

School of Nursing Graduate Information Guide Appendices

GRADUATE INFORMATION GUIDE

(GIG)

A Guide for Students in

MASTER OF SCIENCE IN NURSING PROGRAM OPTION

DOCTOR OF NURSING PRACTICE PROGRAM OPTION

APPENDICES A - I

ARKANSAS STATE UNIVERSITY

SCHOOL OF NURSING

COLLEGE OF NURSING AND HEALTH PROFESSIONS

APPENDIX A

Hepatitis B Risk Categories for Health Care Personnel

The following categories are drawn from several studies that have delineated differential risks of hepatitis-B among groups of health care personnel. Categories 1A and 1B are regarded as high risk, Category 2 as moderate risk, and Category 3 as low or negligible risk.

Category 1A:

Persons who have frequent, direct, intense contact with blood or infected tissues, who are at risk of trauma, needle stick, cuts and abrasions that may result in percutaneous introduction of infectious materials, and who may have the potential of transmitting hepatitis- B infection back to patients. This group includes:

- 1. Surgeons and surgical house staff of all types;*

2. Nonsurgical personnel who carry out invasive diagnostic and therapeutic procedures, including endoscopists, invasive cardiologists, angiographers, and other radiologists performing invasive procedures;
3. Anesthesiologists, anesthesiology house staff and nurse anesthetists;
4. Pathologists and pathology house staff who perform autopsies;
5. Blood bank personnel; AND
6. Phlebotomists and intravenous therapy nurses.

Category 1B:

Persons with slightly less exposure to infected blood other than Category 1A or less frequent association with trauma, who are less likely to transmit infection to patients, but are nevertheless individuals with close and direct contact with blood or infected tissues. This group includes:

1. Clinical and clinical laboratory technical staff who work directly with blood, including but not limited to chemistry and hematology technologists, clinical hematologists, respiratory therapy technicians, arterial blood gas laboratory technicians, endocrine, serology, clinical GI, clinical immunology, cardiac catheterization laboratory personnel;
2. Nurses at highest risk, including those employed in emergency wards, intensive care units, coronary care units, cardiac catheterization laboratories, dialysis care units, burn units, oncology units, operating rooms and obstetric suites.

Category 2A:

Persons having moderate exposure to infected blood, but only occasional, generally accidental risk of percutaneous inoculation.

1. Nonsurgical and non-invasive medical staff;
2. Housekeeping and central service personnel who may handle needles or sharp

instruments.

Category 3:

The hepatitis risk of other physician personnel, of floor nurses in non-ICU settings, and on other categories of hospital personnel is increased only slightly over the baseline risk in the general population.

**Risks. Risks among health-care professionals vary during the training and working career of each individual, but are often highest during the professional training period. For this reason, when possible, vaccination should be completed during training in schools of medicine, dentistry, nursing, laboratory technology, and other allied professions before workers have their first contact with blood.*

**Source: "Morbidity and Mortality Weekly Report," Centers for Disease Control, Feb. 9, 1990, Vol. 39, No 5-2, p. 14.*

FAQ'S ABOUT HEPATITIS B

Q. What is Hepatitis B?

A. Hepatitis B is a serious disease that kills 4,000 to 5,000 Americans each year and 1 million people worldwide. Persons who become infected with HBV (Hepatitis B Virus) have this virus circulating in their blood. Persons who become infected with HBV either recover from their infection in several months or they may remain chronically infected for most of their lives. Persons with chronic HBV infection are at high risk of death from cirrhosis and liver cancer. In addition, they are likely to transmit their infection to other people. In the US, 1.25 million persons are chronically infected with HBV.

Although HBV is a common infection, it often goes unnoticed. Only one-third of adults will have symptoms of hepatitis when they first become infected. More than 90 percent of young children who become infected will have no symptoms. Chronic infection may go undetected for 20 to 40

years until the resulting liver disease makes the person ill. HBV is a silent, unnoticed killer destroying the liver or stimulating the development of liver cancer in those who thinks they are completely well.

Q. How can HBV infection be detected?

A. Although most individuals do not have symptoms of infection, blood tests can accurately identify persons with either chronic or resolved infection.

National studies have shown that 5% of Americans—12.5 million people—have been infected with HBV. These studies also show that about 300,000 people have been infected with HBV each year for the two decades prior to 1990, and that the risk of infection is much higher among African-Americans than whites. At least 25,000 children have been infected with HBV each year.

Q. How does one become infected with HBV?

A. The virus is present in saliva and blood and is spread when these fluids come in contact with breaks in the skin or other body surfaces. Hepatitis B is approximately 100 times more contagious than HIV (Human Immunodeficiency Virus). There are certain groups of Americans who engage in activities that place them at risk, but many of the cases do not fit into these groups. Between 15 and 30 percent of cases in recent years (about 45,000 to 90,000) are newly infected persons who have no identified risk factors.

Q. Can HBV infection be prevented?

A. Hepatitis B vaccine provides protection against infection with HBV by producing immunity or antibodies to the surface protein or outer coat of the virus. This outer coat is called hepatitis B surface antigen or HbsAg. Currently, the vaccines used in the US since 1989 have been produced in yeast recombinant DNA technology as it is considered to be safer than plasmaderived vaccines, which are used widely throughout the world.

Hepatitis B vaccine provides greater than 90 percent protection to infants, children, and adults immunized before being exposed to the virus. Many studies have provided evidence that

hepatitis B immunization will prevent liver cancer and chronic liver disease.

Q. Who should be vaccinated?

A. Hepatitis B vaccination of health care personnel who have contact with blood and body fluids can prevent transmission of HBV and is strongly recommended. Vaccination prior to and during training or health care professionals before such blood exposure occurs will decrease any risks related to unintentional injuries or exposures while they are learning health care techniques and processes.

Currently, there are recommendations that all children, at a very early age, should receive HBV vaccinations. Eventually, if this plan is carried out, almost all of the population would be protected in the future. The routine immunization of infants would significantly diminish transmission of HBV infection with its ultimate outcomes.

Q. How is the vaccine administered?

A. The standard recommendation for HBV is a 3-dosage procedure. The hepatitis B vaccine is inoculated intramuscularly, usually in the deltoid area. The first dose is followed by a second dosage inoculation 1 month after the initial dose. The last dose then is administered 6 months following the second dose. As stated, 90% protection is usually achieved using this procedure.

Q. How long will protection last?

A. A number of studies have shown that the initial 3-dose immunization series provides protection from HBV infection for years. All studies indicate that the immunity is long term and may be lifelong. While immunized people may lose antibody circulating in their blood, they still retain protection from chronic HBV infection because their immune cells remember that they were vaccinated - what is called "immune memory". The immune cells of a person immunized with hepatitis B vaccine and who has lost antibodies in their blood will remember that they were immunized and rapidly make antibodies when they are exposed to HBV. In the case of Hepatitis B, the long incubation period for HBV infections allows enough time for the immune system to

mount a protective response. Currently, booster doses of vaccine are not routinely recommended.

Q. Is post-vaccination screening for antibody production necessary?

A. Screening for antibody to HbsAg is advised for personnel at on-going risk for blood exposure to determine whether response to vaccinations has occurred and to aid in determining the appropriate post-exposure prophylaxis or the need for revaccination.

Screening is advised but it is not mandated by CDC or by OSHA. Employers may request such testing for their employees. The cost of such testing would then generally be at the employers' expense. If individuals wish to determine their status, then the cost of testing would revert to the individual.

Q. What is the rationale for post-vaccination screening?

A. Individuals who do not produce antibodies or who do not complete the primary vaccination series should be revaccinated with a second three-dose vaccine series or evaluated to determine whether they are AbsAg seropositive. Revaccinated persons should be tested for anti-HBs at the completion of the second vaccine series.

If they do not respond, no further vaccination series should be given and they should be evaluated for the presence of the HbsAg (possible chronic HBV infection).

Q. What happens if there is an exposure?

A. The need for post-exposure prophylaxis, vaccination, or both depends on the HbsAg status of the source of the exposure as well as the immunization status of the person exposed.

If the person exposed is unvaccinated, vaccine should be offered; if the source is known to be HbsAg seropositive, Hepatitis B immune globulin (HBIG) should be given, preferably within 24 hours.

If the person exposed is known not to have responded to a three dose vaccine series, and if the source is HbsAg seropositive, a single dose of HBIG and a dose of Hepatitis B vaccine need to

be given as soon as possible after the exposure with subsequent vaccine doses given at 1 month and at 6 months after the initial dose.

If the exposed person is known not to have responded to a three-dose vaccine series and to revaccination, two doses of HBIG need to be given, one dose as soon as possible after exposure and the second dose 1 month later.

Appendix A to Section 1910.1030 - Hepatitis B Vaccine Declamation (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

APPENDIX B

OSHA Regulations (Standards – 29 CFR) Bloodborne pathogens. – 1910.1030

Standard Number: 1910.1030

Standard Title: Bloodborne pathogens.

Subpart Number: Z

Subpart Title: Toxic and Hazardous Substances

(a) Scope and Application.

This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions.

For purposes of this section, the following shall apply:

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood-borne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Other Potentially Infectious Materials" means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing

culture medium or other solutions; and blood, organs, or other tissues

from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research Laboratory" means a laboratory producing or using research-laboratoryscale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who

donate or sell blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control.

(1) Exposure Control Plan.

(i). Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. ii. The Exposure Control Plan shall contain at least the following elements: (A) The exposure determination required by paragraph (c)(2), 1910.1030 (c)(1)(ii)(B).

(B) The schedule and method of implementation for paragraphs

(d) Methods of Compliance,

(e) HIV and HBV Research Laboratories and Production Facilities,

(f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up,

(g) Communication of Hazards to Employees, and

(h) Recordkeeping, of this standard, and

(A) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure Determination.

(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination.

This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of

personal protective equipment.

(d) Methods of Compliance.

(1) General Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls.

(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities that are readily accessible to employees.

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/ paper towels or antiseptic towelettes.

(iv) When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin

with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a onehanded technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) puncture resistant;

(B) labeled or color-coded in accordance with this standard;

(C) leakproof on the sides and bottom; and

(D) in accordance with the requirements set forth in paragraph

(d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable

likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/ suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which

prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container that is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal Protective Equipment.

(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered

"appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extra-ordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the

employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine

gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

[i] When the employee has cuts, scratches, or other breaks in his or her skin;

[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

[iii] When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chinlength face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances

when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(4) Housekeeping.

(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials:

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviouslybacked absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and

decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment.

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

[a] Closable;

[b] Puncture resistant;

[c] Leakproof on sides and bottom; and

[d] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

[a] Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

[b] Maintained upright throughout use; and

[c] Replaced routinely and not be allowed to overfill.

(4) When moving containers of contaminated sharps from the area of use, the containers shall be:

[a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

[b] Placed in a secondary container if leakage is possible. The second container shall be:

[i] Closable;

[ii] Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

[iii] Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(5) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

[d] Closed prior to removal to prevent spillage or protrusion

of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph

(g)(1)(i) of this standard; and

[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph

(g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative

labeling or color- coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak- through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color- coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard Microbiological Practices. All regulated waste shall either be

incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special Practices

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on

the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the

syringe following use. The needle and syringe shall be promptly placed in a puncture- resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary.

Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment Equipment.

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed,

whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes- change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be selfclosing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be re-circulated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(1) General.

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post- exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and postexposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health

Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2) (vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed

employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does

not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide

the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been in-formed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(i) Labels.

(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following

legend: BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and

Production Facilities, which shall bear the following legend:

BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area) (Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(2) Information and Training.

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and (C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as

modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective

equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the work-place that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training

in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping.

(1) Medical Records.

(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical

records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and followup procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) Training Records.

(i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training;

and

(D) The names and job titles of all persons attending the training

sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability.

(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(4) Transfer of Records.

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three-month period.

(i) Dates.

(1) Effective Date. The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

APPENDIX C

American Nurses Association Code of Ethics

Provision 1 The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2 The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3 The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4 The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.

Provision 5 The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6 The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7 The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8 The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9 The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

APPENDIX D

STUDENT RECORD PROCEDURE

Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) Arkansas State University School of Nursing publishes the following procedures in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA).

DEFINITIONS

For the purpose of this document, the department has used the following definitions of terms.

1. Student- any person formally admitted and attends or has attended Arkansas State University nursing program

2. Educational records- any record (in handwriting, print, tapes, film or other medium) maintained by the department which is directly related to a student, except:

a. A personal record kept by a faculty or staff if it is kept in the sole possession of the maker of the record and is not accessible or revealed to any other person except a temporary substitute for the maker of the record.

PROCEDURE TO INSPECT EDUCATION RECORDS

Students may inspect and review their education records upon request to the Department Chair. Students should submit to the Department Chair a written request, which identifies as precisely as possible the information he or she wishes to inspect. The Department Chair will need to make the needed arrangements for access as promptly as possible and notify the student of the time and place where the records may be inspected.

RIGHT OF THE UNIVERSITY TO REFUSE ACCESS

The department reserves the right to refuse to permit a student to inspect the following records:

- I. Letters and statements of recommendation for which the student has waived his or her right of access, or which were placed on file before January 1, 1975.*
- II. Those records which are excluded from the FERPA definition of education records.*

REFUSAL TO PROVIDE COPIES

The department reserves the right to refuse copies of the records in any of the following situations:

- I. The student has unpaid financial obligation to Arkansas State University*
- II. The student has not paid for the copying expenses.*

TYPES, LOCATIONS AND CUSTODIANS OF EDUCATION RECORDS

The following is a list of the types of records that the university maintains, their locations and their custodians.

Types/Location/Custodian

- Admission Records/Admissions Office/Director of Admissions*
- Cumulative Academic Records/Registrar's Office/Custodian of Records (Current*

students and five years after graduation or withdrawal)

- *Cumulative Academic Records/Registrar's Office/Custodian of Records (Former*

students; over five years after graduation or withdrawal)

- *Health Records/Wilson Student Health Center/Student Health Center Director*

- *Financial Records/Student Account Services/Administration, Office of Finance/Student*

Account Advisor

- *Placement Records/Career Services Center/Director of Career Services*

- *Disciplinary Records/ Student Life/ Assistant Dean of Students for Judicial Affairs*

(Student education records not included in the types above such as minutes of faculty

committee meetings, copies of correspondence from other offices, etc.)

DISCLOSURE OF EDUCATION RECORDS

The department will disclose information from a student's education records only with the written consent of the student, except:

I. To school officials who have a legitimate educational interest in the records. A school official is:

a. A person employed by the university in an administrative supervisory, academic or research, or support staff position.

b. A person employed by or under contract to the university to perform a special task, such as the attorney or auditor.

c. Performing a task that is specified in his/her position description or by a contract agreement.

d. Performing a task related to a student's education.

e. Performing a task related to the discipline of a student.

II. To officials of another school, upon request, in which a student seeks or intends to enroll.

III. To certain officials of the U.S. Department of Education, the Comptroller General, and

state and local educational authorities, in connection with certain state or federally supported education programs.

IV. To appropriate parties in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount or conditions of the financial aid, or to enforce the terms and conditions of the aid.

V. To appropriate parties required by a state law requiring disclosure that was adopted before November 19, 1974.

VI. To organizations conducting certain studies for or on behalf of the university.

VII. To accrediting organizations to carry out their functions.

VIII. To comply with a judicial order or a lawfully issued subpoena.

IX. To appropriate parties in a health or safety emergency.

X. To an alleged victim of any crime of violence of the results of any institutional disciplinary proceeding against the alleged perpetrator of that crime.

RECORDS OF REQUEST FOR DISCLOSURE

The department will maintain a record of all requests for and /or disclosure of information from a student's education records. The record will indicate the name of the party making the request, any additional party to whom it may be re-disclosed, and the legitimate interest the party had in requesting or obtaining the information. The record may be reviewed by the parents or eligible student.

DIRECTORY INFORMATION

The department designates the following items as Directory Information: student name, address, telephone number, class/semester, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, part/full-time enrollment, degrees and awards received, and

most recent previous school attended. The department may disclose any of those items without prior written consent, unless notified in writing to the contrary.

CORRECTION OF EDUCATION RECORDS

Students have the right to ask to have records corrected when they believe these records are inaccurate, misleading, or in violation of their privacy rights. Following are the procedures for the correction of records:

I. A student must ask the department to amend a record. In so doing, the student should identify the part of the record he/she wants changed and specify why he/she believes it is inaccurate, misleading, or in violation of his/her privacy or other rights.

II. The department may comply with the request or it may decide not to comply. If it decides not to comply, the department will notify the student of the decision and advise him/her of his/her right to grieve the record believed to be inaccurate, misleading, or in violation of the student's rights. The department will inform the student to follow the student grievance procedure found in the student handbook.

III. If the department decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that he/she has a right to place in the record a statement commenting on the challenged information and /or a statement setting forth reasons for disagreeing with the decision

IV. The statement will be maintained as part of the student's education records as long as the contested portion is maintained. If the department discloses the contested portion of the record, it must also disclose the statement.

V. If the department decides that the information is inaccurate, misleading, or in violation of the student's right to privacy, it will amend the record and notify the student, in writing, that the record has been amended.

ARKANSAS STATE UNIVERSITY
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APPENDIX E

COMPUTER LITERACY AND COMPETENCIES

Graduate study in the Master of Science in Nursing /Doctor of Nursing Practice Program at Arkansas State University requires a certain level of computer literacy. Courses in the MSN / DNP (graduate) programs may be web-based or web-enhanced. Course work may include internet assignments.

Student must be able to use word processing as well as perform other computer skills. The following competencies are needed:

- 1. Send and Receive electronic mail including attachments*
- 2. Use cut and paste to move between files, websites, and documents*
- 3. Participation in a professional listserv.*
- 4. Search the Internet for sources of health information that might be used by professionals or consumers.*
- 5. Evaluate web sites for credibility and usefulness.*
- 6. Write a paper with proper formatting including references. Attach paper as a file and send via electronic mail. Paper should retain correct formatting. **
- 7. Upload and download files.*
- 8. Print from the computer.*
- 9. Use a modem (or other connection to the Internet).*

ARKANSAS STATE UNIVERSITY
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APPENDIX F

Arkansas State University School of Nursing

Verified Credentials, Inc.

CNHP students:

*Arkansas State University College of Nursing and Health Professions now requires background checks for students admitted to professional programs if the screening is required by an affiliate requirement. This is to ensure compliance with agreements between the College and Clinical Facilities. Arkansas State University's College of Nursing and Health Professions has worked with Verified Credentials, Inc. to establish an acceptable screening procedure. New students should use the link and code found on the letter provided. If after reviewing these instructions you continue to have questions or experience difficulty, please contact the Verified Credentials Client Services team at clientservices@verifiedcredentials.com or 1.800.938.6090. **If you already have a QualifiedFirst (QF) account and need to use an additional code, log into your QF account and enter the code where it says "Have a code" and click Go. If you forgot your password, click Forgot Password? at the login page and follow the instructions. Contact Client Services if you need further assistance.*

Please follow the directions below for submitting your application to Verified Credentials:

- *Go to www.myvci.com/asu*
- *Select A-State- CNHP from the drop-down menu.*
- *Complete and sign disclosure.*
- *Complete information page.*
- *Step 3 allows payment by credit card or bank transfer. Make selection and place order.*

Upon completion, the results of the background screening will be sent to you via email that will apprise you of the findings as well as your final score of:

- *Red—Convictions or Discrepancy found*

- *Yellow—Possible Discrepancy found*
- *Green—No Convictions or Discrepancies found*

If any information is found that would negatively affect your eligibility for clinical placement in the Program, you will be given an opportunity to challenge the information through the Adverse Action process associated with Verified Credentials. If you have any questions, please contact

Verified Credentials Client Services at 800.938.6090.122

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

APPENDIX G

Arkansas State Board of Nursing

Nurse Practice Act

17-87-312. Criminal Background Checks.

- a) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.*
- b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.*
- c) The applicant shall sign a release of information to the board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.*
- d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the board all information obtained concerning the applicant in the commission of any offense listed in subsection of this*

section.

e) have or hold a license issued by the board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court:

- 1) Capital murder as prohibited in § 5-10-101;
- 2) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
- 3) Manslaughter as prohibited in § 5-10-104;
- 4) Negligent homicide as prohibited in § 5-10-105;
- 5) Kidnapping as prohibited in § 5-11-102;
- 6) False imprisonment in the first degree as prohibited in § 5-11-103;
- 7) Permanent detention or restraint as prohibited in § 5-11-106;
- 8) Robbery as prohibited in § 5-12-102;
- 9) Aggravated robbery as prohibited in § 5-12-103;
- 10) Battery in the first degree as prohibited in § 5-13-201;
- 11) Aggravated assault as prohibited in § 5-13-204;123
- 12) Introduction of controlled substance into the body of another person as prohibited in §5-13-210;
- 13) Terroristic threatening in the first degree as prohibited in § 5-13-301;
- 14) Rape as prohibited in §§ 5-14-103;
- 15) Sexual indecency with a child as prohibited in § 5-14-110;
- 16) Sexual assault in the first degree, second degree, third degree, and fourth degree as prohibited in §§ 5-14-124 - 5-14-127;

17) *Incest as prohibited in § 5-26-202;*

18) *Offenses against the family as prohibited in §§ 5-26-303 - 5-26-306;*

19) *Endangering the welfare of an incompetent person in the first degree as prohibited in § 5-27-201;*

20) *Endangering the welfare of a minor in the first degree as prohibited in § 5- 27-203;*

21) *Permitting abuse of a child as prohibited in § 5-27-221(a)(1) and (3);*

Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or use of a child or consent to use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child as prohibited in §§ 5-27-303 - 5-27-305, 5-27-402, and 5-27-403;

22) *Felony adult abuse as prohibited in § 5-28-103;*

23) *Theft of property as prohibited in § 5-36-103;*

24) *Theft by receiving as prohibited in § 5-36-106;*

25) *Arson as prohibited in § 5-38-301;*

26) *Burglary as prohibited in § 5-39-201;*

27) *Felony violation of the Uniform Controlled Substances Act §§ 5-64-101 – 5- 64-608 as prohibited in § 5-64-401;*

28) *Promotion of prostitution in the first degree as prohibited in § 5-70-104;*

29) *Stalking as prohibited in § 5-71-229;*

30) *Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy as prohibited 124 in §§ 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of*

the offenses listed in this subsection;

31) Computer child pornography as prohibited in § 5-27-603; and

32) Computer exploitation of a child in the first degree as prohibited in § 5-27- 605.

f) (1) (A) The board may issue a nonrenewable temporary permit for licensure to a first-time applicant pending the results of the criminal background check

(B) The permit shall be valid for no more than six (6) months.

(2) Except as provided in subdivision (l) (1) of this section, upon receipt of information from the Identification Bureau of the Department of Arkansas State Police that the person holding the letter of provisional licensure has pleaded guilty or nolo contendere to, or has been found guilty of, any offense listed in subsection (e) of this section, the board shall immediately evoke the provisional license.

g) (1) The provisions of subsections (e) and subdivision (f) (2) of this section may be waived by the board upon the request of:

(A) An affected applicant for licensure; or

(B) The person holding a license subject to revocation.

(2) Circumstances for which a waiver may be granted shall include, but not be limited to, the following:

(A) The age at which the crime was committed

(B) The circumstances surrounding the crime;

(C) The length of time since the crime;

(D) Subsequent work history;

(E) Employment references;

(F) Character references; and

(G) Other evidence demonstrating that the applicant does not pose a threat to the

health or safety of the public.

h) (1) Any information received by the board from the Identification Bureau of the Department of Arkansas State Police pursuant to this section shall not be available for examination except by:

(A) The affected applicant for licensure, or his authorized representative; or

(B) The person whose license is subject to revocation or his or her authorized representative.

(2) No record, file, or document shall be removed from the custody of the Department of Arkansas State Police.

i) Any information made available to the affected applicant for licensure or the person whose license is subject to revocation shall be information pertaining to that person only.

j) Rights of privilege and confidentiality established in this section shall not extend to any document created for purposes other than this background check.

k) The board shall adopt the necessary rules and regulations to fully implement the provisions of this section.

l) (1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section.

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:

(A) Capital murder as prohibited in § 5-10-101;

(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;

(C) Kidnapping as prohibited in § 5-11-102;

(D) Rape as prohibited in § 5-14-103;

(E) Sexual assault in the first degree as prohibited in § 5-14-124 and

sexual assault in the second degree as prohibited in § 5-14-125;

(F) Endangering the welfare of a minor in the first degree as prohibited in

§ 5-27- 203 and endangering the welfare of a minor in the second

degree as prohibited in § 5-27-204;

(G) Incest as prohibited in § 5-26-202

(H) Arson as prohibited in § 5-38-301;

(I) Endangering the welfare of incompetent person in the first degree as

prohibited in § 5-27-201; and

(J) Adult abuse that constitutes a felony as prohibited in § 5-28-103.

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

APPENDIX H

Provider Statement/Ability to Return to Clinical

Student:_____

The above student is enrolled in the A-State-Graduate nursing program. Program requirements include participation in a variety of clinical settings and providing direct care to patients of various age ranges.

In order to participate in or return to clinical the following Essential Functions must be present.

Visual ability

• Read for prolonged periods of time either hardcopy or on computer screen • Visualize small font (6 font) written words and information on paper, computer screen and

medication labels

- *Distinguish and appropriately respond to multiple visual inputs*
- *Prepare and administer medications including correct use of small calibrated syringes (1/2 cc), ampules etc.*

- *Monitor and assess subtle changes in patient status (ex: signs/symptoms, drainage, wound color/appearance, wound depth, cyanosis etc.)*

Auditory ability

- *Hear monitor alarm(s), emergency signals, ringing telephones, telephone interactions, calls for assistance*

- *Respond and react immediately to spoken instruction and/or monitor equipment*

- *Tolerate occasional exposure to loud and unpleasant noises*

- *Distinguish changes in tone and pitch in heart, lung, and bowel sounds using a stethoscope or modified stethoscope*

- *Distinguish sounds and understand verbal communication in environments with multiple auditory inputs*

Olfactory ability

- *Ability to detect smoke and odors*

- *Ability to tolerate occasional unpleasant odors*

Tactile ability

- *Palpate for pulses, temperature, texture hardness or softness, physical landmarks etc.*

- *Discriminate subtle differences between sharp/dull and hot/cold*

Motor function ability

- *Handle small delicate equipment/objects or hand-held devices without extraneous movement, contamination or destruction*

- *Move, position, turn, transfer, assist with lifting or lift and carry adult patients without injury to patient, self, or others*

- *Lift, push, pull or transfer (bed-to-chair, chair-to-chair, bed-to-bed) an adult or pediatric patient*

- Use hands, wrists, and arms to apply up to 10 pounds of pressure to bleeding sites or when performing CPR

- Coordinate eye/hand, fine and gross motor movements
- Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil

- Stand, bend, walk, stoop, squat while providing patient care

Communication abilities

- Effectively read, write, comprehend, and speak the English language

- Communicate relevant, accurate, and complete information in a concise and clear manner both verbally and in writing to patients and health care members\

- Communicate and function effectively in environments with multiple auditory and visual inputs

Cognitive abilities

- Perform mathematical calculations accurately for medication preparation and administration

- Make appropriate rapid decisions in stressful or emergency situations

- Manage multiple priorities and function effectively in stressful situations

- Remember multiple messages and information

- Adapt rapidly to environmental changes and multiple task demands

- Maintain concentration and focus in professional care settings

My signature indicates that the above student/patient has no activity restrictions and is able to perform all of the above and may return to clinical practice on the following

Date: _____

Printed Name of Provider: _____

Provider's Signature: _____

Office Telephone Number: _____

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APPENDIX I

COVID-19

The Graduate Nursing programs/options will follow national/state/local directives relevant to the Covid- 19 pandemic. Please refer to your individual program and or instructors for specific information each semester

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