

**Faculty of Health Guideline:  
PRACTICE EXPERIENCES**

<b>TITLE:</b>	<b>PRACTICE EXPERIENCES</b>
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<b>REVIEWED BY:</b>	Faculty of Health APP/Budget Committee ✓ Offices of the Vice Provost – Academic and Students <input type="checkbox"/> Faculty of Health Curriculum Committee <input type="checkbox"/> Faculty of Health Faculty Council <input type="checkbox"/>
<b>APPROVED BY:</b>	Faculty of Health Curriculum Committee (Insert Date) Faculty of Health Faculty Council (Insert Date)

**GUIDELINE:**

These guidelines are to be followed during all practice experiences and in all practice settings. Students must adhere to FoH guidelines and practice setting policies/procedures. In the event of an incongruence between FoH guidelines and practice setting policies/procedures, students must follow whichever is stricter. In addition to these guidelines and policies/procedures, students must also adhere to the [Practice Education Guidelines \(PEG\) for BC](#)

Each program reserves the right to assign/change a student’s practice placement. When a change occurs, the student will be informed as soon as possible.

**PROCEDURAL GUIDELINES:**

In addition to the provisions outlined in this FoH Practice Experiences Guideline, students should also refer to KPU Policy ST16, available [here](#) for additional details regarding practicum placements, work experiences and/or community agency visits.

Students are not permitted to perform interventions that require certification or specialized education by the agency. If the agency policy permits the student to complete the education, the student is to consult with KPU faculty member(s) to ensure they follow the agency policy.

For those skills that are peer evaluated in a semester, students must have demonstrated self-directed mastery in the Skills Lab before they can perform the skill(s) in the practice area.

Students have an ethical and legal responsibility to obtain supervision when carrying out any skill related intervention for the first time. They may perform procedures independently once they have been deemed competent to do so by the practice instructor or designate, except where otherwise restricted by an agency policy. Students who carry out any intervention for the first time without appropriate supervision are deemed unsafe and may be removed from the practice setting until a follow up discussion and learning plan are in place.

## **PROCEDURAL GUIDELINES:**

### **1. GENERAL PRACTICES:**

- 1.1** Students are responsible for all costs associated with practice experiences.
- 1.2** Agencies may have additional requirements for students to meet before commencing a practice experience. It is the student's responsibility to be aware of these requirements and to meet them in time to begin the experience.
- 1.3** Students will not be allowed to participate in their practice experience if their preparatory work is deemed to be insufficient by the practice instructor.
- 1.4** "Under/with supervision" is understood to mean supervision of the university practice instructor or agency RN/RPN/LPN or RTCMP/Dr. TCM or designate as applicable.
- 1.5** Before having an agency RN/RPN/LPN or RTCMP/Dr. TCM (if applicable) or designate assume responsibility for supervision, the student must verify this action with the practice instructor, except in the case of preceptorship experiences.

### **2. MEDICATIONS:**

- 2.1** All calculated medication dosages (e.g. not dispensed by a pharmacy or a medication requiring dosage fractions) need to be checked by an instructor or an RN/RPN/LPN or RTCMP/Dr. TCM (if applicable) before administration.
- 2.2** The following medications must be prepared under supervision at all times:

- anticoagulants
  - insulin
  - narcotics
  - digoxin (pediatrics)
  - fractional dosages (pediatrics)
  - high alert
  - electrolytes
- 2.3** Controlled drug preparation, accurate counts must always be prepared under supervision and co-signed by the instructor or the unit RN/RPN/LPN. Narcotic wastage must be supervised and documented by two Registered Nurses. In the case of automated medication dispensing systems, the medication administration record should be co-signed by the supervising RN/RPN/LPN or RTCMP/Dr. TCM (if applicable). Controlled drugs are recorded according to agency policy, nursing regulation and the laws related to controlled substances.
- 2.4** Students may not have independent access to controlled drugs.
- 2.5** Students may administer immunizations after they have successfully completed the certification process. Students must be supervised at all times.
- 2.6** Students are to identify clients as per agency policy when administering medications.
- 2.7** Students are to follow agency policy when preparing or administering PRN, STAT, and pre-anesthetic medications.
- 2.8** In the event of a medication error, the practice instructor, primary nurse and supervisory nurse (i.e. team leader, Patient Care Coordinator, unit nurse educator) are to be notified by the student and the applicable assessment, follow-up care and documentation must be completed with supervision.
- 2.9** Students, with direct supervision, may prepare and administer IV direct medications that require basic or intermediate monitoring only, and if agency policy permits (consider moving this to 3.0 Parenteral Therapy)
- 2.10** Students may only access central lines including peripherally inserted central lines (PICC), vascular access devices (VAD), port-a-caths and midlines above the level of the IV pump to administer medications with direct instructor or RN supervision. Students may not directly access or flush central lines at the

insertion site or anywhere below the level of the pump. Preceptorship students may access or flush central lines at the insertion site or anywhere below the level of the pump if they have been provided with the appropriate education and training and if the health authority policy allows.

### **3. PARENTERAL THERAPY:**

- 3.1** Preceptorship students may change a central line dressing if they have been provided with the appropriate education and training and if the health authority policy allows.
- 3.2** With supervision, students may monitor and regulate vascular access devices (VAD\*) documenting and recording appropriately. Students may change the IV bag and administer medications via a VAD. \*VAD = central line, central venous catheter (CVC), port-a-cath, midline, and peripherally inserted central catheter (PICC).
- 3.3** For peripheral IVs, students may:
  - Monitor and regulate
  - change the IV bag, tubing, and dressing
  - discontinue and convert a running IV line to a saline lock
- 3.4** Students may assess and monitor advanced pain control measures with supervision (e.g. patient controlled analgesia [PCA] and epidural analgesia).
- 3.5** Students may not initiate any blood product transfusions. Students may not check blood products or participate as a witness for patient identification. Students may work with a RN in monitoring a patient receiving a blood or blood product.
- 3.6** Students may not initiate Total Parenteral Nutrition (TPN). Students may not check TPN products or participate as a witness for patient identification. Students may work with an RN to monitor a patient receiving TPN

### **4. INFECTION CONTROL:**

- 4.1** Students must adhere to standard precautions throughout practice experiences

## **5. NASOGASTRIC TUBE INSERTION:**

**5.1** Students may not insert nasogastric tubes for clients with the following diagnoses:

- GI bleed (or potential bleed)
- gastric or esophageal surgery
- unconscious
- basal skull fracture
- history of Ear/Nose/Throat (ENT) surgeries

## **6. CHEST TUBE MANAGEMENT:**

**6.1** Students may manage chest tubes under supervision

## **7. MENTAL HEALTH EXPERIENCES:**

**7.1** A student may not be a constant 1:1 care provider.

**7.2** Students may not be assigned to a security room, or care for a patient who will be transitioning into a seclusion room except during preceptorship and under the direct supervision of the preceptor

**7.3** Students may observe electroconvulsive therapy (ECT) and care for the client following treatment (upon return to client's room, not in PACU).

**7.4** Students may not be responsible for caring for patients who are in restraints or documenting in the restraints record except during preceptorship and under the direct supervision of the preceptor.

**7.5** Students may only provide patients with their belongings once the medical orders have been reviewed with the primary nurse, preceptor and/or clinical instructor.

## **8. ESCORT SERVICES:**

**8.1** Students may not transport clients, clients' significant others, nurses, or instructors in their vehicles.

- 8.2** Students may not function as an agency escort. Students may accompany an agency escort, when clients/residents are taken to other facilities for treatments or procedures or on special outings (e.g. shopping trips, restaurant).
- 8.3** Students may accompany clients in ambulances as an observer and not as a health care professional.

**9. STUDENT RESPONSIBILITIES:**

- 9.1** Students may not be left alone or in put in charge of any practice setting
- 9.2** Students must report to the appropriate RN/RPN/LPN or designate at the beginning and end of each clinical shift, or more often as necessary.
- 9.3** If an adverse event occurs, the practice instructor must be notified as soon as possible. The student must complete the applicable adverse event form provided by the agency in collaboration with agency staff or instructor, following agency policy.
- 9.4** Students may not sign/witness consent forms or any other legal documents.
- 9.5** Students may not use any kind of recording device for purposes of recording conversations.
- 9.6** Students may not verify the list of valuable articles belonging to clients.
- 9.7** Students in preceptorship experiences may, under direct supervision of a RN/RPN/LPN accept telephone or verbal orders from a physician provided that the RN/RPN/LPN has also been able to witness the provision of the order.
- 9.8** Students in preceptorship experiences may transcribe and check doctor's orders provided that the RN/RPN/LPN co-signs.