# Section C. Student Services

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I. **Statement of Policy:**

All students who experience an injury or medical crisis will be evaluated regarding need for immediate treatment and referral.

II. **Procedure:**

A. As soon as possible after any school-related injury/medical crisis or an incident with potential for injury/medical crisis, the Student Incident Management form will be initiated and forwarded to the Student Health office.

B. The student must complete the first section and the instructor responsible for the student at the time of the incident must complete the accident investigation and second section on the front of the form.

C. The Student Incident Management form will be forwarded to the Director after review by the Student Health Coordinator.

D. The Student Health Nurse or the Instructor will determine the need for medical intervention at the time of the incident.

E. The Student Health Nurse or the Instructor will assist the injured student to obtain appropriate medical evaluation and/or treatment.

F. Any student who has received medical evaluation and/or treatment for school related injury or medical crisis must meet with the Student Health Nurse to review return to school recommendations as soon as possible.

G. A copy of the physician Return to School Form will be filed in the Student Health Nurse’s office.

H. Consent for release of medical records and related information will be obtained by the Student Health Nurse.

I. *The school only discloses personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.*
Geisinger Lewistown Hospital School of Nursing
Student Incident Management Form

SECTION I (Student to complete)

Student Name/Signature_______________________________________________________ Date_______

Date of Injury________________________________________________________ Time________________________

Where did the injury occur? (i.e. unit or program)________________________________________________________________________________________

Describe the injury________________________________________________________________________________________

________________________________________________________________________________________

What was student doing when the injury occurred?________________________________________________________________________________________


SECTION II (Faculty to complete)

Describe Injury________________________________________________________________________________________

________________________________________________________________________________________

__________________________________

Does the student require additional followup?  Yes_____  No_______

If yes, who was the student referred to________________________________________________________________________________________

Can the student return to the clinical area?

***If student is referred for medical treatment, a health care practitioner must complete Return to School Form before the student can return to school

Faculty Signature_______________________ Date____________________

SECTION III (Student Health Nurse to complete)

Comments/Recommendations________________________________________________________________________________________

Student Health Nurse Signature________________________________________  Date___________________
Geisinger Lewistown Hospital School of Nursing
Physician Return to School Form

Student Name______________________________________________________________________________
Date_______________________________________________________________________________________

Is student able to return to school? __________Yes __________No
If able to return, specify date ________________
If unable to return, specify recommendations_____________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Any restrictions? __________Yes __________No
If yes, describe restrictions___________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of Health Care Practitioner/Date_______________________________________________________
Print or Type Name_____________________________________________________ 

Reviewed by Student Health Nurse/Date_________________________________________________________

Comments_________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
I. Statement of Policy:

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I. Consent for release of medical records and related information will be obtained by the Student Health Nurse.

I. The school only discloses personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.
SECTION I (Student to complete)

Student Name/Signature ___________________________________________ Date ______

Date of Injury __________________________________ Time ___________________

Where did the injury occur? (i.e. unit or program) ________________________________________

Describe the injury ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

What was student doing when the injury occurred? _________________________________________

__________________________________________________________________________________

SECTION II (Faculty to complete)

Describe Injury ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Does the student require additional followup? Yes _____ No_______

If yes, who was the student referred to ________________________________________________

__________________________________________________________________________________

Can the student return to the clinical area? ______________________________________________

***If student is referred for medical treatment, a health care practitioner must complete Return to School Form before the student can return to school

Faculty Signature ___________________________________ Date ________________________

SECTION III (Student Health Nurse to complete)

Comments/Recommendations ____________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Student Health Nurse Signature ___________________________________ Date ______________________
Geisinger Lewistown Hospital School of Nursing
Physician Return to School Form

Student Name ____________________________________________________________
Date ___________________________________________________________________

Is student able to return to school? _______Yes _______No

If able to return, specify date ______________________

If unable to return, specify recommendations ________________________________________________
_________________________________________________________________________________________

Any restrictions? _______Yes _______No

If yes, describe restrictions ________________________________________________________________
_________________________________________________________________________________________

Signature of Health Care Practitioner/Date _____________________________________________
Print or Type Name ________________________________________________________________

Reviewed by Student Health Nurse/Date ________________________________________________

Comments ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________


I. **Statement of Policy**

Geisinger Lewistown Hospital School of Nursing will not provide housing for students.

II. **Scope:**

Potential and enrolled students

III. **Procedure:**

A. Students will be informed during their initial contact with the program that the School of Nursing does not provide housing.

B. If the student is in need of housing, a list of area realtors will be provided.
I. Statement of Policy:

The faculty and administration believe in equitable, fair, respectful and just treatment at GLHSON.

II. Scope

Students and faculty of the school of nursing

III. Definition of Complaint:

The student expresses dissatisfaction or resentment and feels that he/she has been treated unfairly.

A. Procedure:

1. The student should first handle the problem informally and orally with the person(s) involved within two (2) working days after the concern to attempt resolution. The faculty/person(s) then has five (5) working days to resolve the problem.

IV. Definition of Grievance:

A grievance is a complaint by a student alleging that he/she has been or is being adversely affected by a specific improper or unfair application of the school’s rules, regulations, or policies.

A. Procedure:

1. When efforts to resolve complaints have not been successful, the following steps in filing a grievance are to be followed:

2. The student will put the grievance in writing and give it to their advisor within five (5) working days.

3. The advisor will meet with the student and provide a written response back to the student within ten (10) working days of receiving the grievance.

4. If the student is not satisfied with the results of the meeting and response, he/she may request, in writing, a meeting with the grievance committee within five (5) working days. A grievance committee will be appointed by the director.

5. The grievance committee will review meet with the student and will provide a written response to the student within (10) working days of receiving the grievance.

6. If the student is not satisfied with the results of the grievance committee response, he/she may request, in writing, a meeting with the director within five (5) working days.

7. The Director will meet with the student and will provide a response, in writing, to the student within fifteen (15) working days of receiving the grievance. This is the final decision.

8. If the time frame for filing appeals are not met, the matter will be considered resolved based on the decision at the prior step.
9. Records of the grievance will be kept in the office of the Director.

10. No legal representation or the accompaniment of any person is permitted throughout this process.

11. There will be no type of tape recording or video recording of the appeal process by any of the members of the committee, the appellant, the respondent and the non-participating observers.
I. **Statement of Policy**

   Students will be made aware of their rights and responsibilities.

II. **Scope:**

   Students and staff of the School of Nursing

III. **Procedure:**

   A. Student rights and responsibilities will be given to each student upon acceptance to the program.

   B. Students have a right to the following:

      (1) To be informed of admission criteria, progression/advancement criteria, and graduation criteria.

      (2) To receive accurate information about courses and program requirements.

      (3) To equal treatment regardless of their race, color, creed, gender, age, national origin, or physical disability or sexual orientation.

      (4) To access their own records which will be considered confidential, according to policy.

      (5) To participate in curriculum development, implementation, and evaluation, via the Curriculum Committee.

      (6) To be informed of policies and have advance notice of any policy changes.

      (7) To graduate and apply for licensure once all of the program requirements have been fulfilled. (Note: The Pennsylvania State Board of Nursing retains the final authority for NCLEX licensure issues.)

      (8) To organize and participate in a student government.

      (9) To be treated with dignity, respect, and a caring attitude.

   C. Students are responsible for the following:

      (1) To know requirements for admission, progression, and graduation as stated in the student handbook.

      (2) To know and follow guidelines set forth in the Student handbook and the ANA Code of Ethics.

      (3) To actively participate in classes and clinical experiences and review course syllabi and expectations.
To follow the chain of command, participate positively in conflict resolution and to follow the student grievance procedure if conflicts are not being resolved effectively.

To vote for student representatives to the Curriculum Committee and Student Affairs Committee, as specified in the bylaws.

To comply with the PA State Board of Nursing regulations for licensing examination.

To treat others with dignity, respect, and a caring attitude.

To maintain patient confidentiality.

D. The Geisinger Lewistown Hospital School of Nursing subscribes to the ANA guidelines for ethical practice, which are as follows:

(1) The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

(2) The nurses’ primary commitment is to the patient, whether an individual, group, or community.

(3) The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

(4) The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

(5) The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

(6) The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

(7) The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

(8) The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

(9) The profession of nursing, as represented by associations and their members, is responsible for articulation nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

1. Policy

Grants and scholarship will be offered to enrolled students at the Geisinger-Lewistown Hospital School of Nursing to offer financial assistance.

2. Purpose

To provide general guidelines for awarding grant/scholarship funds.

3. Scope

The grant policy applies to students of the Geisinger Lewistown Hospital School of Nursing who are currently enrolled or have registered for enrollment.

3. Procedure

A. Donations to the Geisinger Lewistown Hospital School of Nursing will be coordinated by the Hospital Community Relations/Fund Development Department.
   a. When grant/scholarship money is received via agency or private source, the funds are deposited in a general operating account as a liability; referred to as accounts payable to students. As money is disbursed to the student, this decreases the liability and accounts receivable.
   b. All scholarship money will be exhausted in accordance with the criteria of the source.
   c. Appropriate reports will be generated

B. Students are notified via their email account when grant/scholarship money is available.
   a. Students will be notified of any specific criteria for the scholarship.
   b. General criteria for scholarship consideration may include the following:
      i. GPA of 3.0 or above.
      ii. Proven financial need.
      iii. Academic progression.
      iv. Must be taking 6 credits or more.
c. Scholarship applications must be completed fully by the designated date in order to be eligible for funds.
d. Students will be asked to sign a release of information for their personal information to be reviewed by the committee.

C. The scholarship committee will review applications.

a. The scholarship committee will consist of at least one member of the School of Nursing, one member of the Finance Aid Department, one member from the community.
b. Students will receive funds based on criteria specified by the scholarship donors. If not specified, the criteria may include the following:
   i. Financial need
   ii. Quality of essays
   iii. References (3)
   iv. GPA of 3.0 or above
   v. Must be taking 6 credits or above in the G-LHSON
c. No grant or scholarship shall be awarded to an individual who is in default on, or is otherwise ineligible to receive a federally guaranteed student loan.
d. No grant or scholarship shall be awarded to an individual who is related by blood, adoption or marriage to any member of the Selection Committee as a first cousin or nearer relative.
e. Minutes will be kept of selection/meeting.

D. Students who are awarded monies will be notified via email.

a. Students must agree to any stipulations in said scholarship agreement.
b. Students must agree to attend and awards ceremony and they may be required to provide a speech at same event.
c. Money that is not used in the designated time frame or by graduation will be forfeited back to the scholarship fund.
d. If the student withdraws from the program or drops under 6 credits, the funds will be forfeited back to the scholarship funds. (NOTE: the Refund Policy will be followed for return of funds.)
I. Statement of Policy

The purpose of this policy is to establish guidelines for the use of computer social networking. Social media, professional networking sites, rapid fire communications, blog sites and personal web sites are all useful technologies. The Geisinger Lewistown Hospital School of Nursing appreciates the importance of using social media to foster learning and innovation through responsible open exchange and dialogue. These guidelines serve two purposes:

To protect the privacy, confidentiality and personal dignity of patients, families, employees, vendors, peers, instructors, and other customers of the School of Nursing and Geisinger Lewistown Healthcare Foundation (GLHF) by setting boundaries for what students can and cannot do on line and;

To empower students to use social media tools by removing doubt over what is allowed and what is not as students of Geisinger Lewistown Hospital School of Nursing.

II. Scope

Students of Geisinger Lewistown Hospital School of Nursing.

III. Definition(s):

Clinical Time: For the purposes of this policy, the term “clinical time” refers to all time during which the student is obligated to be performing clinical duties but does not include meal breaks.

Procedure:
Social networking activities in or outside of school that affect your job performance, the performance of others will be monitored on a regular basis.
I. Students Use of Social Media during Clinical Hours/Theory/Lab

A. Students may not access or use social media during clinical time unless approved by the faculty member. This includes accessing social media sites from personal electronic devices such as laptops, smart phones, cell phones, or PDA’s.

- Students found to be accessing or using social media during clinical time, lab, or theory or using GLHF or GLHSON computers will be subject to disciplinary action.

II. Students Use of Social Media - During Non-School Hours

A. Students must not use social media to disclose or discuss confidential patient information or information that could be used to a patient or post any content (including photographs) regarding, relating to, or referencing patients and/or their families.

B. Do not post anything that is false, malicious, obscene, libelous, or threatening whether in words, images, or audio, about GLHF, the School of Nursing or anyone affiliated with either, including other students or employees.

C. Do not use social media to harass, bully, coerce, intimidate or retaliate against other students or employees.

D. Geisinger Lewistown Hospital School of Nursing prohibits retaliation against any student for reporting a possible deviation from this policy or for cooperating in an investigation. Any student who retaliates against another student for reporting or a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including involuntary termination.

E. Any violations of this policy may result in corrective action up to and including termination from the School of Nursing.