

**WEST KENTUCKY COMMUNITY & TECHNICAL COLLEGE**  
**Associate Degree Nursing Program**  
**Policy Statements**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Semester / Year**

---

**Bloodborne Pathogens Instructional Session**

I attended the instructional session on bloodborne pathogens on  
(date and time) \_\_\_\_\_

taught by \_\_\_\_\_

I understand the regulatory text (Title 29 CFR 1910.1030) and West Kentucky Community and Technical College OSHA Infection Control Compliance Plan is available in West Kentucky Community and Technical College Policy Manual and also in the following areas: Maintenance and Operations, Personnel, Dean of Academic Affairs Office, Library, and the Nursing Coordinator's Office.

I understand the symptoms of bloodborne diseases and the modes of transmission of bloodborne pathogens. An explanation was given on the exposure control plan and appropriate engineering controls, work practices, and personal protective equipment I need on my job or in the instructional area.

I understand how to locate, use, remove, decontaminate and/or dispose of appropriate personal protective equipment for the tasks that I do.

I have received information on the hepatitis B vaccine and understand my options for taking the vaccine. I understand the signs and labels used to identify biohazardous materials.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

---

**Health Insurance Portability & Accountability Act – Instruction Session**

I attended the instructions session on the Health Insurance Portability & Accountability Act (HIPAA) on  
\_\_\_\_\_, taught by \_\_\_\_\_.

I understand the privacy and confidentiality policies of the clinical facilities I will be attending for my clinical experiences. I know the condition information terminology, the policies regarding "privacy patients" and the disclosure of protected information. I also know the "safeguards" to confidentiality and the penalties for violation of HIPAA.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

---

## **Kentucky Board of Nursing Policy Regarding Nursing Students with a Conviction Record**

It is my obligation to inform you of the Kentucky Board of Nursing Regulation – 201 KAR 20:070, regarding the licensure of an applicant with a conviction record. The Board policy outlines the procedure to be followed to be admitted to the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

I have been informed and have received a copy of the Kentucky Board of Nursing Administrative Regulations for Applications for Licensure and Registration.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

---

### **Recommendation Waiver**

I authorize the West Kentucky Community and Technical College Associate Degree Nursing Faculty to provide any employment facility with information regarding my past performance as a nursing student. I understand that such information will be considered confidential and release the nursing faculty from any liability associate with such requests.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

---

### **Technical Standards**

Nursing at the technical level involves the provision of direct care for individuals and is characterized by the application of verified knowledge in the skillful performance of nursing functions. All students should possess;

1. sufficient visual acuity, such as is needed in preparation and administration of medications, and for the observation necessary for patient assessment and nursing care;
2. sufficient auditory perception to receive verbal communication from patient and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, IV infusion pumps, Doptones, fire alarms, etc;
3. sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment required in meeting health needs;
4. sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interest; and
5. sufficient intellectual and emotional functions to plan and implement care for individuals.

I have read and understand the Kentucky Community and Technical College System Technical Standards. I have no questions or concerns regarding my ability to meet these standards while in the West Kentucky Community and Technical College Nursing Program.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

---