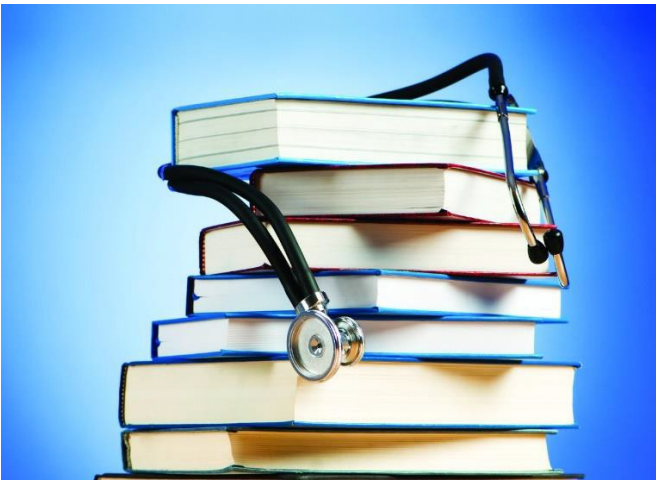# SOUTH PLAINS COLLEGE

NURSING PROGRAM

LEVELLAND CAMPUS

FACULTY HANDBOOK

Adopted June 1999

Latest Revision 1/2022

COLLEGE ORGANIZATION

SPC Levelland Campus   SPC Lubbock Center
SPC Reese Center   SPC Plainview Center

South Plains College is a comprehensive, two-year community college that offers academic transfer options and college-level technical education programs.

South Plains College serves the greater South Plains area of Texas with innovative educational programs that span the arts and sciences, technical education, continuing education and workforce development. The college's main campus is located in Levelland. SPC maintains two extension centers in Lubbock that are located at the Reese Technology Center and the Lubbock Center. The northern tier of the college's service area is served by an extension center in Plainview. The college's educational program includes academic transfer courses that parallel university programs for students who plan to earn a bachelor's degree. SPC also maintains a diverse offering of one and two-year technical programs for students who want to develop specific job skills and then enter the world of work.

Through its Arts and Sciences Division, the college offers students 47 academic transfer options which lead to the Associate of Arts, Associate of Science or Associate of Arts in Teaching degrees. Transfer guides can be found in fine arts, the sciences, social sciences, behavioral sciences, communications, languages, mathematics, engineering, business administration and physical education. Students who attend SPC complete their freshman and sophomore-level course work and then transfer to a university to complete the remaining years of a baccalaureate program. The college's faculty advisor system helps students plan for successful transfer.

In the Health Occupations Division and Technical Education Division, the college offers another 83 programs that lead to the Associate of Applied Science degree, Associate of Applied Arts degree or a Certificate of Proficiency. Students enrolled in these programs receive first-class training in a variety of career and technical areas, including allied health, nursing, business administration, the creative arts, computer information and electronics technology, industrial technology, and professional services and energy. All technical programs are continually updated with the help of advisory committees composed of representatives from the medical community, education, the professional community, business and industry. In this way, SPC can assure students are receiving career and technical training that is in tune with the region's workforce needs.

South Plains College also provides short-term training and workforce development programs in a variety of formats that help individuals gain marketable skills for immediate employment or that help them upgrade existing skills to meet emerging job technologies. Through its Division of Continuing Education and Workforce Development, the college is an active participant in the area's economic development efforts.

SPC takes great pride in its teaching faculty and its teaching facilities. Instructors are highly qualified in their respective areas of study. But more importantly, they are associated with SPC because they want to teach. The college's instructional facilities are also excellent. Students

learn in modern, comfortable classrooms and labs that house some of the most current instructional equipment available. Hands-on training and teaching concepts are an integral part of the educational philosophy. Additionally, there is a commitment to introducing students to advanced technologies and computer applications in all areas.

Nearly 10,000 students take advantage of the educational offerings available at SPC each semester, and nearly half of all SPC students are the first in their families to attend college. An additional 5,500 students enroll in non-credit continuing education or workforce development programs each year.

South Plains College's accessibility, its excellent facilities and its qualified, friendly teachers are what bring about student success. Personal attention in and out of the classroom is a way of life at SPC.

Campuses and Centers

SPC Levelland Campus

South Plains College's main campus is located in Levelland, Texas, 25 miles due west of Lubbock. Established in 1957 by the residents of Hockley County, South Plains College offers its students a diverse educational program. The program of study on the Levelland Campus spans freshman and sophomore studies for students who plan to earn a bachelor's degree. These classes, offered through the Arts and Sciences Division, parallel those offered by universities and are fully transferable to these schools. First-class technical programs are also available to students who want to obtain specific job skills in one or two years of college and then go right to work in a good paying job.

SPC is recognized as one of the most modern and complete community colleges in Texas. The Levelland Campus encompasses 42 buildings on a 177-acre campus. Attractively landscaped and maintained, the campus features a contemporary architectural design that enhances an excellent learning environment.

What sets SPC apart from other schools its size are first rate classroom and laboratory facilities that are specifically designed for each teaching area. SPC students have access to some of the most sophisticated and up-to-date educational and training equipment available. Computer technologies can be found in every instructional area.

Nearly 5,000 students enroll for classes each fall on the Levelland Campus. SPC's student body is diverse in its makeup and character. Geographically, about 94 percent of these students come from within a 100-mile radius of Levelland and Lubbock. Being close to family and jobs

at home are important to the majority of SPC students who commute to classes. Even with SPC's regional makeup, almost all 50 states and a number of foreign countries are represented.

The age of SPC students is also wide ranging. About three-quarters of all SPC students are traditional college-age. The average age of the student body on the Levelland Campus is 22 years.

SPC teachers are dedicated professionals who first and foremost love to teach and who believe in the community college concept. Faculty members are highly qualified in their fields of study and exhibit a wealth of educational experience they are willing to share with you. An average class size of 30 students assures that you receive a personal education. Faculty members work closely with you to help you gain your academic or technical goals.

A professional advising staff can help you set your educational goals. If you are undecided about a college major, SPC advisors can help you determine what you like to do and where your talents lie. They are available, along with faculty advisors, to help you plan your college career.

SPC maintains residence halls for men and women on its Levelland Campus. The residence hall program offers comfortable and economical housing and dining facilities for students who want to live on campus. The college maintains nine residence halls plus the Smallwood Apartment Complex, housing 278 men and 392 women. The college's newest residence hall, Tubb Hall, opened in 2012 and houses 104 students.

Student activities, student organizations, intercollegiate athletics, recreational activities and rich college traditions give the Levelland Campus a resident-college flavor.

[Click Here To View the SPC Levelland Campus Map](#)

SPC Reese Center [^Top](#)

An extension center of South Plains College, the SPC Reese Center offers a wide range of programs and courses designed to provide academic transfer, technical education, adult and continuing education, workforce development and other specialized training programs in cooperation with the universities, business, industry and the professional medical community of the South Plains area of West Texas.

South Plains College has been providing educational programs in the immediate Lubbock area since 1970 when it first began offering courses at the former Reese Air Force Base. Located off West 4th Street and Research Blvd., the SPC Reese Center offers freshman and sophomore-level college-credit courses in both academic transfer, selected technical programs and workforce development non-credit courses. While a variety of classes are offered during the

day, the center maintains an extensive evening class program. This schedule allows Lubbock area students greater flexibility and convenience in taking college courses at night.

The college's facilities at the Reese Center include seven buildings, including six classroom buildings, SPC Buildings 2, 3, 4, 5, 6 and 8. The college maintains administrative and student services offices in SPC Building 8 at 819 Gilbert Drive. Registration takes place in this facility.

The campus enrolls more than 3,500 students each semester in its associate degree and certificate programs. Students, for the most part, are residents of Lubbock or surrounding communities. Many are older adults entering college for the first time to gain marketable job skills.

The 16 technical programs offered at the SPC Reese Center are designed to prepare students for employment in a specific occupation through a prescribed course of study. The college offers technical programs in health occupations, business administration and industrial technology areas. These programs consist of college-level, semester credit hour courses and award either an Associate of Applied Science degree or a Certificate of Proficiency. The programs have been developed by South Plains College faculty members in direct consultation with advisory committees made up of individuals from education, business and industry.

The Center for Clinical Excellence, a state-of-the-art health occupations simulation facility, is housed in SPC Building 1. The Center houses four simulation suites with equipment furnished by area hospitals. The suites are home to patient simulators which mimic human responses to illness and the treatment received.

Adult and continuing education programs are available to satisfy the professional and personal interests of area residents. Specialized training programs are offered to business and industry as workforce development needs arise in Lubbock and the South Plains area.

South Plains College is committed to assuring student success in college programs through a broad spectrum of support services which include career counseling, testing and skills assessment, computer-aided learning laboratories, and tutoring in basic skills and specific courses. The college also provides special services for persons with disabilities, workforce literacy courses, developmental and remedial programs, library and research services, veteran services and job placement services.

Click Here To View the SPC Reese Center Map

SPC Lubbock Center ^Top

South Plains College's newest location, the SPC Lubbock Center is designed to expand access to a college education for the residents of the City of Lubbock and the surrounding area. The programs of the Lubbock Center had their beginnings at the Byron Martin Advanced Technology Center in Lubbock. For 20 years, SPC, the Lubbock Independent School District and a number of community partners worked together at the ATC to deliver cooperative technical education programs to support the development of a skilled technical workforce for Lubbock and the South Plains region. The success of this endeavor and the need to expand and

SPC Plainview Extension Center

The South Plains College Plainview Center opened in September 2005 and offers selected technical education programs, academic transfer courses and other workforce development programs. Located at 1920 W. 24th St. in Plainview, Texas, the center is designed to serve the northern tier of the college's service area through distance education initiatives.

SPC maintains technical programs in cosmetology, vocational nursing, automotive technology, welding technology and industrial manufacturing/emerging technologies at the Plainview Center. A variety of college-level general education courses are offered during the daytime and evening hours at the center to accommodate the needs of working adults. The center features interactive two-way video classrooms, computer labs and student services offices. College admissions, financial aid, career advising, testing and skills assessment services are also provided for students.

Adult and continuing education programs are available to meet the workforce development needs of the Plainview community. SPC is committed to creating greater access to educational programs for rural residents through the Plainview Center.

Accreditation and Standing

South Plains College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (**SACSCOC**) to award associate degrees and proficiency certificates. Questions about the accreditation of South Plains College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

align career and technical education programs on both the secondary and post-secondary levels led to the establishment of the new SPC Lubbock Center.

Located at 3907 Ave. Q, the South Plains College Lubbock Center offers college-level career and technical education programs and courses that focus on business, office administration, computer technology, machinist trades, automotive technology, welding technology, and industrial manufacturing/emerging technologies. A new culinary arts program is being developed for the center and will open in fall 2018. Additionally, students have access to a variety of academic transfer courses that support the technical degree programs offered at the center.

Through an extensive continuing education and workforce development program, the Lubbock Center also serves the training needs of non-traditional students and workers who need to upgrade job skills or retrain for new jobs. Some of these programs include specialized training in the construction trades, health occupations, and computer technologies. The facility enables South Plains College to collaborate with its business partners to provide rapid response training to attract new business and industry and customized job training to support and retain existing businesses.

A comprehensive array of student services is offered to support the educational program and the success of students, including admissions, financial aid, advising and testing, tutoring and student business services. An information media center gives students access to the extensive library services provided to all SPC students at all campus locations. Students also have high speed WiFi access throughout the entire building.

The Lubbock Center houses more than 77,000 square feet of instructional space and features eight high-tech computer classrooms with Internet access and 10 instructional classrooms with multimedia capabilities. Additionally, the facility houses a millwork lab, metals lab, welding lab, automotive technology lab and construction trades lab that also functions as a rapid response training facility. The planned culinary arts lab will be the centerpiece of that program. State-of-the-art equipment in all instructional areas provides students with "high-tech, high-touch" instruction and hands-on application of skills.

The ability of South Plains College to expand its educational footprint in Lubbock has been made possible through generous financial support provided by the Helen Jones Foundation, The CH Foundation, the Lubbock Economic Development Alliance, the J.T. and Margaret Talkington Charitable Foundation and United Supermarkets. These partners join South Plains College in expanding higher education opportunities for local citizens that will lead to greater economic viability and diversity for the region.
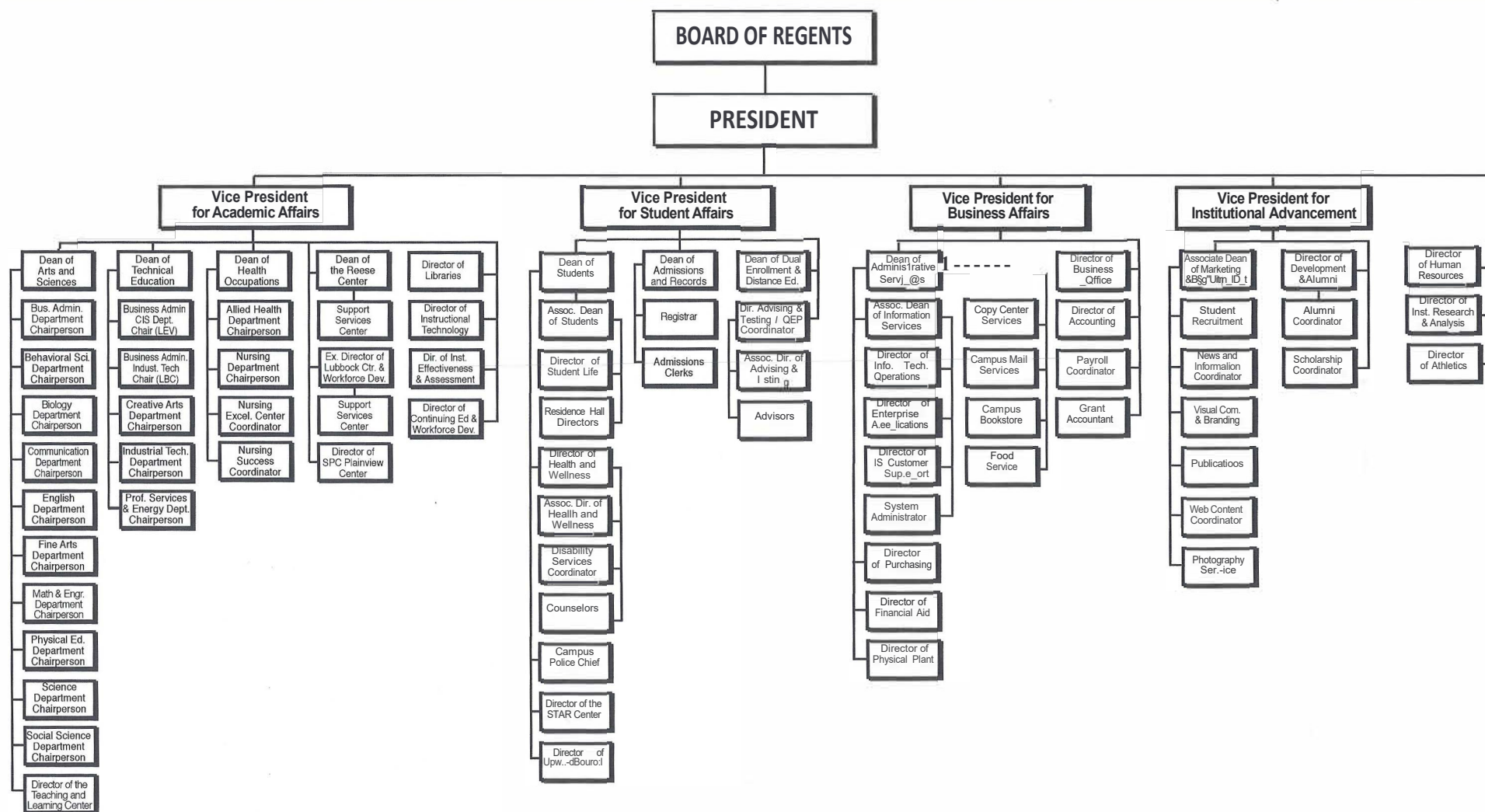
Many individuals who need certain college classes to advance in their jobs, now conveniently find these college classes at the SPC Lubbock Center.

The educational program, degrees and certificates awarded by South Plains College are approved by the Texas Higher Education Coordinating Board. Institutional questions concerning the educational program of the College should be directed to the Vice President for Academic Affairs, (806) 716-2208.

Memberships

South Plains College is a member of the Texas Association of Community Colleges, the Southern Association of Colleges and Schools Commission on Colleges, the Council for the Advancement and Support of Education, the Western Junior College Athletic Conference, the National Junior College Athletic Association and the National Intercollegiate Rodeo Association.
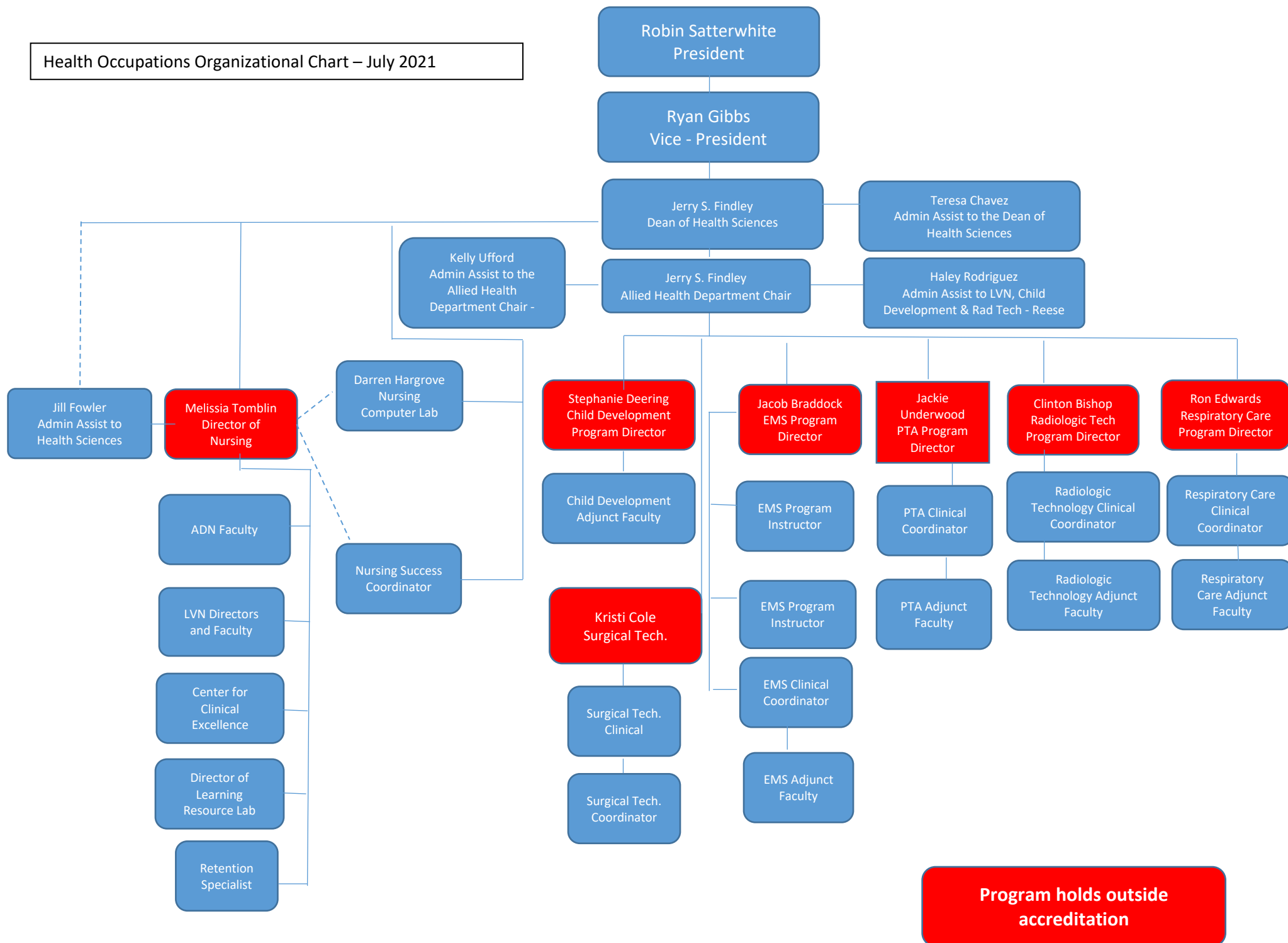
SOUTH PLAINS COLLEGE ORGANIZATIONAL CHART

BOARD OF REGENTS

PRESIDENT

Vice President for Academic Affairs

- Dean of Arts and Sciences
  - Bus. Admin. Department Chairperson
  - Behavioral Sci. Department Chairperson
  - Biology Department Chairperson
  - Communication Department Chairperson
  - English Department Chairperson
  - Fine Arts Department Chairperson
  - Math & Engr. Department Chairperson
  - Physical Ed. Department Chairperson
  - Science Department Chairperson
  - Social Science Department Chairperson
  - Director of the Teaching and Learning Center
- Dean of Technical Education
  - Business Admin CIS Dept. Chair (LEV)
  - Business Admin. Indust. Tech Chair (LBC)
  - Creative Arts Department Chairperson
  - Industrial Tech. Department Chairperson
  - Prof. Services & Energy Dept. Chairperson
- Dean of Health Occupations
  - Allied Health Department Chairperson
  - Nursing Department Chairperson
  - Nursing Excel. Center Coordinator
  - Nursing Success Coordinator
- Dean of the Reese Center
  - Support Services Center
  - Ex. Director of Lubbock Ctr. & Workforce Dev.
  - Support Services Center
  - Director of SPC Plainview Center
- Director of Libraries
  - Director of Instructional Technology
  - Dir. of Inst. Effectiveness & Assessment
  - Director of Continuing Ed & Workforce Dev.

Vice President for Student Affairs

- Dean of Students
  - Assoc. Dean of Students
  - Director of Student Life
  - Residence Hall Directors
  - Director of Health and Wellness
  - Assoc. Dir. of Health and Wellness
  - Disability Services Coordinator
  - Counselors
  - Campus Police Chief
  - Director of the STAR Center
  - Director of Upw..-dBouro:l
- Dean of Admissions and Records
  - Registrar
  - Admissions Clerks
- Dean of Dual Enrollment & Distance Ed.
  - Dir. Advising & Testing / QEP Coordinator
  - Assoc. Dir. of Advising & I stin
  - Advisors

Vice President for Business Affairs

- Dean of Adminis1rative Servj_@s
  - Assoc. Dean of Information Services
  - Director of Info. Tech. Qperations
  - Director of Enterprise A.ee_lications
  - Director of IS Customer Sup.e_ort
  - System Administrator
  - Director of Purchasing
  - Director of Financial Aid
  - Director of Physical Plant
- Copy Center Services
  - Campus Mail Services
  - Campus Bookstore
  - Food Service
- Director of Business _Qffice
  - Director of Accounting
  - Payroll Coordinator
  - Grant Accountant

Vice President for Institutional Advancement

- Associate Dean of Marketing &B§g"Ultn_ID_t
  - Student Recruitment
  - News and Information Coordinator
  - Visual Com. & Branding
  - Publicatioos
  - Web Content Coordinator
  - Photography Ser.-ice
- Director of Development &Alumni
  - Alumni Coordinator
  - Scholarship Coordinator
- Director of Human Resources
  - Director of Inst. Research & Analysis
  - Director of Athletics

This Chart represents the organization of instructional, student services, and administrative support units by personnel postition and function.

Rev. 5119

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Health Occupations Organizational Chart – July 2021

Robin Satterwhite
President

Ryan Gibbs
Vice - President

Jerry S. Findley
Dean of Health Sciences

Teresa Chavez
Admin Assist to the Dean of Health Sciences

Kelly Ufford
Admin Assist to the Allied Health Department Chair -

Jerry S. Findley
Allied Health Department Chair

Haley Rodriguez
Admin Assist to LVN, Child Development & Rad Tech - Reese

Jill Fowler
Admin Assist to Health Sciences

Melissia Tomblin
Director of Nursing

Darren Hargrove
Nursing Computer Lab

Stephanie Deering
Child Development Program Director

Jacob Braddock
EMS Program Director

Jackie Underwood
PTA Program Director

Clinton Bishop
Radiologic Tech Program Director

Ron Edwards
Respiratory Care Program Director

ADN Faculty

Nursing Success Coordinator

Child Development Adjunct Faculty

EMS Program Instructor

PTA Clinical Coordinator

Radiologic Technology Clinical Coordinator

Respiratory Care Clinical Coordinator

LVN Directors and Faculty

Kristi Cole
Surgical Tech.

EMS Program Instructor

PTA Adjunct Faculty

Radiologic Technology Adjunct Faculty

Respiratory Care Adjunct Faculty

Center for Clinical Excellence

Surgical Tech. Clinical

EMS Clinical Coordinator

Director of Learning Resource Lab

Surgical Tech. Coordinator

EMS Adjunct Faculty

Retention Specialist

Program holds outside accreditation

FACULTY ORGANIZATION

FACULTY
HANDBOOK

South Plains College
Office of the Vice President for Academic Affairs
August 2020

SOUTH PLAINS COLLEGE
FACULTY HANDBOOK
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6.0 COUNCIL

7.0 STANDING COMMITTEES

8.0 FACULTY SENATE

SOUTH PLAINS COLLEGE
FACULTY HANDBOOK

1.0 GENERAL INFORMATION

1.1 STATEMENT OF PURPOSE

South Plains College is a publicly supported two-year community college, providing educational opportunities through academic, career and technical education, continuing education, workforce development and community service programs. Educational programs and services are offered on the college's main campus in Levelland and at extension centers located in Lubbock, Reese and Plainview. The college serves 15-county area of the South Plains region of Texas.

1.1.1 History and Philosophy

The history of South Plains College is the unfolding of an idea with two elements: the impulse and capacity of the individual to learn and produce, and the community dependent on the enlightened and productive individual. In some sense, this history begins when the local community begins, for the community has always understood that its nature is, in part, to learn, teach, and provide public education for its children. However, by the early 1950s a few prominent citizens of Hockley County realized that the local education should no longer be limited to children, and that Hockley County required a greater role in the educational system of Texas. Consequently, these citizens twice petitioned the State Board of Education, once in 1951 and again in 1956, for permission to establish a junior college in Levelland. Given permission to hold an election, the citizens of Hockley County voted to establish South Plains College on April 2, 1957. In March 1958, Whiteface Independent School District became a part of the district, which was re-designated the South Plains Junior College District.

In 1958, the college opened its doors primarily as a two-year academic transfer institution, the first such college in Texas in more than 10 years. South Plains College opened the door to the expansion of community colleges in Texas, arguably the most significant development in Texas higher education of the last half of the twentieth century. Fruitful changes began almost immediately. In the early 1960s, the district developed a clearer notion of community college and rapidly incorporated technical and vocational education, continuing education, and educational counseling and other student support services.

South Plains College has continued to grow and expand, opening the extension at Reese Air Force Base in 1970, and a technical branch in Lubbock in 1973. In 1977, the college acquired and refurbished the West Texas Hospital Building in downtown Lubbock, and in the fall of 1978 established the Lubbock Campus at the new site. With the closing of Reese Air Force Base in 1997, the college acquired through public conveyance six educational buildings at the former air base. These facilities have been developed into an expanded SPC Reese Center program. The same year, SPC established a partnership with the Lubbock Independent School District and other Lubbock community partners to open the Byron Martin Advanced Technology Center. In order to accommodate enrollment and program growth, college officials in 2000 decided to close the Main Street facility and consolidate its Lubbock-based programs at the SPC Reese Center. In 2004, the college acquired a facility in Plainview to expand its educational program in the northern tier of its service area. This building was renovated and opened in September 2005 as the SPC Plainview Center. In 2016, the College acquired a facility at 3907 Avenue Q in Lubbock to serve as an expanded career and technical education center. With financial assistance from the Helen Jones Foundation, the CH Foundation and the Lubbock Economic Development Alliance, the 77,000 square foot facility was renovated into the College's newest Lubbock location. The programs that were housed at the Byron Martin Advanced Technology Center were relocated to this new facility, which opened in the fall of 2017.

Over the years, these expansions have significantly enriched South Plains College, broadening its service area and contributing to its understanding of the larger community. All the while, the larger community has been exceptionally positive in its support of the college, voting bond issues as needed and promoting enthusiastically all facets of the college.

History implies change, and South Plains College is committed to changing with the needs and opportunities of the community. It seeks not merely to be the guardian of tradition, but to be creative as well, ever seeking to uncover and find expression for individual and community potential. Communities, however, do not merely change. The original idea that established the college remains valid, and South Plains College understands its relation to the abiding values of civilization. Thus, the college continues to be the unfolding intellectual history of a community attempting to be a responsible part of the global communities of the world.

1.1.2 Vision

South Plains College improves each student's life.

1.1.3 Mission

South Plains College provides educational opportunities that improve the lives of its students by establishing a foundation for lifelong learning. The College offers high quality courses, programs and services that assist students in clarifying and achieving their educational and career goals in order to become productive and responsible citizens in a global society. South Plains College empowers its faculty and staff to provide a learning environment that is innovative, engaging, compassionate, safe, diverse and supportive of the College vision.

1.1.4 Role and Scope

South Plains College is a public, open admission, comprehensive community college that primarily serves individuals and communities in its service area comprising the southern portion of the Texas High Plains. The College offers quality academic transfer, career, and technical education programs leading to associate degrees and proficiency certificates. To sustain the communities it serves, the College also offers developmental education, continuing education, workforce development, and community service programs. The College and its employees strive for excellence in teaching and provide learning opportunities that are accessible, flexible, and affordable.

1.1.5 Institutional Purposes

In order to accomplish its mission, South Plains College is committed to the following institutional purposes:
1. To provide associate degree programs in the arts and sciences that successfully prepare students for university transfer into baccalaureate degree programs.
2. To provide certificate and associate degree programs in career and technical education areas that equip students with skills, attitudes, and aptitudes necessary for gainful employment, for professional certification or for advanced study.
3. To provide developmental, adult literacy, and basic skills programs designed to assist those students who are underprepared for college and who need skills for college success.
4. To provide flexible continuing education and workforce development programs, including specialized business and industrial training, which anticipate and address the specific needs of the global workplace.

5. To foster student success holistically by providing an Educational Success Plan (ESP) that includes advisement, academic support and student support services and by providing opportunities to participate in the academic and social life of the College.
6. To expand access to educational opportunities through distance learning, technology, and other innovations.
7. To listen actively to the needs of service area constituents; to work in partnership with others to build communities; and to provide community service programs, cultural opportunities and activities that reflect the diversity of the region the College serves.
8. To effectively develop and be accountable for managing College resources and to continuously improve the quality of programs, services and operations.

Adopted by the South Plains College Board of Regents, June 12, 2014

1.1.6 Statement of Values

South Plains College respects the diversity of its student body and recognizes the worth and potential of each student. Therefore, the college affirms the following values and beliefs.

Commitment to Students: We believe each student is individually important and has unique needs and goals. The College supports students in clarifying their lifelong goals, provides personalized attention and service, assists them in developing their talents and skills, recognizes their culture, heritage and lifetime experiences, and challenges them to become independent, lifelong learners.

Commitment to Educational Excellence: As educators, we believe effective teaching brings quality to learning and that our success is measured by the success of our students. The College provides and is accountable for the quality of its educational programs and student support services. We recognize that academic freedom is a catalyst for innovation and technology enhances the educational experience. These qualities enable the College to prepare students for lifelong, creative roles in the community.

Commitment to Access and Diversity: We believe the College should provide access to programs and services to students who may benefit and that the College should reflect the diversity of the community it serves. The College offers equal access to education through an open door admissions policy. The College has a responsibility to provide educational services that are affordable and available at convenient times and places.

Commitment to Faculty and Staff: We believe everyone contributes to quality and institutional success by working toward common goals as a team member. All members of the College community will have the opportunity to be innovators, to grow through professional development and to prosper from equitable rewards and recognition based on clearly defined expectations.

Commitment to a Quality Campus Environment: We recognize the importance of providing a safe, clean and accessible work and learning environment that is characterized by integrity, clear communications, an open exchange of ideas, appreciation for personal worth, involvement in decision-making and respect for all individuals.

Commitment to the Community: As members of a larger community, we recognize the importance of enhancing the quality of life for all citizens of the community and supporting opportunities for economic development and growth. We will listen actively to the needs of our constituents and work to build partnerships to address common needs and goals.

Commitment to Effective Use of Resources: In order to remain good stewards of the public trust, we believe in the effective use of College resources to provide quality educational programs and services to students and the community. To accomplish this we will plan effectively for the future.

2.0 FACULTY, ETHICS AND RESPONSIBILITIES

2.1 Faculty

The faculty of South Plains College shall be defined as all persons employed full-time and whose assignment involves at least 50 percent teaching. Each faculty member shall be directly responsible to his/her departmental chairperson. Specific duties and responsibilities required of each faculty member include:

a. The instructor prepares necessary documents for teaching, meets his/her assigned courses throughout the entire term as defined by the academic calendar, and observes office hours according to the Faculty Handbook policy.

b. The instructor demonstrates thorough knowledge of subject matter.

c. The instructor assists students in clarifying educational goals and participates in student advisement.

d. The instructor is student oriented and demonstrates an interest in student learning.

e. The instructor willingly works toward providing positive resolution when conflict arises with students.

f. The instructor's student evaluations are within an acceptable range.

g. The instructor accepts college assignments as assigned by the department chairperson in a professional manner.

h. The instructor turns in required documents and reports to administration in a timely manner.

i. The instructor exhibits a positive and helpful attitude toward colleagues within his/her department.

j. The instructor participates in required departmental meetings.

k. The instructor actively participates in or serves on groups and committees related to the institution.

l. The instructor actively participates in available faculty development opportunities offered by the institution and/or participates in other development activities outside of those offered by the institution.

m. The instructor conducts himself/herself in a manner that furthers the institution's mission and goals.

2.2 Faculty Qualifications

South Plains College strives to adhere to the standards of the Southern Association of Colleges and Schools, which state that all teaching faculty members must have special competence in the fields in which they teach. This special competence is attested to by advanced study culminating in appropriate graduate degrees, or by extensive work experience in the teaching fields or in a professional practice, which is demonstrably of highest quality.

The institution also considers competence, effectiveness and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty.

The following has been extracted from the Southern Association of Colleges and Schools, Commission on Colleges *Principles of Accreditation*: *Foundations for Quality Enhancement (2017) and the Guidelines for Faculty Credentials (2006)*

Section 6 of the Principles of Accreditation reads as follows:

1. The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution. (Full-time faculty) [CR]

2. For each of its educational programs, the institution

> a. Justifies and documents the qualifications of its faculty members. (Faculty qualifications)

> b. Employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review. (Program faculty)

> c. Assigns appropriate responsibility for program coordination. (Program coordination)

For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty.

When an institution defines faculty qualifications using faculty credentials, institutions should use the following as credential guidelines:

a. Faculty teaching general education courses at the undergraduate level: doctorate or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (a minimum of 18 graduate semester hours in the teaching discipline).

b. Faculty teaching associate degree courses designed for transfer to a baccalaureate degree: doctorate or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (a minimum of 18 graduate semester hours in the teaching discipline).

c. Faculty teaching associate degree courses not designed for transfer to the baccalaureate degree: bachelor's degree in the teaching discipline, or associate's degree and demonstrated competencies in the teaching discipline.

d. Faculty teaching developmental courses that are not college-level have a bachelor's degree and teaching experience in the discipline.

2.3 Academic Freedom, Tenure, and Responsibility for Faculty Members in Texas Public Community and Senior Colleges and Universities

The statements that follow, issued by the Texas Higher Education Coordinating Board (Revised January 1979), provide guiding principles designed to aid Texas colleges and universities in evaluating the conditions of academic freedom, tenure, and responsibility that prevail on each campus.

2.3.1 Academic Freedom

Institutions of higher education are conducted for the common good. The common good depends upon an uninhibited search for truth and its open expression. Hence, it is essential that each faculty member be free to pursue scholarly inquiry without undue restriction, and to voice and publish individual conclusions concerning the significance of evidence that he or she considers relevant.

Each faculty member must be free from the corrosive fear that others, inside or outside the college community, because their vision may differ, may threaten his or her professional career or the material benefits accruing from it. Each faculty member is entitled to full freedom in the classroom in discussing the subject, which he or she teaches but is expected not to introduce into his or her teachings controversial matters, which have no relation to the classroom subject. Each faculty member also is a citizen of the nation, state and community; and when speaking, writing or acting as such, must be free from institutional censorship or discipline, subject to academic responsibility as hereinafter set out, and the faculty member should make it clear that he or she is not speaking for the institution.

2.3.2 Academic Responsibility

The concept of academic freedom for faculty must be accompanied by an equally demanding concept of academic responsibility of faculty. A faculty member has a responsibility to the institution, his or her profession, his or her students, and society at large.

The rights and privileges of faculty members extended by society and protected by governing boards and administrators through written policies and procedures on academic freedom and tenure, and as further protected by the courts, require reciprocally the assumption of certain responsibilities by faculty members. Some of those follow below:

a. The fundamental responsibilities of a faculty member as a teacher and scholar include maintenance of competence in his or her field of specialization and the exhibition of such professional competence in the classroom, studio, or laboratory and in the public arena by such activities as discussions, lectures, consulting, publication or participation in professional organizations and meetings.

b. The exercise of professional integrity by a faculty member includes recognition that the public will judge his or her profession and institution by his or her statements. Therefore, the faculty member should strive to be accurate, to exercise appropriate restraint, to be willing to listen to and show respect to others expressing different opinions and to avoid creating the impression that the faculty member speaks or acts for his or her college or university when speaking or acting as a private person.

c. The constitutionally protected right of the faculty member, as a citizen, to freedom of expression must be balanced with the interest of the state, as an employer, in promoting the efficiency of the educational services it performs through its employees. A faculty member's comments are protected even though they may be highly critical in tone or content or erroneous, but such statements are not protected free speech if they either substantially impede the faculty member's performance of his or her daily duties, or materially and substantially interfere with the regular operation of the institution, or if they are part of the continuing pattern of expression of such nature as to destroy the harmony and morale of a division, department or college. False statements made with knowledge of their falsity or in reckless disregard of the truth are not entitled to constitutional protection, and public statements may be so without foundation as to call into question the fitness of the faculty member to perform his or her duties.

d. A faculty member should be judicious in the use of controversial material in the classroom and should introduce such material only as it has clear relationship to his or her subject field.

e. A faculty member should be professional in his or her conduct in the classroom and in his or her relationship with students. The faculty member should maintain respect for the student and for the student's posture as a learner. The faculty member should make himself or herself appropriately available to the student for consultation on course work.

f. A faculty member has the responsibility to provide timely and adequate notice of his or her intention to interrupt or terminate institutional services.

2.4 Code of Professional Ethics

Texas Community College Teachers Association and South Plains College

Professional Educators affirm the inherent worth and dignity of all persons and the right of all persons to learn. Learning best occurs in an environment devoted to the pursuit of truth, excellence and liberty. These flourish where both freedom and responsibility are esteemed.

In order to express more adequately the affirmation of our professional responsibilities, we, the members of the Texas Community College Teachers Association, do adopt, and hold ourselves and each other subject to, the following Code of Professional Ethics:

a. The Professional Educator shall treat all persons with respect, dignity, and justice, discriminating against no one on any arbitrary basis such as ethnicity, creed, gender, disability, or age.

b. The Professional Educator shall strive to help each student realize his or her full potential as a learner and as a human being.

c. The Professional Educator shall by example and action encourage and defend the unfettered pursuit of truth by both colleagues* and students, supporting the free exchange of ideas, observing the highest standards of academic honesty and integrity, and seeking always an attitude of scholarly objectivity and tolerance of other viewpoints.

d. The Professional Educator shall work to enhance cooperation and collegiality among students, faculty, administrators, and other personnel.

e. The Professional Educator shall recognize and preserve the confidential nature of professional relationships, neither disclosing nor encouraging the disclosure of information or rumor, which might damage or embarrass or violate the privacy of any other person.

f. The Professional Educator shall maintain competence through continued professional development, shall demonstrate that competence through consistently adequate preparation and performance, and shall seek to enhance that competence by accepting and appropriating constructive criticism and evaluation.

g. The Professional Educator shall make the most judicious and effective use of the college's time and resources.

h. The Professional Educator shall fulfill the employment agreement both in spirit and in fact, shall give reasonable notice upon resignation, and shall neither accept tasks for which he or she is not qualified nor assign tasks to unqualified persons.

i. The Professional Educator shall support the goals and ideals of the college and shall act in public and private affairs in such a manner as to bring credit to the college.

j. The Professional Educator shall not engage in sexual harassment of students or colleagues and shall adhere to the college's policy on sexual conduct.

k. The Professional Educator shall observe the stated policies and procedures of the college, reserving the right to seek revision in a judicious and appropriate manner.

l. The Professional Educator shall participate in the governance of the college by accepting a fair share of committee and institutional responsibilities.

m. The Professional Educator shall support the right of all colleagues to academic freedom and due process and defend and assist a professional colleague accused of wrongdoing, incompetence, or other serious offense so long as the colleague's innocence may reasonably be maintained.

n. The Professional Educator shall not support a colleague whose persistently unethical conduct or professional incompetence has been demonstrated through due process.

o. The Professional Educator shall accept all rights and responsibilities of citizenship, always avoiding use of the privileges of his or her public position for private or partisan advantage.

*In this Code, the term "colleague" refers to all persons employed by colleges in the educational enterprise.

2.5 Departmental Chairpersons

Chairpersons for all instructional departments will receive an annual stipend in addition to the instructional salary and will receive a 20% decrease of the required teaching load. Exceptions may be approved by the Dean.

Departmental chairpersons will perform those duties as assigned by divisional deans in matters affecting their respective departments. Specific duties and responsibilities include:

a. To give direction, supervision and assistance to each faculty and staff member assigned to the department.

b. Prepare and administer the departmental budget, plan and coordinate class scheduling, coordinate all course level student learning outcomes assessment, review and report non-instructional departmental assessments.

c. Chairpersons are present, or responsible for, assigning faculty to all registrations and new student orientations in order to assist with advising in their areas.

d. Advise the division dean of staffing needs, assist in the recruitment, screening and selection of new employees.

e. To evaluate departmental faculty members, and to recommend to the division dean faculty members for renewal or non-renewal of contract, tenure and rank promotions. This written evaluation shall identify areas in which department members may need improvement, with methods outlined to address such needs.

f. To make recommendation to the division dean regarding coordinator or director titles when appropriate.

g. To be responsible for faculty development activities at the departmental level.

h. To assume a leadership role in increasing faculty capabilities in teaching and student support responsibilities.

i. To be responsible for requisitioning supplies, equipment, and textbooks required for each course in their respective department.

j. To work with the college library in the areas of evaluation and acquisition of departmental library holdings.

k. To be responsible for proposing to the academic council any changes or revisions of the curriculum in the department and serve as a member of the academic council.

l. To be responsible for the inventory of all furniture and equipment in the department each school year, and report any items stolen or lost during the year.

m. To supervise or authorize supervision of the students assigned to the department under student work programs as well as Time Clock submissions for the respective students.

n. To report absences of faculty members in the department to the appropriate dean and the Human Resources Office.

o. To arrange for substitute instructors, from the same department when possible, in the event of faculty absences in their department.

2.6 Departmental Coordinators

Department coordinators will be granted a twenty percent (20%) decrease in their instructional load. Department coordinators will be present for student registrations as determined by the chairperson.

Department coordinators will perform those duties as assigned by the department chairperson and division dean in matters affecting the department. Specific duties and responsibilities include:

a. To assist the departmental chairperson in giving direction, supervision and assistance to each faculty and staff member.

b. To assist the departmental chairperson in the preparation of the budget.

c. To assist the departmental chairperson in the evaluation of faculty members.

d. To assist the departmental chairperson in providing faculty development activities for the department.

e. To assist the departmental chairperson in efforts to increase faculty capabilities in teaching and student support.

f. To assist the departmental chairperson in recruitment of students through contact with area schools, businesses and industry.

g. To assist the departmental chairperson in other matters concerning the department.

2.7 Program Coordinators

Program coordinators may be granted a decrease in their instructional load. This will be determined by the dean of each division upon recommendation by the department chairperson. Program coordinators who are granted a decrease in their instructional load may teach overloads. Program coordinators will be present for student registrations as determined by the chairperson.

Program coordinators will perform those duties as assigned by the departmental chairperson and division dean in matters affecting their respective program areas or areas of instructional specialization. Specific duties and responsibilities include:

a. To assist the departmental chairperson in giving direction, supervision and assistance to each faculty and staff member within program or area of instructional specialization.

b. To assist the departmental chairperson in the preparation of the budget for the program or area of instructional specialization.

c. To assist the departmental chairperson in the evaluation of faculty members within the program or area of instruction specialization.

d. To assist the departmental chairperson in efforts to increase faculty capabilities in teaching and student support.

e. To assist the departmental chairperson in recruitment of students through contact with area schools, businesses and industry.

f. To assist the departmental chairperson in matters concerning student advisement, curriculum development and program evaluation (including site visits where applicable).

g. To assist the departmental chairperson in other matters concerning the program or areas of instructional specialization as needed.

3.0 FACULTY STATUS AND EVALUATION

3.1 Academic Rank Standards for Faculty

3.1.1 Rank Classifications

3.1.1.1 Instructor: This rank may be held by those teachers meeting any of the following standards:

a. Those holding no post-secondary degree but with sufficient professional experience.

b. Those holding an associate degree with eight years of professional experience.

c. Those holding a bachelor's degree with six years of professional experience.

d. Those holding a bachelor's degree with twelve or more graduate hours in their teaching field and four years of professional experience.

e. Those holding a bachelor's degree with twenty-four or more graduate hours in their teaching field and two years of professional experience.

f. Those holding a master's degree and no experience at South Plains College.

3.1.1.2 Assistant Professor: This rank may be held by those meeting any of the following standards:

a. Those holding the bachelor's degree with twenty-four graduate hours in the teaching field and five years of professional experience at South Plains College.

b. Those holding a master's degree and three years of professional experience at South Plains College.

c. Those holding the master's degree plus thirty hours of additional related college credit and with two years of professional experience at South Plains College.

d. Those holding a master's degree plus sixty hours of acceptable additional credit and with no professional experience at South Plains College.

3.1.1.3 Associate Professor: This rank may be held by those meeting any of the following standards:

a. Those holding the master's degree plus thirty hours of additional related college credit and having completed ten years of professional experience at South Plains College.

b. Those holding the master's degree plus sixty hours of related college credit and having completed five years professional experience at South Plains College.

c. Those holding the doctorate and with three years of experience at South Plains College.

3.1.1.4 Professor: This rank may be held by those meeting any of the following standards:

a. Head of departments holding at least the master's degree plus thirty semester hours of additional related college credit but less than the doctorate and whose departments have more than five members and where the department head has completed ten years of professional experience at South Plains College.

b. Those holding the master's degree plus sixty hours of additional related college credit and having completed ten years of professional experience at South Plains College.

c. Those holding the doctorate and with six years of professional experience at South Plains College.

3.1.2 Provisions of the Process

a. Rank promotions must be approved by the departmental chairperson, the division dean, vice president for academic affairs, and the president of the college.

b. Recommendations for rank promotion should be made in January of each year. Consideration of the rank promotion recommendations made by the departments will be considered during the month of February.

c. The Rank Promotions Committee will be composed of the departmental chairpersons, dean of arts and sciences, dean of technical education, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, vice president for academic affairs, and the president of the college. A simple majority decision shall be sufficient for approval.

d. Individuals denied rank promotion shall be notified by the appropriate dean.

e. It should be kept in mind that previously stated rank requirements are minimum requirements and a person's rank increase is not based solely on these standards.

f. The designation of assistant instructor is not an appointment to a faculty rank position and does not lead to tenure.

g. A distinguished professor rank may be awarded by the administration without regard to the above standards to a person who has brought distinction to himself or herself and the college by unusual scholarly teaching, research, publication or achievement.

3.1.3 Additional Assumptions

a. The administration has the authority to employ teachers at any rank desired by the administration.

b. The administration has the right to reward worthy teachers by promotion to a rank without regard to the standards previously outlined. In giving recognition to worthy teachers, consideration should be given to additional training (whether formal college credit training or not), professional activities, non-academic experience and such other subjective factors as may be pertinent to job performance.

c. The administration shall review periodically, functioning of the ranking system, using such committees and/or individuals as desirable for consultation and advice.

d. The administration and board of regents reserve the right to make changes in this plan when such changes seem to be in the best interest of South Plains College.

3.2 Tenure Policy for South Plains College

3.2.1 Definition of College Teacher

The definition of college teacher, as used in the tenure policy, is defined as follows: a full-time employee whose primary contracted responsibility is teaching within a South Plains College technical, health occupations, and/or arts and sciences division.

In accordance with the policy definition of tenure, an employee who no longer meets the definition of college teacher is no longer tenured. Upon the employee's return to a tenure-eligible position, the probationary period need not be repeated before consideration for tenure is given.

3.2.2 Academic Freedom and Tenure (Board of Regents Policy Manual, Section EA)

The Board of Regents recognizes that institutions of higher education are conducted for the common good. The common good depends upon an uninhibited search for truth and its open expression. Hence, it is essential that each faculty member be free to pursue scholarly inquiry without undue restrict, and to voice and publish individual conclusions concerning the significance of evidence that he or she considers relevant.

3.2.2.1 Definition of Tenure

The concept of academic tenure or continuing appointment recognizes the professional status of the college teacher and assures that his/her employment may be terminated only for adequate cause. Tenure does not exist because of peculiar solicitude for the human beings who staff academic institutions. Rather, it exists so that the college may have the benefit of their competent and honest judgment.

Tenure may be obtained only after a period of probationary service. After tenure is granted, the burden of proof must lie upon the institutional executive or board that wishes to dismiss a teacher.

3.2.2.2 Purposes of Tenure

The college's statement of policy concerning tenure is designed to accomplish the following purposes:

a. To assist the administration by providing sound standards for the original selection of faculty members.

b. To result in the retention, encouragement, and promotion of the most able and most promising staff members.

c. To assure the faculty of security of tenure in accordance with the terms set forth in this policy of tenure.

d. To assure the faculty of freedom of teaching, of research, and of opinion.

e. To provide appropriate procedures for establishing justification of termination of tenure, so that faculty members may be guaranteed adequate notice and a fair hearing of complaints bearing on their security of tenure.

3.2.2.3 Customary Types of Appointments

Appointments which are eligible to satisfy the probationary period and which may lead to the admission to tenure are:

a. Instructor
b. Assistant Professor
c. Associate Professor
d. Professor

No other appointments may be used to satisfy any part of the probationary period.

3.2.2.4 Admission to Tenure

A probationary period of not less than four complete academic years nor more than seven complete academic years of full-time contracted service at South Plains College shall be required of eligible rank before he/she may acquire tenure in the college, except that if an individual has served as a teacher in another institution of higher learning, or if he has had other comparable experience, the college may count that experience as one year of his probationary period.

A teacher not granted tenure at the end of their fourth complete academic year shall be advised in writing by the Dean of the department of the circumstances preventing granting of tenure. Said notification will occur each subsequent year that tenure is not granted until the seventh year, following which tenure must either be granted or employment terminated.

The precise terms and conditions of every appointment shall be stated in writing and shall be in possession of both the college and the teacher before the appointment is consummated.

3.2.2.5 Grounds for Termination of Continuing Appointment

Grounds for termination of continuing appointment are only for adequate cause such as: failure to adhere to professional standards or ethics; actions not in the best interest of the college, such as incompetence or moral turpitude; and demonstrably bona fide financial exigency.

Cases of bona fide financial emergency or the phasing out of institutional programs requiring reduction of faculty may permit exceptions of tenure regulations. No seniority consideration will be given in such cases.

3.2.2.6 Procedure for Termination of Continuing Appointment

Termination of the employment of a faculty member who enjoys continuing appointment, except by resignation or retirement for age in accordance with regulations of the college, will be only for adequate cause shown.

In each case the issue will be determined by an equitable procedure, affording protection to the rights of the individual, which includes academic freedom, and to the interests of the college. The President may for adequate cause suspend an accused faculty member pending immediate investigation or speedy hearing as herein after provided. In cases where the accused admits his conduct constitutes adequate cause and the accused in writing waives investigation and trial, or voluntarily resigns, summary dismissal may follow.

In all cases where the facts are in dispute, the accused faculty member will be informed in writing of the charges against him, which, on reasonable notice, will be heard by a special committee made up of five members of the faculty, selected from a panel of seventeen (17) faculty members appointed annually by the Academic Council. When need for such a committee arises, two of these five members shall be selected from this panel by the Academic Council, two shall be selected from this panel by the President of the college, and a fifth member shall be selected from this panel by the other four.

In every such hearing, the accused will have the right to appear in person with counsel of his own selection, if desired, and to confront and cross-examine witnesses who may appear against him. He shall have right to testify, but may not be required to do so, and he may introduce in his behalf all evidence, written or oral, which may be relevant or material to his defense. If not resolved, a stenographic record of the proceedings will be taken and delivered to the President for submission to the governing board of the college, subsequently referred to as the Board of Regents, and such record shall be made accessible to the accused.

The committee, by a majority of the total membership, will make written findings on the material facts and a recommendation of the continuance or termination of the accused faculty member's tenure. The committee, by a majority of its total membership may make any supplementary suggestions it deems proper concerning the disposal of the case. If minority findings, recommendations, or suggestions are made, they shall be similarly treated.

The Board of Regents, by a majority of the total membership, will approve, reject, or amend such findings, recommendations, and suggestions, if any, and pass finally upon the matters involved. Reasons for approval, rejections, or amendment of such findings; recommendations; and suggestions, if any, will be stated in writing and communicated to the accused.

Approved by Board of Regents 3/13/97

3.2.2.7 Notice of Intention to Terminate or Non-Renew

A teacher in his first, second, third, or fourth year with the college, whose duties commence with the fall semester of the academic year, must be notified in writing by the President by the following March 1 if he is not to be re-appointed.

A teacher in his first year with the college whose duties commence after November 15 must be notified in writing by the President by the following May 15 if he is not to be re-appointed.

A faculty member with tenure must be notified in writing by the President by December 15 of the academic year in which the appointment is to terminate.

Notice of resignation shall be given by March 15.

Approved by Board of Regents 3/13/97

3.2.3 Committee on Tenure and Privilege (Board of Regents Policy Manual, Section EA)

A policy on tenure necessitates both interpretation and administration. The effective administration of the Tenure Policy is the responsibility of the President. The continuous study of pertinent problems and the interpretation of the Tenure Policy and its application to individual situations is the responsibility of the President, the faculty, and the Board of Regents.

Therefore, the Academic Council will constitute a Standing Committee on Tenure and Privilege. The President shall be an ex officio member of this committee. Any member of the faculty, the President of the college, the Board of Regents may refer matters pertaining to tenure and privilege to this committee.

Approved by Board of Regents 4/14/83

3.3 Educational Achievement

Annual salary increases are not governed by a schedule. Increases are recommended by the administration and approved by the Board of Regents, and are based on economic factors and performance.

Faculty salary adjustments are made, however, for certain levels of educational achievement.

The levels are: associate degree, bachelor's degree, master's degree, master's degree plus thirty (30) semester graduate hours, and a doctorate. To be considered as part of the additional educational achievement hours, the study undertaken should be in an appropriate discipline required by or related to the faculty member's instructional area. For the master's degree plus 30 level, the graduate hours must be taken after the date of master's degree and in the faculty member's instructional area. To assure that specific hours and/or a specific degree will count please check with the appropriate dean. It is the responsibility of the faculty member to present documentation of the additional hours or degree to the dean of his/her division.

Salary adjustments for levels of educational achievement, except the doctorate, will be made on a semester basis. If, after an instructional contract has been signed, the additional graduate hours are earned prior to the fall semester (with documentation presented by September 15th), an adjustment will be made for the full academic year. If the additional graduate hours are earned prior to the spring semester (with documentation presented by February 1st), an adjustment will be made for half an academic year. If a faculty member completes all requirements for a doctorate, except formal graduation, and presents an official academic transcript or personal letter from the dean of the graduate school, his/her salary will be adjusted the next succeeding full pay period.

3.4 Faculty Evaluation

The purpose of evaluation of faculty is to provide each faculty member sufficient information to assure continuing faculty competency and to improve teaching skills for instructors.

3.4.1 Departmental Chairperson Evaluation of Faculty

Prior to contract recommendations each year, departmental chairpersons will conference individually with each faculty member prior to submitting a written evaluation to the appropriate dean. The written evaluation will specify as to whether the individual faculty member needs or requires improvement in any specific area, and shall be based upon the criteria set forth in the faculty job description. A faculty member shall have the right to request a joint conference with the departmental chairperson and appropriate dean concerning the evaluation. (Form 3.4.4.1)

3.4.2 Student Evaluation of Faculty

The primary purpose of student evaluation of faculty shall be to provide data useful in improving instruction and instructional support through self-improvement and staff development.

3.4.2.1 Evaluation Guidelines (faculty)

a. Students shall be guaranteed anonymity in the online evaluation process.

b. The faculty member will receive a comprehensive summary of all data generated by each class evaluation.

c. The data generated by each class evaluation shall be processed through CourseEval.

d. A comprehensive summary of data generated by student evaluation will be submitted to the department chairperson, for the department as a whole and without reference to specific classes of individual faculty members, to the appropriate dean, for the purpose of supporting efforts of staff development.

e. The department chairperson shall conference individually with each faculty member concerning the results of each evaluation.

f. The department chairperson and the faculty member, with the assistance of the instructional dean if the faculty member so desires, shall work in concert to develop actions for improvement suggested by the results of the evaluation.

g. The actual instruments completed by students shall be maintained on file for one month after the summary data is distributed to faculty, for the purpose of resolving any challenge to numerical accuracy. The summary data for each class shall be maintained on file by the chairperson.

h. Classes with five or fewer students in attendance will not be evaluated unless provisions for anonymity are provided.

3.4.2.2 Evaluation Procedures

Starting fall 2017, every class and every instructor will be evaluated.

The data is processed by CourseEval. Results are sent to the Chairperson, appropriate Dean and to the Vice President for Academic Affairs.

a. Every instructor will be evaluated in all classes he or she is assigned to teach during the fall semester.

b. The procedure established by the guidelines is to be considered as minimum requirements. Nothing in this document prohibits more frequent evaluations if deemed appropriate by the instructor, departmental chairperson, or administration.

3.4.3. Faculty Evaluation of Departmental Chairperson

3.4.3.1 Evaluation Guidelines (chairperson)

a. Faculty shall be guaranteed anonymity in the evaluation process.

b. The chairperson will receive a comprehensive summary of all data generated.

c. The data generated by each evaluation shall be processed by the division dean.

d. The division dean shall conference individually with each chairperson concerning the results of the evaluation.

3.4.3.2 Evaluation Procedures

The following are sent to all full-time faculty members within a department in the week specified:

a. Evaluation form 3.4.4.3 with Dept./Semester/Chairperson's name noted.

b. Instructions

c. White security return envelope stamped with appropriate Dean's name.

3.4.4.1 Departmental Chairperson Evaluation of Instructor

3.4.4.2 Faculty Evaluation of Departmental Chairperson

4.0 INSTRUCTIONAL POLICIES AND RESPONSIBILITIES

4.1 Course Syllabi

The syllabus for each course should be reviewed annually and revised as appropriate by the faculty. Instructors are encouraged to think and plan course and units of instruction, i.e., content, methods of presentation, teaching aids, student roles and tests in terms of student behavioral objectives. Student participation in planning, where practical, and their orientation about course plans tend to enhance course relevancy. Copies of syllabi should be filed with the department chairperson and the appropriate dean.

4.1.1 Syllabus Statements

Each syllabus should include the following Diversity Statement, Disabilities Statement, Non-Discrimination Statement and Title IX Pregnancy Accommodations Statement appropriate to the location of the course.

4.1.1.1. Diversity Statement

In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

4.1.1.2. Disabilities Statement

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland (Student Health & Wellness Office) 806-716-2577, Reese Center (Building 8) 806-716-4675, or Plainview Center (Main Office) 806-716-4302 or 806-296-9611.

4.1.1.3 Non-Discrimination Statement

South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President for Student Affairs, South Plains College, 1401 College Avenue, Box 5, Levelland, TX 79336. Phone number 806-716-2360.

4.1.1.4 Title IX Pregnancy Accommodations Statement

If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education. To activate accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Health and Wellness Center. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact the Health and Wellness Center at 806-716-2529 or email ccirilo@southplainscollege.edu for assistance.

4.1.1.5 OPTIONAL STATEMENT - Campus Concealed Carry Statement

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations and Frequently Asked Questions, please refer to the Campus Carry page at: http://www.southplainscollege.edu/campuscarry.php

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

4.2 Classroom Discipline

It is incumbent upon each faculty member to provide a classroom environment that promotes an equal opportunity for every student to learn. In doing this, faculty must insure that student conduct in the classroom does not hinder that learning experience.

To insure that students understand what type of conduct is expected in the classroom, faculty should clearly define in the syllabus these expectations and the consequences of misconduct. When necessary, the faculty member should be prepared to reiterate these expectations verbally.

Faculty should become familiar with the *South Plains College Student Guide*. It is an excellent resource for determining what constitutes misconduct and the process for dealing with it.

When faculty becomes involved in cases of student misconduct in the classroom, some suggestions for actions to be taken are:

a. Consult with other faculty, department chair, or dean for ideas.

b. Use corrective counseling or warnings.

c. Remove the student from the class.

d. Refer the student to the department chair and/or dean.

e. In extreme cases, involve the Campus Police.

When it is necessary to counsel or warn a student about inappropriate classroom behavior, it is recommended the faculty member document what prompted the counseling/warning and the action taken.

When communicating with students about inappropriate conduct, faculty should always remember to:

a. Protect the privacy of the student.

b. Stay professional in their conduct.

c. Stay in charge of the situation.

When in doubt as to what action to take, consult with the dean of students, associate dean of students, or the dean of the Reese Center.

4.3 Grading Practices

Each faculty member should explain to every class, at the beginning of each semester, the basis for evaluation that is to be used in awarding grades in that particular class. Grading practices must be clearly defined and easily found by students on the course syllabus. Grades should be accurate, updated regularly, and readily available to students at all times.

4.3.1 Grade Changes

A grade is assigned for all courses in which a student is regularly enrolled during any semester or summer term. A grade once earned and entered upon a student's record cannot be removed and may not be changed without the approval of the instructor and the division dean. A grade change form must be completed and returned to the Dean of Admissions and Records office. If a student repeats a course, it is with the understanding that the last grade earned is the one to be counted toward fulfillment of degree requirements.

Grades, generally, should reflect the extent to which students have attained course objectives. Course objectives should be the common knowledge of the instructors and the students.

4.3.2 Grade Interpretation

Student grades may be interpreted as follows:

Grade	Grade Interpretation	Points per Semester Hrs.
A	Excellent	4
B	Good	3
C	Average	2
D	Below Average	1
F	Failure	0
AU	Audit	Not Computed
I	Incomplete	Not Computed
P	Pass	Not Computed
W	Student initiated withdrawal	Not Computed
X	Administrative withdrawal	Not Computed
E/PR	Progress	Not Computed

Note: Grade E/PR is used for academic skills development courses only.

4.3.3 Posting of Grades

The only acceptable way grades can be posted is by assigning a random number code to each student using a non-alphabetized class roster. Faculty members are not required to post grades.

4.4 Student Records

South Plains College is bound by the Texas Public Information Act, the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380 Education Amendments of 1974), and institutional procedures in determining access to or the release of student records.

4.4.1 Release of Information

Other than directory information, which may be released to the general public without the written consent of the student, the college generally will not permit release of educational records of students without the student's written consent. The consent must be signed and dated by the student and must indicate which records are to be released, the purpose of the release and the name of the agency to which the records will be released.

A student may request that all or any part of the general information be withheld from the public by making written request to the Office of Admissions and Records. This request will apply to only the current enrollment period.

4.4.2 Faculty Access

Only authorized South Plains College personnel should have access to student academic information, and they may use it only for official purposes relating to the college.

Faculty and staff who have access to student records whether from student files in a department office, the South Plains College computer or other sources are legally responsible for the security of student information. Printed copies of student records should not be left on a desk, for example, and must be shredded and disposed of when no longer needed. Computer screens should not be left on if the computer is in a high-traveled area or if the operator is away from the terminal.

4.4.3 Further Information

The student record policy is explained in Section FAD of the Policy and Procedure Manual. A complete copy of the Family Educational Rights and Privacy Act is on file in the Office of the Dean of Admissions and Records.

4.5 Curriculum Revision

Revisions to the curricula offered at South Plains College must follow the process as outlined here:

   a. The proposed course/program change (addition, deletion or revision) should be initiated at the department level and must be approved by the appropriate chairperson/director.

   b. A written request should be sent to the divisional dean on the correct form.

   c. If the dean approves the change(s) she/he will forward it to the academic council.

   d. The Academic Council will review the proposed change at the next scheduled meeting.

   e. All proposed course/program changes are submitted to the Academic Council for official institutional action. The Academic Council, chaired by the vice president for academic affairs, has legislative authority and generally meets twice a year.

   f. All course/program changes approved by the Academic Council are presented to the Board of Regents by the vice president for academic affairs. This is generally done at the April board meeting.

4.6 Instructional and Office Hours

4.6.1 Instructional Hours

Faculty members are expected to be on campus Monday through Friday of each week for a total of 35 hours. It is also understood that several hours each week are required to comply with the duties and responsibilities cited in Section 2.1. If faculty members teach one or more classes outside of the standard work day, as a part of their regular load, corresponding time may be taken off each week. The same portion of the day should be taken off each week and should be filed as a part of the faculty member's regular class and office schedule. Travel time is deductible.

4.6.2 Office Hours

Each faculty member must file a schedule of classes, laboratories and office hours with the appropriate chairperson and division dean shortly after classes begin each semester. It is expected that faculty members will be available for student consultation and must adhere to their posted office hours (8 hours per week). Office hours per week must be scheduled on Fridays if the faculty member's teaching load does not include a class scheduled on Fridays. Faculty should be available as needed on Fridays for office hours or meetings as directed by each departmental chairperson. The departmental chairperson and when applicable, the extension center director, must be notified of any cancellation or modification of office hours.

4.6.3 University Interscholastic League (UIL)

Each spring semester South Plains College sponsors, on the Levelland campus, a University Interscholastic League (UIL) Regional I-A meet for academic and athletic events. These events are very important to South Plains College as many high school students are exposed to our faculty, staff and facilities. Many faculty members are assigned to serve as officials for the contests and activities, and their cooperation is important.

4.7 Dismissal of Classes

In order to dismiss a class, a faculty member must check with the department chairperson who will report to the divisional dean of the college. "Walks" are not a part of the educational program at South Plains College. Classes must not change time of meeting or room assignments without first reviewing the situation with the appropriate chairperson and dean. All changes must be approved by the Registrar.

4.8 Instructional Load Policy

Instructional load is primarily based on instructional contact hours (ICH), student contact hours (SCH) and program specific student enrollment. Fifteen instructional contact hours (14 for physical education activity courses) or 510 student contact hours are considered a normal load for full-time faculty members.

4.8.1 Individual Instruction

A very limited number of courses are offered by individual instruction. The educational maturity and a demonstrated ability of the student should be basis for enrollment in individual study.

Admission in this type of study just for the convenience of the student should not be considered. Individual study is not encouraged by the administration. The departmental chairperson and divisional dean must approve any individual study.

4.9 Faculty Advisors Program

The faculty advisors program is under the direction of the Director of Advising and Testing. In the faculty advisors program, faculty members participate as advisors of students as assigned by departmental chairpersons.

Each student enrolled at South Plains College is assigned an advisor to assist him/her in making educational and occupational choices. Students are encouraged to visit their advisors regularly. All faculty members will have regular office hours posted for the students' use.

4.10 Financial Aid

4.10.1 General Information

The objective of the South Plains College Financial Aid Office is to provide assistance to students in obtaining the Federal and State financial aid for which they are eligible. The Financial Aid Sections of MySPC/Texan Connect and the online catalog provide information regarding awards, eligibility factors, and disbursement of funds.

4.10.2 Student Wishing to Withdraw

It is important to understand that the primary reason to withdraw from a course should always be an academic one. However, there may be financial ramifications. Additionally, dropping courses always affects student Financial Aid Satisfactory Academic Progress and may leave a student with a balance due in the Business Office. It is recommended students meet with a Financial Aid Advisor if this is a concern.

4.11 Attendance at College Activities

It is recommended that faculty members have sufficient interest in the college to attend a variety of functions during the year (faculty are encouraged to support various functions by their appearances at student dances, athletic contests, drama productions, musical presentation, etc.).

4.12 Faculty Meetings

General faculty meetings are called by the president or the vice president for academic affairs. All faculty members are expected to attend these meetings. Faculty meetings will generally be limited to one hour in length, which will necessitate careful scheduling of items to be presented. Reports and announcements must be kept to a minimum but a free and open discussion of all items of business is encouraged at all times.

4.13 Faculty Development Program

In an effort to meet its mission to maintain and to enhance a dedicated and qualified faculty, South Plains College encourages its faculty to develop professionally throughout their teaching careers. Both the institution and the individual faculty member are responsible for faculty renewal and development. Each faculty member should take the initiative for his or her own development and for having it documented. The institution provides funds and opportunities to enable faculty to participate in development activities. Such encouragement is made for full-time and part-time faculty.

Development is encouraged through, although not limited to, the following procedures: in-service programs, attendance at professional meetings, teleconferences, summer projects, professional development leave, continuing education, graduate study, business and/or industrial growth, and consultation with the appropriate departmental chairperson, director, and/or dean.

4.13.1 Staff Development Programs

The institution will provide funds for appropriate staff development programs. A department, a division, a campus or the institution may sponsor programs using available funds.

4.13.1.1. Sexual Harassment Training

South Plains College considers sexual harassment a serious offense that is subject to disciplinary action including dismissal. Sexual harassment is counterproductive to the college's commitment to a productive learning environment. Sexual harassment is illegal and will not be tolerated at South Plains College. To help faculty members better understand this form of discrimination, South Plains College provides an on-line training program for its employees as required by state law. The South Plains College Harassment Policy is included in this program for the faculty member's review. Upon completion of the mastery test, printed documentation should be directed to the Office of Human Resources for personnel files.

4.13.2 Professional Meetings

Through the budgetary process, all departments are allocated professional travel funds. Faculty may use those funds for approved professional meetings. Approval is granted through the departmental chairperson and the appropriate divisional dean.

4.13.3 Summer Projects

Faculty may apply for available funds for a summer project that will enhance the educational mission of the institution. Such projects are granted through the departmental chairperson and the divisional dean.

4.13.4 Teleconferences

Various means of teleconferences are available for faculty development. The State of Texas has its own network, Starlink that provides informative developmental programs for faculty. Departments may also budget for teleconferences to meet specific needs.

4.13.5 Professional Development Leave

Professional development leave provides for leave with pay as outlined in the Faculty Handbook section 5.4.

4.13.6 Continuing Education

Some faculty members, particularly those holding a license in a specialized area, periodically are required to complete approved continuing education units in order to maintain licensure in their respective specialty. Through the budgetary process, funds are made available to the faculty to participate in continuing education courses to upgrade their knowledge and to maintain the required licensure.

4.13.7 Graduate Study

The institution works closely with faculty members who are pursuing additional graduate study. A faculty member may pursue graduate study around one's teaching schedule with the approval of the departmental chairperson and the appropriate dean. Faculty members receive pay incentives upon completion of specified education levels.

4.13.8 Business and Industry Experience

Faculty are encouraged to work in business and/or industry in areas that directly relate to the teaching discipline of the faculty member. Such work experience keeps the faculty member abreast of the contemporary knowledge in their field of instruction. Details of scheduling the business and/or industrial experience and any monetary incentives are approved by the appropriate dean after consultation with the departmental chairperson, the involved faculty member, and the designated business and/or industrial representative.

4.13.9 Consultation

Consultation with the appropriate chairperson, director, and/or dean is used primarily with part-time faculty. Each chairperson of South Plains College is responsible for orientation and development of its part-time faculty. Part-time faculties are welcome to attend on-campus staff development meetings. Departmental funds can be used for part-time faculty to attend other professional meetings.

4.14 Intellectual Property Policy

4.14.1 Policy Purpose and Criteria

In compliance with Texas Education Code, Chapter 51, Section 51.680, the South Plains College District adopts the following intellectual property policy, which addresses the following provisions:
   a. disclosure of scientific and technological developments, including inventions, discoveries, trade secrets, and computer software;
   b. institutional review of scientific and technological disclosures, including consideration of ownership and appropriate legal protection;
   c. guidelines for licenses, scientific and technological developments;
   d. clear identification of ownership and licensing responsibilities for each class of intellectual property;
   e. royalty participation by inventors and the institution; and
   f. equity and management participation on the part of the inventor or inventors in business entities that utilize technology created at the institution of higher education.

4.14.2 Ownership of Intellectual Property, Copyrighted or Invented Material (Board Policy DBD)

Employees of South Plains College are encouraged to publish, copyright, invent and patent materials and objects of their own creation, which will contribute to the advancement of knowledge. It is the desire of the College to encourage these activities and to protect the interest of its personnel in relation to disclosure of scientific and technological developments, including inventions, discoveries, trade secrets, computer

software and original works and ideas, which may have monetary value. It is also the responsibility of the College to ensure that public funds and property are not used for personal gain. The author, creator, or inventor is free to benefit from royalties and monies accruing from such publication or invention subject to the following guidelines:

a. All classes of intellectual property, scientific and technological developments, including inventions, discoveries, trade secrets, computer software and original works and ideas created on the employee's own time, and without the use of College facilities, equipment, materials or support, shall be the sole property of the creator.

b. All classes of intellectual property, scientific and technological developments, including inventions, discoveries, trade secrets, computer software and original works and ideas created by employees at College expense or on College time or using College facilities or equipment shall be the property of the College. The College, in return for unrestricted license to use and reproduce original work without royalty payment, shall transfer to the creator of that work full ownership of any present or subsequent copyright/patent. However, in the event that intellectual property, scientific and technological developments including inventions, discoveries, trade secrets, computer software and original works and ideas are sold to entities outside the College, all income will go to the College until all developmental expenditures incurred by the College for that project, including stipends paid to the developer (over and above contract salary), prorated support staff salaries, supplies, and other expenses related to the creation of the materials or objects, are recovered. Thereafter all remuneration as a result of copyright publication or patented sale will go to the creator(s) of the materials or objects.

c. When the production of intellectual property, scientific and technological developments including inventions, discoveries, trade secrets, computer software and original works and ideas involve College support, but the employee is not specifically assigned and paid for the work, the employee will secure prior presidential approval before proceeding with the project.

d. The College or the employee may relinquish his/her rights at any time to the other party, or he/she may offer his/her portion for sale to the other party.

e. All written agreements regarding intellectual property rights and royalty fees require the approval of the President of the College.

f. The College will ensure equity and management participation on the part of the inventor or inventors in business entities that utilize technology created at the College using College resources.

g. No College employee shall realize a profit from materials sold exclusively to South Plains College students. When instructional materials developed by the faculty are sold in the bookstore for a profit, the publisher of the material must be approved by the President.

4.14.3 Disclosure and Institutional Review
Any College employee who intends to create any intellectual property, scientific and technological developments including inventions, discoveries, trade secrets, computer software and original works and ideas developed wholly or partially using College time, equipment, materials, or facilities and who intends to copyright, patent, or otherwise merchandise those materials or objects will inform the President of the College through the appropriate vice president of that intent at least 60 days prior to start of the project. The College will initiate an institutional review of scientific and technological disclosures, including consideration of ownership and appropriate legal protection. The President of South Plains College shall retain final approval right in the institutional review process.

If disclosure of intent to create intellectual property is not made as required, it will be presumed that the intellectual property was developed on College time using College funds, facilities and equipment and is College-supported work.

Once property rights are established through guidelines (a.) through (g.) listed above, the licensing rights of intellectual property, scientific and technological developments including inventions, discoveries, trade

secrets, computer software and original works and ideas developed under this policy shall follow those established institutional procedures and require the final approval of the President. Faculty are responsible for determining institutional policy and procedure prior to proceeding in each instance.

4.14.4 Creation of Educational Materials

Personnel of divisions or units whose function is to produce educational materials may not realize a profit from the sale of those materials. In the case of any materials produced exclusively by these units, copyright will be held by South Plains College. Materials produced under an externally funded grant will be guided by the terms of the grant.

4.15 Harassment, Including Sexual Harassment Policy

Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited by Equal Employment Opportunity Commission and state regulations. Any employee who engages in any of the acts or behavior defined below violates College policy, and such misconduct will subject an employee to corrective action up to and including immediate discharge.

This policy applies to employees of South Plains College in their interaction with other employees and students. Furthermore, executive management at each College location will establish appropriate procedures to insure that non-employees (vendors, contractors, trades people, etc.) on College premises are also made aware of the intent of this policy.

Employees who feel they have been discriminated against on the basis of gender, or sexually or in any other manner harassed, should immediately report such incidents, following the procedure described below, without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

4.15.1 Definitions

Harassment. Verbal, physical or visual conduct of a racial, ethnic or other type, which in the employee's opinion impairs his or her ability to perform the job.

Sexual Harassment. Sexual harassment includes unwelcome sexual advances or visual, verbal or physical conduct of a sexual nature. This definition encompasses many forms of offensive behavior, including gender-based harassment of a person of the same gender as the harasser, conduct of a sexual nature that creates an offensive, intimidating or hostile work environment; and coerced sexual conduct by a person in a position of authority in the workplace. Examples of prohibited sexual harassment include:

a. unwelcome sexual flirtation or advances,

b. offering employment, promotions or other benefits in exchange for sexual favors,

c. making or threatening reprisals for refusing sexual advances,

d. visual conduct such as leering; making sexual gestures; displaying sexually suggestive objects or pictures; cartoons or posters; suggestive or obscene letters, notes or invitations.

e. verbal conduct such as derogatory comments; epithets; slurs; sexual innuendo; sexual jokes; graphic verbal commentaries about an individual's body; sexually degrading words used to describe an individual, and

f. physical conduct such as unwanted, suggestive or offensive touching; assault; impeding or blocking movement.

Sexual or other forms of harassment of an employee or student by any College employee, regardless of position, will not be tolerated. Sexual harassment by a non-employee, for example, a customer, vendor or supplier, is also prohibited.

Employee: Any employee of the College.

Student: An individual enrolled in any credit or non-credit course at South Plains College.

4.15.2 Procedure

Complaints of harassment of any type will be handled through the College's Grievance Procedure Policy, which provides several options and a specific process by which an employee or student may initiate action on a job or instructional related complaint.

5.0 ABSENCES AND TRAVEL

5.1 Faculty Absences

A faculty member should inform his departmental chairperson, who will report to the appropriate dean, of any anticipated absence from an individual class so a substitute may be secured. It is thought to be to the best interest of the students, the department and the faculty that the classes of absent instructors be taught by members of the department if at all possible. The instructor who wishes to be absent from class for personal or professional reasons should apply through the departmental chairperson to the appropriate dean. Full pay is deducted from a faculty member's salary for unauthorized absences and such absences may result in dismissal.

5.2 Faculty Leave

5.2.1 Sick Leave

All full-time employees are allowed one (1) day of sick leave for each month of full time service rendered at South Plains College. This may accumulate to a total of sixty (60) working days. Full pay will be deducted from each employee's salary for the days absent beyond accumulative sick leave.

When an employee returns to work after his sick leave, an absentee form should be completed, signed by the departmental chairperson and the divisional dean and turned in to Human Resources.

5.2.2 Personal Leave

Personal leave for full-time employees for whatever reason and sick leave because of illness of dependents or immediate family of the employee may be allowed up to three (3) days per year, with such leave charged against the employee's sick leave.

South Plains College is covered by the federal Family and Medical Leave Act (the "FMLA") and will comply with the requirements of the Act. For details on this policy, please refer to Policy and Procedures Manual DHDA. Family and Medical Leave of Absence or contact the Office of Human Resources.

5.2.3 Commencement Leave

The president of the college must approve permission for leave during spring commencement.

5.2.4 Bereavement Leave

All employees are allowed three (3) days bereavement leave each year because of death in the immediate family. Immediate family is defined as spouse, mother, father, sister, brother, children, grandchildren, grandparents, mother or father-in-law, and sister or brother-in-law. This type of leave does not accumulate and full pay will be deducted after the first three (3) days.

5.2.5 Professional Leave

A request for absence from class for reasons of professional leave must be cleared with the departmental chairperson, filed with the divisional dean and approved by the vice president for academic affairs. Professional leave is defined as professional development activities, which directly contribute to performance of duties as a faculty member.

5.3 Travel Request and Reimbursement

Travel expenses are limited to professional trips only and will be paid on the basis of the most economical and practical means of transportation. A travel request form must be completed and approved by the

department chairperson, divisional dean and vice president before the trip is started. Forms are available in the business office and from your departmental chairperson.

Receipts for hotel or motel accommodations, registration or other expenditures must be obtained and turned in for reimbursement. For more information on travel, please refer to the Policy and Procedures Manual, under Employee Resources, CG 5.

Mileage will be reimbursed to full-time instructors who teach for the convenience of the college according to established policy. Part-time instructors and overload assignments may be reimbursed mileage at the option of the college.

5.4 Professional Development Leave

5.4.1 Objectives

a. To enhance the learning experiences of South Plains College students through professional development of faculty and staff.

b. To encourage faculty and staff to explore methods for providing greater service to the community.

c. To reward faculty and staff for meritorious service to the college and community.

d. To establish a mechanism to award professional development leave through a competitive proposal system.

5.4.2 Eligibility Criteria

The applicant must have completed five consecutive years of full-time professional service with South Plains College immediately prior to the beginning of the leave of absence.

An application for a leave of absence must be submitted no later than March 1 prior to the beginning of a requested leave for the subsequent summer, fall, and/or spring semester.

5.4.3 Application Criteria

Application shall include, but not necessarily be limited to the following criteria:

a. **Written Proposal:** The applicant must submit a written proposal clearly detailing the purpose, objectives, cost, and time frame of the leave of absence. Documentation supporting the request should be incorporated into the proposal, and the applicant may add support from peers, supervisors, etc.

b. **Purpose of Leave:** The applicant must demonstrate through his/her written proposal that the primary purpose for the leave shall be to enhance the learning experiences of the students at South Plains College and/or to help meet the community service responsibility of the college.

5.4.4 Selection Criteria

Applicants shall be judged upon, but not necessarily be limited to, the following criteria:

a. The merit of the proposal and its potential benefit to the college and the applicant.

b. Their demonstrated dedication of the applicant to the college, students and community, as reflected by the applicant's past service. Meritorious service shall be a major factor in the approval process.

c. Capability of the institution to replace the services of the applicant during the leave. (The college will make every effort to assist in this request.)

d. Availability of funds.

5.4.5 Funding Criteria

Funding for the leave of absence may include, but not necessarily be limited to the following:

a. Up to full pay and benefits for a one-semester leave of absence.

b. Up to one-half pay with apportioned benefits for a two-semester leave of absence.

c. Project expenses when deemed appropriate and necessary to the objectives of the proposal.

d. Specific funding amounts will be determined upon recommendation of the selection committee and approved by the president. Factors considered may include, but shall not be limited to, such items as the necessity of project expenses, availability of other sources of financial support, personal benefit to the applicant, etc.

5.4.6 Selection Committee

The selection committee shall be appointed by the president for each academic year.

The selection committee shall recommend to the president of the college approval or disapproval of the request. If approval is recommended, the committee shall also recommend the conditions of the project, including amount of financial support, time frame of the project, format for the reporting of results, and other conditions as required.

5.4.7 Special Conditions

a. Persons who are approved for developmental leave must agree to return to South Plains College for three academic years following their leave. Failure to comply with this condition will result in required repayment of all salary received and all other approved expenditures on a prorated basis.

b. Likewise, persons who fail to comply with the approved developmental leave proposal will be required to repay all salary received and all other approved expenditures. (i.e. Proposal states that the candidate will pursue advanced graduate study, but instead uses the time for travel.)

6.0 COUNCILS

6.1 Council Definition

General Definition: A council is a permanent assembly, which meets at regular intervals and whose membership is entirely ex-officio. A council may be legislative, advisory or consultative in nature.

6.2 Academic Council

I.   Purpose: The primary responsibility of the Academic Council is to review and coordinate all curriculum and educational program revisions, including additions and deletions to the course inventory, and to either approve or disapprove their adoption. Curriculum and program revisions approved by the Academic Council are recommended to the Board of Regents for adoption.

II.   Membership: The membership includes all departmental chairpersons, the Dean of Arts and Sciences, Dean of Technical Education, Dean of Health Occupations, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Dean of SPC Reese Center, Vice President for Student Affairs, Dean of Admissions and Records, Director of Libraries, Director of Advising and Testing, Director of the Teaching and Learning Center, and the Vice President for Academic Affairs, who serves as chairperson for the council.

III. Meetings: The council meets twice a year and at other times as needed. Requests for special meetings should be directed to the vice president for academic affairs.

6.3 Administrative Council

I.   Purpose: The Administrative Council services as the primary consultative body to the President of the College and is responsible for the development and implementation of administrative policy and procedures affecting the operations of the College. The council is also responsible for the development, implementation and evaluation of the Institutional Plan of the College.

II. Membership: The Administrative Council is composed of the following administrative officers; the president, (who serves as chairperson), Vice President for Academic Affairs, Vice President for Student Affairs, Vice President for Business Affairs, Vice President for Institutional Advancement, Dean of Students, Dean of Arts and Sciences, Dean of Technical Education, Dean of Health Occupations, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Dean of Administrative Services, Dean of Students, Dean of Admissions and Records, Dean of SPC Reese Center, Associate Dean of Information Services, Associate Dean of Marketing and Recruitment, Executive Director of the Lubbock Center.

III. Meetings: The council meets at the call of the President.

6.4 Executive Council

I. Purpose: The Executive Council serves as the primary advisory council to the President of the College and functions to coordinate the instructional and administrative operations of the College. The Council is charged with reviewing and approving all administrative policies and procedures, overseeing the planning and budgeting processes, and identifying and addressing challenges facing the College. The Council serves to coordinate constituent, community and governmental relations to the benefit of the College. There is no agenda for these meetings. Each person may discuss any item of business that needs attention.

II. Membership: The Executive Council is composed of the President, Vice President for Academic Affairs, Vice President for Business Affairs, Vice President for Student Affairs, and Vice President for Institutional Advancement.

III. Meetings: The council meets each Monday morning. The only exception to this is when one or more of the members cannot attend. There is no agenda for meetings. Each person may discuss any item of business that needs attention. The President shall appoint a recorder for the purpose of keeping minutes of business and decisions made.

6.5 Instructional Council

I. Purpose: The Instructional Council provides a primary communication link among the instructional divisions of the College for the purpose of coordinating educational programs, curricula and instructional policies.

II. Membership: The membership includes the Dean of Arts and Sciences, Dean of Health Occupations, Dean of Technical Education, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Dean of the SPC Reese Center, Director of Libraries, Director of Instructional Technology, Vice President for Student Affairs, Director of Institutional Effectiveness and Assessment, Executive Director of the Lubbock Center, Vice President for Academic Affairs who serves as chairperson.

III. Meetings: The council meets monthly during the academic year and at other times as required.

6.6 Student Affairs Council

I. Purpose: The Student Affairs Council provides a primary communication link among student support services for the purpose of coordinating student services, programs and policies.

II. Membership: The membership includes the Dean of Admissions and Records, Dean of Students, Associate Dean of Students, Associate Dean of Marketing and Recruitment, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Dean of the Reese Center, Executive Director of the Lubbock Center and Workforce Development, Director of the Plainview Center, Director of Advising and Testing, Director of Health and Wellness,

Director of Student Life, Director of Financial Aid, Director of the Business Office, Coordinator of New Student Programs and Vice President for Student Affairs who serves as chairperson.

III.   Meetings: The council meets monthly during the academic year and at other times as required.

7.0 STANDING COMMITTEES

7.1 Committee Definitions and Rules

7.1.1 General Definitions:

Standing Committee - A standing committee is a permanent committee with a defined purpose whose membership includes elected/selected persons and may include ex-officio persons. The establishment of standing committees must be approved by the president of the college and be listed in the Faculty Handbook.

Ad hoc Committee - An ad hoc committee is a temporary committee established to perform a given task or activity for a specified period of time. Membership is usually determined by the person or group originating the committee.

Ex-officio - Ex-officio refers to membership on a committee by virtue of position or office held.

7.1.2. General Rules for Standing Committees

a.   A quorum shall be a simple majority of the voting membership. Official business may not be conducted without a quorum.

b.   Ex-officio members of committees shall be voting members unless otherwise stated.

c.   Members may send substitutes when personal attendance is not possible. Substitutes may participate in all aspects of the meeting with the exception of voting.

d.   If members consistently fail to attend scheduled meetings, the chairperson may institute measures to have them replaced.

e.   Elected/selected members who wish to resign from a committee should do so in writing to the chairperson.

f.   All meetings are open, and non-members are welcome to attend.

g.   The committee shall have a recording secretary who is responsible for recording, distributing and filing minutes of all meetings.

7.2 Admissions Committee

I.   Purpose: The primary purpose of the Admissions Committee is to review admissions appeals from students who have been either academically suspended or who do not meet regular admissions standards. Upon review and/or personal interview, the committee determines acceptance or denial of the appeal based on majority vote.

II.   Membership: Since the primary purpose of the Admissions Committee is to review student appeals for admission, the committee shall be composed of both faculty and administrative personnel. The faculty is represented by four (4) individuals chosen by the Dean of Admissions and Records and representative of the instructional areas of the college. Ex-officio members include: the Dean of Admissions and Records (who serves as chair and secretary for the committee), Dean of Students, Dean of Arts and Sciences, Dean of Technical Education, Dean of Health Occupations, Director of Advising and Testing.

III.   Length of Membership Term: The length of term for the faculty members is three (3) years, with staggered appointments so that one (1) new member is selected each year. Members may not serve consecutive terms.

IV.   Meetings: All meetings are called by the chairperson and are based on submission of admissions appeals.

7.3 ADN Admissions/Academic Standards Committee

I.   Purpose: The major purpose of the ADN Admissions/Academic Standards Committee is to participate in the admissions process, to determine class membership, review academic and/or clinical problems and acts on student disciplinary matters to determine re-admission to and dismissal from the ADN program.

II.   Membership: There are eight (8) members on this committee. The Director of Nursing Programs is an ex-officio member. Members of this committee are selected by the Director of Nursing Programs: four (4) members are selected from the ADN faculty, one (1) member is selected from the Biology Department, one (1) member is selected from the Arts and Sciences Division, and one (1) member is selected from the faculty at large. One (1) SPC advisor is selected to serve on the committee and is mutually agreed upon by the Director of Advising and Testing and the Director of Nursing Programs. The committee chairperson may request that the Vice President for Student Affairs appoint a representative from student services to serve in an advisory capacity in cases involving disciplinary action.

III.   Length of Membership Term: Indefinite - Reviewed annually.

IV.   Officers: Chairperson - the Director of Nursing Programs serves as the chairperson.

V.   Meetings: The chairperson will call Meetings during the semester.

7.4 Athletic Committee

I.   Purpose: The purpose of the Athletic Committee is to review and approve athletic scholarships, recruitment, and admission as proposed by the varsity coaches and athletic director.

II.   Membership: There are four (4) faculty members, one (1) student representative and two (2) ex-officio members on the Athletic Committee. The athletic director appoints the faculty members. The athletic director selects the student representative. The President of the College and Athletic Director are ex-officio members.

III.   Length of Membership Term: The length of term is four (4) years with one faculty member terminating service each year. The student representative serves a one (1) year term and must be selected after the fall semester begins. Members may not serve consecutive terms.

IV.   Officers: Chairperson - this office is elected by the membership at the first meeting each fall; Secretary - this office is elected by the membership at the first meeting each fall.

V.   Meetings: The Athletic Committee meets at the beginning of each semester. Special meetings may be called at the request of the athletic director or the committee chairperson.

7.5 Building and Grounds Committee

I.   Purpose: The Building and Grounds Committee serves as an advisory body, a communications link for the Maintenance Department regarding the status of campus physical facilities and ensures that South Plains College is in compliance with the Texas Hazard Communication Act and Rules. This includes:

a. Providing a means for communicating to the maintenance department breakdowns, needs, problems, and differences regarding building/grounds maintenance, custodial status or hazardous situations.

b. Assisting with establishment of priorities for maintenance/custodial needs and dealing with hazardous situations campus wide.

c. Assisting with establishment of maintenance and custodial standards and a system of evaluation.

II. Membership: There are thirty-eight (38) members, including one (1) student representative, on this committee, all of whom are selected by the Vice President for Business Affairs. Division leaders and work place leaders who represent various buildings, departments and responsibilities are among the membership.

III. Length of Membership Term: The length of term is indefinite, and is generally adjusted as needed to cover all facilities on campus. The student representative serves a one (1) year term and must be selected after the fall semester begins.

IV. Officers: Chairperson - the Director of the Physical Plant shall serve as chairperson.

V. Meetings: The committee generally meets each fall and in the spring to review maintenance requests. The chairperson may call special meetings when needed.

7.5.1. Campus Carry Committee

I. Purpose: Assist the SPC President in decisions related to Campus Carry

II. Membership: Vice President for Student Affairs, Chairperson, Dean of Administrative Services, Dean of the SPC Reese Center, Dean of Students, Director of Health and Wellness, Chief of Police, Associate Dean Marketing and Recruitment, Director of the Plainview Center, Executive Director of the Lubbock Center, Director of the Physical Education Complex, Faculty Senate President, one administrative assistant from a vice president office, Student Government Association President, and one faculty member from each of the following areas: law enforcement, emergency medical services, government, education or reading, sciences (any area), paralegal studies, fine arts, nursing.

III. Length of Membership Term: TBD

IV. Officers: Chairperson – Vice President for Student Affairs

V. Meetings: Annually and as called.

7.6 Distance Education Committee

I. Purpose: The Distance Education Committee serves as an advisory body to the Continuing and Distance Education and Instructional Technology departments. Its primary purpose is to consider policies, procedures and resources for distance education at South Plains College.

II. Membership: The Distance Education Committee is composed of the Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Continuing and Distance Education Specialist, Dean of Admissions and Records or designee, Director of Instructional Technology, Instructional Designer, Dual Credit Coordinator, two (2) faculty that are involved in interactive television, two (2) faculty that are involved in web-based courses, and two (2) at large representatives to be chosen by the Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports.

III. Length of Membership Term: Faculty will serve a three (3) year term. Members may not serve consecutive terms.

IV. Officers: Co-Chairpersons - Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports and Director of Instructional Technology; Secretary- designated by the co-chairpersons

V. Meetings: The Distance Education Committee meets once during the fall and spring semesters. The co-chairpersons may call special meetings when needed.

7.6.1. ESP@SPC and Retention Committee

VI. Purpose: The ESP@SPC and Retention Committee coordinates the overall implementation of ESP@SPC and the retention plan for students at South Plains College. It provides leadership in identifying strategies to improve student success and coordinating current ESP@SPC and retention initiatives, and developing new initiatives. By reviewing and analyzing college and other student success-related data, the committee develops and implements programs targeted to improve student success. It is responsible for recommending policy development as it pertains to enrollment management and retention activities of the college. The Committee shall report its findings and recommendations to the Executive Council and the President of the College.

VII. Membership: The committee includes ex-officio members including the Director of Advising and Testing, Director of Institutional Effectiveness & Assessment, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Director of Financial Aid, Associate Dean of Students and Vice President for Student Affairs. Membership also includes faculty representatives from the following divisions: Arts and Sciences, Technical Education Division, and Health Occupations.

VIII. Length of Membership Term: For ex-officio members, the length of term is indefinite. Faculty members shall serve alternating three-year terms. Student members shall serve one-year terms.

IX. Officers: Chairperson - The Director of Advising and Testing and the Director of Institutional Effectiveness & Assessment serve as the co-chairpersons.

X. Meetings: The committee meets at least twice during the fall and spring semesters. Special meetings may be called at other times by the chairperson.

7.7 Evaluation Committee

I. Purpose: The major responsibility of the Evaluation Committee is to monitor the instructional evaluation process. Important considerations include the evaluation instrument, the timing of the evaluations, and the tabulation of results. Recommendations for modification of evaluation policies or design of the instrument are directed to the Vice President for Academic Affairs. This committee's responsibility for the evaluation process is limited to the instructional evaluation of South Plains College faculty (full-time and part-time) by their students.

II. Membership: The Evaluation Committee is composed of departmental chairpersons, instructional deans, Vice President for Academic Affairs. One (1) student representative serves on this committee and is selected by the Vice President for Academic Affairs.

III. Length of Membership Term: The length of term is indefinite.

IV. Officers: Chairperson – Vice President for Academic Affairs serves as the chair; Secretary - the chairperson will designate the recording secretary for committee minutes.

V. Meetings: Regular committee meetings will be at the beginning of each fall and spring semester. The chairperson may call special committee meetings.

7.8 Institutional Effectiveness Committee (IEC)

I. Purpose: The purpose of the Institutional Effectiveness Committee (IEC) is to advise, facilitate and monitor the program of institutional effectiveness at South Plains College. This committee is charged with the responsibility to assure the systematic integration of planning and assessment at all levels; to coordinate the collection, analysis and distribution of data useful for planning and decision-making; to develop and monitor outcome measures of institutional effectiveness; and to facilitate and monitor compliance with SACS accreditation requirements and standards.

II. Membership: The IEC is comprised of 24 appointed members with representation from instructional divisions (12 appointed members), academic and student support services (6 appointed members) and administrative support services (6 appointed members). Members are appointed to the IEC by the President of the College as recommended by the Administrative Council. The student representative is recommended by the Student Government Association and the Director of Student Life. The Vice President for Institutional Advancement, Vice President for Academic Affairs, Vice President for Student Affairs, the Dean of Arts and Sciences, the Dean of Technical Education, the Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, the Dean of Health Occupations, Dean of the Reese Center, the Director of Institutional Research, Director of the Plainview Center, the Director of Institutional Effectiveness and Assessment, and the President of the Faculty Senate are ex-officio members of the committee.

III. Length of Membership: All appointed members serve staggered four-year terms. Members may be appointed for consecutive terms.

IV. Officers: The Chairperson is appointed by the President of the College for a two-year term. The chairperson may serve consecutive terms. The vice chairperson is selected by the membership of the committee for a two-year term. The vice chairperson works with the chairperson in coordinating committee projects and assignments. The Chairperson appoints the recorder.

V. Meetings: The IEC meets at least two times in the fall and two times in the spring. The chairperson may call other meetings as needed.

7.9 Library Committee

    I. Purpose: The Library Committee studies, evaluates, and makes recommendations regarding library services, resources, and policies. This committee serves in an advisory capacity to the director of libraries.

    II. Membership: The Library Committee is composed of one (1) faculty representative from each instructional department chosen by the Departmental chairperson, one student representative chosen by Director of Libraries, one representative from the Reese library, and the Director of Libraries (ex-officio).

    III. Length of Membership Term: The length of term is three (3) years and members may not serve more than two consecutive terms. Membership terms are staggered so continuity can be maintained on the committee. The student representative serves a one (1) year term and must be selected in the spring for the following year.

    IV. Officers: Chairperson - the chairperson is elected by the committee at the first meeting each academic year. The chairperson may serve more than one (1) term; Secretary - the secretary is selected by the chairperson.

    V. Meetings: The Library Committee meets at the beginning of each semester. The chairperson may also schedule special meetings as the need arises. An agenda will be prepared and minutes will be kept of each meeting. Copies will be distributed to committee members and the director of libraries.

7.10 Marketing and Recruitment Committee

I. Purpose: The Marketing and Recruitment Committee shall provide direction for the planning, implementation, and assessment of institutional goals, objectives and strategies that ensure the college of a stable and representative enrollment. As an advisory body, it is responsible for policy development as it pertains to institutional marketing and student recruitment activities of the college. It shall function as an information exchange network to facilitate decision-making and the effective coordination of marketing and recruitment activities. It shall report its findings and recommendations to the Executive Council and the President of the College.

II. Membership: The committee includes fifteen (15) ex-officio members, including the Dean of Arts and Sciences, Dean of Health Occupations, Dean of Technical Education, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Associate Dean of Marketing and Recruitment, Dean of Admissions and Records, Associate Dean of Students, Director of Advising and Testing, Director of Financial Aid,   Director of Institutional Research, Dean of the Reese Center, Director of the SPC Plainview Center, Executive Director of the Lubbock Center and Workforce Development, Dean of Administrative Services, Director of Student Life. Membership also includes four (4) faculty representatives from the Arts and Sciences Division, three (3) faculty from the Technical Education Division and three (3) faculty from the Health Occupations Division. Four (4) staff members from Marketing and Recruitment and New Student Relations Offices shall be appointed as members by the Associate Dean of Marketing and Recruitment. Two (2) student representatives, one from the Levelland campus and one from the Reese Center shall be appointed by the committee chair based on recommendations from the committee membership.

III. Length of Membership Term: For ex-officio members, the length of term is indefinite. Faculty members appointed to the committee shall serve alternating two-year terms. Student members shall serve one-year terms.

IV. Officers: The Associate Dean of Marketing and Recruitment serves as the chairperson. The recording secretary shall be appointed by the chairperson of the committee.

V. Meetings: The committee meets at least once during the fall and spring semesters. Special meetings may be called at other times by the chairperson. Additionally, the chairperson of the committee along with the respective divisional dean and faculty representatives will meet at least once a year with the departmental chairpersons of that division for the purpose of exchanging information on committee activities and decisions, soliciting input, advice and concerns from the departmental chairpersons, and maintaining communication links with program faculty.

7.11 Professional Development Committee

I. Purpose: The Professional Development Committee serves as an advisory body, for the purposes of assessing, planning and reviewing professional development activities for the employees of South Plains College.

II. Membership: Members of the committee are Dean of Arts and Sciences, Dean of Technical Education, Dean of the Reese Center, Dean of Admissions, Dean of Health Occupations, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Director of Human Resources, Director of the Teaching and Learning Center, Director of Advising and Testing, Vice President for Academic Affairs, four faculty, one representative from classified personnel, one representative from maintenance/grounds/custodial staff, one representative from professional/non-faculty.

III. Length of Membership Term: The length of term of faculty members and staff shall be two years with staggered terms for continuity on the committee. Members may not serve consecutive terms.

IV. Officers: Chairperson - the Vice President for Academic Affairs appoints the chairperson; Secretary - the chairperson will designate the secretary.

V. Meetings: The committee will meet once during each fall and spring semester. The chairperson may call special meetings when needed.

7.12   Registration Committee

I. Purpose: To review and evaluate registration processes and provide recommendations, as needed.

II. Membership: The Registration Committee is chaired by the Dean of Admissions and Records and its membership shall consist of the Dean of Technical Education, Director of the Business Office, Associate Dean of Marketing and Recruitment, Director of Advising and Testing, Associate Dean of Information Services, Dean of Health Occupations, Director of Financial Aid, Dean of Arts and Sciences, Registrar, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Administrative Computing Specialist, Dean of SPC Reese Center, Director of the Plainview Center and Executive Director of the Lubbock Center.

III. Length of Membership Term: None

IV. Officers: Dean of Admissions and Records serves as chair of the committee and the Administrative Assistant to the Dean of Students serves as secretary.

V. Meetings: The committee will meet once during each fall and spring semester. The chairperson may call special meetings when needed.

7.13   Safety and Health Committee

I. Purpose: The purpose of the Safety and Health Committee exists to ensure reduce risk to

- To develop, monitor and promote a culture of safety, environmental health and security consciousness throughout SPC.

- To conduct evaluations of campus facilities, equipment, and operations in accordance with this manual and other standardized material as prescribed.

- To provide written recommendations and suggestions for corrective action, related to safety and health, to the administration.

- To assist in the investigation of campus accidents as needed and to utilize findings for further policy and procedure modifications.

- To review and revise this manual annually.

II. Membership: The Safety and Health Committee is chaired by the Vice President for Student Affairs and its membership shall consist of the Vice President for Business Affairs, Vice President for Academic Affairs, Dean of Students, Dean of Health Occupations, Dean of Arts and Sciences, Dean of the Reese Campus, Dean of Technical Education, Dean of Administrative Services, Associate Dean of Students, Associate Dean of Marketing and Recruitment, Executive Director of the Lubbock Center, Director of Health and Wellness, Director of Campus Police, Director of Human Resources, Director of Physical Plant, Director of the Plainview Center, Director of Information Services, Disability Services Coordinator, selected members of the faculty, selected student representatives and appropriate consultants as necessary.

III. Length of Membership Term: The length of term in indefinite, with exception of students who may serve up to two years, or the duration of time enrolled at SPC.

IV. Officers: The Vice President for Student Affairs serves as Chairperson

V.   Meetings: The chairperson will call meetings as needed.

7.14 Scholarship Committee

I. Purpose: The purpose of the Scholarship Committee is to serve as an objective body that reviews and ranks applicants for college-wide scholarships. The committee also serves in an advisory capacity to evaluate the scholarship selection process at the College and to recommend, as necessary, changes to the policy and procedures that govern the process. The committee also assists in establishing selection criteria for new scholarship programs, as needed.

II. Membership: The committee consists of at least eighteen (18) faculty members who are appointed to at-large positions, the Scholarship Coordinator and the Director of Development. Faculty membership is representative of the instructional departments of the College and the location of programs. Recommendations for additional faculty membership are submitted by departmental chairpersons to the Scholarship Coordinator who selects members as required for the evaluation of scholarship applications.

III. Length of Membership: Members of the Scholarship Committee are appointed to three-year terms on a staggered basis (6-6-6). Members may not serve consecutive terms.

IV. Officers: Chairperson - the chairperson is selected by the committee on an annual basis. The chairperson may serve more than one year; Secretary - the secretary is selected by the committee membership at the first meeting each year.

V. Meetings: The committee will meet in August and March. The committee will also meet in April to finalize the selection of scholarship recipients. Special meetings may be called at other times by the chairperson.

7.15 Technology Committee

I. Purpose - The Technology Committee serves as an advisory body. Its primary purpose is to establish priorities for a technology infrastructure, which will assist SPC in achieving its mission. The committee will issue recommendations to the administration and maintain the South Plains College Technology Plan.

II. Membership: The membership includes: Vice President for Academic Affairs, Vice President for Business Affairs, Associate Dean of Information Services, Dean of Arts and Sciences, Dean of Technical Education, Dean of Students, Dean of Health Occupations, Dean of the Reese Center, Dean of Dual Enrollment and Distance Education and Director of Institutional Research and Reports, Director of Instructional Technology, Director of Libraries, Chairperson of The Business Administration and CIS Department, Director of Institutional Research, Executive Director of the Lubbock Center, the Director of the Plainview Center, and two faculty members.

III. Length of Membership Term: The length of term is indefinite and is adjusted as personnel changes occur on campus.

IV. Officers: Chairperson - the Associate Dean of Information Services serves as the chairperson; Secretary - the chairperson will designate the secretary.

V. Meetings: The committee will meet during the fall and spring semesters. The chairperson may call special meetings when needed.

7.16   Website Advisory Committee

I. Purpose: The purpose of the Website Advisory Committee is to advise, monitor and coordinate the continued development and maintenance of the South Plains College website, including its structure, design, content, policies and procedures. This committee is charged with the responsibility to study, review and recommend best practices in web content and design; to promote author/user collaboration and support for this important resource by coordinating web-related activities; to assist in evaluating the effectiveness and performance of the website and to recommend appropriate improvements as needed; to facilitate and monitor compliance with college policies and procedures pertaining to the website; and to assist in creating an engaging, useful and user-friendly site.

II. Membership: The Website Advisory Committee is comprised of 18 appointed members with representation from instructional, student services and administrative support areas of the college, one student representative and four ex-officio members for a total of 23 members. Members are appointed to the Website Advisory Committee by the President of the College as recommended by the Administrative Council. The student representative is recommended by the Student Government Association and the Director of Student Life. The Associate Dean of Marketing and Recruitment, Associate Dean of Information Services, Director of Instructional Technology and the Web Content Coordinator are ex-officio members of the committee.

III. Length of Membership: All appointed members serve staggered four-year terms. Members may be appointed for consecutive terms.

IV. Officers: Chairperson: The Web Content Coordinator shall serve as committee chairperson. Vice Chairperson: The vice chairperson is selected by the membership of the committee for a two-year term. The vice chairperson works with the chairperson in coordinating committee projects and assignments.

V. Recorder: The recorder is appointed by the chairperson

VI. Meetings: The Web Advisory Committee meets at least two times in the fall and two times in the spring. The chairperson may call other meetings as needed.

8.0 FACULTY SENATE PURPOSE, MEMBERSHIP AND ORGANIZATIONS

I. Purpose: The Faculty Senate is to provide representation for faculty and support services that have concerns about the policies and procedures of their respective departments and/or SPC as a whole.

II. Membership: The membership is composed of representatives designated by each department and is open to all full time faculty and support services.

III. Length of Membership Term: The length of the term is determined by Chairperson's appointment.

IV. Officers: President, Vice President, and Secretary are elected by the Faculty Senate members.

V. Meetings: Monthly.

Non-Discrimination Policy Statement
South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President for Student Affairs, South Plains College, 1401 College Avenue, Box 5, Levelland, TX 79336. Phone number 806-716-2360.

SPC SAFETY AND HEALTH PLAN

SOUTH PLAINS COLLEGE
SAFETY AND HEALTH PLAN

(Revised 10-5-18)

INTRODUCTION

The South Plains College Safety and Health Plan outlines general policies and procedures with which all employees should be familiar. In the event of an emergency, it may be too late for this plan to be consulted. All employees are encouraged to review this plan and be familiar with its content. This plan is developed and maintained by the Safety and Health Committee. The committee welcomes comments and suggestions from all parties to ensure that College operations provide for a safe and healthy environment for work and study.

South Plains College recognizes its responsibility to maintain a safe and healthy environment for employees, students and visitors. This document has been prepared under the premise set forth in the College's Statements of Institutional Commitments, which form the core beliefs of the organization.

"Commitment to a Quality Campus Environment: We recognize the importance of providing a safe, clean and accessible work and learning environment that is characterized by integrity, clear communications, an open exchange of ideas, appreciation for personal worth, involvement in decision-making and respect for all individuals."

Safety is everyone's responsibility and in most instances is rooted in one's awareness of potential hazards and common sense response to such hazards. The policies and procedures outlined in this plan are based upon the latest information identified by the College and do not purport to be or to include the latest or most definitive information. The College makes no such claim and offers no assurance that this is the case. This material is informational only and not contractual. Employees are responsible for keeping themselves informed and to taking necessary precautions for their own safety and the safety of others.

SOUTH PLAINS COLLEGE

SAFETY AND HEALTH PLAN POLICY STATEMENT

As an employee of South Plains College, you are the most valuable and important resource of this College. The College cannot perform its vital public mission for the citizens of Texas without the enthusiastic, energetic, professional, and dedicated work performed by every one of our employees.

The safety and health of all employees, students and visitors is a major concern. I intend to make every effort possible to provide a safe and healthy college. A safe and healthy workplace is important for everyone and does not happen by chance. Safety is everyone's responsibility, and everyone, without exception, is personally accountable to help and support the safety and health program. Everyone is asked to cooperate with the appointed Safety and Health Committee in the implementation and continued success of the South Plains College Safety and Health Plan.

I personally am committed to this plan and will do everything I can to support, promote, and participate in a safe and healthy workplace. This commitment is also expected of every supervisor in our College. It is my intent that this institution, at a minimum, complies with all applicable risk management laws, rules, regulations, and standards; takes no shortcuts when it comes to safety and health; and, gives risk management priority consideration when it comes to making decisions. If everyone does their part, we can maintain an organizational culture that integrates safety and individual concern in our work practices and behavior whether at work or at home.

South Plains College adopts, by reference, all applicable and appropriate safety-related provisions of the *Risk Management for Texas State Agencies (RMTSA) Guidelines*, (Volume III, Workers' Compensation Exposures) as a comprehensive source for risk management programs. In addition, risk management program elements and procedures specific to our College operations are contained in the attached manual.

Dr. Robin Satterwhite, President
South Plains College

Contents

SECTION I: STANDARD OPERATIONS

Administration of Health and Safety

Safety and Health Committee
The Safety and Health Committee Chairperson is appointed by the President to assume the responsibilities identified in this plan and to chair and direct the activities of the Safety and Health Committee.

Membership of the Safety and Health Committee shall consist of the Vice President for Student Affairs (chair), Dean of Students, the Associate Dean of Students, Dean of the SPC Reese Center, Director of the Plainview Center, Executive Director of the Lubbock Center, Dean of Health Occupations, Dean of Arts and Sciences, Dean of Technical Education, Director of Health & Wellness, Associate Director of Health & Wellness, SPC Police Chief, Director of Human Resources, Director of the Physical Plant, Associate Dean of Marketing and Recruitment, selected members of the faculty, selected members of the student body, and appropriate consultants as necessary.
The committee has the following tasks:

- To develop, monitor, and promote a culture of safety, environmental health and security consciousness throughout SPC.
- To conduct evaluations of campus facilities, equipment, and operations in accordance with this manual and other standardized material as prescribed.
- To provide written recommendations and suggestions for corrective action, related to safety and health, to the administration.
- To assist in the investigation of campus accidents as needed and to utilize findings for further policy and procedure modifications. ☐ To review and revise this manual annually.

Employee Responsibilities

Each supervisor is responsible for ensuring safe working conditions are provided for those employees under their supervision and for investigating reports of unsafe working conditions. Each supervisor is also responsible for knowing the safety and health guidelines, investigating accidents, reporting accidents and properly advising the administration and the Safety and Health Committee of appropriate situations. Similar responsibilities are expected of faculty members and department chairs with respect to the students they instruct and supervise in clinical, shop, laboratory and field trip settings. Similarly, supervisors and faculty should assist in maintaining and improving campus safety, health and security. Each employee is to place safety and health requirements as top priority in the performance of their work duties for South Plains College.

The protection of students, fellow employees, and the public on the College's property is a shared responsibility of every employee.

All employees are responsible for notifying their immediate supervisor of a violation or deficiency in safe and healthful working conditions and for recommending corrective measures, if possible. Additionally, the employee's immediate supervisor is to be notified of every injury or accident regardless of how trivial such accidents may appear at that time.

Disciplinary Procedures for Violations

<u>Students</u>
Student behavior in violation of established safety policies may be considered a violation of the Student Code of Conduct. In addition, a student's grade may be downgraded as a result of the student's failure to properly observe safety procedures within the laboratory or shop. Possible sanctions and appeal procedures are set forth in the current Student Guide.

<u>Employees</u>
Employees who violate safety and health requirements may be disciplined though procedures outlined in the SPC Policy and Procedures Manual. Depending on the facts and circumstances involved in each situation, the College may choose to begin corrective action at any step up to and including immediate discharge.
The following sections of the Policy and Procedures Manual provide further information regarding this matter:
DC - Grievance Procedure
DDC - Due Process
DDD - Corrective Action
DDE - Employee Conduct and Work Rules

Inspections and Compliance Requirements

Annual Inspections
The Texas School Safety Audit is conducted every three years. This is an audit of the College's facilities and operations and is conducted under the direction of the Safety and Health Committee. Each audit records pertinent safety violations, noncompliance items, and observed deficiencies. Employee(s) directly involved in the use or operation of the facilities or functions being inspected are asked to participate in the inspection process.

The physical plant is required by law to do annual inspections such as elevator, fire alarm, fire extinguisher, and back flow inspections. The results of these annual audits are housed in the physical plant.

An Annual Fire Safety Report is mandated by the Higher Education Opportunity Act. A copy of the SPC Annual Fire Report is available in the SPC Police Office on the Levelland Campus. In addition, a copy of the annual fire report is available in the office of the Dean of Students.

Reporting Non-compliance
Safety concerns and violations of safety standards are reported on the Safety Concern form at http://www.southplainscollege.edu/about/campussafety/complaints.php. Reports will be received by the Dean of Students and appropriate steps to correct the situations will be taken. The Safety and Health Committee will review all safety concerns and the resolution of the concern at each Safety and Health Committee meeting.

Imminent Danger Action
Situations that require immediate attention due to an imminent danger will be brought to the attention of the SPC Police department directly by the individual who sees the danger.

Rights of Employees
Employees are encouraged to report any safety concern on the Safety Concern form at http://www.southplainscollege.edu/about/campussafety/complaints.php. Furthermore, any employee may report, to the appropriate supervisory personnel, any observed violations or deficiencies. An investigation of the complaint by appropriate supervisory personnel and notification of the results is to be given to the employee originating the complaint. The rights of employees will be exercised without retaliation on the part of any employee of the College.

Reporting of Accidents

General
The Accident/Injury Report Form should be completed anytime an employee, student or visitor is involved in an accident/injury while attending classes, labs, clinicals, or participating in an SPC activity. If the individual is an employee the form needs to be filled out when the employee was performing work related duties.

The Accident/Injury Report Form can be located online at http://www.southplainscollege.edu/about/campussafety/complaints.php .

The individual involved in the accident will normally complete the form, providing as much detail as possible. In the event the injured party is unable to complete the form, an SPC employee with knowledge of the situation will complete the form.

Pictures from the location where the accident/injury occurred can be attached to the Accident/Injury Report Form.

Employee related accident/injury reports will be forwarded to the Director of Human Resources. Student or visitor related accident/injury reports will be forwarded to the Dean of Students.

All serious accidents, as defined below, will be investigated by the appropriate supervisory personnel and the findings documented as soon as practical: ☐ Serious injury to an employee or student.

- Serious injury caused by College operations to another party.
- Major loss of College equipment or property.
- Major loss of equipment or property belonging to another party caused by College operations.

Reports of the findings will be reviewed with the appropriate supervisory personnel and appropriate administrative staff as soon as the investigation is complete.

Upon learning of a serious accident involving employees or equipment, an employee should notify the College's Vice Presidents and appropriate supervisory personnel immediately. The Vice President will inform the Office of Marketing and Recruitment and the President's Office. Serious accidents will be investigated by the appropriate supervisory personnel and reviewed by the appropriate Vice President.

The College is required to maintain a listing of all workplace illnesses and injuries and to complete a summary report of the findings to the state annually. The Accident/Injury Report Form is to be completed immediately following an injury, no matter how slight.

Accidents Involving SPC Students
If a student is involved in a serious accident, an employee must call 911 and have EMS evaluate for further medical need. If a student is transported to a medical facility based on a serious accident a urine drug screen will be required.

Release of Information
In the case of serious accidents, supervisors and employees may not release information to the news media. Information to the media is to be provided by the Office of Marketing and Recruitment College through a designated spokesperson. If contacted by the media please refer these individuals to the Office of Marketing and Recruitment.

Reporting of Crimes on College Property

General Information
The College provides 24-hour law enforcement services for the Levelland Campus. Law enforcement services are available while classes are in session at the SPC Reese Center and Lubbock Center. The Plainview Center is served by contract police officers and the City of Plainview Police Department. The SPC Police Department is responsible for investigating all crimes and accidents occurring on College property. The SPC Police Department monitors the buildings and grounds for breaches in campus security or potential threats to students, employees, and visitors. SPC Police Officers are certified Texas Peace Officers with full law

enforcement authority. SPC Police can be reached at the numbers listed in the *Student Guide,* or the *Emergency Response Guide.*

Reporting Procedures

All crimes or suspected criminal activity occurring on College property or at any Collegesponsored event should be reported immediately to the SPC Police Department.

Altercations and Other Disturbances

Contact the SPC Police Department or the Dean of Students at the Levelland Campus concerning any altercation or disturbance by students on campus. At the Reese Center call the SPC Police or the Dean of the SPC Reese Center. At the Lubbock Center or Plainview Center, contact the police officer on site or the Center Director. If, in the opinion of the employee, the incident warrants emergency service personnel, 911 may be called directly by the employee. The employee should attempt to obtain the names of anyone who observed the incident or who might be able to provide any information useful in the investigation of the incident.

Campus Police Services

Access to Campus Facilities

Campus security is a shared responsibility among all employees. Special arrangements can be made for unlocking or locking buildings by calling the SPC Police Department.

Contractors may be provided temporary access to facilities to perform service or construction work during periods the College is closed. Special arrangements should be made with the Director of Physical Plant to assure that building security is provided during these periods. The Director of the Physical Plant oversees the issuance of keys to employees for access to buildings and rooms the employee might need to enter to conduct their duties.

An employee's supervisor may provide access to other areas on a temporary basis when such access is warranted. An employee may not lend any building key to another employee and is responsible for any misuse or breach of security that results from this transfer. Keys are not to be transferred from one employee to another nor any building key duplicated.

Police Escort Services

The SPC Police are available to accompany individuals to their cars or residence halls during evening hours or when an individual feels that an escort is needed.

Medical Emergencies, First Aid, and Medical Treatment

Requests for Emergency Medical Assistance

In cases where emergency medical attention is needed call 911 and ensure the injured individual is cared for and evaluated. If possible have someone meet the ambulance and direct them to the individual needing attention.

Student Medical Treatment for Accidents

Students who receive medical treatment as a result of an accident are covered under the Student Accident Insurance Policy as outlined in the *General Catalog* and the *Student Guide*. The student must fill out the online Accident/Injury Report form.

Information and claim forms for the Student Accident Insurance Policy will be provided to the student after the student submits the online Accident/Injury Report form. The student is responsible for completing Part II of the form and taking a copy to the treatment facility and sending the original to the insurance agent.

Medical Return to Work Authorization

In some situations, a Return to Work Authorization may be required from the attending physician before an employee may return to work. The employee's supervisor is responsible for seeing that this form is sent to the Human Resources Office allowing the employee to return.

First Aid Kit Location

It is recommended that each department or office maintain a first aid kit for non-emergency medical care. The location of this kit should be communicated to all employees working in that area.

Automated External Defibrillator (AED) Locations and Maintenance

AEDs are provided by the College in strategic areas and training offered to employees on how to use AEDs. The Associate Director of Health and Wellness is responsible for ensuring batteries on AEDs are replaced at the appropriate time intervals. If a battery starts chirping prior to being replaced contact the Associate Director of Health and Wellness to have this attended to.

> Levelland – Located in all buildings (except Smallwood & Magee residence halls) and the SPC Police Car

> Reese Center – Located in all SPC buildings

> Lubbock Center – Eight units located throughout the building

> Plainview Center– One located in main building & one located in welding technology building

First Aid, CPR and Stop the Bleed Training
Trainings are offered free of charge to SPC employees. It is recommended that each department have at least one individual trained in these skills.

Power Losses

General Information
The College may experience power losses to one or more buildings due to storms, power company disruptions, or damage to the service lines entering the campus or center. These interruptions can lead to conditions that may result in personal injury or damage to equipment or facilities. This section sets forth general procedures to be used in the event of loss of power.

Power losses greatly increase the likelihood of an accident due to the following:

- The loss of lighting increases the possibility of injury to those moving throughout the building/campus.
- The attendant electrical surge accompanying the restoration of power may damage electrical devices not switched off.
- The operation of electrical devices during a phase loss may result in damage to these devices.
- The electrical loss may disrupt telephone service and emergency devices such as fire alarms.

In the event of power loss, every effort should be made to immediately turn off all electrical equipment within an employee's work area before power is restored to protect the equipment within their area. When sufficient lighting exists during day hours to work safely and the building is comfortable without air conditioning, the building may remain open for operation. During evening operations, the building may be evacuated. Further directions concerning class schedules will be provided by the Vice President for Academic Affairs.

Reporting Power Losses
In general, the loss of power or the disruption in normal electrical service should be reported immediately to the Director of the Physical Plant (806-893-2922) and the Maintenance Supervisor (806-891-2363). Maintenance staff will investigate the scope and condition of power loss and proceed to correct the matter accordingly.

In instances when power loss is due to the disruption of utility service, the electric company will be called to restore services.

Emergency Lighting
During periods of power outages, emergency lighting will automatically come on in the hallways and stairways of all buildings that have these devices.

Weather Events

Weather Delays and Cancellations

The College will delay or cancel classes when inclement weather poses concern for the welfare of students and employees. This decision is made by the President of SPC. Information about delays or class cancellations will be communicated to employees via the Emergency Notification System. Email, text and telephone messages will be sent to faculty, staff and students. When the College is closed, information will be made available through local radio and television stations for updates on the College's schedule of operation.

Severe Weather

In the event of severe weather, the South Plains College Emergency Operation Plan (policy GB) will guide the College in its response to the crisis situation.

Personal Protective Equipment

Policy

South Plains College recommends, and in some instances requires its employees to use, personal protective equipment for eyes, face, head, and extremities, together with protective clothing, respiratory devices, and protective shields and barriers when potential hazards exist. All required personal protective equipment is provided by the College and is to be used and maintained in a sanitary and reliable condition wherever it is necessary due to the hazards associated with a process or the environment (e.g., chemical hazards, radiological hazards, or mechanical irritants). Such hazards include the exposure to or performance of:

1. Hot solids, liquids, or molten metals
2. Milling, sawing, turning, shaping, cutting, or stamping of any solid materials
3. Heat treatment, tempering, or kiln firing of any metal or other materials
4. Gas or electric arc welding
5. Repair or servicing of any vehicle
6. Caustic or explosive chemicals or materials

Responsibility of Departments

The provision of necessary personal protective equipment and wearing of said equipment at all appropriate times is the responsibility of each individual department head. The College has furnished an initial stock of eye and face protective devices to departments that have indicated a need. All subsequent needs and requirements for eye and face protection devices, as well as needs for all other types of personal protective equipment and devices, should be met by departments with their regular budget allocations.

The maintenance of personal protective equipment in a sanitary, usable, and reliable condition, the issue and recovery of units of equipment, the replacement of worn or defective equipment,

and the addition of inventory to meet current needs, is the responsibility of individual departments.

Eye and Face Protection (Employees and Visitors)
Certain areas of the College may be considered areas where eye protection is warranted at all times. These areas will be designated "100% Eye Protection Areas" by Department Head.

Employees and students are required to wear proper eye protection for all work that may expose them to any of the hazards listed in Section 1-9.1. Employees and students with work assignments in close proximity to the performance of these tasks and with a potential exposure to eye injuries are required to wear appropriate eye protection. Any visitors who enter areas that require the use of safety glasses must be provided with them for protection. Individuals who require the use of corrective lenses and are required under this policy to wear eye protection will wear safety glasses designed to fit over their corrective lenses.

Hand/Foot Protection
Maintenance employees must wear some type of glove when their job duties may subject their hands to possible abrasion, cutting, or chemical exposure.

Sturdy work shoes are recommended for maintenance and shop work. Athletic shoes and canvas loafers are not recommended as work shoes for individuals with shop responsibilities. Employees whose duties involve the use of certain types of power equipment (e.g., lawn mower, weed eater, edger) or the movement of heavy objects should use safety work shoes with metal toes.

Academic Laboratory and Shop Practices

General
Instructors are responsible for the observance of industry accepted and government mandated safety procedures within the laboratories and shops in which they teach. This manual does not attempt to specify or mandate procedures for a particular area. The instruction of students in proper safety practices must be incorporated into the content of each course requiring shop or laboratory work. The observance of safe laboratory or shop practices in the developing tradesperson or technician should be an expected outcome. Each instructor is responsible for:

- Understanding the proper safety practices appropriate to the procedures and machines utilized within their area of instruction.
- Enforcing established or recommended safety rules within their area of instruction □ Correcting unsafe actions by students or part-time faculty
- Eliminating unsafe conditions within their areas or resolving them with the assistance of their department chair or Safety and Health Committee.
- Participating in the safety program and providing information when requested.

New Employee Safety and Health Orientation

Policy

South Plains College requires all new employees to attend a new employee orientation. This orientation includes an awareness of safety importance and the employee's responsibility for maintaining a safe and healthy work environment. An overview of workplace safety basics is also provided. The expected results are that SPC employees are more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.

Safety Orientation for New Employees

All new employees of South Plains College will participate in a safety and health orientation program within (2) two weeks of their first day of reporting to work. The orientation will consist of the following information:

- General safety policies of the College
- Fire reporting procedures
- Fire extinguisher location and use
- Fire prevention
- Safe lifting techniques
- Hazardous Materials Communications (MSDS)
- Communicable disease policies

The new employee's supervisor will present safety procedures and policies specific to the new employee's position and any information the supervisor feels will provide the new employee with a safe environment.

Smoking Policy

South Plains College prohibits the use of any tobacco product, electronic cigarette, or vapor device throughout all indoor areas and within a 25 foot perimeter around all facility entrances, exits and HVAC air intake vents under the control of SPC, including sporting facilities and SPC vehicles. Included in this ban are tobacco products of all types (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff and all other kinds and forms of tobacco prepared in such a manner to be suitable for spit tobacco use, smoking, or both).   This ban also includes herbal tobacco products and simulated tobacco products that imitate or mimic tobacco products such as e-cigarettes, vapor cigarettes, pipes or other types of inhalation devices. (SPC Policy and Procedure Manual section GFA.)

Handling of Suspicious Mail

Employees and the students of South Plains College are encouraged to use caution when handling incoming mail. The Department of Homeland Security lists the following characteristics of a suspicious package:
- Rigid or bulky
- Lopsided or uneven

- Wrapped in string
- Badly written or misspelled labels
- Generic or incorrect titles
- Excessive postage or no postage
- Foreign writing, postage, or return address
- Missing, nonsensical or unknown return address
- Leaks, stains, powders, or protruding materials
- Ticking, vibration, or other sound

The United States Postal Service states that if you receive a suspicious letter or package:

- Stop. Do not handle it.
- Isolate it immediately.
- Do not open, smell or taste it.
- Contact SPC Campus Police

The United States Postal Service states that if you suspect the mail or package contains a bomb (explosive), or radiological, biological, or chemical threat:

- Isolate the area immediately
- Call 911
- Wash your hands with soap and water

SECTION 2: FIRE PREVENTION AND PROTECTION REQUIREMENTS

Standard Operating Procedures

Fire Prevention Procedures
The following procedure must be followed in an effort to reduce the risk of fire:

- Sufficient waste receptacles should be provided and emptied on a daily basis.
- All oily cloths are to be kept in a covered metal can.
- Accumulations of paper and flammable materials are to be kept to a minimum.
- Combustible materials should be stored in a proper cabinet or container and away from heating or electrical devices.
- Finely divided material produced in shops or laboratories (e.g., sawdust or fabric) should be frequently removed to prevent accumulation.

Exit ways
No obstructions may be placed in front of or upon any exit door. No aisle, exit access, or stairway may be obstructed with furniture or other obstructions so as to reduce the required width of the exit way during hours the facility is open to students or employees.

Doors, Hallways, Stairways, and Landings

Fire doors separating stairwells from hallway or smoke partition doors must be maintained in working order. They are never to be blocked, wedged, or tied open. The storage of any kind, or the use of office or laboratory equipment in the hallways or stairways, is strictly forbidden.

Railings, Steps, Walks

The area immediately outside of building exits will be maintained free of material at all times. Bicycles and vehicles are not permitted on sidewalks immediately adjacent to an exit.

Fire Extinguisher

Fire extinguishers, in appropriate sizes and types, are provided throughout the campus for normal activities in each area. Extinguishers are inspected as required by a qualified contractor. The theft
of or tampering with an extinguisher should be reported immediately to the SPC Police Department.

Fire Evacuations

Fire alarms or other evacuation notification procedures will be sounded to evacuate the building or buildings. Able individuals are encouraged to assist with the evacuation of disabled and impaired persons when possible.

As soon as the fire alarm is activated, the faculty, staff and students will immediately exit the building by the nearest exit. Any faculty teaching a class when an alarm is activated should supervise an orderly exodus of students from the classrooms and buildings. All classroom doors should be closed after everyone has exited. The faculty member will stay with the class until the administrator in charge has made the all-clear announcement and normal activities can be resumed. Under no circumstance is anyone allowed to re-enter the building until the reason for the alarm has been determined and corrected.

Employees must know where all exits are in the buildings in which they work. The Safety and Health Committee will provide information in an appropriate manner so that everyone has a working knowledge of the evacuation procedures.

It is the responsibility of employees to make certain their areas are evacuated promptly and properly.

The purpose of these procedures is to reduce the likelihood of injury or death in the event of a fire or any other major catastrophe that would necessitate the evacuation of any of the buildings on the College campus. Knowledge of the evacuation routes will reduce the possibility of panic or unsafe action in the event of an emergency.

Fire Log

The Higher Education Opportunity Act (HEOA) requires that all Title IV eligible institutions that participate in any Title IV program and that maintain on-campus housing facilities publish an annual fire safety report, maintain a fire log, and report fire statistics to The Secretary of Education. A copy of the SPC fire log is available in the SPC Police Office on the Levelland Campus. In addition, a copy of the annual fire report is available in the office of the Dean of Students.

SECTION 3 – (POLICY GG) COMMUNICABLE DISEASE POLICY

Objectives of the Policy

1. Minimize the risk of students or employees acquiring or transmitting communicable diseases through an organized education program, which shall emphasize primary prevention. 2. Protect the confidentiality of students or employees with a communicable disease.

General Policy Statement

South Plains College recognizes that students, employees, and other individuals with communicable diseases may wish to engage in as many of their regular pursuits as their condition and ability to perform their duties allows, including attending classes or working. As long as these individuals are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others, the administration of South Plains College should be sensitive to their condition and ensure that they are treated consistently and equally with other students and employees. At the same time, South Plains College has an obligation to provide a safe environment for all students and employees.

General Guidelines

The following general guidelines apply to all communicable diseases listed on the Texas Notifiable Conditions list distributed by the Texas Department of State Health Services (https://www.dshs.texas.gov/idcu/investigation/conditions).

   a. If an individual has, or suspects they have, a communicable disease, they should consult with their physician to receive reporting requirements. If instructed by their physician the individual should immediately report the matter to the Dean of Students (for students) or the Director of Human Resources (for employees) who may provide information on educational resources, counseling referrals and testing referrals.

   b. As a general rule, those individuals who are diagnosed with a communicable disease and who have been cleared by a physician not to be infectious to others, will be permitted to attend classes/work and utilize college facilities in an unrestricted manner.

c. Each case will be handled on an individual basis with the input of the Health Response Team (HRT). The HRT may consist of the following college personnel: Dean of Students, Director of Human Resources, the Associate Director of Health & Wellness, the Dean of Health Occupations, with consultation from the State Health Department, the SPC contracted physician, and the individual's physician. The Dean of Students (for student cases) or the Director of Human Resources (for employee cases) is responsible for gathering the input of this group. The input of the HRT shall be used to consider whether the individual diagnosed with a communicable disease might pose a risk of transmission to others in the classroom and/or college setting. Each case shall be reevaluated at reasonable intervals, so long as the individual has a communicable disease and remains enrolled or employed or continues to perform a service for the college.

d. A student, employee or other individual who has a communicable disease and who desires to participate in college activities should be encouraged to provide current reports from the treating physician concerning his/her condition, whether they should be in contact with others, and if current health status permits him or her to attend classes or college functions, or perform the essential functions of his or her job. SPC reserves the right to require a medical examination of an employee by a physician appointed by the college to determine fitness for duty and to ensure that the illness does not pose a direct threat to others.

e. If a HRT member receives information from any source that an individual has a communicable disease, they are to immediately report the information to the Dean of Students (for students) or the Director of Human Resources (for employees).

f. The Dean of Students (in student cases) or the Director of Human Resources (in employee cases) will convene the HRT to review the incident and develop an action plan.

g. Should any disease reach an epidemic or pandemic state, the college will monitor the situation by communicating with local and/or state health officials in order to provide appropriate information to the college community and develop plans to minimize exposure which may include the temporary closure of facilities or campuses if, after consulting with local and/or state health officials, such closures are in the best interest of the college and community.

h. An individual's health condition is personal and confidential, and reasonable precautions should be taken to protect information regarding an individual's health condition. All college personnel will respect the medical privacy rights of all individuals and comply with all laws regarding the confidentiality of medical information, including Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and the Texas Health & Safety Code. Information shall not be shared, published, or re-disclosed except as permitted by law.

i. The HRT shall monitor the medical status of all individuals identified as having a communicable disease. Changes in the individual's medical status may warrant

reevaluation of the HRT's previous recommendations and/or consultation with medical personnel. The circumstances will be reviewed on a case by case basis and will serve to provide the protection of the individual and the college population.

j. Recommendations for notification and decontamination will be provided by the local health jurisdiction. The college will comply with these recommendations.

k. Students and employees in allied health programs are subject to additional requirements in the event of exposure to a communicable disease. These protocols are maintained at the departmental level.

Communicable Disease Review Committee

The Health Response Team (HRT) will review any case of communicable disease that may be of public health concern on a continuing basis. The committee will issue recommendations to the administration on the individual's potential threat or danger to himself/herself and others in South Plains College or its clinical affiliates. When considering recommendations of dismissal of a student or discharge of an employee with a communicable disease, the HRT will consider the interests of the affected individual, other students and employees, patients in clinical affiliates, and the college.

The HRT will review this policy biannually on odd numbered years.

Date Revised: 3/18/2019 by Executive Council

SECTION 4: BLOODBORNE PATHOGENS

Effective April 16, 2019 South Plains College adopted the Bloodborne Pathogens Exposure Control Plan (June 2012 version) as issued by the Texas Department of State Health Services [https://dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=23853].   An adaptation of the State plan will be reviewed and adopted for the 2019-2020 Safety and Health Plan review.

SECTION 5: POLICY FI - CARE TEAM
Campus Assessment, Response and Evaluation (CARE) Team

Policy/Procedure
South Plains College is committed to providing learning opportunities that are high quality, accessible, flexible and affordable in a learning environment that is innovative, stimulating, compassionate, safe, diverse and supportive of the community. On rare occasions the College may be required to respond to students who may be in crisis or whose mental, emotional or psychological health condition may directly threaten or disrupt the learning environment. The CARE Team has been created to provide a caring, confidential program of identification, intervention and response in order to provide students with the greatest chance for success.

Purpose
The CARE Team is established to:
- Monitor and/or provide a systematic response to situations involving students whose behavior or mental, emotional or psychological health condition may be disruptive or harmful to themselves or others in the College community or students who may pose a direct threat to themselves or to the health and safety of the members of the College community.
- Provide recommendations regarding reasonable accommodations that may be provided to students with mental health issues to enable the student to remain safely in their educational program.
- Provide a multi-disciplinary panel of medical, law enforcement and administrative professionals to consider whether a student meets the standard to be involuntarily withdrawn from the university.

Composition
The Care Team Committee consists of the Dean of Students, Dean of SPC Reese Center, Associate Dean of Students, Associate Director of Health and Wellness, and the Director of Health and Wellness. The composition of the CARE Team may be adjusted as needed based upon the situation. This committee will meet bi-monthly and as needed.

Records
Records created by the CARE Team relating to individual students are educational records protected in accordance with the Family Education Rights and Privacy Act (FERPA). Records are maintained in the Office of the Vice President for Student Affairs and requests for access and for release of information must be reviewed by the Vice President for Student Affairs.

Referrals

Any employee of South Plains College who has concern for the well-being or safety of a student or the College community, or who has reason to believe that a student may pose a direct threat to themselves or the College community, may refer a student to the CARE Team for an individualized assessment. To refer a student to the CARE Team, the employee should complete and submit the Care Team Referral Questionnaire found on the employee page of MySPC.

Actions

The CARE Team will conduct an individualized, informal assessment of a referred student's present ability to safely participate in their educational program. This may include:

- Consultation with administrators, faculty, staff and other students who may have witnessed or been impacted by specific behaviors of the student.
- Consultation with the student, as well as family members if appropriate.
- Consultation with mental health or other medical professionals as may be permitted by law.

As a result of the assessment, action taken may include:

- Continue to monitor the situation
- Refer the student to appropriate resources
- Refer the student to the Dean of Students to consider possible violations of the Student Code of Conduct
- Recommend changes to the student's educational program or housing assignments
- Encourage the student to consider taking a voluntary leave of absence
- Administrative withdrawal of the student (The student will be afforded a hearing and appeal procedures as with any other administrative withdrawal. A student who is administratively withdrawn by CARE team recommendation may not seek to reenroll or be readmitted to the College before the start of the next term. The student may only be reenrolled or readmitted to the College after confirmation by the CARE Team that the conditions that caused the withdrawal are no longer present. The CARE Team may require any documentation or evaluation that it deems necessary to consider the possible readmission or re-enrollment. The student is not entitled to a hearing on the determination.)

Examples of Reasons for Concern

Abnormal behaviors are overt actions, omissions to act, or verbal or written statements, which would not be consistent with the actions or statements of a reasonable, prudent person under similar circumstances. This may include:

- Changes in behavior (i.e. withdrawn, irritable, confrontational, depressed, angry), Negative or disruptive attention seeking in the classroom that is viewed as problematic.
- Threats to harm self or others.
- Openly confrontational with faculty, staff and/or other students.
- Passive / aggressive acting out

Emergency Procedures

In dealing with students with emotional problems or abnormal behavior, there may be instances that are dangerous to the student or others. If a situation appears to be life-threatening or dangerous to others, Campus Police or 911 should be called. The police will determine if the student must be restrained or hospitalized.

Review

This student affairs policy/procedure will occur by April 15 of each year by the CARE team with recommendations for revisions presented to the Dean of Students by May 1.

APPENDIX A: WORKPLACE SAFETY AND HEALTH REQUIREMENTS

In order to maintain a safe and healthy workplace, the following checklists are provided to serve as guides for conducting periodic workplace safety inspections by building supervisors and other responsible personnel. Non-compliance of these basic requirements should be corrected at the time of inspection if possible, or should be reported to the proper maintenance or supervisory personnel for corrective measures.

OFFICE SAFETY and HEALTH INSPECTION CHECKLIST

DEPARTMENT/OFFICE:

General Office Safety

YES NO
Are aisles, doorways and corners free of obstructions to permit visibility and movement?
Are chairs in safe condition and are casters, rungs and legs sturdy?
Are there any sharp edges, burrs or splinters on furniture?
Is all equipment stored in its proper place(s)?
Do extra books and file boxes clutter office and areas? If yes, designate area
Are there loose materials and /or coverings on walls in offices? If yes, designate location
Are persons in this area designated for the administration of first aid? List employee(s) names: Ext:
Are carts, dollies, etc. available for use in transporting heavy objects and boxes?
Are entrances and /or exits to stairwells and offices blocked or obstructed? Is
the loading dock free of debris and clutter?

Tripping/Falling

YES NO
Are floor surfaces secure and free of hazards or posted Wet" floor if hazardous?
Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams?
Are all emergency exits properly lighted and free of debris?
Are all emergency exits clearly marked and visible?
Is there adequate walking space approaching exits? (4 feet of each side of exit)
Are stairways in good condition with handrails available and covered with skid resistant materials?
Where stairs are carpeted, is the carpeting well secured?
Where one or two steps adjoin different levels, are they easy to see and are they marked?
Is the area equipped with a step stool or ladder so high objects can be reached safely?
Do doors open directly into pedestrian walkways? If so, are the doors equipped with windows and/or warning signs?
Are restrooms marked and free of wet floors, boxes, etc.?

Electrical

YES NO

Are all electrical appliances and equipment properly grounded or double insulated?
Are plugs and outlets overloaded and/or adapters being used?
Is all electrical equipment in proper working order?
Are there frayed and/or worn cords?
Are all phone cords and electric cords secured under desks or along baseboards?
Are temporary use cords taped to the floor for their entire length? Do
runners cover permanent use cords when crossing walkways?

Storage

YES NO

Are file cabinets and flammable storage closets and/or cabinets arranged so drawers and doors do not open into walkways?
Where work is done with materials such as cleaning fluids, glues, correcting fluids, etc., are storage places adequate?
Are flammable and/or hazardous materials stored in metal fireproof containers with airtight lids?
Is there storage above 6 feet? If yes, designate location Are the office areas equipped with storage cabinets?
Are small or loose items boxed and labeled as to contents (i.e., biohazard, trash, file, flammable, etc.) and properly stored?
Are all shower rooms/lockers in proper order - free of clutter, and sanitary? Is the mailroom clearly marked and free of clutter?

Fire

YES NO

Are the locations of fire extinguishers and hoses posted?
Have fire extinguishers and hoses been inspected?
Are emergency and fire evacuation plans for the building posted?
Are fire extinguishers located near copying machines?
Are candles, candle warmers, plug-in scent devices present?
Is there excessive clutter or paper products?
Are there hot plates, coffee cup warmers present?
Are coffee makers in appropriate designated areas?
Are there space heaters? **Only space heaters provided by Physical Plant should be utilized.**

GENERAL WORKPLACE INSPECTION CHECKLIST

DEPARTMENT/OFFICE

Exit and Access

YES NO

Are all exits visible and unobstructed?

Are all exits marked with a readily visible sign that is properly illuminated?

Are there sufficient exits to ensure prompt escape in case of emergency?

Are areas with limited occupancy posted and is access/egress controlled to persons specially authorized to be in those areas?

Are there special precautions established to protect employees during construction and repair operations?

Fire Protection

YES NO

Are portable fire extinguishers provided in adequate number and type?

Are fire extinguishers inspected monthly for general condition and operability and noted on the inspection tag?

Are fire extinguishers recharged regularly and properly noted on the inspection tag?

Are fire extinguishers mounted in readily accessible locations?

Are interior standpipes and valves inspected regularly?

Are fire alarm systems tested at least annually?

Are employees periodically instructed in the use of extinguishers and fire protection procedures? If you have outside private fire hydrants, were they flushed within the last year and placed on a regular maintenance schedule?

Are fire doors and shutters in good operating condition?

Are fusible links in place?

Is the local fire department well acquainted with the agency, location and specific hazards?

Automatic Sprinklers:

a. Are water control valves, air and water pressures checked weekly?

b. Are control valves locked up?

c. Is maintenance of the system assigned to responsible persons or a sprinkler contractor?

d. Are sprinkler heads protected by metal guards where exposed to mechanical damage?

e. Is proper minimum clearance maintained around sprinkler heads?

Housekeeping and General Work Environment

YES NO

Are NO SMOKING signs prominently posted in areas containing combustibles and flammables?

Are covered metal waste cans used for oily and paint soaked waste?

Are they emptied at least daily?

Are paint spray booths, dip tanks etc., and their exhaust ducts cleaned regularly?

Are stand mats, platforms or similar protection provided to protect employees from wet floors in wet processes?

Are waste receptacles provided, and are they emptied regularly?

Do the toilet facilities meet the requirements of applicable sanitary codes?

Are washing facilities provided?

Are all areas of the facility adequately illuminated?

Are floor load capacities posted in second floors, lofts, storage areas, etc?

Are floor openings provided with tow boards and railings or a floor hole cover?

Are stairways in good condition with standard railings provided for every flight having four or more risers?

Are portable wood ladders and metal ladders adequate for their purpose, in good condition and provided with secure footing?

If you have fixed ladders, are they adequate, and are they in good condition and equipped with side rails or cages or special safety climbing devices, if required? For loading docks:

a. Are dockplates kept in serviceable condition and secured to prevent slipping?

b. Do you have means to prevent car or truck movement when dockplates are in place?

Machines and Equipment

YES NO

Are all machine operations that expose operators or other employees to rotating parts, pinch points, flying chips, particles or sparks adequately guarded?

Are mechanical power transmission belts and pinch points guarded?

Is exposed power shafting less than 7 feet from the floor guarded?

Are hand tools and other equipment regularly inspected for safe condition?

Is compressed air used for cleaning limited to 30 psi static pressure?

Are power saws and similar equipment provided with safety guards?

Are grinding wheel tool work rests set to within 1/8 inch or less of the wheel?

Are grinding wheel tongue guards set to within 1/4 inch of the wheel?

Is there any system for inspecting small hand tools for burred ends, cracked handles, etc.?

Are compressed gas cylinders examined regularly for obvious signs of defects, deep rusting or leakage?

Is care used in handling and storing cylinders and valves to prevent damage?

Are all air receivers periodically examined, including the safety valves?

Are safety valves tested regularly and frequently?

Is there sufficient clearance from stoves, furnaces, etc., for stock, woodwork, or other combustible materials?

Is there clearance of at least 4 feet in front of heating equipment involving open flames, such as gas radiant heaters and fronts of firing doors of stoves, furnaces, etc?

Are oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?

Is there at least a 2-inch clearance between chimney brickwork and all woodwork or other combustible materials?

For Welding or Flame Cutting Operations

Are only authorized, trained personnel permitted to use such equipment?

Have operators been given a copy of operating instructions and asked to follow them?

Are welding gas cylinders stored so they are not subject to damage?
Are valve protection caps in place on all cylinders not connected for use?
Are all combustible materials near the operator covered with protective shields or otherwise protected?
Is a fire extinguisher provided at the welding site?
Do operators have the proper protective clothing and equipment?

Materials

YES NO

Are approved safety cans or other acceptable containers used for handling and dispensing flammable liquids?
Are all flammable liquids that are kept inside buildings stored in proper storage containers or cabinets?
Do you meet OSHA Standards for all spray painting or dip tank operations using combustible liquids?
Are oxidizing chemicals stored in areas separate from all organic materials?
Do you have an enforced NO SMOKING rule in areas for storage and use of hazardous materials?
Are NO SMOKING signs posted where needed?
Is ventilation equipment provided for removal of air contaminants from operations such as production grinding, buffing, spray painting and/or vapor degreasing, and is it operating properly? Are protective measures in effect for operations involved with X-rays or other radiation?

Fork Lift Truck Operations:
Are only trained personnel allowed to operate forklift trucks? Is
overhead protection provided on high lift rider trucks?

For Toxic Materials:
Are all materials used in your facility checked for toxic qualities?
Have appropriate control procedures such as ventilation systems, enclosed operations, safe handling practices, proper personal protective equipment (e.g. respirators, glasses, goggles, gloves, etc.) and medical surveillance of employees being instituted for toxic materials?

Electrical Wiring, Fixtures and Controls

YES NO

Are the workplace electricians familiar with the requirements of the National Electrical Code (NEC)?
Do you specify compliance with the NEC for all contract electrical work?
Do the electrical installations in hazardous dust or vapor areas, meet the NEC for hazardous locations? Is all conduit, BX cable, etc., properly attached to all supports and tightly connected to junction and outlet boxes?
Is there evidence of fraying on any electrical cords?
Are rubber cords kept free of grease, oil and chemicals?
Are metallic cable and conduct systems properly grounded?
Are portable electrical tools and appliances grounded or double insulated?
Are all ground connections clean and tight?

Are fuses and circuit breakers the right type and size for the load on each circuit?
Do switches show evidence of overheating?
Are switches mounted in clean, tightly closed metal boxes? Are
all electrical switches labeled to show their purpose?
Are motors clean and kept free of excessive grease and oil?
Are motors properly maintained and provided with adequate over current protection?
Are bearings in good condition?
Are portable lights equipped with proper guards?
Are all lamps kept free of combustible material?
Is your electrical system checked periodically by someone competent in the NEC?

Employee Protection

YES NO
Is there an attending physician for medical care designated at your agency?
Do you have one or more employees trained in first aid?
Are your first aid supplies adequate for the type of potential injuries in your workplace?
Are there quick water flush facilities available where employees are exposed to corrosive materials? Are
hard hats provided and worn where any danger of falling objects exists?
Are protective goggles or glasses provided and worn where there is any danger of flying particles or
splashing or corrosive materials?
Are protective gloves, aprons, shields or other means provided for protection from sharp, hot or corrosive
materials?
Are approved respirators provided for regular or emergency use where needed?
Is all protective equipment maintained in a sanitary condition and readily available to use?
Where special equipment is needed for electrical workers, is it available?
When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic
materials, and not in toilet facility areas?
Is protection against the effects of occupational noise exposure provided when the sound levels exceed
those shown in Table G-16 of the OSHA noise standard?
Is there a safety and health committee or group that allows participation of employees in the safety and
health activities?
Is safety and health training for all employees requiring such training been provided and documented? Do
employees have a copy of the agency's safety and health rules and practices?

LABORATORY SAFETY and HEALTH INSPECTION CHECKLIST

DEPARTMENT/OFFICE

Hazardous Materials

YES NO

Is this room used for research, teaching, chemical preparation, storage or some other purpose? Please specify

Are radio nuclides, carcinogens, biologically hazardous agents or chemicals used in this room? Please specify the specific agent. Also please note the disposal method presently used for all agents:

If disposal is through a public system, have all inherent hazards been neutralized?

Are emergency procedures established and posted for disruption of the operation in progress, e.g. explosive gases or reactions, poisoning, chemical spill, vapor releases and personal contamination?

Are known toxic, caustic and other hazardous materials adequately labeled?

Are mechanical pipetting devices available on all situations where mouth suction would be hazardous?

Are smoking, eating, drinking and the application of cosmetics prohibited at the experiment area?

Are flammables properly stored in accordance with Flammable Policy Requirement?

Are storage areas and/or rooms where hazardous materials are used adequately ventilated?

Is there a current inventory of hazardous chemical, radioactive materials, and biological agents? If yes, date

Is there a current safety and health manual that has been developed specially for this laboratory?

Waste
Disposal

Are adequate waste disposal containers provided?

Has the method of disposal of all solid and liquid wastes been evaluated?

Are solid wastes, such as discarded glassware, blood collection tubes, specimens and bacteriologic wastes, safely disposed of?

Are acid bottle carriers used for all large containers (over 500 ml)?

Are all containers of corrosives, acids and caustic materials properly labeled with a warning as to the hazardous content?

Are procedures adequate for the disposal of toxic and/or biologically hazardous materials?

Are there written procedures for the handling and disposal of contaminated specimens, used biologic media and animal remains?

Are syringes, needles, broken glass and other sharp objects disposed of safely preventing exposure and/or injury to housekeeping and waste handling personnel?

Physical Characteristics

Personal Protective Equipment Compressed Gases
Egress Electrical Hazards
Fire Protection Machine and Instrument Guarding
Ventilation Housekeeping
Signs

Personal Protective Equipment

YES NO
Is necessary protective equipment provided, used, and maintained in a sanitary, safe and reliable condition?

Are eye protectors provided where machines or operations present the hazard of flying objects, glass or chemicals?

Are sufficient washing facilities (including eye washes and deluge showers) available for all persons required to handle liquids that may burn, irritate, etc.? Is a respiratory protection program used where needed?

If employees are allowed to lunch on the premises is an adequate space away from laboratory area provided for that purpose?

Egress

YES NO

Are all exits maintained to provide free and unobstructed egress from all parts of the room or building?

Are all exits free of locks or fastening devices that could prevent free escape? Are aisles maintained clear and unobstructed for movement to personnel?

SOUTH PLAINS COLLEGE

EMERGENCY OPERATIONS PLAN

2018

ACKNOWLEDGEMENT

This Emergency Operations Plan (EOP) was established by the Emergency Planning Committee commissioned by the office of the Vice President for Student Affairs and comprised of individuals with knowledge of and expertise in Higher Education, Regional Planning, Emergency Coordination and Law Enforcement.

EMERGENCY PLANNING COMMITTEE

Dr. Stan DeMerritt, Vice President for Student

Dr. Lynne Cleavinger, Dean of Students

Nickolis Castillo, Chief of Police

Nathaniel Feddes, MCRP, CFM, Hall Director

Ryan Fitzgerald, MA, Director of Institutional Research

ADDITIONAL CONSULTATION

David Corder, Hockley County Emergency Coordinator

Jay Parchman, City of Lubbock Emergency Management Coordinator

Clinton Thetford, Lubbock County Emergency Management Coordinator

PROMULGATION STATEMENT

South Plains College's (SPC) mission is to provide educational opportunities that improve the lives of its students by establishing a foundation for lifelong learning. To accomplish this mission, SPC must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. The goal of incident management is to ensure that mitigation, preparedness, response, and recovery actions exist so that public welfare and safety is preserved.

The Emergency Operations Plan (EOP) and contents within is a guide to how South Plains College conducts all-hazards response. The EOP is written in support of emergency management and is built upon the National Response Framework as a scalable, flexible and adaptable document. Furthermore, this plan aligns key roles and responsibilities within the college with regard to emergency management.

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APPROVAL AND IMPLEMENTATION

This Emergency Operations Plan (EOP) was prepared by South Plains College to develop, implement, and maintain a viable all-hazards response capability and to establish a comprehensive approach to providing consistent, effective and efficient coordination across a spectrum of activities and events.

This plan shall apply to all college personnel participating in mitigation, preparedness, response, and recovery efforts. Furthermore, the EOP may be applied to any College-sponsored events, whether on or off campus, and all public or private College-sanctioned activities.

The EOP is enacted whenever a natural or induced crisis affecting the College reaches a duration or severity that is beyond the control of the normal operating procedures and capabilities of the South Plains College Police Department.

The Office of the Vice President for Student Affairs shall be responsible for plan oversight and coordination with applicable stakeholders. All requests for procedural changes, suggestions, or recommendations should be submitted in writing to the Vice President for Student Affairs. The Vice President for Student Affairs is authorized to make minor changes not affecting the operation of incident management. Major changes will be considered with consultation from a designated Emergency Planning Committee and forwarded to the President of the College for final approval.

This EOP and its supporting contents are hereby approved, superseding all previous editions formerly referred to as the Crisis Management Plan, and is effective immediately upon the signing of signature authority noted below.

Approved: _____ Date: _____

Dr. Robin Satterwhite, President

South Plains College

CONTENTS

SECTION I: PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

PURPOSE

The purpose of the South Plains College Emergency Operations Plan (EOP) is to outline the College's approach to emergency operations. It provides general guidance for emergency management activities, as well as enables local, state and federal coordination during emergencies or disasters. The EOP also gives an overview of the College's methods of mitigation, preparedness, response and recovery.

The EOP and its contents describe the College's emergency response organization and assigns responsibilities for various emergency tasks. Additionally, the EOP describes capabilities, lists resources and provides operational processes to assist the College in the navigation of natural and manmade disasters, if and when they occur.

The Plan is intended to be sufficiently flexible to accommodate incidents of all types, magnitudes, and duration, and includes incident-specific procedures. The plan also provides a framework to enable the management of cascading impacts and multiple incidents, as well as the prevention of and preparation for subsequent events.

Specific support materials found in the EOP annexes and attachments provide details for specific operations.

The objective of this Emergency Operations Plan (EOP) is to provide the following:

- Rapid response to critical incidents through more systematic and routine approach
- Maximized safety and protection for all students, employees, and stakeholders
- System for evaluating critical incidents with goal of providing improved plans to reduce liability
- Effective management of public information

SCOPE

This document establishes the Emergency Operations Plan (EOP) for South Plains College and assigns responsibilities for the development, implementation, and maintenance of the plan. This plan and all its contents contained herein shall support the Hockley County Emergency Management Plan and any supporting Memorandums of Understanding (MOU) and/or Mutual Aid Agreements (MAA).

The College's EOP outlines:

- Expectations of College personnel
- Roles and responsibilities
- Direction and control systems
- Internal and external communications
- Training and sustainability of EOP
- Authority and references as defined by local, state, and federal government mandates
- Common and specialized procedures
- Specific hazard vulnerabilities and response/recovery

The primary responsibility of the EOP is to the South Plains College community; however, the models within can be utilized to assist with emergencies in surrounding communities.

SITUATION

South Plains College is a significant academic institution in the West Texas region. It also serves as a major employer for Lubbock, Hockley and surrounding Counties.

The College is at risk for many hazards because of its geographic location, student/employee population concentration, multiple campus locations, and other risk factors. Some of these risks have the potential for disrupting the College community and causing widespread damage and casualties. A summary of our major hazards is provided below in **Figure 1**.

HAZARD SUMMARY

Hazard Type	Likelihood of Occurrence	Estimated Impact on Public Health and Safety	Estimated Impact on Property
Natural			
Disease Outbreak	LIKELY	MODERATE	LIMITED
Drought	HIGHLY LIKELY	LIMITED	LIMITED
Earthquake	UNLIKELY	LIMITED	LIMITED
Epidemic	UNLIKELY	MAJOR	MAJOR
Flood	LIKELY	MODERATE	MODERATE
Hurricane	UNLIKELY	LIMITED	LIMITED
Landslide	UNLIKELY	MAJOR	MAJOR
Tornado	HIGHLY LIKELY	MAJOR	MAJOR
Tsunami	UNLIKELY	MAJOR	MAJOR
Wildfire	LIKELY	MODERATE	MODERATE
Winter Storm	HIGHLY LIKELY	MODERATE	MODERATE
Severe Thunderstorms/ Damaging Hail	HIGHLY LIKELY	MODERATE	MODERATE
Technological			
Airplane Crash	LIKELY	LIMITED	LIMITED
Dam Failure	UNLIKELY	LIMITED	LIMITED
Energy/Fuel Shortage	OCCASIONAL	MODERATE	MODERATE
Hazmat/Oil Spill	LIKELY	MODERATE	MODERATE
Major Structural Fire	OCCASIONAL	MODERATE	MAJOR
Radiological Release	UNLIKELY	MODERATE	MODERATE
Water System Failure	LIKELY	MODERATE	MODERATE
Human-Caused			
Civil Disturbance	LIKELY	MODERATE	MODERATE
Cyber Incidents	LIKELY	MODERATE	MODERATE
Sabotage	UNLIKELY	MODERATE	MODERATE
School Violence	LIKELY	MODERATE	MODERATE
Terrorist Acts	UNLIKELY	MAJOR	MAJOR

Figure 1

LIMITATIONS

GEOGRAPHY

South Plains College maintains campuses in rural communities and is restricted by the limitations present in such an environment including but not limited to:

- Distance to trauma centers
- Distance between campuses
- Limited local resources
- Large geographic areas

POPULATION, ENROLLMENT AND BUILDING INFORMATION

South Plains College is a multi-campus system located within cities with populations ranging from approximately 5,000 people to approximately 250,000 people. South Plains College maintains a total student population of approximately 9,500 students. South Plains College also maintains multiple buildings associated with each campus:

LEVELLAND CAMPUS (MAIN)

- 25 Instructional Buildings
- 9 Non-Instructional Buildings
- 12 Residence Halls

LUBBOCK CENTER

- 1 Instructional Building

REESE CENTER

- 4 Instructional Buildings
- 4 Non-Instructional Buildings

PLAINVIEW CENTER

- 2 Instructional Buildings

South Plains College operates within the following constraints:

- High student to employee ratio
- Limited community resources
- High number of facilities
- Distance between facilities

POLICE SERVICES

South Plains College maintains a police department of Texas Peace Officers licensed by the Texas Commission on Law Enforcement. This department is restricted by the following limitations:

- Size of Department – 9 officers serving all campuses.
- One-man Units – Only 1 officer per shift.

- Chief of Police Role/Responsibility – The SPC Chief of Police serves both an administrative and a patrol/investigatory role during normal business hours. This can limit administrative capability during early stages of an emergency as the Chief of Police may be the initial officer on scene.
- Limited Coverage – The Levelland Campus has 24-hour police presence. Other campuses only have police coverage while classes are in session.
- Operations beyond patrol, traffic, and criminal investigation require support from external agencies.

THREAT AND VULNERABILITY

South Plains College is active in its participation of the hazard assessment process. The College has also worked with Hockley and Lubbock County Emergency Coordinators in regards to Emergency Management planning, implementation and coordination.

The Emergency Planning Committee conducts an annual assessment of the Emergency Operations Plan.

The College also conducts a Safety and Security Audit every 3 years through the Texas State, Texas School Safety Center, pursuant to Texas Education Code § 37.108. The audit includes a section dedicated specifically to Emergency Management.

PLANNING ASSUMPTIONS

The South Plains College EOP is based on the following planning assumptions and considerations in this section.

- Any employee of South Plains College may be tasked by this EOP.
- Incidents are typically managed at the lowest possible geographic, organizational, and jurisdictional level.
- External resources may be requested to assist the College if the nature of the incident overwhelms local capability.
- Incident management activities will be initiated and conducted in accordance with the National Incident Management System (NIMS).
- Local emergency response resources will be available in emergency situations affecting the College, per Texas Government Code Chapter 418.
- It is possible for a major disaster to occur any time and any place in or near the College. In some cases, timely dissemination of warnings and increased readiness measures may be possible. However, many disasters can, and may, occur with little or no warning.
- College officials and representatives recognize their responsibilities for the safety and well-being of students, faculty, staff, and visitors, and assume their responsibilities in the implementation of this emergency EOP.
- Proper implementation and understanding of these guidelines through training and exercise should reduce or prevent disaster-related losses.
- Emergencies on the College campus may involve multiple responding departments and agencies which could include, but not be limited to, SPCPD, Health and Wellness, Emergency Medical Services, SPC Physical Plant, Marketing and Recruitment, Utility and Energy Services, and other appropriate College, city, county, state and federal agencies.

- Hazardous conditions may follow any major disaster thereby increasing the risk of injuries and death.
- Casualties will be transported to local area hospitals.
- Other College agencies or system components operating on the campus shall coordinate their emergency actions with this EOP.
- Regardless of the threat or type of emergency, it is possible that the following results may be encountered:
  - Death, injury, or illness of people and/or animals
  - Interruption or disruption to transportation
  - Interruption or disruption to normal communications
  - Interruption or disruption to utilities and other essential services, shelters, etc.
  - Congregation of large numbers of people at the scene, at central locations, at shelters, etc.
  - Significant numbers of people being displaced, requiring some, or all of the following: evacuation, shelter, feeding, welfare, and other assistance
  - Structural damage to streets, buildings, utilities, and other property substances
  - Contamination of food, water, personnel, vehicles, property, and other substances
  - Shortages of essential items
  - Periods of civil unrest or disorder, including looting, rioting, mob scenes, violence, etc.
  - Initial confusion of the affected population, with probable delays in response due to disaster incidents
  - Extensive need for public information
  - Disruption of business activities

SECTION II: CONCEPT OF OPERATIONS

GENERAL

The primary role of South Plains College is to provide for the welfare of its students, employees, and stakeholders. Welfare and safety is never more threatened than during critical incidents or disasters. The goal of incident management is to ensure that mitigation, preparedness, response, and recovery actions exist so that public welfare and safety is preserved.

All members of the College community have the responsibility to prepare themselves and their families to cope with emergency situations and manage their affairs and property in ways that will aid us in managing emergencies. South Plains College is dedicated to assisting members of the College community in carrying out these responsibilities by providing information and instructions prior to and during emergency situations.

There is no procedure that can effectively handle every type of incident scenario imaginable. This Emergency Operations Plan intends to address general functions that may need to be performed during any emergency situation. Since any incident is a unique occurrence, a customized Incident Action Plan must be created and enacted before and/or during the time of an emergency situation. For detailed actions on incident-specific events, see **OPERATIONS ANNEX**.

South Plains College's concept of operations is that the emergency functions of various agencies/organizations/divisions/departments involved in emergency management will generally parallel normal day-to-day functions or operations. To the maximum extent possible, the same personnel and material resources will be employed in both cases. Day-to-day functions that do not contribute directly to the emergency response may be suspended for the duration of any emergency. The efforts that would normally be required for those functions may be redirected to the accomplishment of emergency tasks by the department, division, or agency concerned.

KEY AREAS OF EMERGENCY PLANNING AND INCIDENT MANAGEMENT

In the event of an incident, the College will utilize the definitions below that are predicated on an all-hazards approach. The College acknowledges that most responsibilities and functions performed during an emergency are not hazard specific. Likewise, these guidelines account for activities pre-incident, incident and post-incident; consequently, key areas are noted as the following:

MITIGATION

Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters and emergencies. It involves the structural and non-structural measures taken to limit the impact of disasters and emergencies.

PREPAREDNESS

Preparedness activities serve to develop the response capabilities needed should an emergency arise. Planning and training are among the activities conducted under this phase.

RESPONSE

Response is the actual provision of emergency services during a crisis. These activities help to reduce

casualties and damage, and speed recovery. Response activities include warning, fire response, evacuation, rescue, and other similar operations.

RECOVERY

Recovery is both a short-term and long-term process. Short-term operations seek to restore vital services to the College and provide for the basic needs of students, faculty, and staff. Long-term recovery focuses on restoring the College to its normal (pre-disaster), or an improved, state of affairs. The recovery period is also an opportune time to institute future mitigation measures, particularly those related to the recent emergency.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

According to Homeland Security Presidential Directive 5 (HSPD-5) and the U.S. Department of Education, Institutions of Higher Education are among local agencies that must adopt NIMS if they receive Federal grant funds. The National Incident Management System (NIMS) is a set of principles adopted by the College. NIMS provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment. This system ensures that those involved in incident response/recovery understand what their roles are and have the tools they need to be effective.

OPERATIONAL GUIDANCE

In a major emergency or disaster, College facilities may be damaged or need to be evacuated, people may be injured, and/or other incident management activities may need to be initiated. These activities must be organized and coordinated to ensure efficient incident management. The Incident Command System (ICS), a component of NIMS, will be used to manage all incidents and major planned events.

SUMMARY OF TYPICAL RESPONSE FLOW

South Plains College's intent for operations is to respond quickly and efficiently to an emergency. The graphic in **Figure 2** shows a typical flow of response and dissemination of information to accomplish the mission of reaching a successful and desired end-state.
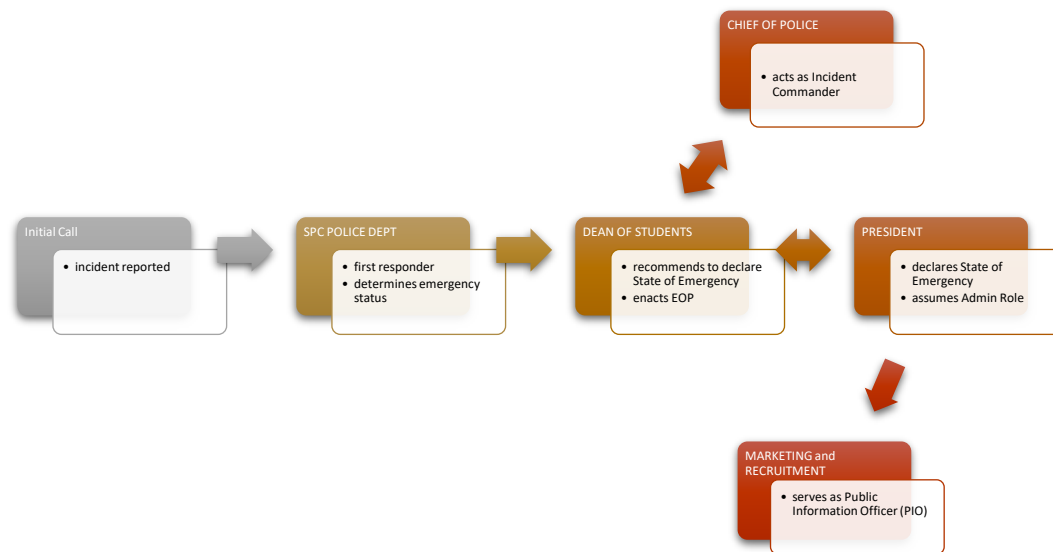
Figure 2

INCIDENT REPORT

In the event of any incident, a witness or victim generally makes initial contact with, but not limited to, the following personnel:

- Resident Assistant
- Hall Director
- Dean of Students
- South Plains College Police Department (SPCPD)
- Instructor/Professor

All incidents that require potential emergency services should be immediately reported to an active-duty SPCPD officer.

INITIAL RESPONSE

In most instances, either the Chief of SPC Police or an on-duty officer within the department will act as the first responder to an incident occurring on SPC's campus.

If an on-duty officer acts as the first responder, they must notify the Chief of Police of the incident. If the Chief is unavailable, the next highest-ranking supervisor must be notified.

The first responder will normally take charge of the incident until it is resolved or others who have legal authority to do so assume responsibility. It is important to note that many incidents can be resolved without initiation of the Emergency Operations Plan (EOP).

INCIDENT COMMAND SYSTEM (ICS)

If the incident requires, the Chief or designee will implement the Incident Command System (ICS) and assume the role as the Incident Commander (IC).

The ICS ensures that emergency response teams are organized.

The ICS also ensures that a timely and responsive communication with both public emergency services and media outlets. For more information, refer to **Functional Annex D: PUBLIC INFORMATION.**

 The IC will establish an Incident Command Post (ICP) within a safe proximity to the emergency site and provide an assessment of the situation to SPC and local officials (if necessary), identify response resources required, and direct the on-scene response. More detailed information on the ICS and ICP can be found in the ICS section in **Attachment 1: INCIDENT MANAGEMENT**.

DETERMINATION OF EMERGENCY

If the Chief determines that the incident cannot be resolved in a timely manner by resources immediately available to the South Plains College Police Department, or if risk of extensive damage or injury exists, the Chief or designee shall contact the Dean of Students or, if unavailable, the Vice President for Student Affairs with a recommendation to declares a State of Emergency.

The Dean of Students, or the Vice President for Student Affairs will recommend to the President of the College that both the declaration of a State of Emergency and the activation of the EOP is required.

Should the President make a declaration, he/she will contact the Dean of Students to activate the EOP.

Subsequently, the President will also contact the Associate Dean of Marketing and Recruitment to send an All-Alert to all persons associated with the college. For more information, see **Functional Annex A: WARNING.**

EMERGENCY OPERATIONS CENTER (EOC)

For major emergencies or disasters, an Emergency Operations Center (EOC) may need to be established. When the EOC is established, it is essential to divide responsibilities between the ICP and the EOC.

Upon activation, the EOC becomes the centralized communication and coordination facility for South Plains College emergency response. The EOC is the key to successful coordinated efforts and responsible for supporting the Incident Commander and consequent management operations. For more information, see the EOC section in **Attachment 1: INCIDENT MANAGEMENT**.

OUTSIDE REQUEST FOR ASSISTANCE

Where possible, South Plains College will use their own resources to respond to emergency situations, purchasing supplies and equipment if required. In the case that an incident requires outside emergency services, SPCPD will notify those services as necessary.

Should an emergency reach proportions and/or duration beyond the management capability of South Plains College or local agencies/services, the Chief of Police or designee shall contact the Emergency

Coordinator for the County in which the facility is located.

Upon briefing, the County Emergency Coordinator shall establish a Unified Command (UC) consisting of the County, Municipal, College, and community management personnel. The County's Emergency Operations Plan should then be followed as implemented by the UC with direction from the County Emergency Coordinator.

If any additional state or federal aid or resources are needed, SPC must make their requests known to the County Emergency Coordinator and the County Judge, in accordance with state and federal emergency resource procurement processes.

COORDINATION OF MOUS AND MAAS

South Plains College maintains various Memorandums of Understanding (MOU) and Mutual Aid Agreements to streamline the coordination of multiple jurisdictions, agencies and other community organizations. More information can be found in **Attachment 2: MOUs AND MAAs**.

NOTIFICATION AND WARNING

Timely warnings of emergency conditions are essential to preserve the safety and security of the College community and critical to an effective response and recovery. Detailed information on Notification and Warning may be found in **Functional Annex A: WARNING**.

EMERGENCY COMMUNICATIONS

Reliable and interoperable communications systems are essential to obtain the most complete information on emergency situations and to direct and control the resources responding to those incidents. Effective emergency communications will be the responsibility of the Incident Commander and EOC Commander.

EMERGENCY PUBLIC INFORMATION

The Department of Marketing and Recruitment has primary responsibility for public information efforts during an emergency involving South Plains College; however, the SPC Chief of Police may provide additional support. The Associate Dean of Marketing and Recruitment will assume the role of the Public Information Officer during an emergency. Further details on emergency public information may be found in **Functional Annex D: PUBLIC INFORMATION**.

LIABILITY PROTECTION FOR RESPONDERS

[CONTENT CURRENTLY BEING REVIEWED]

SPECIAL NEEDS ASSESSMENTS

For information regarding students will special needs or circumstances, please see **Attachment 3: SPECIAL NEEDS ASSESSMENTS.**

RECOVERY

Recovery establishes the procedures, resources, and policies to assist an institution and its members to return to functioning after an incident. The goal of the recovery phase is to restore the learning environment. Recovery must also include an assessment of the Emergency Operations Plan (EOP) and the success of its implementation. The administrative body of South Plains College is responsible for recover including continue of operations. Crucial considerations include the following:

BUSINESS RECOVERY
- Must activate Institutional Continuity Plan
- Must determine whether to cancel/ postpone/ or change location of classes. The President has the final authority in this decision.

PHYSICAL AND STRUCTURAL RECOVERY
- Must work to support a Damage Assessment Team (DAT) operated by the County Emergency Management Coordinator
- Assess the physical and structural damage
- Assess the availability of housing, transportation and food services

ACADEMIC RECOVERY
- It may become necessary to find alternate means to continue the learning environment. Methods include, but are not limited to:
  - Housing students and conducting classes in off-site locations
  - Implementing online learning
  - Implementing temporary procedures

SECTION III: ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ORGANIZATION

Most departments and agencies have emergency functions in addition to their day-to-day duties. During emergency situations, South Plains College's normal organizational arrangements are modified to facilitate emergency operations. SPC's organization for emergencies is comprised of three main groups:

1. Executive Policy Group
2. Emergency Services
3. Support Services

EMERGENCY MANAGEMENT EXECUTIVE POLICY GROUP

The Emergency Management Executive Policy Group (EMEPG) provides guidance and direction for emergency management programs and for emergency response and recovery operations.

The EMEPG is comprised of the following:

- President
- Vice President for Student Affairs
- Members of Executive Council (as President deems necessary)

EMERGENCY SERVICES

Emergency Services include the Incident Commander (IC) and those departments, agencies and groups with primary emergency response actions. The IC will remain in charge at the scene of an incident and will remain in charge until released or relieved by the appropriate authority.

Emergency Services includes:

- Dean of Students
- Chief of Police
- Officers of SPCPD

SUPPORT SERVICES

This group includes departments that support and sustain emergency responders and also coordinate emergency assistance provided by organizational volunteer organizations, business and industry, and other resources.

Support Services includes:

- Dean of Administrative Services
- Director of Physical Plant
- Members of Maintenance/Grounds

OTHER SERVICES (VOLUNTEER)

This group includes organized volunteer groups and businesses who have agreed to provide certain support for emergency operations. This group will report to the Dean of Students and be assigned responsibilities through the EOC.

ASSIGNMENT OF RESPONSIBILITIES

For most emergency functions, successful operations require a coordinated effort from a number of departments, agencies and groups. The following assignments are general responsibilities assigned to key roles in emergency management.

EXECUTIVE COUNCIL

The President of the College will be responsible for a declaration of a State of Emergency. The President and Vice Presidents of the college will monitor response activities, support Marketing and Recruitment in media relations and lead recovery efforts as set forth in **Functional Annex J: RECOVERY – INSTITUTIONAL CONTINUITY PLAN**.

VICE PRESIDENT FOR STUDENT AFFAIRS

The Vice President of Affairs, as well as the Dean of Students will be responsible for emergency planning and operations for the College. This includes providing direction and support during an emergency situation, as well as maintaining the EOP and facilitating proper training for campus emergency management personnel.

VICE PRESIDENT FOR BUSINESS AND ADMINISTRATION

The Vice President for Business and Administrations will be responsible for facilitating the release of funds and procurement of supplies as needed to support emergency operations.

DEAN OF STUDENTS

The Dean of Students will assume the role of Coordinator of the Emergency Operations Center (EOC).

SPC POLICE DEPARTMENT

The Chief of Police, with assistance from SPCPD officers will be responsible for determining and recommending emergency management operations in response to incidents as they occur at South Plains College facilities or sanctioned events. The Chief will also act as the Incident Commander (IC) and will remain in charge until released or relieved by the appropriate authority.

SPCPD will also manage the incident scene, which includes but is not limited to:

- Maintaining integrity of incident scene
- Collecting evidence
- Transitioning back to normal operations
- Performing "Critical Incident Stress Management"
- Participating in After Action Reviews (AARs)
- Accounting for all personnel assigned to the incident

ASSOCIATE DEAN OF MARKETING AND RECRUITMENT

The Associate Dean of Marketing and Recruitment will assume the role of the Public Information Officer (PIO).The Associate Director's primary responsibility is to communicate information required for public information and media relations.

DEAN OF ADMINISTRATIVE SERVICES

The Dean of Administrative Services will facilitate support services requiring the use of Physical Plant personnel, supplies and transportation.

FACULTY AND STAFF

Faculty and Staff will provide "on-the-ground" support during and after an incident. Following an incident, faculty and staff will help in assessing the impact of an incident to determine the ability to resume classes including, but not limited to:

- Checking for damage to property, projects and/or equipment
- Advising recovery crews of potential hazards within designated classrooms and/or offices
- Recovering intellectual property and records

SECTION IV: DIRECTION AND CONTROL

GENERAL

1. Vice President for Student Affairs is responsible for establishing objectives and policies for emergency management and providing general guidance for disaster response and recovery operations, all in compliance with NIMS.

2. The Incident Commander, assisted by a staff sufficient for the tasks to be performed, will manage the emergency response at an incident.

3. The Dean of Students will provide overall direction of the response activities of all departments. During major emergencies or disaster, they will normally carry out those responsibilities from the EOC.

4. If SPC resources are insufficient, or inappropriate to deal with an emergency situation, assistance may be requested from other jurisdictions, agencies, or volunteer groups, in cooperation with the County Emergency Management Coordinator.

EMERGENCY FACILITIES

INCIDENT COMMAND POST (ICP)

Except when an emergency situation threatens, but has not yet occurred, and those situations for which there is no specific hazard impact site (such as a severe winter storm or area-wide utility outage), an incident command post(s) will be established in the vicinity of the incident site(s). As noted previously, the IC will be responsible for directing the emergency response and managing resources at the incident scene.

EMERGENCY OPERATIONS CENTER (EOC)

When major emergencies and disasters have occurred or appear imminent, the EOC will be activated.

Authorized individuals for EOC activations are as follows:

1. SPC President
2. Vice President for Academic Affairs
3. Dean of Students

For more information on Emergency Facilities, see **Attachment 1: INCIDENT MANAGEMENT**.

SECTION V: PLAN DEVELOPMENT AND MAINTENANCE

The South Plains College EOP was developed using FEMA's Comprehensive Planning Guidelines (Nov 2010), as well as the principles of the National Incident Management System (NIMS).

The Office of Vice President for Student Affairs, as well as the Emergency Management Committee will be responsible for an annual review of the EOP.   The Vice President will also be responsible for communicating the EOP content to any unit or department that is identified as having a role in the EOP.

SECTION VI: TESTING, TRAINING AND EXERCISE

The National Incident Management System (NIMS) and the Incident Command System (ICS) are both largely complex systems that require some training. All employees that are expected to participate in these systems must be qualified to perform the tasks necessary for efficient and effective emergency management.

The Vice President for Student affairs may recommend and approve an employee of South Plains College to serve as part of the Incident Command System. This selection can be based on the individual's position with SPC, as well as the individual's level of expertise in a particular skill or trade.

Testing will be conducted online through FEMA.gov upon completion of the course.

Required training must be taken once every three years prior to the designated live scenario based full-scale drill for that period.

REQUIRED TRAINING

Any employee selected by the Vice President for Student Affairs to formally fill a role within the Incident Command System will be required to train and test in the following courses:

FEMA IS-700

This course provides an overview of the National Incident Management System (NIMS). The National Incident Management System defines the comprehensive approach guiding the whole community - all levels of government, nongovernmental organizations (NGO), and the private sector - to work together seamlessly to prevent, protect against, mitigate, respond to, and recover from the effects of incidents. The course provides learners with a basic understanding of NIMS concepts, principles, and components.

FEMA IS-100

(IS-700 recommended prior to taking this course)

IS-100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The Emergency Management Institute developed its ICS courses collaboratively with:

- National Wildfire Coordinating Group (NWCG)
- U.S. Department of Agriculture
- United States Fire Administration's National Fire Programs Branch

FEMA IS-200

(Prerequisites: IS-100 and IS-700)

IS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. The Emergency Management Institute developed ICS its ICS courses collaboratively with:

- National Wildfire Coordinating Group (NWCG)
- U.S. Department of Agriculture
- United State Fire Administration's National Fire Programs Branch

Certain personnel may be required to take advanced training courses including but not limited to Position Specific Training. Individuals selected to serve in the Command or General Staff of the Incident Command System will be required to train and test in the above listed training and must also complete the following courses:

FEMA IS-800

This course introduces participants to the concepts and principles of the National Response Framework. The goal of this course is to familiarize participants with the National Response Framework and the ways it is applied in actual response situations.

POSITION-SPECIFIC TRAINING

Position-Specific Training will be recommended based on how an individual has been designated within the ICS.

These courses are designed to provide State and local-level emergency responders with a robust understanding of the duties, responsibilities, and capabilities of Command and General Staff members. Exercises, simulations, discussions, and a final exam enable participants to process and apply their new knowledge. Position-specific training courses include:

- E/L 950: NIMS ICS All-Hazards Position Specific Incident Commander
- E/L 952: NIMS ICS All-Hazards Position Specific Public Information Officer
- E/L 954: NIMS ICS All-Hazards Position Specific Safety Officer
- E/L 956: NIMS ICS All-Hazards Position Specific Liaison Officer
- E/L 958: All-Hazards Position Specific Operations Section Chief
- E/L 960: NIMS ICS All-Hazards Position Specific Division/Group Supervisor
- E/L 962: All-Hazards Position Specific Planning Section Chief
- E/L 964: All-Hazards Position Specific Situation Unit Leader
- E/L 965: All-Hazards Position Specific Resources Unit Leader
- E/L 967: All-Hazards Position Specific Logistics Section Chief
- E/L 969: All-Hazards Position Specific Communications Unit Leader

- E/L 970: All-Hazards Position Specific Supply Unit Leader
- E/L 971: All-Hazards Position Specific Facilities Unit Leader
- E/L 973: All-Hazards Position Specific Finance/Admin. Section Chief
- E/L 975: All-Hazards Position Specific Finance/Admin. Unit Leader Course

ACCESS AND COST

Training can be accessed at FEMA.gov. A FEMA ID is required. Registration for an FEMA ID can be completed at FEMA.gov. The South Plains College Chief of Police can provide instructions and links to training for ease of access.

Registration, training, and testing are at no cost to the employee.

EXERCISES

South Plains College will conduct table top exercises of scenario based incident specific emergency management at least once per calendar year.

South Plains College will conduct a live full scale incident specific emergency management exercise at least once in a three year period.

SECTION VII: AUTHORITY AND REFERENCES

These guidelines apply to South Plains College. The organizational concepts set forth in these guidelines are promulgated under the following authorities:

AUTHORITY

FEDERAL

1) Disaster Relief Act of 1974, PL 93-288 as amended.
2) Emergency Management and Assistance, 44 CFR
3) Emergency Planning and Community Right-to-Know Act of 1986, 42USC Chapter 116
4) Higher Education Act of 1965 as amended by the Higher Education Opportunity Act (HEOA) of 2008, PL 110-31
5) Homeland Security Act of 2002
6) Homeland Security Presidential Directives: HSPD 3, 5 and 8
7) National Response Framework
8) National Disaster Recovery Framework
9) National Strategy for Homeland Security, July 2002
10) Public Health Security and Bioterrorism Preparedness and Response Act (42 CFR Part 73)
11) Resource Conservation and Recovery Act (RCRA).
12) Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121

STATE

1) Administrative Code, Title 37, Part 1, Chapter 7
2) Education Code § 37.108 (Multihazard Emergency Operations Plan; Safety and Security Audit)
3) Education Code § 37.109 (School Safety and Security Committee)
4) Education Code § 51.217 (Multihazard Emergency Operations Plan; Safety and Security Audit)
5) Executive Order by the Governor Relating to Emergency Management (RP32 01/28/2004)
6) Government Code, Chapter 418 (Emergency Management)
7) Government Code, Chapter 421 (Homeland Security)
8) Government Code, Chapter 433 (State of Emergency)
9) Government Code, Chapter 791 (Inter-local Cooperation Contracts)
10) Health and Safety Code, Chapter 778 (Emergency Management Assistance Compact)
11) State of Texas Emergency Management EOP (Disaster EOP).

LOCAL

- South Plains College Policy GB – Emergency Operations Plan
- Hockley County Emergency Operations Plan
- Lubbock Emergency Management Plan

REFERENCES

- U.S. Department of Education, "Action Guide for Emergency Management at Institutions of Higher Education" (2010)
- FEMA, "Comprehensive Preparedness Guide" (Nov 2010)
- Texas Department of Public Safety, Division of Emergency Management, TDEM-10 "Local Emergency Management Planning Guide" (Jan 2008)
- Texas Tech University, "Emergency Management Plan" (2014)
- Texas A&M University, "Emergency Operations Plan" (2017)

PLAN CONTACT INFORMATION

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RECORDS OF CHANGE

This article provides for documentation of changes approved and implemented in this plan.

Section Amended, Added, or Removed	Date of approval	Authority of Approval

SECTION VIII: APPENDIX

EXPLANATION OF TERMS

ACRONYMS

AAR	After Action Review
AC	Area Command
CBO	Community-Based Organizations
DAT	Damage Assessment Team
EMEPG	Emergency management Executive Policy Group
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HSPD	Homeland Security President's Directive
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
NIMS	National Incident Management System
NRF	National Response Framework
PIO	Public Information Officer
SPC	South Plains College
UC	Unified Command
VOLAG	Volunteer Agency

SECTION IX: ATTACHMENTS

ATTACHMENT 1: Incident Management

ATTACHMENT 2: MOUs and MAAs

ATTACHMENT 3: Special Needs Assessment

ATTACHMENT 4: Support Documents

FUNCTIONAL ANNEX

Supplement to SPC Emergency Operations Plan

The Functional Annex contains detailed descriptions of the methods followed for critical operational functions during emergency operations.

INTRODUCTION

The Functional Annex contains detailed descriptions of the methods that South Plains College follows for critical operational functions during emergency operations. The purpose of the Functional Annex is to provide support for the content found in the **SPC Emergency Operations Plan**, as well as with the **Operations Annex**.

This annex is not intended to be a standalone document. However, the information found within the annex can be used as a guideline of assignments and expectations at any moment during an emergency or disaster.

The content areas found within the Functional Annex are aligned with both the State of Texas and Federal policies and guidelines regarding Emergency Support Functions for an Emergency Operations Plan. The content has also been modified to include certain language and requirements of Emergency Plans in accordance with State requirements for safety and security reporting.

CONTENTS

A. WARNING

1. GENERAL

Timely warnings of emergency conditions are essential to preserve the safety and security of the college community. Therefore, this annex outlines the different warning systems available and suggested use of each system, as well as provides operational guidance for issuing emergency warnings.

There is no one system that will enable the college to fully warn everyone in a timely manner because each system has limitations.

All warning messages must be accurate, clear and consistent. Within the constraints of the available messaging system(s), all messages should include accurate and detailed information about the situation and what actions to take. During the course of the emergency event, regular updates to the campus community are advisable.

The media also aids in the warning dissemination. Therefore, to maintain the accuracy of the warning messages, the media should receive consistent information with the warning messages themselves. For more details on media and information dissemination, refer to **Annex D: PUBLIC INFORMATION**.

2. CONCEPT OF OPERATIONS

REPORTS OF DANGEROUS CONDITIONS

Most reports on dangerous conditions are received by the SPC Police Department, Levelland Communications Center, Plainview Communications Center, Lubbock Police Communications Center, and Lubbock County Sheriff's Office Communications Center.

Occasionally, emergency calls are received elsewhere. It is important for the communications hubs to be notified of the emergency to ensure all appropriate notifications are made.

NOTIFICATIONS TO COLLEGE ADMINISTRATORS

Upon receipt, the South Plains College Police Department (SPCPD) shall ensure that initial notifications of an emergency are made.

Each notification is specific to the nature of the emergency. However, some emergencies may require the communications hubs to initially notify other College departments and services and/or external emergency response organizations.

Based on the situation, additional information may be provided to personnel with decision-making authorities within the South Plains College community by the Vice President for Student Affairs or designee.

SPECIAL NOTIFICATION PROCEDURES

For emergency conditions that warrant altering or cancelling classes and/or normal operations, responsible parties will notify the President or their designee. The discretion and responsibility of

cancelling classes and/or normal operations is vested with the President. For notifications of weather emergencies, see **Operations Annex: SECTION 1**.

Incidents involving Select Biological Agents and Toxins or recombinant DNA shall be immediately reported to the Emergency Management Coordinator and the Judge of the respective county where the incident occurs per Texas Code 418.

DISSEMINATION OF WARNINGS

Warning messages must be accurate, clear and consistent. All messages should include information describing the situation, actions to take, and where to get additional information.

Many warning systems can be activated individually such as fire alarms and campus email. Alternatively, warnings can be activated through BlackboardConnect.

The College uses and maintains an adequate warning system. Below is a non-comprehensive listing of available warning mechanisms that are available for use in, or associated with, BlackboardConnect:

- Text Messages
- Phone/Voicemail
- Email

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

SPC POLICE

- Receives calls for emergencies, including calls regarding medical emergencies; 9-1-1 calls are dispatched to SPC Police by the Communications Center responsible for police dispatch for the county in which the incident occurs.
- Responds according to established protocols based on call/ incident type.
- Requests notifications via the International Public Alert and Warning System (IPAWS) through the County Emergency Coordinator or County Judge for the respective country in which the incident occurs if deemed necessary.
- Issues Timely Warning messages through Blackboard Connect messages directly or through designee

OFFICE OF VICE PRESIDENT FOR STUDENT AFFAIRS

- Initiates BlackboardConnect messages, if requested
- Provides Public Information Officer with College media information
- Provides periodic updates to college executive management
- Notify Community Emergency Operations Center (CEOC) personnel of potential dangerous conditions
- The Vice President for Student Affairs will notify System Administrators as appropriate

INFORMATION SERVICES (IS)

- Provides technical support through the IS Help Desk

- Perform system updates and maintenance of hardware and software

MARKETING AND RECRUITMENT
- Serve as the primary point of contact for news media
- Updates appropriate websites
- Maintains the college's social media (i.e. Facebook, Twitter)

B. EVACUATION

1. GENERAL

Evacuation is one means of protecting the campus community from the effects of a hazard through the orderly movement of person(s) away from the hazard. The type and magnitude of the emergency will dictate the scale of an evacuation (i.e., evacuation area).

Evacuations for South Plains College range from facility evacuations (e.g., single building with a limited duration of time) to large-scale evacuations (e.g., a large segment of or all of campus for a long duration of time). These evacuations may be the result of a variety of emergencies to include, but not limited to, building fires, hazardous materials releases (inside or outside the facility), natural gas leaks, or bomb threats (facility specific or campus-wide), or violent intrusion/action.

2. CONCEPT OF OPERATIONS

Evacuation orders are generally given by the following:

- South Plains College Police
- Environmental Health & Safety
- Facilities Services
- Dean, director, or building proctor
- Local Fire Department
- Local or State Fire Marshal
- Country Judge or County Emergency Coordinator
- Any person identifying a hazard and by activating the fire alarm system via a fire alarm pull station

Evacuations will often be managed by a Unified Command between South Plains College Police Department and a respective Local Fire Department, along with any other response agencies as deemed appropriate by Unified Command.

FACILITY EVACUATIONS

All South Plains College campus buildings are required to have a written Emergency Evaluation Plan which identifies congregation areas at a safe distance from the building.

Building Evacuation Plans will automatically be implemented when the fire alarm is activated, or if emergency responders decide evacuation of a facility is necessary due to a particular hazard. Building occupants will be notified of the evacuation, as appropriate, dependent on the hazard. Re-entry of the building will often be determined by local Fire Department, South Plains College Police Department, or local law enforcement agency in consultation with Environmental Health & Safety and Facilities Services.

LARGE SCALE EVACUATIONS

Large-scale evacuations will be implemented when a large segment or the entire campus must evacuate for a specific hazard. BlackboardConnect will be utilized for immediate dissemination of the emergency message as described in the **Section A: WARNING**.

Traffic may be directed by the South Plains College Police Department and/or local, state, and federal law enforcement agencies for all traffic whether on or off campus.

The SPC Emergency Website will be utilized to provide supplemental information and updates to the campus community during the incident. The website can be found at the following link:

http://www.southplainscollege.edu/emergency.php

The SPC Main website will have links to direct people to the emergency website while emergency notification and messages are active. Most large-scale evacuations will likely result in a high volume of personal vehicular traffic. However, there is a large population of the campus community that does not have immediate access to personal transportation. As a result, public transportation (i.e., buses and para-transit vans) will also be employed – see appropriate Annexes for Transportation of the County Emergency Operations Plans for the county of each South Plains College campus.

Upon the issuance of the evacuation order, The South Plains College Police Department or designee:

- May establish and utilize parking enforcement officers or other personnel to assist vehicular traffic in exiting parking areas in a safe and timely manner.
- Will limit reentry onto campus where necessary.

Pedestrians who cannot return to their vehicles or do not have personal transportation will be routed to specific pickup locations out of the evacuation zone dependent on the type of hazard. South Plains College may use internal and/or community provided resourced to coordinate bus transportation from these locations to a shelter location. This operation will be after the initial evacuation of campus and will not impede the use of buses and other transport for the initial evacuation. The locations of these pickup locations will be communicated to the College community through various media as identified in **Section A: WARNING**.

PERSONS WITH FUNCTIONAL AND ACCESS NEEDS

South Plains College recognizes unique requirements of person(s) with functional or access needs. Individuals requiring paratransit assistance with evacuating campus should contact Disability Services at (806) 716-2577 during normal business hours and the South Plains College Police Department at (806) 716-2396 after hours.

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

SPC POLICE
- Assist in evacuation by providing traffic control
- Protect property in evacuated areas and limit access to those areas
- Assist in warning the campus community, as needed
- Assist in paratransit assistance as needed.

ENVIRONMENTAL HEALTH AND SAFETY

- Maintain copies of emergency evacuation plans
- Assist building occupants with development of emergency evacuation plans
- Serve as a member of Unified Command

MAINTENANCE

- Ensure proper transportation assets are available for an evacuation
- Assist the South Plains College Police Department and designees with traffic control as needed
- Provide barricades, signage, etc. to be used for traffic management
- Assist in the identification of pickup points
- Provide information on pickup points and evacuation routes by SPC vehicles

C. SHELTER AND MASS CARE

1. GENERAL

The purpose of this section is to outline the South Plains College plan to provide shelter and mass care to evacuees, whether from realized or threatened disasters, local or otherwise. This section supports The Lubbock Emergency Management Plan, Annex C: Shelter & Mass Care and the Hockley County Emergency Operations Plan, Annex C: Shelter & Mass Care. SPC personnel and resources may be called upon to support sheltering operations and emergency management for Levelland Independent School District (LISD), Hockley County, or Lubbock County as set forth in their respective Emergency Operations Plans and/or existing local mutual aid agreements on campus or at community facilities.

As an asset of the State of Texas and in concert with the College's mission of service, South Plains College may be asked to support emergency responses, as a partner with local and regional independent school districts, Hockley County, Lubbock County, Hale County and the State of Texas, to include shelter and mass care of evacuees.

SPC may use any SPC facility as best suits the College and the emergency. Therefore, these procedures should be considered as guidelines applicable to any facility the College chooses to utilize for sheltering and mass care operations.

2. CONCEPT OF OPERATIONS

DECISION MAKING

Any request from a school district operating in the same county as a South Plains College property, Hockley County, Lubbock County, Hale County, the State of Texas, or Federal Agency, organization or governing body for South Plains College to provide sheltering and mass care support should be routed or copied to the Vice President for Student Affairs or their designee.

Time permitting, the Vice President for Student Affairs shall contact the President or designee. Examples of circumstances wherein time may not permit exist, including but not limited to, evacuations associated with local hazardous materials releases, local severe weather, etc. where there is little or no warning time.

The President or designee will approve/disapprove the use of SPC facilities for sheltering operations.

OUTSIDE REQUESTS

Requests for emergency support may be received from any number of entities.

- Requests should be communicated to the Vice President for Student Affairs. Information on requests will be forwarded through the chain of command to the Office of the President for concurrence.
- Commitment of resources such as food services, transportation, security, etc. to these requests should only be granted if excess capacity beyond that needed by the College and sheltering operations is available.

Shelter managers (minimum of two) should be appointed for each shelter to be utilized to support extended shift operations. Assistant shelter managers shall report to the Shelter Manager.

Shelter operations are resource intensive, including personnel resources. A list of volunteers (staff, faculty and/or students) who are available and willing to work in a shelter should be developed as part of preparations for opening a campus shelter. The list should be maintained current during the duration of shelter operations. Staff or faculty may be assigned to fill roles in shelter operations/support with the approval of their management. Shelter Managers are authorized to choose teams of individuals from those lists to work in their shelters.

Security is paramount at shelters for both evacuees and the campus community. Evacuees will be required to check in and out of the shelters, even if only for short trips to their vehicles or to run local errands. Shelter Managers shall oversee check in/out points and operations. Security/police shall be present at each shelter 24/7 for security purposes.

All shelters may house persons with access and/or functional needs or disabilities.

Evacuees with special dietary, mobility or other needs, should be advised to identify and discuss specialized needs with the Shelter Manager.

One or more private restroom/shower/dressing facilities must be available for those with access and/or functional needs and for those requiring additional accommodations (e.g., transgender evacuees, single parent families with small children, etc.)

Shelter guests will be asked to identify to shelter support staff any health conditions such as diabetes, kidney disease, heart conditions, etc. for which assistance may be needed.

Evacuees with medical conditions will be triaged by qualified medical personnel. In the event that qualified personnel are not available, those evacuees deemed to have conditions that require specialized medical care will be transported to appropriate medical facilities.

Discharge planning should begin with the arrival of evacuees. Discharge plans applicable to all evacuees will be developed and should conform to applicable standards for the emergency event and the population sheltered. Common considerations include: any access and/or functional needs of the evacuee; safety of the area to which the evacuee is returning; local government's approval to return; safety/integrity of the evacuees residence; etc.

All pets are the responsibility of the owner. South Plains College and any person or organization acting on behalf of the College assume no responsibility or risks associated with the care, management, or transportation of animals.

Privacy of evacuees must be respected. Requests from media should be referred to Marketing and Recruitment or to the CEOC.

Welfare requests concerning evacuees must be handled in a manner that protects the privacy and welfare of the evacuee. Such requests should be routed through the CEOC.

Smoking is prohibited in all South Plains College facilities and within 25 feet of an entrance or HVAC system at all times including emergencies.

Specific checklists for shelter activation and operations are provided in **EOP Attachment 4: SUPPORTING DOCUMENTS**.

SECURITY

The primary role of the South Plains College Police during sheltering operations is to provide for the safety and security of all evacuees and shelter management personnel in the facility. Many of the tasks required of the department during shelter operations are simply an expansion of normal daily responsibilities including enforcing laws, maintaining order, protecting lives and property, and traffic and crowd control.

The following actions will be common to any shelter facilities opened on the campus of South Plains College:

- No alcohol, illegal drugs/narcotics, or illegal weapons will be allowed in the facility.
- All evacuees should be issued some form of identification to aid shelter staff and security in identifying guests. South Plains College reserves the right to perform criminal background checks on evacuees sheltered on campus and to take actions necessary to protect the majority of the evacuees assigned to a College shelter.
- The SPCPD officer assigned for duty will meet with the Shelter Manager or designee to identify any concerns that may impact security. For example, transportation, safekeeping of valuables, behavioral issues, etc.
- Access points to the facility will be identified and monitored by police or security personnel. Evacuees are not restricted to the facility. However, limitation of access points and logging of evacuees in and out of the shelter is required.
- Traffic/crowd control of the area outside the facility will be maintained to assist the evacuees.
- Police/security will patrol the parking areas outside the shelter during shelter operations.
- The evacuee sleeping area will be monitored 24/7.
- Areas with restricted access will be monitored.
- At the beginning of each shift, the SPCPD officer assigned to the shelter security detail will identify themselves to the Shelter Manager or Designee.
- All shelter requests for additional police/security personnel will be directed to the Chief of Police or designee.
- Depending on the type of emergency, in addition to their normal duty assignments, security personnel may be called upon to protect key facilities, control access to damaged areas, disseminate information to the public should primary systems be inoperative and provide security to evacuated areas.

FOOD SERVICES

Food for evacuees may be provided by many different sources. The food must be prepared and served by a permitted food service vendor in accordance with all applicable rules and the Texas Department of State

Health Services and the Hockley Health Unit, City of Lubbock Health Department, and/or the Plainview/Hale County Health Department. Suggested sources of food for evacuees include:

- Campus Dining (Great Western)
- SPC Food Pantry
- Hockley County Food Box
- South Plains Food Bank
- Commercial food vendors

Food services and numbers of evacuees to be fed should be coordinated through the CEOC.

In the event of a tornado sheltering operation for evacuees, Great Western Dining should provide:

- A primary point of contact for coordinating food services.
- Expense tracking for all meals, snacks, drinks and associated expenses.

FUNDING AND TRACKING OF RESOURCES AND EXPENDITURES

Shelter operations require significant resources. Tracking those resources is vital for several reasons:

- Knowing what resources are on hand and available,
- Anticipating what will be needed,
- Tracking resources and returning resources at the conclusion of the sheltering operation,
- Tracking costs as necessary for reimbursements

Shelters that operate for an extended period often need and/or receive donations for evacuees.

For more information, refer to **Section F: DONATION MANAGEMENT**.

PUBLIC INFORMATION

Refer to **Section E: PUBLIC INFORMATION**

TRANSPORTATION

Director of the Physical Plant will be notified and will take action to put Maintenance Personnel on alert. Request for services may involve personnel and/or resources to include:

- Busses to assist in evacuation of SPC member campuses
- Support of shelter operations
- Local transport of evacuees or emergency response personnel
- Traffic control and parking

FACILITIES FOR SHORT TERM REFUGE

College facilities may be made available for "short term refuge" for students, and employees of the College in the event that severe weather is predicted locally or due to a hazardous materials release.

Short term refuge facilities are typically:

- Opened only for periods not to exceed 24-hours
- Not supported with food services, bedding, custodial, security, etc.
- Deemed structurally adequate to sustain 100 mph winds without serious damage.

The Director of the Physical Plant and the Vice President for Student Affairs will cooperate to identify availability of such facilities.

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

VICE PRESIDENT FOR STUDENT AFFAIRS
- Expedite the routing of requests for use of College shelters to appropriate administrators.
- Coordinate shelter and mass care efforts with Hockley and/or Lubbock Counties and State emergency operations.
- Request support from Hockley and/or Lubbock County Emergency Management if local resources are insufficient.
- Coordinate resource and staffing support for shelter operations.

SHELTER MANAGER(S)
- Staff and open shelters and keep them operating as long as necessary or until college shelters must close.
- Oversee registration of shelter occupants and handling of disaster welfare inquiries.
- Oversee provision of clothing, blankets, personal care items, etc. to evacuees.
- Arrange for mass feeding with the CEOC.
- Coordinate with temporary pet housing and care facilities Community Emergency Operations Center.
- Identify and request additional shelter resource requirements and evacuee support services.
- Develop and submit a daily shelter plan and status report.
- Ensure accurate records are maintained for resources ordered and expended.
- When directed, terminate shelter operations and oversee disposition of supplies and equipment and return of facility to normal conditions.

SPC POLICE
- Monitor weather conditions and state of emergency notices regarding events that could result in the activation of this plan.
- Provide security and law enforcement at shelters as necessary for evacuee safety and the safety of the campus community.
- Assist in the dissemination of messages and warning as necessary.

PHYSICAL PLANT
- Upon request, arrange transportation for transfer of evacuees to another shelter or to their homes, as appropriate.

- To the extent possible, ensure power, water supply and sanitary services are operable at shelter facilities.
- Take steps as necessary to protect shelters and evacuees therein from foreseeable hazardous weather conditions.
- Identify and prioritize facilities and operations needing emergency backup power. Shelters shall be considered priority facilities.
- Implement procedures as necessary to protect and secure campus facilities and grounds in advance of expected hazardous weather.
- Provide support for shelter setup, operation and breakdown to include assistance moving supplies and equipment, enhanced custodial services, etc.
- Ensure that the facility, as used, complies with fire codes.
- Train shelter management personnel in fire safety and fire suppression as it relates to that facility.
- Ensure that facility sanitation conditions are monitored periodically.
- Review evacuation plan for the shelter.

MARKETING AND RECRUITMENT
- Provide information to the public on shelter operations as approved by the Shelter Manager, Vice President for Student Affairs, and the Office of the President.
- Coordinate media inquiries regarding shelters, operations and status, and other college emergency relief operations.
- Provide a liaison to the EOC and/or Joint Information Center.

INFORMATION SERVICES (IS)
- Provide staff and resources necessary to support shelter operations.
- Provide Ethernet drops, wireless access and support, telephone service, and computing and business services necessary for shelter staff and guests.

D. PUBLIC INFORMATION

1. GENERAL

In the event that a crisis occurs on College property, Marketing and Recruitment will be notified as soon as possible according to **Functional Annex A: WARNING**.

In his/her role as chief spokesperson for the College, the Marketing & Recruitment representative will ultimately be responsible for the communications efforts (post initial notification and warning) relative to the crisis. However, they will work closely with emergency management and response officials to ensure that information being released to the campus community and media is accurate and timely. The SPC Police Department (SPCPD) Chief of Police or designee shall assist with public information dissemination and media relations during an emergency.

Dependent on the size and scope of the emergency, there may be other emergency response agencies with Public Information Officers who may be involved to represent their agency and to assist with the media response. Incidents involving multiple agencies will call for the implementation of a Joint Information Center.

Marketing & Recruitment and the SPCPD Chief of Police or designee are both members of the Emergency PIO Group. This group is comprised of public information officers from emergency response and emergency management departments from the following jurisdictions:

- Hockley County
- Lubbock County
- Hale County
- The City of Lubbock
- The City of Levelland
- The City of Plainview
- South Plains College

During times of emergency, members of the Emergency PIO Group may be called upon to assist with public information responsibilities. Upon activation of the Joint Information Center (JIC) located at the Community Emergency Operations Center (CEOC), members of the Emergency PIO Group will work in shifts to provide emergency public information based on the National Response Team Joint Information Center Model.

2. CONCEPT OF OPERATIONS

Marketing and Recruitment will address emergency assessment, strategy development, media relations and media monitoring, as well as web updates, press conferences, etc. in consultation with the Unified Command.

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

MARKETING AND RECRUITMENT
- During an incident where an ICP (Incident Command Post) is not established, will follow all protocols as identified in the Emergency Communications Plan.
- During an incident where an ICP is established, will send a representative to the ICP to coordinate the field PIO functions which may include, coordinating media interviews with on-scene personnel, and providing accurate information to the Marketing and Recruitment staff at their main office.
- During an incident where an ICP is established and the CEOC is activated, will send a representative to the ICP to serve as a field PIO, as well as to the CEOC to serve as a liaison between the field PIO and the CEOC command staff.
- During an incident where an ICP is established and the JIC has been activated at the CEOC, Marketing & Communications will send a representative to the ICP to serve as a field PIO. They will also send a representative to be the Lead PIO and manage the JIC with the help of the Emergency PIO Group. The Marketing & Communications representative in the JIC may choose to defer the Lead PIO position to a member of the Emergency PIO Group with more experience.

CHIEF OF POLICE OR DESIGNEE
- During an incident where <u>an ICP is not established</u>, will assist Marketing and Recruitment with media inquiries, as appropriate.
- During an incident where <u>an ICP is established</u>, will report to the ICP upon notification to assist the Marketing and Recruitment representative, as necessary. If a Marketing and Recruitment representative is not present, the SPCPD Chief of Police or designee should assume the lead field PIO position (if necessary) until a Marketing and Recruitment representative arrives.
- During an incident where <u>an ICP is established and the CEOC is activated</u>, will report to the ICP upon notification to assist the Marketing & Recruitment representative as appropriate. If a Marketing and Recruitment representative is not present, the SPCPD Chief of Police will assume the lead field PIO position until a Marketing and Recruitment representative arrives.
- During an incident where an <u>ICP is established and the JIC has been activated at the CEOC</u>, the CPD PIO may be assigned to the ICP, the JIC or elsewhere, depending on the public information needs of the incident and assignments made by the Lead PIO managing the JIC.

E. DONATION MANAGEMENT

Donations should be managed carefully and any public calls for donations should be very specific in describing what is needed. Solicited donations or shelter-directed purchases to meet needs of evacuees often are more effective in garnering usable items.

1. DONATION TYPES

Donations refer to the following:

CASH

Currency, checks, money orders, securities, etc.

GOODS

Food, water, clothing, equipment, toys, furniture, pharmaceuticals, bedding, cleaning supplies, etc.

VOLUNTEERS AND SERVICES

- Individuals who are not members of any particular volunteer group (often referred to as "spontaneous," "emergent," or "non-affiliated" volunteers).

- Individuals who are members of recognized disaster relief organizations that have undergone formal training by those organizations ("affiliated" volunteers).

- Individuals with specialized training and expertise (doctors, nurses, medics, search and rescue, firefighting, heavy equipment operators) who may either be non-affiliated or members of a disaster relief organization.

- Teams that provide specialized equipment or capabilities (search and rescue, dog search teams, home repair teams).

2. ASSUMPTIONS

- If a major emergency or disaster occurs, donations may be given/delivered to SPC or the surrounding community whether or not they are requested. In large quantities, such donations may overwhelm the capability of SPC or the local community to handle and distribute them.

- Donated goods may be offered to local volunteer groups or simply delivered to SPC. Donations of cash for disaster victims may be made to SPC.

- Many donated goods are not needed by SPC or disaster victims. Likewise, many offered services are not needed in the recovery process. Receiving and sorting unneeded goods or hosting volunteers who do not have needed skills wastes valuable resources. Disposing of large quantities of unneeded goods can be a lengthy and very costly process.

- For processes and systems beyond the Colleges capabilities, SPC will rely on the expertise of the respective County's Emergency Management Coordinator to assist in the coordination of CBOs and VOLAGs.

3. OBJECTIVES

The objectives of the donation management program are to:

- Determine the needs of disaster victims and inform potential donors of those needs through the media and a variety of other means.
- Collect, process and distribute goods and cash donations to victims to recover from disaster.
- Accept offers of volunteers and donated services that will contribute to the recover process.
- Discourage the donations of goods and services that are not needed to keep such donations from becoming a major problem.

4. ORGANIZATION AND ASSIGNMENTS

SPC FOUNDATION

The South Plains College Foundation, in coordination with the office of the Vice President for Student Affairs, will be the primary location and department to receive/collect, process and distribute donations that are given directly or indirectly to the College.

The SPC Foundation will manage any donations in accordance with this plan that are donated directly to the College; however, the College realizes spontaneous donations can occur at various locations on campus or within the local community. These donations will be managed as appropriate at the time of the incident.

All cash donations for disaster relief or emergency operations will be collected through the South Plains College Foundation to be processed and recorded in the same manner as donations that are typically received during normal SPC operations.

SPC FOOD PANTRY

The SPC Food Pantry, as a directive of the SPC Foundation, will assist in collecting and distributing goods (e.g. food, blankets, and supplies) as needed to disaster victims after an emergency.

VICE PRESIDENT FOR STUDENT AFFAIRS

The Vice President for Student Affairs, or their designee, will communicate and coordinate with Shelter Managers and other "on-the-ground" efforts. The Vice President will ensure that an accurate lists of needs will be provided to the SPC Foundation, as well as to the Dean of Marketing and recruitment to minimize the giving of unneeded gifts/donations.

The Vice President will also be responsible for overseeing the need and utilization of volunteers, as defined in **Section E: DONATION MANAGEMENT**.

VICE PRESIDENT FOR BUSINESS AFFAIRS

The Vice President for Business Affairs, or their designee, will be responsible for the coordination of donated services, particularly those that contribute to the recovery efforts in the aftermath of a disaster or emergency.

The VP for Business Affairs will also manage expenditures and business transactions during and after a disaster or emergency, in the same manner as normal operating procedures.

5. LARGE SCALE DISASTER/EMERGENCY RELIEF

In the event of a large scale disaster or emergency, SPC will incorporate the use of a Community-Based Organization (CBO) or other Volunteer Agencies (VOLAGs) to operate a system for collection, processing and distribution of donations to disaster victims. SPC will then coordinate their donation management efforts with volunteer organizations and agencies. These efforts will be in conjunction with the Emergency Management Coordinator of the respective County where the disaster or emergency occurs.

F. FIREFIGHTING

Refer to:

>   Hockley County Emergency Operations Plan, Annex F: Firefighting
>   Lubbock Emergency Management Plan, Annex F: Firefighting

G. LAW ENFORCEMENT

Refer to:

>   Hockley County Emergency Operations Plan, Annex G: Law Enforcement and Lubbock Emergency Management Plan, Annex G: Law Enforcement

H. HEALTH AND MEDICAL SERVICES

Refer to:

>   Hockley County Emergency Operations Plan, Annex H: Public Health and Medical Services
>   Lubbock Emergency Management Plan, Annex H: Public Health and Medical Services.

I. RADIOLOGICAL PROTECTION

Refer to:

>   Hockley County Emergency Operations Plan, Annex D: Radiology Protection and Lubbock Emergency Management Plan, Annex D: Radiology Protection.

J. RECOVERY – INSTITUTIONAL CONTINUITY PLAN

Refer to **SOUTH PLAINS COLLEGE, INSTITUTIONAL CONTINUITY PLAN**.

K. PUBLIC WORKS AND ENGINEERING

Refer to:

>   Hockley County Emergency Operations Plan, Annex K: Public Works and Engineering and Lubbock Emergency Management Plan, Annex K: Public Works and Engineering.

L. ENERGY AND UTILITIES

Refer to:

Hockley County Emergency Operations Plan, Annex L: Utilities
Lubbock Emergency Management Plan, Annex A: Energy and Utilities.

M.RESOURCE SUPPORT

Refer to Hockley County Emergency Operations Plan, Annex M: Resource Management.

N. HUMAN SERVICES

Refer to **SOUTH PLAINS COLLEGE, HEALTH AND SAFETY PLAN**.

O. HAZARD MITIGATION

Refer to:

Hockley County Emergency Operations Plan, Annex P: Hazard Mitigation
Lubbock Emergency Management Plan, Annex P: Hazard Mitigation.

P. HAZARDOUS MATERIALS AND EMERGENCY RESPONSE

Refer to:

Hockley County Emergency Operations Plan, Annex Q: Hazardous Materials & Oil Spill Response
Lubbock Emergency Management Plan, Annex Q: Hazardous Materials and Oil Spill Response.

Q. SEARCH AND RESCUE

Refer to:

Hockley County Emergency Operations Plan, Annex R: Search and Rescue
Lubbock Emergency Management Plan, Annex R: Search and Rescue.

R. TRANSPORTATION

Refer to:

Hockley County Emergency Operations Plan, Annex S: Transportation
Lubbock Emergency Management Plan, Annex S: Transportation.

S. LEGAL

[CONTENT CURRENTLY BEING REVIEWED]

SOUTH PLAINS COLLEGE

INSTITUTIONAL

CONTINUITY

PLAN

2018

Contents

I. INTRODUCTION

South Plains College has functions that must be performed, or rapidly and efficiently resumed, in the event of an emergency or disruption. While the impact of an emergency or disruption cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency or disruption on our students, employees, visitors, facilities, and mission. To that end, South Plains College has prepared a Continuity Plan within the Emergency Operations Plan.

The Continuity Plan establishes guidance and procedures to ensure the resumption of essential functions for South Plains College in the event that an emergency or disruption incapacitates operations and/or requires the relocation of selected personnel and functions.

The South Plains College Institutional Continuity Plan helps to ensure continuity of essential functions during situations that may affect College building(s), workforce, or critical systems for up to 30 days. Examples of such events include fire, structural damage, loss of utilities, workforce reduction, or chemical/biological contamination.

II. PURPOSE STATEMENT

The Continuity Plan provides a framework to continue the most essential functions of South Plains College in the event that an emergency or disruption at the College or in the region threatens operations or requires the relocation of select personnel and functions.

This plan describes how South Plains College will sustain the capability to restore and maintain critical infrastructure during and after a disruption in internal operations whether caused by severe weather, other natural or man-made disasters, or malevolent attack. The Continuity Plan ensures that South Plains College:

- Has the capability to implement the Continuity Plan both with and without warning
- Identifies critical infrastructure that must be robust/resilient so as to support the recovery of other essential functions
- Is able to restore urgent or short-term essential functions no later than 12 hours after activation of the continuity plan
- Is able to reinstate academic classes within 2 weeks of the disruption whether through traditional or alternative methods/locations
- Is able to maintain alternate operations for up to 30 days
- Includes regularly scheduled testing, training, and exercising of College personnel, equipment, systems, processes, and procedures used to support the College during a continuity incident
- Supports the location of alternate facility(ies) in areas where the ability to initiate, maintain, and terminate continuity operations is maximized; supports the identification and documentation of temporary operating procedures which enable the performance of essential functions

- Promotes the development, maintenance, and annual review of division/department continuity capabilities

III. APPLICABILITY AND SCOPE

This plan is applicable to all SPC departments, students, and personnel. The Continuity Plan describes the actions that will be taken to activate a viable continuity capability within 12 hours of an emergency event or disruption, and to sustain that capability for up to 30 days. This plan can be activated during duty and non-duty hours, both with and without warning.

This plan covers all facilities, systems, vehicles, and buildings operated or maintained by South Plains College. This plan supports the performance of essential functions and the maintenance or restoration of critical infrastructure from alternate locations (due to a facility becoming unusable, for long or short periods of time) and also provides for continuity of leadership and decision-making at South Plains College, in the event that executive management are unavailable.

This plan does not apply to temporary disruptions of service, such as minor IT system or power outages and any other scenarios where essential functions can be quickly restored.

IV. AUTHORITIES AND REFERENCES

This plan addresses requirements identified in the Federal Continuity Directive 1, February 2017. Other references that have supported the development of this continuity plan include the following:
- National Fire Protection Association (NFPA) - NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs
- Robert T. Stafford Disaster Relief and Emergency Relief Act, PL 93-288, as amended

V. PLANNING ASSUMPTIONS

South Plains College has developed this plan using the following planning assumptions:

- Proper implementation of these guidelines will reduce or prevent disaster-related losses.
- Emergencies or threatened emergencies can adversely impact the College's ability to continue essential functions and provide support to day-to-day operations.
- There will be a sufficient number of available administrators with adequate supporting personnel to continue the essential functions of the College.
- Recovery of a critical subset of the College's functions and application systems will occur and allow essential functions to continue.
- A disaster may require students, faculty, staff, and the public to function with limited support services and some degradation of service, until a full recovery is made.

- Leadership and employees will continue to recognize their responsibilities to the College and exercise their authority to implement this continuity plan in a timely manner when confronted with disasters.
- The College is able to reinstate academic classes within two weeks of the disruption whether through traditional or alternative methods/locations.
- In the event of disaster, the College will work in cooperation with surrounding jurisdictions and local emergency response personnel for recovery.

VI. HAZARD ANALYSIS

Because of its geographic location, population concentration, rail, and highway traffic, and other risk factors, South Plains College is exposed to many hazards, some of which have the potential for disrupting the College community and causing widespread damage and casualties.

Possible natural hazards include, but are not limited to tornadoes, floods, fires, and winter storms. There is also the threat of terrorism related activities associated with biological, nuclear, incendiary, chemical, and explosive weapons. Other disaster situations could develop from a hazardous materials accident, conflagration, major transportation accident, civil disorder, disease or other unknown or unpredictable occurrences. Additional information about hazards that can affect the campus can be found in the Hockley, Hale, or Lubbock County Emergency Management Plans.

It is possible that the area could be the recipient of evacuees from any other nearby area in the event of a disaster in that area which overwhelms local resources.

VII. ESSENTIAL FUNCTIONS

Departments will determine the functions that they must perform in order to continue to operate and provide necessary services. These functions are considered essential functions. During and after a disruption, it may be impossible to immediately perform all College functions at full capacity. To enable the College to focus resources appropriately, departments will categorize their essential functions into the following tiers:

Critical Infrastructure: Uninterrupted or resumed within a few hours

- Must go uninterrupted or be resumed within a few hours of an incident
- Functions with College wide implications that address:
  - Emergency Response Services
  - Utilities, to include electricity, water, and reasonable climate control

- o Communications with internal and external audiences to include students, faculty, staff and the media
- o Internet, authentication, and voice communications
- o Hazardous materials spill response and control, to include safe handling and proper disposal of toxic substances, biologically hazardous materials, and radioactive materials

Tier I: 0 – 12 Hours

- Must be restored to minimum level of service within 12 hours of an incident
- Functions with direct and immediate effect on the jurisdiction to preserve life safety and protect property
- Functions that preserve the College through command and control

Tier II: 12 hours to Two Weeks

- Must reach an operational status within 12 hours to two weeks of an incident
- Must sustain operations for a minimum of 30 days

Tier III: Two Weeks to 30 Days

- Functions that support Tier I and II
- Do not need to reach full operation within the first two weeks following an incident

VIII. VITAL RECORDS, DATABASES AND EQUIPMENT

A successful continuity plan provides for the protection, accessibility, and recovery of South Plains College's vital records, systems, and equipment. These are the records, systems, and equipment that if irretrievable, lost, or damaged will materially impair the College's ability to conduct business and carry out essential functions. Each division/department/college has identified vital records, databases and equipment, which must be available to support performance of essential functions. The College has also identified vendors and contractors available to support restoration of vital records, systems, equipment and/or processes. To access dining services, contact Great Western Dining. To access information database policies and procedures, contact SPC Information Services. To access all other contracts, contact the Dean of Administrative Services.

Each department/division's vital records will be updated regularly according to an established schedule determined by each area in coordination with SPC Information Services. Vital records and databases also will be backed up and stored at a remote location as defined by SPC Information Services.

IX. DEPENDENCIES

KEY DEPENDENCIES

All South Plains College departments depend on other components of the College to continue their essential functions. Departments may also depend on external vendors in order to continue their essential functions. Each department will document their key internal and external dependencies in their continuity plan. These key internal and external dependencies may include:

- Services
- Processes
- Data
- Employees
- Equipment
- Supplies

X. CONTINUITY OF LEADERSHIP

ORDER OF SUCCESSION/DELEGATIONS OF AUTHORITY

In the event that executive management or senior personnel are unavailable during an emergency, South Plains College has developed a set of procedures to govern orders of succession and delegations of authority. A successor will assume the duties of the leadership role when the usual leader is not able to be contacted by usual methods (e.g., telephone, cellular telephone, and direct connect), and will relinquish leadership duties when the usual leader is contacted or until a permanent successor has been named by appropriate line management, or other appropriate individual. Each department will develop a chart detailing the delegations of authority if not specifically referenced in an existing College policy.

At minimum, orders of succession and delegations of authority are needed for the Continuity and Recovery Group detailed in Section XII of this plan. For the purpose this plan, individuals with "Interim" or "Acting" titles are understood to be filling the normal roles in the Continuity and Recovery Group.

XI. CONCEPT OF OPERATIONS

South Plains College has developed a concept of operations (CONOPS) which describes its approach to implementing the Continuity Plan, and how each Continuity Plan element will be addressed. In particular, this CONOPS focuses on establishing a decision process for determining appropriate actions in implementing continuity plans and procedures. It also identifies how South Plains College will address issues associated with notification and alert, and direction and control.

PLANNING SCENARIOS

The Continuity Plan has been developed around a set of scenarios which reflect South Plains College's assessment regarding the types of events which may result in Continuity Plan activation. For each type of scenario, activities have been identified to ensure the activation of the Continuity Plan and the continuous capability of South Plains College to make decisions and take action.

Activation of the Continuity Plan may involve:

- Activation of the Continuity and Recovery Group to perform specific activities necessary to ensure the evaluation and restoration of critical infrastructure and continuation of essential functions
- Deliberate and pre-planned movement of selected key administrators, faculty, staff and technical personnel to an alternate operating facility
- Implementation of temporary work procedures
- Delegation of authorities to successors of executive management and designated personnel who are unavailable during the emergency

The following three types of scenarios have been identified by South Plains College as the most likely to trigger Continuity Plan activation:

Planning Scenario 1: Single or Multiple Facilities Affected.

Under this type of scenario, a single or multiple facilities on campus or off campus are closed for normal business activities. The most likely causes of such disruptions are fire; system/mechanical failure; loss of utilities such as electricity, telephone/network, or water; massive explosion; severe weather/tornadoes; or credible threats of actions that would preclude access or use of multiple facilities for an extended period of time. Under this scenario there could be uncertainty regarding whether additional events (such as secondary explosions, severe weather/tornadoes, or cascading utility failures) could occur. During this type of incident, South Plains College's facilities and the immediate areas surrounding them could be inaccessible. This type of event could significantly impact South Plains College's communications, provision of services, and information services (technology) capabilities. Administration, faculty, staff and supporting personnel working at the facility as well as students may be lost, injured, or not accounted for.

Planning Scenario 2: Loss of Personnel.

Under this type of scenario, the College has experienced a severe loss of personnel for an extended period of time. The most likely causes of such loss are infectious disease outbreak, massive explosion and hazardous chemical release. During this type of event, SPC College may be unable to maintain operations at a normal capacity and may need to reduce services to focus on restoring and maintaining critical infrastructure and continuing essential functions.

Planning Scenario 3: Loss of Information Services or Data.

Under this type of scenario, the College has lost access to all or parts of IS infrastructure critical to the operations of the College. The most likely causes of such loss are extended power outage, IS equipment failure, flooding, or water damage. During this type of event, South Plains College may be unable to perform certain services that require access to the affected IS infrastructure and manual/ alternative procedures will need to be instituted. Priority order for restoration of systems and data determined during the planning process will be followed.

CONTINUITY EXECUTION

The President or designees, or his or her designated successor, may activate this Continuity Plan. The Continuity Plan is activated based on known or anticipated threats and emergencies that may occur with or without warning. South Plains College will use a time-phased approach for implementation whereby critical resources are deployed early and other resources will follow as needed. South Plains College is preparing for threats and emergencies, with or without warning, that occur during or outside of normal operating hours.

South Plains College has developed an executive decision process that includes a review of the emergency situation and determination of the best course of action for response and recovery. Careful use of this process should avoid premature or inappropriate activation and implementation of South Plains College's continuity plan.

CONTINUITY AND RECOVERY GROUP

The Continuity and Recovery Group has been established by South Plains College to manage the continuity and recovery process. The Continuity and Recovery Group will oversee and prioritize the actions of the College and departments during Institutional Continuity Plan activation and disaster recovery. To staff the Continuity and Recovery Group, South Plains College has identified key positions to provide management and oversight necessary to restore critical infrastructure and Tier 1 essential functions within 12 hours after Continuity Plan activation.

The members of the Continuity and Recovery Group are:

- President or designee
- Vice President for Academic Affairs or designee
- Vice President for Student Affairs or designee
- Vice President for Business Affairs or designee
- Vice President for Institutional Advancement in coordination with the Associate Dean for Marketing and Recruitment or designee
- Dean of Administrative Services or designee
- Associate Dean for Information Services or designee

- Dean of Students in coordination with the Director of Health and Wellness or designee
- Director of Human Resources
- Director of Athletics
- Dean or Director of a Center (when the situation occurs at a location other than Levelland)

Leadership of the Continuity and Recovery Group will be designated by the President. The Continuity and Recovery Group may add additional members as needed for specific expertise.

For the purpose of this plan, individuals with "Interim" or "Acting" titles are understood to be filling the normal roles in the Continuity and Recovery Group.

ALTERNATE FACILITIES AND WORKSITES

South Plains College recognizes that normal operations may be disrupted and there may be a need to perform essential functions at alternate facilities or worksites. In the event that relocation is necessary, the Continuity and Recovery Group will work with SPC Facilities Coordination to identify appropriate available facilities for the affected departments.

During the continuity planning process, each department will determine their requirements for an alternate facility, including amount of space, workstations, supplies, equipment, food, etc. This information will be used to assist in locating an appropriate facility.

Affected departments will submit their alternate facility requirements to the Continuity and Recovery Group upon request. The Continuity and Recovery Group will review and establish priorities as necessary.

Some disruptions of normal operations may necessitate the need for telecommuting. Approval for telecommuting resides with the department or unit head. Therefore departments should include procedures for this purpose in their specific plans.

TIME-PHASED IMPLEMENTATION

South Plains College will use a three-phased approach to the activation, implementation, and deactivation of the Continuity Plan. A brief description of SPC's approach to each phase of activation is provided below.

PHASE 1: ACTIVATION

Activation of the Institutional Continuity Plan will be determined by the President or designee. The President or designees will activate the plan by assembling the Continuity and Recovery Group. Members of this group will be notified with the time, date, and location of the meeting.

There may be situation(s) that call for activation and implementation of individual department continuity plans but not the Institutional Continuity Plan. Implementation of an individual department plan does not require approval of the Continuity and Recovery Group or activation of the continuity plan.

PHASE 2: IMPLEMENTATION

The Continuity and Recovery Group will consider the following:

- Assessment of impacts to critical infrastructure
- Prioritization of essential functions and unmet needs of departments
- Coordination with on-going response activities, if applicable
- Establish objectives and timeframes
- Identify available resources
- FEMA reimbursement requirements, if applicable
- Dissemination of timely and accurate information to internal and external audiences
- Contract(s) execution
- Implement necessary changes to Leave Policy
- Prioritization and/or continuation of research
- Materials procurement
- Counseling Services – student, employee, and responder mental health needs
- Transportation considerations (on and off campus)
- International students
- Work & eligibility requirements
- Student Financial Aid and Work Study Programs
- Appropriate accommodations for special needs (students, faculty, and staff with disabilities)

Specific considerations for each planning scenario are:

Loss of Facility Access

- Facility(ies) damage assessment and estimate for time of loss
- Alternate assignments for on-campus lecture
- Alternate assignments for on-campus work location
- Leasing requirements for off-campus work relocation
- Alternate assignments for on-campus housing
- Transition between temporary shelters and semi-permanent housing
- Agreements/contracts for generator, dehumidifier, water removal systems, debris removal, temporary construction
- Food Services - contracts with food vendor

Loss of Personnel

- Payroll
- Support of students remaining on campus
- Special event cancellation
- Staff augmentation – cross disciplinary training
- Food considerations – alternative arrangements for providing meals
- Requirements for distance education and telecommuting

Loss of Information Services (technology)

- Off-campus secondary back-up facilities
- Contracts for water removal systems
- Data recovery as identified by departmental or unit IS personnel

PHASE 3: DEACTIVATION

Deactivation of the Continuity Plan will occur when the President or designee has determined that the College is operating at a sufficient level and the guidance of the Continuity and Recovery Group is no longer required.

XII.   RESPONSIBILITIES

This section of the Continuity Plan identifies the responsibilities and procedures developed by South Plains College to activate and sustain a continuity capability. The purpose of this section is to identify key positions within the College and their responsibilities in the event of an emergency requiring continuity plan activation.

The following lists identify major responsibilities of key designated officials, or designees, required to implement South Plains College's Institutional Continuity Plan.

The makeup of the Continuity and Recovery Group may involve all or some of the members identified previously, as deemed appropriate for the type and extent of the disruption. The members identified serve because of the authorities and responsibilities that already come with their existing positions. Therefore each member comes to the Continuity and Recovery Group only with those authorities that they normally possess. Additional authorities required due to the emergency conditions may only be granted by the President or designee:

Each member of the Continuity and Recovery Group is responsible for:

- Ensuring that appropriate plans are established to address and prepare for the unique needs of their specific organization
- Representing their organization in the Continuity and Recovery Group
- Accessing resources including personnel and expertise from their organization as needed

In addition, the following members are assigned the noted specific responsibilities.

The <u>President</u> or designee is responsible for:

- Activating the continuity plan
- Appointing a chair(s) for the Continuity and Recovery Group
- Establishing or approving the following during an incident for the implementation of the continuity plan:
    - Clear Objectives
    - Timeframe
    - Resources available
- Consulting with and advising the Board of Regents and appropriate officials (system, local, state, federal) during implementation of the continuity plan
- Communicating with the SPC community

The <u>Vice President for Academic Affairs</u> in coordination with the instructional deans and the leaders of centers (when appropriate) is responsible for:

- Coordinates communication to and the response of departments within the division
- Decisions concerning the following disruptions to and restoration of the academic process:
    - Continuation of instruction/classes and the effect on students grades, scholarships, credits and progress
    - Processes for student activities, excuses and assignments
    - Request for resources from the colleges and academic affairs, especially faculty
    - Reassignment of classes
    - Impact on faculty
    - Establishing prioritized needs for recovery of academic departments
    - Identifying and prioritizing campus needs relative to recovery or preservation of research
    - Reporting to state and federal agencies for grants, research compliance
    - Identifying and prioritizing needs for care and maintenance of research animals
- Decisions concerning the continuation of academic instruction and the processes for student excuses and absences
- Consulting with and advising the College president

The <u>Vice President for Student Affairs</u> or designee is responsible for:

- Coordinates response of the Crisis Team members
- Authorizes and coordinates the use of the Emergency Notification System (ENS)
- Monitors emergency radio traffic
- Identifying and quantifying impacts on student
- Providing support services and health services (medical and counseling) to affected students
- Assisting Marketing and Recruitment with communications to students and parents
- Identifying and prioritizing of recovery needs for activities and operations of the Division of Student Affairs
- Consulting with and advising the College president

The <u>Vice President for Business Affairs</u> in coordination with the Dean of Administrative Services or designee is responsible for:

- Coordinates communication to and the response of departments within the division
- Ensuring expenditures are made in accordance with rules
  - Payroll, vendors, etc.
  - Coordination with bank and creditors as appropriate
- Payment of invoices
- Consulting with and advising the College president

The <u>Vice President for Institutional Advancement</u> in collaboration with the Associate Dean of Marketing and Recruitment or designee is responsible for:

- Coordinating and disseminating accurate and timely information to diverse internal and external audiences --students, faculty, staff, parents, visitors, Former Students and the media
- Assisting in the evaluation of the severity of the emergency and develop strategies regarding how information is to be released and who should speak for South Plains College
- Establishment and operation of a Joint Information Center (JIC) to help control and manage the flow of accurate and timely information
- Ensuring sustained capability to effectively utilize various avenues of communication (website, social media, email)
- Engaging partner organization's Marketing and Recruiting personnel to assist in ongoing communications efforts (Cities of Levelland, Lubbock, and Plainview, Alumni Relations, SPC Foundation, etc.)
- Coordinating and facilitating media briefings
- Coordinates communication to and the response of departments within the division
- Consulting with and advising the College president

The <u>Dean of Administrative Services</u> in coordination with the Director of the Physical Plant or designee is responsible for:

- Coordinates communication to and the response of departments within the division
- Documentation and tracking of resources
- Provide oversight and control of campus utilities and facility control, including reestablishing utilities for the College
- Identifying available alternate building space to meet requirements of displaced essential functions
- Provide logistical support to campus control and access as directed by Campus Police Department or other law enforcement agency(ies)

The <u>Associate Dean of Information Services</u> or designee is responsible for:

- Coordinates communication to and the response of departments within the division
- Restoring critical information technology and telecommunications infrastructure
- Managing the restoration of IS infrastructure on campus. This includes: telecommunications, networking, and infrastructure services that are managed by Information Services.
- Assist in the assessment and prioritization of IS resources that are required for recovering essential departmental functions and applications.

The <u>Dean of Students</u> in coordination with the Director of Health and Wellness and Campus Police Department or designee is responsible for:

- Consulting with the directors during the implementation of the continuity plan
- In the absence of the Vice President for Student Affairs, authorizes and coordinates the use of the Emergency Notification System (ENS)
- Monitors emergency radio traffic
- Primary administrative communication link with Campus Police Department and first responders
- Establishing priorities for recovery of units or departments
- Determining necessary resources for keeping the campus safe and minimizing health risks including coordination with the Office of Health and Wellness, the Dean of Health Occupations, and the SPC Police Department
- Restoring campus safety and security
- Assessing the impact of students, faculty, and staff
- In coordination with the Associate Dean of Students, identify impacts to on-campus and off-campus housing and evaluate alternatives for interim housing

The <u>Director of Human Resources</u> or designee is responsible for:

- Identifying and quantifying impacts faculty and staff
- Providing support services to affected faculty and staff
- Assisting the President and Marketing and Communications with communications to faculty and staff
- Identifying and prioritizing of recovery needs for activities and operations of the human resources
- Overseeing necessary changes to HR policies

The <u>Director of Athletics</u> or designee is responsible for:

- Identifying and quantifying impacts to the athletics department
- Providing support to student athletes affected
- Identifying and prioritizing of recovery needs for activities and operations of the athletic department

When the incident occurs at a location other than Levelland:

The Dean or Director of an SPC center, under the direction of the Vice President for Academic Affairs is responsible for:

- Coordinates communication to and the response of departments within the division
- In the absence of the Vice President for Student Affairs activates the Emergency Notification System (ENS), for events affecting that location
- Monitors emergency radio traffic

XIII. COMMUNICATIONS

Communications is a critical component of successful continuity capability. Communications systems must support connectivity to internal organizations, other agencies, critical customers, and the public. Communications capabilities should be consistent with the organization's operations and provide for access to other data and systems required to conduct mission essential functions. Consideration should be given to the full spectrum of technological advances now available: landlines, cellular, satellite, wireless, etc. Redundancy of communications is vital and should be developed to the depth necessary to sustain operations.

To ensure communications during a continuity incident, South Plains College has identified primary and alternate modes of communication, and has preventive controls in place for each means of communication.

XIV.   TESTING, TRAINING AND EXERCISE

Refer to **SPC Emergency Operations Plan, Section VI: TESTING, TRAINING, AND EXERCISE** for schedule.

XV.   CONTINUITY PLAN MAINTENANCE

South Plains College has developed an approach to maintaining viable continuity capability. This approach ensures the review and update of the Continuity Plan and its supporting documents; the orientation of training of both existing and newly hired/appointed personnel; and the testing of the continuity capability through internal, local, regional, and state exercises.

CONTINUITY PLAN MAINTENANCE

The Continuity Plan will be reviewed and updated in accordance with the EOP plan maintenance schedule identified by the Vice President for Student Affairs. Refer to **SPC Emergency Operations Plan, Section V: PLAN DEVELOPMENT AND MAINTENANCE**.

RECORD OF CHANGE

CHANGE NUMBER	DATE OF CHANGE	DESCRIPTION OF CHANGE	CHANGE MADE BY:

SOUTH PLAINS COLLEGE

The Operations Annex includes instructions and guidelines for emergency operations in regard to hazard-specific incidents.

OPERATIONS ANNEX

Supplement to SPC Emergency Operations Plan

TABLE OF CONTENTS

Section 1: INCIDENT-SPECIFIC GUIDELINES

This section includes guidelines and considerations for managing specific types of incidents.

An Incident Briefing or Incident Action Plan (IAP) should be followed to manage each specific incident. An Incident Briefing is performed at the beginning stages of the incident by the Incident Commander using Form ICS-201 located in **EOP Attachment 4: SUPPORT DOCUMENTS**. The Incident Briefing serves as the informal Incident Action Plain until a formal plan is established. An Incident Action Plan is a formal written or verbal set of instructions formulated by the Planning Section Chief with consultation from the Unified Command.

BOMB THREATS

Suspicious packages and mail will be investigated by the South Plains College Police Department and agencies requested for assistance.

IF A BOMB THREAT IS MADE:

☐ The Chief of the South Plains College Police Department or designee shall determine if evacuation is necessary and define the radius requirements.

☐ The Chief of the South Plains College Police Department or designee shall request the fire department and the bomb squad division of the agency with jurisdiction in the county of the affected campus.

☐ With input from the fire department and bomb squad, the Chief of South Plains College Police Department or designee shall initiate the EOP and contact the Dean of Students or Vice President for Student Affairs to establish an Incident Operating Center and begin assembling the Incident Management Team (IMT).

☐ The Incident Management Team (IMT) shall coordinate with employees of the affected facility to understand the existing conditions including material and chemical present and structural aspects.

☐ Preparations for injury and transport to medical facilities shall be conducted in case of explosion or fire.

☐ If explosion or fire occurs, the Finance/ Administration Section must prepare to document monetary loss.

☐ If the facility is a residential facility, arrangements for student placement must be made. Establishment of a Camp may be necessary.

NON-EMERGENCY WEATHER CLOSURES

Weather is monitored by South Plains College Police Department, the Dean of Students and Directors of each campus. The SPC PD will notify the President of any inclement weather. The President or designee is the only person who can authorize the closure of a campus or center in a non-emergency weather situation.

Announcements issued through the Emergency Notification System (ENS) regarding closure of a location for non-emergency weather closures will be issued by the Associate Dean for Marketing and Recruitment. If the Associate Dean is not able to perform this task, the Vice President for Student Affairs or the Dean of Students will initiate the notification.

IF SNOW OR ICE STORMS OCCUR:

☐ Maintenance and grounds may be notified to clear roads and sidewalks.

☐ If inclement weather persists overnight prior to the opening of the College, The South Plains College Police Department shall monitor conditions and contact the President of the College and advise of weather and road conditions.

☐ The President will make decisions to cancel, or delay classes and operations.

☐ If the decision to close the campus is made, The Associate Dean of Marketing and Recruitment will send the mass communication message to South Plains College students and employees.

☐ If conditions result in extensive damage or injury, the Chief of South Plains College Police Department or designee will contact the Dean of Students or Vice President for Student Affairs and initiate the EOP.

TORNADOS

The South Plains College Police Department monitors the weather.

IF A TORNADO WATCH OR WARNING IS IN EFFECT:

☐ South Plains College Police Department will notify all residence facilities supervisors and contact the Dean of Students or Vice President for Student Affairs.

☐ The Public Information Officer will send out a mass communications message for all staff, faculty and students. During a tornado warning the local incident weather sirens will be activated by the city.

☐ Classes not yet in session will be cancelled in the event of a tornado warning in the area of South Plains College. Classes already in session will be instructed to seek shelter and follow the guidelines for tornado response in Appendix A also located at southplainscollege.edu

☐ The Dean of Students or Vice President for Student Affairs will contact members of the Incident Management Team (IMT) place them on standby.

☐ In the event of a tornado in the area the South Plains College Police Department will notify the Dean of Students or Vice President for Student Affairs. The Comprehensive Incident Plan will be initiate, but response will not occur until after the tornado has passed.

PROTESTS

Protests are not always considered critical incidents, but due to the inherent nature of the physical and emotional aspects of protests, certain precautions must be practiced.

IF A PROTEST OCCURS:

- ☐ The South Plains Department will notify the Dean of Students, the Vice President for Student Affairs and the President of the College of any civil protest occurring on campus.

- ☐ The Incident Management Team (IMT) should be notified and placed on standby in case response is required.

- ☐ The South Plains College Police Department may request assistance from other agencies to assist with maintaining safety of all individuals.

- ☐ If protests turn violent, South Plains College Police Department will intervene to stop any violent action and the protests will be dismissed in the interest of safety. Certain members of the Incident Management Team (IMT) may be requested to assist in recovery.

EXPLOSIONS

Explosions are extremely volatile situations requiring special attention and assistance. Great loss of life, injury, and property damage are possible. In many cases, an explosion will require a response from multiple agencies and organizations, necessitating the implementation of a Unified Command model.

IF AN EXPLOSION OCCURS:

☐ An evacuation will be mandated for all remaining individuals to an area to be determined by the Chief of South Plains College Police Department.

☐ The Chief of South Plains College Police Department or designee shall request assistance from the fire department and the bomb squad division of the agency with jurisdiction in the county of the affected campus.

☐ The Chief of South Plains College Police Department or designee shall initiate the EOP and contact the Dean of Students or Vice President for Student Affairs to establish an Incident Operating Center and begin assembling the Incident Management Team (IMT).

☐ Preparations for treatment of injured and transport to medical facilities shall be conducted as needed.

☐ If the facility is a residential facility, arrangements for student placement must be made. Establishment of a Camp may be necessary.

☐ The Finance/ Administration Section must prepare to document monetary loss.

PANDEMICS/ INFECTIONS DISEASES

Dependent upon the disease or infection, many resources may be required. Response usually consists of a multi- agency/organization response.

IF A PANDEMIC OCCURS OR INFECTIOUS DISEASE BREAKS OUT:

☐ If a substantial amount the population of South Plains College becomes ill at one time or is in danger of becoming ill, the Dean of Students or Vice President for Student Affairs will initiate the EOP.

☐ An Incident Operations Center (EOC) may not be necessary.

☐ It may not be necessary to assemble all members of the Incident Command System (ICS) organization.

☐ The Dean of Students and Vice President for Student Affairs, along with enacted Incident Management Team (IMT) members, will advise the president of the situation who will determine the need to cancel classes and operations.

☐ The Incident Management Team will determine the need to contact the Center for Disease Control.

☐ The Incident Coordinator for the county of the affected campus will be contacted and advised of the situation. It may become necessary for that office to mobilize portable decontamination units.

FIRE

Fires may not always require activation of the EOP. Consideration of size, damage, injury, and duration is prudent.

IF A FIRE OCCURS:

- ☐ An evacuation order will be issued for the affected facility.

- ☐ The South Plains College Police Department will contact the fire department with jurisdiction in the area of the affected campus.

- ☐ Certain employees with knowledge of the facility may need to be contacted to provide risk assessment.

- ☐ Re-entry can only be authorized by a South Plains College Police Department or fire department.

- ☐ If any injury or damage occurs the Dean of Students or Vice President for Student Affairs will be notified immediately and will determine the need to initiate the EOP.

FLOODS

Floods may not always require activation of the EOP. Consideration of size, damage, injury, and duration is prudent.

IF A FLOOD OCCURS:

☐ The South Plains College Police Department will notify the Dean of Students or Vice President for Student Affairs of the situation. They will determine the need to initiate the EOP.

☐ Maintenance/ Grounds and city/county departments may be notified to provide assistance will blocking access to dangerous areas.

☐ Outside agencies may be contacted to assist with rescue efforts if needed.

☐ If flood waters persist over an extended period of time or rise to buildings, a damage assessment may need to be considered.

DEATH OF STUDENT OR EMPLOYEE

[SECTION CURRENTLY BEING WRITTEN OR UNDER REVIEW]

HAZARDOUS MATERIALS

Hazardous materials cover a wide range of substances and conditions known or believe to have to potential of bodily harm.

IF AN INCIDENT HAPPENS REGARDING HAZARDOUS MATERIALS:

☐ The individual who discovers the hazardous material will usually report it to the South Plains College Police Department.

☐ The South Plains College Police Department will make a discernable effort to safely identify the material and may request external assistance to do so.

☐ The Chief of South Plains College Police Department or designee will contact the Incident Coordinator of the county of the affected campus and coordinate the response of the County Hazmat Response Division if necessary.

☐ The Chief of South Plains College Police Department or designee will establish a perimeter a safe distance from the material. The perimeter may be adjusted based on input from hazmat teams and incident personnel.

☐ Classes and activities in immediate danger will be cancelled and evacuated. The status of others shall be determined by the President.

☐ The Dean of Students or Vice President for Student Affairs will determine the need to initiate the EOP.

☐ The Incident Management Team (IMT) should contact employees with knowledge of the facility and contents for consultation.

INFRASTRUCTURE FAILURE

A failure of infrastructure does not always require activation of the EOP. However, consideration of potential injury and damages is prudent.

IF INFRASTRUCTURE FAILS:

☐ The Chief of South Plains College Police Department or designee will initiate an evacuation of any unsafe area and set up a perimeter.

☐ Maintenance/ Grounds and or public works may be notified to assist with the situation.

☐ The Dean of Students or the Vice President for Student Affairs will determine the need to initiate the EOP.

☐ Preparations for injury treatment and transport to medical facilities may be necessary.

☐ The Finance/Administration Section may have to determine monetary loss due to damages.

ACTIVE SHOOTER/ VIOLENT INTRUDER

Due to the dynamic nature of active shooing or violent intruder scenario, it is not recommended that a "shelter in place" or a "lockdown" order be initiated. It is important to remember that some locations cannot be secured and that certain individuals may not have the ability to safely shelter in place. Instead It is recommended that a message is sent out over the Emergency Notification System (ENS) by the Public Information Officer (PIO), or initial Incident Commander if PIO is unavailable, indicating the existence of a threat and options for survival tactics. Example message to follow:

> *"South Plains College has been made aware of a possible shooting (or other violent incident.) at (enter exact location if known). Police are responding to the incident. SPC recommends that people in the affected either lockdown by barricading all doors and windows with anything possible or evacuating and leaving the campus if possible depending on information known to the individual. Until further notice, prepare to counter a shooter with any distraction possible and immediate aggressive action if contact is made."*

Police response tactics cannot be documented in this plan.

Actions to be taken by the Incident Management Team include:

☐ Sending out initial notification

☐ Requesting assistance from external law enforcement agencies

☐ Obtaining a briefing from initial Incident Commander

☐ Coordinating media response

☐ Managing flow of individuals evacuating the College

☐ Establish a call center for the public to access information via telephone

☐ Provided updated information via media release and Emergency Notification System

☐ Prepare for treatment and transport to medical facilities of injured persons

☐ Preparing an "all clear" notification to be issued. Example message to follow:

> *"Law enforcement has advised South Plains College that the threat is no longer active. Rescue efforts are now underway. Law Enforcement will be working to recover survivors. Evacuation is recommended at this time. Do not open the door for anyone physically instructing you to do so. If you are still in a lockdown state when rescuers make their presence known, state that you are present and that you will not open the door for your own safety. Stay clear of entrances. Response teams will infiltrate and secure the room. Follow all instructions at this point."*

Section 2: PUBLIC RESPONSE RECOMMENDATIONS

This section includes the responses recommended for the public for various incidents; it is to serve as an aid in decision-making of the Incident Management Team (IMT).

WHAT SHOULD YOU DO IN AN EMERGENCY?

In general, remember the following notions in an emergency (For incident-specific tasks, see the incident in the subsequent sections):

☐ **Be aware of your surroundings.** Being aware of where you are and what is happening around you can help you to understand how information, events, and your own actions will impact your safety and your ability to protect yourself, both now and in the future.

☐ **Protect yourself.** Based upon your assessment of the situation, use your best judgment to protect yourself and, if possible, others.

☐ **Call for help.** Any emergency service can be summoned by calling 911.

☐ **Help others.** Once you are safely away from the danger, warn others of the hazard and help if you can without putting yourself in danger.

BASIC FIRST AID

ILLNESS/PROBLEM	SYMPTOMS	TREATMENT
Allergic Reactions	☐ Difficulty breathing ☐ Swelling around neck, eyes, face	☐ Place head and neck back ☐ Seek medical attention
Laceration/Bleeding *(including gunshot wounds and amputations)*	☐ Bleeding ☐ Broken Skin ☐ Pain	☐ Remove/cut clothing from injured area ☐ If wounded in torso, apply hard pressure and wrap tightly ☐ For **minor bleeding** of extremity, apply pressure to stop bleeding and apply bandages ☐ For **major bleeding** of extremity, apply tourniquet. Wrap and tie extremity with band, cloth, or similar material. Place tourniquet at the highest possible point above extremity. Place any stick like device in knot of tourniquet and twist to tighten. Tighten until bleeding stops regardless of pain/effect on extremity ☐ Seek medical attention
Breaks & Fractures	☐ Severe Pain ☐ Possible protruding bone and dislocation	☐ Immobilize area with splint made from boards, magazines or pillow ☐ Seek medical attention
Burns	☐ *1st Degree:* red or discolored ☐ *2nd Degree:* blisters or mottled skin ☐ *3rd Degree:* Charred flesh	☐ Immerse in cold water ☐ Apply clean, dry dressing ☐ Seek medical attention
Choking	☐ Difficulty Breathing ☐ Unable to talk	☐ Heimlich Maneuver
Seizures	☐ Falling, frothing at the mouth ☐ Stiffening of the body ☐ Jerky, uncontrollable movement ☐ Unconsciousness	☐ Clear area of sharp objects ☐ Loosen tight clothing ☐ Do not restrain ☐ When convulsions subside, turn on left side and closely watch breathing ☐ Call EMS (9-1-1)
Dog Bites	☐ Jagged wound ☐ Sometimes bleeding and pain	☐ Control bleeding with pressure ☐ Wash around wound w/ soap & water ☐ Identify animal if possible ☐ Seek medical attention ☐ Call SPC Police Department
Eye Injury	☐ Eyes tearing up ☐ Pain and/or discomfort	☐ Do not remove object ☐ Keep patient calm ☐ Seek medical attention

MEDICAL EMERGENCY

IN THE EVENT OF AN INJURY OR HEALTH EMERGENCY:

☐ Any staff member who is first aware of, or is made aware of, an injury or medical emergency should immediately take charge and assess the situation as quickly as possible. This is an important step in that the following action items may have to be performed almost simultaneously:

- Call 911
- Clear the area
- Assign someone to find the AED and start CPR if necessary

☐ As a general guide, the following symptoms or visible conditions are sufficient criteria to obtain EMS assistance:

- Unconsciousness;
- Suffocation or breathing difficulties;
- Severe pain (or pain/pressure in chest);
- Severe bleeding;
- Any other life-threatening or permanently disabling injury or illness.

☐ Try to make the injured or ill as comfortable as possible. Unless you are trained in basic first aid or immediate attention is required to stop severe bleeding, do not render treatment. You might complicate the situation or cause additional injury.

☐ Once someone with a higher level of medical ability arrives at the scene, relinquish control and stand by to assist or follow that individual's instructions.

☐ If 911 is called, have someone meet the EMS vehicle and escort the crew to the scene.

☐ **After the immediate situation has been handled medically, if the incident was due to an accident ensure an accident/injury report is completed at** http://www.southplainscollege.edu/about/campussafety/complaints.php

STOP THE BLEED

☐ A person who is bleeding can die from blood loss within five minutes, therefore it is important to quickly stop the blood loss. Bystanders can take simple steps to keep the injured person alive until appropriate medical care is available.

- Call 911
- Apply pressure with the hands
- Apply dressing and press
- Apply a tourniquet
- When applying a tourniquet remember * WRAP   * WIND   * SECURE   * TIME

SUICIDE THREATS/ATTEMPTS

IF YOU SUSPECT A STUDENT MAY BE A THREAT TO THEMSELVES (YOU DO NOT NEED TO PROVE IT, ONLY SUSPECT IT):

☐ Contact SPC Police at 806-716-2396. A police officer can physically accompany the student to a counselor in Health & Wellness to ensure the students safety. **DO NOT LEAVE THE STUDENT ALONE!**

☐ 2. If you suspect that the student's immediate well-being is in danger, call 911.

☐ 3. If you feel comfortable and safe, you may escort the student to Health & Wellness. In this case, call 716-2529 and let them know you are coming.

IN ALL CASES, RULES OF CONFIDENTIALITY WILL APPLY!

FIGHTS/ASSAULTS

The National Safety Center recommends the following steps when staff members are approaching a fight:

☐ Call SPC Police at (806) 716-2396 if no response, dial 911.

☐ Promptly walk, don't run, to the fight so you may visually analyze the situation (scan for weapons) and mentally form a strategy as to your approach.

☐ The moment you come in sight of the altercation, use your best authoritative voice and announce that you are coming, and you want those involved to stop immediately.

☐ If possible, while walking to the fight, stop to find other authorized personnel and obtain help from other dorm directors or campus personnel.

☐ Call out to any person you know and start giving orders. Use short, direct commands.

☐ If you know the fighters by name, call out each of their names and let them know you know who they are.

☐ If confronted with weapons (i.e. knife, gun, club) get additional help. If attacked, take action to preserve life.

As with any crisis situation, responding to a fight takes a clear head. As an adult intervening in a fight, your priorities are as follows: 1) your safety; 2) the safety of surrounding students; and 3) the safety of the fighters. The guidelines are not meant to be rigid rules, but general principles to direct your behavior.

GUNS/WEAPONS

GUN/WEAPON IN BUILDING:

Campus Carry, referring to the legal concealed carry of a handgun by an authorized license holder is permitted in South Plains College Buildings with the exception of exclusion zones. The unintentional display of a handgun by a licensed person due normal motion or movement of clothing during normal activity does not constitute a criminal offense.

IF YOU SEE A FIREARM:

☐ Notify SPC Police at 806-716-2396 that a gun is visible on campus.

☐ The SPC Police or designee will investigate any report of a gun or other weapon on campus, then:

- If the gun is believed not to be on the person, secure the area where the gun is suspected to be and wait for the police to arrive.
- If the gun is suspected to be in the person's immediate possession, but the situation is calm, wait for police to arrive.
- The SPC Police or designee will determine the next course of action.
- If the person is openly displaying the weapon, call SPC Police immediately, and try to keep the person calm.

☐ Advise all personnel to make no attempt to disarm the weapon holders unless he/she expresses a willingness to relinquish the possession of the weapon.

☐ Establish a line of communication until SPC Police arrive.

☐ If the person discharges the weapon or displays it in a dangerous manner indicating an attempt to shoot, take any action required to preserve life. Follow ALICE training procedures outlined in "Shooter on Campus" section of this manual.

SHOOTING INVOLVED:

Follow the above guidelines notifying police that shots have been fired. Administer basic first aid until health care professionals arrive.

For more information on Campus Carry please visit http://www.southplainscollege.edu/campuscarry.php

ACTIVE SHOOTER

Remember the acronym **ALICE**:

A – **Alert**

L – **Lockdown**

I – **Inform**

C – **Counter**

E – **Evacuate**

These guidelines are not part of a sequential or circumstantial plan, but rather a dynamic tool kit to empower you   to take your survival into your own hands. Do what is best for you in that moment.

Alert:

☐ Stop and listen for unfamiliar noises. Be aware that gunshots may not sound as you would expect.

☐ Call 911 or Campus Police at 806-716-2396 or 806-891-8883

☐ Subscribe to SPC emergency notification system

☐ Take all alerts seriously

☐ Alert others in your area if possible

☐ Do not use code words to signify a shooter on campus

Lockdown:

☐ Lock all entrances

☐ Secure and lock windows

☐ Barricade all entry points with multiple layers

☐ Stack anything and everything possible against doors

☐ Tie up any mechanism that assists with opening door

☐ Use any items as makeshift ropes to tether and pull outward opening doors closed

☐ Cover windows

☐ Turn out lights

☐ Spread out. Do not huddle together

☐ Prepare to counter ("Counter" will be discussed later in this section)

☐ Once secure, do not open door for anyone even if given an audible "all clear." Notification that emergency personnel are recovering survivors will be issued through emergency notification systems. Police/Emergency personnel will come get you. They will find a way in. The shooter may try to deceive you. Protect the lives of people in the room over one person in hall. Only open door if preparing to evacuate.

Inform:

☐ Give detailed information if communicating to 911 or police

☐ Be a play by play announcer

☐ Any information is good information

☐ Most crucial information is shooter location

Counter:

☐ Counter is not just fighting; it is taking back control.

☐ Countering is not a last resort or a requirement. It must be a personal choice that can be initiated at a time of your choosing.

☐ Countering utilizes simple movements rather than martial arts or fighting tactics.

☐ Distract shooter any way possible. This disruption may be the factor that provides survivors an advantage. Throw things, create noise, move erratically, or use countermeasures (improvised weapons. Anything can be used as a weapon. Be creative.

☐ Rush the shooter as a group if possible

☐ If multiple survivors are present, each person should pin a limb of the shooter tight against their body (LIMB TO BODY MASS). This will immobilize the shooter. Drag shooter down and continue to restrict limbs as a group. Once the shooter is down, remember that the body goes where the head moves. Instruct an additional person to pin the head to the floor.

☐ If alone and you choose to counter, make the decision to take your survival into your own hands and do what you can to survive.

☐ Secure the weapon. Place weapon in a container such as a trash can and hold container or place container over the weapon and sit on it while others have the shooter disabled. Await police response and notify them of the location of the weapon. Follow instructions.

Evacuate:

☐ Removes targets from the scene.

☐ Plan your route ahead of time. Know all exits to buildings you frequent.

- ☐ Be creative. Do not be afraid to break out a window or break through a wall if possible. To break a window strike it with an object on a top corner rather than in the center of window.

- ☐ It may be prudent to take your counter device with you to utilize as a weapon or distraction should you encounter the shooter. Do not take time to gather other personal items.

- ☐ Do not return to the area you have escaped unless circumstances require you to do so to survive.

- ☐ Do not evacuate in vehicles. Flee the area on foot.

- ☐ Unless instructed by police keep fleeing area to safe location off site. Do not wait in parking lots.

- ☐ As you encounter police keep your hands up and palms out.

- ☐ Follow police instruction.

ADDITIONAL INFORMATION

Police Response:

- ☐ First team of police will not stop to provide aid unless the threat has ended. A second team of police or emergency personnel will follow-up to aid/rescue wounded.

- ☐ Do not grab or yell out if officers pass you by. Another team will stop to help.

- ☐ Empty your hands of all potential weapons.

- ☐ Keep your hands up and palms out if it would not jeopardize health/survival.

- ☐ Follow all police instructions.

Notes to License to Carry Holders:

- ☐ It may be faster and more effective to immediately rush the shooter than to draw, aim, and fire a handgun.

- ☐ Although use of firearm may be warranted, it may not be the best option.

- ☐ You must consider factors of the situation:

  - ☐ What is around/ behind the assailant?

  - ☐ Are other people rushing the assailant that you would attempt to shoot?

- ☐ It is not your role to hunt down shooter.

- ☐ You have the same responsibilities as any other civilian. Your firearm is simply an additional tool that you possess.

SEXUAL ASSAULT

IF A SEXUAL ASSAULT IS REPORTED TO AN SPC EMPLOYEE:

- ☐ If immediate danger is present or emergency medical attention is needed, call 911 or the SPC Police at 806-716-2396.

- ☐ If no immediate danger or emergency medical attention is needed contact the Health & Wellness Center at 806-716-2529 and ask for a VICTIM ADVOCATE. After business hours contact the SPC PD at 806-716-2396 and they can contact the on-call victim advocate.

- ☐ If a mandated reporter is notified of a sexual assault that individual must complete the Sexual Assault Incident report at:

   http://www.southplainscollege.edu/about/campussafety/complaints.php

IF YOU WITNESS A CRIME OF SEXUAL ASSAULT:

- ☐ Report the crime to SPC Police or to the local law enforcement where you witnessed the crime.

All SPC Employees are mandated to report incidents with the exception of professional counselors and SPC nurse.

BOMB THREATS

Bomb threats can be originated in writing, in person, over the telephone, or relayed through a second source.

PROCEDURES:

- ☐ If by phone, DO NOT HANG UP; try to keep the caller talking.
- ☐ Document the phone threat by using the Threat Record Sheet below. Place copies for ready access.
- ☐ SPC Police or other designee will determine the seriousness of the threat using input from all sources.
- ☐ Document in writing as soon as possible other information, including:
    - Specific time the message was received
    - Date and Day of the week
    - Exact wording of message
    - Estimation of sex, race, age, cultural background of person making threat
    - Explain circumstances under which message is received, as well as unusual circumstances such as noises, comments and other relevant information.
- ☐ Contact SPOC Police immediately.
- ☐ Evacuate the building when warranted.

THREAT REPORT

DON'T HANG UP THE PHONE (USE ANOTHER PHONE TO CALL POLICE)

Time of Call: _____am/pm (circle one)

Record the exact words used by caller (describe voice on the phone, i.e. male, female, child, intoxicated, speech impediment, accent):

_____
_____
_____
_____

Describe background noise (music, children, talk, airplane, traffic, typing?):

_____
_____

Date: _____   Call Received By: _____

If call is a BOMB THREAT:
- **What time is it set for?**
- **Where is it?**
- **What does it look like?**
- **Why are you doing this?**
- **Who are you?**

DISRUPTIVE INDIVIDUAL

1. *Who is a disruptive individual?*

   ☐ An individual who makes threats of physical harm to you, others, or themselves.
   ☐ An individual who has a weapon. (Refer to **Active Shooter Section** and ALiCE protocol)
   ☐ An individual who behaves in a bizarre manner or exhibits unstable behavior patterns.
   ☐ An individual who appears to be intoxicated or under the influence of a controlled substance.

2. *What action should I take?*

   ☐ Contact SPC Police at 806-716-2396 or dial 911.
   ☐ Give your name and campus location with a brief explanation of the situation.
   ☐ Take note of the individual's age, personal appearance, clothing, vehicle or any other information that would help identify the individual.

3. *Express your authority with non-verbal cues:*

   ☐ Sit or stand erect
   ☐ Square your shoulders
   ☐ Smile and make eye contact
   ☐ Speak clearly and distinctly
   ☐ Maintain a constant voice volume – not too loud

4. *Cues to avoid:*

   ☐ Do not touch your face
   ☐ Observe the individual's personal space – do not stand too close
   ☐ Do not touch the person
   ☐ Do not slouch, glare or sign at the individual

5. *Anger management tactics:*

   ☐ Get their attention: Use their name, ask them to sit down
   ☐ Acknowledge their feelings: Paraphrase what they say so they will know you are listening
   ☐ Get them moving: Offer a chair, move them to a private area if possible
   ☐ Offer assistance: Use the word "we" to include them in the solution process
   ☐ Tell them exactly what you can do for them and when
   ☐ Offer an alternative if appropriate
   ☐ Advise co-workers of the potential problem if possible
   ☐ Call for aid immediately if you sense the situation is getting out of hand

POWER FAILURE

IN CASE OF A POWER FAILURE, TAKE THE FOLLOWING STEPS:

☐ Call SPC Police at (806) 716-2396

☐ Notify the Physical Plant.

- Director of Physical Plant: 806-893-2922

- Maintenance Supervisor: 806-891-2363

☐ It is recommended to have a flashlight accessible prior to power failures.

☐ If the decision is made to leave the area, do so in a calm, orderly fashion.

NATURAL GAS LEAK

IF ANY PERSON SMELLS WHAT COULD BE A GAS LEAK OR A BUILD-UP OF GAS IN THE BUILDING:

☐ Determine if the room needs to be evacuated and evacuate if necessary.

☐ **No one should be allowed to enter the area of the suspected gas leak**.

☐ Notify the Physical Plant.

- Director of Physical Plant: 806-893-2922

- Maintenance Supervisor: 806-891-2363

☐ **If gas is escaping inside the building or room and it is determined to be safe:**

- Ventilate the area starting where concentration is strongest.

- DO NOT OPERATE ELECTRICAL SWITCHES.

- Turn off any open flame device by operating manual controls such as gas shut-off valves.

☐ If the situation becomes clearly unsafe:

- Notify the SPC Police at (806) 716-2396.

- Evacuate the building.

- Dial 911.

HAZARDOUS MATERIALS

Direct Contact:	Cleanup and Disposal:
☐ Evacuate the area to avoid fumes ☐ Remove contaminated clothing and flush the area with cold running water for fifteen minutes. If flushing the eye area, position the flow into the eye while holding the eye open ☐ Notify SPC Police	☐ Never enter a spill area alone ☐ Spill areas should be ventilated with fresh air and directional fans that prevent direct exposure ☐ Follow cleanup procedures in Policy and Procedures Manual
Indirect Contact:	For Traffic Control:
☐ Evacuate the area to avoid fumes ☐ If the spill is outside, move upwind from the spill ☐ SPC Police will contact the Fire Department, 894-5535, if evacuation from the campus is necessary, and/or Maintenance Department to shut down ventilation system that transports fumes	☐ CALL SPC POLICE AT 806-716-2396

IDENTIFY THE SPILL TO EMERGENCY PERSONNEL WITH THE FOLLOWING INFORMATION:

1. Product information
2. Manufacturer information
3. Product contents/ingredients as given on container (whenever possible, spell names to avoid misunderstanding)
4. Volume of spill/exposure
5. Reactions on surface/individuals
6. **Product contamination with other chemicals**

EXPLOSION

FIRST ACTIONS

☐ Knock on doors and notify occupants they must leave the building.

☐ Evacuate the building, taking proper shelter or distance to provide the greatest safety to students and staff. Unless otherwise directed by emergency personnel, maintain a distance of at least 100 feet from the building.

☐ If in a lab, gas should be turned off to lab if possible/ applicable.

☐ Occupants should leave the building in an orderly manner. Do not take personal belongings.

☐ Close windows and doors, time permitting.

☐ Call SPC Police at 806-716-2396. If no response dial 911.

☐ Residence hall directors should take residents to a safe distance and communicate to the SPC Police.

☐ Do not re-enter building until cleared by authorized personnel.

INJURY/DEATH

MINOR ACCIDENT/INJURIES:

☐ Contact SPC Police at 806-716-2396 for assistance; if no response, dial 911.

☐ Follow emergency procedures as indicated by nature of accident or injury.

☐ After the immediate situation has been handled medically, ensure an accident/injury report is completed at http://www.southplainscollege.edu/about/campussafety/complaints.php

IN THE EVENT OF SERIOUS INJURY OR DEATH:

☐ Contact SPC Police at 806-716-2396 for assistance; if no response, dial 911.

☐ After the immediate situation has been handled medically, ensure an accident/injury report is completed at http://www.southplainscollege.edu/about/campussafety/complaints.php

FIRE RESPONSE

All campus employees should be familiar with the locations of fire extinguishers and fire alarm pull stations. Fire extinguishers are located in each hallway and you need to learn the location of the nearest extinguisher. Do not attempt to fight a fire before activating the fire alarm pull station and calling the fire department.

IF A FIRE IS DISCOVERED INSIDE THE BUILDING:

☐ Activate a fire alarm pull station. Follow the instructions on the pull station. Make sure the handle is pulled all the way down and released.

☐ Notify the fire department at 911. Give exact location (building name, address, floor, etc.).

☐ Evacuate the building using the Building Evacuation instructions.

☐ Notify Campus Police at 891-8883 or Ext. 2396.

CONSIDERATIONS FOR USING THE PORTABLE FIRE EXTINGUISHER:

☐ If it is a small, contained fire (e.g., wastebasket).

☐ If unable to extinguish in 10 seconds, leave the area. If possible, close off the area.

TO OPERATE A FIRE EXTINGUISHER:

☐ Remember the **PASS** word:

  ☐ **PULL** the pin.
  ☐ **AIM** extinguisher nozzle at the base of the fire (approach no closer than 8 feet from the fire).
  ☐ **SQUEEZE** trigger while holding the extinguisher upright.
  ☐ **SWEEP** the extinguisher from side to side, covering the area of the fire with extinguishing agent.

IF THERE IS A FIRE OUTSIDE THE BUILDING:

☐ Call 911 and report the fire. Do not activate the fire alarm system.

SEVERE WEATHER/TORNADOS RESPONSE

Severe Weather/Tornado Watch: A watch is a statement that conditions are present and the event indicated could occur.

Severe Weather/Tornado Warning: Severe weather indicated or tornado has been sighted. The National Weather Service will alert all weather stations and local authorities.

LIGHTNING STORMS
SAFETY PRECAUTIONS OUTDOORS

- ☐ If the weather forecast calls for thunderstorms, postpone your trip or activity.

- ☐ Remember: When thunder roars, go indoors. Find a safe, enclosed shelter.

- ☐ The **30-30 rule**. After you see lightning, start counting to 30. If you hear thunder before you reach 30, go indoors. Suspend activities for at least 30 minutes after the last clap of thunder.

- ☐ If no shelter is available, crouch low, with as little of your body touching the ground as possible.

SAFETY PRECAUTIONS INDOORS

- ☐ Avoid water during a thunderstorm. Lightning can travel through plumbing.

- ☐ Avoid electronic equipment of all types. Lightning can travel through electrical systems and radio and television reception systems.

- ☐ Avoid corded phones. However, cordless or cellular phones are safe to use during a storm.

- ☐ Avoid concrete floors and walls.

Lightning strikes may be rare, but they still happen and the risk of serious injury or death is severe. So take thunderstorms seriously.

HAIL

☐ Be Aware of bad weather. Listen for warnings on TV and radio.

☐ Stay away from windows

☐ Take cover immediately

☐ If outside, substantial structures, and highway overpasses (out of traffic lanes) offer the best hail protection. An awning, gas station overhang, or even an unexposed side of a building can also offer protection. Avoid using trees for protection as hail and falling branches can cause significant damage/ injury.

☐ If in a vehicle pull off the roadway immediately, preferable under a bridge or covering:

☐ Vehicles offer good protection from hail up to golf gall sized hail; significant windshield and body damage can result with hail larger than golf balls.

☐ Carry a blanket in your vehicle to protect you from shattering glass.

TORNADOS

If severe weather or a tornado is approaching, the warning will be signaled by the City of Levelland's emergency sirens.

- ☐ Listen to radio/television/internet broadcasts for weather updates.

- ☐ If the tornado siren sounds, assume the disaster drill position:

    - ☐ Sit down

    - ☐ Knees up

    - ☐ Back against interior wall

    - ☐ Head down

    - ☐ Elbows locked for multiple people

    - ☐ Cover head with pillows, mattress, or other protective item

- ☐ Do not leave the building unless instructed to do so by authorities in charge. (SPC police, fire department, civil defense)

- ☐ If outside and unable to reach shelter, move to a ditch or hollow and lay down with head covered

POST-TORNADO/DISASTER:

If a tornado or storm passes without striking you, be cautious as there may be other occurring funnels or cells in the area.

- ☐ Call SPC Police at 806-897-8883 or 806-716-2396 to turn off gas and electricity at the main switches as soon as possible.

- ☐ Evacuate damaged area cautiously only when instructed by authorities.

- ☐ Refrain from moving injured people as much as possible. All injured and missing should be reported to SPC Police immediately.

- ☐ Notification of all damage and injury should be made to the administration as soon as possible.

- ☐ Retain students in area until deemed safe for release by authorities.

SOUTH PLAINS COLLEGE
SAFETY AND HEALTH PLAN

(Revised 10-5-18)

INTRODUCTION

The South Plains College Safety and Health Plan outlines general policies and procedures with which all employees should be familiar. In the event of an emergency, it may be too late for this plan to be consulted. All employees are encouraged to review this plan and be familiar with its content. This plan is developed and maintained by the Safety and Health Committee. The committee welcomes comments and suggestions from all parties to ensure that College operations provide for a safe and healthy environment for work and study.

South Plains College recognizes its responsibility to maintain a safe and healthy environment for employees, students and visitors. This document has been prepared under the premise set forth in the College's Statements of Institutional Commitments, which form the core beliefs of the organization.

"Commitment to a Quality Campus Environment: We recognize the importance of providing a safe, clean and accessible work and learning environment that is characterized by integrity, clear communications, an open exchange of ideas, appreciation for personal worth, involvement in decision-making and respect for all individuals."

Safety is everyone's responsibility and in most instances is rooted in one's awareness of potential hazards and common sense response to such hazards. The policies and procedures outlined in this plan are based upon the latest information identified by the College and do not purport to be or to include the latest or most definitive information. The College makes no such claim and offers no assurance that this is the case. This material is informational only and not contractual. Employees are responsible for keeping themselves informed and to taking necessary precautions for their own safety and the safety of others.

SOUTH PLAINS COLLEGE

SAFETY AND HEALTH PLAN POLICY STATEMENT

As an employee of South Plains College, you are the most valuable and important resource of this College. The College cannot perform its vital public mission for the citizens of Texas without the enthusiastic, energetic, professional, and dedicated work performed by every one of our employees.

The safety and health of all employees, students and visitors is a major concern. I intend to make every effort possible to provide a safe and healthy college. A safe and healthy workplace is important for everyone and does not happen by chance. Safety is everyone's responsibility, and everyone, without exception, is personally accountable to help and support the safety and health program. Everyone is asked to cooperate with the appointed Safety and Health Committee in the implementation and continued success of the South Plains College Safety and Health Plan.

I personally am committed to this plan and will do everything I can to support, promote, and participate in a safe and healthy workplace. This commitment is also expected of every supervisor in our College. It is my intent that this institution, at a minimum, complies with all applicable risk management laws, rules, regulations, and standards; takes no shortcuts when it comes to safety and health; and, gives risk management priority consideration when it comes to making decisions. If everyone does their part, we can maintain an organizational culture that integrates safety and individual concern in our work practices and behavior whether at work or at home.

South Plains College adopts, by reference, all applicable and appropriate safety-related provisions of the *Risk Management for Texas State Agencies (RMTSA) Guidelines*, (Volume III, Workers' Compensation Exposures) as a comprehensive source for risk management programs. In addition, risk management program elements and procedures specific to our College operations are contained in the attached manual.

Dr. Robin Satterwhite, President
South Plains College

Contents

SECTION I: STANDARD OPERATIONS

Administration of Health and Safety

Safety and Health Committee
The Safety and Health Committee Chairperson is appointed by the President to assume the responsibilities identified in this plan and to chair and direct the activities of the Safety and Health Committee.

Membership of the Safety and Health Committee shall consist of the Vice President for Student Affairs (chair), Dean of Students, the Associate Dean of Students, Dean of the SPC Reese Center, Director of the Plainview Center, Executive Director of the Lubbock Center, Dean of Health Occupations, Dean of Arts and Sciences, Dean of Technical Education, Director of Health & Wellness, Associate Director of Health & Wellness, SPC Police Chief, Director of Human Resources, Director of the Physical Plant, Associate Dean of Marketing and Recruitment, selected members of the faculty, selected members of the student body, and appropriate consultants as necessary.
The committee has the following tasks:

- To develop, monitor, and promote a culture of safety, environmental health and security consciousness throughout SPC.
- To conduct evaluations of campus facilities, equipment, and operations in accordance with this manual and other standardized material as prescribed.
- To provide written recommendations and suggestions for corrective action, related to safety and health, to the administration.
- To assist in the investigation of campus accidents as needed and to utilize findings for further policy and procedure modifications. ☐ To review and revise this manual annually.

Employee Responsibilities

Each supervisor is responsible for ensuring safe working conditions are provided for those employees under their supervision and for investigating reports of unsafe working conditions. Each supervisor is also responsible for knowing the safety and health guidelines, investigating accidents, reporting accidents and properly advising the administration and the Safety and Health Committee of appropriate situations. Similar responsibilities are expected of faculty members and department chairs with respect to the students they instruct and supervise in clinical, shop, laboratory and field trip settings. Similarly, supervisors and faculty should assist in maintaining and improving campus safety, health and security. Each employee is to place safety and health requirements as top priority in the performance of their work duties for South Plains College.

The protection of students, fellow employees, and the public on the College's property is a shared responsibility of every employee.

All employees are responsible for notifying their immediate supervisor of a violation or deficiency in safe and healthful working conditions and for recommending corrective measures, if possible. Additionally, the employee's immediate supervisor is to be notified of every injury or accident regardless of how trivial such accidents may appear at that time.

Disciplinary Procedures for Violations

Students
Student behavior in violation of established safety policies may be considered a violation of the Student Code of Conduct. In addition, a student's grade may be downgraded as a result of the student's failure to properly observe safety procedures within the laboratory or shop. Possible sanctions and appeal procedures are set forth in the current Student Guide.

Employees
Employees who violate safety and health requirements may be disciplined though procedures outlined in the SPC Policy and Procedures Manual. Depending on the facts and circumstances involved in each situation, the College may choose to begin corrective action at any step up to and including immediate discharge.
The following sections of the Policy and Procedures Manual provide further information regarding this matter:
DC - Grievance Procedure
DDC - Due Process
DDD - Corrective Action
DDE - Employee Conduct and Work Rules

Inspections and Compliance Requirements

Annual Inspections
The Texas School Safety Audit is conducted every three years. This is an audit of the College's facilities and operations and is conducted under the direction of the Safety and Health Committee. Each audit records pertinent safety violations, noncompliance items, and observed deficiencies. Employee(s) directly involved in the use or operation of the facilities or functions being inspected are asked to participate in the inspection process.

The physical plant is required by law to do annual inspections such as elevator, fire alarm, fire extinguisher, and back flow inspections. The results of these annual audits are housed in the physical plant.

An Annual Fire Safety Report is mandated by the Higher Education Opportunity Act. A copy of the SPC Annual Fire Report is available in the SPC Police Office on the Levelland Campus. In addition, a copy of the annual fire report is available in the office of the Dean of Students.

Reporting Non-compliance
Safety concerns and violations of safety standards are reported on the Safety Concern form at http://www.southplainscollege.edu/about/campussafety/complaints.php. Reports will be received by the Dean of Students and appropriate steps to correct the situations will be taken. The Safety and Health Committee will review all safety concerns and the resolution of the concern at each Safety and Health Committee meeting.

Imminent Danger Action
Situations that require immediate attention due to an imminent danger will be brought to the attention of the SPC Police department directly by the individual who sees the danger.

Rights of Employees
Employees are encouraged to report any safety concern on the Safety Concern form at http://www.southplainscollege.edu/about/campussafety/complaints.php. Furthermore, any employee may report, to the appropriate supervisory personnel, any observed violations or deficiencies. An investigation of the complaint by appropriate supervisory personnel and notification of the results is to be given to the employee originating the complaint. The rights of employees will be exercised without retaliation on the part of any employee of the College.

Reporting of Accidents

General
The Accident/Injury Report Form should be completed anytime an employee, student or visitor is involved in an accident/injury while attending classes, labs, clinicals, or participating in an SPC activity. If the individual is an employee the form needs to be filled out when the employee was performing work related duties.

The Accident/Injury Report Form can be located online at http://www.southplainscollege.edu/about/campussafety/complaints.php .

The individual involved in the accident will normally complete the form, providing as much detail as possible. In the event the injured party is unable to complete the form, an SPC employee with knowledge of the situation will complete the form.

Pictures from the location where the accident/injury occurred can be attached to the Accident/Injury Report Form.

Employee related accident/injury reports will be forwarded to the Director of Human Resources. Student or visitor related accident/injury reports will be forwarded to the Dean of Students.

All serious accidents, as defined below, will be investigated by the appropriate supervisory personnel and the findings documented as soon as practical: ☐ Serious injury to an employee or student.

- Serious injury caused by College operations to another party.
- Major loss of College equipment or property.
- Major loss of equipment or property belonging to another party caused by College operations.

Reports of the findings will be reviewed with the appropriate supervisory personnel and appropriate administrative staff as soon as the investigation is complete.

Upon learning of a serious accident involving employees or equipment, an employee should notify the College's Vice Presidents and appropriate supervisory personnel immediately. The Vice President will inform the Office of Marketing and Recruitment and the President's Office. Serious accidents will be investigated by the appropriate supervisory personnel and reviewed by the appropriate Vice President.

The College is required to maintain a listing of all workplace illnesses and injuries and to complete a summary report of the findings to the state annually. The Accident/Injury Report Form is to be completed immediately following an injury, no matter how slight.

Accidents Involving SPC Students
If a student is involved in a serious accident, an employee must call 911 and have EMS evaluate for further medical need. If a student is transported to a medical facility based on a serious accident a urine drug screen will be required.

Release of Information
In the case of serious accidents, supervisors and employees may not release information to the news media. Information to the media is to be provided by the Office of Marketing and Recruitment College through a designated spokesperson. If contacted by the media please refer these individuals to the Office of Marketing and Recruitment.

Reporting of Crimes on College Property

General Information
The College provides 24-hour law enforcement services for the Levelland Campus. Law enforcement services are available while classes are in session at the SPC Reese Center and Lubbock Center. The Plainview Center is served by contract police officers and the City of Plainview Police Department. The SPC Police Department is responsible for investigating all crimes and accidents occurring on College property. The SPC Police Department monitors the buildings and grounds for breaches in campus security or potential threats to students, employees, and visitors. SPC Police Officers are certified Texas Peace Officers with full law

enforcement authority. SPC Police can be reached at the numbers listed in the *Student Guide,* or the *Emergency Response Guide.*

Reporting Procedures
All crimes or suspected criminal activity occurring on College property or at any Collegesponsored event should be reported immediately to the SPC Police Department.

Altercations and Other Disturbances
Contact the SPC Police Department or the Dean of Students at the Levelland Campus concerning any altercation or disturbance by students on campus. At the Reese Center call the SPC Police or the Dean of the SPC Reese Center. At the Lubbock Center or Plainview Center, contact the police officer on site or the Center Director. If, in the opinion of the employee, the incident warrants emergency service personnel, 911 may be called directly by the employee. The employee should attempt to obtain the names of anyone who observed the incident or who might be able to provide any information useful in the investigation of the incident.

Campus Police Services

Access to Campus Facilities
Campus security is a shared responsibility among all employees. Special arrangements can be made for unlocking or locking buildings by calling the SPC Police Department.

Contractors may be provided temporary access to facilities to perform service or construction work during periods the College is closed. Special arrangements should be made with the Director of Physical Plant to assure that building security is provided during these periods. The Director of the Physical Plant oversees the issuance of keys to employees for access to buildings and rooms the employee might need to enter to conduct their duties.

An employee's supervisor may provide access to other areas on a temporary basis when such access is warranted. An employee may not lend any building key to another employee and is responsible for any misuse or breach of security that results from this transfer. Keys are not to be transferred from one employee to another nor any building key duplicated.

Police Escort Services
The SPC Police are available to accompany individuals to their cars or residence halls during evening hours or when an individual feels that an escort is needed.

Medical Emergencies, First Aid, and Medical Treatment

Requests for Emergency Medical Assistance

In cases where emergency medical attention is needed call 911 and ensure the injured individual is cared for and evaluated. If possible have someone meet the ambulance and direct them to the individual needing attention.

Student Medical Treatment for Accidents

Students who receive medical treatment as a result of an accident are covered under the Student Accident Insurance Policy as outlined in the ***General Catalog*** and the ***Student Guide***. The student must fill out the online Accident/Injury Report form.

Information and claim forms for the Student Accident Insurance Policy will be provided to the student after the student submits the online Accident/Injury Report form. The student is responsible for completing Part II of the form and taking a copy to the treatment facility and sending the original to the insurance agent.

Medical Return to Work Authorization

In some situations, a Return to Work Authorization may be required from the attending physician before an employee may return to work. The employee's supervisor is responsible for seeing that this form is sent to the Human Resources Office allowing the employee to return.

First Aid Kit Location

It is recommended that each department or office maintain a first aid kit for non-emergency medical care. The location of this kit should be communicated to all employees working in that area.

Automated External Defibrillator (AED) Locations and Maintenance

AEDs are provided by the College in strategic areas and training offered to employees on how to use AEDs. The Associate Director of Health and Wellness is responsible for ensuring batteries on AEDs are replaced at the appropriate time intervals. If a battery starts chirping prior to being replaced contact the Associate Director of Health and Wellness to have this attended to.

> Levelland – Located in all buildings (except Smallwood & Magee residence halls) and the SPC Police Car
>
> Reese Center – Located in all SPC buildings
>
> Lubbock Center – Eight units located throughout the building
>
> Plainview Center– One located in main building & one located in welding technology building

First Aid, CPR and Stop the Bleed Training
Trainings are offered free of charge to SPC employees. It is recommended that each department have at least one individual trained in these skills.

Power Losses

General Information
The College may experience power losses to one or more buildings due to storms, power company disruptions, or damage to the service lines entering the campus or center. These interruptions can lead to conditions that may result in personal injury or damage to equipment or facilities. This section sets forth general procedures to be used in the event of loss of power.

Power losses greatly increase the likelihood of an accident due to the following:

- The loss of lighting increases the possibility of injury to those moving throughout the building/campus.
- The attendant electrical surge accompanying the restoration of power may damage electrical devices not switched off.
- The operation of electrical devices during a phase loss may result in damage to these devices.
- The electrical loss may disrupt telephone service and emergency devices such as fire alarms.

In the event of power loss, every effort should be made to immediately turn off all electrical equipment within an employee's work area before power is restored to protect the equipment within their area. When sufficient lighting exists during day hours to work safely and the building is comfortable without air conditioning, the building may remain open for operation. During evening operations, the building may be evacuated. Further directions concerning class schedules will be provided by the Vice President for Academic Affairs.

Reporting Power Losses
In general, the loss of power or the disruption in normal electrical service should be reported immediately to the Director of the Physical Plant (806-893-2922) and the Maintenance Supervisor (806-891-2363). Maintenance staff will investigate the scope and condition of power loss and proceed to correct the matter accordingly.

In instances when power loss is due to the disruption of utility service, the electric company will be called to restore services.

Emergency Lighting
During periods of power outages, emergency lighting will automatically come on in the hallways and stairways of all buildings that have these devices.

Weather Events

Weather Delays and Cancellations
The College will delay or cancel classes when inclement weather poses concern for the welfare of students and employees. This decision is made by the President of SPC. Information about delays or class cancellations will be communicated to employees via the Emergency Notification System. Email, text and telephone messages will be sent to faculty, staff and students. When the College is closed, information will be made available through local radio and television stations for updates on the College's schedule of operation.

Severe Weather
In the event of severe weather, the South Plains College Emergency Operation Plan (policy GB) will guide the College in its response to the crisis situation.

Personal Protective Equipment

Policy
South Plains College recommends, and in some instances requires its employees to use, personal protective equipment for eyes, face, head, and extremities, together with protective clothing, respiratory devices, and protective shields and barriers when potential hazards exist. All required personal protective equipment is provided by the College and is to be used and maintained in a sanitary and reliable condition wherever it is necessary due to the hazards associated with a process or the environment (e.g., chemical hazards, radiological hazards, or mechanical irritants). Such hazards include the exposure to or performance of:

1. Hot solids, liquids, or molten metals
2. Milling, sawing, turning, shaping, cutting, or stamping of any solid materials
3. Heat treatment, tempering, or kiln firing of any metal or other materials
4. Gas or electric arc welding
5. Repair or servicing of any vehicle
6. Caustic or explosive chemicals or materials

Responsibility of Departments
The provision of necessary personal protective equipment and wearing of said equipment at all appropriate times is the responsibility of each individual department head. The College has furnished an initial stock of eye and face protective devices to departments that have indicated a need. All subsequent needs and requirements for eye and face protection devices, as well as needs for all other types of personal protective equipment and devices, should be met by departments with their regular budget allocations.

The maintenance of personal protective equipment in a sanitary, usable, and reliable condition, the issue and recovery of units of equipment, the replacement of worn or defective equipment,

and the addition of inventory to meet current needs, is the responsibility of individual departments.

Eye and Face Protection (Employees and Visitors)
Certain areas of the College may be considered areas where eye protection is warranted at all times. These areas will be designated "100% Eye Protection Areas" by Department Head.

Employees and students are required to wear proper eye protection for all work that may expose them to any of the hazards listed in Section 1-9.1. Employees and students with work assignments in close proximity to the performance of these tasks and with a potential exposure to eye injuries are required to wear appropriate eye protection. Any visitors who enter areas that require the use of safety glasses must be provided with them for protection. Individuals who require the use of corrective lenses and are required under this policy to wear eye protection will wear safety glasses designed to fit over their corrective lenses.

Hand/Foot Protection
Maintenance employees must wear some type of glove when their job duties may subject their hands to possible abrasion, cutting, or chemical exposure.

Sturdy work shoes are recommended for maintenance and shop work. Athletic shoes and canvas loafers are not recommended as work shoes for individuals with shop responsibilities. Employees whose duties involve the use of certain types of power equipment (e.g., lawn mower, weed eater, edger) or the movement of heavy objects should use safety work shoes with metal toes.

Academic Laboratory and Shop Practices

General
Instructors are responsible for the observance of industry accepted and government mandated safety procedures within the laboratories and shops in which they teach. This manual does not attempt to specify or mandate procedures for a particular area. The instruction of students in proper safety practices must be incorporated into the content of each course requiring shop or laboratory work. The observance of safe laboratory or shop practices in the developing tradesperson or technician should be an expected outcome. Each instructor is responsible for:

- Understanding the proper safety practices appropriate to the procedures and machines utilized within their area of instruction.
- Enforcing established or recommended safety rules within their area of instruction □ Correcting unsafe actions by students or part-time faculty
- Eliminating unsafe conditions within their areas or resolving them with the assistance of their department chair or Safety and Health Committee.
- Participating in the safety program and providing information when requested.

New Employee Safety and Health Orientation

Policy

South Plains College requires all new employees to attend a new employee orientation. This orientation includes an awareness of safety importance and the employee's responsibility for maintaining a safe and healthy work environment. An overview of workplace safety basics is also provided. The expected results are that SPC employees are more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.

Safety Orientation for New Employees

All new employees of South Plains College will participate in a safety and health orientation program within (2) two weeks of their first day of reporting to work. The orientation will consist of the following information:

- General safety policies of the College
- Fire reporting procedures
- Fire extinguisher location and use
- Fire prevention
- Safe lifting techniques
- Hazardous Materials Communications (MSDS)
- Communicable disease policies

The new employee's supervisor will present safety procedures and policies specific to the new employee's position and any information the supervisor feels will provide the new employee with a safe environment.

Smoking Policy

South Plains College prohibits the use of any tobacco product, electronic cigarette, or vapor device throughout all indoor areas and within a 25 foot perimeter around all facility entrances, exits and HVAC air intake vents under the control of SPC, including sporting facilities and SPC vehicles. Included in this ban are tobacco products of all types (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff and all other kinds and forms of tobacco prepared in such a manner to be suitable for spit tobacco use, smoking, or both).   This ban also includes herbal tobacco products and simulated tobacco products that imitate or mimic tobacco products such as e-cigarettes, vapor cigarettes, pipes or other types of inhalation devices. (SPC Policy and Procedure Manual section GFA.)

Handling of Suspicious Mail

Employees and the students of South Plains College are encouraged to use caution when handling incoming mail. The Department of Homeland Security lists the following characteristics of a suspicious package:
- Rigid or bulky
- Lopsided or uneven

- Wrapped in string
- Badly written or misspelled labels
- Generic or incorrect titles
- Excessive postage or no postage
- Foreign writing, postage, or return address
- Missing, nonsensical or unknown return address
- Leaks, stains, powders, or protruding materials
- Ticking, vibration, or other sound

The United States Postal Service states that if you receive a suspicious letter or package:

- Stop. Do not handle it.
- Isolate it immediately.
- Do not open, smell or taste it.
- Contact SPC Campus Police

The United States Postal Service states that if you suspect the mail or package contains a bomb (explosive), or radiological, biological, or chemical threat:

- Isolate the area immediately
- Call 911
- Wash your hands with soap and water

SECTION 2: FIRE PREVENTION AND PROTECTION REQUIREMENTS

Standard Operating Procedures

Fire Prevention Procedures
The following procedure must be followed in an effort to reduce the risk of fire:

- Sufficient waste receptacles should be provided and emptied on a daily basis.
- All oily cloths are to be kept in a covered metal can.
- Accumulations of paper and flammable materials are to be kept to a minimum.
- Combustible materials should be stored in a proper cabinet or container and away from heating or electrical devices.
- Finely divided material produced in shops or laboratories (e.g., sawdust or fabric) should be frequently removed to prevent accumulation.

Exit ways
No obstructions may be placed in front of or upon any exit door. No aisle, exit access, or stairway may be obstructed with furniture or other obstructions so as to reduce the required width of the exit way during hours the facility is open to students or employees.

Doors, Hallways, Stairways, and Landings

Fire doors separating stairwells from hallway or smoke partition doors must be maintained in working order. They are never to be blocked, wedged, or tied open. The storage of any kind, or the use of office or laboratory equipment in the hallways or stairways, is strictly forbidden.

Railings, Steps, Walks

The area immediately outside of building exits will be maintained free of material at all times. Bicycles and vehicles are not permitted on sidewalks immediately adjacent to an exit.

Fire Extinguisher

Fire extinguishers, in appropriate sizes and types, are provided throughout the campus for normal activities in each area. Extinguishers are inspected as required by a qualified contractor. The theft
of or tampering with an extinguisher should be reported immediately to the SPC Police Department.

Fire Evacuations

Fire alarms or other evacuation notification procedures will be sounded to evacuate the building or buildings. Able individuals are encouraged to assist with the evacuation of disabled and impaired persons when possible.

As soon as the fire alarm is activated, the faculty, staff and students will immediately exit the building by the nearest exit. Any faculty teaching a class when an alarm is activated should supervise an orderly exodus of students from the classrooms and buildings. All classroom doors should be closed after everyone has exited. The faculty member will stay with the class until the administrator in charge has made the all-clear announcement and normal activities can be resumed. Under no circumstance is anyone allowed to re-enter the building until the reason for the alarm has been determined and corrected.

Employees must know where all exits are in the buildings in which they work. The Safety and Health Committee will provide information in an appropriate manner so that everyone has a working knowledge of the evacuation procedures.

It is the responsibility of employees to make certain their areas are evacuated promptly and properly.

The purpose of these procedures is to reduce the likelihood of injury or death in the event of a fire or any other major catastrophe that would necessitate the evacuation of any of the buildings on the College campus. Knowledge of the evacuation routes will reduce the possibility of panic or unsafe action in the event of an emergency.

Fire Log

The Higher Education Opportunity Act (HEOA) requires that all Title IV eligible institutions that participate in any Title IV program and that maintain on-campus housing facilities publish an annual fire safety report, maintain a fire log, and report fire statistics to The Secretary of Education. A copy of the SPC fire log is available in the SPC Police Office on the Levelland Campus. In addition, a copy of the annual fire report is available in the office of the Dean of Students.

SECTION 3 – (POLICY GG) COMMUNICABLE DISEASE POLICY

Objectives of the Policy

1. Minimize the risk of students or employees acquiring or transmitting communicable diseases through an organized education program, which shall emphasize primary prevention. 2. Protect the confidentiality of students or employees with a communicable disease.

General Policy Statement

South Plains College recognizes that students, employees, and other individuals with communicable diseases may wish to engage in as many of their regular pursuits as their condition and ability to perform their duties allows, including attending classes or working. As long as these individuals are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others, the administration of South Plains College should be sensitive to their condition and ensure that they are treated consistently and equally with other students and employees. At the same time, South Plains College has an obligation to provide a safe environment for all students and employees.

General Guidelines

The following general guidelines apply to all communicable diseases listed on the Texas Notifiable Conditions list distributed by the Texas Department of State Health Services (https://www.dshs.texas.gov/idcu/investigation/conditions).

  a. If an individual has, or suspects they have, a communicable disease, they should consult with their physician to receive reporting requirements. If instructed by their physician the individual should immediately report the matter to the Dean of Students (for students) or the Director of Human Resources (for employees) who may provide information on educational resources, counseling referrals and testing referrals.

  b. As a general rule, those individuals who are diagnosed with a communicable disease and who have been cleared by a physician not to be infectious to others, will be permitted to attend classes/work and utilize college facilities in an unrestricted manner.

c. Each case will be handled on an individual basis with the input of the Health Response Team (HRT). The HRT may consist of the following college personnel: Dean of Students, Director of Human Resources, the Associate Director of Health & Wellness, the Dean of Health Occupations, with consultation from the State Health Department, the SPC contracted physician, and the individual's physician. The Dean of Students (for student cases) or the Director of Human Resources (for employee cases) is responsible for gathering the input of this group. The input of the HRT shall be used to consider whether the individual diagnosed with a communicable disease might pose a risk of transmission to others in the classroom and/or college setting. Each case shall be reevaluated at reasonable intervals, so long as the individual has a communicable disease and remains enrolled or employed or continues to perform a service for the college.

d. A student, employee or other individual who has a communicable disease and who desires to participate in college activities should be encouraged to provide current reports from the treating physician concerning his/her condition, whether they should be in contact with others, and if current health status permits him or her to attend classes or college functions, or perform the essential functions of his or her job. SPC reserves the right to require a medical examination of an employee by a physician appointed by the college to determine fitness for duty and to ensure that the illness does not pose a direct threat to others.

e. If a HRT member receives information from any source that an individual has a communicable disease, they are to immediately report the information to the Dean of Students (for students) or the Director of Human Resources (for employees).

f. The Dean of Students (in student cases) or the Director of Human Resources (in employee cases) will convene the HRT to review the incident and develop an action plan.

g. Should any disease reach an epidemic or pandemic state, the college will monitor the situation by communicating with local and/or state health officials in order to provide appropriate information to the college community and develop plans to minimize exposure which may include the temporary closure of facilities or campuses if, after consulting with local and/or state health officials, such closures are in the best interest of the college and community.

h. An individual's health condition is personal and confidential, and reasonable precautions should be taken to protect information regarding an individual's health condition. All college personnel will respect the medical privacy rights of all individuals and comply with all laws regarding the confidentiality of medical information, including Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and the Texas Health & Safety Code. Information shall not be shared, published, or re-disclosed except as permitted by law.

i. The HRT shall monitor the medical status of all individuals identified as having a communicable disease. Changes in the individual's medical status may warrant

reevaluation of the HRT's previous recommendations and/or consultation with medical personnel. The circumstances will be reviewed on a case by case basis and will serve to provide the protection of the individual and the college population.

j. Recommendations for notification and decontamination will be provided by the local health jurisdiction. The college will comply with these recommendations.

k. Students and employees in allied health programs are subject to additional requirements in the event of exposure to a communicable disease. These protocols are maintained at the departmental level.

Communicable Disease Review Committee

The Health Response Team (HRT) will review any case of communicable disease that may be of public health concern on a continuing basis. The committee will issue recommendations to the administration on the individual's potential threat or danger to himself/herself and others in South Plains College or its clinical affiliates. When considering recommendations of dismissal of a student or discharge of an employee with a communicable disease, the HRT will consider the interests of the affected individual, other students and employees, patients in clinical affiliates, and the college.

The HRT will review this policy biannually on odd numbered years.

Date Revised: 3/18/2019 by Executive Council

SECTION 4: BLOODBORNE PATHOGENS

Effective April 16, 2019 South Plains College adopted the Bloodborne Pathogens Exposure Control Plan (June 2012 version) as issued by the Texas Department of State Health Services [https://dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=23853].   An adaptation of the State plan will be reviewed and adopted for the 2019-2020 Safety and Health Plan review.

SECTION 5: POLICY FI - CARE TEAM
Campus Assessment, Response and Evaluation (CARE) Team

Policy/Procedure

South Plains College is committed to providing learning opportunities that are high quality, accessible, flexible and affordable in a learning environment that is innovative, stimulating, compassionate, safe, diverse and supportive of the community. On rare occasions the College may be required to respond to students who may be in crisis or whose mental, emotional or psychological health condition may directly threaten or disrupt the learning environment. The CARE Team has been created to provide a caring, confidential program of identification, intervention and response in order to provide students with the greatest chance for success.

Purpose

The CARE Team is established to:

- Monitor and/or provide a systematic response to situations involving students whose behavior or mental, emotional or psychological health condition may be disruptive or harmful to themselves or others in the College community or students who may pose a direct threat to themselves or to the health and safety of the members of the College community.
- Provide recommendations regarding reasonable accommodations that may be provided to students with mental health issues to enable the student to remain safely in their educational program.
- Provide a multi-disciplinary panel of medical, law enforcement and administrative professionals to consider whether a student meets the standard to be involuntarily withdrawn from the university.

Composition

The Care Team Committee consists of the Dean of Students, Dean of SPC Reese Center, Associate Dean of Students, Associate Director of Health and Wellness, and the Director of Health and Wellness. The composition of the CARE Team may be adjusted as needed based upon the situation. This committee will meet bi-monthly and as needed.

Records

Records created by the CARE Team relating to individual students are educational records protected in accordance with the Family Education Rights and Privacy Act (FERPA). Records are maintained in the Office of the Vice President for Student Affairs and requests for access and for release of information must be reviewed by the Vice President for Student Affairs.

Referrals

Any employee of South Plains College who has concern for the well-being or safety of a student or the College community, or who has reason to believe that a student may pose a direct threat to themselves or the College community, may refer a student to the CARE Team for an individualized assessment. To refer a student to the CARE Team, the employee should complete and submit the Care Team Referral Questionnaire found on the employee page of MySPC.

Actions

The CARE Team will conduct an individualized, informal assessment of a referred student's present ability to safely participate in their educational program. This may include:

- Consultation with administrators, faculty, staff and other students who may have witnessed or been impacted by specific behaviors of the student.
- Consultation with the student, as well as family members if appropriate.
- Consultation with mental health or other medical professionals as may be permitted by law.

As a result of the assessment, action taken may include:

- Continue to monitor the situation
- Refer the student to appropriate resources
- Refer the student to the Dean of Students to consider possible violations of the Student Code of Conduct
- Recommend changes to the student's educational program or housing assignments
- Encourage the student to consider taking a voluntary leave of absence
- Administrative withdrawal of the student (The student will be afforded a hearing and appeal procedures as with any other administrative withdrawal. A student who is administratively withdrawn by CARE team recommendation may not seek to reenroll or be readmitted to the College before the start of the next term. The student may only be reenrolled or readmitted to the College after confirmation by the CARE Team that the conditions that caused the withdrawal are no longer present. The CARE Team may require any documentation or evaluation that it deems necessary to consider the possible readmission or re-enrollment. The student is not entitled to a hearing on the determination.)

Examples of Reasons for Concern

Abnormal behaviors are overt actions, omissions to act, or verbal or written statements, which would not be consistent with the actions or statements of a reasonable, prudent person under similar circumstances. This may include:

- Changes in behavior (i.e. withdrawn, irritable, confrontational, depressed, angry), ☐ Negative or disruptive attention seeking in the classroom that is viewed as problematic.
- Threats to harm self or others.
- Openly confrontational with faculty, staff and/or other students.
- Passive / aggressive acting out

Emergency Procedures

In dealing with students with emotional problems or abnormal behavior, there may be instances that are dangerous to the student or others. If a situation appears to be life-threatening or dangerous to others, Campus Police or 911 should be called. The police will determine if the student must be restrained or hospitalized.

Review

This student affairs policy/procedure will occur by April 15 of each year by the CARE team with recommendations for revisions presented to the Dean of Students by May 1.

APPENDIX A: WORKPLACE SAFETY AND HEALTH REQUIREMENTS

In order to maintain a safe and healthy workplace, the following checklists are provided to serve as guides for conducting periodic workplace safety inspections by building supervisors and other responsible personnel. Non-compliance of these basic requirements should be corrected at the time of inspection if possible, or should be reported to the proper maintenance or supervisory personnel for corrective measures.

OFFICE SAFETY and HEALTH INSPECTION CHECKLIST

DEPARTMENT/OFFICE:

General Office Safety

YES NO
Are aisles, doorways and corners free of obstructions to permit visibility and movement?
Are chairs in safe condition and are casters, rungs and legs sturdy?
Are there any sharp edges, burrs or splinters on furniture?
Is all equipment stored in its proper place(s)?
Do extra books and file boxes clutter office and areas? If yes, designate area
Are there loose materials and /or coverings on walls in offices? If yes, designate location
Are persons in this area designated for the administration of first aid? List employee(s) names: Ext:
Are carts, dollies, etc. available for use in transporting heavy objects and boxes?
Are entrances and /or exits to stairwells and offices blocked or obstructed? Is
the loading dock free of debris and clutter?

Tripping/Falling

YES NO
Are floor surfaces secure and free of hazards or posted Wet" floor if hazardous?
Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams?
Are all emergency exits properly lighted and free of debris?
Are all emergency exits clearly marked and visible?
Is there adequate walking space approaching exits? (4 feet of each side of exit)
Are stairways in good condition with handrails available and covered with skid resistant materials?
Where stairs are carpeted, is the carpeting well secured?
Where one or two steps adjoin different levels, are they easy to see and are they marked?
Is the area equipped with a step stool or ladder so high objects can be reached safely?
Do doors open directly into pedestrian walkways? If so, are the doors equipped with windows and/or warning signs?
Are restrooms marked and free of wet floors, boxes, etc.?

Electrical

YES NO

Are all electrical appliances and equipment properly grounded or double insulated?
Are plugs and outlets overloaded and/or adapters being used?
Is all electrical equipment in proper working order?
Are there frayed and/or worn cords?
Are all phone cords and electric cords secured under desks or along baseboards?
Are temporary use cords taped to the floor for their entire length? Do
runners cover permanent use cords when crossing walkways?

Storage

YES NO
Are file cabinets and flammable storage closets and/or cabinets arranged so drawers and doors do not
open into walkways?
Where work is done with materials such as cleaning fluids, glues, correcting fluids, etc., are storage
places adequate?
Are flammable and/or hazardous materials stored in metal fireproof containers with airtight lids?
Is there storage above 6 feet? If yes, designate location Are the office areas equipped with
storage cabinets?
Are small or loose items boxed and labeled as to contents (i.e., biohazard, trash, file, flammable, etc.) and
properly stored?
Are all shower rooms/lockers in proper order - free of clutter, and sanitary? Is
the mailroom clearly marked and free of clutter?

Fire

YES NO
Are the locations of fire extinguishers and hoses posted?
Have fire extinguishers and hoses been inspected?
Are emergency and fire evacuation plans for the building posted?
Are fire extinguishers located near copying machines?
Are candles, candle warmers, plug-in scent devices present?
Is there excessive clutter or paper products?
Are there hot plates, coffee cup warmers present?
Are coffee makers in appropriate designated areas?
Are there space heaters? **Only space heaters provided by Physical Plant should be utilized.**

GENERAL WORKPLACE INSPECTION CHECKLIST

DEPARTMENT/OFFICE

Exit and Access

YES NO
Are all exits visible and unobstructed?
Are all exits marked with a readily visible sign that is properly illuminated?
Are there sufficient exits to ensure prompt escape in case of emergency?
Are areas with limited occupancy posted and is access/egress controlled to persons specially authorized to be in those areas?
Are there special precautions established to protect employees during construction and repair operations?

Fire Protection

YES NO
Are portable fire extinguishers provided in adequate number and type?
Are fire extinguishers inspected monthly for general condition and operability and noted on the inspection tag?
Are fire extinguishers recharged regularly and properly noted on the inspection tag?
Are fire extinguishers mounted in readily accessible locations?
Are interior standpipes and valves inspected regularly?
Are fire alarm systems tested at least annually?
Are employees periodically instructed in the use of extinguishers and fire protection procedures? If you have outside private fire hydrants, were they flushed within the last year and placed on a regular maintenance schedule?
Are fire doors and shutters in good operating condition?
Are fusible links in place?
Is the local fire department well acquainted with the agency, location and specific hazards?

Automatic Sprinklers:

a. Are water control valves, air and water pressures checked weekly?
b. Are control valves locked up?
c. Is maintenance of the system assigned to responsible persons or a sprinkler contractor?
d. Are sprinkler heads protected by metal guards where exposed to mechanical damage?
e. Is proper minimum clearance maintained around sprinkler heads?

Housekeeping and General Work Environment

YES NO
Are NO SMOKING signs prominently posted in areas containing combustibles and flammables?
Are covered metal waste cans used for oily and paint soaked waste?
Are they emptied at least daily?
Are paint spray booths, dip tanks etc., and their exhaust ducts cleaned regularly?

Are stand mats, platforms or similar protection provided to protect employees from wet floors in wet processes?

Are waste receptacles provided, and are they emptied regularly?

Do the toilet facilities meet the requirements of applicable sanitary codes?

Are washing facilities provided?

Are all areas of the facility adequately illuminated?

Are floor load capacities posted in second floors, lofts, storage areas, etc?

Are floor openings provided with tow boards and railings or a floor hole cover?

Are stairways in good condition with standard railings provided for every flight having four or more risers?

Are portable wood ladders and metal ladders adequate for their purpose, in good condition and provided with secure footing?

If you have fixed ladders, are they adequate, and are they in good condition and equipped with side rails or cages or special safety climbing devices, if required? For loading docks:

a. Are dockplates kept in serviceable condition and secured to prevent slipping?

b. Do you have means to prevent car or truck movement when dockplates are in place?

Machines and Equipment

YES NO

Are all machine operations that expose operators or other employees to rotating parts, pinch points, flying chips, particles or sparks adequately guarded?

Are mechanical power transmission belts and pinch points guarded?

Is exposed power shafting less than 7 feet from the floor guarded?

Are hand tools and other equipment regularly inspected for safe condition?

Is compressed air used for cleaning limited to 30 psi static pressure?

Are power saws and similar equipment provided with safety guards?

Are grinding wheel tool work rests set to within 1/8 inch or less of the wheel?

Are grinding wheel tongue guards set to within 1/4 inch of the wheel?

Is there any system for inspecting small hand tools for burred ends, cracked handles, etc.?

Are compressed gas cylinders examined regularly for obvious signs of defects, deep rusting or leakage?

Is care used in handling and storing cylinders and valves to prevent damage?

Are all air receivers periodically examined, including the safety valves?

Are safety valves tested regularly and frequently?

Is there sufficient clearance from stoves, furnaces, etc., for stock, woodwork, or other combustible materials?

Is there clearance of at least 4 feet in front of heating equipment involving open flames, such as gas radiant heaters and fronts of firing doors of stoves, furnaces, etc?

Are oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?

Is there at least a 2-inch clearance between chimney brickwork and all woodwork or other combustible materials?

For Welding or Flame Cutting Operations

Are only authorized, trained personnel permitted to use such equipment?

Have operators been given a copy of operating instructions and asked to follow them?

Are welding gas cylinders stored so they are not subject to damage?
Are valve protection caps in place on all cylinders not connected for use?
Are all combustible materials near the operator covered with protective shields or otherwise protected?
Is a fire extinguisher provided at the welding site?
Do operators have the proper protective clothing and equipment?

Materials

YES NO

Are approved safety cans or other acceptable containers used for handling and dispensing flammable liquids?
Are all flammable liquids that are kept inside buildings stored in proper storage containers or cabinets?
Do you meet OSHA Standards for all spray painting or dip tank operations using combustible liquids?
Are oxidizing chemicals stored in areas separate from all organic materials?
Do you have an enforced NO SMOKING rule in areas for storage and use of hazardous materials?
Are NO SMOKING signs posted where needed?
Is ventilation equipment provided for removal of air contaminants from operations such as production grinding, buffing, spray painting and/or vapor degreasing, and is it operating properly? Are protective measures in effect for operations involved with X-rays or other radiation?

Fork Lift Truck Operations:
Are only trained personnel allowed to operate forklift trucks? Is
overhead protection provided on high lift rider trucks?

For Toxic Materials:
Are all materials used in your facility checked for toxic qualities?
Have appropriate control procedures such as ventilation systems, enclosed operations, safe handling practices, proper personal protective equipment (e.g. respirators, glasses, goggles, gloves, etc.) and medical surveillance of employees being instituted for toxic materials?

Electrical Wiring, Fixtures and Controls

YES NO

Are the workplace electricians familiar with the requirements of the National Electrical Code (NEC)?
Do you specify compliance with the NEC for all contract electrical work?
Do the electrical installations in hazardous dust or vapor areas, meet the NEC for hazardous locations? Is all conduit, BX cable, etc., properly attached to all supports and tightly connected to junction and outlet boxes?
Is there evidence of fraying on any electrical cords?
Are rubber cords kept free of grease, oil and chemicals?
Are metallic cable and conduct systems properly grounded?
Are portable electrical tools and appliances grounded or double insulated?
Are all ground connections clean and tight?

Are fuses and circuit breakers the right type and size for the load on each circuit?
Do switches show evidence of overheating?
Are switches mounted in clean, tightly closed metal boxes? Are
all electrical switches labeled to show their purpose?
Are motors clean and kept free of excessive grease and oil?
Are motors properly maintained and provided with adequate over current protection?
Are bearings in good condition?
Are portable lights equipped with proper guards?
Are all lamps kept free of combustible material?
Is your electrical system checked periodically by someone competent in the NEC?

Employee Protection

YES NO
Is there an attending physician for medical care designated at your agency?
Do you have one or more employees trained in first aid?
Are your first aid supplies adequate for the type of potential injuries in your workplace?
Are there quick water flush facilities available where employees are exposed to corrosive materials? Are hard hats provided and worn where any danger of falling objects exists?
Are protective goggles or glasses provided and worn where there is any danger of flying particles or splashing or corrosive materials?
Are protective gloves, aprons, shields or other means provided for protection from sharp, hot or corrosive materials?
Are approved respirators provided for regular or emergency use where needed?
Is all protective equipment maintained in a sanitary condition and readily available to use?
Where special equipment is needed for electrical workers, is it available?
When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials, and not in toilet facility areas?
Is protection against the effects of occupational noise exposure provided when the sound levels exceed those shown in Table G-16 of the OSHA noise standard?
Is there a safety and health committee or group that allows participation of employees in the safety and health activities?
Is safety and health training for all employees requiring such training been provided and documented? Do employees have a copy of the agency's safety and health rules and practices?

LABORATORY SAFETY and HEALTH INSPECTION CHECKLIST

DEPARTMENT/OFFICE

Hazardous Materials

YES NO

Is this room used for research, teaching, chemical preparation, storage or some other purpose? Please specify

Are radio nuclides, carcinogens, biologically hazardous agents or chemicals used in this room? Please specify the specific agent. Also please note the disposal method presently used for all agents:

If disposal is through a public system, have all inherent hazards been neutralized?

Are emergency procedures established and posted for disruption of the operation in progress, e.g. explosive gases or reactions, poisoning, chemical spill, vapor releases and personal contamination?

Are known toxic, caustic and other hazardous materials adequately labeled?

Are mechanical pipetting devices available on all situations where mouth suction would be hazardous?

Are smoking, eating, drinking and the application of cosmetics prohibited at the experiment area?

Are flammables properly stored in accordance with Flammable Policy Requirement?

Are storage areas and/or rooms where hazardous materials are used adequately ventilated?

Is there a current inventory of hazardous chemical, radioactive materials, and biological agents? If yes, date

Is there a current safety and health manual that has been developed specially for this laboratory?

Waste

Disposal

Are adequate waste disposal containers provided?

Has the method of disposal of all solid and liquid wastes been evaluated?

Are solid wastes, such as discarded glassware, blood collection tubes, specimens and bacteriologic wastes, safely disposed of?

Are acid bottle carriers used for all large containers (over 500 ml)?

Are all containers of corrosives, acids and caustic materials properly labeled with a warning as to the hazardous content?

Are procedures adequate for the disposal of toxic and/or biologically hazardous materials?

Are there written procedures for the handling and disposal of contaminated specimens, used biologic media and animal remains?

Are syringes, needles, broken glass and other sharp objects disposed of safely preventing exposure and/or injury to housekeeping and waste handling personnel?

Physical Characteristics

Personal Protective Equipment Compressed Gases
Egress Electrical Hazards
Fire Protection Machine and Instrument Guarding
Ventilation Housekeeping
Signs

Personal Protective Equipment

YES NO
Is necessary protective equipment provided, used, and maintained in a sanitary, safe and reliable condition?

Are eye protectors provided where machines or operations present the hazard of flying objects, glass or chemicals?

Are sufficient washing facilities (including eye washes and deluge showers) available for all persons required to handle liquids that may burn, irritate, etc.? Is a respiratory protection program used where needed?

If employees are allowed to lunch on the premises is an adequate space away from laboratory area provided for that purpose?

Egress

YES NO

Are all exits maintained to provide free and unobstructed egress from all parts of the room or building?

Are all exits free of locks or fastening devices that could prevent free escape? Are aisles maintained clear and unobstructed for movement to personnel?

PROGRAM INFORMATION

TEXAS BOARD OF NURSING

RULES AND REGULATIONS

relating to

NURSE EDUCATION,

LICENSURE AND PRACTICE

Published: September 2020

333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944

FOREWORD

This manual, based on statutory authority as provided for in Chapters 301, 303, and 304 of the Texas Occupations Code Annotated (Nursing Practice Act), has been prepared by the Texas Board of Nursing. It sets forth the rules and regulations established by the Board to regulate nursing education and the practice of nursing in the state. Members of the Board of Nursing have sought input from interested groups and individuals in developing and revising these rules and regulations.

PREFACE

During the 19th century, the public became aware of the value of nursing as an indispensable ally of the medical arts and sciences and as an occupation predicated upon formal education. The first nursing laws were enacted in the United States in 1903.

The original Nursing Practice Act of Texas was passed March 28, 1909. The passage of this Act marked a milestone in the health care of the citizens of the State of Texas as nursing was formally recognized as a vital service to society. The purpose of the Act is to provide that the privilege and responsibility of practicing nursing be entrusted only to those persons duly licensed and practicing under the provisions of the Act. The Act provides for the creation of a Board of Nursing (Board) empowered with the responsibility and legal authority for ensuring competent practitioners of nursing. The Board fulfills this responsibility by licensing qualified practitioners, controlling the practice of nursing in the interest of society by licensure, by investigation of violations of the Act, by initiating appropriate legal action when necessary, and by establishing minimum standards for educational programs in nursing. Without legal regulation of nursing practices, the public has no assurance that the nurses who provide nursing care as a part of the total health care plan are qualified to do so. The Board meets regularly to execute its responsibilities for administering the law governing nurse practice. Professional and nonprofessional personnel are employed to carry out the provisions of the law, and the policies and regulations established by the Board. Legal counsel is retained by the Board as provided by the law, to represent it in matters pertaining to the implementation of the law.

It is the responsibility of the Board to establish standards for nursing education in the State of Texas. The Board shall approve such nursing education programs that meet its requirements, and shall deny or withdraw approval from schools of nursing and educational programs which fail to meet the prescribed course of study or other standards. The intent of the approval process is to improve the educational programs and stimulate continuous self-study, evaluation, innovation, and appropriate changes within the programs. The Board provides guidance to nursing programs so that a high quality education for the preparation of practitioners is ensured. The preparation of a practitioner competent to practice, however, is the responsibility of the school. The services of the Board are available to the faculty of educational programs, to staff of health agencies utilizing nursing services, and to practitioners of nursing as the need may arise.

The Board conducts regularly scheduled meetings which are open to the public. The notice of the meeting including agenda items, and the time and place of the meeting is posted with the Secretary of State's office approximately two weeks in advance. Special meetings of the Board shall be called by the President acting upon the written request of any two members.

MISSION STATEMENT

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

PHILOSOPHY

Acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and openness, the Texas Board of Nursing approaches its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public and private trust. The Board assumes a proactive leadership role in regulating nursing practice and nursing education. The Board serves as a catalyst for developing partnerships and promoting collaboration in addressing regulatory issues. The public and nursing community alike can be assured of a balanced and responsible approach to regulation.

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CHAPTER 215. PROFESSIONAL NURSING EDUCATION

§215.1. General Requirements.

(a) The dean/director and faculty are accountable for complying with the Board's rules and regulations and the Nursing Practice Act.

(b) Rules for professional nursing education programs shall provide reasonable and uniform standards based upon sound educational principles that allow the opportunity for flexibility, creativity, and innovation.

The provisions of this §215.1 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304.

§215.2. Definitions.

Words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

(1) Affidavit of Graduation--an official Board form required in the initial licensure process that is signed by the approved nursing program dean/director verifying that the applicant has successfully completed all requirements for graduation from an approved professional nursing program that meets the requirements set forth in §215.9 of this title (relating to Program of Study).

(2) Affiliating agency or clinical facility--a health care facility or agency providing clinical learning experiences for students.

(3) Alternative practice settings--settings providing opportunities for clinical learning experiences, including those whose primary function is not the delivery of health care.

(4) Approved vocational nursing education program--a Board-approved professional nursing education program that meets the requirements set forth in §215.9 of this title and prepares graduates to provide safe nursing care using concepts identified in the Differentiated Essential Competencies (DECs).

(5) Articulation--a planned process between two (2) or more educational systems to assist students in making a smooth transition from one (1) level of education to another without duplication in education.

(6) Board--the Texas Board of Nursing composed of members appointed by the Governor for the State of Texas.

(7) CANEP (Compliance Audit for Nursing Education Programs)--a document required by the Board to be submitted by the professional nursing education program's dean/director that serves as verification of the program's adherence to the requirements of this chapter.

(8) Career school or college--an educational entity as defined in Title 3, Texas Education Code, §132.001(1) as a "career school or college".

(9) Classroom instruction hours-hours allocated to didactic instruction and testing in nursing and non-nursing Board-required courses and content.

(10) Clinical learning experiences--faculty-planned and guided learning activities designed to assist students to meet the stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates. These experiences occur in actual patient care clinical learning situations and in associated clinical conferences; in nursing skills and computer laboratories; and in simulated clinical settings, including high-fidelity, where the activities involve using planned objectives in a realistic patient scenario guided by trained faculty and followed by debriefing and evaluation of student performance. The clinical settings for faculty-supervised hands-on patient care include a variety of affiliating agencies or clinical practice settings, including, but not limited to: acute care and rehabilitation facilities; primary care settings; extended care facilities (long-term care and nursing homes); residential care settings; respite or day care facilities; community or public health agencies; and other settings where actual patients receive nursing care.

(11) Clinical preceptor--a registered nurse who meets the requirements in §215.10(j)(6) of this title (relating to Clinical Learning Experiences), who is not employed as a faculty member by the governing entity, and who directly supervises clinical learning experiences for no more than two (2) students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the governing entity, preceptor, and affiliating agency (as applicable).

(12) Clinical teaching assistant--a registered nurse licensed in Texas, who is employed to assist in the clinical area and work under the supervision of a Master's or Doctorally prepared nursing faculty member and who meets the requirements of §215.10(j)(8) of this title.

(13) Conceptual framework--theories or concepts giving structure to the curriculum and guiding faculty in making decisions about curriculum development, implementation, and evaluation.

(14) Correlated theory and clinical practice--didactic and clinical experiences that have a reciprocal relationship or mutually complement each other.

(15) Course--organized subject content and related activities, that may include face-to-face and/or online didactic, laboratory, and/or clinical experiences, planned to achieve specific objectives within a given time period.

(16) Curriculum--course offerings, which in aggregate, make up the total learning activities in a program of study.

(17) Dean/director--a registered nurse who is accountable for administering a professional nursing education program, who meets the requirements as stated in §215.6(f) of this title (relating to Administration and Organization), and is approved by the Board.

(18) Declaratory Order of Eligibility--an order issued by the Board pursuant to Texas Occupations Code §301.257, determining the eligibility of an individual for initial licensure as a vocational or registered nurse and setting forth both the basis for potential ineligibility and the Board's determination of disclosed eligibility issues.

(19) Differentiated Essential Competencies (DECs)--the expected educational outcomes to be demonstrated by nursing students at the time of graduation, as published in the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN), October 2010 (DECs).

(20) Examination year--the period beginning October 1 and ending September 30 used for the purposes of determining a professional nursing education program's annual NCLEX-RN® examination pass rate.

(21) Extension site/campus--a location other than the program's main campus where a portion or all of the curriculum is provided.

(22) Faculty member--an individual employed to teach in the professional nursing education program who meets the requirements as stated in §215.7 of this title (relating to Faculty).

(23) Faculty waiver--a waiver granted by a dean or director of a professional nursing education program to an individual who meets the criteria specified in §215.7(e)(1) - (3) of this title.

(24) Governing entity--the body with administrative and operational authority over a Board-approved professional nursing education program.

(25) Health care professional--an individual other than a registered nurse who holds at least a bachelor's degree in the health care field, including, but not limited to: a respiratory therapist, physical therapist, occupational therapist, dietitian, pharmacist, physician, social worker, and psychologist.

(26) MEEP (Multiple Entry-Exit Program)--an exit option which is a part of a professional nursing education program designed for students to complete course work and apply to take the NCLEX-PN® examination after they have successfully met all requirements needed for the examination.

(27) Mobility--the ability to advance without educational barriers.

(28) NEPIS (Nursing Education Program Information Survey)--a document required by the Board to be submitted by the professional nursing education program dean/director to provide annual workforce data.

(29) Non-nursing faculty--instructors who teach non-nursing content, such as pharmacology, pathophysiology, research, management and statistics, and who have educational preparation appropriate to the assigned teaching responsibilities.

(30) Objectives/Outcomes--expected student behaviors that are attainable and measurable.
    (A) Program Objectives/Outcomes--broad statements describing student learning outcomes achieved upon graduation.
    (B) Clinical Objectives/Outcomes--expected student behaviors for clinical learning experiences that provide evidence of progression of students' cognitive, affective, and psychomotor achievement in clinical practice across the curriculum.

(C) Course Objectives/Outcomes--expected student outcomes upon successful completion of specific course content, serving as a mechanism for the evaluation of student progression.

(31) Observation experience--a clinical learning experience where a student is assigned to follow a health care professional in a facility or unit and to observe activities within the facility/unit and/or the role of nursing within the facility/unit, but where the student does not participate in hands-on patient/client care.

(32) Pass rate--the percentage of first-time candidates within the examination year, as that term is defined in paragraph (20) of this section, who pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN®).

(33) Philosophy/Mission--statement of concepts expressing fundamental values and beliefs as they apply to nursing education and practice and upon which the curriculum is based.

(34) Professional Nursing Education Program--an education unit that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-RN® examination, often referred to as a pre-licensure nursing program. Types of pre-licensure professional nursing education programs:
(A) Associate degree nursing education program--a program leading to an associate degree in nursing conducted by an education unit in nursing within the structure of a public institution of higher education or a private or independent institution of higher education, as defined in Texas Education Code §61.003; a private postsecondary educational institution, as defined in Texas Education Code §61.302; or a career school or college, as defined in Texas Education Code §132.001 authorized to grant associate degrees.
(B) Baccalaureate degree nursing education program--a program leading to a bachelor's degree in nursing conducted by an education unit in nursing which is a part of a public institution of higher education or a private or independent institution of higher education, as defined in Texas Education Code §61.003; a private postsecondary educational institution, as defined in Texas Education Code §61.302; or a career school or college, as defined in Texas Education Code §132.001 authorized to grant baccalaureate degrees.
(C) Master's degree pre-licensure nursing education program--a program leading to a master's degree, which is an individual's first professional degree in nursing, and conducted by an education unit in nursing within the structure of a college or university authorized to grant graduate degrees.
(D) Diploma nursing education program--a program leading to a diploma in nursing conducted by a single purpose school, usually under the control of a hospital.

(35) Program of study--the courses and learning experiences that constitute the requirements for completion of a professional nursing education program.

(36) Recommendation--a specific suggestion based upon program assessment that is indirectly related to the rules to which the program must respond but in a method of their choosing.

(37) Requirement--mandatory criterion based upon program assessment that is directly related to the rules that must be addressed in the manner prescribed.

(38) Shall--denotes mandatory requirements.

(39) Simulation--activities that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking. A simulation may be very detailed and closely imitate reality, or it can be a grouping of components that are combined to provide some semblance of reality. Components of simulated clinical experiences include providing a scenario where the nursing student can engage in a realistic patient situation guided by trained faculty and followed by a debriefing and evaluation of student performance. Simulation provides a teaching strategy to prepare nursing students for safe, competent, hands-on practice.

(40) Staff--employees of the Texas Board of Nursing.

(41) Supervision--immediate availability of a faculty member, clinical preceptor, or clinical teaching assistant to coordinate, direct, and observe first hand the practice of students.

(42) Survey visit--an on-site visit to a professional nursing education program by a Board representative. The purpose of the visit is to evaluate the program of study by gathering data to determine whether the program is in compliance with Board requirements.

(43) Systematic approach--the organized nursing process approach that provides individualized, goal-directed nursing care whereby the registered nurse engages in:
(A) performing comprehensive nursing assessments regarding the health status of the client;

(B) making nursing diagnoses that serve as the basis for the strategy of care;
(C) developing a plan of care based on the assessment and nursing diagnosis;
(D) implementing nursing care; and
(E) evaluating the client's responses to nursing interventions.

(44) Texas Higher Education Coordinating Board (THECB) the state agency described in Texas Education Code, Title 3, Subtitle B, Chapter 61.

(45) Texas Workforce Commission (TWC)--the state agency described in Texas Labor Code, Title 4, Subtitle B, Chapter 301.

The provisions of this §215.2 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective February 19, 2008, 33 TexReg 1328; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective December 27, 2010, 35 TexReg 11668; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 9, 2018, 43 TexReg 5074.

§215.3. Program Development, Expansion and Closure.

(a) New Programs.
  (1) New professional nursing education programs must be approved by the Board in order to operate in the State of Texas. The Board has established guidelines for the initial approval of professional nursing education programs.
  (2) Proposal to establish a new professional nursing education program.
    (A) The proposal to establish a new professional nursing education program may be submitted by:
      (i) a college or university accredited by an agency recognized by the THECB or holding a certificate of authority from the THECB under provisions leading to accreditation of the institution; or
      (ii) a single-purpose school, such as a hospital, proposing a new diploma program.
    (B) The new professional nursing education program must be approved/licensed or deemed exempt by the appropriate Texas agency, the THECB, or the TWC, as applicable, before approval can be granted by the Board for the program to be implemented. The proposal to establish a new professional nursing education program may be submitted to the Board at the same time that an application is submitted to the THECB or the TWC, but the proposal cannot be approved by the Board until such time as the proposed program is approved by the THECB or the TWC. If the governing entity has nursing programs in other jurisdictions, the submitted program proposal must include evidence that the nursing programs' NCLEX-RN® pass rates are at least 80% for the current examination year, as that term is defined in §215.2(20) of this title (relating to Definitions), and that the nursing programs hold full approval from the state boards of nursing in the other states and are in good standing.
    (C) The process to establish a new professional nursing education program shall be initiated by a letter of intent from the governing entity to the Board office. A program proposal must be ready for the Board's consideration of approval within one (1) year from the date of receipt of the initial proposal draft in the Board's office. If the proposal is not ready for the Board's consideration within this time period, the proposal will be considered withdrawn or will be presented to the Board at its next regularly scheduled meeting, with a Staff recommendation of denial/disapproval.
    (D) The individual writing the proposal for a new professional nursing education program shall be the proposed director and shall meet the qualifications for the program director as specified in §215.6(f) of this title (relating to Administration and Organization).
    (E) At least one (1) potential faculty member shall be identified before the curriculum development to assist in planning the program of study.
    (F) The proposal shall include information outlined in Board Education Guidelines 3.1.1.b. Proposal to Establish a New Diploma Nursing Education Program and 3.1.1.c. Proposal to Establish a New Pre-Licensure Associate, Baccalaureate, or Entry-Level Master's Degree Nursing Education Program.
    (G) A proposal for a new diploma nursing education program must include a written plan addressing the legislative mandate that all nursing diploma programs in Texas must have a process in place by 2015 to ensure that their graduates are entitled to receive a degree from a public or private institution of higher education accredited by an agency recognized by the THECB or the TWC, as applicable, and, at a minimum, entitle a graduate of the diploma program to receive an associate degree in nursing.
    (H) After the proposal is submitted and determined to be complete, a preliminary survey visit shall be conducted by Board Staff prior to presentation to the Board.
    (I) The proposal shall be considered by the Board following a public hearing at a regularly scheduled meeting of the Board. The Board may approve the proposal and grant initial approval to the new program, may defer action on the proposal, or may deny further consideration of the proposal. In order to ensure success of newly approved programs, the Board may, in its discretion, impose any restrictions or conditions it deems appropriate and necessary.

      (i)   In addition to imposing restrictions and conditions, the Board may also require specific monitoring of newly approved programs that may be high-risk.

      (ii)   A program may be considered high-risk if it meets one or more of the following criteria, including, but not limited to: unfamiliarity of the governing entity with nursing education; inexperience of the potential dean or director in directing a nursing program; potential for director or faculty turnover; multiple admission cycles per year; or potential for a high attrition rate among students.

      (iii)   Board monitoring of a high-risk program may include the review and analysis of program reports; extended communication with program deans and directors; and additional survey visits. A monitoring plan may require the submission of quarterly reports of students' performance in courses and clinical learning experiences; remediation strategies and attrition rates; and reports from an assigned mentor to the program director. Additional survey visits by a Board representative may be conducted at appropriate intervals to evaluate the status of the program. The Board may alter a monitoring plan as necessary to address the specific needs of a particular program. When the Board requires monitoring activities to evaluate and assist the program, monitoring fees will apply.

   (J) The program shall not enroll students until the Board approves the proposal and grants initial approval.

   (K) Prior to presentation of the proposal to the Board, evidence of approval from the appropriate regulatory agencies shall be provided.

   (L) When the proposal is submitted, an initial approval fee shall be assessed per §223.1 of this title (relating to Fees).

   (M)A proposal without action for one (1) calendar year shall be considered withdrawn and a new proposal application and fee, as set forth in §223.1 of this title (relating to Fees) will be required to begin the new proposal process again.

   (N) If the Board denies a proposal, the educational unit in nursing within the structure of a school, including a college, university, or career school or college, or a hospital must wait a minimum of twelve (12) calendar months from the date of the denial before submitting a new proposal to establish a professional nursing education program.

  (3) Survey visits shall be conducted, as necessary, by staff until full approval status is granted.

(b) Extension Site/Campus.

  (1) Only professional nursing education programs that have full approval with a current NCLEX-RN® examination pass rate of 80% or better and are in compliance with Board rules are eligible to initiate or modify an extension site/campus.

  (2) Instruction provided for the extension site/campus may include a variety of instructional methods, shall be consistent with the main campus program's current curriculum, and shall enable students to meet the goals, objectives, and competencies of the professional nursing education program and requirements of the Board as stated in §§215.1 - 215.13 of this title (relating to Professional Nursing Education).

  (3) An approved professional nursing education program desiring to establish an extension site/campus that is consistent with the main campus program's current curriculum and teaching resources shall:

   (A) Complete and submit an application form for approval of the extension site to Board Staff at least four (4) months prior to implementation of the extension site/campus; and

   (B) Provide information in the application form that evidences:

      (i)   a strong rationale for the establishment of the extension site in the community;

      (ii)   availability of a qualified director or coordinator, if applicable, and qualified faculty;

      (iii)   adequate educational resources (classrooms, labs, and equipment);

      (iv)   documentation of communication and collaboration with other programs within fifty (50) miles of the extension site;

      (v)   currently signed contracts from clinical affiliating agencies to provide clinical practice settings for students;

      (vi)   projected student enrollments for the first two (2) years;

      (vii)   plans for quality instruction;

      (viii) a planned schedule for class and clinical learning activities for one (1) year; and

      (ix)   notification or approval from the governing entity and from other regulatory/accrediting agencies, as required. This includes regional approval of out-of-service extension sites for public colleges.

  (4) When the curriculum of the extension site/campus deviates from the original program in any way, the proposed extension is viewed as a new program and Board Education Guidelines 3.1.1.b and 3.1.1.c apply.

  (5) Extension programs of professional nursing education programs which have been closed may be reactivated by submitting notification of reactivation to the Board at least four (4) months prior to reactivation, using the Board Education Guideline 3.1.2.a. for initiating an extension program.

(6) A program intending to close an extension site/campus shall:
    (A) Notify the Board office at least four (4) months prior to closure of the extension site/campus; and
    (B) Submit required information according to Board Education Guideline 3.1.2.a., including:
        (i)   reason for closing the program;
        (ii)   date of intended closure;
        (iii)   academic provisions for students; and
        (iv)   provisions made for access to and storage of vital school records.

(c) Transfer of Administrative Control by Governing Entity. The authorities of the governing entity shall notify the Board office in writing of an intent to transfer the administrative authority of the program. This notification shall follow Board Education Guideline 3.1.3.a. Notification of Transfer of Administrative Control of a Professional Nursing Education Program or a Professional Nursing Education Program by the Governing Entity.

(d) Closing a Program.
(1) When the decision to close a program has been made, the dean or director must notify the Board by submitting a written plan for closure which includes the following:
    (A) reason for closing the program;
    (B) date of intended closure;
    (C) academic provisions for students to complete the professional nursing education program and teach-out arrangements that have been approved by the appropriate Texas agency (i.e., the THECB, the TWC, or the Board);
    (D) provisions made for access to and safe storage of vital school records, including transcripts of all graduates; and
    (E) methods to be used to maintain requirements and standards until the program closes.
(2) The program shall continue within standards until all students enrolled in the professional nursing education program at the time of the decision to close have graduated. In the event this is not possible, a plan shall be developed whereby students may transfer to other approved programs.
(3) A program is deemed closed when the program has not enrolled students for a period of two (2) years since the last graduating class or student enrollment has not occurred for a two (2) year period. Board-ordered enrollment suspensions may be an exception.
(4) A program's voluntary closure under this section may be accepted by the Executive Director of the Board without requirement of Board ratification. Notice of a program's accepted closure shall be sent to the director or coordinator and others as determined by the Board. The chief administrative officer of the governing entity shall be notified by the Board when the program's closure is accepted by the Executive Director. The program shall then be removed from the list of Board approved professional nursing education programs.
(5) A program that has voluntarily closed under this section may reapply for approval. However, a new proposal may not be submitted to the Board until at least twelve (12) calendar months from the date the program's closure was accepted by the Executive Director have elapsed.
(6) A program submitting its voluntary closure under this section must comply with all of the requirements of this section.

(e) Approval of a Professional Nursing Education Program Outside Texas' Jurisdiction to Conduct Clinical Learning Experiences in Texas.
(1) The professional nursing education program outside Texas' jurisdiction seeking approval to conduct clinical learning experiences in Texas should initiate the process with the Board at least four (4) months prior to the anticipated start date of the clinical learning experiences in Texas.
(2) A written request, the required fee set forth in §223.1(a)(27) of this title, and all required supporting documentation shall be submitted to the Board office following Board Education Guideline 3.1.1.f. Process for Approval of a Nursing Education Program Outside Texas' Jurisdiction to Conduct Clinical Learning Experiences in Texas.
(3) Evidence that the program has been approved/licensed or deemed exempt from approval/licensure by the appropriate Texas agency, (i.e., the THECB, the TWC) to conduct business in the State of Texas, must be provided before approval can be granted by the Board for the program to conduct clinical learning experiences in Texas.
(4) Evidence that the program's NCLEX-RN® examination rate is at least 80% for the current examination year, as that term is defined in §215.2(20) of this title (relating to Definitions).
(5) The Board may withdraw the approval of any program that fails to maintain the requirements set forth in Board Education Guideline 3.1.1.f. and this section.

§215.4. Approval.

(a) The progressive designation of approval status is not implied by the order of the following listing. Approval status is based upon each program's performance and demonstrated compliance to the Board's requirements and responses to the Board's recommendations. Change from one status to another is based on NCLEX-RN® examination pass rates, compliance audits, survey visits, and other factors listed under subsection (b) of this section. Types of approval include:

  (1) Initial Approval.

    (A) Initial approval is written authorization by the Board for a new program to enroll students, is granted if the program meets the requirements and addresses the recommendations issued by the Board, and begins with the date of the first student enrollment.

    (B) The number of students to be enrolled while the program is on initial approval is determined by the Board, and the requirements will be included in the Board's Order approving the program.

    (C) Change from initial approval status to full approval status cannot occur until the program has demonstrated compliance with this chapter, has met requirements and responded to all recommendations issued by the Board, and the NCLEX-RN® examination pass rate is at least 80% after a full examination year. In order to ensure the continuing success of the program, the Board may, in its discretion, impose any restrictions or conditions it deems appropriate and necessary.

  (2) Full Approval.

    (A) Full approval is granted by the Board to a professional nursing education program that is in compliance with all Board requirements and has responded to all Board recommendations.

    (B) Only programs with full approval status may initiate extension programs and grant faculty waivers.

  (3) Full or initial approval with warning is issued by the Board to a professional nursing education program that is not meeting the Board's requirements.

    (A) A program issued a warning will receive written notification from the Board of the warning and a survey visit will be conducted.

    (B) Following the survey visit, the program will be given a list of identified areas of concern and a specified time in which to respond with a set of corrective measures. Further, in order to ensure the continuing success of the program, the Board may, in its discretion, impose any restrictions or conditions it deems appropriate and necessary.

  (4) Conditional Approval. Conditional approval is issued by the Board for a specified time to provide the program opportunity to correct any areas of concern identified by the Board or from findings in the program's self study report.

    (A) The program shall not enroll students while on conditional status.

    (B) The Board may establish specific criteria to be met in order for the program's conditional approval status to be changed.

    (C) Depending upon the degree to which the Board's requirements are currently being or have been met, the Board may change the approval status from conditional approval to full approval or to full approval with warning, or may withdraw approval. In order to ensure the continuing success of the program, the Board may, in its discretion, impose any restrictions or conditions it deems appropriate and necessary.

  (5) Withdrawal of Approval. The Board may withdraw approval from a program which fails to meet the Board's requirements within the specified time. A program may also elect to voluntarily close a program, as provided for in subsection (c)(12) of this section. The program shall be removed from the list of Board approved professional nursing education programs.

  (6) A diploma program of study in Texas that leads to an initial license as a registered nurse under this chapter must have a process in place by 2015 to ensure that their graduates are entitled to receive a degree from a public or private institution of higher education accredited by an agency recognized by the THECB or the TWC, as applicable. At a minimum, a graduate of a diploma program will be entitled to receive an associate degree in nursing.

(b) Factors Jeopardizing Program Approval Status.

  (1) When a program demonstrates non-compliance with Board requirements, approval may be changed to full with warning or conditional status, may be withdrawn, or the Board, in its discretion, may impose restrictions or conditions it deems appropriate and necessary. In addition to imposing restrictions or conditions, the Board may also require additional monitoring of the program. Board monitoring may include the review and analysis of program reports; extended communication with program directors; and additional survey visits. A monitoring plan may require the submission of quarterly reports of students' performance in courses and clinical learning experiences; remediation strategies

and attrition rates; and reports from an assigned mentor to the program director. Additional survey visits by a Board representative may be conducted at appropriate intervals to evaluate the status of the program. The Board may alter a monitoring plan as necessary to address the specific needs of a particular program. When the Board requires monitoring activities to evaluate and assist the program, monitoring fees will apply.

    (2) A change in approval status, requirements for restrictions or conditions, or a monitoring plan may be issued by the Board for any of the following reasons:

        (A) deficiencies in compliance with the rule;

        (B) utilization of students to meet staffing needs in health care facilities;

        (C) noncompliance with school's stated philosophy/mission, program design, objectives/outcomes, and/or policies;

        (D) failure to submit records and reports to the Board office within designated time frames;

        (E) failure to provide sufficient variety and number of clinical learning opportunities for students to achieve stated objectives/outcomes;

        (F) failure to comply with Board requirements or to respond to Board recommendations within the specified time;

        (G) student enrollments without resources to support the program, including sufficient qualified faculty, adequate educational facilities, and appropriate clinical affiliating agencies;

        (H) failure to maintain an 80% passing rate on the licensing examination by first-time candidates;

        (I) failure of program director/dean to verify the currency of faculty licenses; or

        (J) other activities or situations that demonstrate to the Board that a program is not meeting Board requirements.

(c) Ongoing Approval Procedures. Ongoing approval status is determined biennially by the Board on the basis of information reported or provided in the program's NEPIS and CANEP, NCLEX-RN® examination pass rates, program compliance with this chapter, and other program outcomes. Certificates of Board approval will be mailed to all Board-approved nursing programs biennially in even-numbered years.

    (1) Compliance Audit. Each approved professional nursing education program shall submit a biennial CANEP regarding its compliance with the Board's requirements.

    (2) NCLEX-RN® Pass Rates. The annual NCLEX-RN® examination pass rate for each professional nursing education program is determined by the percentage of first time test-takers who pass the examination during the examination year.

        (A) A minimum of eighty percent (80%) of first-time NCLEX-RN® candidates is required to achieve a passing score on the NCLEX-RN® examination during the examination year.

        (B) When the passing score of first-time NCLEX-RN® candidates is less than 80% on the examination during the examination year, the nursing program shall submit a Self-Study Report that evaluates factors that may have contributed to the graduates' performance on the NCLEX-RN® examination and a description of the corrective measures to be implemented. The report shall comply with Board Education Guideline 3.2.1.a. Writing a Self-Study Report on Evaluation of Factors that Contributed to the Graduates' Performance on the NCLEX-PN® or NCLEX-RN® Examination. Within one year of the submission of the Self-Study Report to the Board, the program shall provide to Board Staff evaluation data on the effectiveness of corrective measures implemented.

    (3) Change in Approval Status. The progressive designation of a change in approval status is not implied by the order of the following listing. A change in approval status is based upon each program's performance and demonstrated compliance to the Board's requirements and responses to the Board's recommendations. A change from one approval status to another may be determined by program outcomes, including the NCLEX-RN® examination pass rates, compliance audits, survey visits, and other factors listed under subsection (b) of this section.

        (A) A warning may be issued to a program when:

            (i) the pass rate of first-time NCLEX-RN® candidates, as described in paragraph (2)(A) of this subsection, is less than 80% for two (2) consecutive examination years; and

            (ii) the program has been in violation of Board requirements.

        (B) A program may be placed on conditional approval status if:

            (i) the pass rate of first-time candidates, as described in paragraph (2)(A) of this subsection, is less than 80% for three (3) consecutive examination years;

            (ii) the faculty fails to implement appropriate corrective measures identified in the Self-Study Report or survey visit;

            (iii) the program has continued to engage in activities or situations that demonstrate to the Board that the program is not meeting Board requirements and standards; or

            (iv) the program persists despite the existence of multiple deficiencies mentioned in subsection

(b) of this section.
(C) Approval may be withdrawn if:
    (i) the performance of first-time NCLEX-RN® candidates fails to be at least 80% during the examination year following the date the program is placed on conditional approval;
    (ii) the program is consistently unable to meet requirements of the Board; or
    (iii) the program persists in engaging in activities or situations that demonstrate to the Board that the program is not meeting Board requirements and standards.
(D) The Board may consider a change in approval status at a regularly scheduled Board meeting for a program on full approval with warning or conditional approval if:
    (i) the program's pass rate for first-time NCLEX-RN® candidates during the examination year is at least 80%; and
    (ii) the program has met all Board requirements.
(E) The Board may, in its discretion, change the approval status of a program on full approval with warning to full approval, to full approval with restrictions or conditions, or impose a monitoring plan. The Board may restrict enrollment.
(F) The Board may change the approval status of a program on conditional approval to full approval, full approval with restrictions or conditions, full approval with warning, or impose a monitoring plan. The Board may restrict enrollment.

(4)   Survey Visit. Each professional nursing education program shall be visited at least every six (6) years after full approval has been granted, unless accredited by a Board-recognized national nursing accrediting agency.
(A) Board Staff may conduct a survey visit at any time based upon Board Education Guideline 3.2.3.a. Criteria for Conducting Survey Visits.
(B) After a program is fully approved by the Board, a report from a Board-recognized national nursing accrediting agency regarding a program's accreditation status may be accepted in lieu of a Board survey visit.
(C) A written report of the survey visit, information from the program's NEPIS and CANEP, and NCLEX-RN® examination pass rates shall be reviewed by the Board at a regularly scheduled meeting.

(5)   The Board will select one (1) or more national nursing accrediting agencies, recognized by the United States Department of Education, and determined by the Board to have standards equivalent to the Board's ongoing approval standards. Identified areas that are not equivalent to the Board's ongoing approval standards will be monitored by the Board on an ongoing basis.

(6)   The Board will periodically review the standards of the national nursing accrediting agencies following revisions of accreditation standards or revisions in Board requirements for validation of continuing equivalency.

(7)   The Board will deny or withdraw approval from a professional nursing education program that fails to:
(A) meet the prescribed program of study or other Board requirement;
(B) maintain voluntary accreditation with the national nursing accrediting agency selected by the Board; or
(C) maintain the approval of the state board of nursing of another state that the Board has determined has standards that are substantially equivalent to the Board's standards under which it was approved.

(8)   A professional nursing education program is considered approved by the Board and exempt from Board rules that require ongoing approval as described in Board Education Guideline 3.2.4.a. Nursing Education Programs Accredited by the Accreditation Commission for Education in Nursing and/or the Commission on Collegiate Nursing Education-Specific Exemptions from Education Rule Requirements if the program:
(A) is accredited and maintains voluntary accreditation through an approved national nursing accrediting agency that has been determined by the Board to have standards equivalent to the Board's ongoing approval standards;
(B) complies with Board rules from which it is not exempt; and
(C) maintains an acceptable NCLEX-RN® pass rate, as determined by the Board, on the NCLEX-RN® examination.

(9)   A professional nursing education program that fails to meet or maintain an acceptable NCLEX-RN® pass rate, as determined by the Board, on NCLEX-RN® examinations is subject to review by the Board.

(10)   A professional nursing education program that qualified for exemption pursuant to paragraph (8) of this subsection, but does not maintain voluntary accreditation through an approved national nursing accrediting agency that has been determined by the Board to have standards equivalent to the Board's

ongoing approval standards, is subject to review by the Board.
- (11) The Board may assist the program in its effort to achieve compliance with the Board's requirements and standards.
- (12) A program that voluntarily closes or from which approval has been withdrawn by the Board may submit a new proposal. A new proposal may not be submitted to the Board until at least twelve (12) calendar months have elapsed from the date the program's voluntary closure is accepted by the Executive Director or from the date of the program's withdrawal of approval by the Board.
- (13) A professional nursing education program accredited by a national nursing accrediting agency recognized by the Board shall:
  - (A) provide the Board with copies of any reports submitted to or received from the national nursing accrediting agency selected by the Board within three (3) months of receipt of any official reports;
  - (B) demonstrate accountability of compliance with national nursing accreditation standards and processes and provide copies of approvals for substantive changes from the national nursing accreditation organizations after the program has followed the approval process;
  - (C) notify the Board of any change in accreditation status within two (2) weeks following receipt of an official notification letter; and
  - (D) provide other information required by the Board as necessary to evaluate and establish nursing education and workforce policy in this state.
- (d) Notice of a change in a program's approval status shall be sent to the dean or director and others as determined by the Board. The chief administrative officer of the governing entity shall be notified when there is a change of approval status of the program.

The provisions of this §215.4 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective February 19, 2008, 33 TexReg 1328; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective December 27, 2010, 35 TexReg 11668; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 9, 2018, 43 TexReg 5074.

§215.5. Philosophy/Mission and Objectives/Outcomes.

(a) The philosophy/mission and objectives/outcomes of the professional nursing education program shall be consistent with the philosophy/mission of the governing entity. They shall reflect the diversity of the community served and shall be consistent with professional, educational, and ethical standards of nursing.

(b) Program objectives/outcomes derived from the philosophy/mission shall reflect the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN), October 2010* (DECs).

(c) Clinical objective/outcomes shall be stated in behavioral terms and shall serve as a mechanism for evaluating student progression.

(d) The conceptual framework shall provide the organization of major concepts from the philosophy/mission of the program that provides the underlying structure or theme of the curriculum and facilitates the achievement of the program objectives/outcomes.

(e) The dean/director and the faculty shall periodically review the philosophy/mission and objectives/outcomes and shall make appropriate revisions to maintain currency.

The provisions of this §215.5 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective December 27, 2010, 35 TexReg 11668; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective September 28, 2014, 39 TexReg 7735.

§215.6. Administration and Organization.

(a) The governing entity of a professional nursing education program, not including a diploma program, must be accredited by an agency recognized by the THECB or hold a certificate of authority from the THECB under provisions leading to accreditation of the institution in due course.

(b) There shall be an organizational chart which demonstrates the relationship of the professional nursing education program to the governing entity and indicates lines of responsibility and authority.

(c) In colleges and universities, the professional nursing education program shall have comparable status with other academic units within the governing entity in such areas as budgetary authority, rank, promotion, tenure, leave, benefits, and professional development.

(d) Salaries shall be adequate to recruit, employ, and retain sufficient qualified nursing faculty members with graduate preparation and expertise necessary for students to meet program goals.

(e) The governing entity shall provide financial support and resources needed to operate a professional nursing education program which meets the requirements of the Board and fosters achievement of program goals. The financial resources shall support adequate educational facilities, equipment, and qualified administrative and instructional personnel.

(f) Each professional nursing education program shall be administered by a qualified individual who is accountable for the planning, implementation, and evaluation of the professional nursing education program. The dean or director shall:
(1) hold an unencumbered current license or privilege to practice as a registered nurse in the state of Texas;
(2) hold a master's degree or a doctoral degree in nursing;
(3) hold a doctoral degree, if administering a baccalaureate or master's degree program;
(4) have a minimum of two (2) years teaching experience in a professional nursing education program;
(5) have demonstrated knowledge, skills, and abilities in administration within a professional nursing education program; and
(6) not carry a teaching load of more than three (3) clock hours per week if required to teach.

(g) In a fully approved professional nursing education program, other qualifications may be considered if there is supporting evidence that the candidate has sufficient competencies to fulfill the responsibilities.

(h) When the dean/director of the program changes, the dean/director shall submit to the Board office written notification of the change indicating the final date of employment.
(1) A new Dean/Director/Coordinator Qualification Form shall be submitted to the Board office by the governing entity for approval prior to the appointment of a new dean/director or interim dean/director in an existing program or a new professional nursing education program according to Board Education Guideline 3.4.1.a. Approval Process for a New Dean/Director/Coordinator or New Interim/Dean/Director/ Coordinator.
(2) A curriculum vitae and all official transcripts for the proposed new dean/director shall be submitted with the new Dean/Director/Coordinator Qualification Form according to Board Education Guideline 3.4.1.a.
(3) If an interim dean/director is appointed to fill the position, this appointment shall not exceed one (1) year.

(i) A newly appointed dean/director or interim dean/director of a professional nursing education program shall attend a scheduled new dean/director orientation workshop provided by the Board related to education rules and the role and responsibilities of newly appointed deans/directors within one (1) year of his/her hire date in that role.

(j) The dean/director shall have the authority to direct the professional nursing education program in all its phases, including approval of teaching staff, selection of appropriate clinical sites, admission, progression, probation, dismissal of students, and enforcement of student policies. Additional responsibilities include, but are not limited to:
(1) providing evidence of faculty expertise and knowledge to teach curriculum content;
(2) verifying students' completion of program requirements;
(3) completing and submitting the Texas Board of Nursing Affidavit of Graduation; and
(4) completing and submitting the NEPIS and CANEP by the required dates.

(k) The dean or director of the nursing program shall notify Board Staff immediately when there is a change in the name of the professional nursing education program or the governing entity, or when there are changes in the contact information.

§215.7. Faculty.

(a) Faculty Organization.
(1) The faculty shall be organized with written policies and procedures and/or bylaws to guide the faculty and program's activities, including processes for enforcement of written student policies.
(2) The faculty shall meet regularly and function in such a manner that all members participate in planning, implementing, and evaluating the nursing program. Such participation includes, but is not limited to: the initiation and/or change in program policies, personnel policies, curriculum, utilization of affiliating agencies, and program evaluation.
(A) Committees necessary to carry out the functions of the program shall be established with duties and membership of each committee clearly defined in writing.

(B) Minutes of faculty organization and meetings shall document the reasons for actions and the decisions of the faculty and shall be available for reference.

(C) Part-time faculty may participate in all aspects of the program. Clear lines of communication of program policies, objectives, and evaluation criteria shall be included in the policies for part-time faculty.

(b) There shall be a Nursing Faculty Handbook that contains written policies for nursing faculty that are in keeping with accepted educational standards and are consistent with the policies of the governing entity. Nursing policies that differ from those of the governing entity shall be consistent with nursing unit mission and goals (philosophy and outcome).

(1) Written policies concerning workload for the director or coordinator shall allow for sufficient time for administrative responsibilities consistent with §215.6 of this title (relating to Administration and Organization). Written policies for nursing faculty workload shall allow sufficient time for faculty to accomplish those activities related to the teaching-learning process.

(2) Personnel policies shall include position descriptions for all members of the nursing program (including the director/coordinator) outlining the qualifications and responsibilities directly related to the nursing program.

(3) Written policies for nursing faculty shall also include: terms of employment, plans for faculty orientation to the institution and to the nursing program, resources and opportunities for faculty development and evaluation of faculty, and Nursing Peer Review, as described in §217.19 (relating to Incident-Based Nursing Peer Review and Whistleblower Protections) and §217.20 (relating to Safe Harbor Nursing Peer Review and Whistleblower Protections) of this title.

(4) Orientation of new nursing faculty members shall be initiated at the onset of employment.

(5) A plan for nursing faculty development shall be offered to encourage and assist faculty members to meet the nursing program's needs as well as individual faculty members' professional development needs.

(6) A variety of means shall be used to evaluate faculty performance such as self, student, peer, and administrative evaluation.

(c) A professional nursing education program shall employ sufficient faculty members with educational preparation and expertise necessary to enable the students to meet the program goals. The number of faculty members shall be determined by such factors as:

(1) The number and level of students enrolled;

(2) The curriculum plan;

(3) Activities and responsibilities required of faculty;

(4) The number and geographic locations of affiliating agencies and clinical practice settings; and

(5) The level of care and acuity of clients.

(d) Faculty Qualifications and Responsibilities.

(1) Documentation of faculty qualifications shall be included in the official files of the program.

(2) Each nurse faculty member shall:

(A) Hold a current license or privilege to practice as a registered nurse in the State of Texas;

(B) Show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in the subject areas of teaching responsibility;

(C) Hold a master's degree or doctoral degree, preferably in nursing;

(D) A nurse faculty member holding a master's degree or doctoral degree in a discipline other than nursing shall hold a bachelor's degree in nursing from an approved or accredited baccalaureate program in nursing; and

(i) if teaching in a diploma or associate degree nursing program, shall have at least six (6) graduate semester hours in nursing appropriate to assigned teaching responsibilities, or

(ii) if teaching in a baccalaureate level program, shall have at least twelve (12) graduate semester hours in nursing appropriate to assigned teaching responsibilities.

(e) Faculty Waivers.

(1) In fully approved programs, if an individual to be appointed as a faculty member does not meet the requirements for faculty as specified in subsection (c) of this section, the dean or director is permitted to waive the Board's requirements, without Board approval, if the program and prospective faculty member meet the following criteria and after notification to the Board of the intent to waive the Board's faculty requirements for a temporary time period not to exceed one (1) year:

(2) Minimum program criteria:

(A) program's NCLEX-RN® pass rate for the preceding examination year was 80% or above; and

(B) total number of faculty waivers at program shall not exceed 10% of the total number of nursing faculty.

(3) Minimum criteria for prospective faculty member:

(A) hold a current license or privilege to practice as a registered nurse in the State of Texas;

(B) has at least two (2) years in the last four (4) years of nursing practice experience in the anticipated subject areas of teaching responsibility;

(C) has earned a bachelor's degree in nursing or completed, as part of a nursing education program culminating in a master's or doctorate degree in nursing, the course work equivalent to the course work required for a bachelor's degree in nursing; and either

    (i) is currently enrolled in a master's nursing education program and has earned a minimum of 50% of the required credits toward the master's degree in nursing, excluding thesis or professional paper; or

    (ii) holds a master's degree in another field and has a documented plan to complete, within a designated time frame, the required number of graduate semester hours in nursing appropriate to the anticipated subject areas of teaching responsibility, six (6) graduate semester hours in nursing to teach in a diploma or associate degree nursing education program or twelve (12) graduate semester hours in nursing to teach in a baccalaureate degree or entry-level master's degree in nursing education program.

(4) When the program does not meet the minimum program criteria or the prospective faculty member does not meet the minimum criteria for a faculty member, a petition for an emergency waiver may be submitted to the Board Staff for approval when a vacancy occurs because a faculty member fails to report as planned, i.e., sudden illness or death of a faculty member, or there is an unexpected resignation, or qualified applicants/prospective faculty are not available.

(5) A waiver is valid for up to one (1) year.

(6) If an extension of the waiver is needed, the dean or director shall petition Board Staff for an extension of the original waiver.

(f) Non-nursing faculty are exempt from meeting the faculty qualifications of this chapter as long as the teaching assignments are not nursing content or clinical nursing courses.

(g) All nursing faculty, as well as non-nursing faculty, who teach non-clinical nursing courses that are part of the nursing curriculum, e.g., biological, physical, social, behavioral and nursing sciences, including pathophysiology, pharmacology, research, nutrition, human growth and development, management, and statistics, shall have sufficient graduate level educational preparation verified by the program dean or director as appropriate to these areas of responsibility.

(h) Non-nursing faculty assigned to teach didactic nursing content shall be required to co-teach with nursing faculty in order to meet nursing course objectives.

(i) Teaching assignments shall be commensurate with the faculty member's education and experience in nursing.

(j) Faculty shall be responsible for:

(1) supervising students in clinical learning experiences;

(2) supervising all initial nursing procedures performed by the student in the clinical area and ascertaining that the student is competent before allowing the student to perform an actual nursing procedure independently;

(3) developing, implementing, and evaluating curriculum; and

(4) participating in the development, implementation, and enforcement of standards/policies for admission, progression, probation, and dismissal of students, and participation in academic guidance and counseling.

(k) Teaching activities shall be coordinated among full-time faculty, part-time faculty, clinical preceptors, and clinical teaching assistants.

(l) There shall be a minimum of one (1) full-time nursing instructor for the program.

(m) A dean/director without major teaching or clinical responsibilities shall not be considered a full-time instructor for purposes of meeting the Board's requirements related to having a sufficient number of nursing faculty for a professional nursing education program.

§215.8. Students.

(a) The number of students admitted to the program shall be determined by the number of qualified faculty, adequate educational facilities and resources, and the availability of appropriate clinical learning experiences for students.

(b) A program must seek approval prior to an increase in enrollment of twenty-five percent (25%) or greater by headcount in one (1) academic year for each nursing program offered. The program must notify Board Staff four (4) months prior to the anticipated increase in enrollment. The Executive Director shall have the authority to approve an increase in enrollment on behalf of the Board. When determining whether to approve a request for an increase in enrollment under this rule, the Executive Director and/or the Board shall consider:

    (1) the comparison of previous to projected nursing program enrollment by headcount;
    (2) enrollment projections and enrollment management plan;
    (3) the effect of the change of enrollment on faculty workload;
    (4) clinical placement/utilization;
    (5) additional resources required by the enrollment increase; and
    (6) the program's plan to evaluate the effect of the enrollment increase on the program's success.

(c) Individuals enrolled in approved professional nursing education programs preparing students for licensure shall be provided verbal and written information regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility. Required eligibility information includes:

    (1) Texas Occupations Code §§301.252, 301.257, and 301.452 - 301.469; and
    (2) Sections 213.27 - 213.30 of this title (relating to Good Professional Character, Licensure of Individuals with Criminal History, Fitness to Practice, and Declaratory Order of Eligibility for Licensure).

(d) The program shall have a Nursing Student Handbook with well-defined, written nursing student policies based upon statutory and Board requirements, including nursing student admission, dismissal, progression, graduation policies, and policies to ensure students fulfill requirements for obtaining criminal history record information as set forth in the Occupations Code §301.257. Processes shall be in place for policy development, implementation, and enforcement.

    (1) Student policies shall be in accordance with the requirements of all applicable federal and state agencies.
    (2) Nursing student policies which differ from those of the governing entity shall be in writing and shall be made available to faculty and students.

(e) Reasons for dismissal from the program shall be clearly stated in written nursing student policies and shall address:

    (1) behavior evidencing actual or potential harm to patients, clients, or the public;
    (2) criminal behavior that could affect licensure, as set forth in §213.28 (relating to Licensure of Individuals with Criminal History) of this title;
    (3) current fitness to practice nursing, as set forth in §213.29 (relating to Fitness to Practice) of this title; and
    (4) good professional character, as set forth in §213.27 (relating to Good Professional Character) of this title.

(f) Policies shall facilitate mobility/articulation, be consistent with acceptable educational standards, and be available to students and faculty.

(g) Student policies shall be furnished manually or electronically to all students at the beginning of the students' enrollment in the professional nursing education program.

    (1) The program shall maintain a signed receipt of student policies in all students' records.
    (2) The program shall maintain evidence of student receipt of the Board's license eligibility information as specifically outlined in subsection (c) of this section.
    (3) It is the responsibility of the program and the nursing faculty to define and enforce nursing student policies.

(h) Acceptance of transfer students and evaluation of allowable credit for advanced placement remains at the discretion of the dean or director of the program and the governing entity. Upon completing the program's requirements, the transferred student is considered to be a graduate of the program.

(i) Students shall have mechanisms for input into the development of academic policies and procedures, curriculum planning, and evaluation of teaching effectiveness.

(j) Students shall have the opportunity to evaluate faculty, courses, and learning resources and these evaluations shall be documented.

§215.9. Program of Study.

(a) The program of study shall include both didactic and clinical learning experiences and shall be:

    (1) at least the equivalent of two (2) academic years and shall not exceed four (4) calendar years;
    (2) planned, implemented, and evaluated by the faculty;
    (3) based on the philosophy/mission and objectives/outcomes;

(4) organized logically, sequenced appropriately;
(5) based on sound educational principles;
(6) designed to prepare graduates to practice according to the Standards of Nursing Practice as set forth in the Board's Rules and Regulations;
(7) designed and implemented to prepare students to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN), October 2010 (DECs)*; and
(8) designed to teach students to use a systematic approach to clinical decision making and safe patient care.

(b) The faculty shall be responsible for the development, implementation, and evaluation of the curriculum based upon the following guidelines:
(1) There shall be a reasonable balance between non-nursing courses and nursing courses that are clearly appropriate for collegiate study and are offered in a supportive sequence based upon the rationale for the curriculum.
(2) Instruction shall be provided in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; and nursing skills.
(3) Delivery of the curriculum through distance education shall comply with the requirements of this section and §215.10 of this title (relating to Clinical Learning Experiences) to ensure that students receive comparable curriculum, supervised clinical learning experiences, and formative and summative evaluations. Faculty must have documented competencies specific to online education.

(c) Instruction shall include, but not be limited to: organized student/faculty interactive learning activities, formal lecture, audiovisual presentations, nursing skills laboratory instruction and demonstration, simulated laboratory instruction, and faculty-supervised, hands-on patient care clinical learning experiences.
(1) Classroom instruction hours shall include actual hours of classroom instruction in nursing and non-nursing Board-required courses/content.
(2) Laboratory activities/instruction in the nursing skills or simulation laboratory may be considered as either classroom instruction hours or clinical learning experience hours.
(3) Clinical learning experiences shall include actual hours of practice in nursing skills and computer laboratories; simulated clinical experiences; faculty supervised hands-on clinical care; clinical conferences; debriefing; and observation experiences. Observation experiences provide supplemental learning experiences to meet specific learning objectives.
(4) Hours in clinical learning experiences shall be sufficient to meet program of study requirements. There shall be a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. The suggested ratio is one (1) contact hour of didactic to three (3) contact hours of related clinical learning experiences (1:3).

(d) Associate degree nursing education programs shall develop formal articulation agreements to enable graduates to earn a bachelor's degree in nursing in a timely manner.

(e) The program of study shall include, but not be limited to, the following areas:
(1) non-nursing courses, clearly appropriate for collegiate study, offered in a supportive sequence.
(2) nursing courses which include didactic and clinical learning experiences in the five (5) content areas, medical-surgical, geriatric, maternal/child health, pediatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and prepare students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end-of-life care for individuals across the lifespan.
(A) Course content shall be appropriate to the role expectations of the graduate.
(B) Professional values including ethics, safety, diversity, and confidentiality shall be addressed.
(C) The Nursing Practice Act, Standards of Nursing Practice, Unprofessional Conduct Rules, Delegation Rules, and other laws and regulations which pertain to various practice settings shall be addressed.
(3) Nursing courses shall prepare students to recognize and analyze patient, family, and environmental cues and use critical thinking in making nursing clinical judgments.
(4) Baccalaureate and entry-level master's degree programs in nursing shall include learning activities in basic research and management/leadership, and didactic and clinical learning experiences in community health nursing.

(f) The selection and organization of the learning experiences in the curriculum shall provide continuity, sequence, and integration of learning.
(1) The learning experiences shall provide for progressive development of values, knowledge, judgment, and skills.

(2) Didactic learning experiences shall be provided either prior to or concurrent (at the same time) with the related clinical learning experiences.

(3) Clinical learning experiences shall be sufficient in quantity and quality to provide opportunities for students to achieve the stated outcomes.

(4) Students shall have sufficient opportunities in simulated or clinical settings to develop technical skills, using contemporary technologies, essential for safe, effective nursing practice.

(5) Learning opportunities shall assist students to develop communication and interpersonal skills.

(g) The curriculum plan and course content shall be appropriate to the role expectations of the graduate and shall be kept current and available to faculty and Board representatives.

(h) Faculty shall develop and implement evaluation methods and tools to measure progression of students' cognitive, affective, and psychomotor achievements in course/clinical objectives, according to Board Education Guideline 3.7.3.a. Student Evaluation Methods and Tools. Board Education Guideline 3.7.4.a. Using Standardized Examinations outlines the effective use of standardized examinations as an evaluation of student progress.

(i) Curriculum changes shall be developed by the faculty according to Board standards and shall include information outlined in the Board Education Guideline 3.7.1.a. Proposals for Curriculum Changes. The two (2) types of curriculum changes are:

    (1) Minor curriculum changes not requiring prior Board Staff approval include:

        (A) Editorial updates of philosophy/mission and objectives/outcomes; or

        (B) Redistribution of course content or course hours; and

    (2) Major curriculum changes requiring Board staff approval prior to implementation include:

        (A) Changes in program philosophy/mission and objectives/outcomes which result in a reorganization or re-conceptualization of the entire curriculum including, but not limited to, changing from a block to an integrated curriculum or changing the approved delivery method of the curriculum to methods consistent with distance education/learning;

        (B) The addition of transition course(s), tracks/alternative programs of study, including MEEP and Dual-Credit High School programs, that provide educational mobility;

        (C) Revisions in program hours; and

        (D) Addition/reduction of course(s) in the program of study.

(j) Documentation of governing entity approval and appropriate approval from either the TWC or the THECB, if approved/licensed by the TWC or the THECB, must be provided to the Board prior to implementation of changes, as appropriate.

(k) Professional nursing education programs planning major curriculum changes shall submit a curriculum change proposal, as outlined in Board Education Guideline 3.7.1.a., to the Board office for approval at least four (4) months prior to implementation.

(l) All professional nursing education programs implementing any curriculum change shall submit to Board Staff an evaluation of the outcomes of the implemented curriculum change through the first graduating class under the new curriculum.

The provisions of this §215.9 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective December 27, 2010, 35 TexReg 11668; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 10, 2014, 39 TexReg 6047; amended to be effective August 9, 2018, 43 TexReg 5074.

§215.10. Clinical Learning Experiences.

(a) Faculty shall be responsible and accountable for managing clinical learning experiences and observation experiences of students.

(b) Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) and course objectives through the practice of nursing care or observation experiences. Consideration of selection of a clinical site shall include:

    (1) client census in sufficient numbers to meet the clinical objectives/outcomes of the program/courses; and

    (2) evidence of collaborative arrangements for scheduling clinical rotations with those facilities that support multiple nursing programs.

(c) Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program.

    (1) Written agreements between the program and the affiliating agencies shall be in place before clinical learning experiences begin and shall specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.

(2) Agreements shall be reviewed periodically and include provisions for adequate notice of termination and a withdrawal of participation clause indicating a minimum period of time to be given for notice of such withdrawal.

(3) Affiliation agreements are optional for those clinical experiences which are observation only.

(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences and for scheduling of student time and clinical rotations.

(e) Clinical learning experiences shall include the administration of medications, health promotion and preventive aspects, nursing care of persons across the life span with acute and chronic illnesses, and rehabilitative care.
(1) Students shall participate in instructor-supervised patient teaching.
(2) Students shall also be provided opportunities for participation in clinical conferences/debriefing.
(3) When a high-fidelity simulation laboratory is used to meet clinical learning objectives, the faculty shall be trained in planning and guiding the experience and in debriefing and evaluating students. Programs may use up to 50% simulation activities in each clinical course.

(f) Faculty shall be responsible for student clinical practice evaluations. Clinical evaluation tools shall be correlated with level and/or course objectives and shall include a minimum of a formative and a summative evaluation for each clinical in the curriculum.

(g) The following ratios only apply to clinical learning experiences involving direct patient care:
(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students.
(2) Patient safety shall be a priority and may mandate lower ratios, as appropriate.
(3) Clinical learning experiences shall be designed for students to meet clinical objectives in all clinical activities (skills and simulation laboratories and hands-on care).
(4) The faculty member shall supervise an assigned group in one (1) facility at a time, unless some portion or all of the clinical group are assigned to observation experiences or to preceptors in additional settings.
(5) Direct faculty supervision is not required for an observation experience.

(h) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing.
(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group.
(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students.
(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.
(4) The preceptor shall be responsible for the clinical learning experiences of no more than two (2) students at a time.

(i) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.
(1) In clinical learning experiences where a faculty member is assisted by a clinical teaching assistant, the ratio of faculty to students shall not exceed two (2) to fifteen (15).
(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.

(j) When faculty use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies:
(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.
(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.
(3) Faculty shall be readily available to students and clinical preceptors or clinical teaching assistants during clinical learning experiences.
(4) The designated faculty member shall meet periodically with the clinical preceptors or clinical teaching assistants and student(s) for the purpose of monitoring and evaluating learning experiences.
(5) Written clinical objectives shall be shared with the clinical preceptors or clinical teaching assistants prior to or concurrent with the experience.
(6) Clinical preceptors shall have the following qualifications:
(A) competence in designated areas of practice;
(B) philosophy of health care congruent with that of the nursing program; and
(C) current licensure or privilege to practice as a registered nurse in the State of Texas.

(7) When acting as a clinical teaching assistant, the registered nurse shall not be responsible for other staff duties, such as supervising other personnel and/or patient care.

(8) Clinical teaching assistants shall meet the following criteria:
(A) hold a current license or privilege to practice as a registered nurse in the State of Texas; and
(B) have the clinical expertise to function effectively and safely in the designated area of teaching.

The provisions of this §215.10 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective May 2, 2007, 32 TexReg 2361; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 9, 2018, 43 TexReg 5074.

§215.11. Facilities, Resources, and Services.

(a) The governing entity shall be responsible for providing:
(1) educational facilities;
(2) resources; and
(3) services which support the effective development and implementation of the professional nursing education program.

(b) An appropriately equipped skills laboratory shall be provided to accommodate the maximum number of students allowed for the program and to provide a learning environment where students can receive instruction and demonstrate all basic nursing skills. A simulation laboratory may be provided to enhance clinical learning experiences where students can practice nursing care through planned scenarios that mimic real clinical situations.
(1) The laboratories shall be equipped with hot and cold running water.
(2) The laboratories shall have adequate storage for equipment and supplies.

(c) The dean/director and faculty shall have adequate secretarial and clerical assistance to meet the needs of the program.

(d) The physical facilities shall be adequate to meet the needs of the program in relation to the size of the faculty and the student body.
(1) The dean/director shall have a private office.
(2) Faculty offices shall be conveniently located and adequate in number and size to provide faculty with privacy for conferences with students and uninterrupted work.
(3) Space for clerical staff, records, files, and equipment shall be adequate.
(4) There shall be mechanisms which provide for the security of sensitive materials, such as examinations and health records.
(5) Classrooms, laboratories, and conference rooms shall be conducive to learning and adequate in number, size, and type for the number of students and the educational purposes for which the rooms are used.
(6) Teaching aids shall be provided to meet the objectives/outcomes of the program.
(7) Adequate restrooms and lounges shall be provided convenient to the classroom.

(e) The learning resources, library, and departmental holdings shall be current, use contemporary technology appropriate for the level of the curriculum, and be sufficient for the size of the student body and the needs of the faculty.
(1) Provisions shall be made for accessibility, availability, and timely delivery of information resources.
(2) Facilities and policies shall promote effective use, i.e. environment, accessibility, and hours of operation.

The provisions of this §215.11 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 9, 2018, 43 TexReg 5074.

§215.12. Records and Reports.

(a) Accurate and current records shall be maintained for a minimum of two (2) years in a confidential manner and be accessible to appropriate parties, including Board representatives. These records shall include, but are not limited to:
(1) records of current students, including the student's application and required admission documentation, evidence of student's ability to meet objectives/outcomes of the program, final clinical practice evaluations, signed receipt of written student policies furnished by manual and/or electronic means, evidence of student receipt of the Board license eligibility information as specifically outlined in §215.8(b) of this chapter (relating to Students), and the statement of withdrawal from the program, if applicable;
(2) faculty records;
(3) administrative records, which include minutes of faculty meetings for the past three (3) years, and school catalogs;
(4) the current program of study and curriculum including mission and goals (philosophy and outcomes), and course outlines;

(5) agreements with affiliating agencies; and

(6) the master plan of evaluation with most recent data collection.

(b) Record forms may be developed by an individual school.

(c) Hospital employment forms are not to be used for student records.

(d) Records shall be safely stored to prevent loss, destruction, or unauthorized use.

(e) Copies of the program's CANEP, NEPIS, and important Board communications shall be maintained as appropriate.

The provisions of this §215.12 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective January 10, 2008, 33 TexReg 183; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304.

§215.13. Total Program Evaluation.

(a) There shall be a written plan for the systematic evaluation of the effectiveness of the total program. The plan shall include evaluative criteria, methodology, frequency of evaluation, assignment of responsibility, and indicators (benchmarks) of program and instructional effectiveness. The following broad areas shall be periodically evaluated:

(1) organization and administration of the program;

(2) philosophy/mission and objectives/outcomes;

(3) program of study, curriculum, and instructional techniques, including online components of the professional nursing education program, if applicable;

(4) education facilities, resources, and services;

(5) affiliating agencies and clinical learning activities, including simulation experiences;

(6) students' achievement;

(7) graduates' performance on the licensing examination;

(8) graduates' nursing competence;

(9) faculty members' performance; and

(10) extension sites/campuses.

(b) All evaluation methods and instruments shall be periodically reviewed for appropriateness.

(c) Implementation of the plan for total program evaluation shall be documented in the minutes.

(d) Major changes in the professional nursing education program shall be evidence-based and supported by rationale.

The provisions of this §215.13 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective August 9, 2018, 43 TexReg 5074.

2021

Differentiated Essential Competencies of Graduates of Texas Nursing Programs

Evidenced by Knowledge, Clinical Judgments, and Behaviors

Collaboration/
Communication

Technology

Scope of
Practice

Professionalism

Advocacy

Healthcare
Delivery System

Teamwork &
Collaboration

Delegation/
Supervision

Standards

Evidence -
Based
Practice

Member
of the
Profession

Patient
Safety
Advocate

Quality

Policy
Making

Inter-
disciplinary

BSN

Safe
Competent
Nurse

VN

Quality
Improvement

Nursing
Process

Informatics

Diploma/ADN

Safety

Patient/
Client Care

Provider of
Patient-Centered
Care

Member
of the
Healthcare Team

Clinical
Judgment

Legal/
Ethical

Global
Health

Patient -
Centered
Care

Research/
Evidence-Based

Nursing
Science

Nursing
Skills

Leadership

Table of Contents

Introduction

**Differentiated Essential Competencies of Graduates
Of Texas Nursing Programs Evidenced by
Knowledge, Clinical Judgments, and Behaviors
2021**

Background of the DECs

The original Board charge to develop differentiated competencies for nursing education programs was issued by the then Board of Nurse Examiners (BNE) following a legislative mandate in 1988. Three different versions have been developed by Board staff with input from Board-appointed stakeholders (nursing educators, professional organizations, practicing nurses, state agencies, and consumers):

- 1993 – First Edition - Nursing Education Advisory Committee (NEAC)
- 2002 – Second Edition – Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DELCs)
- 2010 – Third Edition – Differentiated Essential Competencies of Graduates of Texas Nursing Programs (DECs)

A team of Board Staff that included both Nursing Consultants for Education and Nursing Consultants for Practice collaborated in the 2021 Fourth Edition to ensure a focus on both perspectives. Following the previous processes, a comprehensive review of current literature, practice standards, accreditation requirements, regulations, and research findings ensued.

The guiding principles that were established by the first DECs committee have continued to be sound and useful in making revisions:

1. The DECs are client-focused, rather than institution-focused.
2. The DECs would not be developed as a list of tasks or skills.
3. Competencies will provide essential role responsibilities, knowledge, and clinical behaviors and judgments in broad terms
4. Programs will be able to develop and create curricula for their communities, level of education, and program outcomes by focusing on the DECs.
5. The DECs are not all-inclusive of all nursing competencies but list competencies necessary for the nursing graduate to seek licensure and enter nursing practice.

Nursing Education and Scope of Practice

The legal scope of practice for licensed nurses in Texas is dependent upon the educational preparation in vocational, professional, and graduate nursing education programs. Licensed vocational nurses (LVNs) and registered nurses (RNs) provide a wide range of nursing care through the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

The *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs* include 25 basic competencies within the four nursing roles and describe the required outcomes for VN and RN nursing education with progressive differentiation of competency level for each

educational level [Vocational Nursing Education (VN), Associate Degree Nursing Education (ADN), and Baccalaureate Degree Nursing Education (BSN)]. Further delineation of the competencies is expanded through sub-competencies with accompanying required subject content (*Knowledge)* and expected *Clinical Judgments and Behaviors*. Texas-approved nursing education programs are required to operationalize the DECs in the curriculum to assure that graduates have been educated to carry out the competencies. The competencies for each educational level build upon the competencies from the previous level.

Comments about the Competencies
The competencies provide a set of outcomes expected of nursing education programs to ensure that newly licensed nurses enter practice with a knowledge base and a set of skills, including decision-making abilities, for safe practice. As the practicing nurse gains experience and perfects nursing skills and clinical judgment, their competencies continue to grow as they move from novice to expert.

Any redundancies across the initial competencies are intentional to allow the competencies under each role to stand alone as performance characteristics. Some competencies are identical for each educational level since the same expectations apply to all licensed nurses, such as the standards for safety. Differences in competencies among educational levels reflect their respective assignments, level of autonomy in planning and practice decisions, required supervision, administrative roles, leadership responsibilities, and capacity for evaluation of care and caregivers.

The DECs are useful as a basis for curriculum in nursing programs, orientation and internship programs for practicing nurses in health care settings, and the creation of evaluation tools for nursing education and practice. The DECs are consistent with Board Position Statements, Rules and Regulations, Education Guidelines, and other Board documents.

Executive Summary
Differentiated Essential Competencies
Of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2021

Background

The Differentiated Essential Competencies (DECs) is the fourth generation of the Texas Board of Nursing (BON or Board) competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. The current revision was developed through a comprehensive review of current literature and research, nursing standards, state and national regulations, changes in the health care environment, and advances in nursing practice. Board Staff and a Board-appointed DECs Work Group provided guidance and expertise to the process.

Purpose

The DECs were designed to provide guidance to prelicensure nursing education programs to prepare graduates to enter nursing practice as safe, competent nurses, as well as to provide a baseline for the health care setting of the nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs. It is acknowledged that not all competencies can be evaluated upon graduation from a nursing program, but the graduate will have received the educational preparation to demonstrate each competency. As the novice nurse gains practice experience, the entry-level competencies from education will continue to grow as the nurse demonstrates an expanding expertise.

Outline of the DECs

Twenty-five core competencies in the DECs are categorized under four main nursing roles:
- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table.

Implications

For Nursing Education:
- Guideline for curriculum development and revision
- Benchmark for measuring program outcomes
- Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses

For Employers of Nurses:
- Guide for development of employee orientation and internship programs
- Baseline for job descriptions and career ladders
- Description of entry-level competencies for new nurses
- Information helpful for reviewing and revising policies and procedures for nursing care

Texas Board of Nursing
Vocational Nursing Education – Education and Scope

The curriculum for vocational nursing (VN) education is delivered as a certificate program of approximately one year in length offered by a college, university, or career school or college, or in a hospital or military setting. Texas Board of Nursing (BON or Board) Rule 214 for Vocational Nursing Education requires didactic and clinical learning experiences designed to prepare graduates to practice as safe, competent nurses who are able to demonstrate the competencies outlined in the DECs.

The BON approved curriculum incudes requirements for instruction in the five basic areas of nursing care: (1) children; (2) mothers and newborns; (3) elderly; (4) adults; and (5) individuals with mental health problems. The initial clinical instruction takes place in the skills and simulation laboratories, progressing to faculty supervised, hands-on clinical experiences with actual patients in health care settings. Clinical experiences in psychiatric nursing are optional, but the mental status of patients should be considered in all clinical settings.

Required nursing and support courses provide instruction in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; vocational nursing scope of practice, and nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand-alone courses. With advances of education and practice, programs may include content in the use of technology and informatics through learning experiences in the clinical practice arena, simulated practice, and skills laboratories.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. Graduates of VN nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-PN® will receive a temporary authorization to practice under direct supervision **up to** 75 days while awaiting testing and licensure.

The entry-level graduate of a VN program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and with the patient's family. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

Educational opportunities exist for Licensed Vocational Nurses (LVNs) to articulate into professional nursing education programs. Vocational nursing represents the beginning level of the nursing practice continuum in the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry-level competencies of the VN graduate are listed on the following pages:

Core Competencies of Graduates of
Vocational Nursing Education

I.   <u>Member of the Profession</u>

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
C. Contribute to activities that promote the development and practice of vocational nursing.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II.   <u>Provider of Patient-Centered Care</u>

A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.

III.   <u>Patient Safety Advocate</u>

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Assist in the formulation of goals and outcomes to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
D. Communicate patient data using technology to support decision-making to improve patient care.
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.
F. Supervise nursing care by others for whom the nurse is responsible.
G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing
Diploma and Associate Degree Nursing Education – Education and Scope

Although the programs for Diploma Nursing and Associate Degree Nursing (ADN) education vary in missions and philosophies of the governing institutions, competencies have been determined as common for graduates of both programs. These competencies describe the expectations for entry-level into registered nursing practice.

Diploma programs are hospital-based, single purpose schools of nursing usually consisting of two years of general education and nursing courses. These programs follow the missions, values, and purposes of the governing institutions, and prepare graduates to provide and coordinate health care of individuals and their families throughout the life span across the health continuum. General education courses from an accredited college or university may be required as prerequisites courses offered prior to or concurrently with nursing courses. The general education courses may provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses. A Diploma program of study competed after December 31, 2014, must entitle a student to receive a degree [Texas Occupation Code 301.157(a-1)].

ADN programs, located in community colleges, senior colleges, and career schools, are completed within a time frame equivalent to two academic years but not more than four calendar years. The curriculum includes courses in the liberal arts; natural, social, and behavioral sciences; and nursing science. Degree requirements in public colleges and universities must not be greater than 60 semester credit hours, with approximately half the program requirements in nursing courses. General education courses provide a foundation for nursing content in ADN education and enable graduates to apply theoretical content ad evidence-based findings in the provision of nursing care. The BON requires didactic instruction and clinical learning experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing.

Nursing courses in Diploma and ADN nursing programs must provide opportunities for students to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry-level graduate from a Diploma or ADN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. The nursing content prepares students to establish therapeutic relationships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health for individuals of all ages. The curriculum also promotes skills in nursing care supervision and management, and in providing care within legal and ethical parameters.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. Graduates of Diploma and Associate Degree nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-RN® will receive authorization to practice under direct supervision of a registered professional nurse for **up to** 75 days while awaiting testing and licensure.

The primary role of the entry-level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes. With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry-level competencies of the Diploma and ADN graduate build upon the entry-level competencies of the Vocational Nursing graduate and are listed on the following pages:

Core Competencies of Graduates of Diploma and Associate Degree Nursing Education

I.   <u>Member of the Profession</u>

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
C. Participate in activities that promote the development and practice of professional nursing.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II.   <u>Provider of Patient-Centered Care</u>

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.
B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
H. Coordinate human, information, and physical resources in providing care for patients and their families.

III. Patient Safety Advocate

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
D. Communicate and manage information using technology to support decision-making to improve patient care.
E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.
F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing
Baccalaureate Degree Nursing Education – Education and Scope

Baccalaureate Degree Nursing (BSN) education, offered in college and university settings, and career schools, provides students with a broad perspective and understanding of nursing; health and healing; the environment; and persons as diverse individuals, families, populations, and communities. The BSN program integrates approximately 60 semester credit hours from liberal arts and natural, social, and behavioral science courses, and approximately 60 semester credit hours of nursing courses. Graduates of BSN programs are prepared to provide and direct care for patients, families, populations, and communities experiencing complex and unpredictable health care needs in structured and unstructured settings. In addition to the broad liberal arts education that provides a solid foundation for the development of clinical judgment skills, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management. The studies and clinical learning activities in community health focus on the expanded nurse's role in providing care for groups, vulnerable peoples, and global and public populations, and working collaboratively with other providers in the health care team.   The BSN student is prepared to apply theories in management and organization to assume leadership roles in supervising team members and in developing health care policies.

BSN graduates synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with patients, other health care professionals, and the public. The BSN prepares the graduate to use research findings in planning and implementing care. Graduates are expected to demonstrate all the competencies (knowledge, clinical judgments, and behaviors) of the preceding levels of education, but with greater depth and breadth of application and synthesis.

Qualified graduates of BSN programs typically receive authorization to practice under direct supervision of a registered professional nurse **up to** 75-days while waiting to take the licensure examination. These graduates generally begin their careers in structured settings but may move into community-based settings and/or leadership roles. A BSN degree allows the nurse to pursue graduate education to become nurse educators, researchers, administrators, or advanced practice nurses.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. The entry-level competencies of the BSN graduate build upon the entry-level competencies of the Diploma and Associate Degree Nursing graduate and are listed on the following pages:

**Core Competencies of Graduates of Baccalaureate
Degree Nursing Education**

I.   <u>Member of the Profession</u>

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Promote the practice of professional nursing through leadership activities and advocacy.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II.   <u>Provider of Patient-Centered Care</u>

A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.

III. Patient Safety Advocate

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, and communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

Texas Board of Nursing Differentiated Essential Competencies
(DECs) – Core Competencies

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
I. Member of the Profession	**I. Member of the Profession**	**I. Member of the Profession**
A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Contribute to activities that promote the development and practice of vocational nursing.	C. Participate in activities that promote the development and practice of professional nursing.	C. Promote the practice of professional nursing through leadership activities and advocacy.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
II. Provider of Patient-Centered Care	**II. Provider of Patient-Centered Care**	**II. Provider of Patient-Centered Care**
A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families,

diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.	families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.	populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.	C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.	E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.	E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.	F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.

H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	H. Coordinate human, information, and physical resources in providing care for patients and their families.	H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
III. Patient Safety Advocate	**III. Patient Safety Advocate**	**III. Patient Safety Advocate**
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Assist in the formulation of goals and outcomes to reduce patient risks.	C. Formulate goals and outcomes using evidence-based data to reduce patient risks.	C. Formulate goals and outcomes using evidence-based and theoretical analysis of available data to reduce patient and community risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Nursing
IV. Member of the Health Care Team	**IV. Member of the Health Care Team**	**IV. Member of the Health Care Team**

A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.	A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.	B. Serve as a heath care advocate in monitoring and promoting quality and access to health care for patients and their families.	B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.	C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate patient data using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
F. Supervise nursing care by others for whom the nurse is responsible.	F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.	F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

I. **Member of the Profession**

A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment, self-care, and the need for lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	**A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.**	**A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.**
Knowledge		

1. a. Texas Nursing Practice Act.
   b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
   c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
	1. a. Texas Nursing Practice Act.
	   b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
	   c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
		1. a. Texas Nursing Practice Act.
		   b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
		   c. Federal, state, or local laws, rules, and regulations affecting nursing practice.

2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.
3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Function within a directed scope of practice of the vocational nurse with appropriate supervision.	1. Function within the scope of practice of the registered nurse.	1. Function within the scope of practice of the registered nurse.
2. Assist in determination of predictable health care needs of patients to provide	2. Use a systematic approach to provide individualized, goal-directed nursing care to	2. Use a systematic approach to provide individualized, goal-directed nursing care to

individualized, goal-directed nursing care.	meet health care needs of patients and their families.	meet health care needs of patients, families, populations, and communities.
3. a. Practice according to facility policies and procedures and provide input in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	**B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.**	**B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.**
Knowledge		
1. a. Texas Board of Nursing Standards of Practice. b. National standards of vocational nursing practice and care. c. National Federation of Licensed Practical Nurses Code of Ethics. d. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care; process for the development of standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Legislative advocacy process. f. Resources and strategies for access to standards of practice.
2. Legal parameters of vocational nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles relative to health care.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles and practice theories and principles relative to health care.

3. Issues affecting the vocational nurse role and the delivery of culturally-sensitive care to patients and their families.	3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.	3. Issues affecting the registered nurse role, the BSN role, and the delivery of culturally-sensitive care to patients, families, populations, and communities.
4. Continuing competency and professional development.	4. Continuing competency and professional development.	4. a. Continuing competency and professional development. b. Principles of staff development and learner behavior
5. Self-evaluation, staff evaluation, and peer evaluation processes.	5. Self-evaluation, staff evaluation, and peer evaluation processes.	5. a. Self-evaluation, staff evaluation, and peer evaluation processes. b. Human resource management and performance evaluation processes.
6. Employment setting policies and procedures.	6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures.	6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures. c. Role of committees in the development of health care policies and procedures. d. Communication skills in the areas of writing, speaking, and presenting as required to function in leadership positions.
7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques to maintain professional boundaries.	7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques and management skills to maintain professional boundaries.	7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c Communication techniques, management and leadership skills, and role modeling to maintain professional boundaries.
8. Principles of quality improvement.	8. Principles of quality improvement and basic outcome measurement in health care organizations.	8. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

Clinical Judgments and Behaviors		
1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.
2. a. Provide nursing care within the parameters of vocational nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Participate in evaluation of care administered by the interdisciplinary health care team.	2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice through professional memberships.	2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice using professional and legislative processes.
3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.	3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.	3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients, families, populations, and communities. c. Provide holistic care that addresses the needs of diverse individuals and populations across the lifespan. d. Advocate for policy development to support care of vulnerable populations and communities.
4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.	4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.	4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply leadership and management concepts and skills in collaboration with the interdisciplinary health care team to implement quality patient care.

5. a. Assume accountability for individual nursing practice. b. Follow established evidence-based clinical practice guidelines.	5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines.	5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines. d. Participate in designing systems that support quality nursing practice. e. Apply research findings and principles of research to enhance evidence-based practice.
6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.	6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.	6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.
7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.	7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.	7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.
8. Use communication techniques to maintain professional boundaries in the nurse/patient relationship.	8. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.	8. a. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members. b. Use leadership and role modeling skills to promote professional boundaries among the members of the interdisciplinary team.
9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.	9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.	9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.

10. Implement principles of quality improvement in collaboration with the health care team.	10. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.	10. Collaborate with interdisciplinary team on principles and tools of quality improvement and outcome measurement in systems of care delivery.
Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
C. Contribute to activities that promote the development and practice of vocational nursing.	**C. Participate in activities that promote the development and practice of professional nursing.**	**C. Promote the practice of professional nursing through leadership activities and advocacy.**
Knowledge		
1. Historical evolution of nursing practice.	1. Historical evolution of professional nursing.	1. Links between nursing history and medical, social, political, religious, and cultural influences.
2. Issues affecting the development and practice of vocational nursing.	2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery.	2. a. Issues and trends affecting nursing practice, the nursing profession, and health care delivery system. b. Inquiry, analysis, and information approaches in addressing practice issues.
3. The role of vocational nursing organizations, regulatory agencies, and health care organizations.	3. The role of professional nursing organizations, regulatory agencies, and health care organizations.	3. a. The role of professional nursing organizations, regulatory agencies, and health care organizations. b. Research related to organizational and societal change.
4. Factors affecting the public image of nursing.	4. Strategies to influence the public perception of nursing.	4. Strategies to influence the public perception of nursing.
5. Distinctions between the evolving vocational and professional nursing roles.	5. a. The evolving practice roles of professional nurses and their contributions to the profession. b. Types of leadership. c. Political processes to promote professional nursing practice.	5. a. Evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professions. b. Theories of leadership. c. Strategies to influence legislative action processes and public policy.

Clinical Judgments and Behaviors		
1. Identify historical evolution of nursing practice and issues affecting the development and practice of vocational nursing.	1. Analyze the historical evolution of professional nursing and the application to current issues and trends.	1. Synthesize the links between nursing history and medical, social, political, religious, and cultural influences to promote professional nursing practice.
2. Work collegially with members of the interdisciplinary health care team.	2. Promote collegiality among interdisciplinary health care team members.	2. Provide leadership in collaboration with the interdisciplinary health care team.
3. Participate in activities individually or in groups through organizations that promote a positive image of the vocational nursing role.	3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing. c. Articulate the values and roles of nursing to the public.	3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations and with others outside the health care industry to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. d. Communicate with state legislators and representatives of other regulatory bodies to promote a competent nursing workforce and protection of the public's safety and welfare.
4. Recognize roles of vocational nursing organizations, regulatory agencies, and organizational committees.	4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.	4. Recognize and analyze the impact of professional nursing organizations, regulatory agencies, and organizational committees upon the nursing profession and the roles of nurses.
5. Practice within the vocational nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.
6. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.	6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.	6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	**D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.**	**D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.**
Knowledge		
1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.
2. Resources, tools, and processes to assess vocational learning needs.	2. Resources, tools, and processes to assess professional learning needs.	2. Resources, tools, and processes to assess professional learning needs.
3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g. certifications and graduate education).
4. Changing roles and competencies in vocational nursing.	4. Changing roles and competencies in professional nursing.	4. Changing roles and competencies in professional nursing.
5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.
Clinical Judgments and Behaviors		
1. Participate in educational activities to maintain/ improve competency, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.
2. ** Participate in nursing continuing competency activities to maintain licensure.*	2. ** Participate in nursing continuing competency activities to maintain licensure.*	2. ** Participate in nursing continuing competency activities to maintain licensure.*
3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.
4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.
5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.

6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.

II. Provider of Patient-Centered Care

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision- making in nursing practice.	A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
Knowledge		
1. A systematic problem-solving process in the care of patients and their families based on sciences taught in the vocational nursing program and evidence-based practice outcomes.	1. a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.	1. a. A systematic problem-solving process in the care of patients and families based on the liberal arts, sciences, and evidence-based practice outcomes and research studies. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families. c. Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs in care

		of patients, families, populations, and communities.
2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes, systematic clinical judgment, and best practices.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable populations. c. Clinical reasoning models, systematic clinical judgment, research process, and best practices.
3. Application of current literature, available work setting resources, and evidence-based practice to assist in decision-making.	3. Application of current literature and/ or research findings and evidence-based practice in improving patient care.	3. a. Research utilization and evidence-based practice. b. Analysis of reliability, validity, and limitations of quality of evidence. c. Informed consent for participation in research.
4. Resources from scientifically valid sources.	4. Resources for accurate and scientifically valid current information.	4. a. Resources for accurate and scientifically valid current information. b. Research and evaluation methodologies.
Clinical Judgments and Behaviors		
1. Use problem-solving approach and nursing knowledge to make decisions regarding care of assigned patients.	1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.	1. Use systematic approaches for clinical decision-making, including nursing research, epidemiology, and political, social, ethical, and legal processes.
2. a. Organize care for assigned patients based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Recognize potential care needs of vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply principles of assisting vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply knowledge from genomics, epidemiology, bioterrorism, and current population demographics in decision-making to reduce health risks in communities and vulnerable populations.

3. Identify and communicate patient physical and mental health care problems encountered in practice.	3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.	3. Use knowledge of societal and health trends and current research findings to identify and communicate patient physical and mental health care problems.
4. Apply relevant, current nursing practice journal articles to practice and clinical decisions.	4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.	4. Analyze and incorporate research findings/ studies and evidence-based data into nursing practice and clinical decisions.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge from the vocational nursing program of study.	**B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.**	**B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.**
Knowledge		
1. Steps of a systematic process in clinical decision-making that includes vocational nursing scope of practice in focused assessment, planning, implementation, and evaluation.	1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.	1. a. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation. b. Systematic processes, including nursing research, epidemiologic, psychosocial, and management. c. Systematic approach to performing a community assessment.
2. Components of a focused nursing assessment.	2. Comprehensive nursing assessment of patients and their families.	2. Comprehensive nursing assessment of patients, families, populations, and

		communities. Analysis of nursing research, epidemiological, and social data to draw inferences and conclusions.
3. Structured data collection tools and techniques of assessment of patients including interviewing.	3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.	3. a. Structured data collection tools and techniques of assessment of patients including interviewing. b. Unstructured data collection tools and techniques for assessment of patients, families, populations, and communities. c. Components of comprehensive databases and methods for data collection, health screening and case finding.
4. Characteristics, concepts, and processes related to patients, including: gross anatomy; basic physiology and pathophysiology; psychosocial growth and development; basic psychopathology; ethical reasoning; and major cultural and spiritual belief and practices related to health, illness, birth, death, and dying.	4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.	4. Characteristics, concepts, processes, and theories related to patients including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; cultural and spiritual beliefs and practices related to health, illness, birth, death and dying; history; research; statistics; humanities; genomics; global health; ethics; and logical and ethical reasoning.
5. Cultural differences of patients across the lifespan.	5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.	5. Cultural differences and integration of patient needs across the lifespan into the health care system including comprehensive needs of vulnerable patients, families, populations, and communities.
6. Characteristics, concepts, and processes related to transmission of common communicable diseases including individual risk factors and preventive health practices.	6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.	6. Characteristics, concepts, and processes related to communities, including epidemiology, risk factors and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors and social organizations.

7. Common disease processes, medication administration, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.
8. Introduction to established approaches that guide nursing practice.	8. Introduction to established theories, models and approaches that guide nursing practice.	8. Nursing theories, research findings, and interdisciplinary roles to guide nursing practice.
9. Family processes that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.
10. Application of clinical technology in the delivery of safe patient care and documentation.	10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.	10. Application of clinical technology, information management, and use of nursing informatics in the delivery of safe patient care.
11. Introduction to patients with multiple healthcare problems.	11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices.	11. Complex and multiple health care problems and issues, integrating evidence-based traditional and complementary healthcare practices, and population interventions and solutions.
12. Political, economic, and societal forces affecting health of individuals. Social determinants of health.	12. Political, economic, and societal forces affecting the health of individuals and their families. Social determinants of health.	12. Political, economic, and societal forces affecting health care for patients, families, populations, and global communities. Social determinants of health.
Clinical Judgments and Behaviors		
1. Use structured assessment tool to obtain patient history.	1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/ mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.	1. a. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, environmental information, risk factors, and patient resources. b. Expand and modify data collection tools using evidence-based practice.

2. Perform focused assessment to assist in identifying health status and monitoring change in patients.	2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families.	2. Perform comprehensive assessment and monitor changes to include factors impacting health status and health needs of patients, families, populations, and communities.
3. Report and document focused patient assessment data.	3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families. b. Evaluate the use of safe complementary health care practices.	3. a. Validate, report, and document comprehensive assessment data, including physical and mental health status and needs for patients, families, populations, and communities. b. Evaluate evidence supporting traditional and complementary health care practices being used by patients, families, populations, and communities.
4. Identify predictable and multiple health needs of patients and recognize signs of decompensation.	4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.	4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.
5. Share observations that assist members of the health care team in meeting patient needs.	5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.	5. Use clinical reasoning to identify patient needs based upon analysis of health data, evidence-based practice outcomes and research findings and communicate observations.
6. Assist with health screening.	6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.	6. Perform health screening and case finding, and identify links between physical and mental health, lifestyle, prevention, and cost and access to health care.
7. Differentiate abnormal from normal health data of patients.	7. Interpret and analyze health data for underlying pathophysiological changes in the patient's status.	7. Interpret and analyze health data of patients, families, populations, and communities including pathophysiology, genomics and epidemiological considerations.
8. Recognize healthcare outcomes and report patient status.	8. Incorporate multiple determinants of health when providing nursing care for patients and families.	8. Incorporate the multiple determinants of health when providing nursing care for

		patients, families, populations and communities.
9. a. Recognize that economic and family processes affect the health of patients. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients and their families. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients, families, populations, and communities. b. Identify health risks related to social determinants of health. c. Examine populations at risk from epidemiological, social and environmental perspectives.
10. N/A	10. N/A	10. Use epidemiological, social and environmental data to draw inferences about the health status of populations and communities.

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C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	**C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.**	**C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.**
Knowledge		
1. Process to establish the nurse-patient/family relationship including cultural aspects of care.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Principles for recognizing functional and dysfunctional relationships.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Models for understanding the dynamics of functional and dysfunctional relationships.

2. Written, verbal, and non-verbal modes of communication including electronic information technologies.	2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Principles of effective communication and the impact on nursing practice.	2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Communication theories and their impact on nursing practice.
3. Fundamental principles of disease prevention and health promotion/restoration for patients.	3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.	3. a. Principles and theories of disease prevention, health promotion, education, and rehabilitation for patients. b. Principles of epidemiology and genomics.
4. a. Interventions to support the patients and their families during life stages, including end-of-life care. b. Interdisciplinary collaboration.	4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care. b. Interdisciplinary collaboration.	4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and families throughout the lifespan, including end-of-life care. b. Interdisciplinary interventions, including nursing care across all settings.
5. Relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.	5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.	5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members and cost factors in multiple settings.
6. Criteria for setting priorities in planning and evaluating care.	6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.	6. A variety of systematic approaches for problem-solving and decision-making for prioritizing and evaluating the plan of care.
7. Steps and procedures in discharge planning process.	7. Strategies for collaborative discharge planning.	7. a. Strategies for collaborative discharge planning. b. Research findings related to nursing care and discharge planning.
8. Concepts from basic sciences and support courses.	8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.	8. Concepts and principles of arts, humanities, and natural, social, and behavioral sciences as applied to care

		planning for patients, families, populations, and communities.
Clinical Judgments and Behaviors		
1. Integrate concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care.	1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.	1. Synthesize theory and research-based knowledge from arts, humanities, and sciences for the direct and indirect delivery of safe and compassionate care for patients, families, populations, and communities.
2. Identify short-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care with patients, families, populations, communities, and the interdisciplinary team.
3. Participate in the development and modification of the nursing plan of care across the lifespan, including end-of-life care.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist in the development of clinical practice guidelines using evidence-based based practice and research findings.
4. Contribute to the plan of care by collaborating with interdisciplinary team members.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients, families, populations, and communities.
5. Assist in the discharge planning of selected patients.	5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.	5. Use research findings and evidence-based guidelines to plan, implement, and evaluate discharge plans in collaboration with the interdisciplinary health care team.
6. Demonstrate fiscal accountability in providing patient care.	6. Demonstrate fiscal accountability in providing care for patients and their families.	6. In collaboration with the interdisciplinary team, use knowledge of financial resources to demonstrate fiscal accountability for health care of patients, families, populations, and communities.

7. Demonstrate basic knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients, families, populations, and communities.

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D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	**D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.**	**D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.**
Knowledge		
1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit and staffing management.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit staff management. f. Resource management and organizational behavior.
2. Characteristics, trends, and issues of health care delivery.	2. Characteristics, trends, and issues of health care delivery.	2. a. Characteristics, trends, and issues of health care delivery. b. Models for health care delivery in organizations and communities.
3. a. Basis for determining nursing care priorities in patient care. b. Principles of decision-making.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.

		c. Models of priority setting and organizational management.
4. Scope of responsibilities and accountability for supervision and collaboration.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Models and patterns of nursing care delivery.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Systems of nursing care delivery.
5. Channels of communication for decision-making processes within the work setting.	5. a. Channels of communication for decision- making processes within work settings. b. Principles of decision making.	5. a. Channels of communication and decision-making processes within work settings, organizations, and communities. b. Decision-making principles and models.
Clinical Judgments and Behaviors		
1. Assume accountability and responsibility for nursing care through a directed scope of practice under the supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, podiatrist, or dentist using standards of care and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.
2. a. Identify priorities and make judgments concerning basic needs of multiple patients with predictable health care needs in order to organize care. b. Manage multiple responsibilities. c. Recognize changes in patient status. d. Communicate changes in patient status to other providers.	2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care. b. Anticipate and interpret changes in patient status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for multiple patients.	2. a. Identify priorities and make judgments concerning the needs of multiple patients, families, communities, and populations in order to organize care. b. Anticipate and interpret changes in patient and group status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for patients and groups.

3.	a. Implement plans of care for multiple patients. b. Collaborate with others to ensure that healthcare needs are met.	3.	a. Implement plans of care for multiple patients. b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients and their families.	3.	a. Implement plans of care for multiple patients. b. Collaborate within and across a broad array of settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients, families, communities, and populations.
4.	Participate in management activities.	4.	Apply management skills to assign and/or delegate nursing care to other members of the nursing team.	4.	Apply concepts and skills from management theory to assign and/or delegate nursing care to other members of the nursing team in a variety of settings.

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E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.	**E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.**	**E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.**
Knowledge		
1. Common health practices and behaviors of patients and their families related to their developmental level, gender, culture, belief system, and the environment.	1. a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment. b. Healthy lifestyles and early manifestations of disease in patients and their families.	1. a. Health practices and behaviors and early manifestations of disease in patients, families, communities, and populations related to developmental level, gender, cultures, belief systems, and the environment. b. Healthy lifestyles, early manifestations of disease, and epidemiology in populations. c. Health behavior change strategies to promote health and manage illness.

2. Methods of therapeutic communication.	2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.	2. Theories, models, patterns, and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.
3. Rights and responsibilities of patients related to health care and basic advocacy.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Advocacy for health promotion for patients and their families.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Public policy advocacy.
4. Basic physiological and mental health aspects of nursing interventions.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients, families, populations, and communities.
5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and research findings of factors that contribute to the maintenance or restoration of health and prevention of illness.
6. a. Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents, including patients' responses. b. Effects of misuse of prescription and nonprescription medications and other substances.	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents and research studies impacting patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances
7. Coping mechanisms for managing stress and identifying resources for crisis management.	7. Principles and strategies of stress management, crisis intervention, and conflict management.	7. Principles, strategies, theories, and models of stress, crisis responses, and conflict management.
8. Code of vocational nurse ethics and patient's rights.	8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision-making.	8. Code of ethics, ethical practices, current issues, and patient's rights in the health care delivery system.
9. Legal parameters of vocational nursing practice and health care.	9. Legal parameters of professional nursing practice and health care.	9. Legal standards and implications for professional nursing care in multiple health care delivery settings.

10. Available intradisciplinary and interdisciplinary resources within the employment setting.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of health care delivery system resources.
11. Key federal and state statutes and institutional policies regarding patient confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Management of nursing informatics using principles of confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Information systems management consistent with principles of confidentiality.
12. Nursing interventions to implement plan of care.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for individuals, families, populations, and communities.
13. Clinical reasoning in the delivery of care to patients with predictable health care needs using knowledge from the vocational program of study.	13. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.	13. Clinical reasoning for complex health care needs of patients, families, communities, and populations using a broad framework of knowledge from the baccalaureate nursing program of study.
Clinical Judgments and Behaviors		
1. Implement individualized plan of care to assist patient to meet basic physical and psychosocial needs.	1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.	1. Implement individualized plan of care to assist patients, families, communities, and vulnerable populations to meet comprehensive physical and mental health care needs in multiple settings.
2. Implement nursing interventions to promote health, rehabilitation, and implement nursing care for clients with chronic physical and mental health problems and disabilities.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and their families to learn skills and strategies to protect and promote health.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and families to learn skills that promote and protect health in multiple settings.

3. Initiate interventions in rapidly-changing and emergency patient situations.	3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for patients and their families.	3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs of patients, families, populations, and communities.
4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.	4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.	4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.
5. Foster coping mechanisms of patients and their families during alterations in health status and end of life.	5. a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life. b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.	5. a. Facilitate patient and family coping during alterations in health status and end of life. b. Apply evidenced-based practice outcomes and research findings to support patient, family, population, and community coping and adaptation during health crises.
6. a. Assist interdisciplinary health care team members with examinations and procedures. b. Seek clarification as needed. c. Provide accurate and pertinent communication when transferring patient care to another provider.	6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.	6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.
7. a. Inform patient of Patient Bill of Rights. b. Encourage active engagement of patients and their families in care.	7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patients and their families in care.	7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patient, family, population, and community in care.

8. Communicate ethical and legal concerns through established channels of communication.	8. Use interdisciplinary resources within the institution to address ethical and legal concerns.	8. Use interdisciplinary, institutional, community, and scholarly resources to address ethical and legal concerns.
9. Use basic therapeutic communication skills when interacting with patients, their families, and other professionals.	9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.	9. a. Use therapeutic communication skills when interacting with and maintaining relationships with patients and families, and other professionals. b. Apply communication theory and techniques in maintaining professional relationships with patients, families, populations, and communities.
10. Apply current technology and informatics to enhance direct patient care while maintaining patient confidentiality and promoting safety.	10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.	10. a. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety. b. Use informatics to promote health and reduce risk in the community.
11. Facilitate maintenance of patient confidentiality.	11. Facilitate maintenance of patient confidentiality.	11. Facilitate maintenance of patient confidentiality.
12. a. Demonstrate accountability by providing nursing interventions safely and effectively using a directed scope of practice. b. Provide nursing interventions safely and effectively using established evidence-based practice guidelines.	12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using evidence-based outcomes.	12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using current research findings and evidence-based outcomes.
13. Provide direct patient care in disease prevention and health promotion and/or restoration.	13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.	13. a. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration. b. Provide direct and indirect care in community-based programs whose primary goals are disease prevention and health promotion and/or restoration.

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F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.	**F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.**	**F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.**
Knowledge		
1. Mechanisms to evaluate specific nursing interventions and patient outcomes.	1. Methods to evaluate health care processes and patient outcomes.	1. Systematic processes to assess methods for evaluating patient outcomes, including reliability and validity of evaluation tools.
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge of life sciences.	2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.	2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including advanced pathophysiology, neurobiology, pharmacology, genomics, chemistry, humanities, and liberal arts education.
3. Basic performance improvement activities in patient care delivery.	3. Introduction to performance improvement concepts in patient care delivery.	3. Performance improvement concepts, motivation theory, and research/evaluation outcome measures to evaluate efficacy and effectiveness of care.
Clinical Judgments and Behaviors		
1. Report changes in assessment data.	1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.	1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.

2. Use standard references to compare expected and achieved outcomes of nursing care.	2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.	2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data and use research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes for patient.
3. Communicate reasons for deviations from plan of care to supervisory health care team member.	3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.	3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team.
4. Assist in modifying plan of care.	4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.	4. Modify plan of care based on overt or subtle shifts in patient status, research findings, and evaluation data.
5. Report and document patient's responses to nursing interventions.	5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.	5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.
6. Assist in evaluating patient care delivery based on expected outcomes in plan of care and participate in revision of plan of care.	6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.	6. a. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation. b. Evaluate evidence-based data for use in providing comprehensive, efficient, cost-effective care to diverse patients, families, populations, and communities.

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G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
Knowledge		
1. Lifespan development and common situational variables affecting learning, such as stress, pain, and fear.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. c. Techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care.
2. Basic principles of the teaching/ learning process.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching.
3. Resources that support patient health care knowledge, decision-making, and self-advocacy.	3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient and family health.	3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient, family, population, and community health.
Clinical Judgments and Behaviors		
1. Identify health-related learning needs of patients and their families.	1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.	1. a. Assess learning needs of patients, families, populations, and communities related to health promotion, maintenance, and restoration.

		b. Assess genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction and health promotion, maintenance, and restoration.	
2. Contribute to the development of an individualized teaching plan.	2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.	2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans and strategies for patients, families, populations, and communities.	
3. Implement aspects of an established teaching plan for patients and their families.	3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.	3. Develop and implement comprehensive teaching plans for health promotion, maintenance and restoration and risk reduction of patients, families, populations, and communities.	
4. Assist in evaluation of learning outcomes using structured evaluation tools.	4. Evaluate learning outcomes of the patients and their families receiving instruction.	4. Evaluate learning outcomes of comprehensive teaching plans for patients, families, populations, and communities.	
5. Teach health promotion and maintenance and self-care to individuals from a designated teaching plan.	5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.	5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Develop teaching plans with special considerations for vulnerable populations. c. Teach health promotion and maintenance and self-care to individuals, families, and groups based upon teaching goals.	
6. Provide the patient with the information needed to make choices regarding health.	6. Provide patients and their families with the information needed to make choices regarding health.	6. a. Provide patients, families, populations, and communities with the information	

		needed to make choices regarding health.
		b. Implement risk reduction strategies to address social and public health issues.
7. Provide patients and families with basic sources of health information.	7. Serve as an advocate and resource for health education and information for patients and their families.	7. Advocate for health education, healthy lifestyles, and early detection and treatment of disease, targeting vulnerable populations.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	**H. Coordinate human, information, and physical resources in providing care for patients and their families.**	**H. Coordinate the management of human, information, and management of physical resources in providing care for patients, families, populations, and communities.**
Knowledge		
1. Organizational mission, vision, and values as a framework for care.	1. Organizational mission, vision, and values as a framework for care and management.	1. Organizational mission, vision, and values as a framework for care, management, and leadership.
2. Lines of authority and accountability within structured health care settings.	2. Types of organizational frameworks of various health care settings.	2. Organizational theories/principles of organizational behavior.
3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Safe environmental management and promoting a culture of safety.
4. Vocational nursing role in implementing established cost containment measures.	4. a. Key issues related to budgetary constraints impacting the use of resources. b. Basic models of reimbursement.	4. a. Workplace unit budgeting and workforce resource management. b. Basic models of reimbursement.

5. Communication within organizational framework.	5. Basic principles of management and communication within an organization.	5. a. Management and communication within an organization. b. Leadership and management theory, practice, and skills.
6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.
7. Individual response to organizational change.	7. Change process and strategies for initiating and evaluating effectiveness of change.	7. Change theory, processes, and strategies and change agent role, including methods for evaluating effectiveness of change.
Clinical Judgments and Behaviors		
1. Participate in implementing changes that lead to improvement in the work setting.	1. Identify and participate in activities to improve health care delivery within the work setting.	1. a. Identify and participate in activities to improve health care delivery within the work setting. b. Assess the management structure and nursing care delivery system within a health care organization and recommend changes for improvement.
2. a. Report unsafe patient care environment and equipment. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace. c. Design and implement strategies (e.g., coaching to increase the effectiveness of teamwork) to respond to the need for corrective action to promote a safe work environment.
3. Implement established cost containment measures in direct patient care.	3. Collaborate with interdisciplinary health care team to select human and physical resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.	3. Collaborate with interdisciplinary health care team to use human and physical resources that are optimal, legal, and cost efficient to achieve patient-centered outcomes, meet organizational goals, and promote health in the community.

4. Assign patient care activities taking patient safety into consideration according to Texas Board of Nursing rules (217.11).	4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.	4. a. Supervise and delegate care and contribute to shared goals. b. Use management, leadership, teambuilding, and administrative skills; organize, manage, and evaluate the functioning of groups of individuals and staff.
5. Use management skills to assign to licensed and unlicensed personnel.	5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate leadership role in achieving patient goals.	5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate a leadership role in achieving patient/ family/ population/ community goals and management goals.
6. Assist with maintenance of standards of care.	6. Implement established standards of care.	6. a. Implement established standards of care. b. Collaborate in the development of standards of care based on evidence-based practice congruent with organizational structure and goals.

III. Patient Safety Advocate

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
Knowledge		
1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.
2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.
3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.
6. Principles of quality improvement.	6. Principles of quality improvement and outcome measurement in health care organizations.	6. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

* Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

Clinical Judgments and Behaviors		
1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.
2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.
3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.
5. Recognize and report unsafe practices and contribute to quality improvement processes.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice and manage quality improvement processes for safe patient care.
6. Participate in nursing peer review.	6. Participate in nursing peer review.	6. Participate in nursing peer review.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Implement measures to promote quality and a safe environment for patients, self, and others.	**B. Implement measures to promote quality and a safe environment for patients, self, and others.**	**B. Implement measures to promote quality and a safe environment for patients, self, and others.**
Knowledge		
1. a. Principles of patient safety including safe patient handling. b. Promoting a culture of safety implementing principles of just culture.	1. a. Principles of patient safety including safe patient handling. b. Management of the patient environment for safety.	1. a. Principles of patient safety including safe patient handling. b. Quality improvement, environmental management, and risk management with a focus on patient safety.

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	c. Promoting a culture of safety implementing principles of just culture.	c. Promoting a culture of safety implementing principles of just culture.
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.
3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Leadership role in quality, safety, and patient risk management and management of the environment for patient and others' safety. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.
4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposals of medications and hazardous materials.
5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.
Clinical Judgments and Behaviors		
1. Promote a safe, effective, caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote and manage a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patient, family, health care team, population, and community consistent with the principles of just culture.
2. Accurately identify patients.	2. Accurately identify patients.	2. Accurately identify patients.
3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.

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	c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.	c. Use epidemiologic process to manage and reduce risks related to medication and treatment administration and modify techniques in a variety of settings.
4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.
5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.
6. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety.	6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.	6. a. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety. b. Participate in organizational initiatives that enhance a culture of safety for patients, families, populations, and communities.
7. Use evidence-based information to contribute to development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based findings to develop interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.
8. Implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Use evidence-based findings to initiate accident prevention measures for patients and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.

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9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. **Assist in the formulation of goals and outcomes to reduce patient risks.**	C. **Formulate goals and outcomes using evidence-based data to reduce patient risks.**	C. **Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.**
Knowledge		
1. a. Principles of disaster preparedness and fundamental principles of communicable disease prevention for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles of disaster preparedness and communicable disease prevention and control for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles and theoretical models of epidemiology and communicable disease prevention and control for patients, families, populations, and communities. b. Evidence-based risk reduction. c. Epidemic and pandemic prevention and control. d. Disaster preparedness, response, and recovery. e. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.
2. Current national and state standards and guidelines and local procedures for infection control.	2. Current national and state standards and guidelines and local procedures for infection control.	2. Current international, national, and state standards and guidelines and local procedures for infection control.

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Clinical Judgments and Behaviors		
1. Assist in the formulation of goals and outcomes to reduce patient risk of health care-associated infections.	1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.	1. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce the risk of health care-associated infections.
2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient, family, population, and community.
3. Implement established policies related to disease prevention and control.	3. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards	3. a. Assist in developing policies and procedures to prevent exposure to infectious pathogens, communicable conditions, and other occupational hazards. b. Participate in programs and systems to address safety of patients, families, populations, and communities in the event of emergency or disaster.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	**D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.**	**D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.**
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas

Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.
2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.
3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	**E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.**	**E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.**
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.

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2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.
3. Report safety incidents and issues through the appropriate channels.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.
4. Implement established safety and risk management measures.	4. Participate in committees that promote safety and risk management.	4. a. Participate in committees that promote quality, safety, and risk management. b. Interpret and guide others toward safe and legal clinical practice. c. Identify systems issues that impact nursing practice.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
F. Accept and make assignments that take into consideration patient safety and organizational policy.	*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.*	*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.*
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing Rules (including awareness of RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall

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within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.
2. *When making assignments, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*	2. *When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*	2. *When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*
3. *When assigning nursing care, retain accountability and supervise personnel based on Texas Board of Nursing rules according to the setting to ensure patient safety.*	3. *a When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.* *b Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.*	*a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.* *b. Implement and develop organizational policies and procedures regarding assignments and delegated tasks.*

* Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

IV. Member of the Health Care Team

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/ or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.	A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
Knowledge		
1. a. Structure and function of the health care delivery system. b. Roles and functions of interdisciplinary health care team members including group dynamics.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and roles of interdisciplinary health care team members including group process.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and using group process in decision-making and care. c. Social, economic, and political processes impacting the access to and delivery of health care in communities.
2. Principles of effective communication and collaboration with patients, their families, and the interdisciplinary health care team.	2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.	2. a. Theories and strategies of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.
3. a. Strategies to deal with b. Principles of interpersonal conflict management, assertiveness, problem-	3. a. Change theory and managing change. b. Principles of conflict management, decision-making, assertiveness,	3. a. Role theory, change theory, management and leadership theory.

Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

solving, data collection, and basic time management.	motivation, delegation, supervision, and time management.	b. Principles of conflict management, decision-making, motivation, delegation, systems theory, assertiveness, budgeting, delegation, time management, supervision, and performance appraisal.
4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.	4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.	4. a. Patient advocacy and consumer rights and responsibilities. b. Legislative, legal, and ethical processes related to health care.
5. Contribution of evidence-based practice in development of health care and quality improvement.	5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care. b. Methods of evaluation for continuous quality improvement.	5. a. Evidence-based practice and research findings related to health care. b. Process of translating current evidence into practice. c. Methods of evaluation for continuous quality improvement. d. Processes of continuous quality improvement and application of quality improvement data.
Clinical Judgments and Behaviors		
1. Involve patients and their families with other interdisciplinary health care team members in decisions about patient care across the lifespan.	1. Involve patients and their families in collaboration with other interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan.	1. a. Involve patients, families, populations, and communities in collaboration with interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan. b. Use models of health care delivery to plan and improve health care for patients, families, populations, and communities.
2. Cooperate and communicate to assist in planning and delivering interdisciplinary health care.	2. a. Use strategies of cooperation, collaboration, and communication to	2. a. Use strategies of cooperation, collaboration, and communication to

Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

	plan, deliver, and evaluate interdisciplinary health care. b. Promote the effective coordination of services to patients and their families in patient-centered health care.	plan, deliver, and evaluate interdisciplinary health care. b. Promote and provide leadership in the effective coordination of services to patients, families, populations, and communities.
3. Participate in evidence-based practice in development of patient care policy with the interdisciplinary team to promote care of patients and their families.	3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.	3. Synthesize evidence-based practices, research findings, and methods of evaluation with the interdisciplinary team by translating current evidence into practice for patients, families, populations, and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.	**B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.**	**B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.**
Knowledge		
1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal factors relating to safeguarding patient rights.	1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.	1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current economic, legal, and political factors that influence access to health care delivery for patients, families, populations, and communities.
2. a. Individual responsibility for quality of nursing care.	2. a. Individual responsibility for quality of nursing care.	2. a. Individual responsibility for quality of nursing care.

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b. Role of the nurse as patient advocate for patients and their families.	b. Role of the nurse as advocate for patients and their families.	b. Role of the nurse as advocate for patients, families, populations, and communities. c. Research and theories related to advocacy for access to health care for patients, families, populations, and communities.
3. a. Role of nurse in quality improvement process. b. Nursing peer review committee. c. Knowledge of reliable online sites for quality health care data.	3. a. Role of organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families. b. Knowledge of reliable online sites and other resources that provide quality health care data.	3. a. Leadership role in organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients, families, populations, and communities. b. Formal and informal sources of power and negotiation processes. c. Historical development of professional advocacy groups and the growth of consumer advocacy. d. Knowledge of reliable online sites and other resources that provide quality health care data.
4. Responsibility for reporting to licensing and public protective agencies, which may involve mandatory reporting.	4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.	4. Health care policies and regulations related to public safety and welfare, mandatory reporting, and development of the future workforce.
Clinical Judgments and Behaviors		
1. Respect the privacy and dignity of the patient.	1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.	1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.

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	b. Apply legal and ethical principles to advocate for patient well-being and preference.	b. Apply legal and ethical principles to advocate for human and societal well-being and preferences.
2. Identify unmet health needs of patients.	2. Identify unmet needs of patients and their families from a holistic perspective.	2. a. Identify the unmet needs of patients, families, communities, and populations from a holistic perspective. b. Identify problems that patients and vulnerable populations have in accessing health care and disparities in health care.
3. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team. c. Teach patients and families about access to reliable and valid sources of information and resources including health information.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients, families, populations, and communities with other members of the interdisciplinary health care team by implementing strategies for improving health care delivery systems. c. Teach patients, families, populations, and communities about access to reliable and valid sources of information and resources including health information.
4. Participate in quality improvement activities.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.
5. Refer patients and their families to community resources.	5. a. Refer patients and their families to community resources.	5. a. Refer patients, families, populations, and communities to resources.

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	b. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs.	b. Serve as a member of health care and community teams to provide services to individuals and communities with unmet needs. c. Initiate and participate in community partnerships and coalitions to provide health care to targeted, diverse populations.
Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	**C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.**	**C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.**
Knowledge		
1. Work setting and major community resources.	1. Institutional and community resources including agencies/ services and health care providers.	1. Institutional, community, state, and federal resources including agencies/ services and health care providers.
2. Role of the case manager.	2. Principles of case management.	2. Theory and principles of case management, population characteristics, and epidemiology.
3. Roles of family and significant others in providing support to the patient.	3. Roles of family and significant others in providing support to the patient.	3. a. Roles of family and significant others in providing support to the patient. b. Family systems theory.
4. a. Functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.

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5. Need for patient referrals to promote continuity of care.	5. Referral processes for patients and their families to promote continuity of care.	5. Referral processes and methods for promoting continuity of care and improving access to health care for patients, families, populations, and communities.
6. Issues in current treatment modalities.	6. Issues and trends in health care delivery.	6. a. Issues and trends in health care delivery. b. Implications of demographic, epidemiological, and genetics data on the changing needs for health care resources and services.
7. Cost of health care services.	7. Major current issues affecting public/ government/ private health care services, programs, and costs.	7. Past, present, and future issues affecting public/ government/ private health care services, programs, policies and costs.
8. Organizational and local resources for health promotion, maintenance, and restoration.	8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.	8. Organizational, local, state, federal, and global resources for risk reduction and health promotion, maintenance, and restoration.
Clinical Judgments and Behaviors		
1. a. Identify support systems of patients and their families. b. Identify major community resources that can assist in meeting needs.	1. a. Assess the adequacy of the support systems of patients and their families. b. Work with families to use resources to strengthen support systems. c. Identify providers and national and community resources to meet the needs of patients and their families.	1. a. Assess the adequacy of the support systems of patients, families, populations, and communities. b. Work with family and community resources to develop and strengthen support systems for patients, families, populations and communities. c. Identify providers and national and community resources to meet the needs of patients, families, populations and communities.
2. a. Communicate patient needs to the family and members of the health care team.	2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional	2. a. Facilitate communication among patients, families, and interdisciplinary

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b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.	or community resources to meet health care needs. b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.	team to use institutional or community resources to meet health care needs. b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.
3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patient to communicate needs to their support systems and to other health care professionals.	3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patients and their families to communicate needs to their support systems and to other health care professionals.	3. a. Advocate with members of the interdisciplinary health care team and community resources on behalf of patients, families, and vulnerable populations to procure resources for care. b. Assist patients, families, and vulnerable populations to communicate needs to their support systems and to other health care professionals. c. Advocate for public policies to support health care access for vulnerable populations.
4. Identify treatment modalities and cost of health care services for patients and their families.	4. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/ government/ private health care services, programs, and cost to patients and families.	4. a. Collaborate with interdisciplinary team concerning issues and trends in health care delivery. b. Analyze demographic and epidemiology data on the changing needs for health care resources and services. c. Participate in meetings/ organizations addressing past, present, and future issues affecting public/ government/ private health care services, programs, and cost to patients, families, populations, and communities.

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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Communicate patient data using technology to support decision-making to improve patient care.	**D. Communicate and manage information using technology to support decision-making to improve patient care.**	**D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.**
Knowledge		
1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, the medical record, and population-based data. b. Current technology-based information and communication systems. c. Information management for health care systems.
2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.
3. Technology skills including word-processing, e-mailing, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.
Clinical Judgments and Behaviors		
1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Use recognized, credible sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Evaluate credibility of sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice, administration, education, and research. b. Evaluate credibility of sources of information, including internet sites.

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c. Access, review, and use electronic data to support decision-making.	c. Access, review, and use electronic data to support decision-making. d. Participate in quality improvement studies.	c. Access, review, and use electronic data to support decision-making. d. Participate in designing, conducting, and evaluating quality improvement studies.
2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.
3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients and their families.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care and delivery systems. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients, families, populations, and communities.
4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.	*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.*	*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.*

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Knowledge		
1. Awareness of Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.
2. a. Principles of supervision and team work/group dynamics. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and focused assessments.	2. a. Principles of supervision and management, team work/ group dynamics, and nursing care delivery systems. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies.	2. a. Principles of supervision, team work/ group dynamics, nursing care delivery systems, and health policy. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies. f. Management and systems theory.
3. Time management.	3. Time management.	3. Time management.
4. a. Principles of communication. b. Regulatory laws and facility policies	4. a. Principles of communication. b. Regulatory laws and facility policies.	4. a. Principles of communication. b. Regulatory laws and facility policies. c. Motivational theories.
Clinical Judgments and Behaviors		
1. *Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments.*	1. *a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks.* *b. Assess competency level and special needs of nursing team members.* *c. Facilitate decision-making related to delegation and assigned tasks.*	1. *a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks.* *b. Assess competency level and special needs of nursing team members.* *c. Facilitate decision-making and establishing facility policy related to delegated and assigned tasks.*

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2. *a. Assign and monitor tasks of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. *b. Reassess adequacy of care provided.	2. *a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. *b. Assign patient care based on analysis of patient or organizational need *c. Reassess competency and learning needs of team members.	2. *a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. *b. Use leadership skills to promote team building and team work. *c. Assign patient care based on analysis of patient or organizational need. *d. Reassess competency and learning needs of team members.
3. *a. Document and/ or report responses to care or untoward effects. *b. Provide feedback on competency levels of team members.	3. *a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment. *b. Plan activities to develop competency levels of team members	3. *a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment. *b. Plan and manage activities to develop competency levels of team members.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
*F. Supervise nursing care provided by others for whom the nurse is responsible.	*F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.	*F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
Knowledge		
1. Principles of supervision and group dynamics.	1. Principles of management and organizational behavior.	1. Theories of management and leadership, and evaluation of organizational behavior.
2. Principles of communication in groups.	2. Principles of communication and group process.	2. Communication theory and group process.
3. Principles of teaching and learning.	3. a. Assessment of learning needs. b. Instructional methods.	3. a. Assessment of learning needs. b. Instructional methods.

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	c. Evaluation of teaching effectiveness.	c. Evaluation of teaching effectiveness.
4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command and various health care delivery systems.
Clinical Judgments and Behaviors		
1. *Provide instruction where needed to members of the health care team to promote safe care.*	1. *Provide staff education to members of the health care team to promote safe care.*	1. *a. Use leadership skills to provide staff education to members of the health care team to promote safe care.* *b. Evaluate the effectiveness of the process for staff education.* *c. Develop new policies and procedures.*
2. *Seek direction and clarification from supervisors when questions arise to promote safe care by health care team.*	2. *Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.*	2. *Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.*
3. *a. Oversee and monitor patient care provided by unlicensed assistive personnel and vocational licensed personnel as assigned.* *b. Base assignments on individual team member competencies.*	3. *a. Oversee and follow through on patient care provided by health team members.* *b. Base assignments and delegation on team member competencies.*	3. *a. Oversee and follow through on patient care provided by health team members.* *b. Base assignments and delegation on team member competencies.*
4. *Ensure timely documentation by assigned health team members.*	4. *a. Ensure timely documentation by assigned health team members.* *b Ensure documentation of patient care follow-up.*	4. *a. Ensure timely documentation by assigned health team members.* *b. Ensure documentation of patient care follow-up*

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
G. **Assist health care teams during local or global health emergencies or pandemics**	G. **Participate with health care teams during local or global health emergencies or**	G. **Coordinate, collaborate, and lead health care teams during local or global health**

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to promote health and safety, and prevent disease.	pandemics to promote health and safety, and prevent disease.	emergencies or pandemics to promote community stability, health, and safety, and prevent disease.
Knowledge		
1. Impact of global health on local communities.	1. Impact of global health on local communities.	1. Impact of global health on local communities.
2. a. Global health organizations. b. Sources of global health information and data.	2. a. Global health organizations. b. Sources of global health information and data.	2. a. Global health organizations. b. Sources of global health information and data.
3. Nursing roles during global or local emergencies and pandemics.	3. Nursing roles during global or local emergencies and pandemics.	3. Nurse leader roles during global or local emergencies and pandemics.
4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.
Clinical Judgments and Behaviors		
1. Recognize the impact and prepare to respond to an emergent global or local health issue in an assistant role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a supportive role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a leadership role.
2. Guide patients, staff, and others in understanding the extent of the emergency and their response.	2. Provide information to patients, staff, and others in understanding the extent of the emergency and their response.	2. Take a leadership role with patients, staff, and others in understanding the extent of the emergency and taking any necessary actions.
3. Participate with the health care team to promote safety and maintain health during an emergency or pandemic.	3. Fulfill an assigned role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.	3. Assume a leadership role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.
4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that

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resolution of a global or local crisis and promotion of health among the population.	resolution of a global or local crisis and promotion of health among the population.	address resolution of a global or local crisis and promotion of health among the population.

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Differentiated Essential Competencies
Of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2021

Implementing the DECs in Education and Practice

The competencies in the DECs describe the outcomes for graduates of the Texas prelicensure nursing education programs and they ensure that graduates have received the preparation to practice at their educational level as safe, competent entry-level nurses. The DECs provide a common standard of expectation in practice abilities of new nursing graduates as they seek employment in health care settings.

It is recommended that nursing education programs:
- Review the revised DECs for alignment with the curriculum and make adjustments as needed;
- Consider how each core competency is addressed in the curriculum and whether curriculum changes are in order;
- Ensure that the DECs are integrated into course and clinical objectives;
- Reinforce the meaning of the DECs throughout the program reminding students that competencies will continue to be developed in the program and as they gain experience in nursing practice.

This exercise in curriculum review and revision will update the curriculum and familiarize the faculty with the entire program of study.

Implementing the DECs in Practice Settings

The DECs provide an expected level of knowledge, skills, abilities, and clinical judgment for new graduates and offer a starting point for the growth of competencies as they enter practice.

It is recommended that practice settings:
- Review the revised DECs to ensure that the expectations for new graduates are consistent with the competencies taught in nursing programs;
- Consider the DECs in a review of the orientation of new graduates or for internships offered to new nurses;
- Utilize the leveling of the core competencies when considering the scope of practice for each educational preparation.

The DECs also will provide a guideline for establishing career ladders, making assignments to new graduates, reviewing job descriptions, establishing policies and procedures, and planning in-services and staff development programs.

Glossary
Explanation of Terms Used in the DECs

1. **Civility** - behavior usually demonstrated through manners, courtesy, politeness, and a general awareness of the rights, wishes, concerns, and feelings of others. Civil behavior in nursing contributes to a positive environment and is related to the health and well-being of the nurses and patients. Aspects of civil behavior includes tolerating, listening, respecting, and treating others with dignity and honor. Incivility is recognized by actions such as berating and insulting others, showing disrespect, and blaming and accusing with the intent to hurt. Incivility in healthcare can lead to unsafe working conditions, stress, poor patient care, burnout, and increased medical costs (My American Nurse, 2012; Clark, 2017; Laschinger et al., 2009.)

2. **Clinical Reasoning** - the process by which nurses collect cues, process and analyze the information, come to an understanding of a patient problem or situation, weigh alternative actions, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process (Griffits et al., 2017).

3. **Competency** - an expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice (ANA, 2015, p. 86).

4. **Delegation** - a registered nurse authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN [Texas Board of Nursing §224.4(3)]. [Another pertinent rule is §225.4(6)].

5. **Evidence-based Practice** - a conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions that individualize a patient's care (Stevens, 2013).

6. **Global Health** - the health and well-being of the global population and as such, is linked to public health; content in global health that promote competencies include travel and migration, determinants of health, environmental factors, cultural competency, communication, health care delivery, ethics, human rights, collaboration, and management skills (Clark et al., 2016).

7. **Just Culture** - a culture in which the reporting of errors and near misses in practice is supported without fear of retribution, creating an atmosphere of trust and encouraging and rewarding nurses and health care workers (Barnsteiner & Disch, 2019).

8. **Nursing Peer Review** - the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint (NPA Sec. 303.001).

9. **Predictable Health Care Needs** - health issues that follow a common course of patterned symptoms and expected prescribed care with likely outcomes.

10. **Social Determinants of Health** - conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Retrieved from: https://www.cdc.gov/socialdeterminants/index.htm)

11. **Service Excellence** - caring in action that is fundamental to the achievement of optimal health outcomes for the patient, nurse, and system. Service excellence is a combination of compassionate caring and competent practice. Nurses may experience challenges in providing service excellence such as the changing demographics and increasing diversity, the growing use of technology, globalization of the world's economy and society, consumer education, the increasing complexity of patient care, the rising cost of health care, the impact of heath policy and regulation, interdisciplinary practice, the nursing shortage, the need for lifelong learning, and advances in nursing science and research (Aliyu et al., 2014).

12. **Vulnerable Patients/Populations** - those at greater risk for poor health status and healthcare access, experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality. Their health needs are complex, intersecting with social and economic conditions they experience. This population is also likely to have 1 or more physical and/or mental health conditions. (The American Journal of Managed Care, 2006). Retrieved from: https://www.ajmc.com/view/nov06-2390ps348-s352

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Members of the DECs Work Group and Board Staff

Board-Appointed Committee:

Name	Representing
Joan Becker, MA, BSN, RN	Texas Organization of Associate Degree Nursing (TOADN)
April Ernst, MSN, RN, CNE	Texas Association of Vocational Nurse Educators (TAVNE)
Heather M. McKnight, DNP, MSN, RN, NE-BC	Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)
Paula J. Webb, DNP, RN, NEA-BC, FAONL Valerie Kiper, DNP, MSN, RN, NEA-BC	Texas Organization of Nurse Leaders (TONL)
Renae Schumann, PhD, RN, CNE	Texas Nurses Association (TNA)
Tara Dailey, DNP, MSN, RN	Texas League for Nursing (TLN)
Adam Ramirez, LVN	Licensed Vocational Nurses Association of Texas (LVNAT)
Karen Schwind, RN	Texas School Nurses Organization (TSNO)
Karen Kendrick, MSN, RN	Texas Hospital Association (THA)
Robin Hayes, RN, CDP	Texas Health Care Association (THCA)

Texas Board of Nursing Liaison: Tamara Rhodes, MSN, RN

Texas Board of Nursing Staff:
Virginia Ayars, EdD, MS, RN, CNE, Nursing Consultant for Education
Jackie Ballesteros, Administrative Assistant
Kristin Benton, DNP, RN, Director of Nursing
Alexandria Chamberlain, MSN, RN, Nursing Consultant for Practice
Janice Hooper, PhD, RN FRE, CNE, FAAN, ANEF, Lead Nursing Consultant for Education
Elise McDermott, MSN, RN, Lead Nursing Consultant for Practice
Timothy Sherman, MSN, APRN, FNP-C, Nursing Consultant for Practice
Beverly Skloss, MSN, RN, Nursing Consultant for Education
Gayle Varnell, PhD, RN, CPNP-PC, Nursing Consultant for Education

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

PHILOSOPHY

The faculty of the Associate Degree Nursing (ADN) Program, an integral part of South Plains College; accepts the philosophy, purposes and objectives of the college.

The faculty believes that each individual is unique and holistic and worthy of dignity and respect. An individual is influenced by genetic inheritance, life experiences, and cultural background and is a part of a larger community. The faculty accepts the definition of community by Goeppanger, Lassiter, and Wilcox (1982), as "a system of formal and informal groups characterized by interdependence and whose function is to meet the collective needs of group members, p. 467." The individual's community and environment provide a context made up of biological, physiological, personal, spiritual, social, cultural and political influences, which effect health.

The faculty believes that a person has inherent dignity and worth, and the freedom to make choices for which the individual is accountable. In a dynamic environment, a person strives to maintain/regain balance as the individual moves along a continuum towards positive outcomes.

We believe nursing is a profession with a unique body of knowledge, the goal of which is to assist individuals, families and groups within the community to maintain and/or restore optimal wellness.

We believe that within an evolving health care delivery system the nursing needs of the community will change. Nurses assist people to meet basic needs throughout the life span or to die with dignity. The goal of nursing is achieved through the use of critical thinking, problem solving skills and the nursing process within an interpersonal and collaborative framework. The profession incorporates principles from the sciences and the humanities, which serve as the basis for teaching and implementing actions of nursing practice.

We, the faculty, define nursing education as the active teaching-learning process necessary for assimilation of theoretical concepts and the development of skills for the practice of nursing. The faculty believes education is a process of self-realization, embracing all those experiences whereby a person assimilates knowledge, masters skills, develops personal potential and establishes values. Therefore, the educational experience is an integral and continuous life long process.

We believe that learning includes the development of critical thinking through problem solving experiences, which will enable the learner to examine their thinking and the thinking of others. We, the faculty, define critical thinking as being able to:

1) think purposefully and actively,
2) carefully explore and view situations from various perspectives,
3) exchange and explore ideas with others in an organized way,

4) arrive at thoughtful conclusions that will increase the likelihood of achieving positive outcomes.

The faculty recognizes that educational preparation in the future will require the use of different technological mediums. Beginning practitioners will also be expected to utilize resources to deliver safe, quality, and cost effective care.

The purpose of the ADN Program at South Plains College is to provide the community with graduates who are eligible to take the State Board Exam (NCLEX) for registered nurse licensure and to prepare graduates who as general practitioners are able to provide safe, entry level care in a variety of settings within the community.

The faculty recognizes the existence of two (2) distinct basic educational programs (ADN, BSN) to prepare for the practice of professional nursing. The faculty also recognizes advanced educational programs including Masters and Doctoral Degree Programs in Nursing. The faculty believes in the concept of articulation as defined by the Texas Board of Nurse Examiners. The faculty accepts that there are four distinct nursing roles: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team. Further, the faculty believes that graduates of an ADN Program should be able to perform safe nursing practice as defined by the Texas Board of Nursing Differentiated Essential Competencies. The faculty also believes that the graduate functioning within the four roles should be capable of utilizing critical thinking and the nursing process to provide safe, competent nursing care to individuals, families and groups with a variety of health care needs in a variety of settings. Graduates should be self-directed, flexible, adaptive, caring, and able to maintain legal and ethical standards within a rapidly changing health care delivery system.

The faculty accepts the responsibility of planning, implementing, evaluating the teaching-learning process, and providing optimal learning experiences for safe clinical practice. We, the faculty, believe that the philosophy and objectives of the nursing program are open to change based on information gained through continuing education and evaluation of current trends and knowledge.

1Goeppinger, J., Lassiter, P.G. and Wilcox, B. (1982). Community health is community competence. Nursing Outlook, 30, 464-467.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
* FALL/SPRING CURRICULUM

PREREQUISITE COURSES

(Summer/Fall) Course		Semester Hours
**BIOL 2420	Microbiology	4
**PSYC 2314	Growth & Development	3
		7

(Summer/Fall) Course		Semester Hours
**BIOL 2401	Anatomy & Physiology I	4
**ENGL 1301	College Composition I	3
		7

FRESHMAN YEAR

(Fall/Spring)
First Semester

Course		Semester Hours
RNSG 1413	Fundamentals For Nursing Practice	4
RNSG 1105	Nursing Skills I	1
RNSG 1144	Nursing Skills II	1
RNSG 1160	Clinical-Nursing (RN Training)-Foundations	1
RNSG 1115	Health Assessment	1
**BIOL 2402	Anatomy & Physiology II	12

Course		Semester Hours
MATH 0311	Fundamentals of Arithmetic For Nurses (If testing indicates a need)	3

(Fall/Spring)
Second Semester

Course		Semester Hours
RNSG 1441	Concepts of Adult Health	4
RNSG2460	Clinical-Nursing(RN Training)----Concepts	4
RNSG2213	Mental Health Nursing	2
		10

SOPHOMORE YEAR

(Fall/Spring)
First Semester

Course		Semester Hours
RNSG 1443	Care of Clients with Complex Health Care Needs	4
RNSG 2461	Clinical - Nursing (RN Training)- Cmplx. Needs	4
RNSG2261	Clinical-Nursing(RN Training) Common Health Care Needs	2
		10

(Fall/Spring)
Second Semester

Course		Semester Hours
RNSG 1412	Care of the Childbearing & Childrearing Family	4
RNSG 2462	Clinical-Nursing(RN Training)-Maternal Child	4
RNSG 2121	Prof. Nsg.-Leadership & Mgt.	
RNSG 1146	Legal & Ethical Issues for Nurses	
RNSG 2130	Professional Nsg. Review & Licensure Prep.	
**Humanities		3
		14

*The program and courses within the program are subject to approval and changes mandated by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

** Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
ADVANCED PLACEMENT PROGRAM
***CURRICULUM**

PREREQUISITE COURSES

Course		Semester Hours
**BIOL 2420	Microbiology	4
**BIOL 2401	Anatomy & Physiology 1	4
**PSYC 2314	Growth & Development	3
**ENGL 1301	College Composition I	3
		14

SOPHOMORE YEAR

Course		Semester Hours
RNSG 1443	Care of the Client with Complex Health Care Needs	4
RNSG 2461	Clinical - Nursing (RN Training)- Cmplex Needs	4
RNSG 2261	Clinical-Nursing(RN Training) Mental Hth Nursing	2
		10

FRESHMAN YEAR

Spring Semester

Course		Semester Hours
+RNSG 2307	Adaptation To Role of Professional Nurse	3
RNSG 2260	Clinical-Nursing(RN Training)-Transition	2
RNSG 1115	Health Assessment	1
RNSG 2213	Mental Health Nursing	2
		8
BIOL 2402	Anatomy & Physiology 2	4
MATH 0311	Fundamentals of Arithmetic for Nurse (If testing indicates a need)	3

Course		Semester Hours
RNSG 1412	Care of the Childbearing & Childrearing Family	4
RNSG 2462	Clinical-Nursing(RN Training)-Matemal Child	4
RNSG 2121	Prof. Nsg.-Leadership & Mgt.	1
RNSG 1146	Legal & Ethical Issues for Nurses	1
RNSG 2130	Professional Nsg. Review & Licensure Prep	1
Humanities		3
		14

*The program and courses within the program are subject to approval and changes mandated by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

** Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

+Upon successful completion of RNSG 2307 and RNSG 2260, academic credit for RNSG 1413, RNSG 1105, RNSG 1144, and RNSG 1441, will be awarded.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
END-OF-PROGRAM STUDENT LEARNING OUTCOMES WITH EXPECTED LEVELS OF ACHIEVEMENT

1. Clinical Decision Making---Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

2. Communication & Information Management-Communicates effectively utilizing technology, written documentation, and verbal expression with members of the health care team, patients, and their families.

3. Leadership-Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.

4. Safety-Implements appropriate interventions to promote a quality and safe environment for patients and their families.

5. Professionalism---Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, psycho-social, and religious influences on patients and their families.

GRADUATE OUTCOMES	1st semester	2nd semester	Y d semester	4th semester
Clinical Decision Making	2	3	4	4
Communication & Information Mgt.	2	3	4	4
Leadership	1	2	3	4
Safety	1	2	3	4
Professionalism	1	2	3	4

For each outcome, a level of achievement is indicated. Students must complete the semester at the level indicated, showing progress and increasing competency throughout the program.

Expected Levels of Achievement (ELA):

1. Provisional: performs safely under supervision; requires continuous supportive and directive cues; performance often uncoordinated and slow; focus is entirely on task or own behavior; beginning to identify principles but application of principles are sometimes lacking.

2. Assisted: performs safely and accurately each time observed but requires frequent supportive and occasional directive cues; time management skills still developing; skill accuracy still developing; focus is primarily on task or own behavior with more attention to client; identifies principles but still may need direction in application of principles.

3. Supervised: performs safely and accurately each time behavior is observed; requires occasional supportive and directive cues; spends reasonable time on task and appears generally relaxed and confident; applies theoretical knowledge accurately with occasional cues; focuses on clients initially but as complexity increases, may still focus more on task.

4. Independent: performs safely and accurately each time behavior is observed and without need of supportive cues; demonstrates dexterity in skills; spends minimum time on task; applies theoretical knowledge accurately; focuses on client while giving care.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER I STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Identify theoretical concepts with nursing knowledge and skills to meet the basic needs of patients and their families throughout the lifespan in a variety of settings.

2. Recognize the five steps of the nursing process into nursing practice.

3. Use critical thinking, problem solving, and the nursing process in a variety of setting through direct care assignment.

4. Explore critical thinking and problem solving skills in prioritizing, management, and coordination of all aspects of care.

COMMUNICATION

5. Develop effective skills of communication and collaboration with members of the health care team, patient and their families.

6. Identify principles of teaching-learning in providing information to patients and their families, regarding health promotion, maintenance, and restoration of health or the process of death and dying.

LEADERSHIP

7. Identify the nurse's function within the organizational framework of various healthcare settings and recognize appropriate delegation of care to patients and their families.

8. Identify the health care team in delivering care to patients and their families.

9. Identify appropriate referral sources to meet the needs of patients and their families.

SAFETY

10. Recognize National Patient Safety Goals, Standards of Care, and Policy and Procedures in a variety of health care settings.

11. Implement safe care for cost effective nursing care in collaboration with members of the health care team.

PROFESSIONALISM

12. Recognize clinical data, current literature, and responses and outcomes to therapeutic interventions to make appropriate nursing practice decisions.

13. Define the responsibility for professional and personal growth and development.

14. Recognize ethical and legal responsibility and accountability for one's nursing practice.

15. Understanding the actions of a health care advocate to provide quality health care while embracing the spiritual, cultural, psycho-social, and religious influences on patients and their families.

16. Recognize one's own caring behavior when interacting with patients, their families, and members of the health care professions.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER II STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs of adult patients in a variety of settings.

2. Analyze evidenced based practice and research supporting clinical reasoning regarding characteristics, concepts, and processes related to patients, including anatomy and physiology; pathophysiology; disease processes; pharmacotherapeutics and other therapies and treatments.

3. Apply steps of the nursing process, which includes comprehensive nursing assessment of patients, analysis, planning, implementation and evaluation.

COMMUNICATION AND INFORMATION MANAGEMENT

4. Apply technological skills including word-processing, e-mailing, accessing search engine databases, bibliographic retrieval and accessing multiple online resources.

5. Identify regulatory and ethical guidelines necessary to protect confidentiality when using technology.

6. Demonstrates effective communication with adult patients, families, and members of the health care team to achieve positive outcomes.

LEADERSHIP

7. Collaborate/delegate effectively with members of the health care team in planning and decision making to achieve desired outcomes for the adult patient.

8. Identify the role of the nurse as advocate for patients and their families.

SAFETY

9. Demonstrate clinical decision-making that results in finding solutions, individualizing care, and assuring the delivery of accurate, safe care that facilitates advancing the patient and support person(s) toward positive outcomes.

10. Analyze the process for safe medication administration.

11. Identify current National and State standards and guidelines and local procedures to reduce patient risk.

12. Apply current National and State standards and guidelines and carry out procedures in a manner that will reduce the patient's risk of unfavorable outcomes.

PROFESSIONALISM

13. Analyze one's own caring behavior when interacting with patients, families, and members of the health care profession.

14. Apply ethical and legal responsibility for one's nursing practice.

15. Assume responsibility for professional and personal growth and development.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER III STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

Clinical Decision Making-Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

1. Utilize critical thinking and systematic problem-solving process as a framework for providing care for adult patients in structured health care setting with complex health care needs.
2. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs of patients, families, and/or groups throughout the life span in a variety of settings.
3. Integrate the five steps of the nursing process into nursing practice.
4. Formulate safe cost-effective nursing care in collaboration with members of health care team using critical thinking, problem solving and the nursing process in a variety of setting through direct care, assignment, or delegation of care.
5. Utilize critical thinking and problem solving skills in prioritizing the management and coordination of all aspects of care.

Communication & Information Management-Communicates effectively utilizing technology, written documentation, and verbal expression with members of the health care team, patients and their families.

6. Incorporate effective skills of communication and collaboration with patients, families, and/or groups in a variety of settings.
7. Integrate principles of teaching-learning in providing information to patients, families, and/or groups regarding promotion, maintenance, and restoration of health or the process of death and dying.
8. Communicating in the applicable language of the occupation and the business industry.

Leadership-Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.

9. Coordinate appropriate referral sources to meet the needs of patients, families, and/or groups.
10. Delegates appropriate assignments to members of the health care team.
11. Evaluate the effectiveness of community resources in the delivery of health care to patients, families, and/or groups.
12. Coordinate the health care team in delivering care to patients, families, and/or groups.

Safety-Implements appropriate interventions to promote a quality and safe environment for patients and their families.

13. Integrate principles of advocacy to provide quality health care for patients, families, and/or groups.
14. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills.
15. Integrate actions and act as a heath care advocate to provide quality health care for patients, families, and/or groups.

Professionalism-Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, psycho-social and religious influences on patients and their families.

16. Integrate the roles of the professional associate degree nurse in the provision of care for adult patients and families.
17. Evaluate clinical data and current literature and responses and outcomes to therapeutic interventions to make appropriate nursing practice decisions.
18. Evaluate the responsibility for professional and personal growth and development.
19. Integrate ethical and legal responsibility and accountability for one's nursing practice.
20. Evaluate one's own caring behavior when interacting with patients, families, and members of health care profession.
21. Apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the particular occupation and the business/industry.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER IV STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Analyze and utilize assessment and reassessment data to plan and provide individualized care for the childbearing/childrearing patient and family.

2. Demonstrate the orderly collection of information from multiple sources to establish a foundation of holistic nursing care to meet the needs of the childbearing/childrearing patient and family.

3. Manage and prioritize nursing care of the childbearing/childrearing patient and family.

COMMUNICATION

4. Demonstrate effective communication through caring, compassion, and cultural awareness for the childbearing/childrearing patient and family.

5. Develop, implement, and evaluate individualized teaching plans for the childbearing/childrearing patient and family.

LEADERSHIP

6. Demonstrates shared planning, decision making, problem solving, goal setting, cooperation and communication with the childbearing/childrearing patient, family and members of the healthcare team.

7. Coordinate and evaluate the effectiveness of the healthcare team and community resources in the delivery of health care to the childbearing/childrearing patient and family.

SAFETY

8. Provide safe, cost-effective nursing care in collaboration with members of the health care team using critical thinking, problem solving, and the nursing process in a variety of settings through direct care, assignment or delegation of care.

PROFESSIONALISM

9. Integrate ethical, legal, evidence based and regulatory standards of professional nursing practice in caring for the childbearing/childrearing patient and family.

10. Demonstrate caring behaviors that are nurturing, protective, safe, compassionate and person-centered where patient choices related to cultural values, beliefs and lifestyle are respected in the childbearing/childrearing patient and family.

11. Assume responsibility for professional and personal growth and development.

SOUTH PLAINS COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

TESTING POLICY

Discussion, acceptance of discussed material, voting on material was done on December 14, 2021 at a faculty meeting.

INSTRUCTOR'S REGULATIONS

1. Determine the number of items (questions) on each exam and the regulations that are needed for instructors to give an exam. One exam per module/subject.
   a. Exams should have as many items (questions) as possible to increase the validity pf the exam.
   b. Students will be given 1.5 minutes per exam item. No more than 100 items (questions) per course exam and 100 items (questions) for cumulative final exam if applicable.
   c. Exam should be completed in 1-3 hours.
   d. Students will be given 3 minutes per math exam item (calculation). Math exam should be completed in 1.5 hours. Maximum twenty (20) math exam items (calculations).
2. When writing the exam, determine the content that will be considered mastery information then determine which items (questions) will reflect that. This is determined BEFORE the exam is administered. No more than 5% mastery items (question) per exam. Indicate "mastery item" on the exam under the internal comments of the exam.
3. Tag items (questions) BEFORE the exam.
4. NCLEX guideline: avoid use of age, gender, ethnicity, demographics **unless** needed for the question.
5. NCLEX guideline: Do Not use client c/o. Instead, use "client reports".
6. Exam results will be returned to students no later than one week from the date of the exam. Grades will be given to the students after reviewing the item analysis and making appropriate adjustments.
7. Be careful not to repeat items (questions).
8. Students must pass math calculations test with a 90% score.
9. Determine the percent of items (questions) in an exam- using **Bloom's Six Levels of Cognitive Domain for each course/level.**
   a. Remember-Recognizing and recalling facts.
   b. Understand-Understanding what the fact mean
   c. Apply-Applying the facts, rules, concepts, and ideas
   d. Analyze – Breaking down information into component parts
   e. Evaluate- Judging the value of information or ideas
   f. Create- Combining parts to make a new whole
10. Address each of the categories of the Student Learning Outcomes, Nursing Process, and NCLEX in each course. (This is to ensure that all categories are tested throughout the courses).

Student Learning Outcomes	Nursing Process	NCLEX
Clinical Decision Making	Assessment	Health Promotion and Maintenance
Communication and Information Management	Diagnosis	Psychological Integrity
Leadership	Outcomes/Planning	Psychosocial Integrity
Safety	Implementation	Safe and Effective Care Environment
Professionalism	Evaluations	

Level	Percentage of Items for each exam	Cognitive Domains used for Each exam
Level 1	≤ 50% Application	Remembering, Understanding, Application
Level 2	≤ 66% Application	Remembering, Understanding, Application
Level 3	≤ 75% Application, Analysis	Understanding, Application, Analysis
Level4	100 % Application, Analysis	Application, Analysis

WRITING TEST ITEMS (QUESTIONS)

1. Exams have:
    a. Matrix/ Grid: Multiple Response, Multiple Choice
    b. Extended Multiple Response: Select All That Apply (SATA). NCLEX Guideline: Bold **Select All That Apply.** NCLEX Guideline: use 5-6 choices for SATA, Select N, Multiple Response Grouping
2. C. through H, are OPTIONAL test answer formats:
    c. Fill-in-the-Blank
    d. Hot Spot
    e. Exhibit Item
    f. Drag and Drop/ Ordered Response Item: Cloze, Rationale, In Table
    g. Drop Down: Cloze, Rationale
    h. Highlight: In Text, In Table
    i. Audio Item
    j. Graphic Item
3. Write rationales and source for the correct response and distractors in the exam comments for each item (question).
4. No backtracking is allowed.
5. All tests should be standardized in areas of grammatical punctuation, font, size, and style.

6. Personal names will not be used for client. Specific personal identifiers should not be used unless necessary to clarify stem.
7. Important words in the stem will be **bold,** *italicized*, or otherwise highlighted in the Nursing course since these students are learning to work through nursing exams.
8. Select All That Apply (SATA) questions- Each level will have an increasing number of SATA questions per exam according to the recommendation below (not to exceed the below recommendation):
    a. Level 1 is 10%
    b. Level 2 is 15%
    c. Level 3 is 20%
    d. Level 4 is 25%
9. ExamSoft Benchmark Standardized Exams- Level appropriate ExamSoft Benchmark (Standardized Exams) will be given (not to exceed 5% of grade).
    a. Open Check
    b. Benchmark I
    c. Benchmark II
10. An ExamSoft Benchmark Readiness Exam will be given at the end of program to students (Level 4) (not to exceed 5% of grade).
    a. Open Check
    b. Benchmark I
    c. Benchmark II
11. Testing and remediation schedules at course leader's discretion.

ADMINISTERING EXAMS

1. Testing in the ADNP South Plains College Computer Lab Rules and Regulations (Appendix 1).
2. Test questions that are confusing (Appendix 2)

ANALYZING TEST RESULTS

1. The instructor who wrote the exam is responsible for analyzing the exam results within one (1) week of the scheduled exam and during the team meeting upon completion of the semester.
2. The following will be considered during the exam analysis:
    a. **Item Analysis**
        i. Level of achievement on mastery items (questions): attempt to have 100% with no more than 5% mastery items on one exam.
        ii. Difficulty Level: Attempt to have 50% on non-mastery items (questions).

        iii. Item Discrimination Level: Point bi-serial correlation: The ranges are between -1 (negative) and +1 (positive). The more + (positive) the better. Negative if more low-scoring than high-scoring students are answering the item (question) correctly.

3. The following point bi-serial correlation is used as a guideline:
   a. 0.30 and above: excellent item (question)
   b. 0.20 – 0.29: good item (question)
   c. 0.15 - 0.19: acceptable item (question)
   d. 0.10 – 0.14: marginal item (question)
   e. 0.09 and below: poor item (question) (should be reviewed and probably edited)
4. Exam items (questions) less than 0.2 point bi-serial correlation will be re-written prior to next use.
5. Exam Reliability: SPCR-20: Attempt to have 0.70 or higher for cohorts with ≤ 30 students.
6. These Statistics will be used to determine the validity and reliability of the exam. Items and exams without acceptable statistics (0.15 – 0.19) will be reviewed and revised before using them in subsequent classes.
7. When less than 30% of the students correctly answer an item, the item should be reviewed for possible action.

REVIEWING EXAMS WITH STUDENTS

1. Each exam will be reviewed with all students who took the exam, reviewing the subject areas noted to be areas for improvement.
2. All students earning less than 77% on an exam must make an appointment with the instructor for an additional review of the exam.
3. The student will use the "Student Post Test Reflection Tool (Appendix 3) to determine if other factors may have influenced the grade earned.
4. Students will have up to two (2) weeks to review the previous exam.
5. The instructor will then discuss with the student the results of the "Student Post Test Reflection Tool" and assist the student with strategies for improvement on the next exam.
6. The instructor will refer any student who is unsuccessful on an exam to the Retention Specialist for guidance on test taking skills, not course subject matter.
7. Students who do not follow this policy may not be considered for re-admission to the program.

TESTING IN THE ADNP SOUTH PLAINS COLLEGE
COMPUTER LAB Revised 11/2021

1. Be on time to take quizzes and exams. Notify your instructor if you cannot attend or if you are going to be late.
2. Leave books, book bags, and personal items in the lecture room or in the hallway.
3. ***DO NOT*** ***have cell phones on your person***. Completely turn off all cell phones and leave in your backpack. No vibrating modes.
4. No electronic devices on your person. Ex. Computers integrated into watches, glasses, etc; this also includes flash drives.
5. Please have your user name/ password memorized for the exam that you are taking.
6. Items that can be provided by the computer lab if needed:
    a. Scrap paper – Do not bring your own scrap paper; the proctor will provide scrap paper once the exam or quiz begins.
    b. Pencils – May bring your own.
7. After quiz or exam, return:
    a. Pencil
    b. All scrap paper must remain in the computer lab. Return scrap paper to the proctor.

Test Questions That Are Confusing. **This is not an opportunity to degrade or discredit the instructor.**

Your Name_____

Test_____

Date_____

Write down the question that is giving you problems along with the responses. Do not put down the number of the question. Give this paper to your instructor or to the proctor giving the test.

Do **NOT** take this paper home.

Question:_____

_____

Responses: a._____

            b._____

            c._____

            d._____

Why is question confusing?_____

Appendix 3

Student Post-test Reflection   South Plains College Associate Degree Nursing Program

STUDENT NAME: _____   Date: _____

COURSE#: _____   TEST #: _____   LECTURE CONTENT TESTED OVER: _____

Student is to check the appropriate box(s) in the STEM and/or ANSWER OPTIONS that caused the student to miss the question.

STEM		ANSWER OPTIONS		
Missed the main point		Did not know or could not remember the correct answer	Y	N
Read into the question		Answered quickly without reading all options	Y	N
Incompletely analyzed the STEM		When 2 plausible answers possible, picked the wrong one	Y	N
Read too quickly				
Did not know or could not remember the content		Read into the option(s)	Y	N
Missed a priority word(s)		Failed to identify an incorrect frequency	Y	N
Missed negative word(s)		Knew right answer but recorded wrong	Y	N
Anxious during test		Missed a two part answer	Y	N
Distracted by noise while testing		Missed Bloom's answer	Y	N
Missed a Bloom's question		Missed NSG PROCESS answer	Y	N
Missed an ABC question		Missed ABC answer	Y	N
Missed NSG PROCESS question		Answered all of the Select All That Apply questions correctly	Y	N
		When I changed the answers, I got the answer right	Y	N

STUDENT PLAN FOR CORRECTING TESTING DEFICIENCIES

Identify your weakest areas on this test:

Weakness # 1:

_____

Weakness #2:

_____

For each weakness, what steps will you take to correct the weakness? Be specific for each weakness:

Weakness #1:

_____

_____

Weakness #2:

_____

_____

Implementation-Nursing interventions, actions, orders are initiated and/or completed to accomplish the defined goals of care. The nurse organizes, manages, and provides care to accomplish the identified outcomes, and communicates nursing interventions to members of the health care team.

Evaluation-Determination of the extent to which the goals of care have been achieved. The nurse compares actual outcomes with the previously determined expected outcomes and communicates the client responses to interventions and/or teaching.

Client Needs

Safe, Effective Care Environment
Management of Care-providing integrated, cost-effective care to clients by coordinating, Supervising, and/or collaborating with members of the multidisciplinary health care team. (17-23%)

Safety and Infection Control-protecting clients and health care personnel from environmental Hazards. (8-15%)

Health Promotion and Maintenance
The nurse provides and directs nursing care of the client and family/significant others that Incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health. (6-12%)

Psychosocial Integrity
The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness. (6-12%)

Physiological Integrity
Basic Care and Comfort-providing comfort and assistance in the performance of activities of daily living. (6-12%)

Pharmacological and Parenteral Therapies-providing care related to the administration of medications and parenteral therapies. (12-18%)

Reduction of Risk Potential-reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures. (9-15%)

Physiological Adaptation-managing and providing care for clients with acute, chronic or life-threatening physical health conditions. (11-17%)

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ADMISSIONS CRITERIA

South Plains College (SPC) accepts all students regardless of race, creed, color, non-disqualifying disability, or national origin. The admissions requirements for the college are found in the current General Catalog. All students applying for the ADN program must be TSI compliant. In addition the Associate Degree Nursing Program (ADNP) has the following requirements for admission to the nursing program.

Admission Requirements

All prospective candidates who wish to be admitted should contact the office of the Associate Degree Nursing Program. Applicants must submit the following to the Director of the Associate Degree Nursing Program:

1.   An official copy of their high school transcript OR GED scores;

2.   An official copy of all college transcripts; and,

Prospective students must also do the following:

1. Complete the requirements for admission to South Plains College. Admission to South Plains College DOES NOT guarantee admission to the Associate Degree Nursing Program.

2. Complete an application to the Associate Degree Nursing Program at the time of the pre-entrance exam.

3. Achieve a passing score on the pre-entrance exam.

4. Complete a Criminal background questionnaire.

5. Applicants will be notified by letter of the committee's action. Due to limited class numbers, some applicants who meet all the admission requirements may not be accepted. Students must apply each time they wish to be considered.

6. Prior to starting the nursing program all students will undergo a DPS and FBI criminal history check. If any arrests and/or convictions are revealed, the student is required to submit a declaratory order to the Board of Nursing. The student may not enroll in any nursing classes until notification of licensure eligibility is received from the Board of Nursing. A copy of the eligibility will be placed in the students

file. Once the student is deemed eligible for licensure, he/she may make application to the program. Should the BON determine the student ineligible for RN licensure, the student will no longer be eligible to enroll in the nursing program. The student can however, enroll in other programs at SPC.

Additional criteria include:

1. Students accepted will receive Physical Examination Forms provided by the ADNP which must be completed and returned to maintain their acceptance status. Students must have physical, mental, and emotional health necessary to meet the required competencies of the Associate Degree Nursing Program.

2. Immunizations- Written proof of immunizations specified on the physical exam form is required before the student can be placed in clinical. These include MMR, Tdap, Hepatitis B, and Varicella. A Mantoux test (TB) will also be required on a yearly basis.

3. Cardiopulmonary Resuscitation Certification (Health Care Provider) must be acquired prior to assigned clinical rotations in nursing courses and maintained throughout the Associate Degree Nursing Program.

4. Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

5. All non-nursing courses must be evaluated and approved by the Director of the Associate Degree Nursing Program.

6. Credit will not be given for academic science courses more than 10 years old.

7. If testing indicates a need, Math 0311 Fundamentals of Math for Nurses must be taken concurrently with RNSG 1413.

8. All students conditionally accepted for admission are required to undergo drug testing. Failure to submit to drug testing will result in immediate removal from the program. Any conditionally accepted student who has a positive drug screen will forfeit their position in the class. Any drug screen which is positive for an adulterant will result in forfeiture of their position in the program.

Progression Criteria

The ADNP student must receive a minimum course grade of "C" in each support (non-nursing) course, as well as each required nursing course in order to qualify to continue in the Associate Degree Nursing Program.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ADVANCED PLACEMENT

COURSE CREDIT will be granted to qualifying students in accordance with their previous nursing education, nursing experience and/or completion of RNSG 2307. Credit for specific nursing courses will be granted to students on an individual basis and in accordance with the nursing curriculum and by examinations and evaluation.

QUALIFICATION:

Candidates for advanced placement include Licensed Vocational/Practical Nurses and/or students with documented courses in professional nursing education with approval of the Director of the Associate Degree Nursing Program.

All applicants must be TSI compliant.

Credit will not be given for academic science courses more than 10 years old.

It is recommended that Licensed Vocational Nurses have at least one recent year of acute care nursing experience.

Students who have taken or are enrolled in RNSG 1413 or RNSG 1441 with a grade below 77 are NOT candidates for advanced placement.

ADMISSION CRITERIA:

For Progression to Associate Degree in Nursing:

1. All Applicants must:

    A. Meet all admission criteria for admission to South Plains College.
    B. Meet the admission criteria of the Associate Degree Nursing Program
    C. Provide official transcripts from all colleges or universities attended with Catalogue course descriptions for those courses which they desire transfer credit to the South Plains College Associate Nursing Program for advanced placement.
    D. Complete with a grade of "C" prior to admission, academic courses, which are prerequisite to, advanced nursing courses.

2. The licensed vocational/practical nurse applicant requesting advanced placement must:

A. Be a graduate of an accredited/approved Texas Vocational Nursing Program or out-of-state accredited program.

B. The Texas licensed vocational nurse applicant meeting the above criteria who makes application within 1 year after graduation will not be required to have nursing practice experience.

C. The Texas applicants who make application more than 1 year after graduation from a Texas Vocational Nursing Program or an out-of-state accredited vocational/practical school should have 1 year of nursing practice in an acute care setting.

D. Must have a current Texas LVN license.

E. Any LVN wishing to enter the Advanced Placement program must be currently working as an LVN in a health care facility.

3. Students requesting advanced placement/transfer from other professional nursing programs:

A. Must have a letter sent to the Director of the Associate Degree Nursing Program of South Plains College from the Director of the Nursing Program from which they wish to transfer, indicating their eligibility to continue in the nursing program. All students requesting to transfer into the ADNP from another nursing program must be eligible for readmission to former nursing program.

B. Students requesting to transfer from a Diploma Program must pass the comprehensive final exam for each course successfully completed in the Diploma program with a grade of "77" to receive credit for the course.

C. Credit will not be given for nursing course work more than one year old.

PROGRESSION CRITERIA:

1. All LVN's requesting advanced placement who are not currently enrolled in a professional nursing program will be required to enroll in RNSG 2307, RNSG 2260, & RNSG 1115. These courses are designed as leveling courses for advancement to other nursing courses.

A. Students must pass RNSG 2307, RNSG 2260, and RNSG 1115 with a grade of "C" to progress to an advanced level.

B.   Students with a grade below "77" in RNSG 2307, RNSG 2260, and RNSG 1115 may:

(1) request readmission to RNSG 2307, RNSG 2260, and RNSG 1115
<div align="center">or</div>
(2) request admission to enroll in RNSG 1413, RNSG 1105, RNSG 1144, RNSG 1160, and RNSG 1115 (see Readmission Policy)

2.   Progression will be reviewed by the Admissions/Academic Standards Committee.

AWARDING OF CREDIT:

Credit will be awarded for RNSG 1413, RNSG 1105, RNSG 1144, & RNSG 1441 following the completion ofRNSG 2307, RNSG 2260, and RNSG 1115.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

READMISSION POLICY

1. <u>READMISSION POLICY</u>

1.1   A student may request only **one (I)** readmission to the ADN program.

1.2.   A student <u>may be</u> denied readmission to any course or the ADNP.

1.3   **Enrollment of readmitted students will be contingent on space available.**

1.4   All students requesting readmission will undergo drug testing. Failure to do so will result in removal from the program. A positive drug screen will result in removal from the program.

1.5   Admission to the course begins the first offered class day. Withdrawal at any point after the first class day requires readmission to the program.

2. <u>STUDENTS INELIGIBLE FOR READMISSION:</u>

2.1   Students who withdraw and/or fail a nursing course for reasons of <u>unsafe</u> clinical performance <u>and/or</u> personal behavioral problems related to didactic and/or clinical performance.

2.2   Students who are found to exhibit dishonest and/or unethical behavior. (see Honesty Policy)

2.3   Any student who exhibits behavior in violation of the Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice as outlined by The Texas Board of Nursing, Section 213.27, Good Professional Character, shall be dismissed from the Associate Degree Nursing Program with no option for readmission.

2.4   The Admissions/Academic Standards Committee may deny readmission for reasons other than those listed above.

3. READMISSION PROCESS

3.1. Student Responsibility

a)   To apply for readmission to the ADNP, the student must schedule an interview with their instructor.

b)   To apply for readmission to the ADNP, the student must schedule an appointment with the Dean of Health Occupations.

c)   Students to be considered for readmission to the ADNP must submit a readmission request to the Dean of Health Occupations upon withdrawal from a course or upon course failure.

d)   The Admissions/Academic Standards Committee will stipulate the conditions of readmission.

3.2.   The student must re-enter the ADNP within one year to insure continuity in his/her program of learning. Students must complete the program within four (4) years of entry into the ADNP.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

CRITERIA FOR GRADUATION

Associate in Applied Science

Upon satisfactory completion of the curriculum as outlined for the Associate Degree Nursing Program, a student will be eligible to receive the Associate in Applied Science Degree.

The general requirements from the South Plains College catalog include:

1. Completion of entrance requirements.

2. Satisfactory completion of the course of study for the declared major in accordance with the following:

   a. Candidates for the Associate of Applied Science degree must complete 60 semester hours.

3. A minimum cumulative grade point average of 2.00 ("C") in all courses.

4. Have completed at least 15 semester hours of work in residence at South Plains College. The semester in which you graduate must be in residence at SPC.

5. Be in good financial standing with the college.

6. Associate of Applied Science Degree candidates must pass all parts of TSI.

7. Complete formal application for graduation by March 1 for May graduation and by November 1 for December graduation.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

GRADING SYSTEM

A grade is assigned for all courses in which a student is regularly enrolled during any semester. A grade once earned and entered upon a student's record <u>cannot</u> be removed and <u>may not be changed</u> without the approval of the instructor and the appropriate Divisional Dean/Director. If a student repeats a course, it is with the understanding that the last grade earned is the one to be counted toward fulfillment of degree requirements.

Student grades may be interpreted as follows:

Grade	Interpretation	Grade Point Per Semester Hour
A	Excellent	4
B	Good	3
C	Average	2
D	Below Average	1
F	Failure	0
I	Incomplete	Not computed
p	Pass	Not computed
PR	Progress	Not computed
W	Student Initiated Withdrawal	Not computed
X	Administrative Withdrawal	Not computed

The grade "I" is given only when a student's work is satisfactory in quality but, due to reasons beyond his or her control, has not been completed. It is not given in lieu of an "F". The instructor assigning the grade will stipulate in writing at the time the grade is given, the conditions under which the "I" may be removed. The "I" will be changed to an "F" if the work is not completed within six months unless an extension of time is granted. The student is entirely responsible for completing the work, which will remove the "I".

WEIGHT OF COURSE GRADES IN NURSING DEPARTMENT

Theory and lab grades are determined by averaging tests, quizzes, and/or written work. **The student must have a passing test average in order to receive bonus and/or participation points.** Grades for clinical courses are determined by written clinical assignments and application of clinical skills. Clinical evaluation tools, maintained by the student and evaluated by faculty, are used to determine progress. Each course syllabus contains the grading policy for that course.

The weight of the final written examination may not constitute more than (30%) of the course grade.

Clinical grades are on a pass/fail basis. A student must meet the clinical objectives of the course in order to receive a passing grade. Failure of either theory or clinical will necessitate repeating all concurrent courses. When repeating any course, the student is required to retake all aspects of the course including the required written work.

Grades will not be rounded in any nursing course. (Example: 60 to 76.9 = D)

The grading scale for all nursing courses will be as follows:

A =	90 - 100
B =	80 - 89
C =	77 - 79
D =	60-76
F =	Below 60

TESTING DURING ADN PROGRAM

As you progress through your education here at South Plains College, you will be given several standardized tests.

The distinct subjects of the tests are:

Fundamentals
Pediatrics
Women's Health
Community Health
Pharmacology
Medical Surgical
Mental Health
Health Assessment
Leadership
Nutrition
Research
Maternal Child
Medical Surgical II
Pathophysiology

Students have access to a Strengths and Opportunities report, which allows addressing their own personal needs in time to make a difference.

Upon completion of the fourth semester requirements, you will take a Readiness Exam, which serves as a final benchmark of NCLEX-RN preparedness. This exam is a course requirement for RNSG 2130, is an exam grade, and must be taken prior to graduation.

Upon completion of the Readiness Exam, you will receive a Strengths and Opportunities report which will assist you in identifying any areas of need prior to taking the NCLEX exam. It can also be utilized as a predicator of success on the NCLEX.

The fees for these exams are divided over three/four semesters.

THE TESTING IS MANDATORY.

South Plains College Associate Degree Nursing Program
Advisory Board members

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Autumn Harris BSN, RN-BC	University Medical Center	Staff Nurse 4East	Autumn.harris@umchealthsystem.com
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SOUTH PLAINS COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

NURSING STUDENT HANDBOOK
SPRING 2022

An addendum to the South Plains College Student Guide

*Policies are subject to change at any time during the program. Students will be notified of any changes in writing.

Revised January 2022

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
STUDENT HANDBOOK

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SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

FORWARD

This handbook has been designed to serve as a guide for student during the Associate Degree Nursing Program (ADNP). It provides information regarding policies and general practices to be followed while attending South Plains College. The ADNP Director and Faculty hope it will guide you in your goal of becoming a registered nurse.

* *

Each ADN student will be held responsible for all parts of the Nursing Student Handbook <u>and</u> the South Plains College Student Guide. Should program policies change during your enrollment in the ADNP, each student will be given a copy of the change/revision. Policies may change at any time during the program.

Health Occupations Organizational Chart – July 2021

Robin Satterwhite
President

Ryan Gibbs
Vice - President

Jerry S. Findley
Dean of Health Sciences

Teresa Chavez
Admin Assist to the Dean of Health Sciences

Kelly Ufford
Admin Assist to the Allied Health Department Chair -

Jerry S. Findley
Allied Health Department Chair

Haley Rodriguez
Admin Assist to LVN, Child Development & Rad Tech - Reese

Jill Fowler
Admin Assist to Health Sciences

Melissia Tomblin
Director of Nursing

Darren Hargrove
Nursing Computer Lab

Stephanie Deering
Child Development Program Director

Jacob Braddock
EMS Program Director

Jackie Underwood
PTA Program Director

Clinton Bishop
Radiologic Tech Program Director

Ron Edwards
Respiratory Care Program Director

ADN Faculty

Nursing Success Coordinator

Child Development Adjunct Faculty

EMS Program Instructor

PTA Clinical Coordinator

Radiologic Technology Clinical Coordinator

Respiratory Care Clinical Coordinator

LVN Directors and Faculty

Center for Clinical Excellence

Kristi Cole
Surgical Tech.

EMS Program Instructor

PTA Adjunct Faculty

Radiologic Technology Adjunct Faculty

Respiratory Care Adjunct Faculty

Director of Learning Resource Lab

Surgical Tech. Clinical

EMS Clinical Coordinator

Retention Specialist

Surgical Tech. Coordinator

EMS Adjunct Faculty

Program holds outside accreditation

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

PHILOSOPHY

The faculty of the Associate Degree Nursing (ADN) Program, an integral part of South Plains College; accepts the philosophy, purposes and objectives of the college.

The faculty believes that each individual is unique and holistic and worthy of dignity and respect. An individual is influenced by genetic inheritance, life experiences, and cultural background and is a part of a larger community. The faculty accepts the definition of community by Goeppanger, Lassiter, and Wilcox (1982), as "a system of formal and informal groups characterized by interdependence and whose function is to meet the collective needs of group members, p. 467." The individual's community and environment provide a context made up of biological, physiological, personal, spiritual, social, cultural and political influences, which effect health.

The faculty believes that a person has inherent dignity and worth, and the freedom to make choices for which the individual is accountable. In a dynamic environment, a person strives to maintain/regain balance as the individual moves along a continuum towards positive outcomes.

We believe nursing is a profession with a unique body of knowledge, the goal of which is to assist individuals, families and groups within the community to maintain and/or restore optimal wellness.

We believe that within an evolving health care delivery system the nursing needs of the community will change. Nurses assist people to meet basic needs throughout the life span or to die with dignity. The goal of nursing is achieved through the use of critical thinking, problem solving skills and the nursing process within an interpersonal and collaborative framework. The profession incorporates principles from the sciences and the humanities, which serve as the basis for teaching and implementing actions of nursing practice.

We, the faculty, define nursing education as the active teaching-learning process necessary for assimilation of theoretical concepts and the development of skills for the practice of nursing. The faculty believes education is a process of self-realization, embracing all those experiences whereby a person assimilates knowledge, masters skills, develops personal potential and establishes values. Therefore, the educational experience is an integral and continuous life long process.

We believe that learning includes the development of critical thinking through problem solving experiences, which will enable the learner to examine their thinking and the thinking of others. We, the faculty, define critical thinking as being able to:

1) think purposefully and actively,
2) carefully explore and view situations from various perspectives,
3) exchange and explore ideas with others in an organized way,

      4) arrive at thoughtful conclusions that will increase the likelihood of achieving positive outcomes.

The faculty recognizes that educational preparation in the future will require the use of different technological mediums. Beginning practitioners will also be expected to utilize resources to deliver safe, quality, and cost effective care.

The purpose of the ADN Program at South Plains College is to provide the community with graduates who are eligible to take the State Board Exam (NCLEX) for registered nurse licensure and to prepare graduates who as general practitioners are able to provide safe, entry level care in a variety of settings within the community.

The faculty recognizes the existence of two (2) distinct basic educational programs (ADN, BSN) to prepare for the practice of professional nursing. The faculty also recognizes advanced educational programs including Masters and Doctoral Degree Programs in Nursing. The faculty believes in the concept of articulation as defined by the Texas Board of Nurse Examiners. The faculty accepts that there are four distinct nursing roles: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team. Further, the faculty believes that graduates of an ADN Program should be able to perform safe nursing practice as defined by the Texas Board of Nursing Differentiated Essential Competencies. The faculty also believes that the graduate functioning within the four roles should be capable of utilizing critical thinking and the nursing process to provide safe, competent nursing care to individuals, families and groups with a variety of health care needs in a variety of settings. Graduates should be self-directed, flexible, adaptive, caring, and able to maintain legal and ethical standards within a rapidly changing health care delivery system.

The faculty accepts the responsibility of planning, implementing, evaluating the teaching-learning process, and providing optimal learning experiences for safe clinical practice. We, the faculty, believe that the philosophy and objectives of the nursing program are open to change based on information gained through continuing education and evaluation of current trends and knowledge.

      1Goeppinger, J., Lassiter, P.G. and Wilcox, B. (1982). Community health is community competence. <u>Nursing Outlook</u>, <u>30</u>, 464-467.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
END-OF-PROGRAM STUDENT LEARNING OUTCOMES WITH EXPECTED LEVELS OF ACHIEVEMENT

1. Clinical Decision Making---Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

2. Communication & Information Management—Communicates effectively utilizing technology, writtendocumentation, and verbal expression with members of the health care team, patients, and their families.

3. Leadership—Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.

4. Safety—Implements appropriate interventions to promote a quality and safe environment for patients and their families.

5. Professionalism---Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, and religious influences on patients and their families.

GRADUATE OUTCOMES	1st semester	2nd semester	3rd semester	4th semester
Clinical Decision Making	2	3	4	4
Communication & Information Mgt.	2	3	4	4
Leadership	1	2	3	4
Safety	1	2	3	4
Professionalism	1	2	3	4

For each outcome, a level of achievement is indicated. Students must complete the semester at the level indicated, showing progress and increasing competency throughout the program.

Expected Levels of Achievement (ELA):

1. Provisional: performs safely under supervision; requires continuous supportive and directive cues; performance often uncoordinated and slow; focus is entirely on task or own behavior; beginning to identify principles but application of principles are sometimes lacking.

2. Assisted: performs safely and accurately each time observed but requires frequent supportive and occasional directive cues; time management skills still developing; skill accuracy still developing; focus is primarily on task or own behavior with more attention to client; identifies principles but still may need direction in application of principles.

3. Supervised: performs safely and accurately each time behavior is observed; requires occasional supportive and directive cues; spends reasonable time on task and appears generally relaxed and confident; applies theoretical knowledge accurately with occasional cues; focuses on clients initially but as complexity increases, may still focus more on task.

4. Independent: performs safely and accurately each time behavior is observed and without need of supportive cues; demonstrates dexterity in skills; spends minimum time on task; applies theoretical knowledge accurately; focuses on client while giving care.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
CONCEPTUAL FRAMEWORK

The South Plains College Associate Degree Nursing Program conceptual framework is based upon the four nursing roles: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team, characterized by the specific entry level competencies addressed within the four roles. The interrelationship of the four roles allows for development of a curriculum, which is relevant, in terms of content, to the student and the community.

Differentiated Essential Competencies of Graduates of Texas
Diploma and Associate Degree Nursing Education Programs

I. Member of the Profession:
A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

C. Participate in activities that promote the development and practice of professional nursing.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:
A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.

B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.

C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.

D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

E. Implement the plan of care for patients and their families within legal, ethical, and regulatoryparameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparisonto benchmarks from evidence-based practice, and plan follow-up nursing care.

G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.

H. Coordinate human, information, and physical resources in providing care for patients and their families.

III. Patient Safety Advocate:
A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board ofNursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

F. Accept and make assignments and delegate tasks that take into consideration patient safety andorganizational policy.

IV. Member of the Health Care Team:
A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.

B. Serve as a health care advocate in monitoring and promoting quality and access to healthcare for patients and their families.

C. Refer patients and their families to resources that facilitate continuity of care; healthpromotion, maintenance, and restoration; and ensure confidentiality.

D. Communicate and manage information using technology to support decision-making to improve patient care.

E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.

F. Supervise nursing care provided by others for whom the nurse is responsible by usingevidence-based nursing practice.

G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
* FALL/SPRING CURRICULUM

PREREQUISITE COURSES		
(Summer/Fall)		Semester
Course		Hours
**BIOL 2420	Microbiology	4
**PSYC 2314	Growth & Development	3
		7

FRESHMAN YEAR

(Fall/Spring)
First Semester

Course		Semester Hours
RNSG 1413	Fundamentals For Nursing Practice	4
RNSG 1105	Nursing Skills I	1
RNSG 1144	Nursing Skills II	1
RNSG 1160	Clinical-Nursing (RN Training)—Foundations	1
RNSG 1115	Health Assessment	1
**BIOL 2402	Anatomy & Physiology II	4
		12

SOPHOMORE YEAR

(Fall/Spring)
First Semester

Course		Semester Hours
RNSG 1443	Care of Clients with Complex Health Care Needs	4
RNSG 2461	Clinical – Nursing (RN Training)– Cmplx. Needs	4
RNSG 2261	Clinical-Nursing(RN Training) Common Health Care Needs	2
		10

JUNIOR YEAR

		Semester Hours
(Summer/Fall)	Anatomy & Physiology I	4
Course	College Composition I	3
**BIOL 2401		7
**ENGL 1301		

(Fall/Spring)
Second Semester

Course		Semester Hours
	Concepts of Adult Health	4
RNSG 1441	Clinical-Nursing(RN Training)—Concepts	4
RNSG 2460	Mental Health Nursing	2
RNSG 2213		10

SENIOR YEAR

(Fall/Spring)
Second Semester

Course		Semester Hours
RNSG 1412	Care of the Childbearing & Childrearing Family	4
RNSG 2462	Clinical-Nursing(RN Training)—Maternal Child	4
RNSG 2121	Prof. Nsg.—Leadership & Mgt.	1
RNSG 1146	Legal & Ethical Issues for Nurses	1
RNSG 2130	Professional Nsg. Review & Licensure Prep.	1
**Humanities		3
		14

 *The program and courses within the program are subject to approval and changes mandated by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

** Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
ADVANCED PLACEMENT PROGRAM
*CURRICULUM

PREREQUISITE COURSES			FRESHMAN YEAR		
				Spring Semester	
Course		Semester Hours		Adaptation To Role of	Semester Hours
**BIOL 2420	Microbiology	4	Course	Professional Nurse	
**BIOL 2401	Anatomy & Physiology 1	4	+RNSG 2307		3
**PSYC 2314	Growth & Development	3		Clinical-Nursing(RN Training)—	
**ENGL 1301	College Composition I	3	RNSG 2260	Transition	2
		14		Health Assessment	1
			RNSG 1115	Mental Health Nursing	2
			RNSG 2213		
					8
			BIOL 2402	Anatomy & Physiology 2	4
SOPHOMORE YEAR					
Course		Semester Hours	Course		Semester Hours
RNSG 1443	Care of the Client with Complex Health Care Needs	4	RNSG 1412	Care of the Childbearing & Childrearing Family	4
RNSG 2461	Clinical – Nursing (RN Training)– Complex Needs	4	RNSG 2462	Clinical-Nursing(RN Training)— Maternal Child	4
RNSG 2261	Clinical-Nursing(RN Training) Mental Hlth Nursing	2	RNSG 2121	Prof. Nsg.—Leadership & Mgt.	1
			RNSG 1146	Legal & Ethical Issues for Nurses	1
		10	RNSG 2130	Professional Nsg. Review & Licensure Prep	1
			Humanities		3
					14

 *The program and courses within the program are subject to approval and changes mandated by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

**Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

 +Upon successful completion of RNSG 2307 and RNSG 2260, academic credit for RNSG 1413, RNSG 1105, RNSG 1144, and RNSG 1441, will be awarded.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER I STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Identify theoretical concepts with nursing knowledge and skills to meet the basic needs of patients andtheir families throughout the lifespan in a variety of settings.

2. Recognize the five steps of the nursing process into nursing practice.

3. Use critical thinking, problem solving, and the nursing process in a variety of setting through direct careassignment.

4. Explore critical thinking and problem solving skills in prioritizing, management, and coordination of allaspects of care.

COMMUNICATION

5. Develop effective skills of communication and collaboration with members of the health care team,patient and their families.

6. Identify principles of teaching-learning in providing information to patients and their families, regardinghealth promotion, maintenance, and restoration of health or the process of death and dying.

LEADERSHIP

7. Identify the nurse's function within the organizational framework of various healthcare settings and recognize appropriate delegation of care to patients and their families.

8. Identify the health care team in delivering care to patients and their families.

9. Identify appropriate referral sources to meet the needs of patients and their families.

SAFETY

10. Recognize National Patient Safety Goals, Standards of Care, and Policy and Procedures in a variety of health care settings.

11. Implement safe care for cost effective nursing care in collaboration with members of the healthcare team.

PROFESSIONALISM

12. Recognize clinical data, current literature, and responses and outcomes to therapeutic interventions to make appropriate nursing practice decisions.

13. Define the responsibility for professional and personal growth and development.

14. Recognize ethical and legal responsibility and accountability for one's nursing practice.

15. Understanding the actions of a health care advocate to provide quality health care while embracing the spiritual, cultural, and religious influences on patients and their families.

16. Recognize one's own caring behavior when interacting with patients, their families, and members of the health care professions.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER II STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs of adult patients in a variety of settings.

2. Analyze evidenced based practice and research supporting clinical reasoning regarding characteristics, concepts, and processes related to patients, including anatomy and physiology; pathophysiology; disease processes; pharmaco-therapeutics and other therapies and treatments.

3. Apply steps of the nursing process, which includes comprehensive nursing assessment of patients, analysis, planning, implementation and evaluation.

COMMUNICATION AND INFORMATION MANAGEMENT

4. Apply technological skills including word-processing, e-mailing, accessing search engine databases, bibliographic retrieval and accessing multiple online resources.

5. Identify regulatory and ethical guidelines necessary to protect confidentiality when using technology.

6. Demonstrates effective communication with adult patients, families, and members of the health care team to achieve positive outcomes.

LEADERSHIP

7. Collaborate/delegate effectively with members of the health care team in planning and decision making to achieve desired outcomes for the adult patient.

8. Identify the role of the nurse as advocate for patients and their families.

SAFETY

9. Demonstrate clinical decision-making that results in finding solutions, individualizing care, and assuring the delivery of accurate, safe care that facilitates advancing the patient and support person(s)toward positive outcomes.

10. Analyze the process for safe medication administration.

11. Identify current National and State standards and guidelines and local procedures to reduce patient risk.

12. Apply current National and State standards and guidelines and carryout procedures in a manner that will reduce the patient's risk of unfavorable outcomes.

PROFESSIONALISM

13. Analyze one's own caring behavior when interacting with patients, families, and members of the health care profession.

14. Apply ethical and legal responsibility for one's nursing practice.

15. Assume responsibility for professional and personal growth and development.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER III STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

Clinical Decision Making—Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

1. Utilize critical thinking and systematic problem-solving process as a framework for providing carefor adult patients in structured health care setting with complex health care needs.
2. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs ofpatients, families, and/or groups throughout the life span in a variety of settings.
3. Integrate the five steps of the nursing process into nursing practice.
4. Formulate safe cost-effective nursing care in collaboration with members of health care team using critical thinking, problem solving and the nursing process in a variety of setting through direct care,assignment, or delegation of care.
5. Utilize critical thinking and problem solving skills in prioritizing the management and coordination of all aspects of care.

Communication & Information Management—Communicates effectively utilizing technology, written documentation, and verbal expression with members of the health care team, patients and their families.

6. Incorporate effective skills of communication and collaboration with patients, families,and/or groups in a variety of settings.
7. Integrate principles of teaching-learning in providing information to patients, families, and/or groups regarding promotion, maintenance, and restoration of health or the process of death anddying.
8. Communicating in the applicable language of the occupation and the business industry.

Leadership—Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.

9. Coordinate appropriate referral sources to meet the needs of patients, families, and/or groups.
10. Delegates appropriate assignments to members of the health care team.
11. Evaluate the effectiveness of community resources in the delivery of health care to patients,families, and/or groups.
12. Coordinate the health care team in delivering care to patients, families, and/or groups.

Safety—Implements appropriate interventions to promote a quality and safe environment for patients and their families.

13. Integrate principles of advocacy to provide quality health care for patients, families, and/or groups.
14. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills.
15. Integrate actions and act as a heath care advocate to provide quality health care for patients, families, and/or groups.

Professionalism—Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, and religious influences on patients and their families.

16. Integrate the roles of the professional associate degree nurse in the provision of care for adultpatients and families.
17. Evaluate clinical data and current literature and responses and outcomes to therapeuticinterventions to make appropriate nursing practice decisions.
18. Evaluate the responsibility for professional and personal growth and development.
19. Integrate ethical and legal responsibility and accountability for one's nursing practice.
20. Evaluate one's own caring behavior when interacting with patients, families, and members ofhealth care profession.
21. Apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental,social, and legal systems associated with the particular occupation and the business/industry.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER IV STUDENT LEARNING OUTCOMES

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Analyze and utilize assessment and reassessment data to plan and provide individualized care for the childbearing/childrearing patient and family.

2. Demonstrate the orderly collection of information from multiple sources to establish a foundation of holistic nursing care to meet the needs of the childbearing/childrearing patient and family.

3. Manage and prioritize nursing care of the childbearing/childrearing patient and family.

COMMUNICATION

4. Demonstrate effective communication through caring, compassion, and cultural awareness for the childbearing/childrearing patient and family.

5. Develop, implement, and evaluate individualized teaching plans for the childbearing/childrearing patient and family.

LEADERSHIP

6. Demonstrates shared planning, decision making, problem solving, goal setting, cooperation and communication with the childbearing/childrearing patient, family and members of the healthcare team.

7. Coordinate and evaluate the effectiveness of the healthcare team and community resources in the delivery of health care to the childbearing/childrearing patient and family.

SAFETY

8. Provide safe, cost-effective nursing care in collaboration with members of the health care team using critical thinking, problem solving, and the nursing process in a variety of settings through direct care, assignment or delegation of care.

PROFESSIONALISM

9. Integrate ethical, legal, evidence based and regulatory standards of professional nursing practice in caring for the childbearing/childrearing patient and family.

10. Demonstrate caring behaviors that are nurturing, protective, safe, compassionate and person-centered where patient choices related to cultural values, beliefs and lifestyle are respected in the childbearing/childrearing patient and family.

11. Assume responsibility for professional and personal growth and development.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ADMISSIONS CRITERIA

South Plains College (SPC) accepts all students regardless of race, creed, color, non-disqualifying disability, or national origin. The admissions requirements for the college are found in the current General Catalog. All students applying for the ADN program must be TSI compliant. In addition, the Associate Degree Nursing Program (ADNP) has the following requirements for admission to the nursing program.

Admission Requirements

All prospective candidates who wish to be admitted should contact the office of the Associate Degree Nursing Program. Applicants must submit the following to the Director of the Associate Degree Nursing Program:

1.   An official copy of their high school transcript OR GED scores;

2.   An official copy of all college transcripts; and,

Prospective students must also do the following:

1. Complete the requirements for admission to South Plains College. Admission to South Plains College DOES NOT guarantee admission to the Associate Degree Nursing Program.

2. Complete an application to the Associate Degree Nursing Program at the time of the pre-entrance exam.

3. Achieve a passing score on the pre-entrance exam.

4. Complete a Criminal background questionnaire.

5. Applicants will be notified by letter of the committee's action. Due to limited class numbers, some applicants who meet all the admission requirements may not be accepted. Students must apply each time they wish to be considered.

6. Prior to starting the nursing program, all students will undergo a DPS and FBI criminal history check. If any arrests and/or convictions are revealed, the student is required to submit a declaratory order to the Board of Nursing. The student may not enroll in any nursing classes until notification of licensure eligibility is received from the Board of Nursing. A copy of the eligibility will be placed in the students file. Once the student is deemed eligible for licensure, he/she may make

application to the program. Should the BON determine the student ineligible for RN licensure, the student will no longer be eligible to enroll in the nursing program. The student can however, enroll in other programs at SPC.

Additional criteria include:

1.   Students accepted will receive Physical Examination Forms provided by the ADNP, which must be completed and returned to maintain their acceptance status. Students must have physical, mental, and emotional health necessary to meet the required competencies of the Associate Degree Nursing Program.

2.   Immunizations- Written proof of immunizations specified on the physical exam form is required before the student can be placed in clinical. These include MMR, Tdap, Hepatitis B, and Varicella. A Mantoux test (TB) will also be required on a yearly basis. COVID-19 vaccine if received.

3 .   Cardiopulmonary Resuscitation Certification (Health Care Provider) must be acquired prior to assigned clinical rotations in nursing courses and maintained throughout the Associate Degree Nursing Program.

4 .   Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

5.   All non-nursing courses must be evaluated and approved by the Director ofthe Associate Degree Nursing Program.

6.   Credit will not be given for academic science courses more than 5 years old, unless grade of A or B received for sciences 6 – 10 years old.

7.   If testing indicates a need, Math 0311 Fundamentals of Math for Nurses must be taken concurrently with RNSG 1413.

8.   All students conditionally accepted for admission are required to undergo drug testing. Failure to submit to drug testing will result in immediate removal from the program. Any conditionally accepted student who has a positive drug screen will forfeit their position in the class. Any drug screen, which is positive for an adulterant, will result in forfeiture of their position inthe program.

Progression Criteria

       The ADNP student must receive a minimum course grade of "C" in each support (non-nursing) course, as well as each required nursing course in order to qualify to continue in the Associate Degree Nursing Program.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ADVANCED PLACEMENT

COURSE CREDIT will be granted to qualifying students in accordance with their previous nursing education, nursing experience and/or completion of RNSG 2307. Credit for specific nursing courses will be granted to students on an individual basis and in accordance with the nursing curriculum and by examinations and evaluation.

QUALIFICATION:

Candidates for advanced placement include Licensed Vocational/Practical Nurses and/or students with documented courses in professional nursing education with approval of the Director of the Associate Degree Nursing Program.

All applicants must be TSI compliant.

Credit will not be given for academic science courses more than 5 years old, unless a grade of A or B received for sciences 6 – 10 years old.

Students who have taken or are enrolled in RNSG 1413 or RNSG 1441 with a grade below 77 are NOT candidates for advanced placement.

ADMISSION CRITERIA:

For Progression to Associate Degree in Nursing:

1. All Applicants must:

    A. Meet all admission criteria for admission to South Plains College.
    B. Meet the admission criteria of the Associate Degree Nursing Program
    C. Provide official transcripts from all colleges or universities attended with Catalogue course descriptions for those courses, which they desire, transfer credit to the South Plains College Associate Nursing Program for advanced placement.
    D. Complete with a grade of "C" prior to admission, academic courses, which are prerequisite to, advanced nursing courses.

2. The licensed vocational/practical nurse applicant requesting advanced placementmust:

   A. Be a graduate of an accredited/approved Texas Vocational Nursing Program or out-of-stateaccredited program.

   B. The Texas licensed vocational nurse applicant meeting the above criteria who makes application within 1 year after graduation <u>will not be required</u> to have nursing practice experience.

   C. The Texas applicants who make application more than 1 year after graduation from a Texas Vocational Nursing Program or an out-of-state accredited vocational/practical school should have 1 year of nursing practice in an acute care setting.

   D. Must have a current Texas LVN license.

   E. Any LVN wishing to enter the Advanced Placement program must provide proof of passing the NCLEX-PN.

3. Students requesting advanced placement/transfer from other professional nursing programs:

   A. Must have a letter sent to the Director of the Associate Degree Nursing Program of South Plains College from the Director of the Nursing Program from which they wish to transfer, indicating their eligibility to continue in the nursing program. All students requesting to transfer into the ADNP from another nursing program must be eligible for readmission to former nursing program.

   B. Students requesting to transfer from a Diploma Program must pass the comprehensive final exam for each course successfully completed in the Diploma program with a grade of "77" to receive credit for the course.

   C. Credit will not be given for nursing course work more than one year old.

PROGRESSION CRITERIA:

   1. All LVN's requesting advanced placement who are not currently enrolled in a professional nursing program will be required to enroll in RNSG 2307, RNSG 2260, & RNSG 1115. These courses are designed as leveling courses for advancement to other nursing courses.

      A. Students must pass RNSG 2307, RNSG 2260, and RNSG 1115 with a grade of "C" to progress to an advanced level.

B. Students with a grade below "77" in RNSG 2307, RNSG 2260, and RNSG 1115 may:

(1) request readmission to RNSG 2307, RNSG 2260, and RNSG 1115
or
(2) request admission to enroll in RNSG 1413, RNSG 1105, RNSG 1144, RNSG 1160, and RNSG 1115 (see Readmission Policy)

2. Progression will be reviewed by the Admissions/Academic Standards Committee.

AWARDING OF CREDIT:

Credit will be awarded for RNSG 1413, RNSG 1105, RNSG 1144, & RNSG 1441 following the completion of RNSG 2307, RNSG 2260, and RNSG 1115.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

READMISSION POLICY

1. <u>READMISSION POLICY</u>

    1.1   A student may request only **one (l)** readmission to the ADN program.

    1.2.   A student <u>may be</u> denied readmission to any course or the ADNP.

    1.3   **Enrollment of readmitted students will be contingent on space available**.

    1.4   All students requesting readmission will undergo drug testing. Failure to do so will result in removal from the program. A positive drug screen will result in removal from the program.

    1.5   Admission to the course begins the first offered class day. Withdrawal at any point after the first class day requires readmission to the program.

2. <u>STUDENTS INELIGIBLE FOR READMISSION:</u>

    2.1   Students who withdraw and/or fail a nursing course for reasons of <u>unsafe</u> clinical performance <u>and/or</u> personal behavioral problems related to didactic and/or clinical performance.

    2.2   Students who are found to exhibit dishonest and/or unethical behavior. (see Honesty Policy)

    2.3   Any student who exhibits behavior in violation of the Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice as outlined by The Texas Board of Nursing, Section 213.27, Good Professional Character, shall be dismissed from the Associate Degree Nursing Program with no option for readmission.

    2.4   The Admissions/Academic Standards Committee may deny readmission for reasons other than those listed above.

3. <u>READMISSION PROCESS</u>

    3.1.   <u>Student Responsibility</u>

        a)   To apply for readmission to the ADNP, the student must schedule an interview with their instructor.

        b)   To apply for readmission to the ADNP, the student must schedule an appointment with the ADNP Program Director.

        c)   Students to be considered for readmission to the ADNP must submit a readmission request to the ADNP Program Director upon withdrawal from a course or upon course failure.

        d)   The Admissions/Academic Standards Committee will stipulate the conditions of readmission.

    3.2.   The student must re-enter the ADNP <u>within one year</u> to insure continuity in his/her program of learning. Students must complete the program within four (4) years of entry into the ADNP.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

CRITERIA FOR GRADUATION

Associate in Applied Science

Upon satisfactory completion of the curriculum as outlined for the Associate Degree Nursing Program, a student will be eligible to receive the Associate in Applied Science Degree.

The general requirements from the South Plains College catalog include:

1. Completion of entrance requirements.

2. Satisfactory completion of the course of study for the declared major in accordance with thefollowing:

    a. Candidates for the Associate of Applied Science degree must complete 60 semester hours.

3. A minimum cumulative grade point average of 2.00 ("C") in allcourses.

4. Have completed at least 15 semester hours of work in residence at South Plains College. The semester in which you graduate must be in residence at SPC.

5. Be in good financial standing with the college.

6. Associate of Applied Science Degree candidates must pass all parts of TSI.

7. Complete formal application for graduation by March 1 for May graduation and byNovember 1 for December graduation.

Associate Degree Nursing Program

In addition to the South Plains College requirements for graduation, the ADNP requires that the ADNP student must:

1. Receive a minimum grade of "C" in each support (non-nursing) course as well as each nursing course.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

CONFIDENTIALITY AGREEMENT

In the Florence Nightingale Pledge, we pledge, "I will do all in my power to maintain and elevate the standards of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession." This statement makes it quite clear that any information gained by the nurse/student during examination, treatment, observation or conversation with the client or his/her family is confidential. Unless the nurse is authorized by the client to disclose this information or is ordered by a court to do so, he/she has a clear moral obligation to keep the information secret.

The nurse may use the knowledge to improve the quality of client care but he/she never shares information about the client with anyone not involved with his/her care.

Even when sharing with caregivers, the nurse must be extremely cautious that he/she does not share around persons not involved in the client's care. Students need to be very aware of confidentiality and be extremely careful with whom and where they discuss their assignments. There shall be no discussion of clinical experiences in any form, verbal or written including any electronic media i.e.: My Space, Facebook, twitter, text message, email, voice mail, etc. This list is not all-inclusive. At no time will clinical experiences be discussed outside the clinical facility. Exceptions would be with your clinical instructor at post-conference or in a private setting, or through written coursework.

All students have been educated about the HIPAA (Health Insurance Portability and Accountability Act) rules and regulations. No copies of client records may be removed from the clinical setting. Any copies used during clinical must be returned to the instructor prior to leaving the unit. No copies may be made or taken from medical records.

Any breach of confidentiality or HIPAA violation of any type will be grounds for immediate dismissal from the program with no opportunity for readmission to any nursing program at South Plains College.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ATTENDANCE POLICY

Punctual and regular attendance, as stated in the SPC handbook, is required of all students attending South Plains College. There are no excused absences.

1. Lecture

    Lecture attendance is mandatory. The number of hours that can be missed before instructor-initiated withdrawal will depend on the credit hours for the course. The instructor may initiate a student's withdrawal if a student misses more than the allotted number of hours for the course and it has been determined the student cannot meet the course objectives. (See course syllabus for specific number of hours). Withdrawal, and possible reinstatement, will be handled on an individual basis based on identified circumstances. Referral will be made to the Admissions Academic Standards Committee.

2. Clinical

    a. Students are expected to attend all scheduled days of the clinical experience. In the event of illness, it is the student's responsibility to notify his/her instructor, and the clinical site.

    b. Information regarding absences can be found in the syllabus for each clinical course.

    c. A student exceeding the number of allotted absences for the clinical course will automatically fail that clinical course. The instructor will initiate the drop if the student does not do so. Note: Courses that must be taken concurrently (see individual syllabi) will have to be repeated if the student fails one or more of those courses.

    d.   If a student is removed from clinical for any reason, or sent to the lab to remediate, this will count as a clinical absence. Course instructors will determine further requirements for the absence.

    e. A student will be removed from the clinical area for Unsafe/Unsatisfactory clinical performance. Any incidence of Unsafe/Unsatisfactory clinical performance will result in a clinicalfailure and/or dismissal from the ADNP.

The clinical instructor will remove the student from the clinical setting if the student demonstrates unsafe/unsatisfactory clinical performance as evidenced by the following:

1. Places a client in physical or emotional jeopardy;
2. Inadequately and/or inaccurately utilizes the nursing process;
3. Violates previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical function;
4. Assumes inappropriate independence in action or decisions;
5. Fails to recognize own limitations, incompetence and/or ethical legal responsibilities; or
6. Fails to accept moral and legal responsibility for his/her own actions; thereby, violating professional integrity as expressed in the Code for Nurses.

f. The clinical instructor may also remove a student from the clinical setting for failure to adhere to the policies and procedures of the nursing program and/or agency.

g. A student who has poor personal hygiene and/or inappropriate clinical attire will be sent home and will receive a clinical absence for the day.

h. Any student found in noncompliance with program clinical requirements and criteria may be suspended from the program AND/OR declared ineligible for continuation in the program. (See readmission criteria.)

3.   Skills/Computer Lab

Students are expected to attend all scheduled skills/computer lab experiences. A skills/computer lab absence counts as a full clinical absence as determined by course leader. Since completion of the skills/computer covered in the lab is part of the requirement to successfully pass clinical, makeup for the missed lab must be done within two weeks of the absence. (Any extenuating circumstance should be handled by the student and their clinical instructor.) Failure to complete this makeup within those two weeks will result in a written contract outlining specific dates of completion or the result will be clinical failure. The student cannot perform missed skills/computer lab procedures in the clinical setting until successful completion is demonstrated to the course instructor.

4.   Tardiness to Clinical, Class, or Skills/Computer Lab

When a student is tardy, this exhibits inappropriate behavior, i.e., tardiness to clinical, class or skills/computer lab, the instructor of that student will handle the situation with his/her discretion. In most situations, the student will be counseled verbally the first time. The second time a counseling record will be completed, signed by the student and placed in the student's file. The third time, the student will be given a Formal Learning Contract and go before the Admissions/Academic Standards Committee for possible dismissal.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

EMERGENCY MESSAGES

The student should notify his/her family that in case of an emergency during normal class schedule, they should call the Nursing Office at (806)716-2391 or (806)716-2193. Class will not be interrupted unless it is an emergency, so they must identify themselves and say it is an emergency to get immediate action.

The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

GRADING SYSTEM

A grade is assigned for all courses in which a student is regularly enrolled during any semester. A grade once earned and entered upon a student's record <u>cannot</u> be removed and <u>may not be changed</u> without the approval of the instructor and the appropriate Divisional Dean/Director. If a student repeats a course, it is with the understanding that the last grade earned is the one to be counted toward fulfillment of degree requirements.

Student grades may be interpreted as follows:

Grade	Interpretation	Grade Point Per Semester Hour
A	Excellent	4
B	Good	3
C	Average	2
D	Below Average	1
F	Failure	0
I	Incomplete	Not computed
P	Pass	Not computed
PR	Progress	Not computed
W	Student Initiated Withdrawal	Not computed
X	Administrative Withdrawal	Not computed

The grade "I" is given only when a student's work is satisfactory in quality but, due to reasons beyond his or her control, has not been completed. It is not given in lieu of an "F". The instructor assigning the grade will stipulate in writing at the time the grade is given, the conditions under which the "I" may be removed. The "I" will be changed to an "F" if the work is not completed within six months unless an extension of time is granted. The student is entirely responsible for completing the work, which will remove the "I".

WEIGHT OF COURSE GRADES IN NURSING DEPARTMENT

Theory and lab grades are determined by tests, quizzes, and/or written work. Each course syllabus details the grading policy for that course.

The weight of the final written examination may <u>not</u> constitute more than (30%) of the course grade.

Clinical grades are on a pass/fail basis. A student must meet the clinical objectives of the course in order to receive a passing grade. Grades for clinical courses are determined by passing math, written clinical assignments, presentations and application of clinical skills. Clinical evaluation tools, maintained by the student and evaluated by faculty, are used to determine progress in clinical course. Each course syllabus <u>details</u> the grading policy for that course.

Grades will not be rounded in any nursing course. (Example: 60 to 76.9 = D)

The grading scale for all nursing courses will be as

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follows:A =   90 - 100
B =   80 - 89
C =   77 - 79
D =   60 – 76
F =   Below 60

</div>

Failure of either theory or clinical will necessitate repeating all concurrent courses. When repeating any course, the student is required to retake all aspects of the course including the required written work.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

GRADE OR ACADEMIC DISCIPLINE APPEAL PROCESS

Only final grades or dismissal resulting from academic discipline will be considered. The instructor's teaching ability or expertise will not be considered during the hearing. No grade or disciplinary action can be formally appealed after a period of six (6) months from the date that the student is informed.

    A.   The student will schedule an appointment with the instructor and/or course leader of the course to discuss the final grade or disciplinary action.

    B.   If the student is not satisfied, he/she should schedule an appointment with the ADN Program Director to discuss the situation.

    C.   If the student is not satisfied with the decision of the ADN Program Director, they should be referred to the Dean of Health Occupations.

    C.   If the student is still not satisfied, he/she should be advised of the Formal Appeal Process and sent to the Vice President of Academic Affairs. (See South Plains College catalog & Student Guide)

All students must follow the above outlined steps to the appeals process.

SOUTH PLAINS COLLEGE
DEPARTMENT OFNURSING

HONESTY POLICY

*All violations of the honesty policy will result in dismissal from the program.

This policy covers the violations of cheating during testing, plagiarizing another's work, and falsifying records.

*Testing Violations:

1. The instructor(s) control(s) the option of seating arrangement, movement within the classroom, students leaving the room, and stopping an exam for violation of the honesty policy.

2. All books, papers, notebooks, and personal belongings (including any electronic communication devices) will be left in the classroom prior to entering the computer lab for testing.

3. Any information found on or in the immediate vicinity of an individual during a testing situation will be grounds for termination of his/her testing. A grade of zero will be recorded and averaged into the final grade.

4. Any verbal, nonverbal, or electronic communication between students during a testing situation will be grounds for termination of his/her testing. A grade of zero will be recorded and averaged into the final grade.

5. Should a student need to communicate with the instructor, he/she should remain seated and raise his/her hand.

6. If additional information becomes known following completion of a testing session, including that cheating has occurred, then a grade of zero will be recorded for thetest and averaged into the final grade.

*Plagiarism Violations:

1. A student found guilty of plagiarism may be dismissed from the program. See Appendix.

*Record Falsification Violations:

1. Alteration or falsification of records is a violation of the honesty policy andthe student will be dismissed from the program.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

CONTACT RECORDS

Contact records are used in conjunction with the clinical evaluation tool or didactic performance when:

      1.   Further explanation or documentation of behavior is needed.

      2.   The student needs to be immediately informed of his/her behavior and/or grades.

Contact records are notations that an instructor keeps to describe specific behaviors/grades of a student. These behaviors, appropriate or inappropriate (positive or negative) are documented and presented to the student to read and sign. The student may also record his/her description of the behavior on the contact record. The instructor uses the contact record to make the student aware of behaviors he/she may be exhibiting.

Contact records:

      1. May contain a prescription for changing certain behaviors.

      2. Become a permanent part of the student's file.

ASSOCIATE DEGREE NURSING

CONTACT RECORD

DATE:

COURSE

STUDENT:

COMMENTS:

FACULTY SIGNATURE

STUDENT SIGNATURE

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

FORMAL LEARNING CONTRACT

A formal learning contract is necessary when specific problem areas are identified and these problems must be remedied to ensure safe clinical practice. The learning contract is usually initiated after the student has been informed of inappropriate and/or unsafe behavior by contact records and the behavior is still creating a problem. Formal learning contracts may be used in clinical, skills lab, and class situations. The contract and successful or unsuccessful completion of it becomes a part of the student's departmental file. Any contracts regarding clinical must be completed during the current semester, as well as all other aspects of the clinical objectives for the course, in order to earn a satisfactory clinical grade that semester.

The Formal Learning Contract contains:

1. A statement of the problem/problems.

2. A statement of expected outcomes.

3. Prescription for behavior change or steps to remedy the problem.

4. A specified time to correct the deficiency and a time period to evaluate.

5. Signature of the student and instructor.

ASSOCIATE DEGREE NURSING PROGRAM
FORMAL LEARNING CONTRACT

Date Contract Initiated: _____

Date Contract Completed:

Student Signature: _____

Student Signature:

Faculty Signature: _____

Faculty Signature:

DATA	PROBLEM	EXPECTED OUTCOME	INTERVENTIONS	EVALUATION
		Consequences:	List Requirements: Time Period to Correct Deficiency: Time Period to Evaluate:	Student: Faculty:

LIABILITY INSURANCE

Liability insurance is required for all nursing students enrolled at South Plains College (SPC).

SPC carries a blanket liability insurance policy on nursing students. The policy covers the time period from September of each year until the end of August the following year.

At registration each semester, nursing students will be charged for the liability insurance. Liability insurance is not refundable.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

LICENSURE BY EXAMINATION

The requirements for Licensure by Examination as a Registered Nurse in the State of Texas includes the following:

1.   Filing of an Application and required fee to the Texas Board of Nursing.

2.   Certification of the applicant by the ADN Program Director as having successfully completed the prescribed curriculum by submission of an Affidavit ofGraduation to the Texas Board of Nursing.

3.   Completion of the NCLEX-RN Application form with the required fee to Pearson Vue.

4.   Score a "Pass" on the NCLEX-RN Examination.

DRESS CODE FOR CLINICAL EXPERIENCE

To promote a professional image, students will abide by the following Dress Code in the clinical area:

<u>UNIFORMS:</u>

1. Students will wear the designated khaki slacks or skirt and the forest green top with a khaki short sleeve T-shirt. The top will have the South Plains College monogram on the upper left and the nametag is to be worn on the upper right. Students will wear the designated forest green cap during clinical rotation where required by facilities.

   a. Uniform top must cover the buttocks.
   b. The uniform skirt must meet the knee.
   c. Pant hems must be above sole of shoe level.
   d. Appropriate under garments are required.

2. Clinical uniforms with nametag must be worn while on the clinical unit, when getting an assignment, or for any academic business. A plain, khaki cardigan-type jacket may be worn to keep warm.

3. All uniforms must be clean, neat, pressed and well fitting (not too tight or too loose). If the uniform is deemed too tight, the student must purchase additional uniforms that fit appropriately.

4. Shoes must be white, professional style shoes, no open toes, or heels. Shoes must be closed toe (OSHA Regulation). Shoes and laces should be white and clean. Students are to wear white socks only.

5. In the event that the hospital dress code policy differs from the SPC policy, the student at that facility will be required to adhere to additional regulations stipulatedby the hospital.

6. Any exception to this policy will be specified in the course syllabus.

7. Any occasion that the student is in the SPC nursing student uniform, the entire uniform policy must be met (i.e., hair, nails, etc.).

8. Fanny packs are not to be worn with the uniform. Identify a secure area for safe keeping of personal items. Do not leave valuables unattended.

<u>GENERAL APPEARANCE</u>

1. Appropriate general hygiene measures should be followed prior to clinical. These measures include bathing/showering and use of effective deodorant and

antiperspirant.

2. Students must not smell of smoke, smoke or vape while in uniform.

3. Make-up is to be used in moderation. No perfumes or cologne may be worn. False eyelashes are permitted if the lashes appear natural (i.e., mid-length).

4. Hair must be pulled back and secured off the collar while in the clinical setting, the Sim Lab, or in the skills lab. Hair ornaments for containment (bands, clips, etc.) must blend with the student's hair color. The hair color must be of a natural color (brown, black, red, blonde). Males should be clean-shaven or have a neatly trimmed beard or moustache. The beard shall be no longer than ½ inch.

5. Plain wedding bands may be worn. Rings can harbor microorganisms and can tear skin. No rings with gemstones to be worn.

6. Earrings should be small (studs-1 per ear), not dangling. Pediatric and confused patients can tear off earrings. Hoop earrings can be caught by stethoscope and tear the ear lobe. Solid skin colored ear plugs allowed. **No rings or jewelry** will be worn in other conspicuous areas of the face or body (i.e., nose, lips, tongue, eyebrow, etc.). Tongue piercings must be **transparent** and not interfere with clear speech.

7. Fingernails short, neat and clean (not visible over tip of finger from palmer view). Long unkept nails can tear skin and introduce pathogens. No artificial nails of any sort, gel polish, tips, solar/acrylic nails, inked or dipped powdered or polished nails.

8. Tattoos that are visible outside uniform must be covered while in clinical, either with makeup such as Dermablend, an adhesive bandage, or a scrub jacket (exception is tattoos on hands). Sleeves are optional (must be tan in color). Coverage, sleeves and scrub jackets may be removed during patient care,

General Clinical Guidelines:

1. Students are to report to the instructor and TPCN when leaving and upon returning to the unit.

2. Students are not to make personal telephone calls while in the clinical area.

3. The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the

number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

4. A watch with a second hand, a pair of bandage scissors, and a stethoscope are required in the clinical area. No smart watches or Fitbit allowed.

5. Eating, drinking, or chewing gum in skills lab, simulation lab and any clinical patient care areas is not acceptable. Chewing gum is unprofessional and prohibited.

6. A student is not to visit units other than the one assigned **UNLESS** it involves transfer of clients or accompanying their patient for a procedure or surgery. Permission must be obtained from the instructor. Failure to adhere to this policy will result in dismissal from the program.

7. It is the student's responsibility to follow hospital policy and procedure. Policy and procedure information is available on every unit and <u>must</u> be reviewed before each procedure.

8. The student <u>may only perform</u> those procedures in which he/she has had classroom instruction, practiced and has been checked off in Skills Lab.

9. Students are not permitted to take a doctor's verbal order. Instruct the doctor he/she is not permitted to do so and locate a licensed nurse to take the order. Students are not permitted to give information over the telephone concerning the client's condition.

10. Upon completion of client care assignments, maximize your time by sitting and talking with (or listening to) your clients. Assist other students on the unit who need help with their clients. Do research about the assigned client or topic for the clinical objectives of the day.

11. While in the SPC ADNP uniform and/or lab coat, there will be **<u>no</u>** consumption of alcohol. Any reports of this behavior will result in **<u>dismissal</u>** from the program. **<u>REMEMBER YOU ARE REPRESENTING SOUTH PLAINS COLLEGE.</u>**

12. Cell phones are permissible, kept on silent mode, and should not be used in patient care areas, hallways or nurses stations. Cell phones may be used on your lunch break. **Failure to use responsibly will result in a 50% penalty for the clinical day.** Exception is iPad checked out to students by SPC ADNP. Student assumes responsibility for loss or damage to their property.

SOUTH PLAINS COLLEGE
HEALTH OCCUPATIONS
EXPOSURE POLICY

The following policy is to be followed exactly in the event a person experiences an exposure (needle stick, blood, body fluids or respiratory) while participating in any clinical or lab activity.

1. Report incident to instructor.
2. Treat <u>immediately</u> using the following CDC guidelines
   a. Wash needle sticks and cuts with soap and water
   b. Flush splashes to the nose, mouth, or skin with water
   c. Irrigate eyes with clean water, saline, or sterile irrigant.
3. Notify the appropriate facility representative and complete the appropriate work.
4. Each person is encouraged to initiate testing for blood borne disease within 1 hour of exposure.
   - This may be done with a health care provider of choice. If the individual has no designated health care provider, an appropriate referral will be made.
5. When an event occurs in the lab, the source person will be asked to voluntarily and confidentially share blood borne disease status with instructor and exposed person.
6. The exposed person will initiate follow up care with Health Care Provider of choice as soon as possible. Recommended time is within 1 hour of exposure for initiation of prophylactic treatment.
7. Each person is responsible for all costs associated with his/her testing and follow up.
8. Because of each person's right to privacy, one may decide whether to be tested and whether to disclose test results to faculty or other students.
9. If the source person decides not to be tested or does not disclose test results, the Center for Disease Control guidelines recommend
   - HIV and Hepatitis testing be done on the exposed person immediately post-exposure and three, six and twelve months post-exposure.
   - Beginning prophylactic treatment within one hour, or as soon as possible.
10. Each individual is encouraged to follow the advice given by the health care provider.
11. South Plains College reserves the right to deny laboratory or clinical privileges to any individual whose health status poses a risk to others.
12. Complete the Exposure Report.

SOUTH PLAINS COLLEGE
HEALTH OCCUPATIONS
EXPOSURE REPORT

Each individual should retain a copy of this completed form for his/her personal records and is strongly encouraged to share the information regarding this incident with his/her health care provider.

Faculty member: please assist the individuals completing this form and deliver the original completed form to the nursing office for the student file, a copy given to facility, and a copy given to the student.

EXPOSED INDIVIDUAL_____
FACILITY REPRESENTATIVE _____
ATTENDING FACULTY MEMBER _____
DATE OF INCIDENT_____
DESCRIBE EXPOSURE INCIDENT_____

_____

_____

_____

_____

_____

_____

_____	_____
FACULTY SIGNATURE	DATE
_____	_____
AGENCY SIGNATURE	DATE

I have read and been informed of the South Plains College Exposure Policy. I have been strongly advised to seek medical attention. I understand all financial obligations regarding testing and follow-up care is my responsibility. I understand I have a right to privacy. I have been encouraged to share any further information regarding this exposure to the appropriate faculty.

_____	_____
STUDENT SIGNATURE	DATE

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

POLICY: MEDICATION ADMINISTRATION

PURPOSE: The following policy identifies the requirements necessary to progressthrough each level of nursing at South Plains College in regard to the administration of medications.

OBJECTIVES:

STUDENTS WILL BE ABLE TO:

- Satisfactorily complete a written math examination prior to participating inthe administration of medications.

- Complete the objectives pertaining to the administration of medications for each level;Lab practicum prior to administering medications to clients.

- Demonstrate proficiency in attaining clinical objectives pertaining to the administration ofmedications to clients.

SEMESTER I:

All students must pass a clinical math competency exam, missing no more than two (2). If a scheduled clinical math exam is missed, it cannot be made up. The missed attempt will count as a failure. Failure on the third exam will result in a clinical failure and thus a failure in RNSG 1160.

The student must achieve clinical objectives from the evaluation tool, utilizing critical criteria.

Prior to clinical experience, the student must demonstrate competency in the administration of medications in lab according to critical criteria. This includes the ability to solve dosage and solution problems.

Reviewed   July 2020

SEMESTER II:

Prior to clinical experience, the student must satisfactorily complete a Departmental Math Exam. No more than 2 retakes will be permitted. Failure to pass on the 3rd exam will result in a clinical failure and thus a failure in RNSG 2460. Any missed math exam will count as a zero.

Prior to clinical experience, the student must demonstrate competency in the administration of IV medications in the lab according to critical criteria. This includes the ability to solve dosage and calculation problems.

The student must attain clinical objectives related to medication administration from the evaluation tool, utilizing critical criteria.

SEMESTERS III & IV:

- Prior to clinical experience, the student must satisfactorily complete a Departmental Math Exam. RNSG 2462 & RNSG 2461 will permit 2 retakes only. Failure to pass on the 3rd exam will result in a clinical failure and thus failure in these courses. Any missed math exam will count as a zero.

- Prior to clinical experience in RNSG 2462, the student must satisfactorily complete a Pedi Math Exam. Two retakes will be allowed. Failure on the 3rd exam will result in a clinical failure.

- Prior to clinical experience, the student must demonstrate knowledge of medications and the administering of medications. This includes the ability to solve dosage and calculation problems for the adult and the child.

- The student must demonstrate competency and proficiency, utilizing critical criteria, in attaining clinical objectives related to medication administration from the evaluation tool.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

POLICY: MEDICATION ERROR

THE POLICY OF SOUTH PLAINS COLLEGE ASSOCIATE DEGREE NURSING PROGRAM IN THE EVENT THAT THE STUDENT MAKES A MEDICATION ERROR IS AS FOLLOWS:

1. The student must immediately inform his/her clinical instructor and the charge nurse of the medication error.

2. The student must fill out an incident report for the Nurse Manager of the unit, course leader, and the Director of the Associate Degree Nursing Program.

3. The student must submit a drug card on the medication in question to the Director of the Associate Degree Nursing Program.

4. The incident report and the drug card will become a part of the student's permanent record.

5. At the discretion of the instructor and/or Director of the Associate Degree Nursing Program, the error will be reviewed by the Admission/Academic Standards Committee. Mandatory review will occur after the third incident.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

GUIDELINES FOR CLINICAL IN ALL CLINICAL AGENCIES

MEDICATIONS/VENIPUNCTURE:

All Semesters:

a.   May not administer intravenous (IV) blood or blood products.

b.   Must have knowledge of adverse reactions from the administration of blood or blood products.

c.   May not administer IV chemotherapy.

d.   May not administer experimental drugs.

e.   May not administer Valium/Versed/or any other conscious sedation drugs IV push at any time.

f.   May not mix, handle, or adjust epidural drugs at any time.

g.   Nursing students with other licenses or certifications (e.g. licensed vocational nurses, paramedics, medication aides, anesthesia techs, surgical techs, etc.) may not administer medications without the direct supervision of an instructor or facility licensed nursing personnel.

Semester I (RNSG 1160) Nursing Students:

a.   No medications will be administered until student has satisfactorily completed skills lab check offs for medications administration.

b.   AFTER having been checked off by the CLINICAL INSTRUCTOR in the CLINICAL AREA, at the instructor's discretion, the student may be allowed to administer **with direct supervision**:
     (1)   Scheduled meds
     (2)   PRN medications
     (3)   One time only medications

c.   Routes of medication administration covered in Pharmacology/Medication Administration units are: Oral, Eye, Ear, Nasal, Vaginal, Rectal, Buccal, and Sublingual. Parenteral - Intramuscular, Subcutaneous, Intradermal, and ZTrack.

d.   Drug cards must be submitted on all medications the client is receiving.

e.   Students must be knowledgeable about all medications the client is receiving as well as what to look for regarding the adverse effects of any drug or combination thereof regardless of whether responsible for the actual administration of the medications or not.

f.   The student must perform the 5 rights and 3 checks prior to administration.

g.   MAY NOT PERFORM VENIPUNCTURE.

h.   MAY NOT CHANGE IV solutions.

    i.   Observe IV injection site for signs of infiltration or signs of reaction and report to TPCN.

    j.   Must know type of IV Solution ordered.

    k.   Must notify TPCN when IV fluid level is running low.

In addition to Semester I Guidelines,

Semester II (RNSG 2460) Nursing students are allowed to administer:

    a.   Scheduled medications, PRN medications, one time only medications, after being checked off by clinical instructor.

    b.   "Stat" and Initial doses may be administered at the discretion of the clinical instructor once competency has been determined.

    c.   Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drugs or combinations thereof regardless of whether responsible for the actual administration of the medications or not.

Semester II (RNSG 2460) Nursing students may perform venipuncture for administration of intravenous solution under the supervision of clinical instructor.

    a. May discontinue IV fluids UNDER the DIRECT SUPERVISION OF INSTRUCTOR/RN.

    b. May change IV bags UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.

    c. May stop or adjust rate the flow of IV solution UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.

    d. May hang IV piggyback medications UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.

    e. Observe IV injection site for signs of infiltration or signs of reaction and report to TPCN.

    f. Notify TPCN when IV fluid level is running low.

    g. May not read CVP.

    h. Must know rate of IV solution ordered.

    i. Must know rate of IV solution and drops per minute.

    j. May convert IV to INT and perform site care and tubing changes UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.

    k. May add medications to IV fluids as designated by instructor with DIRECT SUPERVISION.

    l. MAY NOT DO IV PUSH MEDS EXCEPT FOR HEPARIN FLUSH.

In addition to Semester I and Semester II Guidelines:

Semester III & IV (RNSG 2461 & RNSG 2462) Nursing students are allowed to:

   a.   Administer scheduled, PRN, one time only, STAT, and initial doses, under the direct supervision of the instructor or their designee.

   b.   May transcribe orders for beginning and discontinued medications UNDER THE DIRECT SUPERVISION OF A LICENSED RN, WHO MUST SIGN OFF THE ORDER.

   c.   Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drug incompatibilities regardless of whether responsible for the actual administration of the medications or not.

   d.   Pitocin, Magnesium Sulfate, Terbutaline, and Yutopar may <u>not</u> be mixed or administered IV push by nursing students. P.O. and Subcutaneous forms of the medications may be given by the nursing students under the instructors' supervision.

   f.   Nursing students must be supervised by the clinical instructor when performing venipuncture. At the instructor's discretion, selected staff RN's may supervise those students who have demonstrated competency.
<u>STUDENTS CANNOT PERFORM VENIPUNCTURE IN PEDIATRICS, PICU, OR NICU AT ANY TIME. FAILURE TO ADHERE TO THIS WILL RESULT IN DISMISSAL.</u>

   g.   Students may administer IM and SQ meds UNDER DIRECT SUPERVISIONOF INSTRUCTOR/RN.

   h.   Students may do IV push medications under DIRECT SUPERVISION OF INSTRUCTOR/RN DESIGNEE.   EXCEPTIONS: Follow guidelines stated under all Levels.

   i.   Students must be familiar with preparation, dilution, administration rate, compatibilities, and flushes before administering IVP's.

Semester III (RNSG 2261) Nursing Students:

   a.   Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drugs or combinations thereof regardless of whether responsible for the actual administration of the medications or not.

   b.   **Will not administer medications during the mental health rotation**.

PROCEDURES:

No procedure may be performed by any ADN student unless there is a written physicians' order in the chart. The agency policy & procedure manual must be read by the student prior to the performance of any clinical procedure. The student must have been checked off by the instructor prior to performing any procedure.

IV and IV PUSH MEDICATION DEFINITIONS:

1. "Piggy-back": Intermittent administration of an intravenous drug by drip method through an existing intravenous infusion. The drug is mixed in a specified volume and administered in a specified period of time.
2. "Drip": Continuous administration by infusion in a large volume (greater than100mL).A drug is mixed in a specific amount of fluid and administered over a specified period of time.
3. "Push": The medication is administered diluted or undiluted at a specific rate directly into the vein by direct venipuncture or through an administration site of an existing intravenous infusion.
4. "Retrograde": The medication is injected into the intravenous tubing by displacing IV fluid into an empty syringe. This method is useful when the child is small and/or has a slow drip rate.
5. "Bolus": Medication put in a solution e.g. 50 or 100 mL's and administered over aperiod of 30 minutes to 2 hours or as physician orders.

The above routes may be utilized for administration by the Semester III & IV nursing students UNDER THE DIRECT SUPERVISION OF THE CLINICAL INSTRUCTOR OR RN DESIGNEE. At the instructor's discretion, selected RN personnel may supervise those students who have previously demonstrated competency.

Only those medications approved by the hospital administration as safe for a Registered Nurse to give may be administered by the student.

PHONE AND VERBAL ORDERS:

Nursing students at any level may not receive phone or verbal orders from physicians, residents, interns, or physician assistants.

ROUTINE ORDERS:

Students may not use routine orders until the charge nurse transfers them to the chart. All procedures and medications must have a written order prior to the student's implementationand/or administration.

PERMITS:

Students may not witness the signing of permits.

MEDICATIONS PREPARED BY OTHERS:

Students may give medications prepared by the hospital pharmacist only. Students may never give medications prepared by anyone else.

MEDICATIONS ADMINISTERED BY OTHER:

Students may not supervise any other students in the administration of medications.

NARCOTICS:

The nurse must obtain the narcotic from the Pyxis. Students may not take possession of a narcotic until an instructor is present.

The licensed nurse/instructor must sign with the student when the narcotic is administered to the client.

When a controlled substance is discarded by a student, two licensed nurses must be present. Documentation must be completed according to agency policy.

Violation of any of these policies or procedures will result in immediate dismissal from the program.

PATIENT RECORDS:

While in the clinical setting you may **only access the medical record for the patient you are assigned**. Should you access the record of another patient, your own or a family member, you are in violation of the agencypolicy and will be immediately dismissed from the program.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

STUDENT RECORDS

Student records will be kept in a locked file in the Nursing Department Office. The permanent transcript will be kept in the Registrar's Office.

Student Records included are:

1.   Admission information

2.   Transcripts

3.   Physical Exams

4.   Immunization information

5.   CPR information

6.   Specific information regarding the individual student.

Provisions shall be made for the protection of records against loss/destruction and/or invasion of privacy. Student records will be kept for two years beyond graduation, after which time they will be shredded.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

PROCEDURE AND POLICY FOR EMPLOYMENT IN HEALTH AGENCIES

The South Plains College Associate Degree Nursing Program supports the Nurse Practice Act of the State of Texas and is committed to excellence in nursing by nurses appropriately prepared for the services they are rendering. Therefore, the position of the Associate Degree Nursing Program regarding nursing students (who are unlicensed in the State of Texas either as Registered Professional Nurses or as Licensed Vocational Nurse) accepting employment in hospitals or health agencies, is as follows:

1. South Plains College nursing students who accept positions in which they <u>receive compensation</u> for client care, do so as unlicensed individuals and <u>will not wear the school uniform, laboratory coat with insignia or other indications of their student</u> status, inasmuch as they are <u>not functioning as nursing students</u> but as paid employees.

2. Students are advised to familiarize themselves with the State of Texas Nurse Practice Act so that they will recognize the full scope and responsibility of nursing as being more than just a collection of skills. South Plains College nursing students who <u>accept a position for pay as a nurse's aide, nursing assistant, or nurse tech</u> must recognize that they may be held legally liable for their actions, and therefore, <u>should not accept responsibilities---nor perform nursing interventions beyond their knowledge and skills,</u> NOR those within the responsibilities of the professional nurse as defined in the Nurse Practice Act.

   BON Rule 224.8 (c)
   Nursing Tasks Prohibited from Delegation. By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound professional nursing judgement to delegate:

   1) **physical, psychological, and social assessment which requires professional nursing judgement, intervention, referral, or follow-up;**
   2) **formulation of the nursing care plan and evaluation of the client's response to the care rendered;**
   3) **specific tasks involved in the implementation of the care plan which require professional nursing judgement or intervention;**
   4) **the responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and**

5) administration of medications, including intravenous fluids, except by medication aides as permitted under 224.9 of this title (relating to The Medication Aide Permit Holder).

3. The student is responsible for maintaining the required grade point average and should consider the demands of part-time employment upon the student's time andenergies.

Any student found to be in violation of these rules will be brought before the Admissions/Academic Standards Committee for disciplinary action that could possibly result in dismissal from the ADNP.

GUIDELINES FOR THE EMPLOYMENT OF NURSING STUDENTS

Nursing students, as well as many other college students, may seek employment in the nursing department. The Board suggests the following for consideration, which will enable the employer to utilize nursing students in an appropriate manner to contribute to client care and yet not jeopardize the welfare of the client, OR legally implicate the institution or the nursing student.

Recommended Practices

1. require the completion of the usual employment application
2. require a current health record
3. review the written job description for the nursing position with the student
4. arrange for an appropriate orientation to the position
5. require the nursing student to wear the identification and the regular uniform of the position in which employed
6. schedule as any other employee

School of Nursing or Department of Nursing in a College or University:

Schools of nursing should state their broad general policies on student employment in relation to the scholastic standards to be maintained in the school, the wearing of the school uniform, and other requirement that the school may stipulate. Their policies should be clearly stated in the Student Handbook and School Catalog. The performance of students when working for compensation is the legal responsibility of the employing agency and the individual student.

ETHICAL AND LEGAL BEHAVIOR

The nursing faculty at South Plains College strongly believes that the graduate of the nursing program should: Assume ethical and legal responsibility for actions taken in the course of nursing practice" (Program Educational Objective). Further, it is the responsibility of the nursing faculty and administration to recommend only those students who meet these program objectives to the Texas Board of Nursing to write the examination for Registered Nurse. Since there is a transfer of behavior from the classroom, skills lab, and clinical lab to the graduate nurse in the work setting, any student who is involved in cheating is in direct violation of the stated program objective. This places the student in great jeopardy regarding the successful completion of the nursing program and subsequent recommendation to the Texas Board of Nursing.

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

STATEMENT OF UNDERSTANDING OF POLICIES AND PROCEDURES

I, the undersigned, have read the South Plains College ADN Student Handbook and I am aware of the Policies and Procedures.

During Associate Degree Nursing Program new student orientation, the handbook has been discussed and policies have been covered. I am fully aware that I am responsible for all policies and procedures contained herein. I have also been made aware that should a clinical agency policy differ from the ADN policy, the agency policy takes priority. I have been made aware that I am responsible for reading all agency policies and procedures prior to performing any procedure in the clinical setting.

Included in this handbook are the policies governing licensure in Texas by the Board of Nursing. I have been informed by the program director that program policies may change at any time based on policy changes by any of our accrediting agencies. I have been made aware that policies may change at any time during my tenure in the program following a decision of the full program faculty. I have read this information and understand these policies.

I have an understanding of the Curriculum Requirements of the Nursing Program and I am aware of the Graduation Requirements of the Associate Degree Nursing Program.

I have also been given a copy of the Board of Nursing Rules and Regulations governing RN licensure eligibility, which has been explained to me at orientation.

Date	Student's Signature

Printed Name

APPENDIX

TESTING DURING ADN PROGRAM

As you progress through your education here at South Plains College, you will be given several standardized tests.

The distinct subjects of the tests are:

Fundamentals
Pediatrics
Women's Health
Community Health
Pharmacology
Medical Surgical
Mental Health
Health Assessment
Leadership
Nutrition
Research
Maternal Child
Medical Surgical II
Pathophysiology

Students have access to a Strengths and Opportunities report, which allows addressing their own personal Needs in time to make a difference.

Upon completion of the fourth semester requirements, you will take a Readiness Exam, which serves as a final benchmark of NCLEX-RN preparedness. This exam is a course requirement for RNSG 2130, is an examgrade, and must be taken prior to graduation.

Upon completion of the Readiness Exam, you will receive a Strengths and Opportunities report which will assist you in identifying any areas ofneed prior to taking the NCLEX exam. It can also be utilized as a predicator of success on the NCLEX.

The fees for these exams are divided over three/four semesters.

THE TESTING IS MANDATORY.

Nursing Learning Resource Lab

Purpose

The Nursing Learning Resource Lab is available to assist faculty and students with the educational and technical resources needed to enhance and support classroom and clinical instruction.

Location

The Nursing Learning Resource Lab (NLRL) is located in the Allied Health Building, Room 114. The NLRL Directors office is located at 114A. Lab hours are announced at the beginning of each semester and are subject to change.

Staff

The NLRL staff are available to provide assistance in reserving and locating resources. Appointments may be made with faculty members for assistance with procedures and the use of equipment.

All activities in the NLRL must be scheduled. Only faculty members can record activities on the schedule. The Skills lab schedule is kept on the board by the login computer. The Computer Lab schedule is on the table inside of the computer lab. The schedule is set up on a first come, first served basis, so schedule early. Students must log in and out of the NLRL each time they use it. The login computer is located to the left of the front door. The instructors will be sent a notice of what students fail to keep their appointments.

General Use of Resources and Equipment

The mannequins and other equipment are all available for use in the NLRL only. Reservations are required for lab time and for specific equipment. All supplies are recycled. The student is responsible for repackaging supplies so they are ready for use. Most of the equipment can be checked out to the classroom if needed.

While participating in activities in the NLRL the student is expected to behave in a professional manner. The rules listed below will be followed or the student will risk forfeiting his/her lab time.

1) No food, drink, or tobacco products allowed.
2) No children allowed.
3) Clean work area after use. This includes repackaging supplies, making the bed, picking up trash etc.
4) No phones or loud noise allowed.
5) Adherence to the SPC ADNP dress code is required for all Skills Lab activities. The student must wear white lab coat and have hair pulled back and off the collar.
6) Handle all equipment and computers with care.
7) Treat the mannequins with respect (keep covered at all times, handle gently).
8) If you sign up to practice skills, you are not to sit at the tables and socialize with your peers. Anyone seen socializing and not practicing will be asked to leave the lab.

Computer Lab

The computer lab consists of 40 workstations in the lab I (106A) and 40 workstations in lab II (106C). These workstations have computer aided instructional programs (CAI) and Internet access. The computer lab is utilized throughout the curriculum for testing purposes also.

Please notify the instructor in advance if an isolated computer will be needed for **documented** testing accommodations.

Reservations must be made in advance to use the computer lab.

Skills Labs

The skill labs are available as space permits for all students needing to practice various skills and for check-off purposes. Reservations are required for space and equipment.

Recording

ADN students will record their skill check-offs. There is a maximum of 13 slots available for taping. The student must arrive 10 minutes early and prepare all supplies and equipment prior to tape time. The camera will automatically start and stop upon entry and exit from the taping suite.

Lab Kits

Students purchase lab kits as part of their tuition and fees. The kits will be the responsibility of the student. The lab kits contain new supplies that are to be used for check-off of skills. The lab will furnish all practice supplies. If a student uses all of their furnished supplies, they will have to purchase the necessary supplies from the front office and bring their paid receipt to the lab director.

Terrorist Threat/Violent Behavior Policy

Any student who makes a direct or implied terrorist threat or threat of violence of any nature willbe reported to the SPC campus police for investigation. During the investigative process, and, if applicable, the appeal process, the student will not be allowed in class, lab, or clinical. If the student is exonerated, the faculty will provide any missed material to the student. Any missed clinical experiences will be made up. If the allegations are substantiated by the college investigation, he/she will be dismissed from the nursing program without eligibility for readmission. The incident will be promptly reported to the Texas Board of Nursing. If the student is exonerated and makes any future terrorist threat or threat of violence of any nature, thestudent will be immediately dismissed from the nursing program without eligibility for readmission. The threat will be reported to the appropriate authorities/agencies.

Students are encouraged to report threats, whether direct or implied, unusual behavior, suspicious persons or objects immediately to the campus police and/or nursing faculty.

South Plains College
Department of Nursing
Drug Testing Policy

1. All students conditionally accepted for admission/readmission into the ADN or VN program will be required to undergo drug screening. This will be done at the lab identified by the program and the cost will be paid by the student. The results will be submitted directly to the Department of Nursing by the lab. Failure to submit to drug testing will result in forfeiture of their admission into the program. Any conditionally admitted student whose drug screen is positive will forfeit their admission into the program.

2. If a student is arrested for any drug/alcohol offense while in the nursing program, they will be immediately withdrawn from the program and must go through the Declaratory Order process before the student can continue in the program. Once the student is cleared for licensure by the Texas Board of Nursing, they may request readmission to the program. The request will go before the Admissions/Academic Standards Committee for a final decision.

3. All students enrolled in the program will be subject to random and for cause drug screening throughout their tenure in the program. A list of medications a student is currently prescribed is required to be placed in student file each semester.

4. Any time there is a complaint or report of a student suspected of being impaired, the student will be required to undergo drug testing.

5. Should a student refuse to be tested, this will be considered a positive screen and treated in the same manner as an actual positive screen. If a student's test comes back positive, the student will be dismissed from the program immediately. A drug screen, which shows the presence of an adulterant, will be considered a positive screen.

6. Costs for drug testing will be the responsibility of the student. Students will pay $50.00 at the beginning of each semester for random drug screening.

Criminal Background Check

Once conditionally accepted into the Associate Degree Nursing Program, each student is required to have a Criminal Background Check before the student may attend class. **The criminal record check is mandatory; students who refuse the check forfeit the class position in the Associate Degree Nursing Program.**

Once the class roster is confirmed, the roster will be sent to the BON for a DPS/FBI Criminal Background Check. The BON will notify the school that it has received the roster. The BON will notify IdentoGO. The student will receive an email from IdentoGO. The student will arrange a fingerprint scanning appointment with IdentoGO and pay the required fee. IdentoGO will electronically submit the finger scan to the Texas Department of Public Safety to initiate the background check. DPS will transmit the results of the scan to the BON. Once the BON receives the DPS/FBI criminal background check, the BON will do the following:

    a.   Mail a postcard directly to those students who have a clear background check
    b.   Correspond with those students who have a positive background check and request a petition for a Declaratory Order, or
    c.   Correspond with those students who have a rejected fingerprint scan and request another fingerprint scan

Students who have a positive criminal history will be required to go through the declaratory order process provided by the BON. Because this process may take from three (3) months to two (2) years, **the student will not be allowed to enter the ADN program until the student receives a clear Declaratory Order from the BON.** Once the student has received approval for licensure, the student may re-apply for admission to the ADNP.

Once students have been entered into the BON system, any future arrest will automatically be transmitted to the BON for review. Therefore, *if at any time during the year, the student's criminal history changes, the student must notify the Director of the ADNP. The student will be required to withdraw from the ADNP and go through the DO process BEFORE the student can continue. Should it be later discovered that the student has had a change in their criminal background that was not disclosed to the Director of the ADNP, the student will be immediately dismissed with no option for readmission.* The ADNP must be able to assure clinical affiliates that all students have a cleared background!

Cell Phone Use in Clinical

Cell phones are permissible, kept on silent mode, and should not be used in patient care areas, hallways or nurse stations in the clinical setting/Sim Lab/skills lab. The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

Cell phones may be used on your lunch break. **Failure to use responsibly will result in a 50% penalty for the clinical day.** Exception is iPad checked out to students by SPC ADNP. Student assumes responsibility for loss or damage to their property. This policy is alsoin effect for the clinical prep day.

South Plains College
Department of Nursing
Ebola Policy

Students in the Nursing Programs of South Plains College will not provide care to any patient diagnosed with Ebola. Care at this intensive level should be provided by professional nursing staff and not student nurses.

Students will not provide ANY care for an Ebola patient, nor act as a witness to the removal of protective gear from professional staff. Students will not participate in the environmental cleanup of an Ebola patient. Observation of any of these procedures should occur at distances greater than 18 feet.

Students will continue to care for other patients in routine isolation situations, following ALL precautions as posted at the room, regardless whether staff follow the guidelines or not. Students will review routine isolation precautions.

POLICY FOR OUTPATIENT CLINICS:
1. Screening for Ebola should be done at patient check in and if positive, that patient will be directed to an isolated area. Patients in the isolated area should be cared for by professional staff; student nurses will NOT provide care to these patients.
2. Students will continue to follow all other clinic guidelines
3. Students in the specific outpatient clinics may use electronic vital sign machines for the measurement of vital signs. Gloves should be worn.
4. Students should be aware of the risk factors for Ebola
   a. Fever of greater than 38.0 C or 100.4 F
   b. Severe headache, muscle pain, vomiting, diarrhea, abdominal pain, unexplained hemorrhage
   c. Risk factors for Ebola within the past 3 weeks which include:
      i. Contact with blood or body fluids of a patient known to have or suspected to have Ebola
      ii. Residence in or travel to a country where an Ebola outbreak is occurring
      iii. Direct handling of bats or nonhuman primates from a diseased area
      (http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states)
5. Should the student be in the patient room getting information and taking vital signs and becomes suspicious of an Ebola exposure, the student should act in the following manner:
   a. Immediately excuse self from the patient, telling the patient that the student is going to get the staff nurse
   b. BEFORE leaving the patient room, remove gloves, wash hands with soap and running water for 20 seconds, leave room (be sure to use a paper towel to open door).
   c. IMMEDIATELY after leaving the patient room, wash hands with soap and running water for 20 seconds.
   d. Report suspicion to nurse and allow nurse to assume care of this patient.
   e. Wipe shoes with Clorox or infection control wipes. Clean any other instrumentation used during this assessment.
   f. Dispose of any pens or papers in appropriate infection control waste container
   g. Wash hands again.
   h. Page instructor and notify instructor of student actions.

i.   If there were body fluids exposed to the student in the patient room, the student should follow the clean-up procedures as directed by the staff.

6. Students in contact with an Ebola patient will do the following

    a.   Notify the facility of the exposure and follow the facility's policy as well as notify the instructor and program director, completing an Exposure Report for SPC

    b.   If there was direct exposure to body fluids, the student must wash the affected area with soap and water; mucous membranes should be irrigated with a large amount of water or eyewash solutions

    c.   Monitor fever twice daily for 21 days after the last known exposure. Students may continue to attend class while receiving the twice daily fever checks; attendance in clinical will depend on individual agency guidelines; alternative clinical experiences may be substituted during the 21 day exposure period.
(http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states

7. Students who develop sudden onset of fever, intense weakness or muscle pains, vomiting diarrhea or signs of hemorrhage after the exposure to a suspected or confirmed Ebola case should

    a.   Immediately isolate self and call 911 clearly indicating a suspected orconfirmed Ebola exposure and current symptoms.

    b.   Notify instructor or program director (who will notify Dean, SPC Health officials, local and state health departments and the agency where exposure occurred)

    c.   Follow agency post-exposure protocols

    d.   Comply with school/clinical exclusions until they are deemed no longer infectious to others.

South Plains College
Department of Nursing
Coronavirus/COVID-19 Policy for Clinical Rotation

Students in the Nursing Programs of South Plains College will not provide care to any patient diagnosed with Coronavirus/COVID-19. Care at this intensive level should be provided by professional nursing staff and not student nurses. Students will not provide ANY care for a Coronavirus/COVID-19 patient, nor act as a witness to the removal of protective gear from professional staff. Students will not participate in the environmental cleanup of a Coronavirus/COVID-19 patient. Observation of any of these procedures should occur at distances greater than 18 feet.
Students will continue to care for other patients in routine isolation situations, following ALL precautions as posted at the room, regardless whether staff follow the guidelines or not. Students will review routine isolation precautions.

POLICY FOR CLINICAL:
1. Screening for Coronavirus/COVID-19 should be done at patient check in and if positive, that patient will be directed to an isolated area. Patients in the isolated area should be cared for by professional staff; student nurses will NOT provide care to these patients.
2. Students will continue to follow all other clinic guidelines.
3. Students in the clinical areas may use electronic vital sign machines for the measurement of vital signs. Face Mask and Gloves must be worn.
4. Students should be aware of symptoms and the risk factors for Coronavirus/COVID-19
    a. Fever of greater than 37.7 C or 100 F
    b. Headache, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea
    c. Symptoms for Coronavirus/COVID-19 include a wide range of symptoms, from mild to severe and may occur within 2-14 days after exposure
    d. Risk factors for contracting Coronavirus/COVID-19 include but not limited to the following:
        i. Contact with a patient known to have or suspected to have Coronavirus/COVID-19.
        ii. Residence in or travel to a "hotspot" or country where a Coronavirus/COVID-19 outbreak is occurring.

    https://www.cdc.gov/coronavirus/2019-ncov/index.html

5. Should the student be in the patient room getting information and taking vital signs and becomes suspicious of a Coronavirus/COVID-19 exposure, the student should act in the following manner:
    a. Immediately excuse self from the patient, telling the patient that the student is going to get the staff nurse.
    b. BEFORE leaving the patient room, remove gloves, wash hands with soap and running water for 40 seconds, leave room (be sure to use a paper towel to open door).
    c. IMMEDIATELY after leaving the patient room, use waterless bacterial hand cleanser then wash hands again with soap and running water for 40 seconds.
    d. Report suspicion to nurse and allow nurse to assume care of this patient.
    e. Wipe or spray shoes with Clorox or infection control wipes or spray. Clean any other instrumentation used during this assessment.
    f. Dispose of any pens or papers in appropriate infection control waste container.
    g. Wash hands again.

h. Immediately notify instructor of student actions.
i. If there was exposure to the student in the patient room, the student should follow the exposure procedures as directed by the staff.

https://www.cdc.gov/coronavirus/2019-ncov/index.html

6. Students in contact with a Coronavirus/COVID-19 patient will do the following:
    a. Notify the facility of the exposure and follow the facility's policy as well as notify the instructor and program director, completing an Exposure Report for SPC.
    b. If there is exposure to any type of respiratory fluids, the student must wash the affected area with soap and water; mucous membranes should be irrigated with a large amount of water or eyewash solutions.
    c. Monitor temperature for fever twice daily for 14 days after the last known exposure. Students may continue to attend class while performing the twice daily temperature checks for fever and monitoring for any associated Coronavirus/COVID-19 symptoms; attendance in clinical will depend on individual agency guidelines; alternative clinical experiences may be substituted during the 14-day exposure period.

https://www.cdc.gov/coronavirus/2019-ncov/index.html

7. Students who develop sudden onset of fever, intense weakness or muscle pains, vomiting diarrhea or signs of difficulty breathing after the exposure to a suspected or confirmed Coronavirus/COVID-19 case should:
    a. Immediately isolate self and contact a primary care provider as soon as possible, clearly indicating a suspected or confirmed Coronavirus/COVID-19 exposure and current symptoms.
    b. Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

        - Trouble breathing
        - Persistent pain or pressure in the chest
        - New confusion
        - Inability to wake or stay awake
        - Bluish lips or face

        *This list is not inclusive of all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
        Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.
        https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Symptoms-&-Emergency-Warning-Signs
    c. Notify instructor or program director (who will notify Dean, SPC Health officials, local and state health departments and the agency where exposure occurred).
    d. Follow agency post-exposure protocols.
    e. Comply with school/clinical exclusions until they are deemed no longer infectious to others.

Campus Concealed Carry Statement

Campus Concealed Carry – Texas Senate Bill – 11 (Government Code 411.2031. et al.) authorizes the carrying of a concealed handgun in South Plains College building only by persons who have been issued and are in possession of a Texas License to Carry A Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College (SPC) policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC Policy at: (http://www.southplainscollege.edu/human_resources/policy_procedure/hhc.php).

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

2021

Differentiated Essential Competencies of Graduates of Texas Nursing Programs

Evidenced by Knowledge, Clinical Judgments, and Behaviors

Collaboration/ Communication

Technology

Scope of Practice

Professionalism

Advocacy

Healthcare Delivery System

Teamwork & Collaboration

Delegation/ Supervision

Standards

Evidence - Based Practice

Member of the Profession

Patient Safety Advocate

Quality

Policy Making

Inter-disciplinary

BSN

Safe Competent Nurse

VN

Quality Improvement

Nursing Process

Informatics

Diploma/ADN

Safety

Patient/ Client Care

Clinical Judgment

Provider of Patient-Centered Care

Member of the Healthcare Team

Legal/ Ethical

Global Health

Patient - Centered Care

Research/ Evidence-Based

Nursing Science

Nursing Skills

Leadership

Texas Board of Nursing

1/21/2021

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Introduction

Differentiated Essential Competencies of Graduates
Of Texas Nursing Programs Evidenced by
Knowledge, Clinical Judgments, and Behaviors
2021

Background of the DECs
The original Board charge to develop differentiated competencies for nursing education programs was issued by the then Board of Nurse Examiners (BNE) following a legislative mandate in 1988. Three different versions have been developed by Board staff with input from Board-appointed stakeholders (nursing educators, professional organizations, practicing nurses, state agencies, and consumers):
- 1993 – First Edition - Nursing Education Advisory Committee (NEAC)
- 2002 – Second Edition – Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DELCs)
- 2010 – Third Edition – Differentiated Essential Competencies of Graduates of Texas Nursing Programs (DECs)

A team of Board Staff that included both Nursing Consultants for Education and Nursing Consultants for Practice collaborated in the 2021 Fourth Edition to ensure a focus on both perspectives. Following the previous processes, a comprehensive review of current literature, practice standards, accreditation requirements, regulations, and research findings ensued.

The guiding principles that were established by the first DECs committee have continued to be sound and useful in making revisions:
1. The DECs are client-focused, rather than institution-focused.
2. The DECs would not be developed as a list of tasks or skills.
3. Competencies will provide essential role responsibilities, knowledge, and clinical behaviors and judgments in broad terms
4. Programs will be able to develop and create curricula for their communities, level of education, and program outcomes by focusing on the DECs.
5. The DECs are not all-inclusive of all nursing competencies but list competencies necessary for the nursing graduate to seek licensure and enter nursing practice.

Nursing Education and Scope of Practice

The legal scope of practice for licensed nurses in Texas is dependent upon the educational preparation in vocational, professional, and graduate nursing education programs. Licensed vocational nurses (LVNs) and registered nurses (RNs) provide a wide range of nursing care through the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

The *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs* include 25 basic competencies within the four nursing roles and describe the required outcomes for VN and RN nursing education with progressive differentiation of competency level for each

educational level [Vocational Nursing Education (VN), Associate Degree Nursing Education (ADN), and Baccalaureate Degree Nursing Education (BSN)]. Further delineation of the competencies is expanded through sub-competencies with accompanying required subject content (*Knowledge)* and expected *Clinical Judgments and Behaviors*. Texas-approved nursing education programs are required to operationalize the DECs in the curriculum to assure that graduates have been educated to carry out the competencies. The competencies for each educational level build upon the competencies from the previous level.

Comments about the Competencies
The competencies provide a set of outcomes expected of nursing education programs to ensure that newly licensed nurses enter practice with a knowledge base and a set of skills, including decision-making abilities, for safe practice. As the practicing nurse gains experience and perfects nursing skills and clinical judgment, their competencies continue to grow as they move from novice to expert.

Any redundancies across the initial competencies are intentional to allow the competencies under each role to stand alone as performance characteristics. Some competencies are identical for each educational level since the same expectations apply to all licensed nurses, such as the standards for safety. Differences in competencies among educational levels reflect their respective assignments, level of autonomy in planning and practice decisions, required supervision, administrative roles, leadership responsibilities, and capacity for evaluation of care and caregivers.

The DECs are useful as a basis for curriculum in nursing programs, orientation and internship programs for practicing nurses in health care settings, and the creation of evaluation tools for nursing education and practice. The DECs are consistent with Board Position Statements, Rules and Regulations, Education Guidelines, and other Board documents.

Executive Summary
Differentiated Essential Competencies
Of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2021

Background
The Differentiated Essential Competencies (DECs) is the fourth generation of the Texas Board of Nursing (BON or Board) competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. The current revision was developed through a comprehensive review of current literature and research, nursing standards, state and national regulations, changes in the health care environment, and advances in nursing practice. Board Staff and a Board-appointed DECs Work Group provided guidance and expertise to the process.

Purpose
The DECs were designed to provide guidance to prelicensure nursing education programs to prepare graduates to enter nursing practice as safe, competent nurses, as well as to provide a baseline for the health care setting of the nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs. It is acknowledged that not all competencies can be evaluated upon graduation from a nursing program, but the graduate will have received the educational preparation to demonstrate each competency. As the novice nurse gains practice experience, the entry-level competencies from education will continue to grow as the nurse demonstrates an expanding expertise.

Outline of the DECs
Twenty-five core competencies in the DECs are categorized under four main nursing roles:
- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table.

Implications
For Nursing Education:
- Guideline for curriculum development and revision
- Benchmark for measuring program outcomes
- Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses

For Employers of Nurses:
- Guide for development of employee orientation and internship programs
- Baseline for job descriptions and career ladders
- Description of entry-level competencies for new nurses
- Information helpful for reviewing and revising policies and procedures for nursing care

Texas Board of Nursing
Vocational Nursing Education – Education and Scope

The curriculum for vocational nursing (VN) education is delivered as a certificate program of approximately one year in length offered by a college, university, or career school or college, or in a hospital or military setting. Texas Board of Nursing (BON or Board) Rule 214 for Vocational Nursing Education requires didactic and clinical learning experiences designed to prepare graduates to practice as safe, competent nurses who are able to demonstrate the competencies outlined in the DECs.

The BON approved curriculum incudes requirements for instruction in the five basic areas of nursing care: (1) children; (2) mothers and newborns; (3) elderly; (4) adults; and (5) individuals with mental health problems. The initial clinical instruction takes place in the skills and simulation laboratories, progressing to faculty supervised, hands-on clinical experiences with actual patients in health care settings. Clinical experiences in psychiatric nursing are optional, but the mental status of patients should be considered in all clinical settings.

Required nursing and support courses provide instruction in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; vocational nursing scope of practice, and nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand-alone courses. With advances of education and practice, programs may include content in the use of technology and informatics through learning experiences in the clinical practice arena, simulated practice, and skills laboratories.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. Graduates of VN nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-PN® will receive a temporary authorization to practice under direct supervision **up to** 75 days while awaiting testing and licensure.

The entry-level graduate of a VN program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and with the patient's family. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

Educational opportunities exist for Licensed Vocational Nurses (LVNs) to articulate into professional nursing education programs. Vocational nursing represents the beginning level of the nursing practice continuum in the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry-level competencies of the VN graduate are listed on the following pages:

Core Competencies of Graduates of
Vocational Nursing Education

I. Member of the Profession

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
C. Contribute to activities that promote the development and practice of vocational nursing.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care

A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.

III. Patient Safety Advocate

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Assist in the formulation of goals and outcomes to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV.   Member of the Health Care Team

A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
D. Communicate patient data using technology to support decision-making to improve patient care.
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.
F. Supervise nursing care by others for whom the nurse is responsible.
G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing
Diploma and Associate Degree Nursing Education – Education and Scope

Although the programs for Diploma Nursing and Associate Degree Nursing (ADN) education vary in missions and philosophies of the governing institutions, competencies have been determined as common for graduates of both programs. These competencies describe the expectations for entry-level into registered nursing practice.

Diploma programs are hospital-based, single purpose schools of nursing usually consisting of two years of general education and nursing courses. These programs follow the missions, values, and purposes of the governing institutions, and prepare graduates to provide and coordinate health care of individuals and their families throughout the life span across the health continuum. General education courses from an accredited college or university may be required as prerequisites courses offered prior to or concurrently with nursing courses. The general education courses may provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses. A Diploma program of study competed after December 31, 2014, must entitle a student to receive a degree [Texas Occupation Code 301.157(a-1)].

ADN programs, located in community colleges, senior colleges, and career schools, are completed within a time frame equivalent to two academic years but not more than four calendar years. The curriculum includes courses in the liberal arts; natural, social, and behavioral sciences; and nursing science. Degree requirements in public colleges and universities must not be greater than 60 semester credit hours, with approximately half the program requirements in nursing courses. General education courses provide a foundation for nursing content in ADN education and enable graduates to apply theoretical content ad evidence-based findings in the provision of nursing care. The BON requires didactic instruction and clinical learning experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing.

Nursing courses in Diploma and ADN nursing programs must provide opportunities for students to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry-level graduate from a Diploma or ADN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. The nursing content prepares students to establish therapeutic relationships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health for individuals of all ages. The curriculum also promotes skills in nursing care supervision and management, and in providing care within legal and ethical parameters.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. Graduates of Diploma and Associate Degree nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-RN® will receive authorization to practice under direct supervision of a registered professional nurse for **up to** 75 days while awaiting testing and licensure.

The primary role of the entry-level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes. With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry-level competencies of the Diploma and ADN graduate build upon the entry-level competencies of the Vocational Nursing graduate and are listed on the following pages:

Core Competencies of Graduates of Diploma and
Associate Degree Nursing Education

I.   <u>Member of the Profession</u>

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
C. Participate in activities that promote the development and practice of professional nursing.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II.   <u>Provider of Patient-Centered Care</u>

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.
B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
H. Coordinate human, information, and physical resources in providing care for patients and their families.

III.   <u>Patient Safety Advocate</u>

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV.   <u>Member of the Health Care Team</u>

A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
D. Communicate and manage information using technology to support decision-making to improve patient care.
E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.
F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing
Baccalaureate Degree Nursing Education – Education and Scope

Baccalaureate Degree Nursing (BSN) education, offered in college and university settings, and career schools, provides students with a broad perspective and understanding of nursing; health and healing; the environment; and persons as diverse individuals, families, populations, and communities. The BSN program integrates approximately 60 semester credit hours from liberal arts and natural, social, and behavioral science courses, and approximately 60 semester credit hours of nursing courses. Graduates of BSN programs are prepared to provide and direct care for patients, families, populations, and communities experiencing complex and unpredictable health care needs in structured and unstructured settings. In addition to the broad liberal arts education that provides a solid foundation for the development of clinical judgment skills, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management. The studies and clinical learning activities in community health focus on the expanded nurse's role in providing care for groups, vulnerable peoples, and global and public populations, and working collaboratively with other providers in the health care team. The BSN student is prepared to apply theories in management and organization to assume leadership roles in supervising team members and in developing health care policies.

BSN graduates synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with patients, other health care professionals, and the public. The BSN prepares the graduate to use research findings in planning and implementing care. Graduates are expected to demonstrate all the competencies (knowledge, clinical judgments, and behaviors) of the preceding levels of education, but with greater depth and breadth of application and synthesis.

Qualified graduates of BSN programs typically receive authorization to practice under direct supervision of a registered professional nurse **up to** 75-days while waiting to take the licensure examination. These graduates generally begin their careers in structured settings but may move into community-based settings and/or leadership roles. A BSN degree allows the nurse to pursue graduate education to become nurse educators, researchers, administrators, or advanced practice nurses.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. The entry-level competencies of the BSN graduate build upon the entry-level competencies of the Diploma and Associate Degree Nursing graduate and are listed on the following pages:

Core Competencies of Graduates of Baccalaureate
Degree Nursing Education

I.   <u>Member of the Profession</u>

A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Promote the practice of professional nursing through leadership activities and advocacy.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II.   <u>Provider of Patient-Centered Care</u>

A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.

III.   <u>Patient Safety Advocate</u>

A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV.   <u>Member of the Health Care Team</u>

A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, and communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

Texas Board of Nursing Differentiated Essential Competencies
(DECs) – Core Competencies

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
I. Member of the Profession	**I. Member of the Profession**	**I. Member of the Profession**
A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Contribute to activities that promote the development and practice of vocational nursing.	C. Participate in activities that promote the development and practice of professional nursing.	C. Promote the practice of professional nursing through leadership activities and advocacy.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
II. Provider of Patient-Centered Care	**II. Provider of Patient-Centered Care**	**II. Provider of Patient-Centered Care**
A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families,

diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.	families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.	populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.	C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.	E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.	E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.	F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.

H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	H. Coordinate human, information, and physical resources in providing care for patients and their families.	H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
III. Patient Safety Advocate	**III. Patient Safety Advocate**	**III. Patient Safety Advocate**
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Assist in the formulation of goals and outcomes to reduce patient risks.	C. Formulate goals and outcomes using evidence-based data to reduce patient risks.	C. Formulate goals and outcomes using evidence-based and theoretical analysis of available data to reduce patient and community risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Nursing
IV. Member of the Health Care Team	**IV. Member of the Health Care Team**	**IV. Member of the Health Care Team**

A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.	A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.	B. Serve as a heath care advocate in monitoring and promoting quality and access to health care for patients and their families.	B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.	C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate patient data using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
F. Supervise nursing care by others for whom the nurse is responsible.	F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.	F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

I. Member of the Profession

A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment, self-care, and the need for lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	**A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.**	**A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.**
Knowledge		
1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.	1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.	1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.
3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Function within a directed scope of practice of the vocational nurse with appropriate supervision.	1. Function within the scope of practice of the registered nurse.	1. Function within the scope of practice of the registered nurse.
2. Assist in determination of predictable health care needs of patients to provide	2. Use a systematic approach to provide individualized, goal-directed nursing care to	2. Use a systematic approach to provide individualized, goal-directed nursing care to

individualized, goal-directed nursing care.	meet health care needs of patients and their families.	meet health care needs of patients, families, populations, and communities.
3. a. Practice according to facility policies and procedures and provide input in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	**B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.**	**B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.**
Knowledge		
1. a. Texas Board of Nursing Standards of Practice. b. National standards of vocational nursing practice and care. c. National Federation of Licensed Practical Nurses Code of Ethics. d. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care; process for the development of standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Legislative advocacy process. f. Resources and strategies for access to standards of practice.
2. Legal parameters of vocational nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles relative to health care.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles and practice theories and principles relative to health care.

3. Issues affecting the vocational nurse role and the delivery of culturally-sensitive care to patients and their families.	3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.	3. Issues affecting the registered nurse role, the BSN role, and the delivery of culturally-sensitive care to patients, families, populations, and communities.
4. Continuing competency and professional development.	4. Continuing competency and professional development.	4. a. Continuing competency and professional development. b. Principles of staff development and learner behavior
5. Self-evaluation, staff evaluation, and peer evaluation processes.	5. Self-evaluation, staff evaluation, and peer evaluation processes.	5. a. Self-evaluation, staff evaluation, and peer evaluation processes. b. Human resource management and performance evaluation processes.
6. Employment setting policies and procedures.	6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures.	6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures. c. Role of committees in the development of health care policies and procedures. d. Communication skills in the areas of writing, speaking, and presenting as required to function in leadership positions.
7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques to maintain professional boundaries.	7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques and management skills to maintain professional boundaries.	7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques, management and leadership skills, and role modeling to maintain professional boundaries.
8. Principles of quality improvement.	8. Principles of quality improvement and basic outcome measurement in health care organizations.	8. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

Clinical Judgments and Behaviors		
1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.
2. a. Provide nursing care within the parameters of vocational nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Participate in evaluation of care administered by the interdisciplinary health care team.	2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice through professional memberships.	2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice using professional and legislative processes.
3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.	3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.	3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients, families, populations, and communities. c. Provide holistic care that addresses the needs of diverse individuals and populations across the lifespan. d. Advocate for policy development to support care of vulnerable populations and communities.
4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.	4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.	4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply leadership and management concepts and skills in collaboration with the interdisciplinary health care team to implement quality patient care.

5. a. Assume accountability for individual nursing practice. b. Follow established evidence-based clinical practice guidelines.	5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines.	5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines. d. Participate in designing systems that support quality nursing practice. e. Apply research findings and principles of research to enhance evidence-based practice.
6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.	6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.	6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.
7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.	7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.	7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.
8. Use communication techniques to maintain professional boundaries in the nurse/patient relationship.	8. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.	8. a. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members. b. Use leadership and role modeling skills to promote professional boundaries among the members of the interdisciplinary team.
9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.	9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.	9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.

10. Implement principles of quality improvement in collaboration with the health care team.	10. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.	10. Collaborate with interdisciplinary team on principles and tools of quality improvement and outcome measurement in systems of care delivery.
Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
C. Contribute to activities that promote the development and practice of vocational nursing.	**C. Participate in activities that promote the development and practice of professional nursing.**	**C. Promote the practice of professional nursing through leadership activities and advocacy.**
Knowledge		
1. Historical evolution of nursing practice.	1. Historical evolution of professional nursing.	1. Links between nursing history and medical, social, political, religious, and cultural influences.
2. Issues affecting the development and practice of vocational nursing.	2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery.	2. a. Issues and trends affecting nursing practice, the nursing profession, and health care delivery system. b. Inquiry, analysis, and information approaches in addressing practice issues.
3. The role of vocational nursing organizations, regulatory agencies, and health care organizations.	3. The role of professional nursing organizations, regulatory agencies, and health care organizations.	3. a. The role of professional nursing organizations, regulatory agencies, and health care organizations. b. Research related to organizational and societal change.
4. Factors affecting the public image of nursing.	4. Strategies to influence the public perception of nursing.	4. Strategies to influence the public perception of nursing.
5. Distinctions between the evolving vocational and professional nursing roles.	5. a. The evolving practice roles of professional nurses and their contributions to the profession. b. Types of leadership. c. Political processes to promote professional nursing practice.	5. a. Evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professions. b. Theories of leadership. c. Strategies to influence legislative action processes and public policy.

Clinical Judgments and Behaviors		
1. Identify historical evolution of nursing practice and issues affecting the development and practice of vocational nursing.	1. Analyze the historical evolution of professional nursing and the application to current issues and trends.	1. Synthesize the links between nursing history and medical, social, political, religious, and cultural influences to promote professional nursing practice.
2. Work collegially with members of the interdisciplinary health care team.	2. Promote collegiality among interdisciplinary health care team members.	2. Provide leadership in collaboration with the interdisciplinary health care team.
3. Participate in activities individually or in groups through organizations that promote a positive image of the vocational nursing role.	3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing. c. Articulate the values and roles of nursing to the public.	3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations and with others outside the health care industry to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. d. Communicate with state legislators and representatives of other regulatory bodies to promote a competent nursing workforce and protection of the public's safety and welfare.
4. Recognize roles of vocational nursing organizations, regulatory agencies, and organizational committees.	4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.	4. Recognize and analyze the impact of professional nursing organizations, regulatory agencies, and organizational committees upon the nursing profession and the roles of nurses.
5. Practice within the vocational nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.
6. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.	6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.	6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	**D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.**	**D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.**
Knowledge		
1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.
2. Resources, tools, and processes to assess vocational learning needs.	2. Resources, tools, and processes to assess professional learning needs.	2. Resources, tools, and processes to assess professional learning needs.
3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g. certifications and graduate education).
4. Changing roles and competencies in vocational nursing.	4. Changing roles and competencies in professional nursing.	4. Changing roles and competencies in professional nursing.
5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.
Clinical Judgments and Behaviors		
1. Participate in educational activities to maintain/ improve competency, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.
2. *Participate in nursing continuing competency activities to maintain licensure.*	2. *Participate in nursing continuing competency activities to maintain licensure.*	2. *Participate in nursing continuing competency activities to maintain licensure.*
3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.
4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.
5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.

6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.

II. Provider of Patient-Centered Care

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. **Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.**	A. **Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision- making in nursing practice.**	A. **Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.**
Knowledge		
1. A systematic problem-solving process in the care of patients and their families based on sciences taught in the vocational nursing program and evidence-based practice outcomes.	1. a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.	1. a. A systematic problem-solving process in the care of patients and families based on the liberal arts, sciences, and evidence-based practice outcomes and research studies. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families. c. Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs in care

		of patients, families, populations, and communities.
2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes, systematic clinical judgment, and best practices.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable populations. c. Clinical reasoning models, systematic clinical judgment, research process, and best practices.
3. Application of current literature, available work setting resources, and evidence-based practice to assist in decision-making.	3. Application of current literature and/ or research findings and evidence-based practice in improving patient care.	3. a. Research utilization and evidence-based practice. b. Analysis of reliability, validity, and limitations of quality of evidence. c. Informed consent for participation in research.
4. Resources from scientifically valid sources.	4. Resources for accurate and scientifically valid current information.	4. a. Resources for accurate and scientifically valid current information. b. Research and evaluation methodologies.
Clinical Judgments and Behaviors		
1. Use problem-solving approach and nursing knowledge to make decisions regarding care of assigned patients.	1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.	1. Use systematic approaches for clinical decision-making, including nursing research, epidemiology, and political, social, ethical, and legal processes.
2. a. Organize care for assigned patients based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Recognize potential care needs of vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply principles of assisting vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply knowledge from genomics, epidemiology, bioterrorism, and current population demographics in decision-making to reduce health risks in communities and vulnerable populations.

3. Identify and communicate patient physical and mental health care problems encountered in practice.	3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.	3. Use knowledge of societal and health trends and current research findings to identify and communicate patient physical and mental health care problems.
4. Apply relevant, current nursing practice journal articles to practice and clinical decisions.	4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.	4. Analyze and incorporate research findings/ studies and evidence-based data into nursing practice and clinical decisions.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge from the vocational nursing program of study.	**B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.**	**B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.**
Knowledge		
1. Steps of a systematic process in clinical decision-making that includes vocational nursing scope of practice in focused assessment, planning, implementation, and evaluation.	1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.	1. a. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation. b. Systematic processes, including nursing research, epidemiologic, psychosocial, and management. c. Systematic approach to performing a community assessment.
2. Components of a focused nursing assessment.	2. Comprehensive nursing assessment of patients and their families.	2. Comprehensive nursing assessment of patients, families, populations, and

		communities. Analysis of nursing research, epidemiological, and social data to draw inferences and conclusions.
3. Structured data collection tools and techniques of assessment of patients including interviewing.	3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.	3. a. Structured data collection tools and techniques of assessment of patients including interviewing. b. Unstructured data collection tools and techniques for assessment of patients, families, populations, and communities. c. Components of comprehensive databases and methods for data collection, health screening and case finding.
4. Characteristics, concepts, and processes related to patients, including: gross anatomy; basic physiology and pathophysiology; psychosocial growth and development; basic psychopathology; ethical reasoning; and major cultural and spiritual belief and practices related to health, illness, birth, death, and dying.	4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.	4. Characteristics, concepts, processes, and theories related to patients including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; cultural and spiritual beliefs and practices related to health, illness, birth, death and dying; history; research; statistics; humanities; genomics; global health; ethics; and logical and ethical reasoning.
5. Cultural differences of patients across the lifespan.	5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.	5. Cultural differences and integration of patient needs across the lifespan into the health care system including comprehensive needs of vulnerable patients, families, populations, and communities.
6. Characteristics, concepts, and processes related to transmission of common communicable diseases including individual risk factors and preventive health practices.	6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.	6. Characteristics, concepts, and processes related to communities, including epidemiology, risk factors and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors and social organizations.

7. Common disease processes, medication administration, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.
8. Introduction to established approaches that guide nursing practice.	8. Introduction to established theories, models and approaches that guide nursing practice.	8. Nursing theories, research findings, and interdisciplinary roles to guide nursing practice.
9. Family processes that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.
10. Application of clinical technology in the delivery of safe patient care and documentation.	10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.	10. Application of clinical technology, information management, and use of nursing informatics in the delivery of safe patient care.
11. Introduction to patients with multiple healthcare problems.	11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices.	11. Complex and multiple health care problems and issues, integrating evidence-based traditional and complementary healthcare practices, and population interventions and solutions.
12. Political, economic, and societal forces affecting health of individuals. Social determinants of health.	12. Political, economic, and societal forces affecting the health of individuals and their families. Social determinants of health.	12. Political, economic, and societal forces affecting health care for patients, families, populations, and global communities. Social determinants of health.
Clinical Judgments and Behaviors		
1. Use structured assessment tool to obtain patient history.	1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/ mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.	1. a. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, environmental information, risk factors, and patient resources. b. Expand and modify data collection tools using evidence-based practice.

2. Perform focused assessment to assist in identifying health status and monitoring change in patients.	2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families.	2. Perform comprehensive assessment and monitor changes to include factors impacting health status and health needs of patients, families, populations, and communities.
3. Report and document focused patient assessment data.	3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families. b. Evaluate the use of safe complementary health care practices.	3. a. Validate, report, and document comprehensive assessment data, including physical and mental health status and needs for patients, families, populations, and communities. b. Evaluate evidence supporting traditional and complementary health care practices being used by patients, families, populations, and communities.
4. Identify predictable and multiple health needs of patients and recognize signs of decompensation.	4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.	4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.
5. Share observations that assist members of the health care team in meeting patient needs.	5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.	5. Use clinical reasoning to identify patient needs based upon analysis of health data, evidence-based practice outcomes and research findings and communicate observations.
6. Assist with health screening.	6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.	6. Perform health screening and case finding, and identify links between physical and mental health, lifestyle, prevention, and cost and access to health care.
7. Differentiate abnormal from normal health data of patients.	7. Interpret and analyze health data for underlying pathophysiological changes in the patient's status.	7. Interpret and analyze health data of patients, families, populations, and communities including pathophysiology, genomics and epidemiological considerations.
8. Recognize healthcare outcomes and report patient status.	8. Incorporate multiple determinants of health when providing nursing care for patients and families.	8. Incorporate the multiple determinants of health when providing nursing care for

		patients, families, populations and communities.
9. a. Recognize that economic and family processes affect the health of patients. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients and their families. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients, families, populations, and communities. b. Identify health risks related to social determinants of health. c. Examine populations at risk from epidemiological, social and environmental perspectives.
10. N/A	10. N/A	10. Use epidemiological, social and environmental data to draw inferences about the health status of populations and communities.

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C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	**C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.**	**C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.**
Knowledge		
1. Process to establish the nurse-patient/ family relationship including cultural aspects of care.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Principles for recognizing functional and dysfunctional relationships.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Models for understanding the dynamics of functional and dysfunctional relationships.

2. Written, verbal, and non-verbal modes of communication including electronic information technologies.	2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Principles of effective communication and the impact on nursing practice.	2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Communication theories and their impact on nursing practice.
3. Fundamental principles of disease prevention and health promotion/restoration for patients.	3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.	3. a. Principles and theories of disease prevention, health promotion, education, and rehabilitation for patients. b. Principles of epidemiology and genomics.
4. a. Interventions to support the patients and their families during life stages, including end-of-life care. b. Interdisciplinary collaboration.	4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care. b. Interdisciplinary collaboration.	4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and families throughout the lifespan, including end-of-life care. b. Interdisciplinary interventions, including nursing care across all settings.
5. Relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.	5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.	5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members and cost factors in multiple settings.
6. Criteria for setting priorities in planning and evaluating care.	6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.	6. A variety of systematic approaches for problem-solving and decision-making for prioritizing and evaluating the plan of care.
7. Steps and procedures in discharge planning process.	7. Strategies for collaborative discharge planning.	7. a. Strategies for collaborative discharge planning. b. Research findings related to nursing care and discharge planning.
8. Concepts from basic sciences and support courses.	8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.	8. Concepts and principles of arts, humanities, and natural, social, and behavioral sciences as applied to care

		planning for patients, families, populations, and communities.
Clinical Judgments and Behaviors		
1. Integrate concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care.	1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.	1. Synthesize theory and research-based knowledge from arts, humanities, and sciences for the direct and indirect delivery of safe and compassionate care for patients, families, populations, and communities.
2. Identify short-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care with patients, families, populations, communities, and the interdisciplinary team.
3. Participate in the development and modification of the nursing plan of care across the lifespan, including end-of-life care.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist in the development of clinical practice guidelines using evidence-based practice and research findings.
4. Contribute to the plan of care by collaborating with interdisciplinary team members.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients, families, populations, and communities.
5. Assist in the discharge planning of selected patients.	5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.	5. Use research findings and evidence-based guidelines to plan, implement, and evaluate discharge plans in collaboration with the interdisciplinary health care team.
6. Demonstrate fiscal accountability in providing patient care.	6. Demonstrate fiscal accountability in providing care for patients and their families.	6. In collaboration with the interdisciplinary team, use knowledge of financial resources to demonstrate fiscal accountability for health care of patients, families, populations, and communities.

7. Demonstrate basic knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients, families, populations, and communities.

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D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	**D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.**	**D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.**
Knowledge		
1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit and staffing management.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit staff management. f. Resource management and organizational behavior.
2. Characteristics, trends, and issues of health care delivery.	2. Characteristics, trends, and issues of health care delivery.	2. a. Characteristics, trends, and issues of health care delivery. b. Models for health care delivery in organizations and communities.
3. a. Basis for determining nursing care priorities in patient care. b. Principles of decision-making.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.

		c. Models of priority setting and organizational management.
4. Scope of responsibilities and accountability for supervision and collaboration.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Models and patterns of nursing care delivery.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Systems of nursing care delivery.
5. Channels of communication for decision-making processes within the work setting.	5. a. Channels of communication for decision- making processes within work settings. b. Principles of decision making.	5. a. Channels of communication and decision-making processes within work settings, organizations, and communities. b. Decision-making principles and models.
Clinical Judgments and Behaviors		
1. Assume accountability and responsibility for nursing care through a directed scope of practice under the supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, podiatrist, or dentist using standards of care and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.
2. a. Identify priorities and make judgments concerning basic needs of multiple patients with predictable health care needs in order to organize care. b. Manage multiple responsibilities. c. Recognize changes in patient status. d. Communicate changes in patient status to other providers.	2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care. b. Anticipate and interpret changes in patient status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for multiple patients.	2. a. Identify priorities and make judgments concerning the needs of multiple patients, families, communities, and populations in order to organize care. b. Anticipate and interpret changes in patient and group status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for patients and groups.

3. a. Implement plans of care for multiple patients. b. Collaborate with others to ensure that healthcare needs are met.	3. a. Implement plans of care for multiple patients. b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients and their families.	3. a. Implement plans of care for multiple patients. b. Collaborate within and across a broad array of settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients, families, communities, and populations.
4. Participate in management activities.	4. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.	4. Apply concepts and skills from management theory to assign and/or delegate nursing care to other members of the nursing team in a variety of settings.

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E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.	E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.	E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
Knowledge		
1. Common health practices and behaviors of patients and their families related to their developmental level, gender, culture, belief system, and the environment.	1. a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment. b. Healthy lifestyles and early manifestations of disease in patients and their families.	1. a. Health practices and behaviors and early manifestations of disease in patients, families, communities, and populations related to developmental level, gender, cultures, belief systems, and the environment. b. Healthy lifestyles, early manifestations of disease, and epidemiology in populations. c. Health behavior change strategies to promote health and manage illness.

2. Methods of therapeutic communication.	2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.	2. Theories, models, patterns, and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.
3. Rights and responsibilities of patients related to health care and basic advocacy.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Advocacy for health promotion for patients and their families.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Public policy advocacy.
4. Basic physiological and mental health aspects of nursing interventions.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients, families, populations, and communities.
5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and research findings of factors that contribute to the maintenance or restoration of health and prevention of illness.
6. a. Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents, including patients' responses. b. Effects of misuse of prescription and nonprescription medications and other substances.	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents and research studies impacting patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances
7. Coping mechanisms for managing stress and identifying resources for crisis management.	7. Principles and strategies of stress management, crisis intervention, and conflict management.	7. Principles, strategies, theories, and models of stress, crisis responses, and conflict management.
8. Code of vocational nurse ethics and patient's rights.	8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision-making.	8. Code of ethics, ethical practices, current issues, and patient's rights in the health care delivery system.
9. Legal parameters of vocational nursing practice and health care.	9. Legal parameters of professional nursing practice and health care.	9. Legal standards and implications for professional nursing care in multiple health care delivery settings.

10. Available intradisciplinary and interdisciplinary resources within the employment setting.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of health care delivery system resources.
11. Key federal and state statutes and institutional policies regarding patient confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Management of nursing informatics using principles of confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Information systems management consistent with principles of confidentiality.
12. Nursing interventions to implement plan of care.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for individuals, families, populations, and communities.
13. Clinical reasoning in the delivery of care to patients with predictable health care needs using knowledge from the vocational program of study.	13. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.	13. Clinical reasoning for complex health care needs of patients, families, communities, and populations using a broad framework of knowledge from the baccalaureate nursing program of study.
Clinical Judgments and Behaviors		
1. Implement individualized plan of care to assist patient to meet basic physical and psychosocial needs.	1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.	1. Implement individualized plan of care to assist patients, families, communities, and vulnerable populations to meet comprehensive physical and mental health care needs in multiple settings.
2. Implement nursing interventions to promote health, rehabilitation, and implement nursing care for clients with chronic physical and mental health problems and disabilities.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and their families to learn skills and strategies to protect and promote health.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and families to learn skills that promote and protect health in multiple settings.

3.	Initiate interventions in rapidly-changing and emergency patient situations.	3.	a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for patients and their families.	3.	a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs of patients, families, populations, and communities.
4.	Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.	4.	Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.	4.	Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.
5.	Foster coping mechanisms of patients and their families during alterations in health status and end of life.	5.	a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life. b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.	5.	a. Facilitate patient and family coping during alterations in health status and end of life. b. Apply evidenced-based practice outcomes and research findings to support patient, family, population, and community coping and adaptation during health crises.
6.	a. Assist interdisciplinary health care team members with examinations and procedures. b. Seek clarification as needed. c. Provide accurate and pertinent communication when transferring patient care to another provider.	6.	a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.	6.	a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.
7.	a. Inform patient of Patient Bill of Rights. b. Encourage active engagement of patients and their families in care.	7.	a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patients and their families in care.	7.	a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patient, family, population, and community in care.

8. Communicate ethical and legal concerns through established channels of communication.	8. Use interdisciplinary resources within the institution to address ethical and legal concerns.	8. Use interdisciplinary, institutional, community, and scholarly resources to address ethical and legal concerns.
9. Use basic therapeutic communication skills when interacting with patients, their families, and other professionals.	9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.	9. a. Use therapeutic communication skills when interacting with and maintaining relationships with patients and families, and other professionals. b. Apply communication theory and techniques in maintaining professional relationships with patients, families, populations, and communities.
10. Apply current technology and informatics to enhance direct patient care while maintaining patient confidentiality and promoting safety.	10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.	10. a. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety. b. Use informatics to promote health and reduce risk in the community.
11. Facilitate maintenance of patient confidentiality.	11. Facilitate maintenance of patient confidentiality.	11. Facilitate maintenance of patient confidentiality.
12. a. Demonstrate accountability by providing nursing interventions safely and effectively using a directed scope of practice. b. Provide nursing interventions safely and effectively using established evidence-based practice guidelines.	12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using evidence-based outcomes.	12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using current research findings and evidence-based outcomes.
13. Provide direct patient care in disease prevention and health promotion and/or restoration.	13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.	13. a. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration. b. Provide direct and indirect care in community-based programs whose primary goals are disease prevention and health promotion and/or restoration.

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F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.	F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
Knowledge		
1. Mechanisms to evaluate specific nursing interventions and patient outcomes.	1. Methods to evaluate health care processes and patient outcomes.	1. Systematic processes to assess methods for evaluating patient outcomes, including reliability and validity of evaluation tools.
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge of life sciences.	2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.	2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including advanced pathophysiology, neurobiology, pharmacology, genomics, chemistry, humanities, and liberal arts education.
3. Basic performance improvement activities in patient care delivery.	3. Introduction to performance improvement concepts in patient care delivery.	3. Performance improvement concepts, motivation theory, and research/evaluation outcome measures to evaluate efficacy and effectiveness of care.
Clinical Judgments and Behaviors		
1. Report changes in assessment data.	1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.	1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.

2. Use standard references to compare expected and achieved outcomes of nursing care.	2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.	2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data and use research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes for patient.
3. Communicate reasons for deviations from plan of care to supervisory health care team member.	3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.	3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team.
4. Assist in modifying plan of care.	4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.	4. Modify plan of care based on overt or subtle shifts in patient status, research findings, and evaluation data.
5. Report and document patient's responses to nursing interventions.	5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.	5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.
6. Assist in evaluating patient care delivery based on expected outcomes in plan of care and participate in revision of plan of care.	6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.	6. a. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation. b. Evaluate evidence-based data for use in providing comprehensive, efficient, cost-effective care to diverse patients, families, populations, and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	**G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.**	**G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.**
Knowledge		
1. Lifespan development and common situational variables affecting learning, such as stress, pain, and fear.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. c. Techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care.
2. Basic principles of the teaching/ learning process.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching.
3. Resources that support patient health care knowledge, decision-making, and self-advocacy.	3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient and family health.	3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient, family, population, and community health.
Clinical Judgments and Behaviors		
1. Identify health-related learning needs of patients and their families.	1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.	1. a. Assess learning needs of patients, families, populations, and communities related to health promotion, maintenance, and restoration.

		b. Assess genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction and health promotion, maintenance, and restoration.
2. Contribute to the development of an individualized teaching plan.	2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.	2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans and strategies for patients, families, populations, and communities.
3. Implement aspects of an established teaching plan for patients and their families.	3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.	3. Develop and implement comprehensive teaching plans for health promotion, maintenance and restoration and risk reduction of patients, families, populations, and communities.
4. Assist in evaluation of learning outcomes using structured evaluation tools.	4. Evaluate learning outcomes of the patients and their families receiving instruction.	4. Evaluate learning outcomes of comprehensive teaching plans for patients, families, populations, and communities.
5. Teach health promotion and maintenance and self-care to individuals from a designated teaching plan.	5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.	5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Develop teaching plans with special considerations for vulnerable populations. c. Teach health promotion and maintenance and self-care to individuals, families, and groups based upon teaching goals.
6. Provide the patient with the information needed to make choices regarding health.	6. Provide patients and their families with the information needed to make choices regarding health.	6. a. Provide patients, families, populations, and communities with the information

		needed to make choices regarding health. b. Implement risk reduction strategies to address social and public health issues.
7. Provide patients and families with basic sources of health information.	7. Serve as an advocate and resource for health education and information for patients and their families.	7. Advocate for health education, healthy lifestyles, and early detection and treatment of disease, targeting vulnerable populations.

Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	**H. Coordinate human, information, and physical resources in providing care for patients and their families.**	**H. Coordinate the management of human, information, and management of physical resources in providing care for patients, families, populations, and communities.**
Knowledge		
1. Organizational mission, vision, and values as a framework for care.	1. Organizational mission, vision, and values as a framework for care and management.	1. Organizational mission, vision, and values as a framework for care, management, and leadership.
2. Lines of authority and accountability within structured health care settings.	2. Types of organizational frameworks of various health care settings.	2. Organizational theories/principles of organizational behavior.
3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Safe environmental management and promoting a culture of safety.
4. Vocational nursing role in implementing established cost containment measures.	4. a. Key issues related to budgetary constraints impacting the use of resources. b. Basic models of reimbursement.	4. a. Workplace unit budgeting and workforce resource management. b. Basic models of reimbursement.

5. Communication within organizational framework.	5. Basic principles of management and communication within an organization.	5. a. Management and communication within an organization. b. Leadership and management theory, practice, and skills.
6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.
7. Individual response to organizational change.	7. Change process and strategies for initiating and evaluating effectiveness of change.	7. Change theory, processes, and strategies and change agent role, including methods for evaluating effectiveness of change.
Clinical Judgments and Behaviors		
1. Participate in implementing changes that lead to improvement in the work setting.	1. Identify and participate in activities to improve health care delivery within the work setting.	1. a. Identify and participate in activities to improve health care delivery within the work setting. b. Assess the management structure and nursing care delivery system within a health care organization and recommend changes for improvement.
2. a. Report unsafe patient care environment and equipment. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace. c. Design and implement strategies (e.g., coaching to increase the effectiveness of teamwork) to respond to the need for corrective action to promote a safe work environment.
3. Implement established cost containment measures in direct patient care.	3. Collaborate with interdisciplinary health care team to select human and physical resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.	3. Collaborate with interdisciplinary health care team to use human and physical resources that are optimal, legal, and cost efficient to achieve patient-centered outcomes, meet organizational goals, and promote health in the community.

4. Assign patient care activities taking patient safety into consideration according to Texas Board of Nursing rules (217.11).	4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.	4. a. Supervise and delegate care and contribute to shared goals. b. Use management, leadership, teambuilding, and administrative skills; organize, manage, and evaluate the functioning of groups of individuals and staff.
5. Use management skills to assign to licensed and unlicensed personnel.	5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate leadership role in achieving patient goals.	5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate a leadership role in achieving patient/ family/ population/ community goals and management goals.
6. Assist with maintenance of standards of care.	6. Implement established standards of care.	6. a. Implement established standards of care. b. Collaborate in the development of standards of care based on evidence-based practice congruent with organizational structure and goals.

III. Patient Safety Advocate

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
Knowledge		
1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.
2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.
3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.
6. Principles of quality improvement.	6. Principles of quality improvement and outcome measurement in health care organizations.	6. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

* Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

Clinical Judgments and Behaviors		
1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.
2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.
3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.
5. Recognize and report unsafe practices and contribute to quality improvement processes.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice and manage quality improvement processes for safe patient care.
6. Participate in nursing peer review.	6. Participate in nursing peer review.	6. Participate in nursing peer review.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Implement measures to promote quality and a safe environment for patients, self, and others.	**B. Implement measures to promote quality and a safe environment for patients, self, and others.**	**B. Implement measures to promote quality and a safe environment for patients, self, and others.**
Knowledge		
1. a. Principles of patient safety including safe patient handling. b. Promoting a culture of safety implementing principles of just culture.	1. a. Principles of patient safety including safe patient handling. b. Management of the patient environment for safety.	1. a. Principles of patient safety including safe patient handling. b. Quality improvement, environmental management, and risk management with a focus on patient safety.

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	c. Promoting a culture of safety implementing principles of just culture.	c. Promoting a culture of safety implementing principles of just culture.
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.
3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Leadership role in quality, safety, and patient risk management and management of the environment for patient and others' safety. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.
4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposals of medications and hazardous materials.
5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.
Clinical Judgments and Behaviors		
1. Promote a safe, effective, caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote and manage a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patient, family, health care team, population, and community consistent with the principles of just culture.
2. Accurately identify patients.	2. Accurately identify patients.	2. Accurately identify patients.
3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.

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	c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.	c. Use epidemiologic process to manage and reduce risks related to medication and treatment administration and modify techniques in a variety of settings.
4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.
5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.
6. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety.	6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.	6. a. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety. b. Participate in organizational initiatives that enhance a culture of safety for patients, families, populations, and communities.
7. Use evidence-based information to contribute to development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based findings to develop interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.
8. Implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Use evidence-based findings to initiate accident prevention measures for patients and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.

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9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. Assist in the formulation of goals and outcomes to reduce patient risks.	**C. Formulate goals and outcomes using evidence-based data to reduce patient risks.**	**C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.**
Knowledge		
1. a. Principles of disaster preparedness and fundamental principles of communicable disease prevention for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles of disaster preparedness and communicable disease prevention and control for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles and theoretical models of epidemiology and communicable disease prevention and control for patients, families, populations, and communities. b. Evidence-based risk reduction. c. Epidemic and pandemic prevention and control. d. Disaster preparedness, response, and recovery. e. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.
2. Current national and state standards and guidelines and local procedures for infection control.	2. Current national and state standards and guidelines and local procedures for infection control.	2. Current international, national, and state standards and guidelines and local procedures for infection control.

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Clinical Judgments and Behaviors		
1. Assist in the formulation of goals and outcomes to reduce patient risk of health care-associated infections.	1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.	1. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce the risk of health care-associated infections.
2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient, family, population, and community.
3. Implement established policies related to disease prevention and control.	3. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards	3. a. Assist in developing policies and procedures to prevent exposure to infectious pathogens, communicable conditions, and other occupational hazards. b. Participate in programs and systems to address safety of patients, families, populations, and communities in the event of emergency or disaster.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	**D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.**	**D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.**
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas

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Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.
2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.
3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.

Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	**E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.**	**E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.**
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.

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2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.
3. Report safety incidents and issues through the appropriate channels.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.
4. Implement established safety and risk management measures.	4. Participate in committees that promote safety and risk management.	4. a. Participate in committees that promote quality, safety, and risk management. b. Interpret and guide others toward safe and legal clinical practice. c. Identify systems issues that impact nursing practice.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
F. Accept and make assignments that take into consideration patient safety and organizational policy.	*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.*	*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.*
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing Rules (including awareness of RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall

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within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.
2. *When making assignments, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*	2. *When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*	2. *When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.*
3. *When assigning nursing care, retain accountability and supervise personnel based on Texas Board of Nursing rules according to the setting to ensure patient safety.*	3. *a When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.* *b. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.*	*a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.* *b. Implement and develop organizational policies and procedures regarding assignments and delegated tasks.*

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IV. Member of the Health Care Team

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/ or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	**A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.**	**A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.**
Knowledge		
1. a. Structure and function of the health care delivery system. b. Roles and functions of interdisciplinary health care team members including group dynamics.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and roles of interdisciplinary health care team members including group process.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and using group process in decision-making and care. c. Social, economic, and political processes impacting the access to and delivery of health care in communities.
2. Principles of effective communication and collaboration with patients, their families, and the interdisciplinary health care team.	2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.	2. a. Theories and strategies of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.
3. a. Strategies to deal with b. Principles of interpersonal conflict management, assertiveness, problem-	3. a. Change theory and managing change. b. Principles of conflict management, decision-making, assertiveness,	3. a. Role theory, change theory, management and leadership theory.

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solving, data collection, and basic time management.	motivation, delegation, supervision, and time management.	b. Principles of conflict management, decision-making, motivation, delegation, systems theory, assertiveness, budgeting, delegation, time management, supervision, and performance appraisal.

4. a. Patient advocacy and consumer rights and responsibilities.
   b. Legal and ethical processes related to health care.
	4. a. Patient advocacy and consumer rights and responsibilities.
	   b. Legal and ethical processes related to health care.
		4. a. Patient advocacy and consumer rights and responsibilities.
		   b. Legislative, legal, and ethical processes related to health care.

5. Contribution of evidence-based practice in development of health care and quality improvement.	5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care.
	   b. Methods of evaluation for continuous quality improvement.
		5. a. Evidence-based practice and research findings related to health care.
		   b. Process of translating current evidence into practice.
		   c. Methods of evaluation for continuous quality improvement.
		   d. Processes of continuous quality improvement and application of quality improvement data.

Clinical Judgments and Behaviors		
1. Involve patients and their families with other interdisciplinary health care team members in decisions about patient care across the lifespan.	1. Involve patients and their families in collaboration with other interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan.	1. a. Involve patients, families, populations, and communities in collaboration with interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan. b. Use models of health care delivery to plan and improve health care for patients, families, populations, and communities.
2. Cooperate and communicate to assist in planning and delivering interdisciplinary health care.	2. a. Use strategies of cooperation, collaboration, and communication to	2. a. Use strategies of cooperation, collaboration, and communication to

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	plan, deliver, and evaluate interdisciplinary health care. b. Promote the effective coordination of services to patients and their families in patient-centered health care.	plan, deliver, and evaluate interdisciplinary health care. b. Promote and provide leadership in the effective coordination of services to patients, families, populations, and communities.
3. Participate in evidence-based practice in development of patient care policy with the interdisciplinary team to promote care of patients and their families.	3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.	3. Synthesize evidence-based practices, research findings, and methods of evaluation with the interdisciplinary team by translating current evidence into practice for patients, families, populations, and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.	**B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.**	**B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.**
Knowledge		
1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal factors relating to safeguarding patient rights.	1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.	1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current economic, legal, and political factors that influence access to health care delivery for patients, families, populations, and communities.
2. a. Individual responsibility for quality of nursing care.	2. a. Individual responsibility for quality of nursing care.	2. a. Individual responsibility for quality of nursing care.

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b. Role of the nurse as patient advocate for patients and their families.	b. Role of the nurse as advocate for patients and their families.	b. Role of the nurse as advocate for patients, families, populations, and communities. c. Research and theories related to advocacy for access to health care for patients, families, populations, and communities.
3. a. Role of nurse in quality improvement process. b. Nursing peer review committee. c. Knowledge of reliable online sites for quality health care data.	3. a. Role of organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families. b. Knowledge of reliable online sites and other resources that provide quality health care data.	3. a. Leadership role in organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients, families, populations, and communities. b. Formal and informal sources of power and negotiation processes. c. Historical development of professional advocacy groups and the growth of consumer advocacy. d. Knowledge of reliable online sites and other resources that provide quality health care data.
4. Responsibility for reporting to licensing and public protective agencies, which may involve mandatory reporting.	4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.	4. Health care policies and regulations related to public safety and welfare, mandatory reporting, and development of the future workforce.
Clinical Judgments and Behaviors		
1. Respect the privacy and dignity of the patient.	1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.	1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.

* Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.

	b. Apply legal and ethical principles to advocate for patient well-being and preference.	b. Apply legal and ethical principles to advocate for human and societal well-being and preferences.
2. Identify unmet health needs of patients.	2. Identify unmet needs of patients and their families from a holistic perspective.	2. a. Identify the unmet needs of patients, families, communities, and populations from a holistic perspective. b. Identify problems that patients and vulnerable populations have in accessing health care and disparities in health care.
3. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team. c. Teach patients and families about access to reliable and valid sources of information and resources including health information.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients, families, populations, and communities with other members of the interdisciplinary health care team by implementing strategies for improving health care delivery systems. c. Teach patients, families, populations, and communities about access to reliable and valid sources of information and resources including health information.
4. Participate in quality improvement activities.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.
5. Refer patients and their families to community resources.	5. a. Refer patients and their families to community resources.	5. a. Refer patients, families, populations, and communities to resources.

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	b. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs.	b. Serve as a member of health care and community teams to provide services to individuals and communities with unmet needs. c. Initiate and participate in community partnerships and coalitions to provide health care to targeted, diverse populations.
Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	**C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.**	**C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.**
Knowledge		
1. Work setting and major community resources.	1. Institutional and community resources including agencies/ services and health care providers.	1. Institutional, community, state, and federal resources including agencies/ services and health care providers.
2. Role of the case manager.	2. Principles of case management.	2. Theory and principles of case management, population characteristics, and epidemiology.
3. Roles of family and significant others in providing support to the patient.	3. Roles of family and significant others in providing support to the patient.	3. a. Roles of family and significant others in providing support to the patient. b. Family systems theory.
4. a. Functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.

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5. Need for patient referrals to promote continuity of care.	5. Referral processes for patients and their families to promote continuity of care.	5. Referral processes and methods for promoting continuity of care and improving access to health care for patients, families, populations, and communities.
6. Issues in current treatment modalities.	6. Issues and trends in health care delivery.	6. a. Issues and trends in health care delivery. b. Implications of demographic, epidemiological, and genetics data on the changing needs for health care resources and services.
7. Cost of health care services.	7. Major current issues affecting public/ government/ private health care services, programs, and costs.	7. Past, present, and future issues affecting public/ government/ private health care services, programs, policies and costs.
8. Organizational and local resources for health promotion, maintenance, and restoration.	8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.	8. Organizational, local, state, federal, and global resources for risk reduction and health promotion, maintenance, and restoration.
Clinical Judgments and Behaviors		
1. a. Identify support systems of patients and their families. b. Identify major community resources that can assist in meeting needs.	1. a. Assess the adequacy of the support systems of patients and their families. b. Work with families to use resources to strengthen support systems. c. Identify providers and national and community resources to meet the needs of patients and their families.	1. a. Assess the adequacy of the support systems of patients, families, populations, and communities. b. Work with family and community resources to develop and strengthen support systems for patients, families, populations and communities. c. Identify providers and national and community resources to meet the needs of patients, families, populations and communities.
2. a. Communicate patient needs to the family and members of the health care team.	2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional	2. a. Facilitate communication among patients, families, and interdisciplinary

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b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.	or community resources to meet health care needs. b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.	team to use institutional or community resources to meet health care needs. b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.
3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patient to communicate needs to their support systems and to other health care professionals.	3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patients and their families to communicate needs to their support systems and to other health care professionals.	3. a. Advocate with members of the interdisciplinary health care team and community resources on behalf of patients, families, and vulnerable populations to procure resources for care. b. Assist patients, families, and vulnerable populations to communicate needs to their support systems and to other health care professionals. c. Advocate for public policies to support health care access for vulnerable populations.
4. Identify treatment modalities and cost of health care services for patients and their families.	4. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/ government/ private health care services, programs, and cost to patients and families.	4. a. Collaborate with interdisciplinary team concerning issues and trends in health care delivery. b. Analyze demographic and epidemiology data on the changing needs for health care resources and services. c. Participate in meetings/ organizations addressing past, present, and future issues affecting public/ government/ private health care services, programs, and cost to patients, families, populations, and communities.

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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Communicate patient data using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
Knowledge		
1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, the medical record, and population-based data. b. Current technology-based information and communication systems. c. Information management for health care systems.
2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.
3. Technology skills including word-processing, e-mailing, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.
Clinical Judgments and Behaviors		
1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Use recognized, credible sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Evaluate credibility of sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice, administration, education, and research. b. Evaluate credibility of sources of information, including internet sites.

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c. Access, review, and use electronic data to support decision-making.	c. Access, review, and use electronic data to support decision-making. d. Participate in quality improvement studies.	c. Access, review, and use electronic data to support decision-making. d. Participate in designing, conducting, and evaluating quality improvement studies.
2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.
3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients and their families.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care and delivery systems. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients, families, populations, and communities.
4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.	*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.*	*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.*

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Knowledge		
1. Awareness of Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.
2. a. Principles of supervision and team work/ group dynamics. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and focused assessments.	2. a. Principles of supervision and management, team work/ group dynamics, and nursing care delivery systems. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies.	2. a. Principles of supervision, team work/ group dynamics, nursing care delivery systems, and health policy. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies. f. Management and systems theory.
3. Time management.	3. Time management.	3. Time management.
4. a. Principles of communication. b. Regulatory laws and facility policies	4. a. Principles of communication. b. Regulatory laws and facility policies.	4. a. Principles of communication. b. Regulatory laws and facility policies. c. Motivational theories.
Clinical Judgments and Behaviors		
1. * Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments.	1. *a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. *b. Assess competency level and special needs of nursing team members. *c. Facilitate decision-making related to delegation and assigned tasks.	1. *a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. *b. Assess competency level and special needs of nursing team members. *c. Facilitate decision-making and establishing facility policy related to delegated and assigned tasks.

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2. *a. Assign and monitor tasks of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.
  *b. Reassess adequacy of care provided.
	2. *a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.
	  *b. Assign patient care based on analysis of patient or organizational need
	  *c. Reassess competency and learning needs of team members.
		2. *a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.
		  *b. Use leadership skills to promote team building and team work.
		  *c. Assign patient care based on analysis of patient or organizational need.
		  *d. Reassess competency and learning needs of team members.

3. *a. Document and/ or report responses to care or untoward effects.
  *b. Provide feedback on competency levels of team members.
	3. *a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.
	  *b. Plan activities to develop competency levels of team members
		3. *a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.
		  *b. Plan and manage activities to develop competency levels of team members.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
*F. Supervise nursing care provided by others for whom the nurse is responsible.	*F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.	*F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
Knowledge		
1. Principles of supervision and group dynamics.	1. Principles of management and organizational behavior.	1. Theories of management and leadership, and evaluation of organizational behavior.
2. Principles of communication in groups.	2. Principles of communication and group process.	2. Communication theory and group process.

3. Principles of teaching and learning.	3. a. Assessment of learning needs.
	   b. Instructional methods.
		3. a. Assessment of learning needs.
		   b. Instructional methods.

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	c. Evaluation of teaching effectiveness.	c. Evaluation of teaching effectiveness.
4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command and various health care delivery systems.
Clinical Judgments and Behaviors		
1. *Provide instruction where needed to members of the health care team to promote safe care.*	1. *Provide staff education to members of the health care team to promote safe care.*	1. *a. Use leadership skills to provide staff education to members of the health care team to promote safe care.* *b. Evaluate the effectiveness of the process for staff education.* *c. Develop new policies and procedures.*
2. *Seek direction and clarification from supervisors when questions arise to promote safe care by health care team.*	2. *Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.*	2. *Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.*
3. *a. Oversee and monitor patient care provided by unlicensed assistive personnel and vocational licensed personnel as assigned.* *b. Base assignments on individual team member competencies.*	3. *a. Oversee and follow through on patient care provided by health team members.* *b. Base assignments and delegation on team member competencies.*	3. *a. Oversee and follow through on patient care provided by health team members.* *b. Base assignments and delegation on team member competencies.*
4. *Ensure timely documentation by assigned health team members.*	4. *a. Ensure timely documentation by assigned health team members.* *b Ensure documentation of patient care follow-up.*	4. *a. Ensure timely documentation by assigned health team members.* *b. Ensure documentation of patient care follow-up*

Vocational Nursing	**Diploma and Associate Degree Nursing**	**Baccalaureate Degree Nursing**
G. Assist health care teams during local or global health emergencies or pandemics	**G. Participate with health care teams during local or global health emergencies or**	**G. Coordinate, collaborate, and lead health care teams during local or global health**

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to promote health and safety, and prevent disease.	pandemics to promote health and safety, and prevent disease.	emergencies or pandemics to promote community stability, health, and safety, and prevent disease.
Knowledge		
1. Impact of global health on local communities.	1. Impact of global health on local communities.	1. Impact of global health on local communities.

2. a. Global health organizations.
   b. Sources of global health information and data.
	2. a. Global health organizations.
	   b. Sources of global health information and data.
		2. a. Global health organizations.
		   b. Sources of global health information and data.

3. Nursing roles during global or local emergencies and pandemics.	3. Nursing roles during global or local emergencies and pandemics.	3. Nurse leader roles during global or local emergencies and pandemics.
4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.
Clinical Judgments and Behaviors		
1. Recognize the impact and prepare to respond to an emergent global or local health issue in an assistant role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a supportive role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a leadership role.
2. Guide patients, staff, and others in understanding the extent of the emergency and their response.	2. Provide information to patients, staff, and others in understanding the extent of the emergency and their response.	2. Take a leadership role with patients, staff, and others in understanding the extent of the emergency and taking any necessary actions.
3. Participate with the health care team to promote safety and maintain health during an emergency or pandemic.	3. Fulfill an assigned role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.	3. Assume a leadership role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.
4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that

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resolution of a global or local crisis and promotion of health among the population.	resolution of a global or local crisis and promotion of health among the population.	address resolution of a global or local crisis and promotion of health among the population.

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Differentiated Essential Competencies
Of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2021

Implementing the DECs in Education and Practice

The competencies in the DECs describe the outcomes for graduates of the Texas prelicensure nursing education programs and they ensure that graduates have received the preparation to practice at their educational level as safe, competent entry-level nurses. The DECs provide a common standard of expectation in practice abilities of new nursing graduates as they seek employment in health care settings.

It is recommended that nursing education programs:
- Review the revised DECs for alignment with the curriculum and make adjustments as needed;
- Consider how each core competency is addressed in the curriculum and whether curriculum changes are in order;
- Ensure that the DECs are integrated into course and clinical objectives;
- Reinforce the meaning of the DECs throughout the program reminding students that competencies will continue to be developed in the program and as they gain experience in nursing practice.

This exercise in curriculum review and revision will update the curriculum and familiarize the faculty with the entire program of study.

Implementing the DECs in Practice Settings
The DECs provide an expected level of knowledge, skills, abilities, and clinical judgment for new graduates and offer a starting point for the growth of competencies as they enter practice.
It is recommended that practice settings:
- Review the revised DECs to ensure that the expectations for new graduates are consistent with the competencies taught in nursing programs;
- Consider the DECs in a review of the orientation of new graduates or for internships offered to new nurses;
- Utilize the leveling of the core competencies when considering the scope of practice for each educational preparation.

The DECs also will provide a guideline for establishing career ladders, making assignments to new graduates, reviewing job descriptions, establishing policies and procedures, and planning in-services and staff development programs.

Glossary
Explanation of Terms Used in the DECs

1. **Civility** - behavior usually demonstrated through manners, courtesy, politeness, and a general awareness of the rights, wishes, concerns, and feelings of others. Civil behavior in nursing contributes to a positive environment and is related to the health and well-being of the nurses and patients. Aspects of civil behavior includes tolerating, listening, respecting, and treating others with dignity and honor. Incivility is recognized by actions such as berating and insulting others, showing disrespect, and blaming and accusing with the intent to hurt. Incivility in healthcare can lead to unsafe working conditions, stress, poor patient care, burnout, and increased medical costs (My American Nurse, 2012; Clark, 2017; Laschinger et al., 2009.)

2. **Clinical Reasoning** - the process by which nurses collect cues, process and analyze the information, come to an understanding of a patient problem or situation, weigh alternative actions, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process (Griffits et al., 2017).

3. **Competency** - an expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice (ANA, 2015, p. 86).

4. **Delegation** - a registered nurse authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN [Texas Board of Nursing §224.4(3)]. [Another pertinent rule is §225.4(6)].

5. **Evidence-based Practice** - a conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions that individualize a patient's care (Stevens, 2013).

6. **Global Health** - the health and well-being of the global population and as such, is linked to public health; content in global health that promote competencies include travel and migration, determinants of health, environmental factors, cultural competency, communication, health care delivery, ethics, human rights, collaboration, and management skills (Clark et al., 2016).

7. **Just Culture** - a culture in which the reporting of errors and near misses in practice is supported without fear of retribution, creating an atmosphere of trust and encouraging and rewarding nurses and health care workers (Barnsteiner & Disch, 2019).

8. **Nursing Peer Review** - the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint (NPA Sec. 303.001).

9. **Predictable Health Care Needs** - health issues that follow a common course of patterned symptoms and expected prescribed care with likely outcomes.

10. **Social Determinants of Health** - conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Retrieved from: https://www.cdc.gov/socialdeterminants/index.htm)

11. **Service Excellence** - caring in action that is fundamental to the achievement of optimal health outcomes for the patient, nurse, and system. Service excellence is a combination of compassionate caring and competent practice. Nurses may experience challenges in providing service excellence such as the changing demographics and increasing diversity, the growing use of technology, globalization of the world's economy and society, consumer education, the increasing complexity of patient care, the rising cost of health care, the impact of heath policy and regulation, interdisciplinary practice, the nursing shortage, the need for lifelong learning, and advances in nursing science and research (Aliyu et al., 2014).

12. **Vulnerable Patients/Populations** - those at greater risk for poor health status and healthcare access, experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality. Their health needs are complex, intersecting with social and economic conditions they experience. This population is also likely to have 1 or more physical and/or mental health conditions. (The American Journal of Managed Care, 2006). Retrieved from: https://www.ajmc.com/view/nov06-2390ps348-s352

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Members of the DECs Work Group and Board Staff

Board-Appointed Committee:

Name	Representing
Joan Becker, MA, BSN, RN	Texas Organization of Associate Degree Nursing (TOADN)
April Ernst, MSN, RN, CNE	Texas Association of Vocational Nurse Educators (TAVNE)
Heather M. McKnight, DNP, MSN, RN, NE-BC	Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)
Paula J. Webb, DNP, RN, NEA-BC, FAONL Valerie Kiper, DNP, MSN, RN, NEA-BC	Texas Organization of Nurse Leaders (TONL)
Renae Schumann, PhD, RN, CNE	Texas Nurses Association (TNA)
Tara Dailey, DNP, MSN, RN	Texas League for Nursing (TLN)
Adam Ramirez, LVN	Licensed Vocational Nurses Association of Texas (LVNAT)
Karen Schwind, RN	Texas School Nurses Organization (TSNO)
Karen Kendrick, MSN, RN	Texas Hospital Association (THA)
Robin Hayes, RN, CDP	Texas Health Care Association (THCA)

Texas Board of Nursing Liaison: Tamara Rhodes, MSN, RN

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Virginia Ayars, EdD, MS, RN, CNE, Nursing Consultant for Education
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Beverly Skloss, MSN, RN, Nursing Consultant for Education
Gayle Varnell, PhD, RN, CPNP-PC, Nursing Consultant for Education

Texas Administrative Code

(a) Every individual who seeks to practice nursing in Texas must have good professional character related to the practice of nursing. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.

(b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors that indicate an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules, and generally accepted standards of nursing practice. An individual who provides satisfactory evidence that he/she has not committed a violation of the Nursing Practice Act or a rule adopted by the Board is considered to have good professional character related to the practice of nursing.

(c) A determination that an individual does not have good professional character related to the practice of nursing must be based on a showing by the Board of a clear and rational connection between a violation of the Nursing Practice Act or a rule adopted by the Board and the individual's ability to effectively practice nursing. When evaluating the rationale connection between the relevant conduct and the ability to effectively practice nursing, the Board will consider the following factors:

  (1) whether the individual will be able to practice nursing in an autonomous role with patients/clients, their families, significant others, healthcare professionals, and members of the public who are or who may become physically, emotionally, or financially vulnerable;

  (2) whether the individual will be able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting;

  (3) whether the individual will be able to make appropriate judgments and decisions that could affect patients/clients and/or the public;

  (4) whether the individual has exhibited an inability to conform his/her behavior to the requirements of the Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing Practice) and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing practice; and

  (5) whether the individual will be able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could protect patients/clients or the public from an unnecessary risk of harm.

(d) Actions from Other Jurisdictions A certified copy of the order of the denial, suspension, or revocation or other action relating to an individual's license or privilege to practice nursing in another jurisdiction or under federal law is conclusive evidence of that action.

Source Note: The provisions of this §213.27 adopted to be effective October 29, 2015, 40 TexReg 7403; amended to be effective February 25, 2018, 43 TexReg 863

Texas Administrative Code

(a) Purpose and Applicability. This section establishes the criteria utilized by the Board in determining the effect of criminal history on nursing licensure and eligibility for nursing licensure and implements the requirements of Texas Occupations Code §53.025. This section applies to all individuals seeking to obtain or retain a license or multistate licensure privilege to practice nursing in Texas.

(b) An individual is subject to denial of licensure or to disciplinary action for a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony that is directly related to the practice of nursing or for a misdemeanor involving moral turpitude that is directly related to the practice of nursing (collectively referred to as *crimes* hereafter). This section applies to crimes that have been adjudicated through agreement or judicial order by a state or federal criminal justice system, without re-litigation of the underlying factual basis for the agreement or judicial order.

(c) The Board considers the crimes listed in the attached Criminal Guidelines (Guidelines) to be directly related to the practice of nursing. The Guidelines reflect the most common or well known crimes. The vast majority of an individual's criminal history that is reviewed by the Board will fall within the Guidelines. However, the Guidelines are not intended to be an exhaustive listing, and they do not prohibit the Board from considering an offense not specifically listed in the Guidelines. In matters involving an offense that is not specifically listed in the Guidelines, such as a violation of another state's law, federal law, or the Uniform Code of Military Justice, a determination shall be made by comparing that offense to the crime listed in the Guidelines that contains substantially similar elements. The offense must meet the requirements of subsection (b) of this section to be actionable.

Attached Graphic (See Board of Nursing Website)

(d) The Board has determined that the crimes listed in the Guidelines in subsection (c) of this section are directly related to the practice of nursing for the following reasons.

  (1) Nursing is a unique profession. Nurses practice autonomously in a wide variety of settings and provide care to individuals who are, by virtue of their illness or injury, physically, emotionally, and financially vulnerable. These individuals include the elderly; children; individuals with mental disorders; sedated and anesthetized patients; individuals with mental or cognitive disorders; and disabled and immobilized individuals. Nurses that engage in criminal conduct potentially place patients, healthcare employers, and the public at future risk of harm.

  (2) Crimes involving fraud or theft. Nurses often have unfettered access to individuals' privileged information, financial information, and valuables, including medications, money, jewelry, credit cards/checkbook, and sentimental items. Nurses also provide around the clock care, working night and weekend shifts at hospitals, long term care facilities, nursing homes, assisted living facilities, and in home health and home-like settings, where there is often no direct supervision of the nurse. Patients in these settings are particularly vulnerable to the unethical, deceitful, and illegal conduct of a nurse. When a nurse has engaged in criminal

behavior involving fraud or theft in the past, the Board is mindful that similar misconduct may be repeated in these nursing settings, thereby placing patients, healthcare employers, and the public at risk.

  (3) Crimes involving sexual misconduct. Nurses also frequently provide care to partially clothed or fully undressed individuals, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the nurse-patient relationship are extremely important. When a nurse has engaged in criminal behavior involving any type of sexual misconduct in the past, the Board is mindful that similar misconduct may be repeated in nursing settings. Such conduct may involve touching intimate body parts when the touch is not necessary for care, voyeurism, exposure of body parts when not necessary, and surreptitious touching. As such, the Board considers crimes involving any type of sexual misconduct to be highly relevant to an individual's ability to provide safe nursing care..

  (4) Crimes involving lying, falsification, and deception. Nurses are expected to accurately and honestly report and record information in a variety of sources, such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as report errors in their own nursing practice. When a nurse has engaged in criminal behavior involving lying, falsification, or deceptive conduct, the Board is mindful that similar misconduct may be repeated in nursing settings, thereby placing patients, healthcare employers, and the public at risk.

  (5) Crimes involving drugs and alcohol.. Nurses have a duty to their patients to provide safe, effective nursing care and to be fit to practice. Nurses who have a substance use disorder may exhibit impairment in both cognitive and motor functioning. A nurse affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner. This danger may be heightened when the nurse works in an autonomous setting where other healthcare providers are not present to provide interventions for the patient. As such, the Board considers crimes related to the use or possession of drugs or alcohol to be highly relevant to a nurse's fitness to practice.

  (6) Crimes involving violence or threatening behavior. Nurses provide care to the most vulnerable of populations, including individuals who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the nurse-patient relationship for their daily care. When a nurse has engaged in violent or threatening criminal behavior in the past, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, the Board considers crimes involving violence and threatening behavior to be highly relevant to a nurse's fitness to practice.

(e) The Board has considered the nature and seriousness of each of the crimes listed in the Guidelines in subsection (c) of this section, the relationship of the crime to the purposes for requiring a license to engage in nursing; the extent to which a license to practice nursing might offer an opportunity to engage in further criminal activity of the same type as that in which the individual previously was involved; and the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities associated with the practice of nursing. The Board has determined that each crime listed in the Guidelines in subsection (c) of this section raises concerns about the propensity of the individual to repeat similar misconduct in the workplace, if provided the opportunity. The Board has also determined that similar misconduct in the workplace would place vulnerable individuals at risk of exploitation or victimization. As a result, if an individual has committed a crime listed in the

Guidelines in subsection (c) of this section, the Board will evaluate that conduct to determine if disciplinary action is warranted.

(f) Additionally, a crime will be considered to be directly related to the practice of nursing if the act:

  (1) arose out of the practice of vocational, professional, or advanced practice nursing, as those terms are defined by the Nursing Practice Act (NPA);

  (2) involves a current or former patient;

  (3) arose out of the practice location of the nurse;

  (4) involves a healthcare professional with whom the nurse has had a professional relationship; or

  (5) constitutes a criminal violation of the NPA or another statute regulating another profession in the healing arts that also applies to the individual.

(g) Sanction. Not all criminal conduct will result in a sanction. The Board recognizes that an individual may make a mistake, learn from it, and not repeat it in the nursing practice setting. As such, each case will be evaluated on its own merits to determine if a sanction is warranted. If multiple crimes are present in a single case, a more severe sanction may be considered by the Board pursuant to Texas Occupations Code §301.4531. If a sanction is warranted, the Board will utilize the schedule of sanctions set forth in §213.33(e) (relating to Factors Considered for Imposition of Penalties/Sanctions) of this chapter. At a minimum, an individual will be required to successfully complete the terms of his/her criminal probation and provide evidence of successful completion to the Board. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may be required. Further, if an individuals' criminal history implicates his/her current fitness to practice, the individual may also be required to meet the requirements of §213.29 to ensure he/she is safe to practice nursing.

(h) Factors. The following factors will be considered when determining the appropriate sanction, if any, in eligibility and disciplinary matters involving criminal conduct:

  (1) the nature, seriousness, and extent of the individual's past criminal activity;

  (2) the age of the individual when the crime was committed;

  (3) the amount of time that has elapsed since the individual's last criminal activity;

  (4) the conduct and work activity of the individual before and after the criminal activity;

  (5) evidence of the individual's rehabilitation or rehabilitative effort while incarcerated or after release;

  (6) other evidence of the individual's fitness, including letters of recommendation from prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the individual; the sheriff or chief of police in the community where the individual resides; and any other individual in contact with the convicted individual;

  (7) a record of steady employment;

  (8) support of the individual's dependents;

  (9) a record of good conduct;

  (10) successful completion of probation/community supervision or early release from probation/community supervision;

  (11) payment of all outstanding court costs, supervision fees, fines, and restitution ordered;

  (12) the actual damages, physical or otherwise, resulting from the criminal activity;

(13) the results of an evaluation performed pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter;

  (14) evidence of remorse and having learned from past mistakes;

  (15) evidence of current support structures that will prevent future criminal activity;

  (16) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing; and other laws that affect nursing practice; and

  (17) any other matter that justice requires.

(i) Evaluations. Pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter, the Board may request or require an individual to undergo an evaluation with a Board-approved evaluator to better determine whether the individual is safe to practice nursing and is able to comply with the NPA, Board rules, and generally accepted standards of nursing. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may also be required.

(j) Youthful Indiscretions. Some criminal behavior may be deemed a youthful indiscretion under this paragraph. In that event, a sanction will not be imposed. The following criteria will be considered in making such a determination:

  (1) the offense was not classified as a felony;

  (2) absence of criminal plan or premeditation;

  (3) presence of peer pressure or other contributing influences;

  (4) absence of adult supervision or guidance;

  (5) evidence of immature thought process/judgment at the time of the activity;

  (6) evidence of remorse;

  (7) evidence of restitution to both victim and community;

  (8) evidence of current maturity and personal accountability;

  (9) absence of subsequent criminal conduct;

  (10) evidence of having learned from past mistakes;

  (11) evidence of current support structures that will prevent future criminal activity; and

  (12) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing, and other laws that affect nursing practice.

(k) Bars to Licensure.

  (1) Texas Occupations Code §301.4535. The Board is required under Texas Occupations Code §301.4535(b) to deny an individual initial licensure or licensure renewal and to revoke an individual's nursing license or privilege to practice nursing in Texas upon a final conviction or a plea of guilty or nolo contendere for a criminal offense specified in §301.4535(a). Further, an individual is not eligible for initial licensure or licensure endorsement in Texas or for licensure reinstatement before the fifth anniversary of the date the individual successfully completed and was dismissed from community supervision or parole for an offense specified in §301.4535(a).

  (2) Imprisonment. Pursuant to Texas Occupations Code §53.021(b), an individual's license or multistate licensure privilege to practice nursing in Texas will be revoked by operation of law upon the individual's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision.

(l) Arrests. The fact that an individual has been arrested will not be used as grounds for sanction. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the NPA or Board rules, the Board may consider such evidence.

(m) The Executive Director is authorized to close an eligibility file when the individual seeking licensure has failed to respond to a request for information, a proposed eligibility order, or denial of licensure within 60 days of the request for information, proposed eligibility order, or denial.

(n) Pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(7), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law. Further, pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(8), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing, as determined on a case-by-case basis by the Board.

Source Note: The provisions of this §213.28 adopted to be effective February 25, 2018, 43 TexReg 867

Texas Administrative Code

TITLE 22   EXAMINING BOARDS

(a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care.

(b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.

(c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penal-ties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.

(d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs.

  (1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an en-cumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an

evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

  (2) Individuals who have not been diagnosed, treated, or hospitalized for a substance use disorder, but have nonetheless exhibited behaviors raising concerns about the individual's ability to practice nursing with reasonable skill and safety due to the possession, misuse, or abuse of alcohol or drugs, prescribed or otherwise, including related criminal conduct, may be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. If appropriate, and depending upon the individualized facts of each case, an individual may be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board, which may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

  (3) An individual's prior substance use disorder diagnosis or history of prior criminal conduct involving drugs or alcohol, prescribed or otherwise; or misuse or abuse of alcohol or drugs, prescribed or otherwise; will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(e) Mental Health Conditions and Diminished Capacity.

  (1) Individuals who have been diagnosed, treated, or hospitalized for a mental health condition that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. Depending upon the individualized facts of each case, an individual may be required to establish controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, prior to being permitted to practice nursing in this state. If appropriate, and depending upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

  (2) Individuals who have not been diagnosed, treated, or hospitalized for a mental health condition, but have nonetheless exhibited behaviors raising concerns about the individual's fitness to practice due to a mental health condition or diminished capacity may be required to demonstrate controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. If appropriate, and depending upon the individualized facts of each case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with

conditions/restrictions determined by the Board. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

  (3) An individual's prior mental health diagnosis or behavioral history will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(f) Other Medical Conditions.

  (1) The Board recognizes that individuals may have a variety of medical conditions that require medical treatment and/or a medication regime that includes prescription drugs. Although authorized by law and medically necessary, prescription drugs may affect an individual's fitness to practice. An individual must be able to function safely while under the effects of prescription drugs. An individual who abuses his/her prescription drugs or who has been unable to stabilize the synergistic effect of his/her medications may not possess current fitness to practice. Further, some prescription medications may cause side effects that affect an individual's fitness to practice, even when taken properly. In some cases, an individual's physical condition may prevent the individual from practicing nursing safely. In addition to an individual's medication regime, the Board will review an individual's behavior, diagnosis/condition, and treatment plan to determine if he/she possesses current fitness to practice. Based upon the individualized facts of the case, including the results of a required evaluation, if any, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, including limiting the practice setting to one in which the individual is safe to practice nursing.

  (2) An individual's prior medical condition and/or diagnosis will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(g) Authority of Executive Director. In eligibility and disciplinary matters involving an individual's fitness to practice, the Executive Director may:

  (1) review information submitted by the individual and materials and information gathered or prepared by Board Staff; including evidence of the individual's safe practice, compliance with the Nursing Practice Act, Board rules and regulations, and generally accepted standards of nursing practice; verification of compliance with treatment; and evidence of sobriety;

  (2) identify any deficiencies in the information necessary for a determination regarding the individual's current fitness to practice;

  (3) close any eligibility file in which the individual seeking licensure has failed to respond to a request for information from the Board or to a proposal for denial of licensure within 60 days of the request or proposed denial, as applicable;

  (4) approve an individual's eligibility for licensure, enter eligibility orders as authorized in §211.7 (relating to Executive Director) of this title, and approve renewals, without Board ratification, when the evidence is clearly insufficient to support denial of licensure; and

  (5) propose eligibility and disciplinary orders in eligibility, disciplinary, and renewal matters consistent with the Board's rules and regulations and the interests of public safety and enter disciplinary orders as authorized in §211.7 of this title.

(h) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:

  (1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

  (2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

  (3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the *Texas Register* (33 TexReg 1649) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and

  (4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

Source Note: The provisions of this §213.29 adopted to be effective October 29, 2015, 40 TexReg 7416

Texas Administrative Code

(a) For purposes of this section only, "petitioner" means an individual who:
  (1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;
  (2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or
  (3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States' Jurisdiction) of this title.
(b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement due to issues discussed in this rule may petition the Board for a declaratory order as to his or her eligibility.
(c) A petitioner must submit a petition, on forms provided by the Board, and the following information:
  (1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility;
  (2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable;
  (3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as applicable;
  (4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance;
  (5) the required fee, which is not refundable; and
  (6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.
(d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to

patients/clients and/or the public, and the petitioner's ability to meet the requirements of §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this chapter, as applicable. Based upon the individualized facts of the case, the Board may approve licensure without encumbrance, impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, or deny licensure.

(e) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(f) If an individual is seeking licensure by endorsement pursuant to §217.5 of this title and has been licensed to practice nursing in any jurisdiction and has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the provisions of §213.27(e) of this chapter will apply to the eligibility of the petitioner.

(g) If a petitioner's potential ineligibility is due to his/her criminal history, the provisions of §213.28 of this chapter will apply to the eligibility of the petitioner.

(h) If a petitioner's potential ineligibility is due to a substance use disorder and/or the abuse/misuse of alcohol or drugs, a mental health condition or diminished capacity, or another issue relating to the individual's fitness to practice, the provisions of §213.29 of this chapter will apply to the eligibility of the petitioner.

(i) If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing be-fore the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

(j) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the petitioner's eligibility with respect to the grounds for potential ineligibility as set out in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.

(k) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating an eligibility matter under this section:

  (1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the *Texas Register* (33 TexReg 1649) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(l) If an individual seeking licensure by endorsement under §217.5 of this title or licensure by examination under §217.2 or §217.4 of this title should have had an eligibility issue addressed pursuant to the Occupations Code §301.257, the filed application will be treated and processed as a petition for declaratory order under this section, and the individual will be treated as a petitioner under this section and will be required to pay the non-refundable fee required by this section and §223.1 of this title (relating to Fees).

(m) This section implements the requirements of the Occupations Code Chapter 53 Subchapter D and the Occupations Code §301.257.

Nursing Practice Act — Chapter 301

Subchapter A. General Provisions

Sec. 301.252. License Application.

(a) Each applicant for a registered nurse license or a vocational nurse license must submit to the Board a sworn application that demonstrates the applicant's qualifications under this chapter, accompanied by evidence that the applicant:
   (1) has good professional character;
   (2) has successfully completed a program of professional or vocational nursing education approved under Section 301.157(d); and
   (3) has passed the jurisprudence examination approved by the Board as provided by Subsection (a-1).

(a-1) The jurisprudence examination shall be conducted on the licensing requirements under this chapter and board rules and other laws, rules, or regulations applicable to the nursing profession in this state. The board shall adopt rules for the jurisprudence examination under Subsection (a)(3) regarding:
   (1) the development of the examination;
   (2) applicable fees;
   (3) administration of the examination;
   (4) reexamination procedures;
   (5) grading procedures; and
   (6) notice of results.

(b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:
   (1) a professional nursing school approved under Section 301.157(d); or
   (2) a school of professional nurse education located in another state or a foreign country.

(c) The board by rule shall determine acceptable levels of education under Subsection (b).

[Amended by Acts 2007 (H.B. 2426), 80th Leg., eff. Sept. 1, 2007. The requirement to pass a jurisprudence examination, as amended by this Act, applies only to an individual who applies for a license as a nurse on or after September 1, 2008.]

Sec. 301.257. Declaratory Order of License Eligibility.

(a) A person may petition the board for a declaratory order as to the person's eligibility for a license under this chapter if the person has reason to believe that the person is ineligible for the license and:

    (1) is enrolled or planning to enroll in an educational program that prepares a person for an initial license as a registered nurse
     or vocational nurse; or
    (2) is an applicant for a license.

(b) The petition must state the basis for the person's potential ineligibility.

(c) The Board has the same powers to investigate the petition and the person's eligibility that it has to investigate a person applying for a license.

(d) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(e) If the Board determines that a ground for ineligibility does not exist, instead of issuing an order, the Board shall notify the petitioner in writing of the Board's determination on each ground of potential ineligibility. If the Board proposes to find that the petitioner is ineligible for a license, the petitioner is entitled to a hearing before the State Office of Administrative Hearings.

(f) The Board's order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence known to but not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling on the petition determines the person's eligibility with respect to the grounds for potential ineligibility set out in the written notice or order.

(g) The Board may require an individual accepted for enrollment or enrolled in an educational program preparing a student for initial licensure as a registered nurse or vocational nurse to submit information to the Board to permit the Board to determine whether the person is aware of the conditions that may disqualify the person from licensure as a registered nurse or vocational nurse on graduation and of the person's right to petition the Board for a declaratory order under this section. Instead of requiring the person to submit the information, the Board may require the educational program to collect and submit the information on each person accepted for enrollment or enrolled in the program.

(h) The information required under Subsection

(g) must be submitted in a form approved by the Board.

(i) If, as a result of information provided under Subsection (g), the Board determines that a person may not be eligible for a license on graduation, the Board shall notify the educational program of its determination.

(j) The board may file a petition under this section based on the results of a criminal history record information check conducted under Section 301.2511. The board by rule shall adopt requirements for the petition and determination under this subsection. The rules must:

    (1) identify the criminal offenses that constitute grounds for the board to file the petition; and

    (2) describe the documents required by the board to make a determination of license eligibility.

(k) The board shall make a determination of license eligibility under Subsection

(j) not later than the 120th day after the date the person submits the required documents to the board under that subsection.

[Amended by Acts 2009 (H.B. 3961), 80th Leg., eff. June 1, 2009. Subsections (j) and (k) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.4521. Physical and Psychological Evaluation.

(a) In this section:
  (1) "Applicant" means:
    (A) a petitioner for a declaratory order of eligibility for a license; or
    (B) an applicant for an initial license or renewal of a license.
  (2) "Evaluation" means a physical or psychological evaluation conducted to determine a person's fitness to practice nursing.

(b) The board may require a nurse or applicant to submit to an evaluation only if the board has probable cause to believe that the nurse or applicant is unable to practice nursing with reasonable skill and safety to patients because of:
    (1) physical impairment;
    (2) mental impairment; or
    (3) chemical dependency or abuse of drugs or alcohol.

(c) A demand for an evaluation under Subsection (b) must be in writing and state:
    (1) the reasons probable cause exists to require the evaluation; and
    (2) that refusal by the nurse or applicant to submit to the evaluation will result in an administrative hearing to be held to make a final
    determination of whether probable cause for the evaluation exists.

(d) If the nurse or applicant refuses to submit to the evaluation, the board shall schedule a hearing on the issue of probable cause to be conducted by the State Office of Administrative Hearings. The nurse or applicant must be notified of the hearing by personal service or certified mail. The hearing is limited to the issue of whether the board had probable cause to require an evaluation. The nurse or applicant may present testimony and other evidence at the hearing to

show why the nurse or applicant should not be required to submit to the evaluation. The board has the burden of proving that probable cause exists. At the conclusion of the hearing, the hearing officer shall enter an order requiring the nurse or applicant to submit to the evaluation or an order rescinding the board's demand for an evaluation. The order may not be vacated or modified under Section 2001.058, Government Code.

(e) If a nurse or applicant refuses to submit to an evaluation after an order requiring the evaluation is entered under Subsection (d), the board may:
    (1) refuse to issue or renew a license;
    (2) suspend a license; or
    (3) issue an order limiting the license.

(f) The board may request a nurse or applicant to consent to an evaluation by a practitioner approved by the board for a reason other than a reason listed in Subsection (b). A request for an evaluation under this subsection must be in writing and state:
    (1) the reasons for the request;
    (2) the type of evaluation requested;
    (3) how the board may use the evaluation;
    (4) that the nurse or applicant may refuse to submit to an evaluation; and
    (5) the procedures for submitting an evaluation as evidence in any hearing regarding the issuance or renewal of the nurse's or applicant's
        license.

(g) If a nurse or applicant refuses to consent to an evaluation under Subsection (f), the nurse or applicant may not introduce an evaluation into evidence at a hearing to determine the nurse's or applicant's right to be issued or retain a nursing license unless the nurse or applicant:
    (1) not later than the 30th day before the date of the hearing, notifies the board that an evaluation will be introduced into evidence at
    the hearing;
    (2) provides the board the results of that evaluation;
    (3) informs the board of any other evaluations by any other practitioners; and
    (4) consents to an evaluation by a practitioner that meets board standards established under Subsection (h).

(h) The board shall establish by rule the qualifications for a licensed practitioner to conduct an evaluation under this section. The board shall maintain a list of qualified practitioners. The board may solicit qualified practitioners located throughout the state to be on the list.

(i) A nurse or applicant shall pay the costs of an evaluation conducted under this section.

(j) The results of an evaluation under this section are:
    (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
    (2) not subject to disclosure by discovery, subpoena, or other means of legal compulsion for

release to anyone, except that the results may be:

      (A) introduced as evidence in a proceeding before the board or a hearing conducted by the State Office of Administrative Hearings
      under this chapter;

      (B) included in the findings of fact and conclusions of law in a final board order; and

      (C) disclosed to a peer assistance program approved by the board under Chapter 467, Health and Safety Code, and to which
      the board has referred the nurse.

(k) If the board determines there is insufficient evidence to bring action against a person based on the results of any evaluation under this section, the evaluation must be expunged from the board's records.

(l) The board shall adopt guidelines for requiring or requesting a nurse or applicant to submit to an evaluation under this section.

(m) The authority granted to the board under this section is in addition to the board's authority to make licensing decisions under this chapter.

[Added by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (j) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.453. Disciplinary Authority of Board; Methods of Discipline.

(a) If the Board determines that a person has committed an act listed in Section 301.452(b), the Board shall enter an order imposing one or more of the following:

    (1) denial of the person's application for a license, license renewal, or temporary permit;

    (2) issuance of a written warning;

    (3) administration of a public reprimand;

    (4) limitation or restriction of the person's license, including:

      (A) limiting to or excluding from the person's practice one or more specified activities of nursing; or

      (B) stipulating periodic board review;

    (5) suspension of the person's license;

    (6) revocation of the person's license; or

    (7) assessment of a fine.

(b) In addition to or instead of an action under Subsection (a), the Board, by order, may require the person to:

    (1) submit to care, counseling, or treatment by a health provider designated by the Board as a condition for the issuance or
    renewal of a license;

    (2) participate in a program of education or counseling prescribed by the Board, including a

program of remedial education;

    (3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the Board;

    (4) perform public service the Board considers appropriate; or

    (5) abstain from the consumption of alcohol or the use of drugs and submit to random periodic screening for alcohol or drug use.

(c) The Board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The Board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.

(d) If the Board suspends, revokes, or accepts surrender of a license, the Board may impose conditions for reinstatement that the person must satisfy before the Board may issue an unrestricted license.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.4531. Schedule of Sanctions.

(a) The Board by rule shall adopt a schedule of the disciplinary sanctions that the Board may impose under this chapter. In adopting the schedule of sanctions, the Board shall ensure that the severity of the sanction imposed is appropriate to the type of violation or conduct that is the basis for disciplinary action.

(b) In determining the appropriate disciplinary action, including the amount of any administrative penalty to assess, the Board shall consider:

    (1) whether the person:

        (A) is being disciplined for multiple violations of either this chapter or a rule or order adopted under this chapter; or

        (B) has previously been the subject of disciplinary action by the Board and has previously complied with board rules and this chapter;

    (2) the seriousness of the violation;

    (3) the threat to public safety; and

    (4) any mitigating factors.

(c) In the case of a person described by:

    (1) Subsection (b)(1)(A), the Board shall consider taking a more severe disciplinary action, including revocation of the person's license,

    than the disciplinary action that would be taken for a single violation; and

    (2) Subsection (b)(1)(B), the Board shall consider taking a more severe disciplinary action,

including revocation of the person's license,

than the disciplinary action that would be taken for a person who has not previously been the subject of disciplinary action by the Board.

Sec. 301.4535. Required Suspension, Revocation, or Refusal of License for Certain Offenses.

(a) The board shall suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of:

(1) murder under Section 19.02, Penal Code, capital murder under Section 19.03, Penal Code, or manslaughter under
 Section 19.04, Penal Code;

(2) kidnapping or unlawful restraint under Chapter 20, Penal Code, and the offense was punished as a felony or state jail felony;

(3) sexual assault under Section 22.011, Penal Code;

(4) aggravated sexual assault under Section 22.021, Penal Code;

(5) continuous sexual abuse of young child or children under Section 21.02, Penal Code, or indecency with a child under
 Section 21.11, Penal Code;

(6) aggravated assault under Section 22.02, Penal Code;

(7) intentionally, knowingly, or recklessly injuring a child, elderly individual, or disabled individual under Section 22.04, Penal Code;

(8) intentionally, knowingly, or recklessly abandoning or endangering a child under Section 22.041,Penal Code;

(9) aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony;

(10) an offense involving a violation of certain court orders or conditions of bond under Section 25.07,25.071, or 25.072, Penal Code,
 punished as a felony;

(11) an agreement to abduct a child from custody under Section 25.031, Penal Code;

(12) the sale or purchase of a child under Section 25.08, Penal Code;

(13) robbery under Section 29.02, Penal Code;

(14) aggravated robbery under Section 29.03, Penal Code;

(15) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or

(16) an offense under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements that are
 substantially similar to the elements of an offense listed in this subsection.

(a-1) An applicant or nurse who is refused an initial license or renewal of a license or whose license is suspended under Subsection (a) is not eligible for a probationary, stipulated, or

otherwise encumbered license unless the board establishes by rule criteria that would permit the issuance or renewal of the license.

(b) On final conviction or a plea of guilty or nolo contendere for an offense listed in Subsection (a), the board, as appropriate, may not issue a license to an applicant, shall refuse to renew a license, or shall revoke a license.

(c) A person is not eligible for an initial license or for reinstatement or endorsement of a license to practice nursing in this state before the fifth anniversary of the date the person successfully completed and was dismissed from community supervision or parole for an offense described by Subsection (a).

[NOTE: Section 301.4535, Occupations Code, applies only to a person who is initially convicted of an offense or placed on deferred adjudication after a plea of guilty or nolo contendere for an offense on or after September 1, 2005. A person initially convicted of an offense or placed on deferred adjudication before that date is governed by the law in effect on the date the conviction or plea occurred, and the former law is continued in effect for that purpose. Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (a) amended by Acts 2013 (S.B. 743), 83rd Leg., eff. Sept.1, 2013.]

Sec. 301.454. Notice and Hearing.

(a) Except in the case of a temporary suspension authorized under Section 301.455 or 301.4551 or an action taken in accordance with an agreement between the board and a license holder, the board may not take any disciplinary action relating to a license unless:
   (1) the board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and
   (2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all
    requirements of law for the retention of the license.
(b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.

(c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the Board proposes to:
   (1) refuse to admit the person to examination;
   (2) refuse to issue a license or temporary permit;
   (3) refuse to renew a license; or
   (4) suspend or revoke the person's license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the Board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:
   (1) fails to submit a renewal application; or
   (2) submits an application that:
     (A) is incomplete;
     (B) shows on its face that the person does not meet the renewal requirements; or
     (C) is not accompanied by the correct fee.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.455. Temporary License Suspension or Restriction.

(a) The license of a nurse shall be temporarily suspended or restricted on a determination by a majority of the Board or a three-member committee of board members designated by the Board that, from the evidence or information presented, the continued practice of the nurse would constitute a continuing and imminent threat to the public welfare.

(b) A license may be temporarily suspended or restricted under this section without notice or hearing on the complaint if:
   (1) institution of proceedings for a hearing before the State Office of Administrative Hearings is initiated simultaneously with the
   temporary suspension or determination to restrict; and
   (2) a hearing is held as soon as possible under this chapter and Chapter 2001, Government Code.

(c) The State Office of Administrative Hearings shall hold a preliminary hearing not later than the 17th day after the date of the temporary suspension or restriction to determine whether probable cause exists that a continuing and imminent threat to the public welfare exists. The probable cause hearing shall be conducted as a de novo hearing.

(d) A final hearing on the matter shall be held not later than the 61st day after the date of the temporary suspension or restriction.

[Subsection (c) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.4551. Temporary License Suspension for Drug or Alcohol Use.

(a) The board shall temporarily suspend the license of a nurse as provided by Section 301.455 if the nurse is under a board order prohibiting the use of alcohol or a drug or requiring the nurse to participate in a peer assistance program, and the nurse:

    (1) tests positive for alcohol or a prohibited drug;

    (2) refuses to comply with a board order to submit to a drug or alcohol test; or

    (3) fails to participate in the peer assistance program and the program issues a letter of dismissal and referral to the board for

    noncompliance.

(b) For the purposes of Section 301.455(c), proof of the elements required for the board to suspend a license under this section is proof that probable cause of a continuing and imminent threat to the public welfare exists.

[Added by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.456. Evidence.

A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b)(8) is conclusive evidence of that action.

Sec. 301.457. Complaint and Investigation.

(a) The Board or any person may initiate a proceeding under this subchapter by filing with the Board a complaint against a nurse. The complaint must be in writing and signed by the complainant.

(b) Except as otherwise provided by this section, the Board or a person authorized by the board shall conduct each investigation. Each complaint against a nurse that requires a determination of nursing competency shall be reviewed by a board member, consultant, or employee with a nursing background the Board considers sufficient.

(c) On the filing of a complaint, the board:

    (1) may conduct a preliminary investigation into the identity of the nurse named or described in the complaint;

    (2) shall make a timely and appropriate preliminary investigation of the complaint; and

    (3) may issue a warning or reprimand to the nurse.

(d) After any preliminary investigation to determine the identity of the subject of the complaint, unless it would jeopardize an investigation, the Board shall notify the nurse that a complaint

has been filed and the nature of the complaint. If the investigation reveals probable cause to take further disciplinary action, the Board shall either attempt an informal disposition of the complaint or file a formal charge against the nurse stating the provision of this chapter or board rule that is alleged to have been violated and a brief description of each act or omission that constitutes the violation.

(e) The Board shall conduct an investigation of the complaint to determine:
   (1) whether the nurse's continued practice of nursing poses a risk of harm to clients or other persons; and
   (2) whether probable cause exists that a nurse committed an act listed in Section 301.452(b) or that violates other law.

(f) In making a determination under Subsection (e), the board shall review the evidence to determine the extent to which a deficiency in care by the registered nurse was the result of deficiencies in the registered nurse's judgment, knowledge, training, or skill rather than other factors beyond the nurse's control. A determination that a deficiency in care is attributable to a registered nurse must be based on the extent to which the registered nurse's conduct was the result of a deficiency in the registered nurse's judgment, knowledge, training, or skill.

(g) If the board determines after investigating a complaint under Subsection (e) that there is reason to believe that a nurse's deficiency in care was the result of a factor beyond the nurse's control, the board shall report that determination to the patient safety committee at the facility where the nurse's deficiency in care occurred, or if the facility does not have a patient safety committee, to the chief nursing officer.

Sec. 301.458. Initiation of Formal Charges; Discovery.

(a) Unless there is an agreed disposition of the complaint under Section 301.463, if probable cause is found under Section 301.457(e)(2), the Board or the Board's authorized representative shall file formal charges against the nurse.

(b) A formal charge must:
   (1) be written;
   (2) be specific enough to enable a person of common understanding to know what is meant by the formal charge; and
   (3) contain a degree of certainty that gives the person who is the subject of the formal charge notice of each particular act alleged to violate a specific statute, board rule, or board order.

(c) A copy of the formal charge shall be served on the nurse or the nurse's counsel of record.

(d) The Board shall adopt reasonable rules to promote discovery by each party to a contested case.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.459. Formal Hearing.

(a) The Board by rule shall adopt procedures under Chapter 2001, Government Code, governing formal disposition of a contested case. The State Office of Administrative Hearings shall conduct a formal hearing.

(b) In any hearing under this section, a nurse is entitled to appear in person or by counsel.

Sec. 301.460. Access to Information.

(a) Except for good cause shown for delay and subject to any other privilege or restriction set forth by statute, rule, or legal precedent, the Board shall, not later than the 30th day after the date the board receives a written request from a license holder who is the subject of a formal charge filed under Section 301.458 or from the license holder's counsel of record, provide the license holder with access to:
   (1) all known exculpatory information in the Board's possession; and
   (2) information in the Board's possession that the board intends to offer into evidence in presenting its case in chief at the contested
   hearing on the complaint.

(b) The Board is not required to provide:
   (1) Board investigative reports or investigative memoranda;
   (2) the identity of non-testifying complainants;
   (3) attorney-client communications;
   (4) attorney work product; or
   (5) other materials covered by a privilege as recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.

(c) The provision of information under Subsection (a) does not constitute a waiver of privilege or confidentiality under this chapter or other applicable law.

Sec. 301.461. Assessment of Costs.

The Board may assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation.

Sec. 301.462. Voluntary Surrender of License.

The Board may revoke a nurse's license without formal charges, notice, or opportunity of hearing if the nurse voluntarily surrenders the nurse's license to the Board and executes a sworn statement that the nurse does not desire to be licensed.

Sec. 301.463. Agreed Disposition.

(a) Unless precluded by this chapter or other law, the Board may dispose of a complaint by:
   (1) stipulation;
   (2) agreed settlement;
   (3) agreed order; or
   (4) dismissal.
(b) An agreed disposition of a complaint is considered to be a disciplinary order for purposes of reporting under this chapter and an administrative hearing and proceeding by a state or federal regulatory agency regarding the practice of nursing.

(c) An agreed order is a public record.

(d) In civil or criminal litigation an agreed disposition is a settlement agreement under Rule 408, Texas Rules of Evidence.

Sec. 301.464. Informal Proceedings.

(a) The Board by rule shall adopt procedures governing:
   (1) informal disposition of a contested case under Section 2001.056, Government Code; and
   (2) an informal proceeding held in compliance with Section 2001.054, Government Code.

(b) Rules adopted under this section must:
   (1) provide the complainant and the license holder an opportunity to be heard; and
   (2) require the presence of a representative of the Board's legal staff or of the Attorney General to advise the Board or the
    Board's employees.

Sec. 301.465. Subpoenas; Request for Information.

(a) Notwithstanding Section 2001.089, Government Code, the Board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator or by certified mail.

(b) Each person shall respond promptly and fully to a request for information by the board or to a subpoena issued by the Board. A request or subpoena may not be refused, denied, or resisted unless the request or subpoena calls for information within the attorney-client privilege. No other privilege applies to a board proceeding.

(c) The Board may pay a reasonable fee for photocopies subpoenaed at the Board's request. The amount paid may not exceed the amount the Board charges for copies of its records.

(d) The Board shall protect, to the extent possible, the identity of each patient named in information received by the Board.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.466. Confidentiality.

(a) A complaint and investigation concerning a nurse under this subchapter, all information and material compiled by the board in connection with the complaint and investigation, and the information described by Subsection (d) are:
    (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
    (2) not subject to disclosure, discovery, subpoena, or other means of legal compulsion for release to anyone other than the Board or a
    board employee or agent involved in license holder discipline.
(b) Notwithstanding Subsection (a), information regarding a complaint and an investigation may be disclosed to:
    (1) a person involved with the Board in a disciplinary action against the nurse;
    (2) a nursing licensing or disciplinary board in another jurisdiction;
    (3) a peer assistance program approved by the Board under Chapter 467, Health and Safety Code;
    (4) a law enforcement agency; or
    (5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.

(c) The filing of formal charges against a nurse by the Board, the nature of those charges, disciplinary proceedings of the board, and final disciplinary actions, including warnings and reprimands, by the Board are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.

(d) Notwithstanding Subsection (c), if the board orders a nurse to participate in a peer assistance program approved by the board under Section 467.003, Health and Safety Code, the complaint, filing of formal charges, nature of those charges, final board order, and disciplinary proceedings are subject to disclosure:

    (1) only to the same extent as information regarding a complaint is subject to disclosure under Subsection (b); or

    (2) in a subsequent matter relating to the board order or a subsequent violation of this chapter or a board rule.

[Subsection (a) amended and Subsection (d) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.467. Reinstatement.

(a) On application, the Board may reinstate a license to practice nursing to a person whose license has been revoked, suspended, or surrendered.

(b) An application to reinstate a revoked license:
    (1) may not be made before the first anniversary of the date of the revocation; and
    (2) must be made in the manner and form the Board requires.

(c) If the Board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.

Sec. 301.468. Probation.

(a) The Board may determine that an order denying a license application or suspending a license be probated. A person subject to a probation order shall conform to each condition the Board sets as the terms of probation, including a condition:
    (1) limiting the practice of the person to, or excluding, one or more specified activities of professional nursing or vocational nursing;
    (2) requiring the person to submit to supervision, care, counseling, or treatment by a practitioner designated by the Board; or
    (3) requiring the person to submit to random drug or alcohol tests in the manner prescribed by the board.

(b) At the time the probation is granted, the Board shall establish the term of the probationary period.

(c) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board's original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person's counsel not later than the 20th day before the date scheduled for the
hearing that:
   (1) sets the time and place for the hearing; and
   (2) contains the charges or complaints against the probationer.

(d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person's most recent address as shown in the Board's records.

(e) A hearing under this section is limited to a determination of whether the person violated the terms of the probation order under Subsection (a) and whether the board should:
   (1) continue, rescind, or modify the terms of probation, including imposing an administrative penalty; or
   (2) enter an order denying, suspending, or revoking the person's license.

(f) If one of the conditions of probation is the prohibition of using alcohol or a drug or participation in a peer assistance program, violation of that condition is established by:
   (1) a positive drug or alcohol test result;
   (2) refusal to submit to a drug or alcohol test as required by the board; or
   (3) a letter of noncompliance from the peer assistance program.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]

Sec. 301.469. Notice of Final Action.

If the Board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the Board shall immediately send a copy of the Board's final order to the nurse and to the last known employer of the nurse.