



# **BACHELOR OF SCIENCE IN NURSING PROGRAM**

## **STUDENT PROCEDURES AND GUIDELINES**

### **FOREWORD**

These procedures and guidelines have been developed to assist students to meet the expectations and standards required by the BCIT Bachelor of Science in Nursing (BSN) Program. They apply throughout the program. This document has been organized into five categories: Academic Policies, Clinical Practice, Student Health, Student Progress, and Student Issues.

#### **A - Academic Policies**

The BSN program complies with all BCIT policies and procedures.

#### **B - Clinical Practice**

All nurses, including student nurses, are expected to work within government regulations, professional practice requirements, agency policies, and within their own level of competence in order to provide safe, competent, and ethical patient care.

These policies take direction from documents such as the “Professional Standards for Registered Nurses and Nurse Practitioners” (BCCNM), the “Code of Ethics for Nurses” (Canadian Nurses Association) and the Scope of Practice for Registered Nurses (BCCNM). The scope of practice for students progresses throughout the levels. Students are accountable for knowing the scope of practice required at each term.

#### **C - Student Health**

Policies on health are for the protection of the student, the patients/clients and their families, and health care team members. The Professional Standards for Registered Nurses and Nurse Practitioners stipulates that the nurse “Maintains own physical, psychological and emotional fitness to practice” (Standard 1).

#### **D - Student Progress**

All students hope that their nursing education will progress smoothly. However, unexpected health problems, personal concerns, or learning difficulties may result in an interruption to a student’s course of studies. This section will assist students to manage issues related to their progress in the program.

#### **E - Student Issues**

This section provides information that is of interest to students such as graduation, Class Representatives, references, and name/address changes.

## TABLE OF CONTENTS

<b>A – ACADEMIC POLICIES .....</b>	<b>2</b>
A-1 Institute Policies .....	2
A-2 Attendance .....	2
A-3 Student Accommodation.....	3
A-4 Student Evaluation .....	3
A-5 Assignment Due Dates and Lateness.....	4
<b>B – CLINICAL PRACTICE .....</b>	<b>5</b>
B-1 Professional Conduct of Student Nurses in Clinical.....	5
B-2 Dress and Appearance in Clinical Practice.....	6
B-3 Technology Usage.....	7
B-4 General Clinical Practice Guidelines .....	9
B-5 Regulation of Student Activities in the Clinical Setting .....	10
B-6 Reporting Safety Events in Clinical Practice .....	12
B-7 Guidelines for Clinical Placements.....	12
<b>C – STUDENT HEALTH .....</b>	<b>13</b>
C-1 Student Health.....	13
C-2 Student Illness (Notification, Return to Clinical Practice, Missed Exams).....	13
C-3 Reporting On-Campus Safety Incidents.....	14
C-4 Guidelines for Injury to Students in Clinical Practice.....	14
C-5 Procedure Following Accidental Exposure to Blood and Body Fluids .....	15
C-6 Latex Sensitivity/Allergy .....	17
<b>D – STUDENT PROGRESS.....</b>	<b>18</b>
D-1 Guidelines for Assessing Student Progress in Clinical Practice.....	18
D-2 Guidelines for Resolving Issues within Learning Partnerships .....	21
D-3 Student Initiated Withdrawal .....	22
D-4 Withdrawal of a Student from Clinical Practice for Unsafe Practice (Instructor Initiated).....	22
D-5 End of Term Failure .....	23
D-6 Conditional Standing (Incomplete, Provisional Pass) — Policy 5103 SF to edit .....	23
D-7 Readmission to the Nursing Program.....	24
<b>E – STUDENT ISSUES .....</b>	<b>27</b>
E-1 Change of Address / Change of Name / Email Address.....	27
E-2 Policies Regarding Access of Information by Students, Graduates, and Third Parties.....	27
E-3 Guidelines for Graduating Students .....	28
<b>APPENDIX A</b>	
Student Clinical Scope of Practice by Term.....	28

## A – ACADEMIC POLICIES

### A-1 Institute Policies

BCIT policies apply to all BCIT students and can be found on the website. The most relevant policies related to students are:

#### **Student Regulation Policy 5101:**

The purpose of this policy is to set forth regulations and conditions regarding student attendance, uniforms (attire), and ownership of works produced by students.

#### **Student Code of Conduct (Non-Academic) Policy 5102:**

The purposes of this policy are to:

- Define the standard of general conduct expected of students;
- Describe the process for reporting potential breaches of this policy; and
- Describe the procedure the Institute will follow for an allegation of non-academic student misconduct.

#### **Student Code of Academic Integrity Policy 5104:**

This policy outlines academic integrity standards expected of students and the process which will be used in situations where an act of academic misconduct is suspected to have occurred

i. **Procedure for Violations of Code of Academic Integrity Procedure 5104**

The purpose of this procedure is to outline the manner in which the Institute will respond to suspected violation of Policy 5104, Student Code of Academic Integrity

ii. **Decision Review Board (DRB) Procedure 5104 PR2**

This procedure describes the processes for students requesting an appeal to be heard by the DRB and the administration and process for the DRB hearings.

iii. **Institutional Appeal Tribunal Procedure 5104 PR3**

This procedure describes the processes for students requesting an appeal to be heard by the Board of Governors and the administration and process for the Board of Governors' appeal hearings.

### A-2 Attendance

**In addition to BCIT policy 5101 on attendance, the following applies to students in the BSN program.**

In order to be fully prepared to provide safe and competent care to the public, students are expected to attend all scheduled classes, labs, and clinical hours, except in the case of illness/injury, or other extenuating circumstances.

Students are expected to be available until the end of the last day of the term. Final exams or clinical evaluations will not be rescheduled for students.

Instructors and/or Program Heads do not give or deny students permission to miss class, lab, or clinical time. As adult learners and developing professionals, students themselves must determine appropriate reasons for being absent from scheduled program activities. BCIT provides reasonable accommodation and makes allowances when students are ill, or otherwise unavoidably absent from classes, exams, etc.

Students who need to be absent from a class, lab, or clinical practice need to consider the following:

- Absences may affect a student's grades, ability to meet course outcomes/clinical competencies and ability to provide safe competent patient care. If a student is absent from lab or clinical, instructors may limit a student's clinical activities until safe and competent practice can be ensured.

- Missed clinical hours cannot be made up. Course outcomes and clinical competencies must be met within the set hours and course dates as per the course outline.
- Missed labs **must** be made up in the lab setting before the related skill can be performed in the clinical setting.
- It is the student's responsibility to work together with their instructor to find an effective means to complete any and all work missed due to an absence. Students will be asked to demonstrate an understanding of the missed content.
- A doctor's note is needed for absences from final exams, or for prolonged or serious illnesses.

In the event that a student must be absent from class or clinical, they should follow the communication process outlined by instructors in individual courses.

**NOTE:** Students CANNOT attend clinical experiences if they pose a risk to patients/clients in the clinical setting. Students must consult with their instructors and/or Program Head if they are unsure of their fitness to practice or ability to provide safe care.

### A-3 Student Accommodation

BCIT provides reasonable accommodation for students with disabilities, including reasonable education, technological, and physical accommodations in order to assist them to access BCIT services, programs and facilities. Students who wish to have their disability recognized are asked to consult with BCIT's Accessibility Services or their BSN Program Head. Review the BCIT's Accommodation for Students with Disabilities (BCIT Policy 4501).

In the BSN program, certain foundational skills and abilities are required by nursing students to provide safe patient care, to meet course outcomes and clinical competencies, and to attain the BCCNM Entry-Level Competencies for Registered Nurses. Students are required to meet the BCCNM 'Requisite Skills and Abilities: Becoming a Registered Nurse in British Columbia' at entry to and throughout the program.

### A-4 Student Evaluation

The following BCIT policy and procedure applies to student evaluation: **Student Evaluation, Policy 5103**

The purpose of this policy is to provide consistent guidance to individuals responsible for the evaluation of students at BCIT. This policy includes information on how students will be evaluated as well as complete definitions of each different grade notation that could appear on a BCIT transcript.

**Limits to Number of Attempts to Complete a Course**

**Theory Courses:** Students are allowed a maximum of three attempts to successfully complete a theory course. A student who has attempted a course twice will only be allowed to attempt it a third time with written permission from the BSN Associate Dean, who will detail any special considerations or conditions in a written contract with the student.

**Clinical Courses:** Students who have any combination of two instances of withdrawal or failure in any BSN practice course will not be readmitted to the program.

## **A-5 Assignment Due Dates and Lateness**

Due dates and times for all assignments are noted in the course Learning Hub.

A penalty of 10% per 24-hour period (e.g. 0830 - 0830 Monday - Sunday) will be applied to late assignments. The course instructor may grant extensions for unforeseen circumstances and may change assignment due dates.

Requests for extensions must be discussed with the instructors at least **24 hours** prior to the assignment due date and time.

## B – CLINICAL PRACTICE

### B-1 Professional Conduct of Student Nurses in Clinical

The conduct of BCIT nursing students is governed by:

Code of Ethics for Registered Nurses (Canadian Nurses Association, 2017)

<https://www.cna-aiic.ca/en/nursing-practice/nursing-ethicshttps://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf>

Registered Nurses Scope of Practice: Standards, Limits, Conditions (BCCNM, Apr, 2021)

[https://www.bccnm.ca/Documents/standards\\_practice/rn/RN\\_ScopeofPractice.pdf](https://www.bccnm.ca/Documents/standards_practice/rn/RN_ScopeofPractice.pdf)

Nurse Practitioners and Registered Nurses Professional Standards (BCCNM, Nov, 2020)

[https://www.bccnm.ca/Documents/standards\\_practice/rn/RN\\_NP\\_Professional\\_Standards.pdf](https://www.bccnm.ca/Documents/standards_practice/rn/RN_NP_Professional_Standards.pdf)

Registered Nurses Entry-Level Competencies of Registered Nurses (BCCNM, Jan, 2021)

[https://www.bccnm.ca/Documents/competencies\\_requisite\\_skills/RN\\_entry\\_level\\_competencies\\_375.pdf](https://www.bccnm.ca/Documents/competencies_requisite_skills/RN_entry_level_competencies_375.pdf)

Requisite Skills and Abilities. Becoming a Registered Nurse in British Columbia (BCCNM, Apr, 2021):

[https://www.bccnm.ca/Documents/competencies\\_requisite\\_skills/RN\\_requisite\\_skills\\_abilities.pdf](https://www.bccnm.ca/Documents/competencies_requisite_skills/RN_requisite_skills_abilities.pdf)

[BCIT student conduct policies](#)

#### **Professional Misconduct**

Misconduct related to professional nursing practice will be regarded very seriously by the involved nursing faculty. Incidents will be investigated on an individual basis and action will be taken as appropriate. Misconduct may result in removal from the clinical course and/or denial of readmission to the program. Please refer to BSN policy D-4.

## **B-2 Dress and Appearance in Clinical Practice**

The dress code requirements aim to uphold the BSN program's principles of excellence, adherence to professional standards, and to support students. The dress code requirements are intended to ensure that BSN students are easily identified as part of the health care team, are professional, safe and do not place patients at risk. It is not intended to restrict dress.

The BSN dress code supersedes the norms or precedents of dress and appearance that exist in health care agency settings.

### **HOSPITAL CLINICAL SETTINGS**

#### **Uniforms**

- a standard BCIT BSN program uniform is worn
- uniform to be clean and wrinkle-free
- t-shirts worn under uniforms must be:
  - no more than  $\frac{3}{4}$  length sleeves (must be not more than 2 inches below the elbow)
  - tight to skin
  - white, black, or the colour of the uniform
- underclothing must not be visible through uniform
- ensure that pants are hemmed above the heel line

#### **Shoes**

- closed heels and toes – shoe must protect entire foot from injury
- must be able to wipe clean – no mesh
- running shoes are acceptable
- no platform soles
- non-slip soles – footwear must provide traction
- not to be worn outside of clinical
- must comply with WorkSafeBC guidelines 'Policies Part 8 – Footwear': [WSBC Policies Part 8](#)

#### **Identification**

- ID badge and name pin appropriately attached to the left side of your uniform

#### **Watch**

- watch with a second hand is essential
- no ornamental watch bracelets

#### **Hair**

- must be clean and controlled so that it does not fall in front of the face
- hair clips must be a neutral colour - no other adornments to be worn
- unscented hair products only
- beards and moustaches must be neatly maintained
- only religious head coverings permitted

#### **Fingernails**

- must be clean and short for infection control
- no polish / no artificial nails

#### **Jewelry**

- not permitted with the exception of the following: plain wedding ring, one stud earring per ear, religious and medi-alert bracelets - no necklaces or chains
- small stud jewelry only in any visible body piercing

#### **Smoking**

- no smoking prior to providing direct care to patients

### **Make-up**

- to be used with discretion
- unscented products only
- perfume/cologne not permitted

**Fanny packs, tool belts or aprons** of any kind are not permitted.

### **COMMUNITY AGENCIES, MENTAL HEALTH, CONTINUING CARE AND PREVENTION**

Dress code to present a professional image:

- Business casual clothing should be worn in all clinical settings and must be neat and clean.
- This clothing should not leave your role, actions or intentions open to misinterpretation, and should enable you to participate fully in activities and situations where you may need to move quickly e.g. run, bend, etc.
- Abdomens, backs, chests, shoulders and thighs should be fully covered through all range of movement while working with clients.
- All other requirements are the same as for hospital clinical settings.

### **SKILLS AND SIMULATION LABS**

- Lab dress code follows course focus.  
Acute/Medical focus: Full scrubs to be worn (in lab students can wear scrubs other than the BCIT standards, top and bottom must be same colour), name tag, watch, proper footwear (flat, closed toe), long hair tied back,  
Community focus (Terms 1, 4, 7): business casual clothing, name tag, watch, proper footwear, long hair tied back.
- Leave all personal items in locker (backpacks, coats, books, etc.)
- NO food or drink permitted in the BSN Labs

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## **B-3 Technology Usage**

### **Mobile Devices**

- are not permitted in clinical for personal use.
- may be used for research and resource purposes only, as per agency policy.

### **Electronic Communication**

- Students must only use their myBCIT email address for corresponding with BCIT faculty and staff. Instructors will not send or reply to any other email address.
- Students must advise ETS immediately of any problems encountered with institute email accounts (techhelp@bcit.ca or 604.412.7444 option 1).
- To avoid missing important communications, it is recommended that you do not forward your BCIT directed e-mail to other non-BCIT email addresses.
- Failure to receive or read BCIT communications sent to the BCIT email address in a timely manner does not absolve students and applicants from knowing, responding to or complying with the content of that communication.

### **Ethical and Professional Use of Technology**

1. Patient privacy and confidentiality is a fundamental ethical and legal obligation of a nurse (CNA, 2012).
2. Confidential information should be shared only:
  - with a patient's informed consent
  - when legally required to provide confidential information
  - where failure to disclose the information could result in significant harm to others.



3. Privacy relates to the patient's expectation and right to be treated with dignity and respect. Nurses may breach confidentiality or privacy in a wide variety of ways including with information they post via social media, pictures of patients, comments on social media sites etc. (white paper). It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

### **Guidelines for usage of Technology**

1. Nursing students are strictly prohibited from:
  - Transmitting or placing online any electronic media or any patient-related images or information.
  - Sharing, posting or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
  - Identifying patients by name or posting information that may lead to the identification of a patient. Limiting access to postings through privacy settings will not sufficiently ensure privacy.
  - Referring to patients in a disparaging manner, even if the patient is not identified.
  - Taking photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using only employer-provided devices.
2. Nursing students should:
  - Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
  - Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
  - Promptly report any identified breach of confidentiality or privacy bringing any questionable social medical content posted by a colleague that violates ethical or legal standards to the attention of the colleague. If the posting could threaten the patients' health, welfare or right to privacy the nurse has than obligation to report the matter to their supervisor.
  - Be aware of and comply with agency policies regarding use of agency -owned computers, cameras and other electronic devices and use of personal devices in the clinical setting.
  - Not make disparaging comments about clinical sites, co-workers, instructors or students. This includes any comments that are threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or otherwise offensive.
  - Not post content or otherwise speak on behalf of the agency unless authorized to do so and follow all applicable agency policies.
3. To ensure safety and security while using devices, students must:
  - Not use camera, video or recording features in the clinical environment/hospital grounds or classroom and laboratory activities.
  - Maintain patient confidentiality and privacy: students will not use patient names, numbers or other identifying data.
  - Follow agency policies/best practice guidelines regarding medical asepsis and use of electronic devices in clinical settings.
  - Be stationary and maintain awareness of their surroundings while using a device.
  - Maintain vigilance and keep the device on their person to prevent theft. Do not loan out to others.
  - Ensure that the device is password protected and locks automatically after 3 minutes of non-use.
4. Professional Conduct:
  - Students are not permitted to engage in personal business while in clinical without faculty permission, this includes voice calls, texting, or internet browsing for nonclinical information.

- Mobile devices are to be put away (in a student’s pocket) and set on quiet mode when interacting with patients.
- Permission must be obtained by patient, health care team member, or instructor prior to any form of recording. Permission of the instructor must be obtained if the student wishes to record a presentation or class.
- When a device is going to be used in the presence of a patient/client, health care team member, or instructor, students must first state their purpose for using the device.
- All sounds on devices are turned off when in clinical, classes, meetings, or conferences.
- Students will inform their supervising RN that they are using the device to access information for clinical practice.

## References

BCCNM’s [Privacy and Confidentiality Practice Standards](#)

Canadian Nurses Association [Ethics in Practice](#)

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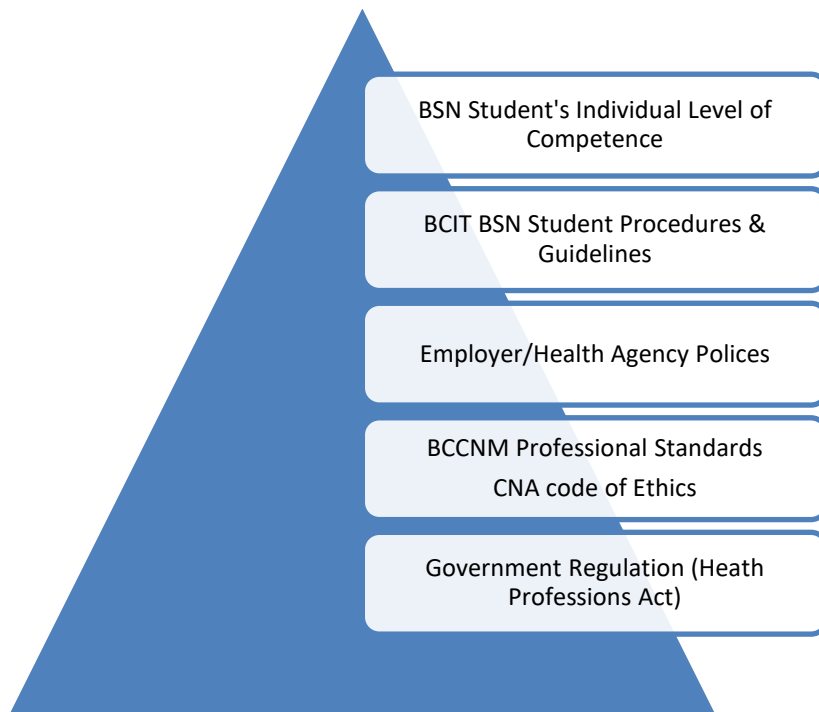
## B-4 General Clinical Practice Guidelines

1. Students must maintain and recertify **annually** their CPR HCP/BLS certification and Respirator Fit Test and complete all BCIT and health authority orientation requirements prior to participating in clinical courses.
2. Students must attend classroom and laboratory activities and make up all missed clinical techniques classes prior to performing a skill in the clinical area. Isolated exceptions must be instructor-approved.
3. It is the responsibility of the student to come to the clinical setting fully prepared to perform skills taught in the lab.
4. When performing any new skill, students must be directly supervised by an instructor. Before performing any skill, students must clarify which skills require supervision, who can supervise the skill (RN or instructor), and if the skill can be performed independently once the student is deemed competent by the instructor.
5. Students are not to perform any restricted activities (such as blood gases, cardioversion/defibrillation, intubation) at any time during the program. (Restricted activities: Higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that has been granted specific legislative authority to do so, based on their education and competencies.) Scope of Practice for Registered Nurses BCCNM April 2021)
6. In years 1 and 2, clinical practice groups are usually scheduled for two consecutive days of 8 hours, for the benefit of repeated exposure. Changes to this may occur under exceptional circumstances arranged in conjunction with the appropriate Program Head.
7. Students cannot transport patients in vehicles.
8. Students may accompany a patient/client in an ambulance, providing an RN/Paramedic is present and responsible for the patient. Students are in an observational capacity only.
9. Students cannot witness consents or any other legal documents. Students may not translate for other health care professionals obtaining consent or any other legal document from a patient.
10. Students are expected to follow agency policies for reporting suspected child and elder abuse, domestic violence and communicable diseases.
11. Students cannot accompany a patient off the hospital grounds, away from the client’s residence, or place of contact in community, without approval from an instructor and in accordance with agency policy.

## B-5 Regulation of Student Activities in the Clinical Setting

When in attendance at any practice setting, students must adhere to the BCCNM Practice Standard of Professional Responsibility and Accountability and the CNA Code of Ethics at all times. Students must take responsibility for their continued competence and learning, and recognize and disclose their own limitations.

All activities performed by students in the practice setting are subject to the following regulations and guidelines:



### **Government Regulation:**

In all contexts, government regulation must be adhered to. This includes, but not limited to, the Health Professions Act, FIOPPA, etc.

### **BCCNM Standards, Limits, and Conditions & CNA Code of Ethics:**

Consistent with the BCIT BSN curriculum and program requirements, all BSN students must meet specific competencies designed to ensure students are prepared as generalists, and able to practice in accordance with the standards, limits, and conditions of RN practice.

Refer to:

BCCNM Nurse Practitioners & Registered Nurses Professional Standards

[https://www.bccnm.ca/Documents/standards\\_practice/rn/RN\\_NP\\_Professional\\_Standards.pdf](https://www.bccnm.ca/Documents/standards_practice/rn/RN_NP_Professional_Standards.pdf)

Which includes:

- BCCNM Registered Nurses Scope of Practice: Standards, Limits, Conditions  
[https://www.bccnp.ca/Standards/RN\\_NP/RNScopePractice/Pages/Default.aspx](https://www.bccnp.ca/Standards/RN_NP/RNScopePractice/Pages/Default.aspx)
- BCCNM Professional Standards for Registered Nurses and Nurse Practitioners:  
[https://www.bccnp.ca/Standards/RN\\_NP/ProfessionalStandards/Pages/Default.aspx](https://www.bccnp.ca/Standards/RN_NP/ProfessionalStandards/Pages/Default.aspx)

- BCCNM Nurse Practitioners & Registered Nurses Professional Standards  
[https://www.bccnm.ca/Documents/standards\\_practice/rn/RN\\_NP\\_Professional\\_Standards.pdf](https://www.bccnm.ca/Documents/standards_practice/rn/RN_NP_Professional_Standards.pdf)

Canadian Nurses Association Code of Ethics

<https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf>

### **Employer/Health Agency Policies:**

The BSN student scope of practice is controlled by practice (placement agency) policies and procedures. In the context of BSN education, the policies and procedures of practice partners must be adhered. Students must be familiar with the policies and procedures in the health region/agency within which they are practicing.

Agency policies and procedures for nursing practice may differ between health authority, institution, and/or department. At each practice site, students are required to ensure they are knowledgeable of all relevant policies and procedures prior to performing any clinical activity. Students must access agency policies and procedures and consult with their instructors as necessary to ensure accuracy and comprehension of policies and procedures prior to implementing an activity.

### **BCIT BSN Student Procedures & Guidelines:**

Specific guidelines and procedures are outlined in this document (BSN Student Procedures & Guidelines).

### **BSN Student's Individual Level of Competence:**

Individual students within the BSN program have both shared and unique experiences, learning needs and goals, as well as existing knowledge, skills, and attitudes. Students will track competencies by various means: learning plans, records of skill completion, certifications, and other related documents.

In order to ensure the quality and safety of their practice, students must take the following steps **before** performing any psychomotor skill. The student:

1. Consults appropriate resources such as their instructor to assist with deciding if the skill is ethical (minimizing risk, considering informed consent) and appropriate for the individual patient/client.
2. Reviews the BCIT BSN Student Guidelines AND all related health care agency policies to ensure they are indeed allowed to perform the skill as a nursing student. They must make themselves aware of any additional restrictions, limits, or conditions placed on the skill.
3. Ensures that they have received the required theory and lab education related to the skill prior to performing it in the practice setting.
4. Obtains supervision from the instructor or preceptor until deemed competent to perform the skill independently.
5. Reviews and complies with health agency policies and procedures related to the performance of the skill.

Students in the BSN program learn a variety of psychomotor skills. The theory that informs these skills and the context in which a nursing student may be undertaking these skills, is an important part of student learning. The 'skill' does not happen in isolation of the patient/client. Other skills include relational practice, clinical judgement, and critical thinking.

Refer to Appendix A: **Clinical Scope of Practice by Term**

**NOTE:** Nursing students do not have the authority to independently perform any activities that affect patients/clients unless they are authorized to do so by a Registered Nurse. Registered Nurses use their professional judgment to make decisions about what activities a nursing student may do with clients, and are guided by the process outlined in the BCCNM Practice Standard for BCCNM Nurses: **Regulatory Supervision of Student Activities** (Nov 2020).

## **B-6 Reporting Safety Events in Clinical Practice**

In the event of an error/near miss/incident, the student will:

1. Ensure the safety of the patient/client.
2. Report the incident to your clinical instructor, co-assigned nurse or preceptor immediately.
3. Follow all agency policies.
4. In consultation with your clinical instructor, co-assigned nurse or preceptor, discuss disclosure of the error.
5. Complete all agency required documentation as well as the *BCIT BSN Safety Event Reporting* form, which is located on each practice course Learning Hub site.

## **B-7 Guidelines for Clinical Placements**

- Students rotate through a variety of practice settings in community and hospital settings.
- Clinical placements are determined by the program faculty prior to the student entering the term. The priority is to meet the learning needs of the students with the available clinical resources.
- Clinical placements may be changed at any time due to sudden agency closures and other variables. The BSN program reserves the right to make changes to placement location or scheduled hours.
- Students in all terms of the program may be scheduled for clinical experiences during a variety of hours.
- All student practice placements are arranged through HSPnet and are coordinated with many other students from various health care programs; students are NOT to arrange their own practice placements or preceptors.

## C – STUDENT HEALTH

### C-1 Student Health

1. Students are expected to meet the BCCNM Professional Standards for fitness to practice as outlined in the BCCNM Standard 1: Professional Responsibility and Accountability, Number 6: Maintains own physical, psychological and emotional fitness to practice. Students who do not meet this standard may be required to have a medical review. The review may include a comprehensive health assessment and related diagnostic testing in order to determine suitability for nursing from a health perspective and to make recommendations regarding continuation in the program.
  - a. BCIT BSN student nurses may experience health concerns that affect their skills, abilities and judgement. Students who are unwell may not be able to provide safe, competent nursing care. Students must recognize their own limitations, act professionally at all times, and take responsibility for ensuring continued competencies.
  - b. Students whose health constitutes a hazard to patients will not be permitted to attend clinical experiences.
2. All BCIT BSN students are to follow provincial and BC health agencies' immunization policies and guidelines for workers in health care. Student who fail to meet these requirements will not be able to commence practice courses and may be required to withdraw from the BSN program.

### C-2 Student Illness (Notification, Return to Clinical Practice, Missed Exams)

#### Notification

Students who will be absent from clinical practice must notify the instructor as soon as possible. If the illness is sudden, the student notifies the agency and the instructor prior to the beginning of shift. If a student expects to have a prolonged absence due to illness, then they must notify the instructor.

#### Return to Clinical Practice after an Illness

1. The student must notify the instructor of their intention to return to clinical practice in advance of the experience. If a student is unsure about their ability to safely perform all clinical activities after an illness or injury, they should consult with their instructor, their BSN program head, or BCIT's [Accessibility Services](#) for guidance.
2. If a student has been absent from the clinical practice due to a serious illness, injury or surgery, they must obtain a Medical Certificate\* from the involved physician which includes a statement that the student is now fit to resume ALL activities in the practicum setting.
3. The student must present the Medical Certificate\* or note to the Instructor prior to returning to the practicum setting.

\*A **Medical Certificate** is a certificate, obtained at the student's expense, signed by a medical doctor, as defined by the Medical Practitioners Act, which is written on letterhead and which is specific and detailed with respect to the following:

- Dates during which the student was under the doctor's care for the particular medical, emotional, or other health issue
- Dates on which the student was seen by the doctor for the particular medical, emotional or other health issue

- A statement outlining the actual or potential impact of the condition on the student's ability to complete BSN courses or evaluative component.

### **Missed Exams Due to Illness**

1. If an exam is missed due to illness the student must notify the course instructor and Program Head prior to the exam.
2. For any missed mid-term exam, the student and instructor will determine how to 'make up' the missed mark as soon as the student is able to return to BCIT.
3. If a final exam is missed, the mark cannot be 'made up'. The student should meet with the Program Head to discuss options. In some situations, the student may qualify for an Aegrotat. (BCIT Procedure 5103-PR1 item 2.1 Grading Elements)

## **C-3 Reporting On-Campus Safety Incidents**

All injuries on campus, including in the classroom, must be reported to Campus First Aid.

If a student goes to Student Health Services they must still report their injury to First Aid after they have been treated.

### **The value of reporting to First Aid is:**

All relevant forms and paperwork will be completed (a must do). Compensation or medical expenses may not be covered if there is no timely record of the injury.

If an incident warrants further investigation, all records are forwarded from First Aid to BCIT's Health and Safety Coordinator.

### **The Reporting Process**

Review the guide for injured Student located on the BCIT [First Aid website](#).

## **C-4 Guidelines for Injury to Students in Clinical Practice**

Students participating in a provincially approved clinical or apprentice component of BCIT's training or vocational programs are eligible for WorkSafeBC compensation coverage through the Ministry of Labour and Citizen's Services. In order to receive WorkSafeBC compensation coverage BCIT First Aid must be provided with documentation of the injury or illness in a timely manner.

### **Student will:**

1. Report to the immediate supervisor at clinical site.
2. Report to your instructor as soon as possible. For preceptor students report to preceptor immediately and notify instructor as soon as possible.
3. Call BCIT First Aid 604-432-8872 or email [firstaid@bcit.ca](mailto:firstaid@bcit.ca) to report the incident as soon as possible. Inform your instructor if you have difficulty in reporting the incident to BCIT First Aid.
4. See a physician at the emergency department or BCIT Student Health Services or the occupational health nurse in the agency. You and the physician or occupational health nurse must complete the WorkSafeBC form 6A (Worker's Report of Injury or Occupational Disease to Employer – [www.worksafebc.com/forms/assets/PDF/6a.pdf](http://www.worksafebc.com/forms/assets/PDF/6a.pdf)) and submit to BCIT First Aid office.
5. You may be required to help with completing an Accident Investigation Report.

6. If the injury is an exposure to blood and body fluids refer to the Policy C-5.
7. BCIT BSN Safety Event Reporting form (found on each practice course Learning Hub site) is also completed by the student and submitted. The instructor submits this to the Course Lead and Program Head within 72 hours.

**Instructor will:**

1. Complete all required documentation as required by agency, institute and program.
2. Implement appropriate preventative and corrective actions.
3. If requested, participate in an investigation of the accident (or near-miss incident) with the BCIT Advisory Health and Safety Committee to determine the causes and prevent further incidents.

## **C-5 Procedure Following Accidental Exposure to Blood and Body Fluids**

A **blood and body fluid (BBF) exposure** is defined as an exposure to potentially infectious body fluids or blood through the following methods: a puncture wound by a sharp object or needle (percutaneous exposure), from a body fluid/blood splash onto your mucous membranes (permucosal exposure) or exposure through eczema, an open wound/skin or scratch (non-intact skin exposure) (BCCDC, 2021).

Post-exposure management is only required when (1) percutaneous, permucosal, or non-intact skin is exposed to a BBF; (2) the exposure is to blood or potentially infectious body tissue or fluid; (3) the source is considered potentially infectious (e.g., patient is part of a high-risk group, exposure occurred in a high-risk setting, or patient has a positive test); and (4) the exposed person is considered susceptible to HIV, hepatitis B, or hepatitis C.

### **EXPOSURES OCCURRING IN THE CLINICAL AREA:**

1. Clean the area. If the blood or body fluid exposure is a:
  - Needlestick/wound:** Allow the wound to bleed freely. Do not promote bleeding by squeezing the wound. This may damage the tissues and increase uptake of any pathogen(s).
  - Mucous membrane or eye:** Rinse well with water or normal saline.
  - Skin:** Wash well with soap and water. Note: Do not apply bleach to wound or mucosa.
2. Inform your instructor of the exposure to blood and body fluids.
3. Proceed to the emergency room immediately and identify yourself as a student and explain the situation. It is advised you take another nurse/faculty/supervisor that can advocate for you on your behalf. It is imperative to start treatment (if required) within two hours of exposure.
4. Following treatment, notify BCIT First Aid about the exposure and complete required paperwork.
5. Complete a BCIT BSN Safety Event Reporting form (found on each practice course Learning Hub site) and the Hospital Safety Event Form (PSLS)

For more information regarding blood and body fluid exposure management, please refer to the following BCCDC (2015) [Blood and Body Fluid Exposure Management Tool](#).

### **EXPOSURES OCCURRING AT BCIT:**

1. Cleanse:
  - mucous membrane or eye: rinse well with water and/or normal saline
  - skin: wash well with soap and water
  - do not promote bleeding of percutaneous injuries by cutting, scratching, squeezing or puncturing the skin



- do not apply bleach to the wound
2. BCIT Student Health Services will document the following information:
    - date and time of exposure
    - route of exposure and precautionary measures used
    - source (blood or body fluid, Red Cross or other agency?)
    - volume of inoculum
    - type and promptness of step 1
    - health status and anxiety level of client
    - immunization status of Hepatitis B and tetanus
  3. Documentation
    - chart
    - WorkSafe BC accident record and first aid form if required
  4. Provide Hepatitis B and tetanus immunization if required.
  5. **Refer client to nearest hospital emergency room AS SOON AS POSSIBLE** for assessment of Hepatitis B and HIV exposure: Burnaby Hospital is the nearest hospital to BCIT.
    - phone Emergency to notify them
    - use Student Health Services physician as referring Doctor (if client consents)
    - send above information with client
  6. Recommend and/or provide counseling that includes the following:
    - an estimate of the risk of infection
    - a discussion of follow-up plans and the importance of compliance (to baseline testing and lifestyle changes)
    - emotional support and a response to all questions

**Exposures Occurring at BCIT during Evening/Weekend Hours** (When Student Health Services is closed)

1. Cleanse:
  - mucous membrane or eye: rinse well with water and/or normal saline
  - skin: wash well with soap and water
  - do not promote bleeding of percutaneous injuries by cutting, scratching, squeezing or puncturing the skin
  - do not apply bleach to the wound
2. Supervisor or instructor should document the following information:
  - date and time of exposure
  - route of exposure and precautionary measures used
  - source (blood or body fluid, Red Cross or other agency?)
  - volume of inoculum
  - type and promptness of step 1
  - health status and anxiety level of client
  - immunization status of Hepatitis B and tetanus
3. **Refer client to nearest Hospital Emergency Room AS SOON AS POSSIBLE** for assessment of Hepatitis B and HIV exposure: Burnaby Hospital is the nearest hospital to BCIT.

Note: Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine, if required, should be given as soon as possible, preferably within 48 hours.

If antiretrovirals are indicated, they are most effective if initiated within two hours of exposure. Delays in presenting to an Emergency Department should be avoided.

Adapted from BCIT Medical Services Policy

The BCIT Safety and Security [website](#) can be viewed for up to date forms and information.

### **Guidelines for Students Wearing Cast or Braces in Practice or lab settings**

In the event that a student is required to wear a cast or brace on any limb, the following guidelines apply:

A Medical Certificate must be presented to the Program Head indicating that the student is able to meet the BCCNM Requisite Skills and Abilities for RNs specifically Physical and Environmental Requisite Skill and Ability.

The Program Head must obtain authorization from the unit manager in the agency as well as consult WorkSafeBC policies in order for the student to be in the clinical setting.

### **C-6 Latex Sensitivity/Allergy**

Accommodations for latex sensitivity and allergy made as per agency policy.

## D – STUDENT PROGRESS

### D-1 Guidelines for Assessing Student Progress in Clinical Practice

Clinical practice is a crucial and vital part of nursing education. Clinical evaluation is key to ensuring students' clinical competence, application of knowledge and clinical reasoning and judgment, all of which are important to patient safety and the provision of quality nursing care.

All students in a practice course will have their learning assessed and documented on the BCIT Clinical Evaluation form. The form is completed by *both* the student and the instructor midway in the course (referred to as the midterm evaluation) and then at end of the course (referred to as the final evaluation). To deem a student as competent means the student is capable of performing the activity as per the leveling for the assigned clinical course. The clinical evaluation form is adapted to address the learning outcomes and competencies for each of the three years of the program.

#### Instructor and Student Expectations for Meeting Course Outcomes

##### Discussions

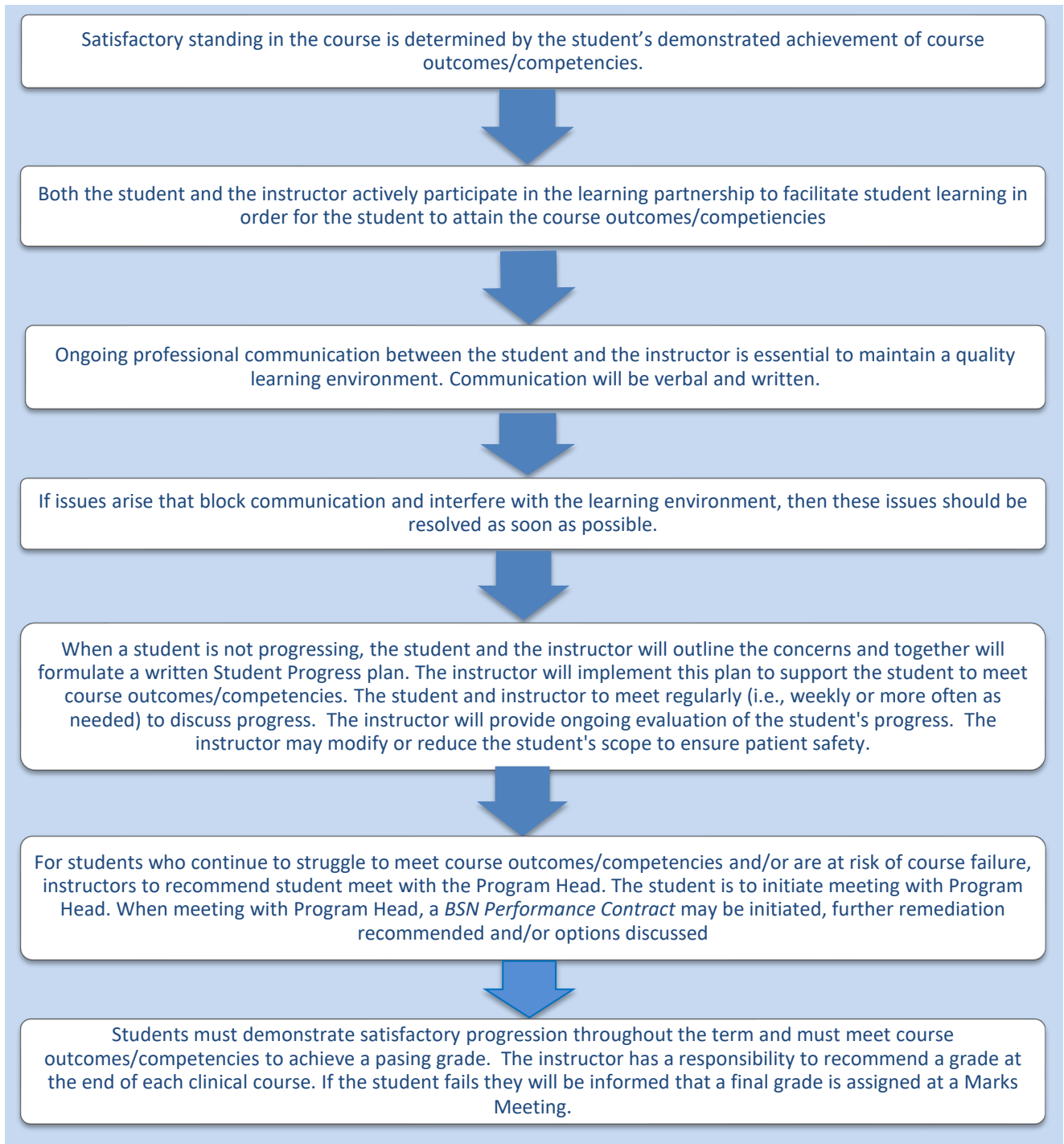
- students will share previous learning plan(s) and discuss learning strategies with instructor.
- student and instructor engage in dialogue related to the student's learning based on course expectations (course outcomes/competencies, learning plans).
- instructor relates student's progress to course outcomes/competencies.
- trends and patterns of strengths and areas for improvement are identified by the student and instructor and discussed on an ongoing basis.
- instructor provides feedback on student's strengths and areas for improvement on an ongoing basis.
- for a student whose performance is questionable and has had no other previous concerns, the student and instructor meet to discuss concern. If no change in performance, a Student Progress Plan will be created.
- any student not making progress in a course can anticipate meeting regularly (i.e. weekly or more often as needed) to discuss progress of improvement.
- students can invite a class rep or student advocate to meetings with instructor

##### Documentation

- student learning plans are revised by the student and discussed with instructor as per course schedule, at mid-term, or as necessary.
- when a student is at risk of not meeting course outcomes/competencies, a Student Progress Plan is implemented.
- instructor works collaboratively with the student to develop a Student Progress Plan in which the needed areas of improvement are identified along with appropriate measures to ensure the improvement of performance.
- student is to provide strategies to address areas of improvement and add these to the Student Progress Plan.
- for students who continue to struggle to meet competencies and/or are at risk of course failure, instructors recommend student meet with the Program Head. The student is to initiate meeting with Program Head.
- when meeting with Program Head, a BSN Performance Contract maybe initiated, further remediation recommended and/or options discussed.
- midterm and final clinical evaluations are completed, discussed, and signed by both student and instructor.
- student learning plan is finalized at end of term and carried through to next experience.
- student learning plans are maintained across the terms and reviewed in collaboration with instructors.

## Assessing Student Clinical Progress

Students and instructors work collaboratively to facilitate the attainment of individual student learning needs and the achievement of course and program outcomes. This partnership is based on professional open communication, respect, cooperation, mutually established goals and reciprocal learning. The partners have the responsibility to support and maintain a positive environment for learning. The following are stages in the assessment of learning progress and generally are carried out in the following order:



## Student Progress Plans:

A *Student Progress Plan* formally documents concerns with a student's practice and identifies a clear plan of action (strategies). The aim of this form is to support the student to address areas of concern such that, if addressed adequately course competencies may be met and result in a passing grade. The instructor works collaboratively with the student to develop the Student Progress Plan in which the needed areas of improvement are identified along with appropriate measures to ensure the improvement of performance. The student along with the instructor provide strategies to address the practice concern. Both parties sign the document.

A Student Progress Plan will be generated for all students at risk of failing a course. Other reasons for completing a Student Progress plan may include:

- to report unsatisfactory performance or progress in a course when a student is not following through on suggested learning plan strategies or using available resources
- to inform a student that unsatisfactory attendance in a course may affect their ability to meet course outcomes
- to inform the student that they have breached a significant BCIT or BSN or Health Authority guideline or policy

If the student's behaviour/performance remains a concern, then further action is needed that could result in the creation of another Student Progress Plan, removal from clinical placement and/or course failure.

- At this point, Course Lead and the Program Head **must be** notified and consulted.
- Removal from clinical is recommended for those who create patient safety concerns when they:
  - Demonstrate a consistent lack of understanding of their limitations
  - Clearly and repeatedly cannot anticipate the consequences of their actions or lack of actions
  - Consistently fail to maintain appropriate communication with faculty and staff about patient care
  - Are dishonest with faculty and staff about the care provided to a patient

For students who continue to struggle to meet course outcomes/competencies and/or are at risk of course failure, instructors to recommend student meet with the Program Head.

- The student is to initiate meeting with Program Head
- When meeting with Program Head, a *BSN Performance Contract* may be initiated, further remediation recommended and/or options discussed

## **D-2 Guidelines for Resolving Issues within Learning Partnerships**

### **1. Problem Solving within the Partnership**

When there are concerns about the instructor/student learning partnership, it is incumbent upon the parties to actively work toward resolving the problem by:

- Clearly communicating the issue or concern directly to the learning partner in a timely manner.
- Discussing ways in which the issue can be resolved.
- Reaching agreement about the strategies to be followed. This may be informal (verbal) or formalized in writing.
- Committing to review progress at agreed upon intervals.
- Agreeing to refer the matter to an appropriate third party if it is apparent that the issue/problem cannot be resolved.

### **2. Addressing Group Concerns**

- When concerns are shared by the larger group, e.g. faculty or the class as a whole, then it is advisable to consult with the Program Head and consider calling a class meeting to clarify issues. It is helpful to designate one person as facilitator.
- When there are concerns within a student group, then the issue is addressed within the group.
- Follow Problem Solving with the Partnership steps to address group concerns.

### **3. Using the Correct Channels**

If it becomes necessary to direct an issue to a third party, it is important to refer the matter to the appropriate person.

- If the issue involves agency staff, then the matter is referred to the instructor.
- If the issue involves program administration (e.g. policy or student progress) then the matter is referred to the Program Head.
- If the issue involves a support course then it is referred to the Program Head.
- If there is a concern about instructor performance then the matter is referred to the Program Head.

### **4. Seeking Advice and/or Support**

- Individuals who have concerns about the learning partnership may feel a need to solicit advice and/or support from another source. If this is done, discussions should be conducted under conditions of confidentiality. When grievances are aired publicly this undermines trust and adversely affects the learning climate.
- A source of support may be a confidant, counselor or mentor. Students who approach a third-party instructor will be redirected to the appropriate person.
- There are special advisors available to deal with extraordinary issues. These include members of the Student Association, the BCIT Harassment and Discrimination Advisor, the BCCNM Consumer Relations Representative, the BC Ombudsperson.

### **D-3 Student Initiated Withdrawal**

Students who withdraw before the official withdrawal date will receive a 'W' on their transcript.

Students who withdraw after the official withdrawal deadline may receive a 'LW' (Late Withdrawal) on their transcript. A 'LW' grade will be given only in extenuating circumstances with approval by the Associate Dean.

Program Heads send withdrawal requests to Student Records on behalf of the student.

#### **Procedure:**

1. The student informs the course instructor(s) and Program Head of their intention to withdraw.
2. If the student plans to withdraw from ALL the courses in the term or the BSN program, they must complete the BCIT Program [Withdrawal Form](#) and submit to the Program Head.
3. It is recommended that students contact the BCIT Financial Aid department to determine the effect of their withdrawal on their student loan.
4. If a student plans to apply for readmission to the program at a later date, they must submit an application for readmission (refer to the BSN Readmission Policy: D-7).

### **D-4 Withdrawal of a Student from Clinical Practice for Unsafe Practice (Instructor Initiated)**

The BSN program reserves the right to determine unsafe practices and to prohibit a student's access to a clinical practice setting when performance during a clinical course is judged to be unsafe. The determinants for safe and professional practice are derived from the BCCNM Nursing Standards and the CNA Code of Ethics.

#### **Procedure:**

1. If a student's clinical performance endangers patient safety, the student may be removed from the clinical area by the instructor or unit. Some examples of unsafe practice are:
  - not knowing own limits and not seeking help appropriately
  - failure to focus on patient(s) needs
  - inadequate preparation for patient care
  - dishonesty
  - performing procedures without prior teaching, adequate supervision, or in violation of program or agency policy
  - inappropriate behaviour towards patients, staff or instructor, e.g., rude, aggressive
  - avoidance or omission of care
  - implementing unsafe care
  - illness which interferes with assumption of responsibilities
2. When a student is removed from practice, the instructor documents the student's performance and notifies the Program Head. (The student is advised to document their performance as well).
3. The student will meet with the Program Head and instructor to discuss the situation. The outcome of the meeting will be a recommendation for continuation in the course, remediation, or removal from the clinical setting for the remainder of the term. The recommendation is based on the following factors:
  - the seriousness of the incident(s)
  - the risk of further unsafe practice
  - the level of supervision required by the student in question

- the level of supervision required by other students in the clinical group
- If the recommendation is remediation, in partnership with the instructor (and Program Head if appropriate), a *Student Progress Plan* is initiated. A *Performance Contract* may also be put in place.

If the recommendation is removal from the clinical setting for the remainder of the term, and an RTD (Required to Discontinue) grade is considered to be appropriate, the following steps are taken:

- The Associate Dean and Dean are informed of the recommendation and provided with documentation of the student's clinical practice.
- If the RTD is supported, the Associate Dean/Dean then forwards documentation to the Registrar who makes the final decision. The Registrar will notify the Student Records department and the student of the RTD grade.

4. If the student has unresolved questions and/or concerns then they may make an appointment with the Associate Dean.

## **D-5 End of Term Failure**

Students who have been unsuccessful in completing the requirements of a course will either receive a %F (e.g., 62F) or an "Unsatisfactory" standing depending on the course (refer to course outline). An unsatisfactory standing will not be included in the student's GPA.

1. The instructor makes the recommendation of 'failure' or 'unsatisfactory' based on the student's work. This grade will be presented to the BSN Program Marks Review Committee, and then to the School of Health Marks Review Committee. The Instructor presents the relevant information to these Marks Review Committees that support the recommendation.
2. Students who have failed courses and who cannot progress on to the next term will be notified in writing by the Office of the Registrar.
3. Students who wish to apply for readmission to the program should refer to the BSN Readmission policy in Section D-7.

## **D-6 Conditional Standing (Incomplete, Provisional Pass) — Policy 5103**

### **Incomplete Standing (INC)**

When a student fails to meet the course requirements, the instructor may recommend an incomplete standing only in certain circumstances. The student will be given an extension and specific requirements must be satisfied by a specific, pre-approved date (not to exceed 30 days). The conditions of the incomplete standing are communicated in writing to the student by the Office of the Registrar. If the student fails to meet the conditions stipulated or if the student's work fails to meet the course standards, then the student will receive a failing grade for the course.

### **Provisional Pass:**

A student who has failed a course may be granted a 'Provisional Pass' on the recommendation of the instructor and approved by the Program Head if they meet certain criteria. The student is given a temporary grade standing (%T or T) which is 'cleared' if the student is successful in the higher-level course.

BSN process to address Provisional Pass:

Students who receive a Provisional Pass, are reviewed by the School of Health Science Marks Review Committee at midterm of the next term. The instructor or Program Head of the higher-level course will present data on the student's progress and a decision will be made to:



- Remove or 'clear' the Provisional Pass if there is evidence that the student has demonstrated satisfactory progress in the higher-level course. The %T or T will be changed to a %P or an S (Satisfactory) for the previous course, or;
- Revoke the provisional pass based on evidence of unsatisfactory performance in the higher-level course.
- If the provisional pass is revoked (not cleared):
  - The %T or T is changed to %F or U (Unsatisfactory)
  - The student withdraws from the higher-level course in which they are currently enrolled
  - The student withdraws from any other courses in which the failed course is a prerequisite
  - The student may apply for Readmission if qualified (see D-7)
- Upon the discretion of the Associate Dean and only with extenuating circumstances, the review may be deferred to a later time if there is insufficient evidence of student achievement in the higher-level course

## D-7 Readmission to the Nursing Program

Students who interrupt their full-time studies may apply to re-enter their program at a future date. Readmission will depend on seat availability, time elapsed since enrolment, the successful implementation of a plan resolving previous academic difficulties, suitability of program selection, and other admission criteria.

Where a program has made significant changes to the course material, the student may be required to repeat courses and/or complete additional courses.

To request readmission to the Institute, an application form must be completed and submitted to Admissions. (BCIT Policy 5003)

For the purpose of this policy, the term 'applicant' refers to a BSN student who has failed or withdrawn from the program and has applied for readmission.

1. The BSN program reserves the right to deny an applicant readmission to the program after a single clinical failure or withdrawal. Denial of readmission includes, but is not limited to:
  - a. Violation of BCIT Policies, guiding principles and standards of conduct.
  - b. Violation of the Professional Standards for Registered Nurses (BCCNM, 2020) and the Canadian Nurses Association Code of Ethics (CNA, 2017).
2. Applicants whose withdrawal was not related to performance and who are in good academic standing will be given priority in the selection.
3. Students who have withdrawn from or failed any theory or clinical course within the BSN program that is a prerequisite for a course in the next level of the program, will be removed from the program at term end. Such students must apply for readmission to return to the program.
4. Length of time out of clinical: Readmitted applicants who have been out of the program for three (3) sequential terms may be required to repeat, and successfully complete, a previous clinical course. The applicant may also be required to repeat theory courses and/or complete additional courses.
5. Applicants who have been accepted to continue in the BSN program will be provisionally readmitted until all outstanding documentation has been received by the institute/program (e.g. updated CPR, medical clearance, Health Authority requirements, etc.).
6. Applicants who withdrew due to a medical reason must submit a medical certificate to their Program Head one week prior to term start. The certificate must confirm that the applicant is capable of resuming full nursing program responsibilities, and be signed by the primary health care provider.
7. Readmission is subject to clinical availability.

## **Limits to Number of Attempts to Complete a Course**

**Theory Courses:** Students are allowed a maximum of three attempts to successfully complete a theory course. A student who has attempted a course twice will only be allowed to attempt it a third time with written permission from the BSN Associate Dean, who will detail any special considerations or conditions in a written contract with the student. (BCIT Policy 5103)

**Clinical Courses:** Students who have any combination of two instances of withdrawal (non-medical) or failure in any BSN practice course will not be readmitted to the program. (Education Council approval Nov 2005)

## **Student Responsibilities**

1. A student considering withdrawing from the BSN program for any reason is advised to meet with their Program Head prior to finalizing the decision.
2. A student may not withdraw after the withdrawal deadline date unless the circumstances are unusual and/or warranted. Late withdrawal request designed to avoid failing or low grades are not acceptable. (BCIT Policy 5103)
3. To request readmission to the Institute students must submit the BCIT online application form by noon on the final day of the term.
4. If readmission is granted, the student is required to arrange a meeting with their Program Head to discuss their student progress plan and resources available.

## **Readmission Committee Responsibilities**

1. The Readmission Committee will meet each term after the SOHS marks meetings to review all readmission applications.
2. The Readmission Committee is responsible for the final selection of all readmitted students, and reserves the right to accept only those applicants who are best suited for success in the program. Criteria may include:
  - academic standing
  - length of time out of the program
  - adhering to BCIT and BCCNM policies and professional standards
  - overall program performance
3. When the number of qualified applicants exceeds the number of available seats a readmission waitlist will be created for the upcoming term only. If a seat becomes available prior to the start of term the waitlisted applicants will be contacted. Waitlisted applicants that are not offered a seat will be discussed at the next Readmission Committee meeting. No reapplication required.
4. The Readmission Committee consists of the:
  - Associate Dean, Nursing (Chairperson)
  - Program Heads
  - Student Support Coordinator
  - Placement Coordinator
  - Administrative Coordinator(s)
5. The Program Head of the specific year presents the applicants to the Readmission Committee.
6. The Registrar's Office will officially notify the applicant of the Readmission Committee decision.

**Effective Immediately:** By order of the Provincial Health Officer, all students admitted into an academic program at a post-secondary institution who are in a care location for training, research or associated administrative purposes, must have provided their proof of vaccination by October 26, 2021. To re-apply to enter at term 1 or higher of your program, you must be able to supply your full proof of vaccination. This directive is in effect until further notice by the Provincial Health Officer. (Dec 1, 2021)

## **E – STUDENT ISSUES**

### **Student Representatives in the BSN Program**

#### **ROLE OF STUDENT REPRESENTATIVES WITHIN THE NURSING PROGRAM**

1. Nursing Class Reps are student volunteers from each cohort. Any and all students may volunteer to participate as a Class Rep, and may join and leave the group at any time. At all times the Class Reps must maintain a respectful, professional manner.
2. Class Reps are to attend regular meetings (approximately three times each term) with their Program Head and the Student Support Coordinator. The purpose of these meetings is to provide feedback and issues identified by the class, and collaboratively solve problems.
3. Class Reps share information about the student experience with the Program Head and Student Support Coordinator on behalf of their class. In this role, it is the responsibility of the Class Reps to strive to speak for the whole (or majority) of the class. Individual student concerns should be addressed in another forum (see policy D-2).
4. Class Reps are responsible to share information about the meeting discussions with their class. The method of communication may be through class meetings, e-mail, and/or meeting minutes as determined by the class. Communications should be shared in a professional manner and be accessible to all students in the class.
5. Class Reps may at times be privy to a classmates' concerns. In this situation it may be sufficient if the Class Rep is an active listener or 'sounding board'. However, if the student requires further assistance, then the Class Rep should direct the student to an appropriate resource such as an instructor, the Program Head, the Student Support Coordinator, a BCIT SA Advocate, or a BCIT counselor. Please also refer to policy D-2 (Resolution of Issues).
6. Class Reps are expected to maintain confidentiality when necessary.

### **E-1 Change of Address / Change of Name / Email Address**

#### **Change of Contact Information**

It is the student's responsibility to ensure their personal information on myBCIT is correct.

Personal information is updated through myBCIT ([www.bcit.ca](http://www.bcit.ca)).

Students must also notify their clinical instructor of contact information changes (e.g. phone number).

#### **Change of Name**

Students must submit in person the original legal document to the Student Records department e.g. marriage certificate or legal change of name document.

Students must notify their Program Head and clinical instructor.

### **E-2 Policies Regarding Access of Information by Students, Graduates, and Third Parties**

BCIT is a public institution and is governed by the British Columbia "Freedom of Information and Protection of Privacy Laws."

**Access of Information by Students:**

The BCIT BSN program provides student access to their own file which is stored in the nursing office. To obtain access the student must contact the BSN Administrative Coordinator.

**Access of Information by Graduates:**

1. Graduates may access their file, within one year of graduation, by contacting the BSN program office. Clinical Practice evaluations are destroyed one year from graduation date.
2. Course Outlines: Graduates will require course outlines when applying for credit at other educational institutions. Course Outlines are available on the BCIT website.

**Access of Information by Third Parties (e.g., family members, prospective employers):**

1. BCIT is obliged to keep all information related to students or graduates confidential unless the student or graduate has provided written permission to release information. The student or graduate may stipulate limits or conditions on the information they wish to have released.
2. To request a reference from a faculty member, students must contact the instructor directly and complete the program consent form.
3. A nursing faculty member may decline to be a referee if they believe that they are not the appropriate person. The student's final preceptorship instructor would be the most appropriate referees for a new graduate.

**E-3 Guidelines for Graduating Students****Planning and Fundraising:**

Nursing students traditionally plan activities to celebrate their graduation.

When students engage in fundraising, their conduct must be beyond reproach or they could be in violation of the BCIT Student Conduct Policy and the BCCNM Standards of Professionalism. Advertising must be appropriate. Consult with the BCIT Student Association for guidance and resources.

**Convocation**

Convocation is the formal graduation ceremony held in honour of the graduating classes. Refer to the BCIT Convocation website for information and dates.

**Process for Early Interim Licensing**

Early Interim Licensing may be requested by eligible students who meet the following criteria:

- successful completed of final preceptorship
- confirmation of employment
- employment orientation is scheduled prior to receipt of final grade assignment

Process:

1. Student meets above criteria
  2. Student contacts their Instructor and Program Head as soon as possible to request an early interim licensing. Provide the Program Head with the following:
    - date of final preceptorship shift
    - confirmation of employment and orientation date
  3. Once the request is approved the program will submit documentation to the BCCNM.
  4. The BCCNM issues interim license to student.
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## Bachelor of Science in Nursing Program

### Appendix A: Clinical Scope of Practice by Term

If these policies conflict with those of the agency, the MORE RESTRICTIVE policy is to be followed.

#### Term 1

Focus: Well Older Adult with Chronic Disease in Community Setting

- Basic interview skills
- Basic Health History taking
- Basic Initial Approach (ABC's, Level of Consciousness, Level of Orientation)
- Vital signs (BP, P, T, R, O2 sat)
- Introduction to basic physical examination techniques for lung sounds, pulses, mobility
- Basic assessment of dementia/confusion
- Medical asepsis (hand washing, applying & removing clean gloves)
- Basic Range of Motion (ROM)
- Falls Prevention
- Basic use of canes, walkers and possibly other assistive devices

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#### Term 2

Focus: Adult in Acute Medical Setting

- Basic physical assessment (initial and emergency, head to toe, respiratory, cardiovascular/peripheral vascular system, muscle skeletal, GI/GU systems, psychosocial, Neuro vital signs – Glasgow Coma Scale)
- Pain Assessment - LOTARP
- Non-sterile gloving and additional precautions (isolation types, Personal Protective Equipment)
- Complete and partial bed bath, bed making
- Pericare
- Skin care, skin assessment, Braden Scale use
- Mouth and denture care
- Prevention of aspiration, dysphagia guidelines, nutritional screening
- Oral suctioning
- Feeding patients
- Operation of hospital equipment (beds, stretchers, wheelchairs)
- Positioning, transfer techniques and transfer devices
- Glucometer Training and Capillary Blood Glucose Monitoring
- Use of restraints
- Medication safety, physician orders and chart review
- Documentation
- Charting and Medication Administration Records- computerized (omnicell, PCIS, electronic patient record) vs written chart (site dependent)
- Medication administration (oral, eye and ear drops, topical, nebulizers, enemas and suppositories and alternative medications)
- Intake and output
- Use of bedpans, urinals, incontinent briefs, urinary catheters and condom drainages
- Collection of urine specimen (non-catheter) for culture and chemistry, stool for culture and occult blood, expectorated sputum samples, MRSA/VRE swabs, nose and throat cultures
- Oxygen therapy (cannula, masks, nebulizers, inserting oral airways and oral suctioning)

**Bachelor of Science in Nursing Program**  
**Clinical Scope of Practice by Term**

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**Term 3**

Focus: Adult in Acute Surgical Setting

- Preoperative and postoperative assessment
- Surgical Pain assessment and intervention
- Preoperative teaching and discharge teaching
- Assessment, management and disconnection/removal of tubes/lines/surgical drains – Nasal Gastric (NG), Foley catheter
- Collection of a sterile urine specimen
- Collection of unsterile specimen, bladder scanner and urine testing
- Maintaining surgical asepsis
- Aseptic handwashing – medical vs surgical
- Wound assessment
- Sterile dressing change on incision and drain, collection of sterile wound specimen
- Intravenous therapy (calculating rates, regulating, maintaining, monitoring, changing bags, discontinuing, priming and changing tubing, converting to saline lock, troubleshooting problems)
- Subcutaneous Injections
- Parenteral medications from ampules and vials
- Mixing Insulins and administration, sliding scale review
- NG Tube Medication Administration
- Assessment of Epidurals and Patient Controlled Analgesia (PCA)
- Electronic infusion devices (online & hands on)
- Suture and staple removal
- Ostomy care and management, appliance change

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**Term 4**

Focus: Community Health (6 wks) & Mental Health (6 wks)

- Community health assessment
- Facilitation skills
- Intramuscular injections (BCCNM Immunizations Certification - if applicable)
- Immunizations (individuals and/or mass clinics) - each health authority has their own guidelines and policies about students immunizing in public health contexts. Students must comply with individual Health Authority Guidelines related to immunizations.
- Informed consent
- Mental Status Exam

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**Term 5**

Focus: Obstetrics (6 wks) & Pediatrics (6 wks)

**OB Specific Clinical Techniques**

- Family Centered Care
- Collaborate with the health care team
- Practice SBAR (with supervision will call primary health care provider utilizing SBAR)
- Complete a thorough Maternal Postpartum Assessment (assessment and provide care for women who have had vaginal deliveries or a C-section)
- Complete a thorough Newborn Assessment (head to toe, vital signs, weight, intake & output, newborn screening: Trans-cutaneous Bilimeter (TCB) & Critical Congenital Heart Defect (CCHD)
- Feeding Methods (Breastfeeding, formula, pumping, donor milk)
- Discharge Teaching (maternal, newborn and family)
- Intravenous therapy (calculating rates, regulating, maintaining, monitoring, changing bags, discontinuing, priming and changing tubing, troubleshooting problems)

## Bachelor of Science in Nursing Program Clinical Scope of Practice by Term

- Saline lock flush and removal
- Secondary IV's (calculating rates, regulating, reconstituting, monitoring, priming tube and troubleshooting problems)- Until end 2021
- Indwelling catheter care and removal
- Bladder scan (know when to use, and when to report findings to a primary health care provider)
- Abdominal Incisional Care
- Documentation (new pathways learnt for maternal and newborn)

### Pediatric Specific Clinical Techniques

- Complete a thorough pediatric assessment (infant to adolescent)
- Calculate safe medication dosages based on weight for pediatric clients
- Calculate maintenance fluid requirements and urinary output based on weight for pediatric clients
- Intravenous therapy in a pediatric client (maintaining, monitoring, changing a primary IV bag, priming IV tubing, troubleshooting, and discontinuing)
- Saline lock flush and saline lock removal
- Administering PO/SQ/IM medication to a pediatric client
- Understanding Growth and Development of a Pediatric client
- Incorporating Family Centered Care
- Providing client education to a pediatric client and their family
- Documentation on the Pediatric Early Warning Systems (PEWS) charting

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### Term 6

Focus: Adults in Acute Medical & Surgical Units

**Upon approval of the instructor, students may perform all skills from Terms 1 - 5 in addition to the following:**

Students may practice skills that have not yet been introduced during lab time, but this must be decided at the instructor's discretion. Students will be required to complete any online prep work prior to completing any skill. Students that have completed skills in clinical are still required to attend all skills labs.

#### 1. Medication Administration

- Students are expected to discuss any medication prior to administration until deemed competent to do so independently. Once deemed independent, students are expected to continue to report abnormal values/findings to their instructor throughout the day, including but not limited to when administering medications may worsen these abnormalities

#### 2. Automated Medication System/ Narcotic/ Locked Medications

- RN or Instructor must access and verify narcotics/controlled substances with the learner.

#### 3. Medications by IV Push Route:

- Students must be directly supervised by their instructor while preparing and administering IV push medication.
- Students must have all IV push medication dosages checked by an instructor.
- Students must discard all but the intended dose prior to administration (No "pre-pulls").
- Students may administer direct IV (IV push) medications through a peripheral IV line
- Students may not administer direct IV (IV push) medications through a CVC (via capped or infusing line).
- This includes all pre and post flushing of any direct (IV push) medications.

Students are **NOT** permitted to administer the following medications by IV push:

- Sedatives (EXCEPTION – Ativan and Valium)
- Antineoplastics



**Bachelor of Science in Nursing Program  
Clinical Scope of Practice by Term**

- Antihypertensive medications
- Inotropes, vasopressors, beta blockers and digoxin

**4. Automated infusion rates:**

- Students may adjust rates on primary medication infusions (Heparin, Humulin R) WITH direct approval from the instructor and under direct supervision from an RN or instructor

**5. Blood and blood product administration.**

**\* Students must check HA/hospital/unit policy and follow most restrictive policy.**

Students are **NOT** permitted to:

- Check blood; students can only observe.
- Two RNs must check blood

Students can:

- Retrieve blood from the blood bank
- Prime, connect blood tubing and administer to patient under the direct supervision of the instructor or RN through a peripheral IV.
- Prime, prepare and monitor blood infusions to be administered via a CVC but may not connect the infusion to a CVC port.
- Complete assessments and monitor the patient receiving blood according to hospital/agency policy.
- Regulate the rate of the transfusion with RN or Instructor supervision.

**6. Nasogastric Tubes**

Students can insert and maintain nasogastric tubes independently once determined competent by the instructor and according to unit policy.

Students cannot insert NG tubes on the following clients:

- Those with recent upper GI surgery (Duodenum and higher)
- Those who are unconscious
- Neonates (less than 28 days old)
- Those with tracheostomies
- Those with esophageal varices
- Those with facial fractures
- Consult instructor prior to insertion for patients with head or neck surgeries/injuries.

Students can administer medications, feeds and flushes via a gastric tube (NG tube, feeding tube, G-tube, J-tube, PEG tube) under direct supervision of instructor until deemed competent to perform independently.

**7. Epidural/PCA**

Students are **NOT** permitted to change the rate of infusion or clear epidural and PCA pumps.

**8. Central Venous Catheters (CVC, PICC's):**

Students are **NOT** permitted to:

- Change CVC/PICC dressings
- Change the CVC pressure caps
- Flush with Heparin
- Flush or access IVAD or Domes or any implanted venous access device.
- Connect IV tubing or flush/access a capped central line.
- Administer IV push medications into a capped or running central line.
- Remove CVC lines.
- Change CVC tubing.
- Change TPN bags or tubing.

Students can:

**Bachelor of Science in Nursing Program**  
**Clinical Scope of Practice by Term**

- Change or replace primary IV bags
- Administer secondary medications if the CVC/PICC has a currently infusing IV solution, with direct instructor supervision until deemed competent to perform this skill independently.
- Chart accordingly

9. **Chest Tubes**

Students can:

- Assess a chest tube system
- Monitor chest tube drainage
- Set up emergency equipment

Anything else related to CT management must be supervised by an instructor and according to unit policy.

10. **TPN:**

Students can:

- Monitor infusions
- Check infusion rates
- Change infusion rates with instructor supervision
- Verify ingredients
- Prime Lines

Students cannot connect the TPN line to the CVC port

11. **Tracheostomy:**

**Students cannot accompany a client off of the unit without supervision**

Students can:

- Suction with supervision and may suction independently at the instructors discretion
- Change tracheostomy ties with supervision
- Change dressings

12. **Catheterizations:**

Students can perform urethral catheterization on clients with instructor supervision until deemed competent.

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**Term 7**

Focus: Adults Experiencing Complex Health Challenges in Continuing Care Setting

*Psychomotor skills learned in previous terms, can be different in community health settings and requires discussion with your instructor prior to implementation.*

1. Immunization in a community setting is a complex process and each health authority has their own guidelines and policies about students immunizing in public health contexts. Students must comply with individual Health Authority Guidelines related to immunizations.
2. In addition to any Health Authority Guidelines:  
"Mass immunization clinics (flu) have different requirements than adult or childhood immunization clinics. Students (group or preceptorship placement) working in VCH and FHA community sites can immunize in mass immunization clinic settings under the following criteria:
  - When students have completed the Foundations of Influenza- Diseases and Vaccines - Influenza Disease & Immunization: Course for Health Professionals and 'Seasonal Influenza Update' certificates
  - Students may only administer one vaccine per client
  - Students have attended any additional required health authority training
  - Students are administering under direct supervision of an RN (instructor or agency nurse)

## **Bachelor of Science in Nursing Program Clinical Scope of Practice by Term**

If an opportunity presents itself for students to provide other immunizations, BCCDC certification by student and instructor is required (see [www.BCCDC.ca](http://www.BCCDC.ca) website for information on this course Immunization Competency Course) prior to the student being able to provide the immunizations.

3. In community, students may set up medications (oral & subcutaneous) for the clients to take at a later date according to the policy of the agency. The medication administration, dispensing, system set up must be reviewed with instructor prior to intervention.
4. Students will be completing wound assessments and wound care. Comply with the health unit's policies and discuss with your clinical instructor prior to implementation.
5. Students, even if they have had the BCIT training, are not allowed to access, connect or flush CVCs or change CVC dressings in the community placement.

### **NOTES:**

Students are expected to call '911' if emergency care is required in the community.

Students are not to see client's alone or with another student in Home Health. All students will need to be accompanied by their instructor or the community health nurse.

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### **Term 8**

Focus: Increase Complex Care to Clients in Acute Care Settings and Developing Independent Practice

Students must check Health Agency policy and unit specific policy for nursing students prior to performing all skills. When performing any new skill, students must be directly supervised by an instructor. Before performing any skill, students must clarify which skills require supervision, who can supervise the skill (RN or instructor), and if the skill can be performed independently once the student is deemed competent by the instructor

Students may perform all skills from Term 1-7 in addition to the following guidelines & exceptions:

#### **1. Automated Medication System/ Narcotic/ Locked Medications**

RN or Instructor must access narcotics/controlled substances with the student.

Students cannot sign as a witness to wastage.

#### **2. Physician Orders and Chart Checks:**

Students can with supervision:

- transcribe Physician Orders, but RN must cosign.
- take verbal orders from Physician (including phone orders), providing the order is heard by the RN and co-signed on the doctors' order sheet.

Students cannot: Transcribe Patient Transfer orders.

#### **3. Medications**

Students must be directly supervised by their instructor or RN while preparing and administering IV push medication.

Exception: IV direct Lasix, Gravol and Ondansetron do not need to be checked and supervised once student is deemed competent by instructor.

IV Medications that cannot be given IV direct by students:

- Antineoplastic/Cytotoxic medications
- Antihypertensive medications
- Vasopressors
- Anesthesia agents (e.g. Ketamine, Propofol etc.)
- Antiarrhythmic and/or other cardiac medications

## **Bachelor of Science in Nursing Program Clinical Scope of Practice by Term**

Students cannot mix, initiate or titrate infusions of the above medications, but can, under supervision of an RN, monitor the patient with these infusions.

If the following medications are given SC or IM (Prefilled anticoagulant syringes & single dose vials) the dosage must be checked but administration does not need to be supervised once student is deemed competent by instructor.

- Anticoagulants
- Insulin
- Narcotics/sedatives

### **4. Central Venous Catheters (CVC, PICC's):**

Students are **NOT** permitted to:

- Change CVC/PICC dressings
- Change the CVC pressure caps
- Flush with Heparin
- Flush or access IVAD or Domes or any implanted venous access device.
- Connect IV tubing to and or flush/access a capped central line.
- Administer IV push medications into a capped or running central line.
- Remove CVC lines.
- Change CVC tubing.
- Change TPN bags or tubing.

Students can:

- Change or replace primary IV bags and administer secondary medications if the CVC/PICC has a currently infusing IV solution, with direct instructor supervision until deemed competent to perform this skill independently.
- Assess CVC lines and chart accordingly

### **5. Chest Tube Drainage Systems**

Students can:

- Assess a chest tube system
- Monitor chest tube drainage
- Set up emergency equipment

Anything else related to CT management must be supervised by an instructor and according to unit policy.

### **6. Epidurals/PCA's**

Students can care for, assess and monitor patients with an epidural/ PCA infusion.

Students are **NOT** permitted to change the rate of infusion or clear epidural and PCA pumps

Students are **NOT** permitted to administer bolus doses

### **7. Mechanical or Ceiling lifts**

Students may use lifts together with instructor or RN, and only after agency specific training.

### **8. Nasogastric Tubes:**

Students can insert and maintain nasogastric tubes independently once determined competent by the instructor and according to unit policy. Refer to agency policy re insertion of small and large bore NG tubes.

Students cannot insert NG tubes on the following clients:

- Those with recent upper GI surgery (Duodenum and higher)
- Those who are unconscious
- Neonates (less than 28 days old)
- Those with tracheostomies
- Those with esophageal varices
- Those with facial fractures

## **Bachelor of Science in Nursing Program Clinical Scope of Practice by Term**

- Consult instructor prior to insertion for patients with head or neck surgeries/injuries.

Students can administer medications, feeds and flushes via a gastric tube (NG tube, feeding tube, G- tube, J-tube, PEG tube) under direct supervision of instructor until deemed competent to perform independently.

### **9. Immunizations**

In hospital / acute care units, students can administer physician ordered immunizations under supervision of instructor or RN.

### **10. Blood and Blood Products**

\* Students must check HA/hospital/unit policy and follow most restrictive policy.

Students can:

- Retrieve blood from the blood bank
- complete assessments and monitor the patient receiving blood according to hospital/agency policy.
- Regulate the rate of the transfusion with RN or instructor supervision
- Can spike, prime and connect blood tubing and administer to patient under the direct supervision of the instructor or RN through a peripheral IV

Students cannot check blood (2 RNs must check), students must observe this process.

### **11. TPN:**

Students can:

- Assess and monitor infusions
- Check infusion rates
  - Change infusion rates with RN supervision
  - Verify ingredients with RN supervision
  - Prime Lines with RN supervision

Students cannot connect the TPN line to the CVC port

### **12. Tracheostomy:**

**Students cannot accompany a client with a tracheostomy off of the unit without supervision**

Students can:

- Suction with supervision and may suction independently at the instructor's discretion
- Change tracheostomy ties with supervision
- Change dressings

### **13. Catheterizations:**

Students can perform urethral catheterization on clients with instructor supervision until deemed competent.

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## **Term 9**

Students must check Health Agency policy and unit specific policy for nursing students prior to performing all skills. Students may perform all skills from terms 1-8 in addition to the following guidelines & exceptions. All skills may be performed independently once deemed competent by RN unless otherwise indicated below.

### **Automated Medication System/ Narcotic/ Locked Medications**

RN must access narcotics/controlled substances with the student.

Students cannot: sign as a witness to wastage.

### **Physician Orders and Chart Checks:**

## **Bachelor of Science in Nursing Program Clinical Scope of Practice by Term**

Students can with supervision:

- Complete night review of charts and MAR's – RN must co-sign.
- Transcribe Physician Orders - RN must co-sign.
- Take verbal orders from Physician (including phone orders), providing the order is heard by the RN and co-signed on the doctors' order sheet.

Students cannot: Transcribe Patient Transfer orders.

### **1. MEDICATIONS**

If the following medications are given SC or IM (Prefilled anticoagulant syringes & single dose vials) the dosage must be checked by an RN, but administration does not need to be supervised.

- Anticoagulants
- Insulin
- Narcotics/sedatives

#### **IV direct medications must always be checked and supervised by an RN**

Exception: IV direct Lasix, Gravol, and Ondansetron must always be checked by a RN, but not supervised once student is deemed competent by RN.

#### **IV Medications that cannot be given IV direct by students:**

- Antineoplastic/Cytotoxic medications
- Antihypertensive medications
- Vasopressors
- Anesthesia agents (e.g. Ketamine, Propofol etc.)
- Antiarrhythmic and/or other cardiac medications

Students cannot mix, initiate or titrate infusions of the above medications, but can, under supervision of an RN, monitor the patient with these infusions.

### **2. Central Venous Catheters (CVC, PICC's):**

Students are **NOT** permitted to:

- Change CVC/PICC dressings
- Change the CVC pressure caps
- Flush with Heparin
- Flush or access IVAD or Domes or any implanted venous access device.
- Connect IV tubing to or flush/access a capped central line.
- Administer IV push medications into a capped or running central line.
- Remove CVC lines.
- Change CVC tubing.
- Change TPN bags or tubing.

Students can:

- Change or replace primary IV bags and administer secondary medications if the CVC/PICC has a currently infusing IV solution, with direct instructor supervision until deemed competent to perform this skill independently.
- Assess CVC lines and chart accordingly

If there are specific units where students are asked to do more and extra training is provided, a discussion related to these special circumstances needs to occur between student, instructor, preceptor and CNE based on the individual student, preceptor competence and instructor comfort and confidence in the student and preceptor as well as HA policy and CNE and or unit manager approval. An agreement between all needs to be documented as to what the particular student is allowed to do and under what circumstances.

### **3. Chest Tube Drainage Systems**

Students can change a chest tube dressing or drainage system with supervision.

**Bachelor of Science in Nursing Program  
Clinical Scope of Practice by Term**

**4. Epidurals/PCA**

Students can care for, assess and monitor patients with an epidural/ PCA infusion.

Students are **NOT** permitted to change the rate of infusion or clear epidural and PCA pumps

Students are **NOT** permitted to administer bolus doses

**5. Mechanical or Ceiling lifts**

Students may use lifts independently with preceptor approval and/or after agency training.

**6. NG Tubes:** Refer to agency policy re insertion of small and large bore NG tubes.

Students can:

- insert NG tubes
- administer gastric tube (NG, OG, feeding tube, J-tube, PEG tube) medications

Students cannot insert NG/OG tubes on patients with:

- recent upper GI surgery (Duodenum and higher)
- those with tracheostomies
- those with esophageal varices
- those with facial fractures
- those who are unconscious
- consult with instructor prior to insertion for patients with head or neck surgeries/injuries.

**7. Immunizations**

Term 9 policies regarding immunizations are the same as for Term 8 except the preceptor may supervise in place of the instructor. In community settings students can administer immunizations according to health authority/unit/ agency policy (which includes verified and valid completion of the BCCDC immunization courses/exam as linked to in Term 4 or 5).

In hospital/acute care units students can administer physician ordered immunizations with RN supervision.

**8. Blood and Blood Products**

**\* Students must check HA/hospital/unit policy and follow most restrictive policy.**

Students can:

- retrieve blood from the blood bank
- complete assessments and monitor the patient receiving blood according to hospital/agency policy.
- regulate the rate of the transfusion with RN or instructor supervision
- can spike, prime and connect blood tubing and administer to patient under the direct supervision of the instructor or RN through a peripheral IV

Students cannot:

- check blood (2 RNs must check), students must observe this process.

**9. TPN:**

Students can:

- Assess and monitor infusions
- Check infusion rates
- Change infusion rates with RN supervision until deemed competent to perform independently
- Verify ingredients with RN supervision
- Prime Lines with RN supervision

Students cannot connect the TPN line to the CVC port

**10. Tracheostomy:**

**Students cannot accompany a client with a tracheostomy off of the unit without supervision**

Students can:

- Suction with supervision and may suction independently at the RNs discretion

## **Bachelor of Science in Nursing Program Clinical Scope of Practice by Term**

- Change tracheostomy ties with supervision
- Change dressings

### **11. Catheterizations:**

Students can perform urethral catheterization on clients with RN supervision until deemed competent.

### **12. Focus of Practice and Specialty Areas**

"Upon approval with your instructor and preceptor, specific skills, interventions, nursing care may be provided by students in FOP areas where these skills/interventions/care are regularly provided by RNs. This can be approved on a case by case basis for students in specialized practice areas."

After approval by instructor, with reference to health authority policy, under direct supervision of RN:

#### **NICU and Pediatrics FOP**

- Students are permitted to administer medications via volutrols or syringe pumps.
- Students are permitted to administer feeds/medication through an NG tube, g-tube, j-tube
- Students are permitted to dispense or check expressed breastmilk/donor milk (which is a hospital policy in some health authorities).
- Students are permitted to perform a blood sugar check in an infant under 1 year. Students may perform blood glucose checks on Paediatric patients over the age of 1 year under the supervision of the instructor or RN until deemed competent by instructor for independent practice.

#### **Obstetrics**

Students in Antepartum or LDR (labor and delivery) Intrapartum settings

##### **Cannot:**

- Prepare, initiate, or titrate Oxytocin infusions for induction or augmentation during labor
- Perform Vaginal Exams
- Fetal Monitoring during titration of related infusions is the responsibility of the RN Students in LDR (labor and delivery)

##### **With direct supervision of the RN can:**

- Monitor patients with Oxytocin Infusions
- Administer oxytocin IM post delivery

##### **Students in the Postpartum setting:**

##### **Cannot:**

- prepare Oxytocin infusion bags or initiate infusions
- administer or regulate Oxytocin for PPH (postpartum hemorrhage)
- perform Vaginal Exams

##### **With direct supervision of the RN can:**

- Monitor patients receiving an Oxytocin infusion and regulate the infusion rate with a physician's order
- Give MMR injections to postpartum patients after completing any required course work and examinations (see Nurse Educator at your agency). This will vary agency to agency.

Students in any of the above settings can give the following medications or perform the following skills with RN supervision:

- Vitamin K IM
- RhoGAM IM
- Capillary Blood Glucose level (heel and/or finger prick)

#### **Emergency**

- Students in Emergency can, under direct supervision of an RN, insert NG/OG tubes in unconscious patients.



**Bachelor of Science in Nursing Program  
Clinical Scope of Practice by Term**

- Students cannot administer or titrate medications for conscious sedation or independently monitor patients undergoing conscious sedation.

**Additional Policies Regarding Clinical Practice in All Terms:**

**NOTE:** Failure to follow the BSN Student Procedures & Guidelines and/or hospital/agency policies is considered a breach in BCIT policy and may result in:

- completion of BCIT BSN Safety Event Reporting process and form, and agency safety event form.
- removal of learner from the clinical area
- professional practice contract between the instructor and student
- additional safety checks at the discretion of the instructor and/or program head
- decrease in patient workload or limitations on skills performed
- failure in clinical course
- a 'Required to Discontinue' (RTD) status