

ASSABET LPN

BE. MORE.



CLASS OF 2019-2020 Practical Nurse Program Student Handbook

ASSABET VALLEY REGIONAL VOCATIONAL SCHOOL

PRACTICAL NURSE PROGRAM

2019 - 2020 SCHOOL CALENDAR

August 2019				
M	T	W	TH	F
26	27	28	29	30

September 2019				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

October 2019				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

November 2019				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2019				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

January 2020				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

February 2020				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

March 2020				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

April 2020				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

May 2020				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

June 2020				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Holidays
School Vacation
First Day of Class
Constitution Day
Exhibit/Family Night
Teachers Day
Orientation Day

Terms	
Term I:	Aug 27 - Nov 15
Term IIA:	Nov 18 - Jan 28
Term IIB:	Jan 30 - April 8
Term III:	April 9- June 16

2-27-2019 FINAL

PRACTICAL NURSE PROGRAM

Acknowledgement of Understanding

Please sign this form and return it to the Practical Nursing Director

Thank you for your cooperation.

I agree to treat my fellow students and faculty members with dignity and respect at all times while on school property and/or at clinical sites and refrain from unwelcome physical or verbal conduct of a sexual nature.

I have read the Practical Nurse Student Handbook for Assabet Valley Regional Technical School. I understand the material I have read, and agree to abide by the rules and regulations of the program, and the policies and procedures of the school.

Pledge

I pledge upon my honor that I will not give nor receive assistance
on any exams, or written work.

My actions throughout the program will reflect my own preparation and
performance and I take full responsibility for these actions.

Signature: _____

Printed Name: _____

Name of Program: _____

Today's Date: _____

(Submit the first day of school)

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Preface

The Practical Nurse Handbook is intended to provide information regarding services, policies and rules so that you will make appropriate decisions. In addition, you are responsible for the policies and rules written in the Handbook for Students and Parents (AVRTHS). If you have additional questions, please feel free to ask the faculty, program director, practical nursing counselor, or school administrators.

Be. More.

The Practical Nurse Program includes learning experiences designed to prepare you to function effectively within the accepted role of Licensed Practical Nurse. As mature students, you are partners with the faculty in learning experiences. The faculty is interested in you as a person, and will give you guidance. Safe care of patients and professional behavior are the standards upon which this school bases its requirements for graduation.

Ernest F. Houle, Superintendent-Director

Statement of Educational Opportunity

The Assabet Valley Regional Technical High School District is in compliance with Federal Regulation, Title II, Title VI, Title IX and Section 504, and the Commonwealth of Massachusetts Regulations under Chapter 622 of the Acts of 1972, and does not discriminate in educational opportunities, admissions, recruitment, hiring, or employment practices on account of race, color, sex, handicap, disability, religion or natural origin.

Inquiries regarding Title II, Title VI, Section 504 or Chapter 622, may be directed to the Director of Pupil Personnel Services. (508) 485-9430 or (800) 537-6663, extension 1430.

Approval and Accreditation

***Assabet Valley Regional Technical School is accredited by
the New England Association of Schools and Colleges (NEASC). The PN program is approved by the
Board of Registration in Nursing in Massachusetts and accredited by
Accreditation Commission for Education in Nursing, Inc. (ACEN),
3343 Peachtree Road NE, Suite 850
Atlanta, Georgia, 30326
phone: 404-975-5000***

Practical Nursing Mission

Assabet Valley Regional Technical School (AVRTS) Practical Nurse program (PNP) supports and adheres to the mission of the AVRTS district. Further, the PNP is committed to providing the practical nursing student the education, experience and technology to become a safe, professional provider of nursing care to diverse, multicultural populations, with well-defined health care needs. The PNP provides and supports professional behavior, clinical reasoning, therapeutic communication and safe skill development. The PNP values individuals who practice competently, with care while maintaining ethical standards. The AVRTS-PNP supports practical nursing as a strong foundation for entry into practice as a professional nurse. AVRTS-PNP promote pathways to continuing education to the ADN, BSN, MSN, DNP and PhD.

Core Values

INTEGRITY

Adherence to moral and ethical principles; soundness of moral character; honest, trustworthy, accountable, respectful

CARING

The work or practice of looking after those unable to care for themselves while feeling and exhibiting concern and empathy

COMPETENCY

The possession of the required knowledge, skill and attitude to gain licensure; enabling a person to act safely and effectively as a practical nurse

TEAM

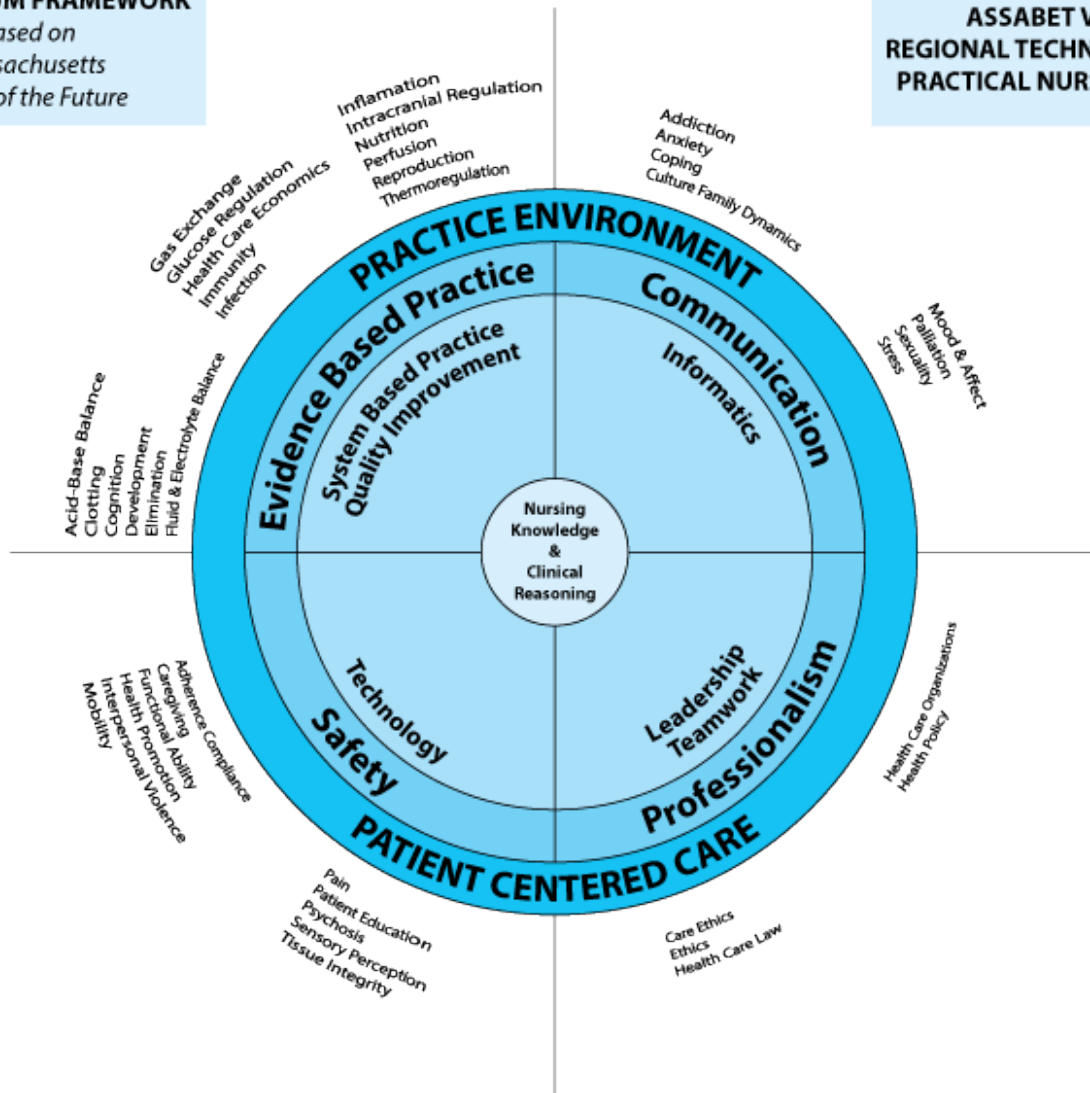
The unified actions of a group to achieve a common purpose or goal. Skills needed include respect for individual contributions, putting aside individual glory, consensus building, clear communication and compromise

Curriculum Wheel

CURRICULUM FRAMEWORK

based on
Massachusetts
Nurse of the Future

ASSABET VALLEY REGIONAL TECHNICAL SCHOOL PRACTICAL NURSE PROGRAM



Student Learning Outcomes

PROFESSIONALISM

Utilizes clinical reasoning to demonstrate accountability for one's own nursing practice, within legal, ethical, and regulatory nursing standards, while promoting and maintaining a positive image of nursing.

COMMUNICATION

Utilizes clinical reasoning in the development of effective communication skills for use in a variety of health care situations.

SAFETY

Applies clinical reasoning to the development and maintenance of knowledge, skills, and attitudes needed to provide quality and safe patient care throughout the practice environment.

EVIDENCE BASED PRACTICE

Analyzes current evidence coupled with clinical ability and makes linkages demonstrating clinical reasoning to evaluate outcomes of care.

AVRTS-PNP Curriculum Framework

"In March 2006, the Massachusetts Department of Higher Education (DHE) and the Massachusetts Organization of Nurse Executives (MONE) convened a facilitated working session entitled Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice. This invitational session brought together 32 experienced professionals from the major statewide stakeholders in nursing education and practice. The group included nurse leaders from a variety of practice settings, educators from both public and private higher education representing all degree levels, and representatives from the Department of Higher Education, the Board of Registration in Nursing, the Massachusetts Center for Nursing (MCN), the Massachusetts Association of Colleges of Nursing (MACN), the Massachusetts/Rhode Island League for Nursing (MARILN), and other national accrediting agencies, including the National League for Nursing Accrediting Commission (currently the Accreditation Commission for Education in Nursing, ACEN) and the Commission on Collegiate Nursing Education (CCNE)."

<http://www.mass.edu/currentinit/documents/NursingCoreCompetencies.pdf>

An important outcome of the conference was the development of the following mission statement to guide future work: Establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies which include transitioning nurses into their practice settings. An additional key outcome involved the establishment of the following top priorities:

- Creation of a seamless progression through all levels of nursing education
- Development of sufficient consensus on competencies to serve as a framework for educational curriculum (Appendix A)
- Development of a statewide nurse internship/preceptor program.

Please refer to <http://www.mass.edu/currentinit/NiNofCompetencies.asp> for a final conference summary.

The Assabet Valley Regional Technical School Practical Nurse Program (AVRTS-PNP) faculty further refined and adapted these competencies as a program framework for a new curriculum. The AVRTS-PNP faculty has examined the Nurse of the Future Competencies written for LPN's and has formulated a curriculum design consistent with the competencies, but manageable for a 10 month entry level program.

The AVRTS PNP Curriculum Design Wheel incorporates all the competencies and adds at the center the essential component of Clinical Reasoning. The AVRTS-PNP faculty agrees that the practice environment for PN graduates is in patient care therefore the practice environment and patient centered care are shared. The faculty concluded that at the core of nursing practice is nursing knowledge which must consistently be combined with clinical reasoning in order, for a contemporary nurse to practice competently. After research and discussion, the faculty determined that the remaining competencies could be addressed in four categories if sections were combined.

- *Professionalism* is a thread throughout the AVRTS-PNP. Professional behavior can be expanded to include the competencies of *leadership, teamwork and collaboration*. Teamwork, true collaboration and effective leadership are all contingent on the professional behavior and attitude of the nurse. Key components are establishment of a professional collegial atmosphere where nurses collaborate, work as a team and have opportunities to lead.
- *Communication* is a vital component for nursing practice in all areas. Informatics, communication of the future, challenges the nursing workforce to remain cognizant of new technology to enhance nurse communication. *Informatics* technology is a burgeoning field that will affect nursing communication into the future.
- *Safety* is an essential component of all nurse practice and occupies a quarter of the AVRTS-PNP Nurse of the Future Wheel. *Technology* will continue to expand however the ultimate issue with adding and improving technology related to patient care will be with patient safety.
- *Evidence Based Practice* incorporates both *Systems Based Practice* and *Quality Improvement*. Current evidence, use of data and the greater context of the healthcare system are incorporated into practice.

Clinical Sites

TERM I

JN	CM	KS	TS	KH	JB
St. Patrick's Manor Framingham	St. Patrick's Manor Framingham	Oakdale Rehab	Beaumont Westborough	Countryside Rehab Milford	Beaumont Northborough

TERM II A

JN	JB	KS	TS	KH	CM
Clinton Hospital	Countryside Rehab Milford	Holden Rehab	Clinical Resource Center	Marlborough Hospital	Rosarie, SPM Framingham

TERM II B

JN	JB	KS	TS	KH	CM
Clinton Hospital	Beaumont Northbridge	St. Vincent Maternity Worcester	Clinical Resource Center	Marlborough Hospital	Rosarie, SPM Framingham

TERM III

JN	JB	KS	TS	KH	CM
Rosarie, SPM Framingham	Beaumont Northbridge	Holden Rehab	Holden Rehab	Whittier Rehab Westboro	Reservoir Rehab Marlboro

*Subject to change

Curriculum Plan

Term I	Term II	Term III
Class = 43 days + Orientation	Class = 36 days	Class = 15 days
Nursing Concepts I = 28 hours	Nursing Concepts II = 142 hours Clinical Conference = 6 hours	Nursing Concepts III = 68 hours Clinical Conference = 2 hours
Human Biology = 65 hours	Nursing Care of the Family = 62 hours	Preparation for Professional Practice = 20 hours
Nursing Care of the Older Adult = 40 hours	Clinical Conference = 6 hours	
Foundations of Nursing I = 115 hours Clinical Conference = 10 hours		
248 Hours Class	204 Hours Class	88 Hours Class
72 Hours Clinical (12 days, 10 CC hours)	288 Hours Clinical (48 days, 12 CC hours)	156 Clinical (26 days, 2 CC hours)

Class: 545 hours, 94 Class days (-24 hours CC) plus Orientation Day 5 hours

Clinical: 540 hours, 86 clinical days (+ 24 hours CC)

Clinical Experience

Term I: During the first term students are introduced to the basic foundations of nursing. The clinical experience takes place at long term care facilities. The residents require assistance with self-care. Students learn to provide for basic needs (bath, feed, transfer). Concepts include caregiving, fluids and electrolytes, thermoregulation, nutrition, functional ability, tissue integrity, culture, family dynamics and coping and beginning physical assessment.

Term II: During the second term the student begins with the care of a surgical patient in an acute care or sub-acute care setting. The nursing responsibilities vary according to the needs of the patient. The student learns physical assessment, prioritizing, determining a basic plan of care as well as nursing skills and further development of physical assessment. Term II continues the progression caring for the patient with cardiac and respiratory disorders, and includes a maternal-newborn nursing component. Cardio respiratory focus increases the student's understanding of multiple chronic illnesses and the complexity of care. Concepts include gas exchange, glucose regulation, perfusion, infection, reproduction and patient education.

Term III: Term III expands the student's clinical practice in acute care and rehabilitation as well as into the community and includes a leadership component. Concepts include health policy, health care law, ethics, health promotion and care coordination. The integrity of the curriculum is congruent among philosophy, organizing framework based on Nurse of the Future Core Competencies, Student Learning Outcomes, curriculum design, course progression and outcome measures. Understanding of concepts at the application and analysis level insures beginning clinical reasoning to achieve student learning outcomes, NCLEX success and beginning nursing practice.

Educational Mobility Statement

The Faculty of the Practical Nursing Program promotes those activities which encourage upward mobility related to a Nursing Career Ladder.

Partnerships

There are many avenues for the AVRTS-PNP graduate to continue their education. Quinsigamond Community College and Mount Wachusett Community College have programs for Practical Nurses to upgrade their education and skills to become Associate Degree Nurses prepared to pass the NCLEX-RN. Middlesex Community College has designed a program that will avoid duplication of prior learning experiences and has an articulation agreement with AVRTS-PNP.

AVRTS PNP graduates are eligible for LPN → BS in Nursing Program at Worcester State University and Fitchburg State University.

Transfer and Credit

AVRTS-PNP curriculum has been revised based on MA Nurse of the Future and is concept based. No transfer credits will be accepted.

Advanced Placement

There is no advanced placement or course exemption.

Attendance

Students are expected to be in attendance at their place of assignment promptly at 7:50 a.m. and remain in the school or agency until 2:20 p.m. Some clinical days may also include an evening or Saturday rotation. All students will enter the building at the main entrance at all times. Do not let students in the building through the side doors at any time. You may only exit by this route.

The MA Board of Registration in Nursing states that Practical Nursing Programs must be 40 weeks in length and 1,080 hours long for graduates to be eligible for the National Council Licensure Examination for Practical Nurses (NCLEX-PN). The Assabet Valley Regional Technical School Practical Nurse Program is 40 weeks and 1,085 hours, and is approved by the Massachusetts Board of Registration in Nursing.

Students who are receiving financial aid must meet satisfactory attendance requirements in order for money to be dispersed. **All** absences must be called into the practical nurse office. Clinical absence must also be called to the clinical site at least 30 minutes prior to the start time. Failure to notify the clinical instructor of an absence may result in dismissal from the program.

- If you are going to be out of school or clinical you are required to call (508-485-9430 ext. 2881) the school **and** the clinical site if it is a clinical day.
- All students should be in their seats for attendance at 7:50 a.m. Attendance will be entered in IPASS.
- If you are late use the time clock: Label slip with name, check off "arrival"; stamp slip with time/date when you enter the classroom; take a seat at the tables until the next break so as not to disrupt the class; keep the yellow copy of the slip for your records and leave the white in the box
- If you leave school: Label slip with name, check off "departure"; stamp slip with time/date; keep the yellow copy for your records and leave the white copy in the box; if you leave and forget to punch out, call the office immediately.
- Use one slip per day
- If you are late returning from break and/or lunch and class has started, follow the same procedure as the morning.
- If you are here on time no need to stamp anything!

PROGRAM HOURS AND MAKE-UP TIME

- A student who is absent from class and/or clinical will be responsible for making up the time with hours approved by the faculty and Director. Hours will be documented and tracked by the program secretary and the student.
- If a student misses more than 30 hours, they will be placed on Professional Probation. A plan for make-up time will be established at this time.
- Any time missed beyond 30 hours will need to be made up with a faculty. The student will be responsible for payment to the business office to cover the cost of the day.

- If a student misses more than 60 hours, they are subject to dismissal.
- Opportunities for approved make up time will be offered throughout the program. After school help sessions, volunteering for health fairs and community events can be counted as make up time, when pre-approved by the Director. These opportunities are offered free of charge to the student.
- Students will record all hours of pre-approved make up time with a faculty signature. Hours will be banked and used if necessary.
- Clinical make up time with faculty supervision will be offered at faculty convenience. A student in good standing will be eligible for clinical make up time if the 30 hours have been exceeded. Students requiring faculty supervised clinical make up hours will be responsible for reimbursement of the faculty member through the business office at the daily rate. The faculty member will determine the date, time and facility that the makeup hours will be offered.
- Periodic attendance reviews will be conducted by the Director.
- Students are encouraged to take advantage of free make up opportunities and maintain good attendance.

DOCUMENTATION OF MAKE UP TIME

If you stay after school or participate in an off-site activity make sure you sign a sheet that the instructor will have for each particular event to acquire credit.

TARDY POLICY AT CLINICAL

At the beginning of the clinical day, the instructor gives report and vital information relating to responsibilities for patient care that day; for example meds to be passed, time of the floor, updates from the staff. When the student is tardy, and misses these early instructions, patient care can be compromised.

If a student is late to clinical on more than two occasions during the school year, the student will be sent back to Assabet to meet with the Director and will miss the clinical day. The student and Director will develop a written plan to insure being on time to clinical.

LEARNING WITHOUT WALLS

In the event of a school cancellation, an assignment will be posted on Google Classroom. The student will have ten days to complete the assignment in full in order to get credit for the day. If the assignment is not complete the day will be treated as an absence.

Remediation

All instructors are available for after school help sessions. Students may seek extra help any day. Students must fill out an afternoon session appointment form, before school or during home room, and place it in the instructor's box. The student must identify the reason for the extra help (i.e. taking a quiz, review theory content, ask questions regarding notes, practice lab skills, counseling). Instructors will post their after school availability.

All instructors will schedule a post quiz review session after all students have completed the exam.

General quiz review sessions will be one date, one time. No slip is needed. Each faculty will announce the date and time. The sessions will be brief and designed to help you understand missed questions.

A student with a failing quiz grade is encouraged to make an appointment for individual after school help with the instructor on that instructor's scheduled day for more in-depth quiz review, notes review and study skills. It is up to that student to put in a request.

All quizzes failing or otherwise must be reviewed before the next scheduled quiz for that class.

ASSIGNMENTS AND QUIZZES

1. Assignments are to be submitted on the due date by 8:00 a.m.
2. If absent on a due date the student may submit electronically. Assignments will be accepted as late upon return. Late assignments will receive a deduction determined by the instructor at the time the assignment is given.
3. An instructor will list the last date the assignment will be accepted.
4. Quizzes must be taken on the day given. In the event a student is tardy, he / she must take the quiz upon arrival to class. If a student is absent on the day of the quiz arrangements to take the quiz at the end of the next class day must be made with the instructor. It is the responsibility of the student to obtain missed class theory content. All quizzes and exams must be taken sequentially.
5. Students must take all exams to receive a grade for the course. The following conditions apply to makeup testing:
 - a. Students are limited to a maximum of two makeup exam days per term without a reduction in points.
 - b. For the third makeup exam day, a 5% reduction in total points will be applied.
 - c. For every exam thereafter for the term, a 10% reduction in total points will be applied.

A make-up exam day is defined as a day when one or more exams are given. If two or more exams are given on any one day it is considered one makeup exam. A student will be considered to have used a makeup exam day if they do not take the exam when the class is taking the exam.

MAKE UP WORK

Make-up work will be discussed on the day of return to school with the appropriate instructors. A mutual due date for make-up work will be determined at this time. After one week, without specific arrangements with the instructor, a zero will be recorded for missed assignments.

TUTORING

There are several tutorial classes available to students during the school year. These include, medical terminology, test taking skills and study skills, NCLEX-PN review, writing skills and physical assessment. Math Club provides remediation as needed.

LPN Library Use – for books and periodicals in the PN Dept.

Login: Login Name: your username
Password: your password
Domain: Std3

1. Double click on icon that says DESTINY CATALOG (to access the catalog outside of school or at a different computer, go to assabettech.com, click on Library/media resources, click databases, the DESTINY catalog.
2. Enter a word then click subject.
3. Books in the library on that subject will appear with catalogue numbers.
4. Go to print on the top of the DESTINY window.
5. Print the list of books on that subject.
6. Go to the shelf. Choose a book from the list.
7. Take the card from the back of a book and sign your name in the card.
8. Place the card in the PN secretary's mailbox, located on her office door. Books may be taken out for one month.
9. The PN secretary will go into DESTINY and check the book out under your name. She will then place the card in the wooden box labeled "PN Library Cards-Books Checked Out". This box is located on the back shelf of the LPN library.
10. To return the book:

Retrieve your card from the wooden box in the LPN Library labeled "PN Library Cards-Books Checked Out". Place just the card in the PN secretary's mailbox located on her office door. She will log the book back into DESTINY. She then will return the card back to you in your mailbox with a note attached that reads: "This book has been checked back into the DESTINY system. Please place the card back into the book and return the book back to its proper place in our PN Library."

ONLINE RESOURCES

1. For online resources go to www.assabet.org
2. Learning Commons
3. LPN Guide

For further information contact the school librarian.

Health Requirements

The following information is being provided as required by the Federal Government Section 504 of the Rehabilitation Act of 1973 in response to the American with Disabilities Act.

ACCOMMODATIONS DUE TO DISABILITY

The student with a disability must be able to meet the essential eligibility requirements for licensure as a Licensed Practical Nurse in Massachusetts. These requirements, as specified in Massachusetts General Law Chapter 112, ss. 74 and 74A, include graduation from a Board-approved nursing education program, achievement of a passing grade on the National Council Licensure Examination (NCLEX- PN), and demonstration of compliance with the Good Moral Character Licensure requirement. Reasonable examination modifications will be provided to eligible students. Any accommodations provided must maintain the psychometric nature and security of any examination. Exam modifications, which alter the nature or security of examinations, are not permitted. A student has no obligation to inform the director or faculty that he/she has a disability; however, if the student wants an academic accommodation or if a student wants other disability-related services, the student must identify himself or herself as having a disability. Should a student choose not to disclose a disability, having not received accommodations may not later be used as a basis for a grade appeal or grievance. For additional information, please see Students with Disabilities Preparing for Post-Secondary Education: Know Your Rights and Responsibilities, U.S. Department of Education, 2001, at: <https://www2.ed.gov/about/offices/list/ocr/transition.html>. Students requesting accommodations should schedule a meeting with the Program Director.

Below is the list of essential functions related to health requirements read and signed at the admission interview. To remain in the program, a student must maintain health requirements of the program, including:

COMMUNICATION (VERBAL AND NON-VERBAL)

1. Communicate effectively either independently or with corrective devices.
2. Communicate in English through reading, orally and in writing to instructors, clinical staff, clients, families and all members of the health care team.
3. Understand oral directions / requests from health care workers, clients, voice pages and telephone messages stated in a normal tone.

AUDITORY ABILITY

1. Hear all alarms on technical and supportive equipment set at a normal volume.
2. Listen and respond to distress sounds from clients.
3. Accurately detect audibly blood pressure readings with a stethoscope.
4. Accurately detect audibly breath, heart, and bowel sounds.

VISUAL ABILITY

1. See and accurately read all written medical information pertaining to the client.
2. See and accurately read all readings and functions of technical equipment pertaining to client care.
3. See and accurately read all calibrated containers for accurate measurement of body fluids, specimens, medication administration devices (syringes, pumps, etc.).
4. See and accurately perform an accurate client assessment.

PHYSICAL STRENGTH (GROSS MOTOR CONTROL)

1. Ability to lift 25 pounds unassisted in a safe manner, thereby protecting yourself, the client, and those in close proximity to you.
2. Bend and / or lift to assist client with activities of daily living and manipulate client equipment.
3. Lift to safely transfer or position all clients in various situations.
4. Move, push or pull equipment, beds, stretchers, wheelchairs, etc.
5. Ability to raise arms over one's head in order to assist clients and manipulate equipment.
6. Kneel and stand independently.
7. Walk/stand for extended periods and distances over an 8-hour period.

MANUAL DEXTERITY (FINE MOTOR MOVEMENT)

1. Accurately manipulate dials, gauges, buttons and switches to set, monitor and care for client care related equipment.
2. Accurately administer sterile solutions without contaminating syringes, needles, solutions, etc.
3. Accurately administer all types of medications (oral and parenteral).
4. Safely and effectively perform dressing procedures without contaminating the wound or sterile supplies.
5. Successfully don and remove protective apparel to maintain standard precautions.

MEDICAL CLEARANCE

The Assabet Valley Practical Nurse Program reserves the right to require any student who has a declared illness or condition, be it physical or emotional/mental, to provide from the licensed practitioner who is providing care related to the above mentioned illness or condition medical clearance to participate in all class and clinical experiences.

VALOR ACT

In accordance with the General Laws of Massachusetts [M.G.L. c. 15A §43(a)] the VALOR Act II protects students enrolled in the Practical Nursing Program from incurring academic or financial penalties as a result of performing military service. A student called to or enlisting in active duty is allowed the option of completing the course(s) at a later date without penalty, or withdrawing from the course(s) with a full refund of fees and tuition paid. If a student chooses to complete the course(s) at a later date and the course(s) is no longer available upon the student's return, the student will be allowed to complete a replacement course for equivalent credit (clock hours) without penalty. If a student chooses to withdraw from the course(s), the student's academic record (transcript) will reflect that the withdrawal was due to active duty military service.

Latex Allergy Management

Students who have been identified as having a latex allergy/sensitivity or have been medically advised to avoid latex should coordinate with each clinical instructor and the Nurse Administrator to plan for his/her safety. Assabet Valley Regional Technical School of Practical Nursing will try to provide a latex free environment, however latex is not always easily identified in an academic environment. It is necessary for the student to monitor their environment for possible risk of exposure. Prior to the start of a clinical rotation, a student may request latex free gloves to be provided at the clinical site.

Simulators have latex inside of the mannequins. A student with a documented allergy will not be required to go into the SIMs Rooms.

POLICY

1. Nursing students who suspect or have a confirmed latex allergy must provide medical documentation.
2. Students with an allergy status will be required to sign an acknowledgement of their risk and responsibility for avoiding latex whenever possible.
3. The Nursing Department will make reasonable efforts to establish and maintain a clinical laboratory as free from latex as possible.
4. Students agree to allow communication of their latex allergy status to appropriate clinical agencies by the Nursing Department to facilitate placement and planning.

RATIONALE

While latex allergy is recognized as a serious concern, most if not all healthcare environments have been unable to create latex free environments; thus, students with a latex allergy will be at some risk while completing the program.

PROCEDURE / PROTOCOL

Students with concerns regarding a possible Latex allergy should bring this to the attention to the Nurse Administrator as soon as possible.

Assabet Valley Regional Technical School

LATEX ALLERGY POLICY ACKNOWLEDGMENT FOR STUDENTS WITH A LATEX ALLERGY

Latex sensitivity and allergy has grown as a health care concern in recent years. Since a number of products used in health care are made of latex (gloves, syringes, tubing, etc.), it is imperative that all applicants to a health care program be made aware of this concern. Researchers suggest that early recognition and diagnosis of latex sensitivity may prevent the evolution of the sensitivity to more severe symptoms.

I understand that, if I am latex sensitive, it is MY RESPONSIBILITY to pay the cost of any test to confirm the latex sensitivity. I also understand that if I suspect or know that I may be or that I am allergic to latex, that it is my responsibility to inform the faculty and Nurse Administrator.

STUDENT'S NAME (PRINT): _____

DATE: ____/____/____

STUDENT'S NAME (SIGNATURE): _____

DATE: ____/____/____

NURSE ADMINISTRATOR (PRINT): _____

DATE: ____/____/____

NURSE ADMINISTRATOR (SIGNATURE): _____

DATE: ____/____/____

Satisfactory Academic Progression

Final grades are issued to students in a numerical grade at the end of each term. A final transcript copy is issued to students at the end of the program. The original transcript is kept on permanent file in the Secretary's office. Grading policies and individual course requirements are in the written syllabi of each course.

- All students will take the full course load of 30 hours/class or clinical/ week. If a student is readmitted from the previous year, some passing course work may be credited.
 - Courses are designed to be taken in sequential order. The courses for each term are prerequisites for subsequent terms and must be successfully completed prior to beginning the next term. Courses assigned to a given term are designed as co-requisites.
 - Attendance policy will be followed as previously stated and attendance will be reviewed during Promotions Committee meeting at the end of each term.
1. A minimum grade of 75% is required in each course. Students receiving less than 75% will be unable to advance to the next level. Each course will be weighted 60% quizzes and 40% final exam, except where indicated on the individual course syllabi. Students in danger of failure will be notified at mid-term in writing by the instructor and placed on academic probation (see #6 below). In addition, the instructor may issue a course / clinical warning at any time when a student is in danger of failing a course or clinical rotation.
 2. Numerical grades will be used to indicate students standing in theory:
 - A = 90 - 100%
 - B = 80 - 89%
 - C = 75 - 79%
 - F = 74% or below
 - I = Incomplete
 3. A pass / fail grade will be used for the clinical practice grade. Failure at the end of the rotation means the student will not be eligible for promotion.
 4. Clinical Failure. A student unable to meet the objectives of term clinical criteria will fail clinically. A student with an unsatisfactory performance at the end of the term will meet with faculty members and the program director to discuss unsatisfactory performance and determine the student status as to:
 - a. Contract for Improvement
 - b. Withdrawal from the program
 - c. Dismissal from the program

A student with an unsatisfactory clinical performance in Term III will not graduate.

Contract for Improvement. An improvement contract will be developed by the failing student and a faculty member outlining a plan to improve clinical performance based on term clinical criteria within a specified time. The terms of the improvement contract must be met in a given time frame in order to continue in the program. A student must be in good academic standing to be eligible for a learning contract.

5. Lifelines for Course Failure. If a student fails a course the student may make up to two (2) quizzes / year. The highest grade attainable on a make-up test or quiz is 80%. No make ups are allowed for midterm or final exams. The highest grade allowed for the course is 75% if a lifeline is used.
6. Academic Probation. A student who is failing a course at midterm or has used a lifeline to pass will be placed on academic probation.
 - The student will meet with the faculty to devise a plan for success.
 - The student will attend all extra help sessions offered.
 - The student will attend all quiz reviews and will make a faculty appointment for review of any further quiz failures.
 - The student will meet all program deadlines and complete required work on time.
 - The student will maintain good attendance.
 - The student will meet the criteria of the terms of academic probation or may be dismissed from the program.
7. Course Progress. Students in danger of failure will be notified at mid-term in writing by the instructor. In addition, the instructor may issue a course/clinical warning at any time a student is in danger of failing a course or clinical rotation. The instructor will meet with any student on warning to discuss plans to remediate deficiencies.
8. Incomplete Grade. An incomplete grade does not allow a promotion recommendation. The student may receive a conditional promotion. Incomplete work must be completed within a specified timeframe designated by the instructor to change the incomplete grade to a complete grade and allow promotion.
9. Faculty will review student performance and attendance at the promotions meeting, at the end of each of the three terms, to determine satisfactory academic progression.

MATH REQUIREMENT

In order to safely give medications a nurse must know medical abbreviations and mathematical conversions. The information will be distributed during the New Student Orientation in June. The student needs to demonstrate 100% accuracy prior to med administration in Term II. A student will have three opportunities to pass the test prior to the beginning of Term II. A student who does not know abbreviations will be unable to pass meds and will fail the clinical component of the program. The course Math for Medications is incorporated into the curriculum throughout the year. The students will be given a summer math assignment. A student needs to be able to work with fractions, percentages and basic ratio and proportion. An assessment test is given the first week of school to identify students at risk. Remediation is offered throughout the year. Students are required to pass a medication administration test with an 80% or better prior to Term III. Those who score below 80% on the first exam will be given the opportunity for remediation followed by a second attempt to pass a similar exam. Those who are still unsuccessful can make a third attempt. A student who falls below the 80% on all three attempts will fail the clinical component of the program and will not graduate.

GRADUATION

Students who have a passing grade of 75% or better in each course, completing the Term III Student Learning Outcomes with satisfactory standing, and passing clinical practice, is eligible to graduate from this program.

Students who successfully complete the program and have met all financial obligations will be presented with a certificate of proficiency from the Assabet Valley Regional Technical School, Practical Nurse Program, and a school pin, purchased by the student. The graduates who then demonstrates Good Moral Character, as required by the MBRN, is eligible for National Council Licensure Exam (NCLEX) for practical nursing.

RETENTION POLICY

A student may be asked to resign or be dismissed from the program at any time for the following reasons:

1. Inability to transfer theory into practice
2. Consistent lack of understanding of his / her limitations
3. Cannot anticipate the consequences of action or lack of action
4. Consistently fails to maintain communication with faculty and staff about client care
5. Dishonesty
6. Failure to meet attendance expectations
7. Failing course work or clinical evaluation
8. Health (physical and / or mental) interferes with academic and / or clinical learning (judgment of faculty committee)
9. Nonpayment of tuition and / or fees
10. Committing a civil / criminal act as outlined in the AVRTS High School Student Handbook policy (Chapter 71: Section 37H & 37H ½)
11. Incivility to peers, faculty and/or healthcare staff
12. Positive drug test
13. Violation of HIPAA
14. Failure to call out for clinical absences by 7:30 a.m.

WITHDRAWAL

A student may withdraw from the program at any time for personal reasons. Upon withdrawal, the student will notify the Director of the program in writing.

RE-ADMISSION POLICY

Students will not be re-admitted to the Program if dismissal was due to performing a civil / criminal act as outlined in the AVRTS High School Student Handbook policy (Chapter 71: Section 37H & 37H ½).

Students may be re-admitted to the program based on the following:

1. Written petition to the Director of the PNP indicating a plan for successful completion of the program.

2. A meeting with Faculty or Director to review student performance in the program, experience since leaving the program and discussion of written plan.
3. Meeting of the admissions committee to determine readmission and start date.
4. Updated immunizations, current liability insurance, current CPR.
5. Application for readmission is reviewed on a case by case basis and other criteria may apply.
6. Students are eligible for readmission only once.

ACADEMIC GRIEVANCE PROCEDURE

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

Five Levels to Adjustment of Grievance

1. Level I: Faculty of PNP

- a. Students who may have a complaint are encouraged to confer with the PNP Faculty member or members involved with the grievance within five (5) school days following the knowledge of the act or condition which is the basis of the complaint.
- b. The student and faculty shall first confer on the grievance with a view to arriving at a mutually satisfactory resolution.
- c. The faculty member shall communicate his / her decision in writing to the aggrieved student within five (5) school days after receiving the complaint.

2. Level II: Director of PNP

- a. If the grievance is not resolved at Level I the aggrieved student may appeal a grievance to the Director of the program within five (5) school days following knowledge by the grievance of the act or condition which is the basis of the complaint.
- b. The student and Director shall first confer on the grievance with a view to arriving at a mutually satisfactory resolution.
- c. The Director shall communicate his/her decision in writing to the aggrieved student within five (5) school days after receiving the complaint.

3. Level III: Principal

- a. If the grievance is not resolved at Level II the aggrieved student may appeal the decision to the Principal in writing within five (5) school days after the decision of the Director has been delivered.
- b. The Principal shall meet and confer with the aggrieved student with a view to arriving at a mutually satisfactory resolution.
- c. The Principal shall communicate his / her decision in writing within ten (10) school days after receiving the appeal.

4. Level IV: Superintendent – Director

- a. If the grievance is not resolved at Level III, the aggrieved student may appeal to the Superintendent-Director within five (5) school days after the decision of the Principal has been delivered.
- b. The Superintendent-Director shall meet with the aggrieved student with a view to arriving at a mutually satisfactory resolution.
- c. The Superintendent-Director shall communicate his/her final decision within ten (10) school days after receiving the appeal.

5. Level V: School Committee

- a. If the grievance is not resolved at Level IV the aggrieved student may appeal to the School Committee.
- b. The School Committee shall meet with the aggrieved student at the next scheduled meeting.
- c. The decision of the committee shall be communicated within ten (10) school days after the meeting. The decision by the School Committee shall be final.

FERPA

FERPA is a Federal law that is administered by the Family Policy Compliance Office (Office) in the U.S. Department of Education (Department). 20 U.S.C. § 1232g; 34 CFR Part 99. FERPA applies to all educational agencies and institutions (e.g., schools) that receive funding under any program administered by the Department. Parochial and private schools at the elementary and secondary levels generally do not receive such funding and are, therefore, not subject to FERPA. Private postsecondary schools, however, generally do receive such funding and are subject to FERPA.

Once a student reaches 18 years of age or attends a postsecondary institution, he or she becomes an "eligible student," and all rights formerly given to parents under FERPA transfer to the student. The eligible student has the right to have access to his or her education records, the right to seek to have the records amended, the right to have control over the disclosure of personally identifiable information from the records (except in certain circumstances specified in the FERPA regulations, some of which are discussed below), and the right to file a complaint with the Department. The term "education records" is defined as those records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution. For more information and full text of the law go to: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

MAINTENANCE OF RECORDS

Enrolled student's records are kept throughout the student's enrollment and shall contain the following:

- Original application, including entrance test results, references, birth certificate, and resume
- Signature sheet from student handbook
- Copies of transcripts / GED
- CPR certification (copy of card)
- Performance notifications
- Written correspondence to / from faculty and / or student
- Learning Contracts

Withdrawn student's records are kept for five (5) years and contain the following:

- Materials contained in the file at time of withdrawal, as identified above
- Correspondence related to withdrawal
- Notation as to reason for withdrawal, if known

Records of graduates of the program are maintained permanently and contain:

- Final summary transcript of all courses taken and grades achieved

HEALTH INSURANCE

All students must provide their own health insurance coverage while in the Practical Nursing Program. Students are financially responsible for any medical expenses resulting from illness or injury during the Program.

PARKING PERMITS

Students are not allowed to park vehicles on school property unless they have been issued a parking permit. The driver of any vehicle parked in an unauthorized place (i.e.: visitor parking, handicap parking, etc.) without proper authorization will be subject to disciplinary action. Students must apply for a parking permit from the Main Office by the end of the second week of school.

PHOTO IDENTIFICATION

All students and faculty are required to wear, or have in their possession, an Assabet Photo ID Card. The initial card will be provided at no cost. Students who lose their photo ID card will be required to pay \$10.00 for a replacement card.

LIABILITY INSURANCE

A Professional Practice Liability Policy must be purchased prior to entering the program, and is mandatory for all practical nursing students. This policy may be purchased through a known agency to Assabet Valley Regional Technical School, or from another agency offering a plan of equal or increased coverage. Applications for Liability insurance will be distributed on orientation day in June. Students will not be permitted to enter clinical practice without malpractice insurance.

PORTFOLIOS

Student portfolios are a collection of work throughout the year. It will chronicle progress in the program. The portfolios will be kept in the classroom and the responsibility for maintaining it relies with the student.

Dividers should be labeled Term I, Term II and Term III. Included in each term should be a worksheet from the beginning and end of each term. Written course work such as journaling, and case studies can be included. Evaluations help to document progress as do end of the term report cards.

Copies of credentials (CNA, CPR and Malpractice insurance) can go in the back. The end of the year resume will complete the portfolio and it is yours to keep.

CRITICAL WRITING

The ability to state one's thoughts coherently, clearly and concisely is basic to good thinking skills.

Writing requires discipline. It is important for the improvement of thinking because it can be reviewed using the Universal Intellectual Standards to evaluate the quality of the thinking reflected in the writing.

Journal Articles should be reflective of clinical experience not merely a summation. Each article should have a curriculum concept as a heading and will be evaluated by a clinical instructor on three components: writing, topic, and conclusion.

TABLE OF CONTENTS

Term I: At least two worksheets, at least two journal entries written work from MHC, and nutrition.

Term II: Four worksheets, up to two journal entries.

Term III: Clinical case study, four maps, up to two journal entries.

Section IV: Copies of credentials, CNA, CPR, Malpractice Insurance, CEU's, end of the year resume.

JOURNAL WRITING

Goal: To improve the critical thinking process as demonstrated by improved writing skills. The evidence will be a steady progression seen by the student, using Universal Intellectual Standards, from Term I to Term III.

- Journal entries should reflect curriculum concepts in clinical practice.

Each student will write the minimum of two (2) journal entries per term based on a clinical experience using program threads:

- Professionalism
- Communication
- Safety
- Evidenced Based Practice

Journal entries can be brief, word processed and placed into portfolio. They should be dated and placed into the proper divider of your portfolio.

Journal entries will be critiqued by clinical instructor highlighting areas of growth in clarity, accuracy, relevance, depth, completeness, and other universal intellectual standards.

STUDENT REVIEW

Critical thinking is defined as the process of analyzing and understanding how and why we reach a certain conclusion.

THE SPECTRUM OF UNIVERSAL INTELLECTUAL STANDARDS

Clear -----	Unclear
Precise -----	Imprecise
Relevant -----	Irrelevant
Accurate -----	Inaccurate
Deep -----	Superficial
Significant -----	Insignificant
Consistent -----	Inconsistent
Broad -----	Narrow
Logical -----	Illogical
Realistic-----	Unrealistic
Sufficient -----	Insufficient
Appropriate -----	Inappropriate
Justifiable -----	Unjustifiable
Reasonable -----	Unreasonable
Fair -----	Unfair
Insightful -----	Undiscerning

Take a look at areas of your writing, which could be improved.

1. Style

- no clichés or overused words
- no unnecessary words
- appropriate word choice
- no groups of short monotonous sentences
- mix of sentence lengths and types
- powerful verbs

Read work out loud. Does it sound right? If a work can be read out loud without causing the reader to hesitate or stop completely, then stylistically the work is probably good.

2. Content and Critical Thinking

- accurate, factual
- technical vocabulary used and spelled correctly
- clearly stated thesis
- supportive facts
- compare and contrast
- topic development, facts and personal experience
- examples to support opinions
- references

Consider the type of work you are creating prior to beginning.

3. Imaginative / Narrative Writing

- To tell a story

4. Practical / Informative Writing

- Providing information

5. Sensory Descriptive Writing

- Main intent is to create a dominant impression - so that the reader has the same impression as the writer

6. Analytical / Expository Writing

- Writing in which the main intent is to analyze, explain why, in the writer's opinion, something is the way it is or to influence or persuade
- http://collinsed.com/five_types_of_writing.htm
Improving Writing Skills

JOURNAL ARTICLE EVALUATION

Based on Universal Intellectual Standards

Name: _____

Date: _____

Topic: _____

Writing	1	2	3	4	5	
Unclear						Clear
Imprecise						Precise
Vague						Specific
Inaccurate						Accurate

Topic	1	2	3	4	5	
Irrelevant						Relevant
Inconsistent						Consistent
Illogical						Logical
Superficial						Deep
Incomplete						Complete

Conclusion	1	2	3	4	5	
Inadequate						Adequate
Biased						Fair
Trivial						Significant

Standards Of Conduct

DRESS CODE

While in the clinical setting, all students will wear the AV Practical Nursing student uniform, and will adhere to the following dress code:

- Uniforms:** Uniforms should be clean and ironed with a name badge for identification. White hose / socks and white leather shoes are required. Open toed shoes are not acceptable. Sweaters are not to be worn during delivery of patient care. NO GUM CHEWING while in uniform. White camisole, tank or long sleeve tee may be worn under the uniform
- Equipment:** Equipment shall include Kelly clamp, bandage scissors, pen, flashlight, and stethoscope, a watch with a second hand, blood pressure cuff and calculator for administration of meds.
- Hair:** Hair should be neat, clean, and off the collar with no hair on the face. Hair is to be kept short or tied back.
- Jewelry:** A wedding band is acceptable. For those who have pierced ears, one small stud in each ear is permissible. Clip-on, hoop, or multiple studs are not allowed. PLEASE NOTE: other rings, bracelets, necklaces, and jewelry in pierced body parts are not acceptable in the clinical setting.
- Make-up:** Heavy make-up, aftershave lotions and / or perfumes are not appropriate.
- Fingernails and Polish:** Fingernails should be short, clean and neatly manicured. Clear polish is permissible, none is preferred. Students may not wear artificial nails or nail extenders.
- Beards & Mustaches:** Facial hair should be short and neatly trimmed. The face should appear clean shaven.
- Street Clothes:** Street clothes are worn in the classroom. Attire for classes should be conservative. Short shorts, mini-skirts, and tank tops without appropriate undergarments are not allowed. The uniform will be worn at all times when representing the Assabet Valley Practical Nurse Program. The uniform will be worn when working with simulation or assigned to Clinical Resource Center Lab.
- Tattoos:** The policy of the clinical agency will be followed regarding tattoos exposed on visible body parts.

CLASSROOM AND CLINICAL BEHAVIOR

As an adult returning to school, the faculty expects that you will conduct yourself in the classroom and clinical area as an adult. Faculty interprets adult behavior to include, but not limited to:

Showing respect and consideration for faculty and classmates by:

- Arriving on time.
- Paying attention to the classroom presentation; no talking to classmates unless you are working on in-class projects, or there is a break time; no leaving the classroom except at break time.
- Not eating during class (liquids are permitted). You have a coffee break and a lunch period. There is sufficient time for eating. Lunch should be eaten during the break.
- Being prepared for class and clinical before it begins (completing assignments, looking up drugs, preparing nursing care plan, etc.).
- Completing assignments on time.
- Participate in classroom cleanup duties.
- Cell phones should be on manner setting or silenced. Cell phones should never be visible in the clinical areas.
- Remain in the clinical facility at all times. Report to the clinical instructor if leaving the facility for any reason.
- Never leave the clinical unit without reporting off to the covering student or at the end of the day to the patient's primary nurse.
- English should be spoken at all times at clinical sites. English should be spoken during class time at school.

TESTING POLICY

- All students are required to purchase a laptop meeting the stated criteria for Exam Soft Testing (www.learnexamsoft.com). This is available on the PN website, at the interview and on Orientation Day.
- It is the responsibility of the student to have the fully charged laptop available each classroom day. Tests should be downloaded prior to the exam.
- Desks are cleared of all belongings prior to testing. Student seating is randomly assigned by faculty.
- All students will remain in their seats during exams and quizzes. No breaks during exams or quizzes.
- When the quiz or exam is complete the student will upload the exam, raise their hand for a faculty to confirm upload, and then may quietly leave the room. The laptop will remain on the desk until all students have completed the exam. No student will be permitted back into the classroom until the testing is complete.

PROFESSIONAL WARNINGS

Professional probation may result from multiple or severe infractions of behavior.

- For infractions of professional behavior, the student will receive a written *Professional Warning*.
 - On the second incident, a written *Professional Warning* will result in a conference with the Director and a mandatory reflective journal where the student will demonstrate responsibility for actions and a plan for improvement.
 - A third warning will result in a *Contract for Improvement* that will be developed by the student and the Director with a timeframe for completion of probation. Multiple professional warnings may result in a two (2) day suspension or dismissal from the program.
 - Depending on the severity of the infraction, steps may be expedited at the discretion of the Director.
-

Drug and Alcohol Policy

1. The use and/or possession of illegal drugs or alcoholic beverages by any student on school grounds, in the school building or the clinical area are prohibited at all times.
2. All PN students are required to adhere to clinical contractual agreements for drug testing and the AVRTHS drug free policy.
3. Some clinical sites may require drug testing. A third party medical review officer (MRO) employed by a designated drug testing company reviews and maintains student drug testing information. If the MRO requires information they will contact the student directly. If there is a drug testing issue with any of the practical nursing students, the medical review officer notifies the Practical Nursing Director.
4. Clinical placements in the PN program are contingent on meeting all agency requirements and negative drug reports. If a student is denied placement by the clinical agency for any reason the PN program is not responsible for providing alternative clinical placements.
5. Positive tests for marijuana can result in dismissal from clinical sites regardless of current state law.

LOCAL, STATE AND FEDERAL SANCTIONS

All policies and regulations regarding illegal consumption/use, possession, sale/trafficking and/or manufacture of narcotics, controlled substances, prescription drugs, counterfeit substances, drug paraphernalia and substances releasing toxic vapor on Assabet Valley Regional Technical High School's campus and its properties shall be in strict conformity to the appropriate Massachusetts General Laws and in compliance with the Drug-Free Schools and Community Act (DFSCA) and the Drug-Free Schools and Campuses Regulations. Detailed descriptions of infractions and penalties can be found in the Massachusetts General Laws, sections 94C and 270. Federal Drug Statute Title 21, USC 841 may also apply. These laws are subject to change.

CONTROLLED SUBSTANCES

Controlled substances are classified according to their chemical characteristics and their effect on the human body.

Classification	Drug(s)
Class A	Heroin, Morphine, Flunitrazepan, Gamma Hydroxy Butyric Acid (aka GHB), Ketamine Hydrochloride (aka "Special K")
Class B	Cocaine, Codeine, Methadone, Oxycontin and Oxycodone, Amphetamines, Fentanyl, Methamphetamine and its isomers and salts, Phenacyclidine (PCP, Angel Dust), Lysergic Acid Diethylamide (LSD), Opium in certain amounts, P2P, PCH, PCC, MDMA (ecstasy), Phenmetrazine, Percodan, Dilaudid
Class C	Valium, Librium, Morphine and Codeine in certain amounts, Flurazepam, hallucinogenic substances including Dimethoxyamphetamine, Mescaline, Peyote, Psilocybin (aka Mexican Mushrooms), Tetrahydrocannabinol (THC, active ingredient in marijuana)
Class D	Marijuana, Barbitol, Phenobarbital
Class E	Compounds containing a small percentage of Codeine, morphine or opium; prescription drugs not included in any other class
Smelling Substance Releasing Toxic Vapor	Although not illegal to possess under certain conditions, these substance offenses occur when a person intentionally smells or inhales them. They include but are not limited to: glue, paint thinners, etc.

DRUG PARAPHERNALIA

Drug paraphernalia are objects used for the purpose of ingesting, injecting, inhaling, etc. any or all of the above substances. These include, but are not limited to, pipes (ceramic, metal, glass, etc.), syringes, or any other object modified for this purpose, (e.g. plastic containers, toilet paper rolls, etc.).

POSSESSION OF A CONTROLLED SUBSTANCE

Possession of a controlled substance is simply proof the individual directly or constructively possessed some amount of a controlled substance without lawful authority.

POSSESSION WITH INTENT TO DISTRIBUTE

Possession with intent to distribute does not require possession of a minimum quantity of a controlled substance where other signs of distribution exist, e.g. quantity (even a minute quantity can suffice), purity, street value, possession of a large amount of cash, uniform packaging, known drug area, behavior, possession of drug paraphernalia, etc.

COUNTERFEIT SUBSTANCE

Counterfeit substances are imitations intended to be offered off deceptively as a genuine controlled substance. Because fake substances are often more dangerous to ingest and because the dealer is attempting to make a profit while eliminating the risk of being caught with a controlled substance, possession and sale of a counterfeit substance are punishable crimes under the law.

HEALTH RISK

There are numerous, serious health risks associated with the use of illicit drugs and alcohol. Substance abuse, when left untreated, may lead to damaged vital organs such as the liver, brain, and kidneys. Other problems normally associated with substance abuse include nausea, vomiting, loss of memory, slurred speech, blurred vision, and violent acts of aggression. These effects, more often than not, lead to poor academic performance, loss of jobs, arrests, arguments with family and friends, and serious accidents.

Please refer to the chart provided by the U.S. Department of Justice Drug Enforcement Administration regarding “Drugs of Abuse / Uses and Effects” to review specific health risks associated with specific drugs.

RESOURCES OF SUPPORT

To assist you in addressing the health risks of alcohol and drugs, the Assabet PN Program offers off-campus resources and referrals to counseling services.

Clinical placements in the PN Program are contingent on meeting all agency requirements and negative drug reports. If a student is denied placement by the clinical agency for any reason the PN Program is not responsible for providing alternative clinical placements.

DRUGS OF ABUSE / Uses and Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses	Dependence		Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Narcotics											
Heroin	Substance I	Diamorphine, Horse, Smack, Black tar, <i>Chiva</i> , <i>Negra</i> (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, Product III, V	Hydrocodone w/Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, Antitussive	High	High	Yes	3-6	Oral			
Hydromorphone	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, Demerol, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgesic, Antidiarrheal, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked			
Depressants											
<i>gamma</i> Hydroxybutyric Acid	Sub I, Product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in U.S., Anesthetic	Moderate	Moderate	Yes	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
Benzodiazepines	Substance IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Rohies, R-2), Klonopin	Antianxiety, Sedative, Anticonvulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected			
Other Depressants	Substance I, II, III, IV	Ambien, Sonata, Meprobarbame, Chloral Hydrate, Barbiturates, Methaqualone (Quaalude)	Antianxiety, Sedative, Hypnotic	Moderate	Moderate	Yes	2-6	Oral			
Stimulants											
Cocaine	Substance II	Coke, Flake, Snow, Crack, <i>Coca</i> , <i>Blanca</i> , <i>Perico</i> , <i>Nieve</i> , <i>Soda</i>	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/Methamphetamine	Sub II	Crank, Ice, Cristal, Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn	Attention deficit/hyperactivity disorder, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected, smoked			
Methylphenidate	Substance II	Ritalin (lily'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	Vasoconstriction	Possible	Moderate	Yes	2-4	Oral			
Hallucinogens											
MDMA and Analogs	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			
Phencyclidine and Analogs	Sub I, II, III	PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K), PCE, PCP, TCP	Anesthetic (Ketamine)	Possible	High	Yes	1-12	Smoked, oral, injected, snorted	Illusions and hallucinations, altered perception of time and distance	(LSD) Longer, more intense "trip" episodes	None
Other Hallucinogens	Substance I	Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahuasca, DMT, Dextromethorphan* (DXM)	None	None	None	Possible	4-8	Oral			
Cannabis											
Marijuana	Substance I	Pot, Grass, Sinsemilla, Blunts, <i>Mota</i> , <i>Yerba</i> , <i>Grifa</i>	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
Tetrahydrocannabinol	Sub 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, Equipoise, Anadrol, Dianabol, Primabolin-Depo, D-Ball	Anemia, Breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected			
Inhalants											
Amyl and Butyl Nitrates		Pearls, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Flushing, hypotension, headache	Methemoglobinemia	Agitation
Nitrous Oxide		Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled			
Other Inhalants		Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	0.5-2	Inhaled			
Alcohol		Beer, wine, liquor	None	High	High	Yes	1-3	Oral			

June 2004

IMPAIRED NURSE

As defined in 244-CMR 9.02, definitions, “impaired” means the inability to practice nursing with reasonable judgment, skill, and safety by reason of alcohol or drug abuse, use of other substances, a physical or mental illness or condition, or by any combination of the following.

If a faculty suspects impairment the student will:

- Be informed of the observed behavior and of faculty concerns of impaired performance.
- Removed from patient care responsibilities and asked to leave the setting. Transportation will be arranged or the student may be accompanied to the emergency services department of the facility if emergency treatment is indicated.
- Be requested in writing to attend a meeting with school and program administrators ideally within 24 hours. The student may be asked to have an evaluation including a drug test at a Lab Corp facility.

If the drug screen is deemed positive by the MRO the student will be dismissed from the program. The student will be encouraged to seek treatment for drug or alcohol abuse. Test results will be held in confidence and treated as medical information. The student may seek readmission after treatment.

SOCIAL NETWORKING

All policies related to HIPAA, patient confidentiality, harassment and bullying in the AVRTS-PNP Handbook and AVRTHS Student Handbook apply equally to social networking sites.

Information that leads to the identification of confidential patient information posted on a networking site like Facebook is a serious breach of professional ethics and will be dealt with severely, including possible dismissal from the PN Program. No photographs may be taken on patient units at any time.

Students must be aware that their own privacy settings can be breached; postings can be printed and distributed anywhere. Circumstances pertaining to patient care can make the patient identifiable even without violating HIPAA.

Students must be aware that upon entering a profession of trust they must maintain the standards of the profession. Potential employers, patients, families, coworkers, fellow students and faculty may gain access to postings without the student’s express intent. You are held accountable for your postings.

Student Standards for Simulation in the Clinical Resource Center

SIMULATION

Defined: Simulation is a near representation of actual life events. Simulation in the Clinical Resource Center allows the students to practice real life patient situations without risk of harm to the patient. Simulation is most useful when real experiences can be the costly in terms of human consequences. (Billings and Halstead, 1998, p. 298).

CLINICAL RESOURCE CENTER

Defined: Clinical Resource Center is the multimedia environment where student nurses have access use to computers-assisted technology, manikins, nursing equipment and human simulation models to practice and demonstrate problem solving and critical thinking skills.

The clinical resource center is an environment where students can practice and demonstrate competency in program objectives, from the beginning Term I skills to more complex problems and skills performed in Term III.

DEBRIEF

Debriefing is an opportunity for students to evaluate their own performance and that of their peers through self and group critiques. Insight after action should be led by the instructor to keep it constructive, reflective and supportive with a focus on sharing skills and experiences. (Nunn, 2004).

STUDENT RESPONSIBILITIES

- Consider the lab experience the same as you would your patient assignment in the clinical setting.
- Unless otherwise stated, specific lab scenarios will be considered clinical days and will require that students come to the Clinical Resource Center in uniform and with all necessary clinical equipment (including but not limited to Student ID, clinical worksheet, patient assessment tools).
- Preparation for simulation would be as for clinical day: requiring a review of procedure and preparation of a patient care plan.
- During Human Patient Simulation students will show respect to the patient and co-workers during practice.
- Students will leave the patient care area as you would at the end of the clinical day, with supplies restocked, organized and carefully put away.
- Some simulations may be considered confidential and your instructor may ask that you not discuss outside your group.
- Individual student performance will not be discussed among other students except in the professional setting of scenario debriefing.
- Be respectful when criticism is offered. Offer criticism in a respectful way.
- Discuss with instructors, possible clinical experiences that could be recreated in the clinical resource center as a review. Share ideas.
- Evaluation is always important to any learning experience. The faculty will inform you what the goals and objectives are for each activity. You will have the opportunity to evaluate your own performance.

SAFETY

As well as protection against serious accidents, good safety habits are intended as insurance against needless loss of time and money.

It is the responsibility of each student to know thoroughly and to observe the safety rules of the department. Students must make proper use of all safeguards that are provided for their protection. Students who endanger themselves or their classmates by purposely violating the safety code will be subject to instant dismissal.

Clinical dress (uniforms, shoes, hair length, etc.) must conform to the safety regulations of AVRTS and the PN Program. Appropriate footwear is required for lab experience. No student should wear high heels in the lab area. Students are to report all injuries to the faculty immediately, and an accident report must be completed by the faculty.

INCIDENTS OR ACCIDENTS

1. Incident Involving Client: Immediately communicate with the faculty member supervising you in the clinical practice agency. A form will be filed and the circumstances surrounding the incident reviewed. Remember please, do not carry out any interventions that you have not been taught at Assabet. You must also have all interventions supervised until you have been signed off by your assigned faculty to show that you have mastered the intervention/s. Failure to report an incident involving a client may be grounds for dismissal from the program.
2. Personal Injury Accident: Should you have an accident of any type while in the school or at your assigned clinical practice, you should report this immediately to the faculty member present. Emergency care will be made available. Medical costs will be incurred by the student.

INTELLECTUAL PROPERTY

Materials designed by the faculty for use in the Assabet Valley Practical Nurse Program are the intellectual property of the instructor and program. Unauthorized use, copying and distribution is not allowed.

CULTURAL CONSIDERATION

Cultural awareness is woven throughout the program via case studies, class projects and culturally competent care of patients various cultures. Faculty is sensitive to any student in need of program accommodations related to culture or religion. The student in need will make a request in writing, to the Program Director, by the first week of school and reasonable accommodations will be made.

COMPLIANCE WITH SCHOOL REGULATIONS

In addition to the rules and regulations of the Practical Nurse Program, the student is required to observe the rules and regulations of the Assabet Valley Regional Technical High School. Since the school is largely composed of high school students, it is expected that PN students will set an example to the student body that reflects the profession in a positive way.

PLAGIARISM AND CHEATING POLICY

In general, plagiarism is defined as the presentation of someone else's work in whatever form - copyrighted material, notes, film, art work, reports, statistics, bibliographies, and the like - as one's own, and failing to acknowledge the true source. Quoting word for word, or almost so, or taking other ideas and passing them off as ones' own constitutes plagiarism.

Cheating is defined as the giving or attempting to give or receive unauthorized information or assistance during an examination or completing assigned projects.

If students are unsure whether a specific course of action would constitute plagiarism or cheating, they should consult with their instructor in advance. Plagiarism and cheating are serious breaches of academic honesty and just cause for dismissal from the program.

During testing an instructor has the authority to:

- Verify student badges of identification
- Request a student(s) change seats
- Remove student(s) from the test area

If cheating or plagiarism is determined the Program Director will be notified of the misconduct of the student. Penalties vary with the degree of the offense. Penalties may take the form of the following sanctions.

- The grade of 0 for the work assignment in question
- The grade of 0 for the exam in question
- Dismissal from the program

SMOKING POLICY

Effective September 1, 1989 state law forbids any one to use tobacco on public school grounds and / or at clinical agency facilities. This includes no smoking in personal vehicles on school property or clinical facility property.

HONOR CODE

The Honor Code requires a student to act honorably in all the relations and phases of school activities. Lying, cheating, stealing, the breaking of one's word of honor under any circumstances are all considered violations of the honor code. A student caught breaking the honor code by a faculty member will be placed on academic probation and may result in the student's dismissal from the program.

Each student is expected to assume the responsibility for the honor code in relation to self, fellow students, faculty and the school.

The pledge given on any examination or written exercise means that the work handed in is the student's own and has been accomplished by the student in accordance with the requirements as given by the instructor of the course.

TAPING POLICY

Students may not tape a faculty lecture unless the student requests to tape from the individual instructors. Taping devices must be on the desk in plain view during class. No taping during quiz reviews.

COMPUTER AND INTERNET USE

Students are expected to have a fully charged laptop computer with them for all class days. You may rent a school lock for your assigned school locker (see secretary). Personal locks are not allowed.

Assabet Valley supplies students with a login account to access and save information that is directly related to their schoolwork on their local area network and to access the Internet throughout the school network for research related to school projects and other school related purposes.

Practical Nursing students abide by the Internet Acceptable On-Line Behavior policy as outlined in the high school student handbook. All PN students must sign the Student Agreement during the first week of school and forward it to the PN Director.

Students are responsible for any activity done under the Login Account and therefore, should not share their password. To maintain privacy of their own files, students must log off a workstation and / or laptop whenever it is unattended.

The staff and students of Assabet Valley are provided access to Internet resources with the understanding that material on the Internet may not be accurate, and may contain information that might be deemed contrary to prevailing public principles as well as inappropriate for classroom use. Access of such resources is not permitted.

The District provides access to technology and the Internet for use in accessing instructional and research materials. The District also provides a filtering and monitoring interface design to keep potentially objectionable materials from being easily accessible; however, the Internet by its very nature allows for all information contained on it to be accessible by various means. Users of technology at Assabet Valley are advised that inappropriate materials might be accidentally encountered during a legitimate research project. If such material is inadvertently encountered, users MUST immediately disconnect from the site.

ILLEGAL COPYING AND PROTECTION OF SYSTEM INTEGRITY

Students shall not:

- Install or download for installation any software.
- Copy another person's work or intrude into another person's files.
- Use technology available through the District for any act that might be construed as unethical or illegal including gaining unauthorized access to other systems on the network.

Any information or materials discovered during research or use of the Internet must be properly cited.

All technology related items, including storage space and network usage are the property of Assabet Valley. This technology is made available for student use. The student's use of the technology does not diminish the school ownership or control of the technology. The school retains the right to inspect all files and data and their contents to insure the technology is being used in accordance with its intended purpose.

VIRUS PROTECTION

Transferring files from ANY outside source to school computers requires permission from the immediate supervisor or instructor.

INAPPROPRIATE LANGUAGE OR MATERIALS

Profane, abusive, impolite, and offensive language or materials are NOT to be communicated by any user of technology, nor should any materials be accessed that do not fall under the guidelines of appropriate school behavior. Should a student accidentally encounter questionable materials, they should report it to the faculty immediately and disconnect from the site. The faculty should report such encounters to their supervisor.

CAMPUS SECURITY

Name

Assabet Valley Regional Technical School

Address

215 Fitchburg Street
Marlborough, MA 01752

On-Campus Student Housing Facilities

This institution does not provide On-Campus Student Housing Facilities

Security Officer

Name: Gerald Gahagan or Patrick O'Rourke
Title: Asst. Principal/Dean of Students
Phone: 508-485-9430 (1480)

Local Police Crime Statistics

Local statistics are included with the campus's statistics

Fire Safety Officer

Name: Gerald Gahagan or Patrick O'Rourke
Title: Asst. Principal/Dean of Students
Phone: 508-485-9430 (1480)

Criminal Offenses - On Campus

Criminal Offense	Total Occurrences On Campus		
	2015	2016	2017
a. <u>Murder/Non-negligent manslaughter</u>	0	0	0
b. <u>Negligent manslaughter</u>	0	0	0
c. <u>Sex offenses - Forcible</u>	0	0	0
d. <u>Rape</u>	0	0	0
e. <u>Fondling</u>	0	0	0
f. <u>Sex offenses - Non-forcible</u>	0	0	0
g. <u>Incest</u>	0	0	0
h. <u>Statutory rape</u>	0	0	0
i. <u>Robbery</u>	0	0	0
j. <u>Aggravated assault</u>	0	0	0
k. <u>Burglary</u>	0	0	0
l. <u>Motor vehicle theft</u>	0	0	0
m. <u>Arson</u>	0	0	0

Caveat:

<http://www.ope.ed.gov/campussafety>

Tuition

Tuition payments may be made by official bank check or money order, or on-line via a credit card at assabettech.com (Quick Links; Online Payment; LPN Program). Make all checks payable to AVRVSd. Assabet Valley's institutional refund policy is distinct and different from the Federal Return of Title IV funds policy. The school is required to perform a Return of Title IV Funds calculation for all federal (and State) financial aid recipients who withdraw (officially or unofficially) from Assabet Valley on or before the 60% point of the payment period. (Each payment period is 543 hours - Assabet's programs have two payment periods.) Students who are subject to the return of any Title IV funds may result in a balance due to Assabet Valley, the Federal Government, or both. See Federal Return of Title IV Funds Policy for further explanation on the return of Title IV funds. This policy may be accessed from the Financial Aid Office.

1. If a recipient of Title IV withdraws during a payment period, Assabet Valley must calculate the amount of Title IV aid the student earned. Unearned Title IV funds must be returned to the Title IV programs.
2. Assabet will use the Federal Department of Education's R2T4 software to determine if funds need to be returned to Title IV programs.
3. All program directors or instructors will notify the financial aid office when a student has withdrawn from their program.
4. The Financial Aid Office will notify the Business Office when a student who has received Title IV assistance has withdrawn. The Financial Aid Office will then calculate the refund to determine how much, if any, of the federal dollars should be returned to the programs.
5. After the refund has been calculated the school will return the funds to the following programs in the order listed:
 - Unsubsidized Stafford Loan Program
 - Subsidized Stafford Loan Program
 - PLUS Loan
 - Pell Grant Program
 - (No program will have more money returned than was originally disbursed.)
6. The student will have access to the refund amount and how it was disbursed.

ADMISSION DEPOSIT

The \$500 non-refundable admission fee is held in escrow as payment of fees associated with the NCLEX. Fees will be paid for those eligible to register for the exam with the group on the last day of school. Students not ready to register at that time will forego the fees.

TUITION PAYMENT PLAN OPTIONS

Plan A

Payment due in full by August 1, 2019.

Plan B*

First half of payment is due on August 1, 2019; second half of payment is due on April 1, 2020.

Plan C*

Half the payment is due on August 1, 2019; the remaining half is divided into equal monthly payments from October 1, 2019 through April 1, 2020.

*Includes processing fee.

Please note, those students receiving federal financial aid will receive an individual tuition payment invoice for the balance of their payments based upon the payment plan chosen.

STUDENT EXPENSES

The following estimated expenses are the responsibility of the student and any such other expenses as may be necessary for completion of the program.

Textbooks/Resources	\$500.00
Uniforms	200.00
Liability Insurance	50.00
Registration Fee	500.00
Graduation Expense/Class Dues	150.00
PN Lab Supplies	200.00
ATI On-line Testing Package	405.00
Stethoscope	30.00
Sphygmomanometer	30.00
Pen Light	5.00
Bandage Scissors	5.00
Kelly Clamp	5.00
Exam Soft	150.00
Shadow Health	99.00
Clinical Facility Parking	150.00
Drug Screening	<u>60.00</u>
Total Expenses:	\$2,539.00

NOTE: Students must have their own laptop computer available for all classes. Pens, pencils, loose-leaf notebooks, white shoes, wrist watch with a second hand, and assignment notebooks will also be necessary expenses incurred by the student.

DISCLOSURE INFORMATION

The Practical Nurse Program at Assabet Valley Regional Technical School prepares students to become a Licensed Practical Nurse. The SOC code for this occupation is 29-2061.

More information on this occupation can be found on the following websites:

<http://www.bls.gov/oes/current/oes292061.htm>

<http://www.onetonline.org/link/summary/29-2061.00>

The graduation / program statistics are:

2017-2018

- 84% on time graduation
- 92.5 % pass rate
- 92% of licensed graduates employed within (nine) 9 months of graduation
- The median Title IV loan was \$ 6552.44

REFUND POLICY

In compliance with the guidelines for refund of student charges set forth by the New England Association of Schools and Colleges, the following refund policy has been established and approved by the Assabet Valley School Committee. The non-refundable seat reservation fee is not part of the tuition.

Refund Schedule:

If withdrawal occurs:

August 1 - August 31st

September 1st – September 15th

September 16th and after

Tuition Refund:

75% of the tuition

50% of the tuition

No refund

This refund policy is applicable to all students who do not receive financial aid. Student withdrawals and request for refunds must be made in writing and addressed to the Director of Business Operations who is the designated institutional officer. All refunds will be made within a 30 day period.

Students receiving Title IV Federal Financial Assistance are subject to federal refund policy (R2T4). R2T4 calculations are completed within 45 days from the date of determination. A student who withdraws may become ineligible for Federal Student Aid and thus is responsible for his or her tuition obligation.

FINANCIAL AID

Financial Aid is available for students who are eligible through the Stafford Loan, Pell Grant and/or the Massachusetts Grant Scholarship Program. Low interest and no interest loans are also available to eligible students. Metro South West Employment and Training aid is available to eligible students.

Students receiving Federal Financial Aid must select one of the tuition payment plan options for payment of the remaining tuition if necessary. Students receiving Federal Financial Aid who withdraw or are withdrawn from AVRTS-PNP are subject to federal refund policy (R2T4). R2T4 calculations are completed within 45 days from the date of determination. A student who withdraws may become ineligible for federal student aid and thus is responsible for his or her tuition obligation.

*For return of Title IV and MA State funds information, please refer to the Financial Aid Policy and Procedures Manual, available in the Financial Aid office.

TREATMENT OF TITLE IV AID WHEN A STUDENT WITHDRAWS

The law specifies how Assabet Valley must determine the amount of Title IV program assistance that you earn if you withdraw from the program. The Title IV programs that are covered by this law are: Federal Pell Grants, Iraq and Afghanistan Service Grants, TEACH Grants, Direct Loans, Direct PLUS Loans, Federal Supplemental Educational Opportunity Grants (FSEOGs), and Federal Perkins Loans.

Though your aid is posted to your account at the start of each term, you earn the funds as you complete the term. If you withdraw during your payment period, the amount of Title IV program assistance that you have earned up to that point is determined by a specific formula. If you received (or your school or parent received on your behalf) less assistance than the amount that you earned, you may be able to receive those additional funds. If you received more assistance than you earned, the excess funds must be returned by Assabet and/or you.

The amount of assistance that you have earned is determined on a pro rata basis. For example, if you completed 30% of your payment period or period of enrollment, you earn 30% of the assistance you were originally scheduled to receive. Once you have completed more than 60% of the payment period or period of enrollment, you earn all the assistance that you were scheduled to receive for that period.

If you did not receive all of the funds that you earned, you may be due a post-withdrawal disbursement. If your post-withdrawal disbursement includes loan funds, Assabet Valley must get your permission before it can disburse them. You may choose to decline some or all of the loan funds so that you don't incur additional debt. Assabet Valley may automatically use all or a portion of your post-withdrawal disbursement of grant funds for tuition and fees. The school needs your permission to use the post-withdrawal grant disbursement for all other school charges. If you do not give your permission, you will be offered the funds. However, it may be in your best interest to allow the school to keep the funds to reduce your debt to Assabet.

There are some Title IV funds that you were scheduled to receive that cannot be disbursed to you once you withdraw because of other eligibility requirements. For example, if you are a first-time, first-year undergraduate student and you have not completed the first 30 days of your program before you withdraw, you will not receive any Direct Loan funds that you would have received had you remained

enrolled past the 30th day. If you receive (or the school on your behalf) excess Title IV program funds that must be returned, Assabet must return a portion of the excess equal to the lesser of:

1. your institutional charges multiplied by the unearned percentage of your funds, or
2. the entire amount of excess funds.

Assabet must return this amount even if it didn't keep this amount of your Title IV program funds. If Assabet is not required to return all of the excess funds, you must return the remaining amount.

Any loan funds that you must return, you (for a Direct PLUS Loan) repay in accordance with the terms of the Promissory Note. That is, you make scheduled payments to the holder of the loan over a period of time.

Any amount of unearned grant funds that you must return is called an overpayment. The maximum amount of a grant overpayment that you must repay is half of the grant funds you received or were scheduled to receive. You do not have to repay a grant overpayment if the original amount of the overpayment is \$50 or less. You must make arrangements with your school or the Department of Education to return the unearned grant funds.

The requirements for Title IV program funds when you withdraw are separate from any refund policy that your school may have. Therefore, you may still owe funds to Assabet to cover unpaid institutional charges. Assabet may also charge you for any Title IV program funds that the school was required to return. Assabet can also provide you with the requirements and procedures for officially withdrawing from the program.

TUITION POLICY FOR RE-ADMISSION

Students accepted for re-admission will pay the tuition at the current rate set by the School Committee. Re-admitted students will be responsible for the entire tuition and lab fee. No credit will be given for lab fees paid for previous admission.

SCHOLARSHIP AWARDS

1. MetroWest Health Foundation has a scholarship available for eligible students who reside in the MetroWest area. Website: www.mwhealth.org
2. Catherine Philbin Memorial Fund is a scholarship available to eligible students. Website: www.gfw@ma.org/catherinephilbin.doc

Student Support Services

HEALTH SERVICES

1. The services of a registered nurse are available to any student in case of sudden illness or accident. First aid will be administered when necessary.
2. First aid is immediate, temporary care. The nurses do not treat illness or accidents that have occurred outside the school's jurisdiction.
3. An Emergency Health Form will be given to each student. This form must be filled out completely, and returned prior to the first day of school. This form must include the name of someone who could assume responsibility for the student in an emergency.
4. Students who must have medication during the school day are required to list medication on the Emergency card. A signed medication order form must also be completed by the prescriber. Forms are available in the school nurse's office.
5. The school nurse is located in B building, first floor, across from the Vocational office.
6. The only medication that may be distributed to students through the nurse's office is Tylenol.

GUIDANCE SERVICES

The guidance office is open during school hours every day. A student who feels in need of guidance may consult the Director or any of the faculty in the Practical Nurse Program. If a student prefers, an appointment may be made in the Guidance Department by filling out a Guidance Appointment Slip before homeroom in the PN Department. The post-secondary counselor will see a student the same day, or as soon as possible.

FACULTY GUIDANCE AND COUNSELING POLICY

The faculty believes that guidance is the process of assisting the individual learner to utilize a point of view, gain self-awareness and acclimate to the school. Counseling is the method which facilitates the process of guidance. Faculty advising occurs on both a formal and informal basis throughout the academic year.

The objective is to motivate the learner's behavior in personal education, recreational and vocational adjustments to Practical Nursing. The learner will:

1. Examine expected group and individual behavior by:
 - a. Reading and adhering to the PN Student Handbook policies
 - b. Identifying ethical actions and interpersonal relationships
 - c. Assume the expected role of the PN student
2. Explore the role of the Practical Nurse by:
 - a. Performing satisfactorily in Term I, II, III
3. Participate in the scholastic program at Assabet by:
 - a. Following the school calendar
 - b. Following the class schedule
 - c. Keeping a personal diary of grades, evaluation and portfolio of work, including clinical weekly journal articles
4. Participate in faculty \ student conference by:
 - a. Attending faculty \ student conferences
 - b. Requesting a conference when necessary
 - c. Signing all evaluations after reading and commenting, retaining a copy

Please see page 65 for list of Community Resources and Options for Affordable Health Care.

BY-LAWS

Article I: Officers of Class and Elections

Section I. Officers of the Student Association, class division, shall be President, Vice-President, Treasurer, Secretary, Student Faculty Member, and Student Advisory Member.

Section II. The Practical Nurse class shall elect officers during the third month of school.

Section III. Nominations for offices shall be conducted according to established procedure.

Section IV. Voting shall be by written ballot.

Section V. Newly elected officers shall take office upon election.

Section VI. The term of office shall be for one year.

Article II: Duties of Officers

Section I. President

1. Schedule all class meetings.
2. Prepare agenda for all class meetings.
3. Preside at all class meetings.
4. Delegate duties.
5. Shall appoint members to all standing committees.
6. Graduation Speech

Section II. Vice-President

1. Assume the President's duties in his/her absence.
2. Carry out activities as may be delegated by the President.

Section III. Treasurer

1. Responsible for collection of class dues and payments of bills.
2. Deposit all money into the LPN student account in the AVRTS Business Office.
3. Maintain an accurate account of receipts and disbursements to report at every meeting.
4. Submit a written report at the last class meeting of every semester to the President of the class.

Section IV. **Secretary**

1. Notify members of meetings.
2. Keep minutes of every meeting and report at next meeting.
3. Forward minutes to the faculty.
4. Submit a written report at the last meeting of every semester to the class.
5. Act as corresponding secretary.

Section V. **Student Representative to Practical Nursing Faculty Committee**

1. Attend monthly Practical Nursing Faculty Committee meetings.
2. Present student concerns to faculty.
3. Report to the class issues discussed at Faculty Meetings.

Section VI. **Student Representative to Practical Nursing Advisory Committee (PAC)**

1. Attend Practical Nursing Advisory Meetings.
2. Present student suggestions and/or requests to the Practical Nursing committee and evaluate the strengths and/or weaknesses of the Practical Nursing Program.
3. Report to the class issues discussed at Practical Nursing Advisory meetings

Section VII. **Student Representative to the Health Tech Program Advisory Committee (PAC)**

1. Attend Health Technologies Advisory Meetings
2. Support and advise Health Tech program
3. Strengthen the relationship with the Health Tech Program as a potential career ladder for some graduating high school students

Article III: Dues and Standing Committees

Section I. **Dues** are assessed as determined by the class. Once dues are assessed payment is required to be eligible to receive a certificate of graduation. Expenditure of class funds requires a class vote.

Section II. **Standing Committees** include:

- Fundraising Committee
- Yearbook Committee
- Class Dinner Committee
- Class Gift Committee
- Graduation Committee

CLINICAL EVALUATION CRITERIA

TERM I CLINICAL EVALUATION		
Professionalism (leadership/ teamwork) Understand the concept of clinical reasoning and demonstrate professionalism by accountability for practice and maintenance of ethical legal and regulatory standards	Knowledge	<ul style="list-style-type: none"> Identifies ethical legal concerns common to the older adult (MOLST, DRN). Reviews theory and procedures necessary for practice in the long-term care setting. (Consider EBP)
	Skills	<ul style="list-style-type: none"> Punctual, prepared for clinical with appropriate equipment. Presents in a neat, clean uniform as outlined in the student handbook.
	Attitudes	<ul style="list-style-type: none"> Values constructive criticism and evaluation. Responds to instruction by implementing positive changes, which improve performance.
Communication (informatics) Demonstrate understanding of the principles of effective communication in relation to the physiological, psychosocial, developmental, spiritual, and cultural assessment of the client.	Knowledge	<ul style="list-style-type: none"> Recognizes appropriate verbal and non-verbal communication techniques. Understands blocks to communication.
	Skills	<ul style="list-style-type: none"> Demonstrates beginning ability to vary communication style based on client condition. Communicates changes in client condition and provides basic end of shift client report. Utilizes medical records as introduced according to agency policy.
	Attitudes	<ul style="list-style-type: none"> Values the privacy and confidentiality of protected patient data. Values mutually respectful communication. Accepts responsibility for effectively communicating.
Safety/Technology Understand basic concepts of client safety, fundamental nursing skills and use of nursing equipment in the care of long-term clients. Develops beginning clinical reasoning skills in relation to the use of technology and its impact on safe practice.	Knowledge	<ul style="list-style-type: none"> Understands scientific principles of safety related to patient care, applying theory to practice with selected adult clients. Identifies the physical, biological, psychosocial and cultural factors that affect the safe care of older adults.
	Skills	<ul style="list-style-type: none"> Demonstrates nursing skills safely with guidance. Utilizes strategies to reduce reliance on memory and promotes client safety.
	Attitudes	<ul style="list-style-type: none"> Appreciates the relationship between nursing skills and client safety. Appreciates safe nursing care and its effect on maintaining the health of the older adult.
Evidence Based Practice (Quality Improvement, Systems based practice) Recognizes the value of evidence-based practice coupled with skills reflecting current best evidence as taught in lab and clinical identifying beginning steps to clinical reasoning.	Knowledge	<ul style="list-style-type: none"> Identifies the daily needs of the older adult with appropriate guidance. Explains the role of evidence in determining the care of clients.
	Skills	<ul style="list-style-type: none"> Practices skills reflecting best evidence as taught in classroom and lab in the care of the older adult. Maintains standard precautions.
	Attitudes	<ul style="list-style-type: none"> Values evidence based practice as a foundation for safe effective nursing care. Appreciates clinical reasoning in the management and care of the older adult.

TERM II CLINICAL EVALUATION		
Professionalism (leadership/ teamwork) Work collaboratively, recognizing leader and team responsibilities. Values patient advocacy, applies clinical reasoning to care situations.	Knowledge	<ul style="list-style-type: none"> Understands the concept of accountability for own nursing practice in the care of acute and sub-acute clients. Understands critical thinking and problem solving processes.
	Skills	<ul style="list-style-type: none"> Demonstrates professional comportment while modeling a positive image of Assabet and practical nursing. Uses systematic approaches for problem solving in a timely manner.
	Attitudes	<ul style="list-style-type: none"> Values ethical and legal behavior in caring for assigned clients. Accepts responsibility for own behavior. Values a team approach in reaching client outcomes.
Communication (informatics) Adapt communication based on evaluation of the situation; inclusive of creating a patient education plan, supporting clinical decisions, and documenting nursing care.	Knowledge	<ul style="list-style-type: none"> Understands the nurse's role and responsibility in applying therapeutic communication techniques to effect client outcomes. Understands the necessity of documenting all aspects of nursing care and client responses.
	Skills	<ul style="list-style-type: none"> Accesses needed information accurately and efficiently. Adapts communication as needed based on client's and family response. Provides client assessments, status, and plan of care in written form and in verbal end of shift report. Provides relevant and sensitive health education information to patients.
	Attitudes	<ul style="list-style-type: none"> Values the impact nurse and client cultural and personal diversity has on communication. Accepts the need for accuracy in verbal and written communication.
Safety/Technology Apply safety practices to reduce the risk of harm to clients, self and team in clinical practice. Demonstrate effective use of technology that supports safe practice.	Knowledge	<ul style="list-style-type: none"> Describes systemic methods to promote patient safety. Explains human factors and safety design principles that prevent human error. Explains clinical site technology (equipment) in the management of a safe patient environment.
	Skills	<ul style="list-style-type: none"> Demonstrates procedures correctly, in a timely manner, adapting to the needs of the client. Utilizes established safety resources to ensure safe and effective practice. Applies nursing skills and technology to maintain a safe care environment.
	Attitudes	<ul style="list-style-type: none"> Recognizes that both individuals and systems are accountable for a culture of safety. Appreciates their own impact on maintaining a safe care environment.
Evidence Based Practice (Quality Improvement, Systems based practice) Apply current evidence coupled with clinical ability demonstrating clinical reasoning.	Knowledge	<ul style="list-style-type: none"> Explains the role of evidence in determining best clinical practice. Identifies reliable sources for locating evidence reports and clinical practice guidelines.
	Skills	<ul style="list-style-type: none"> Seeks to solve problems encountered at the point of care, using current evidence. Identifies organizational and team inefficiencies effecting client outcomes, demonstrates critical thinking to work toward resolution for the client.
	Attitudes	<ul style="list-style-type: none"> Appreciates the need to provide care based on current evidence. Values the role of systems including facility policies in improving client outcomes.

END OF PROGRAM STUDENT LEARNING OUTCOMES
TERM III CLINICAL EVALUATION

Professionalism (leadership/ teamwork) Utilize clinical reasoning to demonstrate accountability for one's own nursing practice, within legal, ethical and regulatory nursing standards, while promoting and maintaining a positive image of nursing.	Knowledge	<ul style="list-style-type: none"> Elaborates on the responsibility and accountability for the outcomes of nursing practice. Justifies clinical decisions.
	Skills	<ul style="list-style-type: none"> Applies basic principles of leadership, management and conflict resolution in select care settings. Consistently implements the role of practical nurse as a member of the health care team. Contributes to effective team functioning. Responds to ethical concerns, issues and dilemmas that effect nursing practice.
	Attitudes	<ul style="list-style-type: none"> Values leadership and teamwork in providing safe, effective, quality nursing care. Demonstrates self-awareness of strengths and limitations as a new practical nurse. Committed to ethical and legal behavior in caring for selected clients.
Communication (informatics) Utilizes clinical reasoning to promote effective communication skills for use in a variety of health care situations.	Knowledge	<ul style="list-style-type: none"> Finds various communication methods to use in the care and education of clients and families. Understands the effect communication has on nursing leadership and teamwork.
	Skills	<ul style="list-style-type: none"> Uses clear, concise and effective written, electronic and verbal/nonverbal communications. Converses with clients and families applying principles of age appropriate therapeutic communication techniques. Constructively collaborates with health team members using a client-centered approach while managing a select group of clients.
	Attitudes	<ul style="list-style-type: none"> Appreciates the influences of physiological, psychosocial, developmental, spiritual and cultural influences on one's own ability to communicate. Shows commitment to providing accuracy and timeliness in communicating to clients and team members.
Safety/Technology Apply clinical reasoning to the development and maintenance of knowledge skills, and attitudes needed to provide care throughout the practice environment.	Knowledge	<ul style="list-style-type: none"> Explains the importance of nurse leadership in creating a safe environment. Analyzes the benefits and limitations of commonly used technology and standardized practices to improve safety.
	Skills	<ul style="list-style-type: none"> Creates a clinical assignment, delegates care, administers medications while maintaining the safety of a group of clients. Functions as a safe, competent and accountable PN.
	Attitudes	<ul style="list-style-type: none"> Values patient safety as a foundation of nursing practice. Values creating a safe care environment related to the leadership role. Values clinical reasoning as a means to improve client safety.
Evidence Based Practice (Quality Improvement, Systems based practice) Analyzes current evidence coupled with clinical ability and make linkages demonstrating clinical reasoning to evaluate outcomes of care.	Knowledge	<ul style="list-style-type: none"> Evaluates evidence and understands what is applicable to their nursing practice. Discuss the concept of Evidence based practice including the components of research, evidence, clinical expertise and client values.
	Skills	<ul style="list-style-type: none"> Using current evidence demonstrates ability to plan and interpret the results of nursing practice. Uses evidence based practice as team leader to delegate assignments and prioritize client care.
	Attitudes	<ul style="list-style-type: none"> Values evidence based practice as a foundation of personal and organizational improvement. Values integration of new knowledge as an essential part of nursing leadership.

Code of Ethics for the Licensed Practical Nurse

- Consider as a basic obligation the conservation of life and the prevention of disease.
- Promote and protect the physical, mental, emotional, and spiritual health of the patient and his / her family.
- Fulfill all duties faithfully and efficiently.
- Function within established legal guidelines.
- Accept personal responsibility (for his / her acts) and seek to merit the respect and confidence of all members of the health team.
- Hold in confidence all matters coming to his / her knowledge, in the practice of his / her profession, and in no way, at no time, violate this confidence.
- Give conscientious service and charge just remuneration.
- Learn and respect the religious and cultural beliefs of his / her patient and of all people.
- Meet his / her obligation to the patient by keeping abreast of current trends in healthcare through reading and continuing education.
- As a citizen of the United States of America, uphold the laws of the land and seek to promote legislation which shall meet the health needs of the people.

THE PRACTICAL NURSE'S PLEDGE

Before God and those assembled here, I solemnly pledge:

To adhere to the Code of Ethics of the nursing profession. To cooperate faithfully with the other members of the nursing team and to carry out faithfully and to the best of my ability, the instructions of the physician or the nurse who may be assigned to supervise my work.

I will not do anything evil or malicious and I will not knowingly give any harmful drug or assist in malpractice.

I will not reveal any confidential information that may come to my knowledge in the course of my work.

And I pledge myself to do all in my power to raise the standards and the prestige of practical nursing.

May my life be devoted to service, and to the high ideals of the nursing profession.

NFLPN National Federation for Licensed Practical Nursing

COMMUNITY RESOURCES

Options for Affordable Health Care

A listing of Primary Health Care Services, Prescription Drug Assistance, Dental Care, Alternative Medicine, and free Clinics.

PRIMARY HEALTH CARE SERVICES

MassHealth/Division of Medical Assistance:

This is the only state agency that administers Medicaid and the Children's Health Insurance Program. In Massachusetts, these two are combined into one program called MassHealth that pays for health care for certain low- and medium-income people living in Massachusetts.

Contact: Enrollment Center: 888-665-9993 Customer Service Center: 800-841-2900 TTY: 800-497-4648	Website: http://www.mass.gov Search for “MassHealth”
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MASSACHUSETTS WOMEN'S HEALTH NETWORK

Provides free breast and cervical cancer screening and diagnostic services and health education services to low income, uninsured women at over 90 locations throughout the state. At some locations, women can also receive free cardiovascular and diabetes screening and healthy lifestyle counseling.

<p>Contact: Anita Christie, Director Office of Clinical Preventative Services 250 Washington Street, 4th Floor Boston, MA 02108 Phone: 617-624-5441 TTY: 617-624-5505 Messages in English, Spanish and Portuguese</p>	<p>Website: http://www.mass.gov/dph/whn Email: anita.christie@state.ma.us</p>
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MASSACHUSETTS WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC)

WIC provides free food and nutrition information to help keep pregnant women, infants and children under five healthy and strong. The services are for individuals and families who are eligible under their income guidelines. WIC-On-Wheels offer medical check-up in MetroWest area.

<p>Contact: Phone: 800-WIC-1007 or WIC Framingham/Waltham Office 7 Bishop Street – 1st Floor Framingham, MA 01702 Phone: 508-620-1445 (Spanish and English)</p>	<p>Website: http://www.mass.gov Search for “WIC”</p>
<p>Worcester Area 199 Chandler Street Worcester, MA 01610 Phone: 508-796-7000</p>	<p><i>More locations on their website.</i></p>

FAMILY PLANNING & WOMEN'S HEALTH

Hahnemann Family Health Center 279 Lincoln Street Worcester, MA 01605 Phone: 508-334-8830 Fax: 508-334-8835	Marlborough Family Planning Clinic Marlborough Health Center 91 Main Street #103 Marlborough, MA 01752 Phone: 800-258-4448 Fax: 508-970-1119 Toll free: 1-800-637-5466
Planned Parenthood – Milford Health Center 208 Main Street, Suite 101 Milford, MA 01757 Phone: 800-258-4448 Direct: 508-478-4982 Fax: 508-970-1119	Framingham Community Health Center Edward M. Kennedy Community Health Center 354 Waverly Street Framingham, MA 01702 Phone: 800-853-2288 Fax: 508-370-3637
Administrative Office 200 E. Main Street, Building 2 (Route 20) Marlborough, MA 01752 Phone: 508-485-8792 Fax: 508-485-8793	Worcester-based HIV Prevention & Education Health Awareness SUC-Central 405 Grove Street Worcester, MA 01605 Phone: 508-756-7123 Fax: 508-522-0034
Plumley Village Health Services 116 Belmont Street Worcester, MA 01605 Phone: 508-334-1102 Fax: 508-795-1739	

PRESCRIPTION DRUG ASSISTANCE

MassMedLine

Massachusetts College of Pharmacy and Health Sciences, under contract with the Massachusetts Executive Office of Elder Affairs, operate the Pharmacy Outreach Program as a public service to the people of the Commonwealth. Any Massachusetts resident may utilize the MassMedLine to inquire about prescription drug medication support programs that are available at low cost or free of charge.

Contact: MassMedLine 19 Foster Street Worcester, MA 01608 Phone: 508-890-8855 Direct: 508-373-0031 Fax: 508-890-8515 Email: Massmedline@mcphs.edu	Website: http://www.mcphs.org Hours of Operation: Monday through Friday 8:00 a.m. to 6:00 p.m. Closed on holidays
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NeedyMeds.com

This website offers comprehensive information on patient assistance programs available through their alphabetical “drug list” and “program list.” The site also provides a chart on pharmaceutical discount card comparisons as well as patient assistance program applications.

Contact: NeedyMeds, Inc P.O. Box 219 Gloucester, MA 01931 Phone: 800-503-6897 Fax: 206-260-8850	Website: http://www.needymeds.org Admissions Phone: 978-281-6666
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MENTAL HEALTH

Spectrum's Behavioral Health Division offers a full array of CARE accredited substance abuse and mental health treatment services.

Spectrum Health Systems 10 Mechanic Street, Suite 302 Worcester, MA 01608 Phone: 508-792-5400 Outpatient Admissions: 800-464-9555 x1161 Inpatient Admissions: 800-366-7732	Website: http://www.spectrumhealthsystems.org donna.pellegrino@spectrumhealthsystems.org
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DENTISTRY FOR ALL

Low-income individuals and families who do not have dental insurance or Medicaid coverage are eligible to participate in this program that charges some dental services at reduced fees. The program is open to Massachusetts residents only.

Contact: Massachusetts Dental Society/Mass Dentists Care 2 Willow Street #200 Southborough, MA 01745 Phone: 800-342-8747 Fax: 508-480-0002	Website: http://www.massdental.org Email: madental@massdental.org
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Quinsigamond Community College Dental Hygiene Clinic

The clinic is open during the academic year (September – May). Services are provided by dental hygiene students under the supervision of licensed faculty members and a supervising dentist.

Contact: Quinsigamond Community College 670 West Boylston Street Worcester, MA 01606 Phone: 508-853-2300	Website: http://www.qcc.mass.edu/dental/DH/clinic.htm Email: dental@qcc.mass.edu
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Tufts University School of Dental Medicine Dental Clinic

The undergraduate and postgraduate clinics offer a wide variety of dental services to the public at reduced fees. Insurances are accepted with patient co-payment.

Contact: Tufts University School of Dental Medicine Dental Clinic 1 Kneeland Street Boston, MA 02111 Phone: 617-363-6828 Patient Info: 617-636-6828	Website: http://dental.tufts.edu Email: janet.markell@tufts.edu
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MassHealth

MassHealth will provide dental benefits for its members who are pregnant or have children under the age of 3. Prepared by Health Care for all (HCFA) and Health Law Advocates (HLA).

Contact: HCFA One Federal Street Boston, MA 02108 Phone: 617-350-7279 Fax: 617-451-5838 TTY: 617-350-0974	Website: http://www.hcfama.org
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FREE CLINICS

Open Door Medical Program

Free healthcare services on Monday evenings from 6 - 8 p.m. Services available in English, Spanish and Portuguese.

Contact: First United Methodist Church 34 Felton Street Hudson, MA 01749 Church Phone: 978-562-2932	Website: www.hudsonfumc.org
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St. Tarcisius Church

Free healthcare services on 2nd and 4th Thursday of the month on evenings from 5 - 9 p.m. Primary care, HIV testing and mental health intake are some of the services provided in English, Spanish and Portuguese.

Contact: St. Tarcisius Church 562 Waverly Street Framingham, MA 01702 Phone: 508-875-6347 Fax: 508-875-6358	Website: www.sttarcisius.com sttarcisiuspar@gmail.com
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Southside Clinic

The MetroWest Medical Center operates the clinic and services are provided only to those who are eligible.

Contact: Framingham Community Health Center 354 Waverly Street Framingham, MA 01702 Phone: 508-270-5700	MetroWest Medical Center 115 Lincoln Street Framingham, MA 01702 Phone: 508-383-1000 Website: www.mwmc.com
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St. Anne Parish Medical Clinic Tuesdays 6:00 p.m. – 8:00 p.m.

St. Anne Parish 130 Boston Turnpike Shrewsbury, MA 01545 Phone: 508-757-5154 Fax: 508-797-9520	Website: www.stannesparish.org Email: starec@aol.com
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Massachusetts Substance Abuse Information and Education Helpline

Provide referrals to substance abuse treatment services.

Contact: 95 Berkeley Street, Suite 208 Boston, MA 02116 Phone: 800-327-5050 (24 hours) Fax: 617-292-5085	Website: www.helpline-online.com Email: helpline@hria.org Monday-Friday 8:00 a.m. - 11:00 p.m. Saturday-Sunday 9:00 a.m. - 5:00 p.m.
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Smokers Quitting

Provide counseling and referrals to free and confidential smoking cessation programs.

Monday –Thursday, 9:00 a.m. - 7:00 p.m. and Friday 9:00 a.m. - 5:00 p.m.

Contact: Phone: 800-QUIT-NOW	Website: www.makesmokinghistory.org
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OTHER REFERRALS

Health Care on Wheels

The UMass Memorial Ronald McDonald Care Mobile services are offered during weekdays with flexible hours. Appointments are preferred, however, walk-ins are always welcome. To make an appointment, call 508-334-6073. Monday through Friday. <http://www.umassmemorial.org/MedicalCenterIP.cfm?id=2874>

Massachusetts Department of Mental Health

Provide emergency evaluations and persons having a mental health crisis.

Contact: Central Office 25 Staniford Street Boston, MA 02115 Phone: 617-626-8000 or 1-800-221-0053 TTY: 617-727-9842	Website: www.mass.gov Search for "Department of Mental Health" Email: dmhinfo@dmh.state.ma.us
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CHILD CARE

Child Care Connection, a program of **Family Services of Central Massachusetts**, provides child care resource & referral. Working with families, child care providers, businesses and the community, CCC promotes available, affordable, quality early care and education in the Central & Southern Worcester County & Blackstone Valley.

Contact: Child Care Connection 31 Harvard Street Worcester, MA 01609 Phone: 508-757-1503 FAX: 508-791-4755 Toll Free: 800-278-1503	Website: www.cccfscm.org Email: mail@cccfscm.org
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Advocacy And Benefits Services: Advocacy and Benefits Services assists individual and families who are homeless or at-risk of homelessness throughout the Metro West area.

Outpatient and Emergency Services provide services that empower individuals and families to strengthen relationships and work towards personally satisfying goals.

One Clarks Hill, Suite 305 Framingham, MA 01702 Phone: 508-628-6300 TTY: 508-628-6303 information@advocatesinc.org	Website: http://www.advocatesinc.org Email: information@advocatesinc.org
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WAYSIDE COMMUNITY LINKS

Services include promoting healthy/safe alternative through a provision of mobile outreach and community services to prevent homeless, violent and destructive situations for adolescents.

For information call (508) 620-0010 ext. 340 for TTY (508) 620-1012.

Worcester County (Worcester Area)	Rape Crisis Center of Central MA 799 Boylston Street Worcester, MA 01606	Hotline: 800-870-5905 Office: 508-852-7600 TTY/TDD: 508-852-7600
Worcester County (Framingham Area)	Rape Crisis Center of Central Mass 7 Bishop Street Framingham, MA 01702	Hotline: 800-593-1125 Office: 508-820-0834 TTY/TDD: 508-626-8686
Fitchburg Area	Voices Against Violence 588 Main Street Worcester, MA 01608	Hotline: 800-870-5905 Office: 508-852-7600 TTY/TDD: 888-887-7130
North Shore	YMCA North Shore Rape Crisis Center 20 Central Avenue, Suite 510 Lynn, MA 01901	Hotline: 800-922-8772 Office: 781-477-2313 TTY/TDD: 978-921-8729
Greater Boston Area	Boston Area Rape Crisis Center 99 Bishop Allen Drive Cambridge, MA 02139	Hotline: 800-841-8371 Office: 617-492-8306 TTY/TDD: 617-492-6434
Assabet Valley & Blackstone Valley	Wayside Blackstone Valley RC Program 10 Asylum Street Milford, MA 01757	Hotline: 800-511-5070 Office: 508-478-6888 TTY/TDD: 508-478-4205

Websites:

<http://www.rapecrisiscenter.org>

Programs and Services

<http://www.smoc.org>

Jane Doe Inc.

The Massachusetts coalition against
sexual assault and domestic violence:

<http://www.janedoe.org>

ENERGY AND UTILITY ASSISTANCE

Full Assistance can help you pay for heating your house or apartment during the winter months, it can pay for fuel, or it heat is included in your rent; it can pay part of your rent. To find out if you can get help and which agency covers your city or town, call the "Headline".

Contact:

Headline: 800-632-8175

VOTER REGISTRATION

Voter Registration can be accessed by clicking the following link:

http://www.eac.gov/assets/1/Documents/Federal%20Voter%20Registration_11-1-13_ENG.pdf

REFERRAL LIST

(This list is not in any particular order.)

Psychiatric Emergency Service Phone: 800-640-5432 Support/crisis intervention 24 hours Phone: 800-977-5555	Community Healthlink PES Phone: 508-860-1000
Northborough Psychiatric Associates 112 Main Street, Suite 508 Northborough MA 01532 Phone: 508-393-7223	Staffier Associates 57 E Main Street Westborough, MA 01580 Phone: 508-366-0406
Southborough Medical Group 24 Newton Street Southborough, MA 01772 Phone: 508-481-5500	Agents of Change Counseling Group 45 Lyman Street, Suite 20 Westborough, MA 01580 Phone: 508-366-2300
Gentle Touch Acupuncture 160 E Main Street, Suite B Westborough, MA 01580 Phone: 508-366-0024	Worcester Youth Guidance Center Community Healthlink 275 Belmont Street Worcester, MA Phone: 508-791-3261
Behavioral Healthcare Services 198 Russell Street Worcester, MA Phone: 508-766-8003	You Inc. 81 Plantation Street Worcester, MA Phone: 508-849-5600
Worcester Children's Friend 20 Cedar Street Worcester, MA Phone: 508-753-5425	Framingham Counseling 63 Fountain Street #402 Framingham, MA 01702 Phone: 508-872-4813
Cindy Bell and Wendy Miles PhD. 18 Lyman Street #200 Westborough, MA 01580 Phone: 508-366-2106	NE Center for Mental Health 119 Russel Street #23 Littleton, MA 01460 Phone: 978-679-1200
Eliot Center for Maynard Clients http://www.eliotchs.org	South Bay Worcester Clinic Boylston area (Accept MBHP) Phone: 508-791-4976
Providers that specialize in Eating Disorders can be provided upon request or check out www.Medainc.org	Central Mass Rape Crisis Center 950W Chestnut Street Brockton, MA 02301 Phone: 508-852-7600
Advocates 340 Maple Street Marlborough, MA 01752 Phone: 508-485-9300	