, including any manager who knew about the harassment but took no action to stop it, may be held personally liable by the court or other agency for monetary damages.
- C. Conemaugh Health System does not consider conduct in violation of this policy to be within the course and scope of employment or the direct consequence of the discharge of one's duties. Accordingly, to the extent permitted by law, Conemaugh Health System reserves the right not to provide a defense or pay damages assessed against employees for conduct in violation of the policy.

Nothing in this policy is intended to restrict whatever rights you may have under Federal, State, or local laws.

Original policy dated: 04/01/2011
Reviewed / revised: 01/15/2020
Next review date: 01/15/2023

PROBLEM REPORTING AND NON-RETALIATION PolicyStat ID: 5882361

STATEMENT OF POLICY:

Conemaugh Health System recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal, state and private payer healthcare program requirements, as well as the organizations ethical and business policies. To promote this culture, CHS has established a problem resolution process and a strict non-retaliation policy to protect employees, who report problems and concerns in good faith, from retaliation.

Any form of retaliation can undermine the problem resolution process and result in a failure of communication channels in the organization.

REQUIREMENTS:

I. General

- A. All employees are responsible for reporting misconduct, including actual or potential violations of law, regulation, policy, procedure or the **Common Ground** Code of Conduct.
- B. An open door policy will be maintained at all levels of management to encourage employees to report problems and concerns.
- C. Employees will be encouraged to proceed up the chain of command or communicate with the Human Resources Department if their problems or concerns are not resolved.
- D. Employees may also utilize the ComplianceLine Hotline (1.877.508.5433) if they wish to remain anonymous. Employees are strongly encouraged to report problems and concerns via the chain of command or Human Resources Department before resorting to the ComplianceLine. However, this communication channel is always available if special circumstances exist or the issue is not being properly addressed.
- E. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
- F. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
- G. Employees cannot exempt themselves from the consequences of their own misconduct by reporting an issue, although self-reporting may be taken into account in determining the appropriate course of action.

II. All Employees

- A. Knowledge of misconduct, including actual or potential violations of law, regulation, policy, procedure, or the Code of Conduct must be immediately reported to management, the Corporate Compliance Officer or the ComplianceLine Hotline.
- B. Knowledge of a violation or potential violation of this policy must be reported directly to the Corporate Compliance Officer or ComplianceLine Hotline.
- C. Concerns regarding any issue should be addressed to management in the following order:
 - 1. Immediate supervisor
 - 2. Department manager
 - 3. Department director
 - 4. Senior Management
- D. Employees may also report problems or concerns to the Human Resources Department.
- E. If an employee concern or problem cannot be satisfactorily resolved, or special circumstances exist, the employee should report to the Corporate Compliance Officer or Compliance Line

Hotline.

III. Management and Corporate Compliance Officer

A. Management

Senior Management must take appropriate measures to ensure that subordinate management personnel support this policy and encourage the reporting of problems and concerns.

At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

1. Meet with subordinates to discuss main points within this policy
2. Provide all subordinates with a copy of this policy
3. Post a copy of this policy on employee bulletin boards
4. Post this policy in the organizational policy manual on the intranet

B. Corporate Compliance Officer

1. The CCO will be responsible for the investigation and follow-up of any reported retaliation against an employee.
2. The CCO will report the results of an investigation into suspected retaliation to the **appropriate VP or President.**

Original Policy:	10/1999
Effective:	1/2019
Last reviewed:	1/2019
Last revised:	1/2016
Next review:	1/2022

POSSESSION OF FIREARMS

Individuals performing in a student role are not permitted to carry a firearm, weapon, or explosive device of any type.

Violation of this policy could result in disciplinary action and/or dismissal from the program.

SMOKE FREE/TOBACCO FREE STATEMENT OF POLICY (Policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.)

It is the policy of Conemaugh Health System to prohibit smoking as well as the use of smokeless tobacco by all physicians, employees, patients and visitors on all identified CHS property.

PURPOSE The use of tobacco products by physicians and employees on all identified Conemaugh Health System property compromises the image of Conemaugh Health System as a health care institution. As a leader in medicine and the community, Conemaugh Health System has an obligation to its patients and to the public to strongly assert the risks of tobacco use. Establishment of a tobacco free environment makes such a statement.

Patients have often expressed their concerns when they smell smoke on their caregiver. Visitors express their concerns of the lingering smoke at building entrances. Seeing employees smoke or using tobacco in front of Conemaugh Health System buildings reflects negatively on us as a healthcare institution. The cigarette butts that frequent the sidewalks, and parking lots are an eyesore, taking away from the beauty and cleanliness of our campus.

REQUIREMENTS

I. GENERAL

- A. Smoking and the use of all tobacco products (cigarettes, e-cigarettes, vapes, cigars, chewing tobacco, snuff, pipes, bidis, etc.) is prohibited in and on all Memorial Medical Center owned or leased buildings, grounds, parking lots, vehicles, and sidewalks of Conemaugh Health

System and other properties.

- B. CHS wishes to convey to the public the importance of good health and well-being for our physicians, all employees, patients and visitors. Adherence to this policy is a condition of continued employment with Conemaugh Health System.
- C. Managers / supervisors are responsible for informing their current staff of the Smoke Free/ Tobacco Free Policy.
- D. The Smoke Free/Tobacco Free Policy will be reviewed with new employees at New Employee Orientation.
- E. Human Resources will communicate the policy to all applicants who apply for employment at Conemaugh Health System.
- F. The policy will be part of the Required Education review conducted yearly by all Conemaugh Health System employees.
- G. All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy to patients, families, and visitors.
- H. Supervisors will support employees wishing to attend a Smoking Cessation class.

II. ENFORCEMENT

Enforcement of the Smoke Free/ Tobacco Free Policy will be the responsibility of all leaders with the assistance of the security department. Those who observe a violation of the policy are responsible for notifying the appropriate manager or supervisor. Security officers who observe violations are responsible for completing a violation report and forwarding to the department manager. Department managers will monitor compliance and follow the corrective action steps noted below if violations continue.

III. CORRECTIVE ACTION

- A. Each offense will have a written acknowledgment signed by the manager or security office and the violator.
- B. First Offense – Documented Verbal Warning. Provide the employee with Cessation Class information.
- C. Second Offense – First Corrective Action Report (Written Warning) – Encouragement to enroll in Cessation Class.
- D. Third Offense – Second Corrective Action Report with Re-Affirmation (Final Written Warning) – Encouragement to enroll in Cessation class.
- E. Fourth Offense – Suspension Pending Investigation – This is the most severe form of discipline and action taken after all three of the above have been executed.

Original policy dated: 01/1992

Reviewed/revised: 05/2005, 12/2006, 12/2009, 2/2010, 7/2012, 4/2014, 4/2016, 6/2020

Next review date: 6/2023

DRUG & ALCOHOL FREE WORKPLACE (Policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.)

SCOPE:

This policy applies to Conemaugh Health System entities.

PURPOSE:

To promote a workplace that is free from the influence of drugs and alcohol and for the protection of our patients, employees and all other persons working or visiting the health system. To eliminate the potential for substance abuse within the health system and to establish a consistent method for testing candidates and employees in its attempt to ensure a workplace that is free from the influence of drugs and alcohol. Employees, volunteers, students of CHS educational programs and affiliate schools, hereafter referred to as "students," contract personnel, residents, or anyone with access to patients and patient care areas are subject to this policy.

POLICY:

A. Education

Education will be provided on:

1. The Drug & Alcohol Free Workplace Policy.
2. The dangers of abusing drugs and alcohol in the workplace.
3. The medical treatment and other resources available for persons who seek treatment and counseling.
4. The nature and benefits of drug and alcohol testing, including post-offer, pre-placement testing and for cause/reasonable suspicion.
5. The action that the Hospital will take when employees, volunteers, students, or contract personnel violate this policy.

Education on the Drug & Alcohol Free Workplace Policy will be provided at initial orientation by Human Resources, Allied Health Schools, and Residency Program Directors; and annually thereafter at required education to employees and students. The substance of this policy will be included in the employee handbook and orientation manual.

In addition to general employee and student education, supervisor education will be provided to all new supervisors. This will include information on this policy, the effects of substance abuse in the workplace, how to observe and document reasonable suspicion, how to make reasonable suspicion determinations, and how to refer an individual suspected of having substance abuse problems for evaluation and treatment.

B. Policy

It is the policy to promote a workplace that is free from the influence of drugs (including marijuana even if medically prescribed) and alcohol. The health system believes that such a policy is in the best interest of all our employees and the patients whom we serve. The health system's number one priority is providing excellent patient care and for that reason all of our employees serve in roles that affect the safety of our patients. Being under the influence of marijuana and other drugs in the healthcare setting can negatively impact patient care because drug use may impair the user's physical and/or cognitive functioning. Accordingly, the health system prohibits the use of drugs (see section D for use of legal medications) and has selected a laboratory with the technological sophistication to conduct Zero Tolerance Drug Testing on all samples submitted for testing.

This policy supersedes all previous drug and alcohol policies of the health system, whether found in an Employee Handbook, Policy and Procedure Manual, or in any other document or communications. All positive test results will be reported to the applicable licensing board/agency when required by licensed/registered health professionals.

C. Drugs and Alcohol

As used in this Policy, the term "drug" means any illegal or illicit drug, any substance or drug (including marijuana even if medically prescribed) producing effects on the central nervous system, or any controlled substance (including all drugs, narcotics, and intoxicants for which possession or misuse is made illegal under federal, state, or local law); and the term "alcohol" means the intoxicating agency in beverage alcohol, ethyl alcohol (e.g., beer, wine, liquor), or other low molecular weight alcohols including, but not limited to, methyl and isopropyl alcohol. In addition, the term "drug" will include legal prescription drugs for which the employee does not have a prescription.

D. Prohibited Conduct

The following shall be grounds for termination:

1. Use, sale, attempted sale, manufacture, possession, conveyance, purchase, attempted purchase, distribution, cultivation, transfer, or dispensing, (except as required by your employment or contract) of drugs (illegal or illicit). This policy serves notice to those involved in such activities that CHS reserves the right to refer those involved for prosecution under the Controlled Substance, Drug, Device and Cosmetic Act (PA Act No. 64), or any comparable legislation. Legal sanctions may include probation, fines, or imprisonment;
2. Being under the influence of illegal or non-prescription drugs or alcohol, or having drugs or alcohol:
 - a. In one's system, or
 - b. On any health system premises or worksites, or
 - c. In any area under the control of the health system, (including, but not limited to, the parking area), or
 - d. During work time, or
 - e. In your possession illegally, or
 - f. In or occupying health system property (including, but not limited to, health system vehicles) or property under the control of the health system.
3. Use or abuse of alcohol on or off the job that impairs, to any extent, performance on the job.

E. Legal Medications

This Policy does not prohibit the legal use of medications (prescription or over-the-counter), including medications containing alcohol. The health system requires that all employees disclose to Human Resources in advance of working when taking medication containing alcohol or any medication that poses a significant risk of substantial harm to the health or safety of the individual or others, or when taking any medication containing alcohol or any medication that affect the safety of our patients or impairs the user's physical and/or cognitive functioning. When required, the health system will make reasonable accommodations if appropriate (transfer, reassign, place an employee on leave of absence, or take other appropriate action during the time the employee uses medication that may affect the employee's ability to perform safely). It is the employee's responsibility to consult with the employee's licensed healthcare professional to determine if any medication would adversely affect the employee's ability to perform the essential functions of the job safely and requires disclosure to Human Resources.

F. Employee Assistance Program

The health system makes available an Employee Assistance Program to assist employees who may have problems with drugs or alcohol, however, this program does not insulate an employee from termination for a violation of health system policy, nor will it insulate any employee after the employee has been requested to participate in a drug or alcohol test. Employees who believe they have a problem with alcohol or drugs (legal or illegal) — are encouraged to seek assistance before the Drug and Alcohol Policy is violated. The EAP is available to employees seeking assistance with drug and/or alcohol related issues. The EAP can provide information regarding the dangers of drug and alcohol abuse, evaluate an employee for possible drug and/or alcohol dependence, and assist an employee to locate appropriate services and rehabilitation programs that emphasize education, prevention, counseling, and treatment. Each request for assistance will be treated as confidential, and only those persons with a "need to know" will be informed of an employee's request.

G. Designated Social Functions

The alcohol provisions of the policy shall not apply at health system designated social functions (whether on or off premises), although it is not the policy of the health system to condone alcohol abuse at such functions.

All employees are expected to conduct themselves at all times in accordance with the Code of Conduct and other health system policies. Inappropriate conduct, disruptive behavior or any other inappropriate actions caused by alcohol at designated social functions (whether on or off premises) will be caused for corrective action up to and including termination of employment.

H. Testing

NOTE: For purposes of this policy, the following will result in termination of employment or no further employment consideration of an applicant:

- a) refusal to undergo or consent to a drug/alcohol test, or**
- b) when an applicant or employee is unable to provide a urine specimen ("shy bladder"), absent a valid medical reason, within a 3-hour period it will be viewed as a positive result.**

1. Pre-Employment Drug Test — all prospective employees and contract/agency personnel (See Section G 8) will be required to undergo a pre-employment drug test and may not begin work prior to review of the test results. This applies to students and volunteers. A refusal to undergo the test, or a positive test result, attempt to tamper with, substitute, adulterate, or otherwise falsify a test sample will result in denial of employment (see G11 for consequences of positive test results).

2. Voluntary Disclosure — An employee's decision to seek assistance under this policy will be considered voluntary only if the employee seeks assistance before the employee's alcohol or drug-abuse problem lead to a violation of this or another health system policy justifying corrective action and before being asked to take a drug and/or alcohol test. If an employee voluntarily discloses that he/she has a drug/alcohol problem and requests assistance, then the employee will be referred to the EAP and will be required to follow the Voluntary Disclosure Procedure outlined below:

- a. The employee will be referred to the Employee Assistance Program (EAP) and the appropriate Licensing Board, as applicable, for counseling and development of a treatment program, and will be placed on a leave of absence as appropriate.
- b. The employee will be required to sign *and Authorization for Release of Confidential Information* form in order for the counselor(s) to report his/her findings and recommendations to the Human Resources Director or designee.
- c. The employee will be allowed to return to work, whether from an in-patient or out-patient treatment, after undergoing a drug/alcohol test conducted under health system policy with a negative result, provided he/she is released and able to perform the essential functions of his/her position with or without a reasonable accommodation. If the employee is unable to perform the essential functions of his/her previous position, then he/she may be placed in another available position (at the appropriate pay rate for the new position) for which he/she is qualified and for which he/she can perform the essential job functions with or without a reasonable accommodation. If a suitable position is not available, then the employee will be terminated in accordance with the established leave of absence policy.
- d. The employee will be required to undergo a minimum of twelve (12) unannounced drug/alcohol test within a twelve (12) month period following the return to duty test. This

period may be extended for up to sixty (60) days.

- e. The employee will be required to cooperate with and to follow the recommendation of the counselor(s), including satisfactory completion of any prescribed rehabilitative program and to submit to further tests. **Failure to do so will result in termination.**
- f. If at any time the employee tests positive during this process, the employee will be terminated.

NOTE: Entering a drug and/or alcohol assistance program will not protect any employee from the consequences of substandard work performance, misconduct or policy violations.

3. Reasonable Suspicion Drug and Alcohol Test — If the health system has reasonable suspicion to believe that an employee or group of employees are violating this policy, the employee(s) will be required to undergo a drug and alcohol test. Reasonable suspicion Testing requires the approval of Human Resources Director. If reasonable suspicion exists, the employee will be placed on administrative unpaid leave pending the results of the testing and investigation. Reasonable suspicion may include, but not limited to, the employee's behavior or conduct, physical manifestations, evidence that an employee has caused or contributed to a work-related accident, there are objective signs that the involved employee may have used alcohol (i.e. slurred speech, staggering gait, odor of alcohol), reports from others, work related "accident," missing or unaccounted for patient medications, speech, etc. The health system will document information supporting the Reasonable suspicion testing (see Observation Checklist, Warning Signs of Chemical Dependency and Testing Referral forms).

In the event of suspected diversion of medications, an internal investigation should be conducted and appropriate licensing boards notified as required by law (see Diversion Prevention tips). In the event of a suspected diversion of drugs it may be necessary to test a group of employees. In this event, the employees may remain on duty unless an employee(s) appears to be in an altered state, then the employee(s) will be placed on administrative unpaid leave pending drug test results. If the reasonable suspicion drug/alcohol tests are positive the employee will be terminated. If the reasonable suspicion drug/alcohol tests are negative, the employee should be compensated for the period of unpaid leave. In the event the reasonable suspicion drug test is negative, upon return to work any performance or conduct issues that formed the basis of the reasonable suspicion drug or alcohol test will be addressed through the corrective action process.

4. Other Drug or Alcohol Test — The health system will require any employee to undergo any drug or alcohol test required by law, and may require any employee to undergo any drug or alcohol test not prohibited by law.

5. Drug Testing of Students — Students with access to patients and patient care areas are subject to this policy. The Human Resources Department should work in conjunction with the management team and school officials to ensure that the contractual agreement includes a statement that delineates the party responsible for the provision of drug screens prior to student assignment to the health system. Human Resources would be responsible to monitor compliance.

6. Drug Testing of Volunteers— Volunteers with access to patients and patient care areas are subject to this policy and should be tested prior to starting their assignment.

7. Drug Testing of Contract/Agency Personnel — All entities that provide contract and agency personnel (including contract/agency physicians) that provide patient care, treatment and services must provide the Human Resources Department with evidence of drug testing and results prior to contract staff starting assignment.

8. False Information — Any employee or applicant who provides false information when completing paperwork required or responding to required questions for an alcohol or drug screen test will be terminated and/or their application will be withdrawn from hiring consideration.

9. Consequences of a Positive Test — An employee or applicant, whose drug or alcohol test is positive, regardless of the reason for the test, is considered to be in violation of health system policy and will be terminated. Employment will be terminated for a confirmed positive test, even for a first offense. An employee or applicant whose drug or alcohol test is positive will be ineligible for rehire for a minimum of one year.

10. Refusing a Test/Tampering — If an employee attempts to avoid or refuses to submit to drug and/or alcohol testing, the action will be considered insubordination and the employee will be terminated. Attempts to tamper with, substitute, adulterate, or otherwise falsify a test sample are considered refusals to submit to testing. Applicants that refuse to submit to drug and alcohol testing will be withdrawn from consideration for employment. Employees and applicants that refuse to submit to the drug and alcohol test will be considered ineligible for rehire and will not be considered for future employment with the health system.

11. Consent — No alcohol test will be administered, sample collected, or drug test conducted on any sample without a signed chain of custody form of the person to be tested. However, testing is a condition of employment and a person's refusal to submit to a proper test will be viewed as insubordination which will result in termination of employment. The health system will pay the costs of all drug and/or alcohol tests it requires of job applicants and employees.

12. Collection and Chain-of-Custody — Persons being tested will be asked to provide a test sample by the collection site person. Procedures for collection of urine specimens will allow for reasonable individual privacy. Urine Samples will be tested for temperature, and may be tested for adulterants or subject to other validation procedures, as appropriate. The collection site person and the person being tested will maintain chain-of-custody procedures at all times.

14. Testing Methods — All urine samples will be screened using an immunoassay technique and/or mass spectrometry technique and all presumptive positive tests will be confirmed using mass spectrometry (MS) or other equally sensitive methodology. All confirmatory tests will be performed by a laboratory certified by the federal Substance Abuse Mental Health Services Administration (SAMHSA) for federal workplace testing (see Attachment A for list of current testing profiles).

A blood-alcohol test will be used to detect the presence of alcohol. An alcohol test will be considered positive if it shows the presence of a 0.02 percent or more alcohol in an individual's system. All blood-alcohol samples will be screened by Gas Chromatography and all presumptive positive tests will be confirmed using by Gas Chromatography/Flame Ionization Detection.

Tests will seek information about the presence of drugs and alcohol in an individual's system, and will not test for any medical condition.

15. Notification & Review of Positive Results — Any individual whose test is positive for the presence of an illicit drug or drugs will be notified by an independent Medical Review Officer ("MRO") (a medical doctor with an expertise in toxicology), and given an opportunity to provide the MRO, in confidence, with any legitimate explanation he or she may have that would explain the positive drug test (all documentation must be sent to the MRO no later than five business days after notification).

If the individual provides an explanation acceptable to the MRO that the positive drug test result is due to factors other than illicit drugs (such as a prescription for the drug detected), the MRO will order the laboratory to disregard the positive test and will report the test as negative to the health system.

Upon request, the Human Resources Director or designee will provide the individual with a copy of their own positive test report. In addition, an individual who tests positive for drugs may request within 72 hours of notification that his or her second container from the split-specimen collection be sent to an independent laboratory for a second confirmatory test at the individual's expense. The individual shall choose from a provided list of independent laboratory certified by the federal Substance Abuse Mental Health Services Administration (SAMHSA) for federal workplace testing for the second confirmatory test. The health system will suspend the individual pending the results of any such re-test. If the retest is negative, the health system will reimburse the employee the cost of the second test.

All test results will be treated as confidential, and shared within the health system only on a need-to-know basis. Test results will not be released outside the health system without the written consent of the tested individual, except as required by law or to defend the health system in any threatened or actual legal action. Any individual may request a copy of his or her results at any time. Test results will be stored separately from employee personnel files in a secure location.

16. Compliance With All Applicable Laws — The health system will implement this Policy, including the drug- and alcohol-testing provisions, in a manner that complies with relevant federal, state, and local laws.

I. Searches

The health system reserves the right, at all times and without further notice, to have health system representatives conduct searches and inspection of any or all health system premises to enforce the Policy or determine if this Policy has been violated.

All vehicles and containers, including bags, backpacks, boxes, purses, and lunch containers, brought onto health system premises may be searched if the health system has a reasonable suspicion that the employee has brought drugs or alcohol onto health system premises. Employees are expected to cooperate in any searches, and consent to a search is required as a condition of employment. A refusal to consent to a search will result in termination, even for a first refusal.

J. Other Action

Safety of Employee and the Public — When an individual subject to this policy is sent home or referred for drug or alcohol testing, the supervisor will help him/her get home safely.

Nothing in this policy is intended to restrict whatever rights you may have under Federal, State or local laws.

Original policy dated: 08/11/2011
Reviewed/revised: 10/1/2016, 7/2020
Next review date: 7/2023

DRUG FREE WORKPLACE/SCHOOL

STUDENTS AND FACULTY OF THE CONEMAUGH SCHOOL OF NURSING:

In compliance with Federal Regulations set forth by Drug Free Work Place Act of 1989, and the Drug Free Schools and Communities Amendment Public Law 101-226 and subsequent amendments: which requires all institutions of higher learning to adopt and implement a program that prohibits, prevents, and educates pertaining to the illegal possession, distribution, or use of illicit drugs and alcohol by students and faculty. This document is prepared to disseminate information about drug and alcohol abuse, its prevention, and the consequences related to use and abuse of such substances.

The Drug and Alcohol Free Workplace Policy established by Conemaugh Health System requires all students and faculty to be physically and mentally fit, free of impaired behavior that adversely affects safety and performance. Conemaugh Health System prohibits the unlawful manufacturing, possession, use, dispensation, or distribution of any illicit drugs and/or alcohol on its property by employees, students, volunteers, and contracted personnel. Anyone found to be in violation of these standings as set forth by the Substance Abuse Policy and Drug and Alcohol Free Workplace Policy will be subject to disciplinary action, including suspension or termination. A referral may be made for counseling or rehabilitation. Such action is independent of prosecution by local, state, and / or federal authorities.

In conjunction with the policies set forth by the legislatures and Conemaugh Memorial Medical Center, Conemaugh School of Nursing and Allied Health Programs will inform students and faculty about the dangers involved with the use of illicit drugs and abuse of alcohol, the availability of student/faculty counseling and rehabilitation services/assistance programs, the penalties that may be imposed for the violation of laws and policies set forth and provide information on preventing drug and alcohol abuse.

Dangers Associated with the Use of Illicit Drugs and Alcohol

Dependence on drugs and alcohol is a serious public health problem. Dependency is prevalent in all regions of the country and transcends all ethnic and socio-economical groups. Most individuals who abuse a substance deny their dependency, resulting in conflict and family difficulties. Serious consequences to dependency include mental health illness including paranoid and depression, as well as physical illness including damage to the brain, central nervous system, heart, liver, and kidneys.

All drugs – even over-the-counter and legal prescriptions – have possible side effects that can cause impairments for some people. However, these drugs are regulated and risks are written on the packaging. With illegal drugs, there are no guidelines, and you can never be sure of their strength or purity. Most, if not all, illegal drugs are mixed with impurities. You may not always get what you think you're getting!

Too much alcohol, too fast, can kill you. It is always okay not to drink. If you do choose to drink, make healthy choices. A human brain continues major development through age twenty-five. Drinking during this critical developmental period – especially drinking to the point of getting drunk – may impair brain function for the rest of the person's life. Memory, motor skills, and coordination can be affected. Alcohol consumption causes a number of marked changes in behavior. Repeated use of alcohol can lead to dependence.

All drugs and alcohol will affect how you act and will impair your judgment. The result is an undesirable, uncontrollable outcome of potentially permanent damage and possibly death. Provided is a chart describing drugs of abuse and effects.

Also available is a DEA Resource Guide, Drugs of Abuse, 2020 edition found at;

<https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/publications/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20.pdf>

Preventing Drug and Alcohol Abuse

Preventing drug and alcohol abuse is a difficult task. A personal resolve to never begin using drugs is effective for some individuals, while “Just Say No” or simply being fearful of addiction and the associated problems are enough for others. Many factors are associated with an individual’s risk for drug abuse; protective factors can reduce this risk.

Drug and alcohol abuse can be prevented when protective factors are integrated into an individual’s life. Being involved in extracurricular activities such as exercise, shopping, playing sports or music, or volunteering in community service organizations can provide a healthy direction for an individual’s attention. Education is an effective defense to understanding the health risks. Personal effects as well as legal consequences can curtail temptation.

The key to success is a matter of understanding your strengths and weakness. An individual who possesses a strong self-esteem, who had parental involvement with clean, consistent enforcement of limitations have a strong balance of risk and protective factors.

To increase your self-esteem and assist you in remaining drug and alcohol free, surround yourself with positive, like-minded friends, find activities that you enjoy and help you relax, discover a new interest, develop your talents, and learn positive coping mechanisms.

Potential Legal Sanctions

Dependency on illicit drugs and alcohol can lead to a life of complication, misfortune, and regrets. The illegal use or trafficking of such substances and their abuse has an effect on the individual as well as society.

Legal sanctions under local, state, and federal law for unlawful possession, use or distribution of illicit drugs and alcohol include: The Commonwealth of Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act #64 of April 14, 1972; Monetary fines ranging up to \$250,000 and/or imprisonment up to 50 years for violation of its provisions. Under PA Criminal Code Section 6307-6308; and 21 US codes 811, 844, 853, 881, 922; it is an offense if anyone “attempts to Purchase, Purchases, Consumes, Possesses, or Transports Illegal Substances.” Punished by provisions of the law. These sanctions are specific to the substances and amount, as well as the offense.

SIGNS AND SYMPTOMS

The following “red flag” symptoms may indicate a drug problem:

School Performance	Social Interaction	Behavioral Changes	Physical Changes
Change in academic performance	Unusual change in peer group	Violent or bizarre behavior	Red, puffy or glassy eyes
Increased absences	Feelings of loneliness, isolation, withdrawal	Depression, anxiety or paranoia	Runny nose, persistent, hacking cough
Disciplinary problems	Legal difficulties (DUI, underage drinking, etc.)	Lack of motivation	Nausea or vomiting
Dropping of Co-curricular activities	Disregard for family	Memory loss	Nosebleeds
	Unusual change in personal grooming habits	Inappropriate laughter	Tremors
		Collecting drug paraphernalia	Insomnia

DRUGS OF ABUSE/Uses and Effects
U.S. Department of Justice, Drug Enforcement Administration

Drugs/ CSA Schedule	Trade or other Name	Medical Uses	Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Narcotics										
Heroin Substance I	Diamorphine, Horse, Smack, Black tar, Chiva, Negra (black tar)	None in U.S., Analgesic, Antitussive	High	High	Yes	3-4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine Substance II	MS-Contin, Roxanol, Oramorph SR, MSIR	Analgesic	High	High	Yes	3-12	Oral, injected			
Hydrocodone Substance II Procedure III, V	Hydrocodone w/Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, Antitussive	High	High	Yes	3-6	Oral			
Hydro- morphine Substance II	Dilaudid	Analgesic	High	High	Yes	3-4	Oral, injected			
Oxycodone Substance II	Roxicet, Oxycodone W/Acetaminophen, OxyContin, Endocet, Percocet, Percodan	Analgesic	High	High	Yes	3-12	Oral			
Codeine Substance II, Products III, V	Acetaminophen, Guaifenesin or Promethazine w/Codeine, Fiorinal, Fioricet, or Tylenol w/Codeine	Analgesic, Antitussive	Moderate	Moderate	Yes	3-4	Oral, injected			
Other Narcotics Substance II, III, IV	Fentanyl, Demeril, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgesic, Antidiarrheal, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked			
Depressants										
gamma Hydroxybutyric Acid Substance I, Product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in U.S., Anesthetic	Moderate	Moderate		3-6	Oral	Slurred speech, disorientation , drunken behavior without odor of alcohol, impaired memory of events, interacts with alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Benzodiazepine s Substance IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Roofies, R-2,), Klonopin	Antianxiety, Sedative, Anti- convulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected			
Other Depressants Substance I,II,III IV	Ambien, Sonata, Meprobamate, Chloral Hydrate, Barbiturates, Methaqualone (Quaalude)	Antianxiety, Sedative, Hypnotic	Moderate	Moderate	Yes	2-6	Oral			

DRUGS OF ABUSE/Uses and Effects
U.S. Department of Justice, Drug Enforcement Administration

Drugs/ CSA Schedule	Trade or other Name	Medical Uses	Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Stimulants										
Cocaine Substance II	Coke, Flake, Snow, Crack, Coca Blanca, Perico, Nieve, Soda	Local Anesthetic	Possible	High	Yes	1-2	Snorted, smoked, injected	Increased alertness, excitation euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hallucinations, convulsions, possible death	apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine/ Meth- amphetamine Substance II	Crank, Ice, Cristal, Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn	Attention deficit/hyperac tivity disorder, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected, smoked			
Methylphenidat e Substance II	Ritalin (Illy's), Concerta, Focalin, Metadate	Attention deficit/ hyperactivity disorder	Possible	High	Yes	2-4	Oral, injected, snorted, smoked			
Other Stimulants Substance III,IV	Adipex P, Ionamin, Prelu-2, Didrex, Provigil	Vaso- constriction	Possible	Moderate	Yes	2-4	Oral			
Hallucinogens										
MDMA and Analog Substance I	(Ecstasy, XTC, Adam,) MDA (Love Drug) MDEA(Eve), MBDB	None	None	Moderate	Yes	4-6	Oral, snorted, smoked	Heightened senses, teeth grinding and dehydration	Increased body temperature, electrolyte imbalance ,cardiac arrest	Muscle aches, drowsiness, depression, acne
LSD Substance I	Acid, Microdot, Sunshine, Boomers	None	None	Unknown	Yes	8-12	Oral	Illusions and Hallucination s, altered perception of time and distance	(LSD) Longer, more intense "trip" episodes	None
Phencyclidine and Analog Substance I, II, III	PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K) PCE, PCPy, TCP	Anesthetic (Ketamine)	Possible	High	Yes	1-12	Smoked, oral, injected, snorted		Unable to direct movement, feel pain, or remember	Drug seeking behavior *Not regulated
Other Hallucinogens Substance I	Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahausca, DMT, Dextro- methorphan*(DXM)	None	None	None	Possible	4-8	Oral			

DRUGS OF ABUSE/Uses and Effects
U.S. Department of Justice, Drug Enforcement Administration

Drugs/ CSA Schedule	Trade or other Name	Medical Uses	Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Cannabis										
Marijuana Substance I	Pot, Grass, Sinsemilla, Blunts, Mota, Yerba, Grifa	None	Unknown	Moderate	Yes	2-4	Smoked, Oral	Euphoria, relaxed inhibition, increased appetite, disori	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
Tetrahydro- cannabinol Substance I Product III	THC, Marinol	Antinauseant, Appetite stimulant	Yes	Moderate	Yes	2-4	Smoked, Oral			
Hashish and Hashish oil Substance I	Hash, Hash oil	None	Unknown	Moderate	Yes	2-4	Smoked, Oral			
Anabolic Steroids										
Testosterone Substance III	Depo Testosterone, Sustanon, Sten, Cyp	Hypogonadism	Unknown	Unknown	Unknown	14-28 days	Injected	Virilization, edema, testicular atrophy, gynecomastia , acne, aggressive behavior	Unknown	Possible depression
Other Anabolic Steroids Substance III	Parabolan, Winstrol, Equipose, Anadrol, Dianabol, Primabolin-Depo, D-Ball	Anemia, Breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected			
Inhalants										
Amyl and Butyl Nitrite	Pearls, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Flushing, hypotension, headache	Methemoglobin- emia	Agitation
Nitrous Oxide	Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled	impaired memory, slurred speech, drunken behavior, slow onset vitamin deficiency, organ damage	Vomiting, respiratory depression, loss of consciousness, possible death	Trembling, anxiety, insomnia, vitamin deficiency, confusion, hallucinations, convulsions
Other Inhalants	Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	1.5-2	Inhaled			
Alcohol	Beer, wine, liquor	None	High	High	Yes	1-3	Oral			

*Chart reproduced from Drugs of Abuse, 2005ed. US Department of Justice, Drug Enforcement Administration

Reviewed 3/2020

Drugs of Abuse, A DEA Resource Guide, 2020 Edition may be found at

<https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/publications/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20.pdf>

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500-4999 gms mixture	<p>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs., and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p>	5 kgs or more mixture	<p>First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20million if an individual, \$75 million if not an individual.</p>
Cocaine Base (Schedule II)	28-279 gms mixture		280 gms or more mixture	
Fentanyl (Schedule II)	40-399 gms mixture		400 gms or more mixture	
Fentanyl Analogue (Schedule I)	10-99 gms mixture		100 gms or more mixture	
Heroin (Schedule I)	100-999 gms mixture		1 kg or more mixture.	
LSD (Schedule I)	1-9 gms mixture		10 gms or more mixture	
Methamphetamine (Schedule II)	5-49 gms pure or 50-499 gms mixture		50 gms or more pure or 500 gms or more mixture	
PCP (Schedule II)	10-99 gms pure or 100-999 gms mixture		100 gm or more pure or 1 kg or more mixture	
PENALTIES				
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<p>First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>		
Flunitrazepan (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	<p>First Offense: Not more than 10 yrs. If death or serious injury, not more than 15 yrs. Fine not more than \$500,00 if an individual, \$2.5 million if not an individual.</p> <p>Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.</p>		
All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if not an individual</p>		
Flunitrazepan (Schedule IV)	Other than 1 gram or more			
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>		

FEDERAL TRAFFICKING PENALTIES—MARIJUANA

DRUG	QUANTITY	1ST OFFENSE	2ND OFFENSE
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	*Not less than 10 years, or more than life.*If death or serious bodily injury, not less than 20 years, or more than life*Fine not more than \$10 million if an individual, \$50 million if other than an individual	*Not less than 20 years, or more than life*If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	*Not less than 5 years, or more than 40 years. If death or serious bodily injury, not less than 20 years, not more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual	*Not less than 10 years, or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual
Marijuana (Schedule I)	More than 10 kg hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	*Not more than 20 years * If death or serious bodily injury, not less than 20 years, or more than life. Fine \$1 million if an individual, \$5 million if other than an individual	*Not more than 30 years. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual
Marijuana (Schedule I)	Less than 50 kg marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants	*Not more than 5 years *Fine not more than \$250,000, \$1 million other than individual	*Not more than 10 years *Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual

**Charts reproduced from Drugs of Abuse, 2020 Edition.

State Alcohol and other Drug Violations and Penalties

Offense	Penalty	Fine	Jail/Prison
Alcohol Sanctions			
Misrepresentation of age to secure liquor or malt or brewed beverages	First Offense	up to \$300	30 days jail
	Second Offense	up to \$4,500	
	Misdemeanor	Operator's license suspended	
Purchase, consumption, possession, or transportation of liquor or malt or brewed beverages	First Offense	up to \$300	30 days jail
	Second Offense	up to \$500	
		Operator's license suspended	
Representing that minor is of age	Misdemeanor	NLT* \$300	
Inducement of minors to buy liquor or malt or brewed beverages	Misdemeanor	NLT* \$300	
Selling or furnishing liquor or malt or brewed beverages to minors	First Violation	NLT* \$1000	
	Misdemeanor		
	Subsequent Violation	\$2,500 for each	
Manufacture or sale of false identification cards	First Violation	NLT* 1,000	
	Misdemeanor		
	Subsequent Violation	NLT* 2,500 for each	
Carrying a false ID card	First Violation	up to \$300	30 days jail
	Summary Offense		
	Subsequent Violation	up to \$500	
	Misdemeanor	Operator's license suspended	
Restrictions on alcoholic beverages			
The driver of any vehicle may not consume any alcoholic beverage or illegal drug	Summary Offense	up to \$300	up to 30 days
		Operator's license suspended	
	Operator's license suspensions:		
	First Offense		90 days
	Second Offense		1 year
Third and Subsequent Offenses		2 years	
Driving under the influence of alcohol or controlled substance	Misdemeanor	NLT* \$300	NLT* 48 hours
	Second		NLT* 30 days
	Third		NLT* 90 days
	Fourth		NLT* 1 year
Homicide by vehicle while driving under the influence	Felony	Fine	NLT* 3 years
		Revocation of operating privileges	
Other violations include bringing alcoholic beverages into the state without paying Pennsylvania taxes and selling or offering for sale alcoholic beverages without a liquor license. Violations of these laws can result in fines, imprisonment, and confiscation of vehicles.			
*NLT means not less than			
Illicit Drug Sanctions			
Possession of controlled or counterfeit substance	Misdemeanor	up to \$5,000	up to 1 year
Purchase of controlled substance	Misdemeanor	up to \$5,000	up to 3 years
Manufacture, delivery, or possession by an unauthorized person			
Narcotic drugs	Felony	up to \$250'000	up to 15 years
Methamphetamine-cocoa leaves, marijuana (in excess of 1,000 pounds)	Felony	up to \$100,00	up to 10 years
Opiates-hallucinogenic substances, marijuana	Felony	up to \$15,000	up to 5years
Barbiturates	Felony	up to \$10,000	up to 3 years
Codeine, morphine, atropine	Misdemeanor	up to \$5,000	up to 1 year
Possession of a small amount of marijuana for personal use (30 grams marijuana or 8 grams hashish)	Misdemeanor	up to \$500	up to 30 days
Use or delivery of drug paraphernalia	Misdemeanor	up to \$25	up to 1 year
Possession or distribution of "look alike drugs" having depressing or stimulating effect	Felony	up to \$10,000	up to 5 years
Manufacture, sale, or delivery, holding, offering for sale, or possession of any controlled substance that is altered or misbranded	Misdemeanor	up to \$5,000	up to 5 years
Trafficking drugs to minors within 1,000 feet of a school, college, or university	At least 1 year confinement, 2 years imprisonment		

DRUG AND ALCOHOL COUNSELING/ASSISTANCE PROGRAMS FOR STUDENTS AND FACULTY

- Have you ever used drugs or alcohol? Before school? To release anger? By yourself? To alleviate stress? To establish friendship?
- Have you lied to family or friends about drug or alcohol use?
- Have your grades at school dropped?
- Have you “blacked out” as a result of drinking or drug use?
- Has your life been taken over by alcohol or substance use?

If you have answered “yes” to any of these questions, be aware that you may have a drug or alcohol problem. If you or someone you know needs help with drug and/or alcohol abuse, you are encouraged to contact the director or student health nurse for referral assistance. All such matters are handled confidentially.

The following is a list of local agencies for mental health counseling, domestic violence, and other services.

- Conemaugh Counseling814-534-6691
- Behavioral Medicine Department at CMMC814-534-1095
- Cambria County Mental Health814-535-8531 / 814-472-4400
- Al-Anon/Alateen (www.pa-al-anon.org)888-425-2666
- Alternative Community Resource Program (ACRP).....814-534-0745 / 814-535-2277
- New Directions at Cove Forge814-536-2071
- Cove Forge Renewal Center at Johnstown814-539-0836
- New Directions of White Deer Run814-619-0564
- Peniel Ministries814-536-2111
- Alliance Medical Services814-269-4700
- Nulton Diagnostic and Treatment Center Johnstown814-410-2106
- Richland814-262-0025
- Ebensburg.....814-419-8083
- Women’s Help Center (www.womenshelpcenter.org)814-536-5361 / 1-800-999-7406
- Victim Services814-288-4961
- Bureau of Drug and Alcohol Program (www.ddap.pa.gov)....1-717-783-8200/1-800-662-HELP
- Cambria County Crisis Hotline.....1-877-268-9463
- Narcotic Anonymous Helpline.....1-888-251-2426
- PUSH out the PUSHER.....1-800-548-7500
- Cambria County Drug Coalition..... 814-619-4505
- Tobacco and Nicotine Cessation PA QUIT Line.....1-800-QUIT-NOW



DRUG AND ALCOHOL TREATMENT
LOCAL RESOURCE GUIDE

The following list of local resources was developed in an effort to help guide our patients to obtain the drug and alcohol services that best meets his or her needs.

Outpatient Drug and Alcohol Treatment:

New Visions Outpatient Chemical Dependency Program 814-534-1627

(Conemaugh Hospital has a financial relationship with this provider)

Independent Family Services	Johnstown, PA	814-262-0007
Personal Solutions Inc.....	Bedford, PA	814-623-5009
POWER (specific for women)	Pittsburgh, PA	412-243-8755
Skills	Portage, PA.....	814-713-8289
The Open Door	Indiana, PA	724-465-2605
Twin Lakes.....	Johnstown/Ebensburg/Somerset	
.....	814-535-8830/814-472-7888/814-443-3639	
Impact Counseling Services.....	Ebensburg.....	814-695-2200

Local County Drug and Alcohol Programs (patients with no insurance should contact the office where they reside)

Cambria County D/A Program.....	Johnstown, PA	814-536-5388
Somerset County D/A Program.....	Somerset, PA	814-445-1530
Blair County D/A Program.....	Hollidaysburg, PA	814-381-0921
Westmorland County D/A Program	Monessen, PA.....	724-243-2220
Armstrong/Indiana County D/A Prog.	Shelocta, PA	724-463-7860
Allegheny County D/A Program.....	Pittsburgh, PA	412-350-3328
Clearfield Jefferson D/A Program.....	Falls Creek, PA.....	814-371-9002

Additional Resources as needed:

Alcoholic Anonymous (AA)	814-533-5907
Narcotics Anonymous (NA)	814-533-5907
Cambria County Crisis	1-877-268-9463
Somerset County Crisis	1-866-611-6467
National Suicide Prevention Lifeline	1-800-273-8255
Overdose Survivor Helpline	814-243-9718
Veteran’s Crisis Line	1-800-273-8255
SAMHSA National Helpline	1-800-662-HELP (4357)

www.samhsa.gov - Substance Abuse and Mental Health Services Administration - website that can help locate services for substance abuse and mental health

Inpatient/Residential Detoxification and Rehabilitation Services:

ARC Manor	Kittanning, PA	724-548-7607	
Bowling Green Brandywine	Kennett Square, PA	610-347-5625	
Eagleville	Eagleville, PA	800-255-2019	
Twin Lakes	Somerset, PA	814-443-3639	
Pyramid HealthCare	Altoona, PA	888-694-9996	or
		814-940-0407	
White Deer Run	Allenwood, PA	800-255-2335	
Firetree, LTD.	Multiple locations	570-601-0877	
Cove Forge	Williamsburg, PA	855-781-6592	or
		814-317-0339	
Greenbriar Treatment Center	Washington, PA	800-637-4673	
Gateway Rehabilitation Center	Aliquippa, PA	800-472-1177	
St. Joseph Institute	Port Matilda, PA	888-200-4281	
Roxbury Treatment Center	Shippensburg, PA	800-648-4673	
Butler Hospital (hospital based)	Butler, PA	724-284-4357	
Gaudenzia	Erie, PA	814-459-4775	
Gaudenzia Fountain Springs (specific for women & children)	Ashland, PA	570-875-4700	
Gaudenzia Chambers Hill (specific for adolescents)	Harrisburg, PA	717-561-0400	
Gaiser Center	Butler, PA	724-256-8882	
SpiritLife	Penn Run, PA	724-465-2165	
Stepping Stones	Meadville, PA	814-333-5810	
GeisingerMarworth Treatment Center	Waverly, PA	800-442-7722	
Turning Point	Franklin, PA	814-346-7217	
Peniel	Johnstown, PA	814-536-2111	
Conewago-Indiana	Blairsville, PA	724-471-3037	

If you have no ability to pay for Inpatient Drug/Alcohol Treatment, contact:

Salvation Army Rehabilitation (for men)	Altoona, PA	814-946-3645
Salvation Army Rehabilitation (for women)	Harrisburg, PA	717-541-0203
Salvation Army Rehabilitation (for women)	Philadelphia, PA	609-599-9802

Methadone Treatment

This list is to be used as a resource for outpatient medication assisted treatment for opioid addiction. Because Methadone has a high potential for abuse, it is only available through licensed opioid treatment programs. The following facilities offer methadone treatment in our region:

Alliance Medical Services 1425 Scalp Ave. #175 Johnstown, PA 15904 814-269-4700	Pinnacle Treatment Services of Aliquippa 400 Woodland Road Aliquippa, PA 15206 724-857-9640
Alliance Medical Services/Ensign I 729 Ensign Ave Pittsburgh, PA 15266 412-488-6360	Progressive Medical Services 2900 Smallman St Pittsburgh, PA 15201 412-391-6384
Alliance Medical Services/Ensign II 739 Ensign Ave Pittsburgh, PA 15226 412-488-6360	RHJ 1005 Old State Route 119 Hunker, PA 15639 724-696-9600
Addiction Specialists Inc. 1023 Pittsburgh St. Suite 101 PO Box H Uniontown, PA 15401 724-437-2776	RHJ 2994 River Road Vandergrift, PA 15690 724-696-9600
Discovery House 214 Airport Road Clearfield, PA 16830 814-205-9900	State College Medical 3091 Enterprise Dr, Suite 150 State College, PA 16801 814-235-6988
Discovery House 3438 Route 764 Duncansville, PA 16635 814-554-3993	Summit Medical Services 3121 Smallman St Pittsburgh, PA 15201 412-255-8717
Discovery House 1391 Washington Blvd Pittsburgh, PA 15206 412-924-5955	TADISO, Inc. 1425 Beaver Ave Pittsburgh, PA 15233 412-906-9812
Dolminis 2 Sellers Drive Altoona, PA 16602 814-204-0059	Med Mark Rehabilitation, LLC 1037 Compass Circle Greensburg, PA 15601 724-834-1144

Suboxone Treatment

This list is to be used as a resource for outpatient medication assisted treatment for opioid addiction. Because Suboxone has a potential for abuse, it must be prescribed by a certified physician. The following facilities offer Suboxone treatment in our region:

Family Medical Center 1086 Franklin Street Johnstown, Pa 15905 814-534-9106 <i>(Conemaugh Health System has a financial relationship with this provider)</i>	Suboxone Services of Cambria County 1419 Scalp Ave Johnstown, Pa 15904 814-241-3649
The Open Door 665 Philadelphia St. Suite 202 Indiana, PA 15707 724-465-2605	Med Mark Treatment Centers 1984 Rte. 22 Blairsville, PA 15717 724-459-4884
Dr. Joseph Sabo 503 Railroad Ave #4 Patton, PA 16668 814-674-6050	ARS – Accessible Recovery Services Downtown Johnstown & Greensburg offices 724-591-5236
Crossroads Treatment Centers Various locations 800-805-6989	SKS – Suboxone Treatment 2001 Bedford St. Johnstown, PA 15904 814-266-1106

COLLEGE CREDIT TRANSFER POLICY

Applicants who had postsecondary college courses are considered on an individual basis for admission and curriculum placement. Prospective students are required to submit official transcripts of all completed postsecondary college course work with the Conemaugh School of Nursing application for review by the Admissions Committee. Applicants may be required to provide a course syllabus to determine equivalency for course transfer. A minimum grade of “C” (C-will not be accepted) must be achieved for consideration of transfer.

Transfer courses will not be accepted without an official transcript on file.

Prospective or enrolled students undertaking course work at other institutions during or after acceptance must verify and request approval for transferability and provide official transcript upon completion. Each enrolled student will receive an official transfer letter stating the courses approved for transfer.

ACADEMIC POLICY STATEMENT

The faculty of the Conemaugh School of Nursing reserves the right to:

1. Change any fees, provision, or requirement at any time during the student’s program.
2. Dismiss a student who does not meet the expected levels of clinical or scholastic achievement.
 A student may also be dismissed for unethical professional practice or attitudes incompatible with professional performance.

THE STUDENT MUST COMPLY WITH ALL HOSPITAL AND SCHOOL POLICIES. WHEN NO SPECIFIC SCHOOL POLICY EXISTS, THE HOSPITAL POLICY IS IN EFFECT.

SCHOOL CLOSURE PLAN

Each educational program shall fulfill its obligation to provide planned learning experiences to all students currently enrolled in the program.

The Conemaugh Memorial Medical Center Board of Trustees is responsible for any decision regarding the closure of a hospital-based educational program. In the event that closure of an educational program is necessary, students will be informed in a timely manner. Conemaugh will provide and/or contract the facilities, instructors, and learning environment needed for each student, in good standing, to complete the program.

MAIL AND MESSAGES

1. All students are assigned mailboxes in the School of Nursing for U.S. Postal Service mail and School-related communications. **Mailboxes and Email are to be checked daily.**
2. In case of an “emergency,” every effort will be made to get the message to the student.
3. All students are responsible for reading the material posted on their class and school bulletin boards.

Please note that Conemaugh Memorial Medical Center takes very seriously any Phishing Emails. All students need to be aware of Phishing Emails which could compromise our health systems Information Technology. Please note the following key points when receiving an External Email:

1. Hover over hyperlinks to view where they go.
2. Observe who sent you the Email! Do you recognize this person?
3. Only open attachments from a domain you know and trust.
4. Keep confidential and private information to yourself. LifePoint will never ask for passwords or personal information.
5. Educate the cyber security team if you believe that you have received a phishing attempt!
6. Don't panic! Phishing attempts entice users to click or give information by use of threats, deadlines, or high senses of urgency.

MEALS AND BREAKS

1. Time for meals is scheduled daily in the student academic schedule from the School of Nursing.
2. Breaks are provided on class days. Breaks are provided on clinical days as patient care and learning experiences allow.
3. Food and beverages may be purchased from the:
 - a. Coffee Bean
 - b. Crossroads Cafe´
 - c. "F" Building vending machines
 - d. Local restaurants
4. Dining areas, refrigerators and microwave ovens are available in the Student Lounge.
5. A room is also designated for nursing mothers.

MILITARY TIME

Military time is used on official school and hospital documents.

CHANGE OF NAME, ADDRESS, PHONE NUMBER

When a student has a name change, moves or changes his or her phone number during the program, the Secretary to the Director must be informed in writing within two weeks of the change. Unlisted phone

numbers must be identified as such.

The student must present the necessary documentation as outlined in the name and address change form (obtained from the Secretary to the Director). The student must continue to identify self through documentation using current legal name until documentation requirements are final and name badge is changed reflecting the change.

USE AND CARE OF SCHOOL EQUIPMENT AND FACILITIES

1. All equipment and facilities are to be used properly, kept orderly, and cleaned after use.
2. Needed repairs are to be reported to the school secretaries immediately.
3. Students should remain with any appliance they are using.
4. Unwanted food is to be placed in garbage cans and not rinsed down drains.
5. Students who intentionally mishandle or damage equipment or furnishings are assessed a repair or replacement fee. Students are responsible for damages inflicted by their guests.

CELL PHONE USE Policy Stat ID: 8394631

POLICY STATEMENT:

It is the policy of Memorial Medical Center to provide an environment in which patient care is provided through a caring and healing environment evident through relationship-based care. Engagement of the patient/significant other/ designated care-provider in the care of the patient promotes effective communication relevant to supporting positive patient outcomes.

Regulations of Cell phone and personal device use during on-duty working hours:

It is the employee's responsibility to secure their personal device.

- When a personal cell phone is on their person, it must be on "quiet" or "vibrate" mode.
- Personal phone calls must never interfere with patient care, privacy confidentiality or work-flow.
 - This includes, but not limited to the use of personal cell phones, texting, and departmental phones located in work areas.
- **Personal phone calls must take place in non-work related areas, such as a break room or unoccupied conference room.**
- It is imperative that employees never initiate, answer, text or be involved in any other means of personal device related communication when in engaged in patient care. This involves direct patient care activities and includes when staff is speaking with patients/families, the transporting of patients, ambulating patients, etc.
- **Prohibited:** Picture taking in any form at any time in patient care areas with a personal device i.e.: of a patient, nursing unit, co-workers, etc.
- **APPROVED MEDICAL RESOURCES:** Employees may use a resource/reference from an application that has been downloaded into a personal communication device post explanation to patient:
 - An explanation to the patient/family must always take place prior to use when using a personal device for reference/resource. Example: I am going to reference my iPhone for information concerning specific parameters for this item.
 - Only approved medical resourced site may be used when conducting patient care, educating patient/family,
 - Refer to the Conemaugh Memorial Medical Center's Health Science Library Intranet page for approved resources that may be accessed on line. Check the home Intranet page for Up to Date pharmacy resources, EXIT Care for patient education, etc...
 - Avoid using applications on your phone outside of the CMMC intranet page and Health Science Library. The most accurate and approved information is available on the intranet

page and Health Science Library for patient care and education.

- CMMC supports employees by allowing personal communication devices to be on their person during working hours and to stay connected to family and friends during their break when away from their patients.
- **EMPLOYEE INSTRUCTION:** Instructing employees to promote appropriate use of personal devices, allows the clinicians and staff at CMMC to give our patients undivided attention and place primary focus on their care while in our hospital.
HAND HYGIENE: Perform hand hygiene after use of phone or other electronic devices. Personal phones, beepers, and other electronic devices are not to be taken into isolation areas unless covered according to Isolation Policy. Devices must be cleaned according to manufacturer's instructions. Please refer to the Infection Prevention Policy regarding the cleaning of equipment used in patient care areas.

Original Policy: 04/2010
Effective Date: 07/2020
Last Reviewed: 07/2020
Last Revised: 07/2019
Next Review: 07/2021

Student nurses may use a cell phone while on the clinical area for educational purposes only, in a non-restricted area. Cell phones cannot be activated in the classroom and must be placed on the perimeter of the classroom when testing.

INTERNET INFORMATION/PICTURES

The student is expected to model the profession of nursing in a positive manner. Privacy issues, defamation of character or descriptive information/photos that identify a patient, family, or fellow professional may violate HIPAA regulations, be viewed as slanderous behavior or not in keeping with the caring behaviors taught by the School. A situation that comes to the attention of the school will be reported to the Corporate Compliance Department. A disciplinary decision will be made by the Director, School of Nursing and/or the Corporate Compliance Department.

SOCIAL MEDIA

Social media is a powerful communication tool that may have a significant impact on personal, professional and organizational reputations. Students are liable for anything that is posted on a social networking site. Know and follow fair use laws, copyrights laws, code of ethics, HIPPA regulations, and good conduct guidelines of being a professional and representative of Conemaugh School of Nursing and Conemaugh Memorial Medical Center. Posting of pictures should be in good taste. Do not provide any confidential or proprietary information. Be respectful of your audience. You are not permitted to post material that is obscene, threatening, harassing, abusive, slanderous, hateful, embarrassing or unlawful. You are not permitted to utilize the Conemaugh Memorial Medical Center logo or School of Nursing logo. Privacy does not exist in social media.

In fact Facebook's Privacy Policy states: "You post User Content on the Site at your own risk. Although we allow you to set privacy options that limit access to your pages, please be aware that no security measures are perfect or impenetrable. We cannot control the actions of other Users with whom you may choose to share your pages and information. Therefore, we cannot and do not guarantee that User Content you post on the site will not be viewed by unauthorized persons."

Full policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.

Best Practices:

- Think twice before posting.
- Be respectful of your audience or potential audience.
- Photographs should represent how you want the public at large or future employer to view you as a person.
- Respect all laws.
- Do not use logos or images without permission.
- Protect confidential and proprietary information.
- Follow code of conduct guidelines.
- Try to add value to others.
- Identify your views as your own.
- Protect the institutional voice.
- **Do not have the illusion that anything you do or say is private.**

A situation that comes to the attention of the school will be reported to Corporate Compliance Department. A disciplinary decision will be made by the Director, School of Nursing and/or the Corporate Compliance Department of the hospital.

ANNUAL CAMPUS SAFETY AND SECURITY REPORT

Conemaugh Memorial Medical Center School of Nursing and Allied Health Programs publish an annual Campus Safety and Security Report (CSSR) in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”) and the State of Pennsylvania Campus Security Enhancement Act. The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, as amended by the Violence Against Women Act (VAWA), (collectively referred to as the “Clery Act”), requires colleges and universities to disclose certain timely and annual information about campus crime, and security and safety policies

The report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Conemaugh Memorial Medical Center; and on public property within, or immediately adjacent to and accessible from school property. The report also includes institutional policies on campus security concerning alcohol and drug use, crime prevention and the reporting of crimes.

The report also includes institutional policies concerning sexual assault and other matters.

The statistics are gathered from reported crimes to campus security and the Johnstown Police Department. The statistics are prepared by the Conemaugh Security Manager.

Each year, notification is sent to all enrolled students and employees of the schools. The notification provides information on how to access the Annual Campus Safety and Security Report online. Copies of this report may also be obtained from the Associate Director of the School at 1086 Franklin Street, Building F, Room 110, Johnstown, PA 15905.

We encourage members of the Conemaugh School of Nursing and Allied Health community to use this report as a guide for safe practices on and off campus. The annual report is available online at www.conemaugh.org.

CONEMAUGH SECURITY

Located in the main hospital, next to the Emergency Department, Security operates 24 hours a day, 365 days a year. The telephone number for non-emergency calls is extension 9730 on campus, or call 814-

534-9730 from off campus. Please dial 222 for Emergency calls when on campus or dial 911 when off campus.

INFECTION CONTROL SAFETY

Seven types of precautions:

- | | |
|-------------|---|
| 1. Standard | 5. AFB (Acid-Fast Bacilli) |
| 2. Airborne | 6. VZV (Varicella-Zoster Virus) |
| 3. Contact | 7. ESBL(Extended-Spectrum-Beta-lactamase) |
| 4. Droplet | |

FIRE/ELECTRICAL/DISASTER PLAN/SAFETY CODES

Identify the locations of fire extinguishers, fire exits, fire alarms, and oxygen shut-off valves.

Fire Alert + Location – *Fire*: Don’t shout “fire!” Remove patients from immediate danger. Turn in an alarm from the fire alarm box that is nearest you. Call the operator by dialing 222 and give the exact location of the fire. Close all doors to prevent the spread of smoke. Extinguish the fire using approved techniques. Remain in your area and reassure patients as necessary.

P – Pull pin	R – Rescue
A – Aim	A – Alarm
S – Squeeze	C - Contain
S – Sweep	E - Extinguish

Medical Emergency + Location –*Cardiac Arrest-Adult*: Dial 222, call a Medical Emergency and state the location.

Medical Emergency Pediatric + Location – *Cardiac Arrest in person 14 years or younger*: Dial 222, call a Medical Emergency Pediatric and state the location.

Missing Person + Descriptor (male or female + age) + location – *Abduction or Elopement*: When you hear this code, respond immediately by observing all exits and public areas. Notify Security at 9730 if you see someone with a baby or small child, someone with a large coat or package. Make no assumptions and report relevant information, including a description of the individual. Do not attempt to confront the person. If you observe a situation that could get physical, call 222 and report a Security Alert + Location.

Security Alert + Location – *Combative Patient/Person*: If you find yourself in a potentially violent situation with a patient, employee, or visitor. If you suspect any suspicious or aggressive behavior threatening harm to another individual or destroying hospital property. Remove yourself from the situation, dial 222, call a Security Alert and state the location.

Evacuation + Location – *Evacuation*: Evacuation + Location is usually called due to a Fire Alert + Location or a Utility Failure (water, sewage, IT) + Location. Consult your supervisor regarding your department’s role in an Evacuation + Location. If you are in an area being evacuated, floor evacuation is always done horizontally, then down.

Utility Failure (water, sewage, IT) +Location – *Utility Failure*

Active Intruder + Location – *Active Intruder or person perceived threat with a weapon*.

To be actively engaged in attempting to kill people on hospital property. The first to identify an active shooter situation should dial 222; call an Active Intruder + Location and state location and description of the person(s) and weapon(s) if known. Evacuate self, patients, visitors, staff if safe to do so. If a shooter comes into your area: try to

remain calm, try not to do anything to provoke the shooter, only if there is no possible escape would the last resort (imminent danger) be a personal choice to attempt to negotiate or overpower the shooter. If the shooter leaves the area, barricade the room or move to a safer location.

If you are at a distant location from the shooter or you are not able to leave safely: remain calm, warn staff and others to take shelter, go to a room that can be locked or barricaded, turn off lights, close blinds, block windows, turn off cell phones and radios, and other devices that emit sound, keep out of sight and take cover (thick desks, filing cabinets, concrete walls), have one person call 222 and state, "Active shooter in the hospital (give your exact location), gunshots fired." When police arrive, don't make any sudden movements. Wait for police commands before acting.

Disaster Alert Trauma – *Disaster with patient surge*: In the event that community (external) disaster occurs, a Disaster Alert Trauma announcement will be made and volunteers are to remain in their assigned areas. If a volunteer would feel unable to continue to assist during a Disaster Alert Trauma, they are to notify the manager in their department so that they may be reassigned or dismissed. During a campus (internal) disaster, volunteers must follow the directions of their immediate manager or supervisor in their assigned department.

Rapid Response + Location – Any deterioration in condition or concern for an inpatient, outpatient, visitor, employee.

Stroke Alert + Location – Called per the discretion of the ER physician or rapid response team for anyone exhibiting stroke symptoms.

Trauma Alert + ETA – Called per the discretion of the ER physician for anyone exhibiting trauma per the guideline.

STEMI Alert + Location + ETA – Called per the discretion of the ER physician or rapid response team for anyone exhibiting cardiac symptoms suggestive of a STEMI.

Bomb Threat + Location – Facility specific on method of notification – Bomb Threat

Disaster Alert Chemical/Biological – Disaster with Chemical or Biological

Weather Alert + Descriptor (snow, wind) – Weather Emergency

HazMat Spill + Location – HazMat Spill

FIRE INSTRUCTIONS

1. Know the proper exit routes and the location and operation of fire extinguishers and fire alarm boxes in the education areas and patient areas to which you are assigned.
2. Participate in fire drills.
3. Be familiar with the proper steps to follow in case of fire.
4. In case of smoke, smoke smell or fire:
 - a. Rescue persons in immediate, life-threatening danger.
 - b. Go to the nearest fire alarm box and pull lever down.
 - c. Dial 222 on Hospital telephone. Identify yourself, location and nature of the emergency.
 - d. If you are in a **patient area**, follow these precautions:
 - 1) Close **all** windows and doors; clear halls.
 - 2) Restrict unnecessary telephone calls and paging.
 - 3) Restrict use of elevators.
 - 4) Keep patients and visitors calm.
 - 5) Follow these steps to control oxygen use:
 - a) Determine which patients are on oxygen and which can safely be removed from oxygen.
 - b) Await further instructions from the Johnstown Fire Department or Nursing Administration.
 - e. If you are in the Education Building, follow these steps:
 - 1) Upon hearing the fire alarm, close doors and windows (do not turn out the lights) and leave

- the building via the nearest exit. Students are to follow the faculty's directions for proper exiting. Do not use the elevator.
- 2) Exit quickly, but do not run.
 - 3) Remain outside until permitted to return by a school official.
 - 4) Assume that all fire alarms indicate genuine emergencies.
5. Extinguishing fires
- a. The decision to attempt to extinguish a fire must be based on the facts at the time of the fire. The decision should be made quickly.
 - b. Do not attempt to extinguish a fire until after you are sure that all persons are safe from immediate danger, an alarm has been sounded and 222 has been dialed.
 - c. If the fire is too large to put out with a portable fire extinguisher, attempt ONLY to contain the fire by shutting doors and leave the building.
 - d. Various methods of extinguishing fires are:
 - 1) Smothering - use blanket, sheet, etc., to smother fire. This is useful in extinguishing wastebasket fires.
 - 2) Dry Chemical ABC fire Extinguisher - extinguishes all types of fires.
 - 3) Carbon Dioxide (CO₂) BC Fire Extinguisher - best to extinguish electrical fires.
 - 4) All extinguishers must be properly activated to be used. Pull pin or press electrical release lever; hold nozzle firmly; squeeze handle; sweep back and forth slowly, aiming at base of flames. See printed instructions on the extinguisher.
 - 5) Fire instructions are posted in each classroom and near the fire extinguisher located on the first floor, main entrance of the Education Building.
 - 6) Fire instructions will be reviewed annually.

Reviewed date: 7/2017

LOCKDOWN PolicyStat ID: 8019069

STATEMENT OF POLICY:

To provide guidelines regarding lockdown of all or part of the facility in the event of an emergency situation whether internal or external.

REQUIREMENTS:

The ability to lockdown the medical center is of primary concern in an emergency situation. Establishing a secure perimeter and the routing of foot and vehicular traffic to control entry/exit points that are staffed by security and/or hospital personnel are key elements in controlling and maintaining the integrity of the facility and its surrounding perimeter.

RESPONSIBILITY:

The Security Department, Environment of Care Committee and Risk Management Department are responsible for implementation of this policy.

Definitions:

I. Initiation of Lockdown Procedures

- A. **TYPE 1 – COMPLETE LOCKDOWN:** The determination to declare and/or initiate a complete or partial lockdown will be at the discretion of the Security Manager/Designee, Administrator-on-call and/or Assistant Director of Nursing, Safety Officer and/or Incident Commander (if applicable). Declarations of lockdown may be made in respect to and in conjunction with local or federal public health officials, law enforcement, and/or emergency management. This is the highest level of facility and perimeter security. During a total lockdown, ALL perimeter doors are secured and NO ONE is allowed to enter or exit the

facility unless authorized by Security personnel. Security personnel or designees will be assigned to key entrance/exit points.

- B. **TYPE 2 – EMERGENCY DEPARTMENT LOCKDOWN:** This type of lockdown is used to regulate entry/exit to the Department of Emergency Medicine (DEM) only. All doors and elevators leading to and from the emergency department will be secured. Security personnel/designees will be assigned to these areas. The following are authorized to lockdown the DEM: DEM Manager, Supervisor and/or Physician; Security Manger/Designee; Administrator-on-call/AD Nursing and/or the Incident Commander. Upon DEM lockdown, ALL perimeter doors are secured and NO ONE is allowed to enter or exit the DEM unless authorized by Security personnel. Screening of ALL personnel will be completed as stated below and discussed with DEM supervisor who may have access.

II. Screening

Individuals will be screened by Security personnel upon entry and/or exit to the facility. For a complete lockdown, only entrance/exit will be 5th floor of Ashman/Rose pavilion. For a Department of Emergency Medicine lockdown, entrance/exit is at the CP2 Emergency Department. Security personnel and/or designees will check the following:

- | | |
|---|--------------|
| A. Hospital identification badges | D. Packages |
| B. Driver license/Personal identification cards | E. Equipment |
| C. Bags | F. Supplies |

III. Provisions

- A. All hospital personnel will report to their respective units/departments to await further instructions from their respective manager. During a lockdown additional hospital personnel may be needed as well as adjustment to normal shift hours. These adjustments will be at the discretion of the hospital administrative team.
- B. In the event of a lockdown, hospital personnel should be in a state of high alert and question any suspicious or incident related circumstances, appearance, and/or condition, until explained, proven and verified to their satisfaction. Documentation of the contract, with basic information, should be maintained while lockdown status is in effect.
- C. At the discretion of the Security Manager or designee, local law enforcement will be contacted to assist in control of the areas on the property as needed.

IV. Communications:

- A. Upon notification to the switchboard of lockdown the following will occur:
1. Overhead Page of lockdown except for Emergency Department (Type 2) lockdown
 - a. Notification to key personnel via the mass messaging system
 - b. Notification to the Marketing Department which will assist with all communication with the Media.

V. Job Assignments:

In accordance to NIMS job assignments for specific code that may be called.

VI. Notifications:

- A. Notifications to local Emergency Management Agency will occur via phone by Incident Commander/Designee.
- B. Notifications to local Police Department will occur via phone by Security Manager/Designee.
- C. Notifications to Pennsylvania Department of Health will occur via phone/email by Safety Officer/Designee.

VII. Return to Normal Operations:

The determination to terminate or discontinue a total or controlled lockdown will be at the direction of the Administrator-On-Call/AD Nursing, Security Manager and/or Incident Commander. Telecommunications will overhead page "Lockdown all clear". Key personnel will assemble in the command center for debriefing and after action reporting.

Original Policy: 06/2014
Effective Date: 05/2020
Last Reviewed: 05/2020
Last Revised: 07/2017
Next Review: 05/2023

ANSWERING HOSPITAL PHONES

If a student should answer the phone in the classroom or clinical area, he/she should state the department (i.e. Nursing Classroom) and his/her name as well. An example would be: "Good morning, Conemaugh Memorial Medical Center, Room F-201, Jane Doe, Student Nurse speaking."

USE OF ELEVATORS

The elevator in the F Building may be used at any time if available. The elevators in the hospital should not be used by more than a few students at a time in order to leave room for patients and visitors. Use stairs when possible. Do not enter an elevator with a patient who is in a hospital gown on a gurney or wheelchair unless you are transporting that patient. If a patient is entering the elevator, students and all employees should step off the elevator to allow them privacy. Follow proper elevator courtesy. Let people off the elevator before entering.

NON-SOLICITATION (Policy may be found by clicking on the **Human Resources Policy Manuals** on the **Intranet** page.)

SCOPE: This policy applies to Conemaugh Health System entities.

PURPOSE: To establish guidelines regarding solicitation and distribution of literature on health system property in order to prevent disruptions in the operation of the health system and to minimize interference with or inconvenience to all employees.

POLICY:

1. Employees are prohibited at all times from distributing any materials or literature in immediate patient care areas or in other working areas. Also, employees are prohibited at all times from soliciting for any purpose in immediate patient care areas. Immediate patient care areas include the patients' rooms, nursing stations, and corridors where patients may be present.
2. Employees are prohibited from soliciting in non-immediate patient care areas for any purpose and from distributing any materials or literature in non-immediate patient care areas during working time. "Working time" does not include meal and rest breaks or other specified approved breaks when an employee is not engaged in work tasks.

3. The facility may make limited exceptions to this policy provided the solicitations include a small number of beneficent or charitable acts; and/or relate to the employer's business functions and purposes.

4. Persons not employed by the facility are strictly prohibited from soliciting or distributing materials or literature for any purpose at any time on facility property. Non-employees should be asked to stop immediately and report to Human Resources.

Anyone who violates the above policies may be subject to corrective action, up to and including termination of employment. Any infraction of these rules should be reported immediately to Human Resources.

PROCEDURES:

All requests for solicitation and/or distribution of literature on health system property and/or posting of materials on bulletin boards should be referred to Human Resources.

Non-employees should be asked to stop immediately, leave the premises or report to Human Resources.

Department directors/supervisors who may observe employees soliciting or distributing materials during work time or in patient/work areas should ask the employee to stop. If employees are observed posting materials on bulletin boards, they should be referred to Human Resources for approval. If necessary, inform employees that violation of this policy may subject them to corrective action, up to and including termination of employment.

Nothing in this policy is intended to restrict whatever rights you may have under Federal, State or local laws.

Original Policy Dated:	7/24/2015
Reviewed:	7/2020
Next Review Date:	7/2023

STUDENT ATTENDANCE AT CONVENTIONS AND COMMUNITY SERVICE PROJECTS

The faculty and administration highly value the learning experiences associated with students attending conventions and community service projects. In the best interest of the student, the following criteria are considered for attendance at outside experiences:

1. Minimum grade of 80% in nursing theory. For conventions only.
2. Satisfactory performance in clinical practicum. For conventions only.
3. Be an active member in student organizations and school functions.
4. Be endorsed by the Advisor of Conemaugh SNAP, nursing faculty, and the Director of the School of Nursing.
5. Appearance and behavior that reflects the values of caring and the profession of nursing.
6. Passing grade in the college courses.
7. Sign SNAP Convention Wavier and provide to the SNAP Advisor.

SNAP CONVENTION WAIVER

I, _____ (print), SON student will attend the Student Nurses' Association of Pennsylvania (SNAP) Convention on _____, 20 _____. I understand I am responsible for the SNAP Convention Registration Fee and lodging accommodations unless this is covered by other means. I will be responsible for travel expenses and meals. I understand that I will need to meet all the criteria to attend the convention as mentioned in the Student Guide and will need to maintain the criteria up until the date of the convention. I understand that attendance at the SNAP State Convention is considered clinical time. I also understand that I do need to obtain any course material from faculty or other students that I missed due to attending the convention. If I am unable to attend, I will notify the SNAP Advisor at least 2 weeks prior to the Convention date as to allow for another student to take the position. If I am unable to find another student to take my place at the convention, I am aware that I will not be reimbursed the SNAP Convention Registration Fee and the lodging accommodation fees. If these fees are covered by other means such as a sponsoring agency and I am unable to attend the convention, I will reimburse that sponsoring agency.

Signature

Date

SNAP AND STUDENT ACTIVITIES COMMITTEE

Student Nurses Association of PA (SNAP) is a student run organization in the state of Pennsylvania and is part of the National Student Nurses' Association (NSNA). The Conemaugh School of Nursing has a SNAP chapter and all nursing students at CMMC are members of SNAP.

The function of SNAP is to promote and encourage nursing student participation in community affairs and activities toward improved health care and the resolution of related social issues, to introduce student nurses to a professional organization and promote leadership.

The School Nurse is the faculty advisor for Conemaugh Memorial Medical Center School of Nursing's chapter of SNAP.

The **Student Activities Committee** plans school sponsored activities throughout the academic year. All nursing students at Conemaugh School of Nursing are members of the Student Activities Committee. Officers are elected from the freshman and senior classes.

CLASS ASSOCIATION

Rules and Regulations

ARTICLE I – Name

This organization shall be known as the Conemaugh Class Association of the Conemaugh School of Nursing, Johnstown, Pennsylvania.

ARTICLE II – Purpose and Function

- Section I:** To provide the students with the opportunity to voice their opinions and to provide input into the School of Nursing program.
- Section II:** To serve as a channel of communication, which fosters a cooperative relationship between students and faculty.
- Section III:** To provide an environment in which the student practices self-discipline, leadership, responsibility, citizenship, and democratic participation.
- Section IV:** To serve as an avenue for the evaluation and resolution of class concerns.

Section V: To stimulate professional involvement.

ARTICLE III – Membership and Voting

Section I: Students enrolled in each class in the School of Nursing shall be voting members of their respective class association.

Section II: Class Advisors are non-voting members of the Class Association.

ARTICLES IV – Officers and Representatives

Section I: Officers for each class shall be president, vice president, secretary.

Section II: Officers are elected by the respective class members.

Section III: Student representatives on Faculty Committees are elected by the respective class members.

Section IV: The terms of office shall be one academic year.

Section V: In the event that an officer is unable to fulfill the duties of the elected position, a written letter of resignation is to be submitted to a class faculty advisor.

Section VI: If vacancies occur in the office of:

- a. President - the Vice President shall assume the duties of the president until the term of office expires.
- b. Vice President, or Secretary - the original election results will determine the replacement. The individual with the next highest vote count in the vacant category will assume the office.
- c. Officers who have unexcused absences as determined by the Faculty Class Advisor for two class meetings may be required to forfeit the office.

ARTICLE V – Class Advisors

Section I: Class Advisors are administrative faculty of the School.

ARTICLE VI – Election of Class Officers

Section I: The appointed Class Advisor will preside over the organizational meeting of the Class.

Section II: Nominations for all offices are made from the floor.

Section III: Persons nominated must express willingness and consent to perform the duties of the office.

Section IV: Elections are by secret ballot.

Section V: Counting of ballots will be determined by the Class Advisor.

ARTICLE VII – Duties of Elected Officers

Section I: *President*

- a. Prepares the agenda in consultation with the class advisors prior to the scheduled class meeting.
- b. Formulates the agenda and submits one copy to the Class Secretary, Class Advisor and Director, School of Nursing.
- c. Serves as an ex-officio member of ad hoc committees.
- d. Delegates selected duties to the Vice President of the class.
- e. Appoints members of the class to special ad hoc committees as deemed necessary.
- f. Submits proposed class projects for approval to the Class Advisor and Director, School of Nursing.
- g. Submits items of interest to the Director, School of Nursing, for Marketing and Communications.
- h. Carries out other related duties as necessary.
- i. Provides guidance to the Vice President concerning fulfilling the President's duties in the event of the President's absence.

Section II: *Vice President*

- a. Assists the President by carrying out designated activities.
- b. Assumes all duties of the President in his/her absence.
- c. Assumes responsibility for the program part of the meetings.
- d. Carries out other duties associated with the office.

Section III: *Secretary*

- a. Posts notices of scheduled class meetings by the student mailboxes located on the First Floor of the "F" Building, at least three days in advance.
- b. Takes accurate minutes of all meetings and submits to Class Advisor within one week of meeting for proof reading prior to typing.
- c. Verifies that a copy of type written minutes have been submitted to the Class Advisor and the Director, School of Nursing, and posts a copy on the second floor bulletin board in the "F" Building.
- d. Assumes responsibility for all class association correspondence.
- e. Carries out other related duties as necessary.

Section IV: *Class Advisor*

- a. Assists in preparation of agendas for meetings.
- b. Proof reads minutes prior to distribution by the secretaries.
- c. Attends class meetings.
- d. Serves as parliamentarian at class meetings, utilizing Robert's Rules of Order, revised edition.
- e. Serves as a resource person for the class.
- f. Keep copies of class minutes and all documents concerning class business.
- g. Clarifies class concerns and desires with the appropriate resource person.

ARTICLE VIII – Meeting

Section I: At least four (4) regular meetings shall be scheduled during the academic year. All class members and the class advisors are encouraged to attend the scheduled class meetings.

Section II: Special class meetings shall be called at any time upon request of the President of the class and the Class Advisor.

Section III: The meeting's order of business:

- a. Call to Order
- b. Brief/Safety Story
- c. Attendance
- d. Approval of Minutes
- e. Committee Reports by Representatives
- f. Policy Update
- g. Old Business
- h. New Business
- i. Student Concerns
- j. Clinical Concerns
- k. Debrief
- l. What went well
- m. What did we learn
- n. What can we do differently
- o. Adjournment
- p.

ARTICLE IX – Quorum

To constitute a quorum at class meetings, at least 10 individuals must be present.

ARTICLE X - Parliamentary Procedure

Robert's Rules of Order, revised, shall govern the proceedings of the meetings.

ARTICLE XI – Student Representation on Faculty Committees

Section I: *Faculty Organization*

- a. Membership – two students from each class
- b. Voting – each member has voting privileges
- c. Function – provides a means for incorporating student opinion into the formulation of School policies.
- d. Responsibility – report pertinent information to class members at the following class meeting and submit highlighted minutes to the Class Secretary.

Section II: *Curriculum (combined with Education Development)*

- a. Membership – two students from each class
- b. Voting – each member has voting privileges
- c. Function – provides a means for student input in curriculum decisions
- d. Responsibility – report pertinent information to class members at the following class meeting and submit highlighted minutes to the Class Secretary.

Section III: *Admissions*

- a. Membership – one student from each class. The student representatives on the Admission Committee may only attend meetings regarding recruitment issues and orientation activities.
- b. Voting – each member has voting privileges
- c. Function – provides student input in recruitment and orientation activities; provides a means for student input on admission policy.

Section IV: *Grievance*

- a. Membership – two students from each class
- b. Voting – each member has voting privileges
- c. Function – provides a formal mechanism to ensure prompt and equitable response to grievances.

Section V: *Student Activities*

- a. Membership
 1. President and Vice President of each class association
 2. Two students from each class
 3. Three sub-committee officers of Conemaugh SNAP composed of both classes
- b. Voting - each member has voting privileges
- c. Function - to assist in planning activities, which meet professional, social, recreational, and cultural needs of students.
- d. Responsibility - report pertinent information to class members at the following class meeting and submit highlighted minutes to the Class Secretary.

Section VI: *Education Development (combined with Curriculum)*

- a. Membership - two students from each class
- b. Voting - each member has voting privileges
- c. Function - to provide student input in the formulation of Library policies and the expansion of computer assisted instruction and educational resources.
- d. Responsibility - report pertinent information to class members at the following class meeting and submit highlighted minutes to the Class Secretary.

Section VII: *Vacancies*

In the event that a class representative is unable to fulfill the duties of the elected position, resignation is to be voiced to the faculty committee chairperson. The original election results will determine the replacement. The individual with the next highest vote count in the vacant category will assume the office. Representatives who have two unexcused absences from two committee meetings may be required to forfeit the office.

IDEAL PATIENT EXPERIENCE (IPE)

Ideal Patient Experience (IPE) training is required of all Conemaugh Health System employees, physicians, and students. It is an initiative focusing on taking our care and compassion to the next level and providing our patients with a truly IDEAL patient experience each time he or she is our guest.

What is IPE?

“The sum of all interactions experienced by a patient and their families that influences their perception of our hospital family.”

What IPE is not:

A “make everybody happy program.”

If we provide the IPE it will do the following for our patients:

1. Decreases patient and family fear and anxiety.
2. Increases patient and family compliance with the medical plan to restore health.
3. Increases the speed and sustainability of patient recovery from their illness.

Three concerns every patient has:

1. What is happening to me?
2. Will you listen/talk to me so I know what is going on?
3. Will you look out for me?

What our patients want from us emotionally-what is critical to their quality?

1. *Empathy* – Patients want caregivers to show understanding towards the patient’s situation, perspective or feelings. It is very important to acknowledge a patient’s feelings and listen to them.
2. *Attention*
3. *Communication*
4. *Courtesy*
5. *Kindness*

What our patients want from us in regards to their physical critical to quality points:

1. *Access* – Patients can feel like they are navigating a maze when they come here, unsure of where to go. Please be sure to assist with wayfinding if you happen to see that someone is lost and take them to their destination.
2. *Coordinated Care* – This refers to ensuring that adequate information is shared with appropriate caregivers, functions, departments, and sites to ensure that a patient’s points of transition throughout the health system are smooth.
3. *Basic Comfort Needs*
4. *Safety*
5. *Timeliness*

Who does IPE start with?

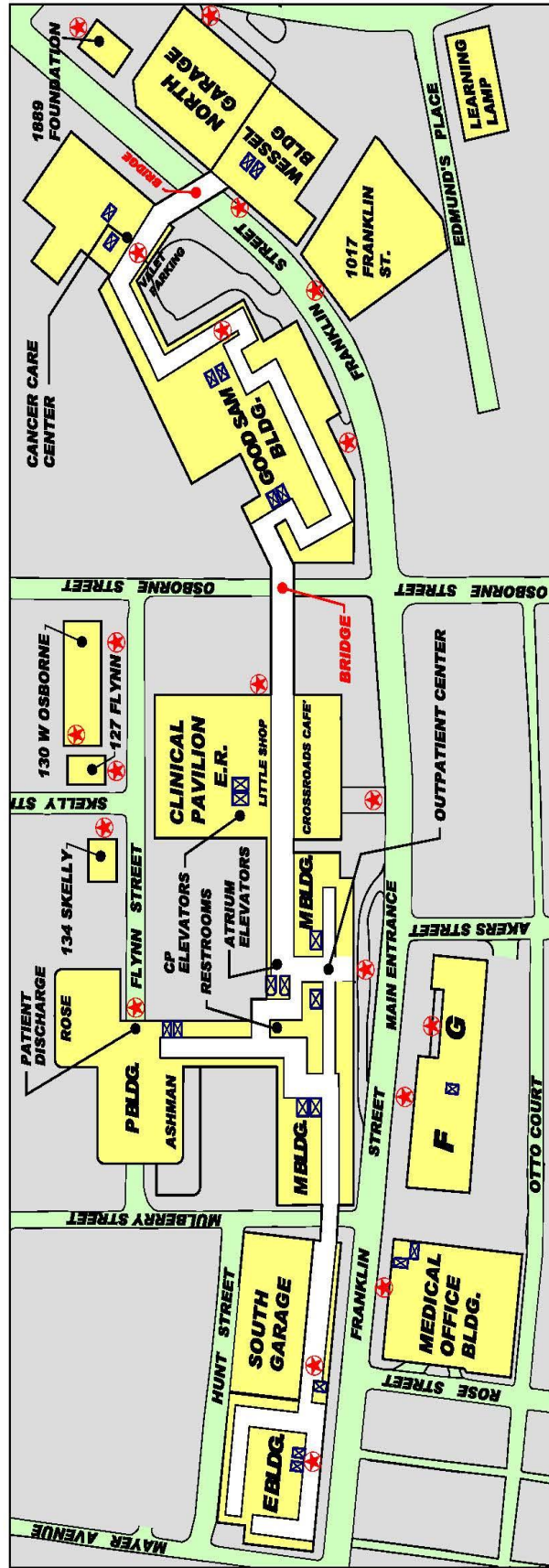
It starts with you.

We are only responsible for ourselves and our behavior. We want to be sure that we are always considering the needs of our patients and doing our best to provide the Ideal Patient Experience! If you have any suggestions as to how to improve the patient experience, please share it with the manager of that department or other area. Thank you for all you do to help us achieve our mission: Making Communities Healthier.

<p>M BUILDING</p> <p>Basement</p> <ul style="list-style-type: none"> • Clinical Engineering • Vascular Lab <p>First Floor</p> <ul style="list-style-type: none"> • SkySurg Surgery Clinic • Skywalkway to S. Garage <p>Fourth Floor</p> <ul style="list-style-type: none"> • ASU Preregistration • Atrium • G.I. Lab <p>Fifth Floor</p> <ul style="list-style-type: none"> • Cofee Bean • Information • Medical Imaging • Outpatient Center/Reg • Outpatient Lab <p>Second Floor</p> <ul style="list-style-type: none"> • Cardiac Cath Lab • Pre and Post Holding • Laboratory Medicine <p>Third Floor</p> <ul style="list-style-type: none"> • Diagnostic Radiology • Nuclear Medicine <p>E BUILDING</p> <p>Second Floor</p> <ul style="list-style-type: none"> • Family Medical Center <p>Fourth Floor</p> <ul style="list-style-type: none"> • Dept. of Medicine • Internal Medicine Clinic • Pulmonary Function Lab • Residents' Quarters • South Garage Walkway • CDMP 	<p>CP BUILDING</p> <p>First Floor</p> <ul style="list-style-type: none"> • Conference Rm. CP1003 • EKG Dept. • Emergency Medicine • Residency Program • Pediatric Thruway <p>Second Floor</p> <ul style="list-style-type: none"> • CT Scan • Emergency Medicine • Security <p>Third Floor</p> <ul style="list-style-type: none"> • CrossRoads Cafe • Food & Nutrition Srv. • Health Information Svc. <p>P BUILDING</p> <p>First Floor</p> <ul style="list-style-type: none"> • IV Therapy • Pastoral Care • Volunteer Services <p>Second Floor</p> <ul style="list-style-type: none"> • Cardiac Cath Lab <p>Third Floor</p> <ul style="list-style-type: none"> • Cardiac Diagnostic Ctr. • MRI Suite • Vending <p>Fifth Floor</p> <ul style="list-style-type: none"> • Flynn St. Lobby/ Visitor Parking Lots • Patient Discharge • Vending 	<p>GOOD SAMARITAN BUILDING</p> <p>Lower Level</p> <ul style="list-style-type: none"> • Radiation Oncology <p>Ground Level</p> <ul style="list-style-type: none"> • Acute Care Rehab Services • Chapel • Coffee Cart • Employee Health • Hospitalists at MMC • Medical Oncology • Primary Care Resource Ctr. <p>First Floor</p> <ul style="list-style-type: none"> • Administration • Conemaugh Physician Group / Admtn. • GS1030 / GS1038 / GS1040 • Conemaugh Learning Institute • Marketing Comm • Med Staff Services • Medical Skills Learning Ctr. • Microbiology Lab • Morgue • Nursing Administration • Pediatric Thruway • Physician Recruitment • Skywalk to North Garage <p>Second Floor</p> <ul style="list-style-type: none"> • Continuing Education • Control Monitoring • Courier Services • Mallroom Distribution • MIS Classrooms • Myron C. Williams Conf Rm <p>Third Floor</p> <ul style="list-style-type: none"> • Behavioral Medicine • Administrative Offices • Cardiac Rehabilitation • Employee Wellness Center <p>Fourth Floor</p> <ul style="list-style-type: none"> • Management Info. Systems • Med-Surg Inpatient Unit • Palliative Care • Inpatient Unit <p>Fifth Floor</p> <ul style="list-style-type: none"> • Med-Surg • Inpatient Unit <p>Sixth Floor</p> <ul style="list-style-type: none"> • Adult Psych • Inpatient Unit <p>Eighth Floor</p> <ul style="list-style-type: none"> • Aloysia Hall • Geropsych • Inpatient Unit 	<p>G BUILDING</p> <p>Basement</p> <ul style="list-style-type: none"> • Environmental Services • Facility Operations • Student Lockers <p>First Floor</p> <ul style="list-style-type: none"> • Environmental Services • Facility Operations <p>Fourth Floor</p> <ul style="list-style-type: none"> • Case Management • Medical Tech Program <p>WESSEL BUILDING</p> <p>Level G</p> <ul style="list-style-type: none"> • Transcription Services <p>Level D</p> <ul style="list-style-type: none"> • Laurel Cardiology, PC • National, MD, Cyril • Skywalk to Hospital <p>Level A</p> <ul style="list-style-type: none"> • Maharajah, MD, Baljissoun <p>Level C</p> <ul style="list-style-type: none"> • Conemaugh Physician Group Gastroenterology <p>F BUILDING</p> <p>First Floor</p> <ul style="list-style-type: none"> • School of Nursing • Allied Health Programs <p>Second Floor</p> <ul style="list-style-type: none"> • Health Sciences Library • Classrooms <p>Third Floor</p> <ul style="list-style-type: none"> • Classrooms / Mtg. Rooms 	<p>130 W. OSBORNE ST.</p> <ul style="list-style-type: none"> • Architectural Planning & Design • Facilities Administration • Property Management • Switchboard • Telecommunications <p>10 VALLEY PIKE</p> <ul style="list-style-type: none"> • 1889 Foundation <p>134 SKELLY ST.</p> <ul style="list-style-type: none"> • Cath Lab & Cardiac Services On-Call <p>127 FLYNN ST.</p> <ul style="list-style-type: none"> • Cancer Registry <p>1017 FRANKLIN ST.</p> <ul style="list-style-type: none"> • Management Info. Systems
<p>MEDICAL OFFICE BUILDING</p> <p>Lower Level</p> <ul style="list-style-type: none"> • Johnstown Screening & Breast Center <p>First Floor</p> <ul style="list-style-type: none"> • Conemaugh Physician Group Gynecology • Conemaugh Physician Group Neurosurgery • MMC Blood Draw Lab <p>Second Floor</p> <ul style="list-style-type: none"> • Conemaugh Physician Group OB/GYN • CMMC, Ultrasound • Women's Center of Memorial Medical Center <p>Third Floor</p> <ul style="list-style-type: none"> • Conemaugh Physician Group OB/GYN Associates <p>Fourth Floor</p> <ul style="list-style-type: none"> • Conemaugh Physician Group Urology 				

MAIN CAMPUS

INTERIOR WAYFINDING MAP



-  = Street Entry Points
-  = Elevator

Site Plan
 Not To Scale
 Architectural Planning and Design
 01 January 2016

