



A Member of Centralus Health

Arnot Ogden Medical Center
School of Nursing

STUDENT HANDBOOK

2025-2026

The Student Handbook is revised on an annual basis.

Students are responsible for policies as they appear in the handbook for each academic year.

Enrollment Agreement

Arnot Ogden Medical Center School of Nursing is a private institution and its codes of conduct, academic requirements, policies and procedures, and other rules and regulations are represented in this annual Student Handbook.

Upon acceptance of admission, students agree to be governed by these policies and regulations and any amended policies and regulations which may be supplemented from time to time by the School of Nursing at its discretion.

Orientation – Policies and Procedures

The Arnot*Health* Policies and procedures are reviewed during the orientation process and as part of the curriculum content. **Students will abide by all Arnot*Health* policies as directed by the Administration (Ex. Smoking Policy—refer to end of Student Handbook).**

Arnot Ogden Medical Center School of Nursing
2025-2026 Student Handbook

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ArnotHealth policies located behind the Student Handbook:

14371172 **Substance Abuse Testing Policy**

14364163 **Disruptive Behavior Policy**

15520841 **Social Media Policy**

15581354 **Sexual & Other Prohibited Harassment Policy**

15683556 **Employee Dress and Appearance**

11401844 **Client's Rights**

11401930 **Confidentiality Related to Medical Records**

13517321 **Tobacco Free Environment Policy**

17820441 **Title IX Compliance**

Arnot Ogden Medical Center School of Nursing
(AOMC SON)



The Arnot Ogden Medical Center School of Nursing is an equal opportunity institution. The School of Nursing does not discriminate regarding applicants and /or students based on age, race, color, sex, sexual preference, creed, marital status, national or ethnic origin or handicapping conditions in the administration of the admission policies, education policies, scholarship and loan programs or other school-administered programs and services.

The AOMC SON is located on the campus of the Arnot Ogden Medical Center, which is designed to accommodate the needs of the handicapped individual. The School of Nursing provides handicapped parking ramps, and access to restroom facilities. Prospective students with physical limitations are encouraged to tour the school and discuss with their family healthcare provider to determine their ability to successfully complete the program requirements. Additional information and tours can be arranged by calling the school.

Upon request, the AOMC SON will provide a copy of the documentation describing the institution's accreditation and licensing approval.

Arnot Ogden Medical Center School of Nursing Philosophy

The philosophy of the AOMC SON is based on the belief that each person is a unique individual with inherent worth and basic rights. The faculty believes that:

Persons: Each individual has inherent dignity, a creative drive toward higher and more positive levels of existence and self-actualization. The individual makes life choices and is accountable for their own actions.

Health is dynamic and an ever-changing state of physical, psychological, and social wellbeing. Each individual, influenced by heredity and environment, attempts to achieve an optimum state of health. Each member of society has a right to health care regardless of age, race, color, gender, sexual orientation, creed, national or ethnic origin, marital status, spiritual beliefs, handicapping conditions, or political beliefs.

Nursing is a holistic process that focuses on the individual/ family/ community to prevent illness and restore health. It is an art and science, which incorporates principles from the biological, behavioral, and social sciences. The uniqueness of professional nursing emerges from the synthesis of theory with practice, the integration of the nursing process and nursing role, with a balance between autonomy and collaboration. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. The nurse acts as advocate and is accountable to provide safe, competent, and quality nursing care to individuals throughout the life span. Nursing utilizes professional standards of care and practice to achieve quality improvement outcomes.

Education is a continuous process of learning, which strengthens knowledge, skills, attitudes, and values of the learner. As a result of the educational process the student utilizes interpersonal skills, develops technical skills and intellectual skills of critical thinking. The learner is a motivated person who is willing to assume legal and ethical responsibilities. The learner demonstrates growth in self-worth and self-evaluation. The learner progresses in personal and professional growth in establishing life-long habits.

Nurse Educator prepares learners for the practice of nursing. They recognize the role of nurses in providing holistic care for the emotional, psychological, spiritual, and physical needs of individuals/families/communities. Nurse educators have a responsibility to be knowledgeable in health care trends and wellness issues. Knowledge of political issues, trends in employment strategies and career choices is essential. As facilitators of learning nurse educators assist each student to reach their full potential through knowledgeable presentation of theoretical concepts and clinical skills. As role models nurse educators are active participants in professional activities and professional organizations and are actively involved in or support nursing research. The individuality of each student is acknowledged and encouraged to strive toward leadership and professionalism.

Community is defined as the people of Chemung County and neighboring counties. By focusing on academic excellence, critical thinking, personal and professional development, the graduate is prepared for a life of productive work, personal enrichment, and community involvement as an individual, family, and community member. The faculty recognizes the responsibility to be sensitive to the expanding health care system and to assume an active role in meeting the changing health needs of the community.

The school is responsible for achieving quality, cost effective educational outcomes through a sound program, which supports and adheres to standards established by the New York State Education Department, the National League for Nursing, ANA Standards and the Nurse Practice Act. The faculty provides leadership in maintaining and improving the standards of nursing care; and preparing competent beginning nurses capable of meeting the needs of the individual and family, and community.

GOALS OF THE SCHOOL

Upon the completion of the nursing program, the graduate will function competently as a beginning practitioner in a variety of health care settings in the community. The beginning practitioner will utilize the nursing process and evidence-based practice (EBP) based on scientific principles, therapeutic communication skills, and safety in meeting the holistic needs of the individual and family. The beginning practitioner will be a self-directed, contributing member of the nursing profession and society through participation in educational and professional activities and quality improvement (QI). The graduate will accept professional accountability for nursing practice within the framework of legal and ethical guidelines

Mission Statement

The mission of the Arnot Ogden Medical Center School of Nursing is to prepare graduates to function as an entry level professional nurse with the knowledge, skills, and competencies needed to promote and restore health to a diverse client population utilizing safe quality standards of care.

Vision Statement

The vision of the Arnot Ogden Medical Center School of Nursing is to implement a cost-effective, accredited quality nursing education program that is guided by, and in accordance with, the values of the faculty and those of the governing organization.

End of Program Student Learning Outcomes

1. Practice with accountability for professional excellence, continuous quality improvement, research -based practice, client advocacy and cost-effective use of healthcare resources within the legal/ethical standards of the nursing profession.
2. Integrate knowledge from biological, behavioral, social and nursing science to provide safe, technically competent and holistic nursing care to diverse health care clients.
3. Collaborates as an effective member of an interprofessional health team to achieve desired client outcomes needed for movement across a wide continuum of health care.
4. Incorporates a caring relationship, therapeutic communication, positive interpersonal and information management skills to promote effective individual and group/system interaction to achieve optimal client satisfaction and delivery of health care
5. Integrate principles of the teaching/learning process to promote, maintain and restore optimal wellness through mutual sharing of knowledge, skills and anticipatory guidance needed for client health, independence and quality of life.

ALMA MATER

Our Arnot Ogden tried and true.

We raise our song to thee

Thy children shall be ever bold

to do the right and truth

uphold this is our solemn vow

we make your sacred hall point us

the way to dedicate,

to consecrate our lives

to service to mankind

our Arnot Ogden tried and true

for thee we'll strive

For thee we'll live

Lyrics-Rubertha Harris (Class of 1969)

Music – Joseph Crupi

ArnotHealth

Arnot Ogden Medical Center
School of Nursing



Faculty & Staff

System Director Education & School of Nursing	Laurie Dunn, MS, RN	laurie.dunn@arnothealth.org	(607) 737-4263
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Financial Aid Administrator	Charade Kittle	charade.kittle@arnothealth.org	(607) 737-4294
Student Nurse Recruiter	TBD		
Student Accounts Advisor	TBD		

General Safety

The AOMC SON will adhere to safety policies as set forth by the Arnot Ogden Medical Center regarding Fire Safety, Electrical Safety, Life Safety and other general safety issues.

Students are encouraged not to bring valuables into the School of Nursing or the Arnot Ogden Medical Center. The Arnot Ogden Medical Center and the AOMC SON cannot assume responsibility for damage to or loss of personal property. Any damage or thefts, however, should be reported to Safety and Public Safety and will be investigated.

Arnot Ogden Medical Center has a ***Tobacco Free Environment Policy*** (refer to end of student handbook). The medical center prohibits tobacco use on its campus and Arnot *Health* properties.

ARNOT ODGEN MEDICAL CENTER
L.D. Clute Building Evacuation Plan

Purpose: To define the procedures to be taken in the event an evacuation of the L.D. Clute Building is required.

General Information:

Possible reasons an evacuation would be needed:

- Fire
- Natural Disaster
- Terrorist Attack
- Utility System Failure
- Bomb Threat

Procedure:

1. Incident Commander (if in place), System Director of Education & School of Nursing, or Assistant System Director of Education will determine the need to initiate a partial or complete evacuation.
2. Staff should shut down all equipment and lights they can get to safely.
3. Close all doors that do not close automatically.
4. Check all rooms, including the storage room behind the lecture hall, CPR storage Room, restrooms, lounges, all classrooms, and offices. Close the door. Tape a piece of paper with an "X" on it to indicate the area that has been checked and cleared or put an "X" on the whiteboard located on the door. An "X" should be placed on both doors of the Lecture Hall and Learning Resource Center (nursing lab).
5. Find nearest safe exit.
6. Direct all employees, students, and visitors to the nearest safe exit, directing them away from the building.
7. **Employees and students are to meet immediately in the Ivy I Medical Arts building parking lot.**

ArnotHealth

Arnot Ogden Medical Center
School of Nursing

2025-26

ACADEMIC CALENDAR

FALL ~ 2025	
<i>August 18</i>	Classes begin at SON/ Freshman Orientation
<i>September 1-Labor Day</i>	Classes begin at EC only
<i>October 13-14</i>	MID-TERM MINI BREAK
<i>November 24-28</i>	THANKSGIVING BREAK
<i>December 1</i>	All Classes resume EC & SON
<i>December 8-12</i>	Final Exams & Evaluations
<i>December 13, 2025- January 4, 2026</i>	WINTER BREAK

WINTER ~ 2026	
<i>January 05, 2026</i>	ALL Classes resume EC & SON
<i>January 19</i>	NO CLASSES - <i>Martin Luther King Day</i>
<i>March 2-6</i>	MID-TERM BREAK
<i>March 9</i>	ALL Classes resume EC & SON
<i>April 06-10</i>	Final Exams & Evaluations EC
<i>April 17</i>	End of Semester SON
<i>April 17 (Friday)</i>	GRADUATION – CLASS 2026

Updated 06/18/25

EC - Elmira College
SON – Arnot School of Nursing

CLEP EXAMS and/or online courses:

The final grade must be submitted to the School of Nursing two (2) weeks prior to the semester in which the class will be completed.

I. Code of Behavior

You are at your first step toward a career as a professional person. It is to your advantage that you learn to conduct yourself in a professional manner. Student Contract see Appendix A.

A. Courtesy and Consideration

Reasonable quiet is to be maintained throughout the day in classrooms and corridors in consideration of others. All students are expected to speak courteously and politely to their fellow students, co-workers, Faculty, and other Arnot Ogden personnel. i.e.: including but not limited to the use of profanity and disruptive behavior. No student is permitted to offend, frighten or intimidate another by any means whatsoever, including words, gesture actions or any other behavior or condition (i.e., bullying). The prohibition applies whether the issue arises from the workplace activities, or from matters outside the workplace. A single incident may warrant disciplinary action, and multiple incidents, or a pattern of objectionable behavior may lead to termination. Where the behavior can be identified as sexual harassment, a single offense may warrant decisive discipline, possibly including suspension or discharge from the program.

B. Bullying/Hazing

The AOMC SON is committed to protecting its' students, employees, and applicants for admission from Bullying, harassment, hazing or discrimination for any reason. The SON believes that all students and employees are entitled to a safe, equitable and harassment-free learning experience. Bullying, harassment, hazing or discrimination will not be tolerated on any level and shall be just cause for disciplinary action. This policy shall be interpreted and applied consistently with all applicable state and feral laws. Conduct that constitutes bullying, harassment, hazing or discrimination, as defined here, is prohibited.

"Hazing" is any activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers them.

"Bullying" means systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. It is further defined as unwanted purposeful written, verbal, or physical behavior, including but not limited to any threatening, insulting or dehumanizing gestures, by an employee or student, that has the potential to create an intimidating, hostile, or offensive educational environment or cause long term damage; cause discomfort or humiliation; or unreasonable interfere with the individual's school performance or participation, is carried out repeatedly and is often characterized by an imbalance of power. Bullying may involve, but is not limited to:

- Physical Violence
- Theft
- Sexual, religious, or racial harassment
- Threatening
- Intimidating

- Stalking
- Cyberstalking/Cyberbullying

“Cyberstalking” is defined as the willful and repeated harassment and intimidation of a person through the use of digital technologies, including but not limited to email. Blogs, texting on cell phones, social websites (e.g., Facebook, Twitter, Tumblr, etc.) chat rooms, “sexting”, instant messaging.

Reporting

Complaints of bullying/hazing should be reported immediately to the System Director, Education/School of Nursing.

Disciplinary Action and Due Process

Violations of the policy by students are subject to disciplinary action in accordance with AOMC SON policy as outlined in the Student Handbook. Those accused of such violations will receive due process as outlined in the Grievance Policy found in the Student Handbook.

Violations by faculty or staff at the AOMC SON will be subject to disciplinary action and due process as outlined in the Faculty Handbook or Policy of the Arnot Ogden Medical Center.

C. Responsibilities

Students are encouraged to maintain an organized and self-directed student government. All students are responsible for their adherence to regulations and standards.

The Faculty Organization and Student Association have adopted the Bill of Rights as an agreement between the school and students, which serve as the guidelines for expectations and responsibilities of students, faculty and administration.

Student Association and individual members must act according to the Corporate Compliance Program against offenders of rules, regulations and policies such as sexual harassment.

All students, upon admission to the School of Nursing are expected to abide by the established rules and regulations of the School of Nursing. Students are expected to know and follow the rules and regulations set forth in the Student Handbook well as those established, posted, and /or announced for student notification.

The administration and faculty of the School of Nursing pledge to support the endeavors of the Student Association in maintaining standards of conduct and performance.

STUDENT BILL OF RIGHTS AND RESPONSIBILITIES

1. Students are encouraged to develop critical thinking, the capacity for critical judgment, and engage in activities leading to personal and professional growth.
2. Students are expected to exercise the freedom to learn and the freedom to teach in a responsible manner.
3. The School of Nursing has responsibility to develop and publicize policies and procedures, which provide and safeguard students' right to learn. It is the responsibility of the students to know and comply with these policies, rules and regulations as published in student and policy handbooks.
4. The Arnot Ogden Medical Center and the School of Nursing establish and follow guidelines which ensure the students' right to nondiscriminatory practices regardless of age, race, color, gender, sexual preference, creed, national or ethnic origin, marital status, handicapping conditions, or political being.
5. They are responsible for maintaining standards of performance established for each course in which they are enrolled. Students are free to offer views and opinions in any course of study.
6. Students are protected through established policies and procedures against prejudice or unjustified evaluation. A grievance procedure is available for due process should the need arise.
7. Information about student views, beliefs or political associations acquired in the course of study is considered to be confidential and is to be respected. This information is not to be released by students or faculty without the knowledge of all parties.
8. Students have a responsible voice in the determination of curriculum matters through participation in surveys, course, and faculty evaluations. The Curriculum Committee reviews course summaries, and changes made as deemed necessary.
9. The School of Nursing establishes and follows a policy concerning the retention of permanent education records and disclosure of information requires the individual's consent.
10. **Students sign a contract with course facilitators documenting the acceptance of responsibility to meet the educational and professional outcomes of each course of study. See Appendix A.**
11. Students are expected to adhere to the Code of Ethics for Professional Nursing and Arnot Health policies on confidentiality and conduct. See Appendix B & included Arnot Health policies
12. **It is the responsibility of each student to respect the rights and decisions of faculty and administrators involved in the educational process.**
13. Students and student organizations are free to examine and discuss areas of interest to them. It is expected that the opinions of others will be heard and respected, even if they differ from one's own.
14. The student body has the means to participate in the formulation and application of academic and student affair policies through program evaluation, Student Services Committee and representation on faculty committees related to these issues.
15. The School of Nursing has the obligation to clarify and publish standards of behavior -essential to the educational mission, community life, and the school outcomes and philosophy.
16. Disciplinary proceedings are instituted only for violations of standards of conduct published in advance through the Student Handbook, official bulletin board posting, or the Arnot Health

policy and procedures. It is the responsibility of each student to know these regulations.

Grievance procedures are available to the students who wish to use them.

17. Students have the right to belong or refuse to belong to any organization of their choice.
18. Students have the right to personal privacy to the extent that the welfare of others is respected.
19. As citizens and members of the academic community, students are subject to the obligations inherent in this membership and are free to enjoy the same freedoms of citizenship.
20. Students are entitled to a safe environment in which to learn. It is the ArnotHealth's responsibility to provide an adequate, safe environment. Problems related to safety and Public Safety should be reported promptly to the ArnotHealth's Public Safety Department for appropriate action.
21. The School of Nursing and Arnot Health have established dress codes, which maintain professional standards while considering comfort and practicality. Student input is encouraged through Student Services Committee and Program Evaluation.
22. The School of Nursing has an established grading system, which is individualized for each course. Students are introduced to this grading system during general and course orientation. Clarifications are made as the courses are introduced and evaluated.
23. Students have the right to seek clarification for decisions made by faculty and /or ArnotHealth administrators. Concerns not clarified may be brought to the Student Services Committee, the System Director, Education/School of Nursing or the Grievance Committee where the Grievance Procedure will be followed.
24. American Heart Association Basic Life Support (CPR) Certification is required for all students. Current CPR certification is required for clinical attendance.

D. Professional Role Behaviors Policy Statement

Purpose

- To communicate commitment and strategies for creating a learning and practice environment that fosters long-term and lasting integrity and accountability in professional nursing education and practice.
- To describe the critical elements of professional role behaviors expected of students, primarily in the clinical setting.
- To guide decisions for appropriate and consistent consequences for unprofessional conduct.

Overview

- Students have the right to be informed of the requirements for professional role behaviors and the responsibility to conduct themselves in accordance with those requirements.
- Values underlying professional role behaviors are mutual respect, civility, personal accountability, trustworthiness, and open communication.
- Professional conduct during nursing education forms patterns of professional accountability essential for safe and successful practice.

- Faculty must consistently inform and adhere to requirements for professional role behavior and consistently enforce consequences in the event of violation of the professional role requirements.
- Although intended to guide professional behaviors in the clinical setting, this Policy statement and the Critical Elements listed below are applicable to all aspects of student learning environments including but not limited to, the classroom setting and the Nursing Resource Center.

A clinical agency reserves the right to refuse a student placement or to remove a student from clinical placement should the student demonstrate unsafe or unprofessional behaviors during his/her clinical rotation. The expectations for professional behavior are consistent across all clinical practice sites and within all nursing education settings.

Critical Elements of Professional Role Behaviors

The following essential performance behaviors must be consistently demonstrated:

1. **Academic Integrity**- Defined as commitment, even in the face of adversity, to six fundamental values: honesty, trust, fairness, respect, responsibility and courage per the International Center for Academic Integrity, Fundamentals Values Project. Retrieved from <http://www.academicintegrity.org>.

Refrains from all active and passive things that allow or facilitate academic dishonesty, including lying, cheating, plagiarizing the work of others, sharing one's own work, or obtaining other's work.

Demonstrates accountability in maintaining integrity for own learning and learning of peers by upholding the highest level of confidentiality related to course, clinical, or lab experiences. Refrains from providing information about contents of learning experiences, competencies, examinations, or any other assessments in class, clinical or lab.

Failure to report occurrences of academic dishonesty or unsafe care practices, withholding information, accessing any medical record without specific cause or falsifying information in a client medical record is a violation of academic integrity.

Violations of academic integrity will be dealt with immediately. Violations may warrant, but not be limited to, failure in the assignment, course, referral to Faculty, and dismissal from the AOMC SON.

2. **Communication** – Demonstrates in all forms of communication (verbal, nonverbal, and electronic) respect for others, active listening skills, assertiveness, and professional courtesy.
3. **Preparedness** – Plans and effectively uses time. Completes assignments prior to class, clinical, and lab to actively participate in learning activities.

4. **Attendance** – Clarifies and confirms schedule. Is present in required classes, orientation sessions, clinical, lab, simulated learning experiences, community-based assigned observations, and clinics. Demonstrates initiative and follow through in meeting scheduled assignments.
5. **Punctuality** – Consistently demonstrates promptness when attending scheduled class, clinical lab and simulated learning experiences. Demonstrates initiative, enthusiasm and active engagement in learning assignments and clinical experiences. Students are expected to attend all classes. Specific requirements for class attendance and consequences for lateness/absences will be documented by the faculty. In the clinical, lab, and simulated learning experiences, attendance is mandatory as required and lateness is unacceptable. A reasonable expectation is to arrive at the clinical site a minimum of 15 minutes prior to the start of the shift.
6. **Dress** – Adheres to the Dress Code as specified by the Arnot Ogden School of Nursing or agency, simulated learning experiences and clinical experiences. A pattern of non-compliance will result in suspension from the clinical, lab or simulated learning experience. Students may be dismissed for the day for non-adherence to Uniform Policy. Dismissal from the lab, clinical or simulated learning experience will result in a failing grade for the assignment. Dismissal from clinical constitutes an unexcused absence and loss of clinical hours required to pass the course. The Dress Code for students specifies that a school approved lab coat and student ID badge should be worn when obtaining “Client Assignments” for clinical preparation.
7. **Equipment** – Anticipates supplies and equipment that will be necessary to complete client care. Equipment may include stethoscope, watch with a second hand, School ID badge, and written assignments, as specified by the faculty/course syllabi or clinical requirements.
8. **Conflict Management** – Demonstrates problem solving skills in the event conflict arises in the course, clinical, lab or simulated learning experience. Conflict management skills include engaging in timely and constructive discussion with the immediate participants to clarify the issue; consulting in a timely fashion with advisor, instructor, or preceptor; accurately identifying negotiable and non-negotiable issues; and determining an effective strategy to achieve mutual goals and follow through respectfully with the decision. Disrespectful behaviors, including making demands, blaming others for one’s own mistakes, or demeaning others, are considered unprofessional and are unacceptable in a collaborative and positive learning environment. Arnot Ogden School of Nursing students are guests in affiliating agencies. A positive working relationship between AOMC SON and affiliating clinical agencies is important to assure quality placements for all students in the program. Unprofessional communication or behavior reflects poorly on the AOMC SON student body and jeopardizes future clinical placements.
9. **Obligation to the Client** – Demonstrates accountability in accepting assignments for client care and carrying through responsibilities within the designated period. Communicates whereabouts (breaks, lunch, meetings, etc.) and assures continuity of care at all times. Uses clinical judgement

and self- assessment skills to determine when assistance is needed in accepting an assignment or providing client care. Leaving the client or clinical assignment without acknowledged communication constitutes client abandonment and warrants failure.

10. **Respect** – Courtesy, consideration and respect are conducive to learning. Demonstrates attentiveness, politeness, consideration for others in all learning environments and with clients, peers, health care providers, faculty, and staff. Refrains from intruding, interrupting, distracting, or otherwise limiting opportunities for learning. Interactions with others demonstrate respect, tolerance, and caring. Body language, nonverbal behaviors, including voice tone, and personal opinion must be professional and collegial at all times. Show respect for diversity of race, ethnicity, religion, and political opinion. Sexual orientation, gender, age, socioeconomic status of clients, peers, and other care providers.
11. **Constructive Use of Time** – Manages time constructively, shows self-direction and initiative to locate or request meaningful learning experiences. Seeks resources to support individual learning needs. Think critically about what the immediate experience may offer, integrating knowledge and skills. Avoids inappropriate use of phone for personal calls, loitering in work areas, and ineffective identification of potential learning activities when there is down time.
12. **Confidentiality** – Demonstrates respect for client confidentiality within and outside the clinical setting. Maintain client confidentiality in all communication, including use of electronic media. Students may only access assigned client information (PHI) in their student role (not during work hours if an ArnotHealth employee). The AOMC SON prohibits relating information about clinical experiences in any social networking media (e.g. Facebook, Twitter, etc.). Students may not reference any clinical information that could identify people, places, or specific events. Any posting or communication on social networks is a violation of HIPAA Privacy Rule by disclosing Protected Health Information (PHI). Any failure to comply with client privacy and misuse of client information warrants clinical, lab, and /or course failure.
13. **Institutional Policy and Procedure** – Participates in scheduled orientation (agency and computer) to acquaint self with relevant policies and procedures and adheres to them throughout clinical rotations. All required orientation scheduled by a clinical agency is mandatory and prerequisite for continuing in the clinical rotation.
14. **Social Networking** – Adheres to social networking policy of the Arnot Ogden Medical Center and the AOMC SON.

Implementation of the Professional Role Behaviors Policy Statement and Release for Viewing and Retaining Student File Documents

Orientation:

- During incoming student orientation, students will be provided copies of the **Professional Role Behaviors Policy Statement** and be provided an overview by faculty. The student should retain a copy of the policy for reference throughout the program.
- The student will be required to sign a document verifying receipt and acceptance of the professional behavior requirements. The signed document will be placed in the student file in the Director's office.
- The Course Facilitator will provide (to faculty involved in the course) course material and reinforce the use of the **Professional Role Behaviors Policy Statement**.
- During incoming student orientation, students will be provided copies of the **Release for Viewing and Retaining Student File Documents**. The student file copy will be retained for the duration of enrollment. See appendix C.

Instruction:

- The Course Facilitator for each clinical experience will reinforce expected professional behaviors using the **Professional Role Behaviors Policy Statement** during course orientation and may include the policy statement in course materials. Minimally, all course syllabi should state the policy statement is relevant to the course and will be strongly enforced.

Discipline:

- The Clinical Evaluation Tool for every course will include standardized reference to the critical elements of professional role behaviors as an outcome competency.
- Failure to achieve professional role behaviors will be documented in specific terms of violation, intervention, and consequences.
- The student and Course Facilitator and/or preceptor will meet to discuss conduct violations and consequences.
- Consequences may include course failure, referral, required consultation or an assignment to validate the student's understanding of the impact of the violation and the significance of professional conduct.

II. Academic Policies

Definition of clock hours for lecture and clinical:

Theory: one clock hour = 50 minutes

Clinical: one clock hour = 60 minutes

15 hours instruction (theory) = 1 credit

45 hours clinical practice = 1 credit

The following grading systems are utilized in evaluating the students' achievement at the AOMC SON and Elmira College:

AOMC SON Grade Scale

<i>Numerical</i>	<i>Letter</i>	<i>Quality Points</i>
95-100	A	4.0
90-94.99	A-	3.7
87-89.99	B+	3.3
84-86.99	B	3.0
80-83.99	B-	2.7
77-79.99	C+	2.3
75-76.99	C	2.0
72-74.99	C-	1.7
69-71.99	D+	1.3
67-68.99	D	1.0
65-66.99	D-	0.7
Below 65	F	0
WF		0
WP		--
TR		Transfer Credits
Audit	No Grade	No Credit Earned

Elmira College Grade Scale

<u>Numerical</u>	<u>Letter</u>	<u>Quality Points</u>
90-100	A-, A	3.7, 4.0
80-89	B-, B, B+	2.7, 3.0, 3.3
70-79	C-, C, C +	1.7, 2.0, 2.3
60-69	D-, D, D+	0.7, 1.0, 1.3

AOMC SON Posted Honor List:

- High Honor List gives recognition for outstanding achievement (3.6 or above quality point average)
- Honor List gives recognition for achievement (3.3 to 3.5 quality point average)

Students must obtain a (C) in all co-requisite College courses. If the student does not obtain a (C) they are required to retake the course, obtaining a (C) or higher before progressing to the next level.

Failure (grade of "F") in an Elmira College course will result in academic probation and require completion of the course with a passing grade to progress to the next level.

According to Elmira College policy an Incomplete "I" grade in a college course must be removed within thirty (30) days of the beginning of the semester following that in which it was earned. An Incomplete not removed within the stipulated time period, unless an extension has been granted, automatically becomes an "F". If the "F" is assigned, a letter by the student must be submitted to the Standards of Review Board at Elmira College. A final decision is made by the Board to revoke the grade. The student and the AOMC SON are notified of the decision. Also, students carrying an Incomplete are at risk of being withdrawn from the AOMC SON. It is the policy of the AOMC SON that all students' complete courses within the designated semester or level with a passing grade before being promoted or progressed to the next semester.

When a nursing course has both theory and clinical components, each component may have separate factors that are graded and weighted according to course requirements. A student will receive a numerical grade for the theory and a satisfactory or unsatisfactory grade for the clinical component. Students must maintain an **80% or B- (2.7)** average in theory and a satisfactory clinical in nursing courses. **An unsatisfactory grade in clinical performance will result in automatic failure regardless of the grade attained in theory.** A theory grade of less than **80%** will constitute a course failure regardless of the grade achieved clinically. When a course has theory and clinical components, both components are taken at the same time and must be completed satisfactorily to meet course requirements.

If at any time during a nursing course, a student's overall course average should drop below 80%, the student must complete a minimum of 2-hours of Self-Directed Study on campus each week until their overall course average becomes greater than or equal to 80%. Students will be required to sign in and out on the attendance log located in the Administrative Assistant's office, to document their adherence to the policy. Dates, times, and rooms for Self-Directed Study will vary each semester and are posted on the front bulletin board, along with the list of faculty members overseeing Self-Directed Study each offering.

At the completion of each nursing course with a clinical component, the student receives a comprehensive clinical evaluation for the course. The student shall sign the evaluation following discussion with the instructor. The student shall also have the option of signing a statement as to whether they agree or disagree with the evaluative comments.

A failure in a nursing course means the student may not progress to the next nursing course until the failed course has been repeated successfully. A second failure of a nursing course will constitute dismissal from the program.

A. Classroom Etiquette

Outlined below are guidelines for expected behavior in class. The following expectations are to enhance your ability to learn in class, to avoid disruption and distraction, and to improve the quality of the classroom experience. Repeated failure to meet expectations may result in a lower grade for the course or remediation.

Missing Class:

- You are responsible for all materials covered in the class you missed. Ask another student for their notes or what assignment was given.
- **Do not schedule doctor appointments or other personal appointments during class time.**
- If you have a serious problem that will keep you out of class, you will need to make the effort to come in and discuss it with the course facilitator as soon as possible.

Entering/Exiting Class:

- Please arrive on time and stay for the entire class. Late arrivals and departures are disruptive.
- If you are late, please quietly take a seat at the back of the classroom.
- Similarly, if you must leave class early, notify the lecturing instructor via email or phone in advance of your plan to leave early, then sit close to the door and leave as quietly as possible.

Noise:

- When class begins, please stop your conversations. If you continue to talk, you may be asked to leave the class.
- If you need the instructor to slow down or to review some material, please raise your hand and ask them to do so.
- Do not cut the instructor off at the end of class by packing up your materials. Wait until class is completely over before putting your materials away in your backpack, standing up or talking to friends. You may miss a critical point being stated.

Electronic Devices:

- **Cell phones should be turned off and/or on silent mode during class time. No talking or texting on cell phones during class or clinical time. Any and all phone use is prohibited in class or clinical.**
- If there is an emergency, you can be located in class by Public Safety or the front office.
- Audio recording devices are not permitted in the classroom or offices without expressed consent of the instructor. Video recording devices are prohibited at all times.

Participation:

- Keep on the topic at hand. If you have questions off the current topic, address this outside of class, at office hours, by email or at the end of class.
- Do not dominate a discussion with your questions or comments- give a fair opportunity to others to participate.

Sleeping in Class:

- Sleeping in class is disrespectful and students will be asked to leave the class.

Attire in the Classroom:

- The AOMC SON understands and fully supports students' rights to self-expression. We also have an obligation to create a learning environment where all students and faculty are comfortable and not offended by inappropriate dress.
- Dress that is neat, modest, and casual is always the minimum requirement in the School of Nursing.
- Hats and baseball caps must be removed when in classrooms and offices. Religious head coverings are acceptable.
- "Baggy" pants, pajama pants or sloppy dress will not be permitted at any time.
- Clothing that is revealing, provocative or contains obscene messages will not be permitted.
- Appropriate footwear must be worn at all times in the Clute Building and medical center.

Respect the Classroom:

- Help maintain the appearance of the classroom. Whatever you bring into the classroom should leave with you.
- After class, discard/recycle all trash.

Common Courtesy

- Do not read the paper, other textbooks, do another class assignment, or do homework due that day.
- Show respect for the instructor and fellow classmates. Do not interrupt another who is speaking. It is okay to disagree with an idea but not okay to ridicule. Raised voices, derogatory language and intimidating behavior will **NOT** be tolerated.
- Do not disturb others by engaging in disruptive behavior. Disruption interferes with the learning environment and impairs the ability of others to focus.

B. Email Etiquette

- Outside of school hours, do not text or call faculty on their personal cell phones. Students will communicate with instructors through Canvas or arnothealth.org emails ONLY.
- You are expected to write as you would in any professional correspondence. Email communication should be courteous and respectful in manner and tone. Do not send emails that are curt and demanding.
- If it is deemed necessary to contact your instructor, it is understood that it may take up to 24 hours for a response during the school week. If it is on the weekend or school break a response should not be expected until 12 hours prior to class resuming.

C. Guidelines for Resolving Problems

The Arnot Ogden Medical Center School of Nursing strives to create an atmosphere that is conducive to learning. There should be mutual respect between faculty and students. If a problem arises, it can usually be resolved by direct communication between the student and faculty member. To facilitate the problem-solving process, it is suggested that the student take the following steps:

1. Speak with your instructor or advisor as soon as a problem or concern arises.
2. Seek help as soon as possible on an individual basis.
3. Do not ignore the situation, wait until the last minute, or expect someone else to take care of your problem.

Procedure for Resolving Student/Faculty Conflicts

Conflict should be resolved as soon as possible at the level where it began, if possible. It is suggested that the student take the following steps to resolve the conflict.

- Step 1.** Schedule an appointment to speak with the instructor of the course. If the conflict cannot be resolved at this level proceed to Step 2. If the conflict is resolved, then the process is concluded.
- Step 2.** Schedule an appointment with the Course Facilitator, If the conflict cannot be resolved at this level proceed to Step 3. If the conflict is resolved, then the process is concluded.
- Step 3.** Schedule an appointment with level lead
- Step 4.** Schedule an appointment with the System Director

D. LAB/Simulation Expectations

Purpose: The Nursing Simulation Lab component of our program is to encourage and promote students to think critically in a nursing situation. Along with participating as a member of a multidisciplinary team. The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The students responding to the scenario should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not be used for the humiliation of fellow students.

Confidentiality: The simulation manikins are to be used with respect and be treated as if they were live clients. Students are expected to keep all events, procedures and information used in conjunction with the simulation lab strictly confidential. This includes all simulated client information obtained prior to the actual simulation, information obtained during the simulation and information obtained during the debriefing portion of the simulation. Students are not to discuss simulation information or simulation experiences with other students to maximize learning opportunities.

Rules: All students must wash their hands upon entering the learning resource center. **No food or drink** is to be placed near the simulation equipment or laptop computers.

Destruction/Academic Integrity: Deliberate damaging, defacing or mishandling of equipment will be subject to our dismissal policy.

Equipment: All equipment is property of Arnot Ogden Medical Center School of Nursing and is to remain within the learning resource center. Each student will be held accountable for maintaining their own work area and abiding by the rules of the facility.

Clinical Simulation Attire: Official School of Nursing uniform required unless otherwise specified by the instructor.

Computers: The computers located in our resource room are to be utilized for schoolwork only.

Lab Hours: Simulation hours will be posted on the door of the learning resource center.

E. Student Pregnancy Policy

Pregnancy may pose special problems for female students. For the safety of the pregnant student, the student should be aware of potential risks related to some learning experiences, such as, but not limited to communicable disease(s), strenuous activity, toxic substances including radiation, and the potential for bodily harm. While the student's continuation in the program during pregnancy is not discouraged, it is necessary that the faculty be informed of the pregnancy as soon as possible. When a student becomes pregnant, the student must notify the System Director in writing. The student should also consult with her faculty member **prior** to the clinical learning experience to be made aware of any clinical agency policies related to pregnant individuals. **A signed statement from the attending healthcare provider verifying that the student may safely participate in the program without restrictions must be obtained and kept on file throughout the pregnancy.** Refer to the "Essential Function Performance Requirements" section as stated in the School of Nursing catalog. Neither the AOMC SON nor its affiliating agencies assume responsibility for any harm that might occur to a fetus or a pregnant student.

F. Student Academic Code of Honesty Policy

The AOMC SON strives to create a true academic community. Such a community values the worth of both individual and collaborative efforts that promote learning and discovery. Such a community also expects honesty and integrity in the work of all its members. The policy here speaks to the work of individual students within the community. It should not be construed as arguing against the important collaborations that also occur among students on the campus. At the same time, the faculty needs to be clear with students about exactly when collaboration is appropriate and what types of collaboration are being fostered within their classes.

No set of written guidelines can anticipate all types and degrees of violations of academic honesty. To the extent that the examples below are not exhaustive, the faculty will judge each case according to its merits. They will be guided by the principle that academic dishonesty involves misappropriation of academic or intellectual credit to oneself or to the discredit of others. Instances of such dishonesty include:

Plagiarism: Presenting the work of another person as one's own work (including papers, words, ideas, information, computer code, data, evidence, organizing principles, or style of presentation of someone else taken from the internet, books, periodicals, or other sources). Plagiarism includes:

- Quoting, paraphrasing, or summarizing without acknowledgement, even a few phrases
- Failing to acknowledge the source of either a major idea or ordering principle central to one's own paper
- Relying on another person's data, evidence, or critical method without credit or permission
- Submitting another person's work as one's own
- Using unacknowledged research sources gathered by someone else.

Forgery: Imitating another person's signature on academic documents (for example, an academic advising form or one's own paper that is signed with respect to the time of submission) or other official documents that have an effect on academic credit (for example, a medical form submitted in support of taking a make-up exam).

Multiple Submissions: Submitting substantial portions of the same work for credit more than once unless there is prior explicit consent of the instructor(s) to whom the material is being or has been submitted.

Unauthorized Collaboration: Collaborating on projects, papers, computer programs, or other academic assignments that have been prohibited by the instructor.

Fabrication and Misrepresentation: Misrepresenting or fabricating material, including misleading citation of sources as well as falsified or fabricated data or results from experiments or other analyses.

Sabotage: Deliberately impairing, destroying, damaging, or stealing another's work or working material. Examples include:

- Destroying, stealing, or damaging another's lab experiment, computer program, term paper, exam, or project
- Removing uncharged library or learning resource center (LRC) material with the effect that others cannot use them
- Defacing or damaging library or learning resource center (LRC) material with the effect that others cannot use them
- Hoarding or displacing materials within the library or LRC with the effect that others have undue difficulty using them
- Interfering with the operation of a computer system has an adverse effect on the academic performance of others.

Bribery: Offering or receiving any service or article with the purpose or effect of receiving a grade or other academic benefit that was not earned on the merits of the academic work.

G. Artificial Intelligence (AI) Policy

The AOMC SON acknowledges the growing presence of Artificial Intelligence (AI) in health care and education. Therefore, AOMC SON recognizes the need to address AI in the context of the education of students and promote responsible use of this technology. The development of AI literacy is increasingly important for health professionals. We anticipate that students with proper preparation will be able to discern the difference between improper, appropriate, and ethical use of AI.

Definitions:

Artificial Intelligence (AI) is computer-based technology that uses algorithms to drive computers and robots to react; mimic, and work like humans. AI is also assistive technology that provides quick and easy access to information, facilitates decision-making, and supports creative endeavors.

Generative AI is AI that is capable of generating images, text, and other media in response to prompts. It is capable of producing output that extends well beyond the material students have been trained on, it is often inaccurate and is to be used with extreme caution only as a supplement to traditional scholastic effort. (Examples of generative AI include but are not limited to ChatGPT, DALL-E, Cramly, and EssayGenius).

Privacy and Security

At this time generative AI does not assure privacy. Therefore, generative AI is not to be used in HIPPA regulated data either in research or clinical charts or practice. This will ensure data security and privacy are not compromised. Refer to Arnot Health Policy “The Use of Artificial Intelligence at Arnot Health”.

Responsible use of AI at AOMC SON

- ◆ AI tools may be used to enhance learning of new concepts and ideas. AI generated information is not to be used to replace student and faculty analytical thinking or in place of completing one’s own assignments.
 - ◆ AI tools may be used to improve writing at the sentence level. This is predicated on students generating the sentences first and using the tools to offer a point of view for consideration in enhancements. (Examples of AI enhancement software include Word spellcheck or Grammarly).
- Inclusion of an AI generated paragraph is prohibited and is not considered original student work. Inclusion of an AI generated paragraph is improper use of the technology.**

Here are some general guidelines for AI usage:

- ◆ Improper use of AI in assignments or exams may constitute plagiarism and is subject to the same penalties. Taking credit for AI-generated content without appropriately assigning attribution is a case in point.
- ◆ Verify accuracy and validity of all AI generated information.
- ◆ Use proper citation of sources and check that the sources are appropriate (follow discipline-specific citation guidelines).
- ◆ Students must follow policies in place during clinical rotations.

- ◆ Do not enter protected information or health record data into AI tools.
- ◆ Instructors have discretion to use AI tools in creative ways.
- ◆ Instructors have discretion to limit or prohibit the use of AI tools for particular purposes and as needed as per instructor prerogative and consistent with academic freedom.
- ◆ Ultimately, students are fully responsible for the content of work they submit.

AOMC SON Academic Integrity and AI

- ◆ Individual assessments, assignments and examinations must be original work and not AI-generated unless otherwise stated by the instructor of the course.
- ◆ Students are responsible for assuring their work adheres to all other policies and procedures in regard to academic integrity and policies on course syllabi.

Adapted from SUNY Downstate Artificial Intelligence Policy

H. Testing Administration Policy

- Tests should be equitable for all students.
- Time for each question: (recommendation, not mandatory – 1 ½ minute per question for NCLEX style, 3 minutes for calculation, and 5 minutes for NEXT GEN style questions).
- Only pencils are allowed in the testing room for written exams. If calculations are included in the test items, calculators will be provided by the Arnot Ogden Medical Center School of Nursing.
- Grades will be posted to CANVAS. A student that does not successfully pass an examination or quiz (<80) is required to make an appointment with the designated faculty member within 48 hours of the grades release and complete an exam wrapper.

I. Exam or Quiz Review Policy

When the quiz/ exam review is provided, then the following will apply:

- The quiz/exam review will be held at a time and location designated by the instructor(s) (Ideally within one week of the quiz/exam).
- The review may be held outside of regular class time.
- Work areas will be clear of all items as required for taking the exam prior to exam review.
- Any recording (video or audio) of exam review is prohibited and will result in a failure of the course.
- Exam review is a time of learning for the student. An emphasis will be placed on critical thinking and clinical reasoning.
- Other than requests for rationales, individual questions will not be taken during the review. Exam review is a time to enhance learning and must not be a time of debate.
- Any inquiry of exam content must be submitted in writing with a minimum of two supportive evidence- based practice or professional references that are within the last 5 years. These must be provided to the faculty of instruction within 2 days of the initial review of the exam.
- Individual (one on one) exam review may be utilized during advising sessions with the use of sample questions from the quiz/exam to demonstrate critical thinking and clinical reasoning. If a student is unable to attend the scheduled review, and provides the instructor with a valid

reason, the student may make prior arrangements to view his/her test in the office of the faculty member.

- During quiz/exam review students must abide by the “Professional Role Behaviors Policy” as outlined in the student handbook.

J. Cheating on Examinations/Quiz Review

Giving or receiving unauthorized help before, during, or after an examination. Examples include:

- Unauthorized collaboration of any sort during an examination
- Reading of an exam before it has been given
- Unauthorized use of notes, books, tapes, computers, or other aids during an examination
- Allowing another person to take an examination in one’s place
- Looking at someone else’s examination during the examination period
- Passing examination information to students who have not yet taken the exam.
- Personal belongings such as backpacks, books, and notes will not be allowed in the testing room. They will be placed in an area designated for personal belongings or left outside the testing room. Electronic devices such as cell phones, Smart watches, and pagers must be turned off and also placed in an area designated for personal belongings or left outside the testing room.

K. Publication and Dissemination of the Code of Honesty

Students will receive copies of the Code of Honesty during orientation, when they will discuss its importance and its meaning. They will acknowledge the code and their intent to abide by it when they sign the student course contract at the beginning of each semester.

Interpretation of the Code of Honesty: Violations of the Code of Honesty vary in severity, so that the appropriate disciplinary actions may vary. Some violations may be handled by the instructor and the student(s) involved. Violation of suspected plagiarism will be handled initially by the instructor meeting with the student. However, violations requiring more severe penalties are appropriately dealt with by the faculty in accordance with procedures laid out in the Student Handbook. Violations will result in disciplinary actions including but not limited to letters of reprimand, probation, suspension, or immediate dismissal from the school. Immediate dismissal from the school based on the severity of the issue as determined by the faculty. Refer to section III-A, Informal Process for Seeking Resolution.

Personal and Professional Attributes

Desirable personal and professional attributes include but are not limited to:

- -Promptness
- -Practice confidentiality
- -Respect for others
- -Being prepared for class and clinical
- -Follows dress code of AOMC SON
- -Follows moral, legal, and ethical standards of nursing practice

L. Attendance Policy:

Attendance

- Class Attendance
- Clinical and Lab Attendance
- Examination/Quiz Attendance

Class Attendance

Faculty believes that attendance at scheduled classes, examinations, conferences, and assigned experiences is essential in meeting course and program outcomes.

Punctual attendance is required at all classes and related experiences assigned by faculty. Nursing is a practice profession. It is the student's responsibility to achieve all course outcomes provided by the curriculum.

Procedures:

1. Students are required to notify faculty if they are unable to attend class
2. Faculty will record absences from class as it occurs.
3. Students absent from class are responsible for all course materials
4. Under no circumstances will any children/dependents (regardless of age) be permitted to attend classroom lectures/labs.

Clinical and Lab Attendance

Punctual attendance is required at all scheduled clinical experiences including but not limited to:

- Lab
- Clinical pre/post conference
- Scheduled preceptor time
- Observations
- Simulation Lab

Additionally, students may not work the night shift prior to a morning clinical assignment or the morning shift prior to an afternoon clinical assignment. Failure to comply with this rule will result in not allowing the student to attend clinical and require a clinical make up as outlined below.

Clinical/lab attendance is essential to successful completion of course outcomes. **Students are required to notify faculty via OFFICE PHONE if they are unable to attend clinical.**

Students are expected to be on the clinical unit on time and prepared for their clinical assignment. Students must achieve all clinical outcomes. If a student is absent for whatever reason from a scheduled clinical experience, a clinical makeup may be determined by the assigned clinical faculty. Clinical/lab absences due to doctor's appointments and social reasons, i.e., vacations, trips, and concerts are not acceptable at the AOMC SON. Failure to arrive on time or leaving early from scheduled assigned clinical experiences may result in course failure and dismissal from the program.

Procedures:

1. **Students missing clinical for whatever reason must notify the instructor at least one (1) hour prior to the start time or as soon as possible, if the circumstances make it impractical to provide 1 hour advance notice via voice mail on the faculty telephone and/or as instructed by the faculty member.** Students missing clinical must also notify the clinical unit at least one hour prior to the start of the assigned clinical experience. If the student fails to provide timely advance notice as determined by the instructor, the student may not be eligible to attend the clinical experience.
2. **A student not calling off and not coming to any clinical experience will be a “No Call, No Show, No Notification” and will be put on clinical contract. *Students having repeated occurrences throughout the entire program will be required to appear before Faculty Organization Committee and may be dismissed. If dismissed due to repeated “No Call, No Show, No Notifications,” the student will not be eligible for readmission.***
3. The following policy will be strictly enforced in regard to each academic year:
 - I. **First Absence:** Written Warning/make-up fee of \$100/\$200 orientation week
 - II. **Second Absence:** Academic Probation/make-up fee of \$150
 - III. **Third Absence:** Automatic Failure “F” in the course.
4. Clinical/lab lateness is defined as arriving after the designated start time for any clinical or lab experience.
5. Students will be given a ***Remedial/Communication Tool release*** (see Appendix D) form documenting the absence and remediation plan. This form will be placed in the student’s permanent file.
6. All clinical/lab absences will be noted on mid-semester and final evaluation forms and placed in the student permanent file.
7. **A student may accrue no more than 2 occurrences per academic year, including clinical and skills lab/simulation. If the students have more than 2 (two) occurrences they will be brought to faculty for decision and possible dismissal of the program.**
8. Any scheduled assigned clinical/lab experiences missed by the student will be considered a clinical/lab absence, including simulation.
9. Following return from a health issue or diagnosed infectious disease that would prevent the student from performing their duties as outlined in the course, the student must submit documentation from their healthcare provider or nurse practitioner allowing the student to return to full duty without accommodations on the clinical unit.
10. The clinical/lab makeup assignment will be determined and scheduled by the clinical instructor and with the individual student. Any and all clinical or lab makeup assignments will be at the discretion and convenience of faculty or clinical agencies.
11. Failure to complete all required clinical hours including required makeup assignments will result in a clinical failure for the course.
12. A student that has repeated patterns of late/absent clinical/lab time will result in referral to the System Director of the School of Nursing for immediate termination from the theory, lab, and clinical portions of the course and from the nursing program.

13. In the event a faculty member is not able to attend a clinical experience, those missed clinical hours will need to be rescheduled at the end of the course.
14. Clinical makeup assignments may be scheduled on holidays, weekends, or designated off-peak clinical hours. Some units and clinical agencies do not afford an opportunity for clinical makeup.
15. Failure to follow the procedure for reporting off from an assigned clinical experience will result in completion of a Remedial/Communication Tool form (see Appendix D) and notation on the clinical performance evaluation. Failure to improve/correct the issue will result in (one or more of the following): probation, review by Faculty Organization, failure of the course, or possible dismissal from the program.
16. In the event an instructor must send a student off the unit including but not limited to illness, inappropriate dress, inappropriate behavior, lack of prep for the clinical experience, or lateness, the absence will be counted as a clinical absence for that day.
17. In the event a student has received a subpoena to appear in court and/or is selected for jury duty, the student will need to meet with the Course Facilitator to discuss the situation on an individual basis. The student must be able to provide a copy of the subpoena and/or court documents.
18. In the event a student has military service/obligations the student will need to meet with the Course Facilitator to discuss the situation on an individual basis and to provide a copy of the military orders to the System Director.

Examinations and Quiz Attendance

Examinations and quizzes are an important component of measuring student learning and achievement in nursing courses. Since examinations play an essential role in evaluation of course outcomes, students are expected to take examinations as scheduled by faculty. Failure to take examinations and/or quizzes on scheduled days will result in lowering exam and/or quiz grades and may affect the overall course grade.

Procedures:

1. A student unable to take an examination or quiz for any reason must notify the course facilitator **PRIOR** to the scheduled time of the examination or quiz (*as outlined in individual course syllabi*) by leaving a voice mail message on their faculty phone or speaking directly to the faculty member. A date/time for a make-up will be determined by faculty availability. It is the student's responsibility to contact the faculty to determine the make-up date/time.
2. Failure to notify the proper faculty member prior to the start of an examination or quiz will be viewed as a "No Call, No Show, No Notification" and result in a "0" grade for that examination or quiz.
3. A student arriving late for a scheduled examination or quiz may take the examination in the remaining allotted time. The student will not be given extra time to complete the examination or quiz.

4. Students who are absent on the day of a quiz/exam will receive a 5-point deduction from their quiz/exam grade. If the student is absent for the scheduled makeup quiz/exam an additional 10 points will be deducted from the quiz/exam grade.
5. Make-up examinations and quizzes are given in the event of notified absence from the scheduled examination or quiz; however, faculty will administer the make-up examination in other formats at their discretion (i.e., essay, oral).
6. A student who excessively misses or reschedules make-up examinations or quizzes may be required to appear before the Faculty Organization Committee even if proper procedure has been followed.
7. Should the student be absent for the “scheduled” make-up examination or quiz, the student will receive an automatic “0” for that examination or quiz.

Extreme, Extenuating Circumstances:

*Occasionally, unforeseen, uncontrollable extenuating circumstances cause lateness or absence from class or clinical experiences; however, a pattern of lateness shows a lack of respect for others, irresponsibility, and is unacceptable. Below are listed some circumstances, but not limited to, which might lead to an **isolated incident** of absence or lateness. If such a circumstance should occur, the student may submit a written request for an exception to policy with supporting documentation:*

- *Illness of student or immediate family member requiring the student’s care.*
- *Documentation will consist of medical statement with date, letterhead, and signature of care provider.*
- *Death of a family member. Documentation will consist of the newspaper obituary, death certificate, or funeral home documents.*
- *Unforeseen emergencies preventing the student from attending class or lab (e.g., house fire, vehicle collision, jury duty). Documentation will consist of a signed statement from the appropriate agency or office.*

M. Standardized Tests -Assessment Technologies Institute (ATI)

Standardized tests (ATI) are given at appropriate intervals during the program of study. These are used to identify the strengths and weaknesses in the curriculum and in learners. These tests also aid in identifying the at-risk students. In addition, some colleges may use the standardized testing as indicators for accepting AOMC SON credits as transfer credits preparatory to entering an upper division nursing program. The student is strongly encouraged to prepare for and complete standardized testing with these purposes in mind.

- **Please do not create a second ATI ID number after completing the ATI TEAS testing for your admission.**

How are ATI materials obtained and purchased?

- Upon entry into the nursing program, students are required to purchase the ATI materials and ATI’s online access.

- Students are billed a course fee for the ATI comprehensive program. ATI materials will be distributed in designated courses.
- Students receive review books and online access to practice and proctored tests in the content areas of fundamentals of nursing, maternal/newborn nursing, nursing care of children, mental health nursing, medical/surgical nursing, leadership, and pharmacology.

Policy on Administration of Content Mastery Exams and RN Comprehensive Predictor Exam for Arnot Ogden Medical Center School of Nursing Pre-licensure Students

School of Nursing ATI Testing Policy

At the AOMC SON, pre-licensure students must retain knowledge and use critical thinking to become licensed as a registered nurse. ATI tests provide students with feedback on what they know and where they need to remediate. All pre-licensure students are required to participate in the ATI program and the testing policies established by the AOMC SON.

- At key points in the curriculum, students will be expected to have mastered content areas.
- Practice assessments will be available for specific content areas. Faculty can guide use of specific materials and practice assessment in nursing courses.
- To assess mastery, students will be required to take online proctored assessment exams (aka Content Mastery Assessments). The proctored tests will provide feedback including areas that need further study and remediation. In the 4th semester of the program, students will take a proctored comprehensive diagnostic predictor exam (RN Comprehensive Predictor Exam) which provides students with an analysis of their likelihood of passing the NCLEX licensure exam. ATI information and resources are available by visiting their website at www.atitesting.com.

Content Mastery Assessments

The Content Mastery Assessments will be given towards the end of the semester in the assigned nursing course. The testing date will be provided early in the course. The tests will be proctored.

Content Mastery Assessment Grading Policy in the Nursing Program

The results of the proctored exam results of the Content Mastery Exam will count as 10% of the final course grade in all courses, with the exception of the pharmacology exam, which will count as a quiz grade. The grade will be assigned based on the achieved level of proficiency.

What is a Proficiency Level?

Expert professors from around the country have agreed upon the ATI scores on each Content Mastery Assessment that relate to different levels of proficiency. Since these exams are fairly difficult, the use of a pure percent score would not work with the AOMC SON grade scale. At AOMC SON, the proficiency level is a way to assign a course grade for test performance. Listed below are descriptions of what each proficiency level means and how grades will be assigned for the ATI tests:

- **Proficiency Level 3:** Indicates a student is likely to exceed NCLEX-RN in this content area. Students are encouraged to engage in continuous focused review to maintain and improve their knowledge of this content.
- **Proficiency Level 2:** Indicates a student is fairly certain to meet NCLEX-RN standards in this area. Students are encouraged to engage in continuous focuses review in order to improve their knowledge of this content.
- **Proficiency Level 1:** Indicates a student is likely to just meet NCLEX-RN standards in this content area. Students are required to develop and complete a rigorous plan of focused review in order to achieve a firmer grasp of this content. **Students at this level are expected to fully remediate as required per course syllabus and instructor.**
- **Below Proficiency Level 1:** Indicates the student does not meet NCLEX-RN standards in this content area and does not demonstrate the minimum level of knowledge and expectations for performance in this area. A thorough review of this content area is needed. **Students at this level are expected to fully remediate as required per course syllabus and instructor.**

ATI Grading Rubric

Practice Assessment – <u>Must complete to sit for Proctored Assessment</u>	
Only one is required (7-week courses)	
Practice assessment A <ul style="list-style-type: none"> • Remediation: Minimum one-hour Focused Review <u>PLUS</u> • <i>For each topic missed, complete an active learning template, and/or identify three critical points to remember.</i> • Remediation Quiz 	Practice assessment B <ul style="list-style-type: none"> • Remediation: Minimum one-hour Focused Review <u>PLUS</u> • <i>For each topic missed, complete an active learning template, and/or identify three critical points to remember.</i> • Remediation Quiz

Standardized Proctored Assessment			
Level 3	Level 2	Level 1	Below Level 1
Score =100%	Score = 90%	Score = 80%	Score = 77%

The Comprehensive Predictor Exam

The Comprehensive Predictor is a 180-item assessment designed to reflect the content areas of the current NCLEX-RN licensing examination blueprint. This tool provides information about the student's probability of NCLEX success, as well as detailed information about strengths and weaknesses. This test is very important in preparing for the NCLEX State Board Exam. The Comprehensive Predictor is part of NSG 4010. Students do not earn a proficiency level for the test but instead are informed of their

individual chances of passing the NCLEX exam. The benchmark score for the Comprehensive Predictor Exam is 90% predicted probability of passing NCLEX.

- Following the ATI Predictor exam, students will attend a 3-day live review followed by a second ATI Predictor exam. Students will then utilize the online ATI access provided, for remediation and continued preparation for the NCLEX exam.

Procedures for Remediation and Retesting:

Assessments help to identify what the student knows, and areas not mastered and requiring remediation. Remediation is a process of reviewing content not learned or not correct on the exam. This helps clarify areas in which knowledge is lacking. Students who are required to remediate are required to contact their faculty member by e-mail or in person prior to beginning remediation.

- ATI exam results give a listing of the topics needing review and should be printed by the student prior to meeting with the faculty member. This printout should guide study. Prior to meeting with the faculty member, the student is to print out a Focused Review based on the proctored exam results.
- The way that remediation occurs may be different on a course-by-course basis, but if test performance indicates the need to remediate, then remediation is mandatory.
- Some remediation strategies may include:
 - Use the list of items/topics that were missed and use the ATI materials to study.
 - Create an individualized focused review based on proctored exam results.
 - Online practice test remediation (**Practice assessments may only be taken no more than once every 48 hours**).
- Short Answer Remediation: Create Topics to Review on atitesting.com. Use the list of items/topics that were missed and use the ATI review modules to find the material for each item. Write out a paragraph or complete 4x6 note cards about what was missed and what the correct information would be. Include the page numbers from the ATI book that was referenced. This material is submitted to the course instructor.
- Other remediation strategies directed by the faculty member.

N. Auditing Courses and College-Level Examination Program (CLEP)

Auditing Courses

Persons seeking permission to audit nursing courses should discuss this with the System Director. Upon approval, the auditor will be required to attend all specified classes as deemed necessary by the instructor(s). The auditor may not enroll later than one week following the beginning of the course. The auditor may take examinations or participate in written assignments if deemed necessary by the instructor. No student will be permitted to change from audit to credit or from credit to audit after the course has begun. The auditor will not receive a grade for the course. Books and other necessary course materials will be a separate charge.

College-Level Examination Program® or CLEP

If the examination is completed successfully (score of 50 or higher), you will be eligible for a course exemption in Psychology, English, or Sociology.

The faculty has approved the following CLEP examinations:

- Introductory Psychology
- College Composition
- Introductory Sociology

Requests to use any other CLEP exams will not be accepted. For more information regarding CLEP dates and registration, please visit: www.collegeboard.com/student/testing/clep/about.html.

To be eligible for a course exemption status, final grades for CLEP exams and/or on-line courses must be received by the school two (2) weeks prior to the start of the semester in which the course is offered.

O. Student Medication Administration Policy

Policy:

1. To clarify the responsibility of faculty and students in the administration of medications.
2. To clarify faculty and student responsibility when monitoring/administering intravenous (IV) therapy, IV medications and blood/blood product transfusions.
3. To identify the skills and knowledge necessary for monitoring/administering of IV therapy, IV medications and blood/blood product transfusions.
4. To maintain the safety of the client when monitoring/administering IV therapy, IV medications and blood/blood product transfusions.

Note:

- a. The degree of supervision by each individual instructor is dependent on the level of the student and the completion of various medication competencies.
- b. The student will follow established medical center policies and procedures when administering medications.
- c. Medications that are administered to the client should be charted prior to leaving the client's room.
- d. All medication drawers must be locked prior to leaving a client's room.
- e. ***A student who administers medications without faculty or RN verification will result in clinical failure for that course and will be reviewed by faculty for possible dismissal from the program.***

- Prior to the first day of medication administration in the clinical setting, in each clinical course, students are required to take a Dosage & Calculation Competency, which is included in their quiz average and final grade.
- A score of 100% is required on this competency to pass medications in the clinical setting.
- If necessary, the student may repeat this competency, following remediation, at the instructor's convenience within one week of the original test date. The student **MUST** complete the remediation in order to retake the exam. The original score will remain a quiz grade. The student has 3 attempts to successfully complete the dosage and calculation competency.
- The School of Nursing provides remediation via computer-assisted programs and a workbook (previously provided to all students).
- **If the student does not achieve this competency following the third attempt, the student will receive a failure grade for clinical in their nursing course.** The student may reapply the following year. All other requirements for readmission must be met.

First/Second Semesters

1. The student is physically supervised in all aspects of the administration of all medications regardless of route.
2. The student may administer PO/IM/SubQ medications following successful completion of the corresponding Medication Competencies.
3. The student can, with supervision, flush saline locks after completion of the IV medication Competency.
4. The student may NOT give any IV push medications
5. The student may manage IV fluids including antibiotics and TPN with supervision by the individual instructor/RN.
6. Following completion of a laboratory session with a certified IV therapist, or faculty, students may start IVs (under continued direct supervision of an RN).

Third/Fourth Semesters

1. At the discretion of the individual instructor, the student may administer oral, IM, and SubQ medication after completing each related competency.
2. The student is physically supervised in all aspects of the administration of IV medications including but not limited to: IV rates, cap changes, flushing, tubing changes, trouble-shooting alarms, changing central line and peripheral IV dressings, mixing IV medications, diluting medications, and medication, TPN, and lipid administration.

All Semesters:

Documentation

All medications administered by the student that require a co-signature are documented in the following manner:

- The instructor/RN should document supervision by cosigning on to the client's chart using his/her own code and password, as required by the EMR. Co-signing by the instructor or

designated RN provides documentation that the instructor/RN confirmed the medication, the dosage, and the time required for administration of the medication.

Documentation of Insulin Administration

- a. 2-person verification/cosigning of all insulin administration is required by ArnotHealth policy.
- b. It is the responsibility of the student to make sure that all witnessing/co-signing is completed prior to leaving the clinical setting that day.

IMPORTANT:

- The student shall NEVER administer any IV fluid or medication without physical supervision by the instructor/RN, regardless of the level of the student.
- The student shall not give any IV push antineoplastic medications. The student may be involved in the monitoring of IV infusions of antineoplastic medications.
- The administration of blood products is not permitted by students.
- All established medical center policies and procedures shall be followed when monitoring/administering medications.
- Students may not make any adjustments to epidurals, insulin pumps, or PCA pumps.
- Students will identify the client using first & last name, birth date and bar coding, where applicable.

Student Medication Error Policy

Policy:

Administration of medication shall comply with the medical center policy and utilize the established rights of medication administration.

Definitions:

- An actual medication error is incorrect administration or omission of medication.
- A potential error (near miss) is a situation in which a faculty member/RN prevents an incorrect administration/omission of medication.

Procedure:

1. Med Error or Med Error Near Miss noted on the Remedial/Communication Tool which will be retained in the student folder throughout their enrollment. In addition, the error or near miss will be documented in the medical center's reporting system.
2. After passing the oral medication competency, if a potential medication error occurs, the following actions will be taken:
 - i. The instructor will hold a conference with the student to review the circumstances.
 - ii. Careful documentation of both the conference and a description of the potential error will be recorded in the Remedial Communication Tool.

- iii. A second potential error related to the same issue would require instructor supervision until deemed unnecessary.
 - iv. The student who has two potential errors would be required to do remediation relating to near misses. Such as, but not limited to research article summary, review of research article and present summary to clinical group, scholarly paper addressing medication errors and accountability. The student would not be able to pass medications until the remediation is completed, which should occur within 1 week of the occurrence.
 - v. The instructor will document the remedial action in the student's clinical evaluation tool. The System Director, Education/School of Nursing will be informed.
 - vi. The occurrence of a third potential medication error would require presentation of the student error to the faculty committee for review and recommendation of action. i.e., probation.
3. If an actual medication error occurs, the following actions will take place:
- a. Documentation and action will be taken as established by ArnotHealth policy and in the Remedial Communication Tool and placed in the student file.
 - b. School of Nursing action will take place as follows:
 - i. 1st actual error:
 - a. Review of student medication error record for any past potential errors.
 - b. The instructor will hold a conference with the student to review the actual error.
 - c. Students will be required to do remediation relating to medication errors, such as but not limited to research article summary, review of research article and present summary to clinical group, scholarly paper addressing medication errors and accountability.
 - d. Documentation of incidents in the student's medication error record and clinical evaluation tool.
 - ii. 2nd actual error:
 - a. Documentation of the error and the action taken will be placed in the student's permanent file.
 - b. A second medication error in the nursing program will result in a course failure due to client safety.

ROUNDING RULES FOR MEDICATION ADMINISTRATION

1. Height

- When calculating height for ALL ages, carry cm to hundredths and round to tenths. Drop ALL unnecessary zeroes.
 - Example: 182.88 cm = 182.9 cm
- For all ages, calculate height in feet and inches to the nearest fourth or half inch.
 - Examples: 5'7½" and 5' 11¼"

2. Weight

- When converting body weight from lbs. to kg, calculate to hundredths and round to tenths, dropping all unnecessary zeros.
 - Examples:
8.272 kg = 8.3kg
9.968kg = 10kg
14.225kg = 14.2 kg
- When converting body weight from kg to lbs., express answer in lbs. and nearest half oz.
 - Example: 39.47 lbs. = 39 lbs., 7½oz.
- When calculating weight-based dosage (i.e., mg/kg or mcg/kg, etc.), do not round final calculation until the final calculation. Round only at the end of the calculations.

3. Temperature

- Round all temperatures to the nearest tenth. Drop unnecessary zeroes.
 - Examples:
98.68° F = 98.7°F
31.00° C = 31° C

4. Metric Fluid Volume

- If the final volume is less than 1 mL, a zero must precede the decimal.
 - Example: .732 mL = 0.73 mL
- If the final volume is greater than 1 mL, round all fluid measurements to tenths. If final volume is less than 1 mL, go to thousandths and round to hundredths. Drop all unnecessary zeroes.
 - Examples:
1.60 mL = 1.6mL
1.03 mL = 1 mL
1.35 mL = 1.4 mL
0.456 mL = 0.46 mL
- When calculating flow rates for an infusion pump, the final answer will be rounded to tenths or hundredths according to the infusion pump. When an infusion pump is not available, calculate drops per minute as a whole number. (Drops cannot be fractionated.)
- As a general rule, carry mg to hundredths and round to tenths. Drop unnecessary zeroes.
 - **Exceptions: Pediatric population and certain medications (i.e., Digoxin 0.125 mg)**
 - Example: 7.46 mg = 7.5 mg

Math Remediation & Dosage Calculation:

Students who are having difficulties in Math calculation are encouraged to utilize the following resources to improve math competency:

- Math Lab at Elmira College – Watson 302 (607) 735-1800, ext. 4954
- www.dosagehelp.com – This website helps nursing students prepare for medications exams by explaining dosage calculations for unit conversion, mass for mass, weight-based, IV, and fluid maintenance. Also, can sign up for daily practice questions that are sent to home computer e-mail.

Arnot School of Nursing Common Conversions

METRIC MEASURE

1 kilogram= 1000 grams

1 gram = 1000 mg

1 milligram= 0.001gm

1 microgram=0.001mg

1 liter= 1000 ml

1 cc= 1 ml

U.S. FLUID MEASURES

1 pint = 16 fl. oz.

1 quart = 2 pt.

1 quart = 32 fl. oz.

1 gallon = 4 qt.

CONVERSION FACTORS

(practical equivalents)

Gram = 15 grains Grain=

65 mg

Kilogram = 2.2 pounds

CONVERTING °F to °C

°F to °C: $5/9 (°F - 32) = °C$

°C to °F: $9/5 (°C + 32) = °F$

COMMON MEASURES

1 teaspoon= 5 ml

1 tablespoon = 15 ml

LIQUID MEASURE

237 ml = 8 fl. oz.

30 ml = 1 fl. oz.

DOSE EQUIVALENTS

1 gm = 15 gr

Tylenol

650 mg = 10 gr

325 mg = 5 gr

Phenobarbital

15 = 16.2 mg= $\frac{1}{4}$ gr

30 = 32.4 mg = $\frac{1}{2}$ gr

60 = 64.8 mg = 1 gr

P. Progression Policy

Students' progress to the next semester following successful completion of the program of studies and demonstration of desirable personal and professional attributes.

Any student not completing all course requirements by the end of the course will fail the course with the exception of students who have extenuating circumstances, e.g., motor vehicle collision. Students may not progress to the next nursing course until successful completion of the failed nursing course.

A faculty committee assumes the responsibility for periodic evaluations of student achievement and decides upon the progression of students at the close of each semester or level of the program. Once the student is formally enrolled in the AOMC SON program, the student must complete the program within three academic years. Both theory and clinical components of a course must be satisfactorily completed at the same time to constitute passing the course. The faculty provides individual evaluation of students who will not complete the program within the required period due to extenuating circumstances (i.e., military commitment or illness).

Students must obtain a (C) or higher in all co-requisite college courses. If the student does not obtain a (C), they are required to retake the course, obtaining a (C) or higher before progressing to the next level.

Semester II to Semester III

- A final grade of 80% B- (2.7) in NSG 2000, NSG 2010 and NSG 2100
- Satisfactory clinical performance in NSG 2000
- All financial obligations are met prior to progression
- All outstanding lab materials must be returned
- Successful completion of college courses

Semester III to Semester IV

- A final grade of 80% B- (2.7) in NSG 3000 and NSG 3010
- Satisfactory clinical performance in NSG 3000 and NSG 3010
- All financial obligations are met prior to progression
- All outstanding lab materials must be returned
- Successful completion of college courses

Semester IV to Graduation

- A final grade of 80% B- (2.7) in NSG 4000 and NSG 4010
- Satisfactory clinical performance in NSG 4000 and NSG 4010
- All financial obligations are met prior to graduation
- All outstanding lab materials must be returned

Returning Students Competencies Policy

Purpose: The following guidelines will be utilized for any returning student prior to re-entering a nursing course in which they were unsuccessful. These competencies must ALL be completed prior to reentry into a nursing course. The student will have TWO (2) attempts to successfully complete the competencies.

Guidelines:

1. All returning students must successfully complete all required competencies pertinent to the level to which they are returning.
2. The student will have only two (2) attempts to successfully complete the competencies.
3. Competencies must be completed prior to the first day of the course that the student is entering.
4. The course facilitator for the respective course will evaluate the student on the competencies.
(Faculty Handbook policy CURR.027)
5. Dates for the competencies will be set as follows:
 - a. For those students returning to NSG 2000, 2010, or 4000 or 4010 the date will be set around finals week in December of each year.
 - b. For those students returning to NSG 3000 or 3010, the date will be set prior to orientation week in August of each year.
6. Competency – evaluations will be conducted in a simulation-case scenario.

Competencies to be completed:

For returning students entering NSG 2000, and/or 2010, the following competencies must be successfully completed:

- Vital signs including manual blood pressure
- Oral medications
- Physical Assessment
- Injections/ IM and Subcutaneous
- Foley insertion
- Therapeutic communication
- IV start – (if completed NSG 2000)
- Administration of IV drip medications (if completed NSG 2000)

For returning students entering NSG 3000 and/or NSG 3010 the following competencies must be successfully completed:

- Vital signs including manual blood pressure
- Oral medications
- Physical Assessment
- Injections/ IM and Subcutaneous
- Insulin injections – (if completed NSG 3000)
- Foley insertion
- Glucometer – (if completed NSG 3000)

- IV starts
- Administration of IV drip medications
- Therapeutic communication

For returning students entering NSG 4000 and or NSG 4010 the following competencies must be successfully completed:

- Vital signs including manual blood pressure
- Oral medications
- Administration of IV drip medications
- Physical Assessment
- IM and Subcutaneous & Insulin injections
- Foley insertion
- Glucometer
- IV starts
- Therapeutic communication
- IV Push medication administration – (if completed NSG 4000)
- Tracheostomy suctioning – (if completed NSG 4000)

Q. Learning Accommodations for Students

1. Only those students enrolled in the SON who are designated as learning disabled by an established learning center are eligible for any accommodations. (Examples of an established learning center are the Achievement Center in Horseheads, New York, or a Sylvan Learning Center).
2. Methods used to identify those students having difficulty learning are:
 - Faculty observation
 - Already documented learning disabilities.
3. The established learning center will provide written documentation of the accommodation needed by the student that should occur in the school.
4. The student and all faculty members will be informed of any information regarding the student and the devised action plan as needed to plan appropriate learning environments.
5. The student assumes responsibility to request the suggested accommodation for the NCLEX examination.

R. Testing Rules

We know testing can be stressful. Therefore, to make the testing process equitable for all students, the following rules will be strictly observed for all quizzes and exams.

- Personal belongings such as backpacks, books, and notes will be placed in an area designated for personal belongings or left outside the testing room.
- Electronic devices such as cell phones and watches must be turned off and placed in an area designated for personal belongings or left outside the testing room.
- Only school issued calculators will be acceptable. (computer based).

- No questions will be entertained during the testing process. If a student has a question or concern in regard to a test item, the student may write an explanation of that issue next to the question on the test/exam paper.
- If a student needs to use the restroom during the test, the student must notify the proctor. Timed tests will not be stopped and missed time cannot be made up.
- If a student completes the quiz/exam before the allotted time, the student may leave the testing room quietly or remain silent in their seat after submitting all test materials (including any scratch paper used during the test) to the test proctor.
- Test papers/scratch papers will be passed out at the start of the exam and must be collected at the end of the allotted time.
- All quizzes and exams are the property of the AOMC SON and may not be removed from the testing room by a student.
- In compliance with provisions of the Family Privacy Act, quiz/exam grades are not posted outside of a secure environment nor are test grades given out over the telephone.
- The manner of review and discussion of an individual test is at the discretion of the course instructor. *Refer to section II-I, Exam or Quiz Review Policy.*
- Respondus lockdown browser will be utilized for all exams and quizzes. Please see course syllabi for further information.
- If an examinee is caught cheating in any way, the test will be voided, the student will receive a grade of zero for that test and disciplinary proceedings will be initiated.

S. Policy for Graduation

Once the student is formally enrolled in the Arnot Ogden School of Nursing program, the student must complete the program within 3 academic years. Both theory and clinical components of a course must be satisfactorily completed at the same time to constitute passing the course. The faculty provides individual evaluation of students who will not complete the program within the required period due to extenuating circumstances (i.e., military commitment or illness).

Requirements for graduation include personal as well as academic qualifications. Completion of the formal requirements of the course of studies does not necessarily entitle a candidate the associate degree.

Students who successfully complete the following requirements are eligible for graduation, being awarded a degree and school pin:

1. Completion of the program of studies.
2. All outstanding financial obligations must be met in accordance with agreements with the Financial Aid Officer.
3. Recommendation by members of the faculty including academic, personal, and professional attributes.

Graduation exercises are held at the completion of the program of studies. This is a formal ceremony requiring professional attire and hairstyle. The graduation uniform is selected and purchased by the graduates. The graduation attire consists of a white professional uniform, a nursing cap, white socks, and white professional shoes. (The following information is distributed to the seniors by the Administrative Assistant in January.)

Details that Senior students should discuss and organize:

1. Graduation Uniform: With approval by Class Advisor/System Director

Select an all-white professional style uniform. All students wear the same style. All graduates wear white socks, nude/skin toned undergarments and white shoes at the graduation ceremony. (No open-toe sandals/no nude hose). Graduates are responsible for all the costs of the graduation uniforms and shoes.

2. Seniors may keep the lamp used at the Candle lighting ceremony. This charge is included in the graduation fee.
3. ****Graduation Speaker** - Select speaker for the address and provide name to System Director for approval.
4. **Gifts** - Some classes have given a gift to the school – this is not required.
5. **Nursing cap** – In keeping with tradition, nursing caps are worn for photos and graduation.
6. **Graduation pictures** –
 - a. Seniors will make arrangements for the graduation pictures. Photographer to be approved by Faculty.
 - b. A gift to the school will be a framed composite picture which will be on display in the school historical hallway.
 - c. The school will provide a cap and nursing pin to use the day of the formal pictures if needed.
7. ****Clergy** – Invocation, Benediction and Blessing of the Hands. Class choice, if no selection can be made, the school can ask the medical center's clergy. Please provide the final choice to the Administrative Assistant to be inserted to the graduation program.
8. ****A reading and/or presentation at graduation ceremony** - If a member of the class would like to do a special reading or presentation, this must be listed on the graduation program. The System Director must approve a written copy of the reading prior to rehearsal.

****Please provide the following to Administrative Assistant by March 15th**

Miscellaneous information:

1. Nightingale Pledge - The class will recite during the ceremony. Copies will be provided by the Administrative Assistant for rehearsal and are placed in the graduate's copy of the program for reading during the ceremony.
2. Exit interviews – held with System Director of Education & School of Nursing prior to graduation (March). You will be notified when to make an appointment.
3. Graduation Breakfast/Brunch – 9:00am the morning of graduation with seniors, faculty, and staff. NO alcohol in any form to be brought in or served
4. Graduation Rehearsal – immediately following graduation breakfast/brunch
5. Graduation announcements with name cards are provided to the students.

Registration and Licensure Process:

Upon Completion of the program, the graduate is eligible to sit for the licensing examination in New York to practice as a registered nurse (RN).

T. Student Dress Code (Also refer to ArnotHealth policy 15683556)

General:

1. A Student Identification card will be issued to each student upon enrollment. The ID card must be worn prominently at all times on the upper torso while in the student role. If you have lost or forgotten your ID card, temporary ID badges may be obtained from a faculty member. A replacement card is obtained at the Human Resources department for a small fee.
2. Because the use of **artificial fingernails or fingernail extensions** has been positively linked to the spread of certain infections, they **are not permitted** within the environment of care. This would apply to all whose duties may at one time or another bring them into contact with clients or sterile processes.
3. Fingernails are to be kept clean and well-manicured. Fingernails should be clean and short, barely visible from the palm side of the hand. Neutral nail polish and gel nail polish are acceptable in the clinical area **if intact**.
4. To avoid the potential risk of aggravating allergies, and in keeping with good taste, cosmetics are to be used in moderation, and fragrances are to be avoided altogether in client care areas. **False eyelashes are prohibited in the clinical setting.**
5. The wearing of minimal jewelry is acceptable, such as a plain wedding band and studs in the earlobes. **Stud earrings are the only visible-piercing adornment acceptable in-client care and public areas.** Multiple rings, large items, and the wearing of numerous pieces of jewelry may

pose snag hazards, infection concerns, and in any event are not considered appropriate for display in the Arnot Ogden Medical Center.

6. **Tattoos must be covered with the exception of the hands.** Body art/tattoos are not permitted on any exposed body area if not covered. Covering must be neutral color. Inappropriate or controversial tattoos are not permitted and must be covered. This prohibition would include images and messages that contain gang symbols, profanity, violence, sexually related or indecent material or anything that offends Arnot Health clients.
7. Some examples of inappropriate dress for the Arnot Ogden Medical Center & AOMC SON are tattered jeans, tight clothing and revealing or provocative clothing that may expose bare backs, midriffs, chests, or shoulders. No clothing should have any offensive pictures or sayings.
8. To maintain safety, anyone in the direct client care area cannot wear sandals.
9. The chewing of gum or tobacco products is not permitted in clinical/lab areas.
10. In the matter of personal hygiene, it is expected that School of Nursing students will maintain a neat appearance and conscientiously observe good basic cleansing habits. The following attire is **unacceptable** when on the Arnot Ogden Medical Center campus since it does not present a professional image:
 - No rainbow-colored hair only natural colors.
 - Shorts/ skirts above mid-thigh in length.
 - Skintight yoga pants, leggings, and/or tights that are not covered by a mid thigh–length skirt or tunic top.
 - Clothes with holes (intentional or otherwise).
 - Open toe shoes, sandals, flip-flop type sandals in the clinical/lab setting.

These provisions apply most particularly in direct client-care areas, and other areas open to view by the general public. The System Director will exercise discretion in monitoring student appearance, employing Progressive Discipline to ensure the student is made aware of the need to comply with these measures.

Uniform:

1. Students are asked to keep in mind that their behavior and appearance reflect on the AOMC SON, the nursing profession, as well as themselves. It is the student's responsibility to keep the complete uniform in good condition and to present a professional appearance at all times. Students must adhere to the following dress code:
 - Complete uniform should be worn when in the clinical area for client care, simulation, and competency assessments.
 - Approved warm-up jacket over street clothes with Arnot Health I.D. badge must be worn when preparing for clinical assignments.

- **Hair must be neat, clean, pulled away from the face and secured off the shoulders when in uniform.** Unprofessional decorations in the hair or unprofessional hairstyles are not permitted when you are in uniform.
 - An approved warm-up jacket may be worn over uniform.
 - A solid white, gray, or blue colored T-shirt or turtleneck may be worn under uniform.
2. The student must have all the following present to be appropriately prepared for clinical:
- Plain white socks and clean, non-porous white shoes (can have minimal color).
 - Shoes should be constructed to prevent unnecessary noise and accidents. If tie shoes, shoelaces must be white.
 - Watch with a second hand
 - Blue or black ball point pen
 - Bandage scissors
 - Pen light
 - Stethoscope
 - Arnot Health I.D. Badge

III. Grievance Policy

There are a variety of situations that are not related to grades that may occur in the educational process. Any student enrolled in the AOMC SON who believes they have a grievance involving unfair treatment or injustice of substantial proportions involving academic affairs with the AOMC SON may initiate action to address the grievance within 7 days of the occurrence. Attempts to resolve problems should begin with a discussion between the student and the instructor.

A. Informal Process for Seeking Resolution

The Arnot Ogden Medical Center School of Nursing mandates that all efforts to resolve an issue at the informal level be exhausted prior to resorting to the formal process. The informal process **must** be completed prior to beginning the formal grievance process. **Informal Process for Resolution Worksheet will be implemented.**

In the event that a student is experiencing difficulties, the faculty advisor, the course facilitator, Level Lead or System Director, School of Nursing, meets with the student in an attempt to ascertain the basis of the problem and offers guidance. Informal conferences are planned with the System Director, School of Nursing, and the student in order to provide unified support and to determine and resolve any problems, either personal or academic. The following sequence will take place:

- 1st – discussion with instructor involved
- 2nd – discussion with course facilitator/Level Lead, who may recommend petitioning the faculty
- 3rd – discussion with the System Director, School of Nursing

Students who, due to extraordinary circumstances, fail an examination or fail to meet clinical outcomes may petition the faculty for an opportunity to correct these deficiencies.

B. Formal Grievance Procedure

The following procedure shall be utilized to resolve a grievance brought by students or faculty at the AOMC SON. A grievance involves a case in which one party believes another party has harmed him or her directly and seeks some redress or resolution of a perceived harm. Possible cases may include but are not limited to disagreements over course or program requirements, the process by which a grade was determined, intellectual property, unfair treatment, or whether due process was followed.

Interpersonal conflicts that do not affect a student's grades cannot be grieved.

Types of Grievances

Commonly, grievances fall into 2 categories:

1. Re-evaluation of a grade given on an individual assignment.
2. Appeal of the decision to dismiss the student from the school, usually for unsafe practice and significant failure to perform academically.

3. A Final course grade **CANNOT BE GRIEVED.**

The role of the Grievance Committee in matters of grade disagreement is to investigate the processes used by faculty in determining the grade and advise the faculty member in handling any perceived problems with applying grading processes outlined in the syllabus or another apparent violation of fairness. The faculty member ultimately determines the grade that is awarded.

Determining that clinical practice is unsafe:

Clinical practice that is deemed unsafe must be evaluated by more than one faculty member involved in the course, usually the faculty member serving as the student's clinical instructor and the Course Facilitator, Level Lead or School of Nursing Director. The faculty will consult with the System Director who may choose to meet with the student and will consult with the faculty about potential actions to improve student performance. If it is determined that the student's clinical practice is so unsafe that the student must be removed from clinical, the faculty will determine if the student has failed the course. The Faculty Organization Committee will be consulted and will review documentation leading to the determination of unsafe practice and course failure. In collaboration with faculty, the Faculty Organization Committee will determine if the student will be permitted to re-take the course or if the student is to be dismissed from the AOMC SON.

Steps in the grievance procedure for nursing students are described below. Each step must be completed prior to going to the next step. This procedure is intended to expedite the handling of grievances that arise within the School of Nursing. Informal Process for Resolution worksheet will be implemented.

1. Student-Instructor Discussion

Many problems can be resolved by an open discussion between the student and the faculty member. When a grade or evaluation dispute occurs, students should discuss how the grade was determined with the instructor. This conference should be held within two (2) business days after the grade has been given. The student needs to make an appointment with the faculty member and state that the purpose of the meeting is to discuss a grievance. **Students must come prepared as described in the *Student Handbook Section II-I, Exam or Quiz Review Policy* if applicable to the student's complaint.** Either the student or faculty member may request the System Director be present during the student-instructor discussion. The faculty member involved is responsible for preparing a summary of the points discussed and outcome of the meeting, to be placed in the student's file. A copy of this summary is also given to the student within 24 hours of the meeting.

2. Course Facilitator/Level Lead Meeting with Student and Faculty Member *(Level lead if Course facilitator is the faculty member with whom the issue is about)*

If questions still remain following the conference with the instructor, the issue should be referred to the course facilitator to seek a solution. The course facilitator will meet with the instructor and student for the purpose of clarification as the matter warrants, and in an attempt to resolve the situation. The course facilitator is responsible for keeping written documentation of the discussion with the student. A copy of the discussion should be given to the student and another copy placed into the student's file.

The course facilitator also needs to provide the instructor with a copy of the student/course facilitator discussion and initiate a discussion with the instructor. The course facilitator is responsible for preparing a written summary of the course facilitator/instructor discussion. A copy of this report should be given to the student within one (1) business day, and an additional copy should be placed into the student's file. If the issue can be resolved with the course facilitator the case is closed. If the issue cannot be resolved to the student's satisfaction, the student may file a written complaint with the System Director.

3. System Director meeting with Student

If the problem has not been resolved to the satisfaction of the students, the matter may be referred to the Director of the School of Nursing. A written complaint/appeal must be received by the System Director within One (1) business day of the student having received written notice regarding the outcome from the course facilitator. Upon receiving the complaint/appeal, the System Director will work to determine the basis of the student's continuing dissatisfaction and explore with the student alternatives for further action. The System Director is responsible for writing a summary of the discussion and outcome of the meeting. The original summary goes into the student's file and a copy is given to the student within one (1) business day of the meeting.

Upon the request of the student, the System Director will refer the matter to the Grievance Committee as soon as the meeting can be convened but not longer than five (5) business days after receiving the **written grievance** from the student. The student shall present his/her grievance stating the initial grievance complaint with no additional complaints or matters in writing to the Grievance Committee. The System Director will appoint two (2) faculty members and two (2) students to serve on the Grievance Committee as outlined in the Student Handbook in *Grievance Committee Guidelines. (section III, Grievance Policy)*. A mediator within the ArnotHealth system will be selected. If a member of the committee is involved with the student's grievance, a substitute faculty member with no known bias in the matter will be appointed for the consideration of the grievance.

4. Consideration Of Matter by Grievance Committee

The Grievance Committee will request from the instructors teaching the course a written account of the situation and the actions taken. The Grievance Committee will review the situation to determine if grading processes have been applied fairly and will provide recommendations to the instructor(s) about process improvements. The Grievance Committee may review the written materials regarding the students' grievance and make its decision based solely on the written material. Alternatively, the committee, the student, or the faculty may request a hearing about the matter. The hearing should be held as soon as those involved may be assembled. A written summary of the hearing (findings) and the committee's recommendation are to be submitted to the Director of the School of Nursing within 48 hours of the hearing. The System Director will advise the student and faculty member of the recommendation(s).

i. GRIEVANCE COMMITTEE GUIDELINES *(as stated in the Faculty Handbook)*

Article I – Name

This organization shall be known as “The Grievance Committee of Arnot Ogden Medical Center School of Nursing”. (A sub-committee of the Student Services Committee)

Article II – Purpose

The Committee exists as a voice of the entire student body for settlement of a violation and/or infringement of the published Student Bill of Rights and Responsibilities and other situations not included in the Bill of Rights.

Students shall be made aware of the grievance procedure guidelines and the functions of the Grievance Committee in writing through publication in the Student Handbook. These guidelines shall be introduced during orientation to the nursing program.

Any revision of the Grievance Committee Guidelines shall be mutually agreed upon by both faculty and students. Students shall be notified of any revisions in writing through posting on the Student Bulletin Board and through publication in the Student Handbook which is given to all students each year.

Article III – Objectives

The objectives of this committee shall be to:

- Give the students their rightful voice in the matters concerning their welfare.
- Provide a fair and equal environment to promote democratic problem solving and protect student rights.

Article IV – Functions

The functions of this committee shall be to enforce the Student Bill of Rights and Responsibilities.

Article V – Membership

Section 1

The Grievance Committee should be composed of an equal representation of students and faculty with a minimum ratio of two to two.

- a. Student members on the committee should be composed of at least one representative from each class.
- b. Faculty members on the committee shall be from each level of the program.
- c. A mediator selected by the committee deemed non-biased.

Section 2

The committee will meet as necessary. All students and faculty will be informed as to the date, time and place of these meetings.

Section 3

Accurate records, including complete minutes, and a tape recording, shall be made to allow for review by the System Director of the School of Nursing only. This recording will not include the deliberation phase of the hearings. Two (2) members of the committee will sign these minutes. All parties will sign a confidentiality statement regarding proceedings. The complainant must sign a Release of Information prior to the proceedings.

Article VI – Procedure

The procedure for resolution of a grievance shall be:

Section 1

This committee will hear any problems and/or grievances, which a student and/or class feels or suspects to be unfair based on the Student Bill of Rights and Responsibilities.

Section 2

The student filing a grievance shall be allowed to continue class and clinical as usual until the committee has reached a decision. However, if the student is considered to present immediate danger to client welfare, he/she should be removed from clinical practice areas.

All parties and their adviser(s) have the right to attend and participate in the presentation and discussion phases of the Committee hearing. If a named party is not present at the hearing, then the hearing is conducted with the party absent. As soon as a named party appears before the Committee, the chairperson shall review the named party's rights and privileges. The chairperson will acquaint the named party with the purpose of the meeting, which is to assess the evidence in light of the full context in which the grievance occurred and to render a fair and equitable recommendation to the System Director of the School of Nursing. During the deliberation phase, no one other than Committee members shall be present, and no new evidence may be introduced at that time.

A mediator is allowed to sit on the committee. This should be someone who is neither a faculty member nor a student but is closely associated with nursing.

The purpose of the mediator is to make sure that each member on the committee has an equal opportunity to appeal and that full understanding of the facts takes place. The mediator is without vote and refrains from expressing his/her opinion.

All parties will be given full opportunity to present evidence and witnesses that are relevant to the issues at hand. All parties will also be given the opportunity to question any witnesses. All involved parties of the grievance hearing shall remain available until deliberations are completed.

One representative of that group will present grievances to the committee. The group representative may then appoint a representative or advisor to appear with him/her.

The decision of the committee will be made in writing to the student or group within one week of hearing the case.

To be provided at the time the formed committee meets with student:

- Confidentiality Acknowledgement forms to be signed by each student attendee
- Release of Information to be signed by student call for the committee to assemble
- Agenda of the meeting

Article VII – Power

The Grievance Committee is not a legal or judicial body but an advisory one.

The extent of the ruling of this committee shall be:

Section 1

All decisions made by the committee are final; students and faculty are to abide by them except in cases with legal implications such as discrimination. Any student has the right to appeal if he/she feels the committee has unfairly handled his/her case.

Section 2

The student has a “right to appeal” within 24 hours of notification of committee’s decision in which the grievance can be taken to the System Director of the School of Nursing. However, until a decision is reached, students and faculty are still bound by the grievance committee’s decision.

Section 3

Action taken by the System Director of the School of Nursing will be final, however, Section 494C (j) of the Higher Education Act of 1965 gives the student the right to file a written complaint.

In New York state, a complaint may be filed by any person with reason to believe that an institution has acted contrary to its published standards or that conditions at the institution appear to jeopardize the quality of the institution’s instructional programs or the general welfare of its students. Any person who believes he or she has been aggrieved by an institution on or after May 4, 1994, may file a written complaint with the Department within three years of the alleged incident.

ii. How to File a Complaint

1. The person should first try to resolve the complaint directly with the institution by following the internal complaint procedures provided by the institution. An institution of higher education is required to publish its internal complaint procedure in a primary information document such as the catalog or student handbook. (The Department suggests that the complaint keep copies of all correspondence with the institution.)

2. If a person is unable to resolve the complaint with the institution or believes that the institution has not properly addressed the concerns, he or she may send a letter or telephone the Post-secondary Complaint Registry to register a complaint form.

Please telephone (212) 951-6493 or write to:

New York State Education Department
Post-secondary Complaint Registry
One Park Avenue, 6th Floor
New York, NY 10016

3. The Post-secondary Complaint Registry Form should be completed, signed, and sent to the above address. The completed form should indicate the resolution being sought and any efforts that have been made to resolve the complaint through the institution's internal complaint processes. Copies of all relevant documents should be included.

4. To contact the accrediting agency contact:

Accreditation Commission For Education in Nursing, Inc. (ACEN)
3343 Peachtree Road NE Suite 850
Atlanta, GA 30326
Tel. (404) 975-5000
Fax (404) 975-5020
www.acenursing.org

Sections 145-8.4 (k) and 145-8.5 (k) require an institution to establish, publish, and consistently administer internal procedures to receive, investigate, and resolve student complaints and to notify students about the State Consumer Complaint Process established in 145-8.9. To satisfy the regulatory requirement, you must publish the information about the State Consumer Complaint Process in the catalog or other supplementary document.

C. Disciplinary Actions

Warning is a formal documented statement that a student is not fulfilling expectations of a course or meeting course objective. If no improvement is noted during the course, the warning may progress to probation.

Probation is defined as the action taken by faculty when a student displays serious, undesired behaviors, which if continued, could result in dismissal. These behaviors would include but not be limited to not fulfilling academic or clinical expectations of a course, professional misconduct or unsafe acts toward clients, self, or others. Examples include diverting drugs, violation of confidentiality, unsatisfactory grades, client abuse, failure to use standard precautions, or failure to follow standards of practice.

A student may be placed on probation at any time during a course and may result in dismissal for lack of improvements. While on probation, the student may lose their eligibility for federal funds and for

scholarships. A student who repeats behavior, which has resulted in probationary status, may be dismissed. The faculty will determine the length of time and conditions to be met.

Dismissal: The faculty, School of Nursing, reserves the right to ask for the immediate dismissal from the program of study for any of the following reasons but not limited to:

- Repeated probationary status
- Repeated behaviors, which resulted in probation
- Failure to correct behaviors, which resulted in probation
- Failure to meet academic and/or clinical standards
- Drug or alcohol abuse
- Cheating and plagiarism
- Theft
- Falsification of records
- The student is not allowed to practice in the affiliated clinical agencies, due to termination from the agency
- Behavioral problems, which cannot be resolved and interfere with attainment of program outcomes
- Unsafe acts of omission or commission toward clients that endanger client safety
- Professional misconduct
- Refer to Code of Behavior/Honesty and Conduct

The final decision to terminate a student is made by faculty quorum. The dismissed student will be escorted from the campus by Public Safety. Following all dismissals, the dismissed student must contact the System Director of Education/School of Nursing prior to entering the L.D. Clute Education building. The student has the right to appeal the decision in accordance with the established grievance procedures.

Students are continually informed of their progress. Upon written consent by the student, parents may be notified of the student's progress in the program. The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, enacted as section 444 of the General Education Provision Act, specifies to whom and under what circumstances information from records can be disclosed. Under section 99.31 of FERPA, the institution may disclose educational records or information from those records without the written consent of the student to:

1. State and local officials to whom disclosure is required by a state statute and adopted prior to November 19, 1974.
2. For purposes of audit and evaluation of federal and state supported programs, authorized representatives of the U.S. Comptroller General, the Secretaries of Education and Health and Human Services, and state educational authorities.
3. Institutional personnel whom the institution deems to have legitimate educational interest.

4. Officials of other institutions in which the student seeks to enroll, providing the institution makes a reasonable attempt to inform the student or makes transfer of such information a stated institutional policy.
5. Persons or organizations providing financial aid to the student or determining the student's eligibility for financial aid, amount of the aid, conditions that will be imposed on the student, or enforcing the terms or conditions of financial aid.
6. Accrediting organizations carrying out accreditation procedures.
7. The disclosure is to parents, as defined in §99.3, of a dependent student, as defined in section 152 of the Internal Revenue Code of 1986.
8. Persons in compliance with a judicial order or legal subpoena provided the institution first make a reasonable attempt to notify the student.
9. People in an emergency when the disclosed information is necessary to protect the health and safety of the student.

In all other circumstances, except for records identified as public or "Directory Information," the student must give written consent before records can be disclosed. This consent must specify the records to be disclosed, the purpose of the disclosure, and the person or organization to which disclosure is made. It must be signed and dated by the student. Directory Information as defined by FERPA includes the student's name, address, telephone number and attendance at present institution.

Under section §99.33, institutions must inform persons or organizations to whom personally identifiable information is released that they may not disclose the information to others without the student consent. According to written correspondence with the Review and Compliance Branch of the U.S. Department of Education, "Schools may disclose to credit bureaus without student consent only as may be necessary to enforce the terms and conditions of financial aid for student loan defaults. Credit bureaus must inform those parties to whom it redisclosed information the conditions of the FERPA regulations contained at 34 CFR (Code of Federal Regulations) 99.33. Limitation of Redisclosure"

Under section §99.7, provides for information the educational agency or institution includes in its annual notification. Each educational agency or institution shall annually notify parents of students currently in attendance, or eligible students currently in attendance of their rights under the Act and this part.

Parents or eligible students have the right to:

1. Inspect and review the students' education records.
 2. Seek amendment of the student's education records that the parent or eligible student believes to be inaccurate, misleading, or otherwise in violation of the student's privacy rights.
 3. Consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that the Act and §99.31 authorize disclosure without consent; and
 4. File with the Department a complaint under §§ 99.63 and 99.64 concerning alleged failure by the educational agency or institution to comply with the requirements of the Act and this part.
- The procedure for exercising the right to inspect, review education records, or request amendments is to submit a written request to the System Director, Education/School of Nursing.

IV. Sexual Harassment

(Also refer to AH policy 15581354 and AH policy 17820441: Title IX Compliance)

Report issues/concerns to the Certified Title IX coordinator- System Director of Education/School of Nursing

Statement:

The Arnot Ogden Medical Center School of Nursing believes in ensuring a safe environment from sexual harassment for all students. Sexual harassment can interfere with a student's academic performance, and emotional and physical well-being. The School of Nursing administration and faculty take this sexual harassment policy very seriously.

Sexual Harassment:

The Arnot Ogden Medical Center School of Nursing and School of Radiologic Technology prohibits sexual harassment of its students in the classroom/clinical areas in any form.

Sexual harassment of a student can deny or limit, on the basis of sex, the student's ability to participate in or receive benefits, services, or opportunities in the school's program.

It is the school's policy to make all staff and students responsible for assuring a learning environment free of sexual harassment. All staff and students must avoid any action or conduct which could be viewed as sexual harassment. This includes, but not limited to:

- **Unwelcome** sexual advances
- Requests for sexual acts for favors
- Public display of sexually suggestive pictures, objects, or similar items
- Contact of a sexual nature and any verbal, non-verbal or physical
- Other verbal or physical conduct of a sexual nature especially when, but not limited to:
 1. Submission to the conduct is made either explicitly or implicitly a semester or condition of an individual student's status; or
 2. Submission to or rejection of the conduct is used as the basis for school progression; or
 3. The conduct has the purpose or effect of substantially interfering with the individual's class or clinical performance or creating an intimidating, hostile or offensive learning environment.

Some examples of sexual harassment include, but not limited to:

- Verbal examples – Sexual jokes, sexual teasing, innuendos and off-color remarks, comments about how someone looks, especially about parts of the body. Catcalls, whistles, and forms of address such as "honey," "baby," etc. Pressure for dates.

- Visual examples – Presence of sexual visual material, such as pinups, cartoons, graffiti, computer programs, or catalogs of a sexual nature. Written material that is sexual in nature, such as notes or e- mail containing sexual comments. Staring or leering. Suggestive gestures or looks, smacking of lips, hand gestures, or elevator eyes.
- Physical contact – Unwelcome hugging, sexual touching, or kissing; pinching, grabbing, or patting. Standing too close to or brushing against another person. Cornering, trapping, or blocking a person’s pathway. Excessive “lengthy” sexual handshakes. Rape or attempted rape. Sexual or forced fondling.

Regulations:

The AOMC SON is obligated to ensure that a student is not denied or limited in the ability to participate in or benefit from the school’s program on the basis of sex.

Title IX Regulatory Compliance Responsibilities State the following:

Students will not, on the basis of sex –

1. Treat one student differently from another in determining whether the student satisfies any requirement or condition for the provision of any aid, benefit, or service.
2. Provide different aid, benefits, or services or provide aid, benefits, or services in a different manner.
3. Deny any student any such aid, benefit, or service.
4. Subject students to separate or different rules of behavior, sanctions, or other treatment.
5. Aid or perpetuate discrimination against a student by providing significant assistance to any agency, organization, or person that discriminates on the basis of sex, in providing any aid, benefit, or service to students.
6. Otherwise limit any student in the enjoyment of any right, privilege/advantage, or opportunity.

Possible persons who could be involved in student harassment:

- A teacher
- Other students or a third party
- An employee

Procedure: As outlined in AH Policy 17820441: Title IX Compliance

V. FINANCIAL AID

In the fall, at the beginning of each semester, the student must complete financial arrangements, as verified by the Financial Aid Officer, in order to begin the semester, attend classes, or graduate.

It is the student's responsibility to complete forms required and file them in a timely manner. The Financial Aid Officer will contact the student prior to the beginning of the semester to review what forms or responsibilities are outstanding.

The Financial Aid Officer will provide the school with a list of students eligible to attend classes.

The Financial Aid Advisor, Charade Kittle, is available to assist the student and appointments can be made by telephone at (607) 737-4294 or email at charade.kittle@arnothealth.org

Each student is responsible both ethically and legally to repay any and all outstanding loans in accordance with loan agreements upon completion of the program of studies or withdrawal from the program for any reason.

Financial aid consists of grants, scholarships, loans, and work-study programs to assist students in meeting financial obligations to enter or complete their program at Arnot Ogden School of Nursing. Financial assistance monies may be taxable income on a state and/or federal level in accordance with current tax laws. This may be true for loans, scholarships, and grants. Refer to the current tax codes for clarification of your status. Work-study positions in the Arnot Ogden Medical Center may be available and are arranged through the Financial Aid Officer and ArnotHealth HR department.

Applicants and students are encouraged to seek scholarships through local high schools and communities. Financial aid sources may vary from year to year. Financial aid packages are based upon need, which is defined by the United States Department of Education "as the difference between the educational costs – tuition, fees, room, board, books, supplies and miscellaneous expenses – and the amount the student and family can be expected to pay for your education." There are various systems for determining need.

Important Points:

- The student planning to apply for financial aid is responsible for completion of the appropriate application forms. The primary form is the free application for Federal Student Aid distributed by the U.S. Department of Education.
- Forms are available through the Federal Financial Aid website: <https://studentaid.gov>
- The student is responsible for checking with the Financial Aid Officer regarding processing of the application.
- Financial Aid is granted annually; therefore, applications must be filed annually.

- The monies received must be used for educational purposes only and the student is responsible for the repayment of monies that cannot be reasonably attributed to these expenses.
- Federal regulations require that the total financial assistance granted by the School of Nursing in conjunction with any other sources may not exceed the total need.
- Where any question of eligibility exists, the student or applicant should contact the Financial Aid Officer at the Arnot Ogden Medical Center.
- Any loan funds must be repaid according to the agreed upon condition of the loan.
- Students receiving Financial Aid (i.e., Pell grant, SEOG, and Guaranteed Student Loans) who withdraw from class and/or resign from the program must see the Financial Aid Officer regarding tuition cancellations.
- Students who have received financial assistance during enrollment in the nursing program are required to have an exit interview with the Financial Aid Officer prior to graduation.
- Order of application for financial assistance:
 - a. Financial Aid Form and State grants (Ex. Tuition Assistance Programs or Regents or Pennsylvania Higher Education Loans).
 - b. Scholarships
 - c. Loans

Final grade(s) and/or course progression will be withheld until all financial aid obligations have been satisfied. Once the school is notified by Financial Aid that the issue is resolved, final grade(s), and/or course progression will be granted. (see appendix F)

AOMC SON-Satisfactory Academic Progress Policy for Federal Financial Aid & Credit Hour Enrollment Standards

Students receiving financial aid are required to maintain minimum program pursuit and academic progress standards to continue to receive financial aid assistance. These standards are different from any academic review, which means a student can be on academic probation but not for financial aid and vice versa.

Academic progress for continued federal financial aid eligibility will be reviewed at the end of each semester of enrollment (fall and winter) and is based on a student's cumulative record. All semesters of attendance are included in the review regardless of whether the student received federal aid in all semesters of attendance.

Standards of Federal Satisfactory Academic Progress

A student's performance is measured using three components: Qualitative, Quantitative, and Maximum Period.

1. **Qualitative Standard (Cumulative GPA)** – Qualitative standard refers to a student's cumulative grade point average. A student is in good academic standing if he/she maintains minimum GPA at the conclusion of each semester. Grades for transferred credits will be included in the cumulative GPA for financial aid purposes only. Arnot School of Nursing has determined a cumulative GPA of 2.0 is the minimum GPA per semester.
2. **Quantitative Standard (Pace of Progress)** – Quantitative standard refers to the successful completion of credits towards the student's degree or certificate. Pace is determined by comparing the number of attempted credit hours with the credit hours successfully completed (passed with a C or better).

Attempted Credit Hours include:

- Earned hours-Grade of A-D
- Repeated courses- all attempts
- Withdrawal (W)
- Failure (F)
- Incomplete (I)
- Audited Courses (T)
- All accepted transfer credits and consortium agreement credits count towards the degree program.

Completed (Passed Credits) include:

- Passed hours-Grade of A-C
- Repeated courses
- All accepted transfer credits, and consortium agreement credits

3. **Maximum Period:** Undergraduate students may receive aid for a maximum of 150% of the degree program requirements.
 - Associate Degree Program- The length of an Associate Degree Program at Arnot School of Nursing is 60 credits. The maximum period for Arnot School of Nursing students to receive aid while enrolled in the associate degree program is 90 attempted credit hours.

Refund Rates:

All Semesters	
<i>During <u>Orientation week</u>:</i> <ul style="list-style-type: none">• 90% of basic charges refunded <i>First week of class:</i> <ul style="list-style-type: none">• 70% of basic charges refunded <i>Second week of class:</i> <ul style="list-style-type: none">• 50% of basic charges refunded <i>Third week of class:</i> <ul style="list-style-type: none">• 30% of basic charges refunded <i>Fourth week of class:</i> <ul style="list-style-type: none">• 10% of basic charges refunded <i>Fifth week of class:</i> <ul style="list-style-type: none">• no refund given	<i>During <u>break week</u>:</i> <ul style="list-style-type: none">• 90% of basic charges refunded <i>First week of class:</i> <ul style="list-style-type: none">• 70% of basic charges refunded <i>Second week of class:</i> <ul style="list-style-type: none">• 50% of basic charges refunded <i>Third week of class:</i> <ul style="list-style-type: none">• 30% of basic charges refunded <i>Fourth week of class:</i> <ul style="list-style-type: none">• 10% of basic charges refunded <i>Fifth week of class:</i> <ul style="list-style-type: none">• no refund given

The student must provide the school with written notification of withdrawal. The refund is calculated based on the date the school receives the written notification. If they receive federal grants or loans, then Financial Aid will process a refund through federal student aid return of Title IV funds on the web. A refund will be issued according to the federal calculation.

NO REFUND WILL BE MADE TO A STUDENT WHO WITHDRAWS UNOFFICIALLY OR WHO HAS BEEN REQUIRED TO WITHDRAW BY THE SCHOOL.

Arnot Ogden Medical Center will credit refunds in the following manner:

1. To outstanding balances on the Federal Family Educational Loan Program (FFEL)
2. To outstanding balances on Federal Direct Loans.
3. To Federal Pell Grants.
4. To Federal Supplemental Educational Opportunity Grant Awards (FSEOG).
5. To other Title IV Student Assistance.
6. To the student.

If there is any remaining credit balance, it will be applied in the above manner. A credit balance in a student's account resulting from a withdrawal, overpayment or adjustment shall be refunded within thirty days to the appropriate source. All refunds will be pro-rated when official notice is given by the System Director, Education/School of Nursing.

The student and/or parents or guardian are held accountable for the total cost for the semester regardless of the financial arrangements made with the school.

POLICY GOVERNING STUDENT EMPLOYMENT

If employment is necessary to assist the student financially, it is hoped that the student will allow sufficient time for study, rest, and relaxation. Students are reminded not to seek responsibilities of a position requiring licensure unless licensure or procurement of a limited permit has been granted by the New York State Education Department.

The School of Nursing participates in the Work Study Program. The program offers a number of part-time, call-in positions for students who demonstrate a financial need. Employment is based upon positions available within the Arnot Health setting and providing adequate funds are allocated from the government and Arnot Health. Work-study information may be obtained from the school's Financial Aid Officer. Vacancies of work-study positions are posted on the student board.

Criteria for Scholarships and/or Loans:

Scholarships and loans may be available for students that demonstrate a financial need. The Financial Aid Officer as well as library, high school, and community resources may be of assistance in locating scholarships and loans. See the Financial Aid office for possible resources.

Scholarships:

Upon availability, the School of Nursing will post a timely notice and application forms for the following annual scholarships:



Arnot Health

A Member of Centralus Health

Arnot Ogden Medical Center School of Nursing

FINANCIAL ASSISTANCE FROM [INSTITUTIONAL PROGRAMS](#)

PROGRAM/SCHOLARSHIP	APPLICATION PROCEDURE	ELIGIBILITY	AMOUNT OF AWARDS	DEADLINE FOR APP/AWARDED
Gosden Scholarship Fund	The Recruitment Committee selects a qualifying student each January from the freshman class. No application!	Semester II Students <ul style="list-style-type: none"> Graduate of an Elmira High School Demonstrate financial need. 	\$1000.00 credit for tuition and fees. The fund is restricted to tuition and school expenses.	<ul style="list-style-type: none"> January/Semester II freshmen student Selected by Rap Committee
Janet Case Renko Scholarship (SON/SORT)	Application to System Director, Education/SON or Director SORT	Semester II Students <ul style="list-style-type: none"> Essay academic standing financial need 	\$1000.00 credit for tuition and fees. The fund is restricted for tuition and school expenses	<ul style="list-style-type: none"> April 1st application deadline Monies will be awarded semester III/second year.
Arnot Ogden Medical Center Auxiliary Scholarship (SON/SORT)	Application to Director of Auxiliary prior to commencing Senior year.	Semester II Students <ul style="list-style-type: none"> demonstrated financial need Academic achievement 	Maximum amount \$1000.00	<ul style="list-style-type: none"> April 1st application deadline Auxiliary selects timing of award/usually over the summer
Laura Manzari Drake Stephenson	Recruitment Committee selects qualifying student each May from the Semester II student.	Semester II Students <ul style="list-style-type: none"> academic standing financial need 	Maximum amount \$1000.00	<ul style="list-style-type: none"> April 1st Rap selects recipient Monies will be awarded semester III/second year
AH Sponsorship (SON/SORT) (Policy and application can be accessed through the SON website)	Full-ride sponsorships will be awarded annually to eligible students	Incoming Freshman Students To be selected upon admission to the program	To be determined annually	<ul style="list-style-type: none"> May 31st application deadline after being accepted in the program
Arnot Ogden Alumni Association Scholarship	Application to the Alumni Association	Semester I, II, III students	To be determined annually	<ul style="list-style-type: none"> November 1st application deadline Monies will be awarded by the Alumni Association
Gulati Nursing Scholarship	Application to the System Director, Education/SON	Semester III students <ul style="list-style-type: none"> Essay Academic standing Financial need 	Maximum amount \$2500.00	<ul style="list-style-type: none"> November 1st application deadline Awarded to a senior student
Virginia Hilfiger Scholarship	Application to the System Director, Education/SON	Semester I, II, III students <ul style="list-style-type: none"> Essay Academic standing Financial need 	Maximum amount \$2500.00	<ul style="list-style-type: none"> November 1st application deadline Awarded to a freshman or senior student
Curvish Surgical Nursing Scholarship	Application to the System Director, Education/SON	Semester III students <ul style="list-style-type: none"> High GPA Interest in surgical nursing 	Maximum amount \$500.00	<ul style="list-style-type: none"> November 1st application deadline Senior student Selected at Recruitment meeting
Rosenheck-Dalora Nursing Scholarship	Application to the System Director, Education/SON	Semester III students <ul style="list-style-type: none"> Academic standing Financial need 	Maximum amount \$500.00	<ul style="list-style-type: none"> November 1st application deadline Senior student Selected at Recruitment meeting
Margaret "Peggy" Holden Scholarship	Application to the System Director, Education/SON Family to participate in selection	Semester I students <ul style="list-style-type: none"> Essay Academic standing Financial need 	Maximum amount \$500.00	<ul style="list-style-type: none"> November 1st application deadline Freshman student

SON= School of Nursing SORT = School of Radiology

Reviewed/ revised by FA 6/13; 3/14; 9/14; 5/15; 9/15; 3/16; 9/16; 5/17; 11/17; 2/18; 3/18; 9/18; 3/18; 3/21; 1/22; 5/25

VI. STUDENT RESOURCES

A. Community Experiences

Please keep in mind that when taking courses at the cooperating agency or attending observational experiences in the community, behavior always reflects on the school. The cost of transportation to and from cooperating institutions or agencies is the financial obligation of the student. Refer to individual course requirements regarding professional behavior and attire for each community experience.

B. Fundraising

Student Financial Policy for Class Accounts

In the fall, at the beginning of each academic year, a Class is established according to the graduation year of the class. Class officers [President, Vice President, Secretary, and Treasurer] are elected by a majority vote of the class members at their first-class meeting.

The System Director, Education/School of Nursing assigns an advisor to the Class. The advisor must be a member of the School's Faculty. The choice of the Faculty Advisor is at the sole discretion of the System Director, Education/School of Nursing and is authorized to change who serves as the Faculty Advisor at any time.

Class bank accounts [checking and/or savings] shall be established at the Finger Lakes Health Care Federal Credit Union under the name of the class. Money received from fundraising activities shall be counted in the presence of a student and a faculty member or staff member prior to its deposit in the student account. All class receipts shall be deposited in a class account no later than the next best day after the funds are received. The only permissible signatories to the accounts shall be both Class Treasurer and the Class Advisor. Should the elected Treasurer become unable to serve as treasurer the Class President shall have the responsibility to call a meeting of the class for the purpose of electing a new treasurer. A new treasurer shall be elected by a majority vote of the members. Additionally, new class officers shall be elected at the start of each academic year.

All account records and checks shall be stored in the office of the Faculty Advisor and may not be removed from the School of Nursing building without the written permission of the Faculty Advisor or System Director, Education/School of Nursing. The responsibility to maintain financial records for the accounts is the sole responsibility of the class treasurer.

The Treasurer or Faculty Advisor may pay only expenditures approved by a majority vote of the members of the class from the class accounts. The Class Secretary shall maintain minutes of class meetings and said minutes shall include the amount authorized for expenditure. If the amount required is greater than the amount authorized, the expenditure must be reauthorized by a majority vote of the Class. If the Treasurer or Class Advisor expends more than is authorized without class approval, then the individual

who does so shall be responsible to reimburse the unauthorized amount to the class account from which it was removed.

Any balance remaining in a Class account after April 30 of the year of the Class's graduation shall be transferred into the account of the new Freshmen Class. The Class Advisor shall then turn over all the graduating class's financial records to the System Director, Education/School of Nursing, who shall ensure that said records are secured and maintained for a minimum of five additional years.

There must be two (2) names on each AOMC SON fund raising account; class advisor and class treasurer. All purchase, deposit and withdrawal receipts must be submitted to the class advisor.

C. Guidelines for Student Membership on Curriculum Committee

- Student membership on Curriculum Committee is encouraged.
- Two representatives (one student from each level) from the student body are recruited at the beginning of the Academic Year.
- Attendance is encouraged at every meeting.
- One student from each level attends department meetings to report on class questions/concerns then leaves the meeting.
- Feedback/suggestions from faculty & staff are given to student representatives to disseminate to their respective class.

D. Student Association Bylaws

Article I – Name

This organization shall be known as the "The Student Association of Arnot Ogden Medical Center School of Nursing."

Article II – Purpose

The association exists as the voice of the total student body for maintaining organized and self-directing government.

Article III – Outcomes

The objective of the Association shall be to:

- Learn the merits of organized group activities
- Promote the social activities of the school
- Develop leadership, self-direction and prepare for mature citizenship and community concern
- Promote interest and support of professional organizations through participation of Student Association

Article IV – Functions

The functions of this organization shall be to:

- Facilitate communication between faculty and students
- Provide representatives to the following Faculty Organization Committees (with full voting privileges):
 1. Student Services Committee
 2. Curriculum Committee representatives when the agenda includes matters pertaining to student welfare
 3. Faculty Organization Meetings when the agenda includes matters pertaining to student welfare
- Provide financial support for educational workshops, seminars, and conferences.
- Organize and implement social functions of the school.
- Develop a financial plan based upon social functions and other obligations.
- Provide a liaison between classes.
- Review annually and revise as indicated the purpose, functions, and outcomes of the Student Association in order to attain and maintain organized school living.

Article V – Membership

Section 1.

The members of the organization shall consist of all members of the student body.

The following are recommended to attend all meetings:

- Student Association Officers
- Class Officers
- Students Association Faculty Advisor

Section 2.

Meetings: Meetings are held at the request and convenience of the student body during the school year. Additional meetings may be called by the president or advisor when deemed necessary.

Article VI – Officers of Student Association

Section 1.

The officers of Student Association will be held by students maintaining an 80% average in the Nursing courses they are taking and a cumulative average of 2.7.

Section 2.

A. The President shall:

- Preside over all meetings of the association and maintain order.
- Be responsible for posting advance agendas of all regular and special meetings and notifying advisors of meetings.
- Present projects and problems dealing with the student body to the association for discussion and vote.

B. The Vice President shall perform the duties of the president in his/her absence.

- The Vice President shall perform the duties of the vice president in his/her absence.

C. The Secretary shall:

- Attend meetings and keep accurate and up-to-date minutes of all meetings of Student Association
- Post minutes on the Student Activity Bulletin board.
- Assist president in planning and preparing for activities and meetings
- Assist president in preparing and posting agendas for upcoming meetings. Read minutes of last meeting at each student association meeting.
- Function as Secretary for Student Services Committee.
- The Secretary shall perform the duties of the vice president in his/her absence.

D. The Treasurer shall:

- Keep an accurate account of money received and withdrawn from the Student Association treasury.
- Prepare treasurer's report for each scheduled meeting.
- Function as a member of Student Service Committee.
- Perform the duties of the Secretary in his/her absence.
- Submit the annual report of the Secretary and Treasurer in early June. Copies of each report shall be given to the secretary and treasurer of the Student Association, the System Director, Education/School of Nursing, and the faculty advisor.

Article VII – Dues

For the purpose of social functions, Student Association dues are included in the activity fee paid yearly by each student. Twenty-Five dollars (\$25.00) from this fee goes directly into the Student Association account.

Article VIII – Advisor

A member of the faculty, selected in April by the members of Student Association, shall act as advisor and coordinator between administration, faculty and students.

The advisor shall be elected every two years.

The advisor also oversees the Student Services Committee.

Article IX – Amendments

By-laws may be amended at any regular meeting of the association by a two-thirds vote.

An amendment of these by-laws shall become effective immediately upon approval of the association unless the amendment specifies a time period.

All members of the association have an equal vote except the advisor.

E. Guidelines for Student Association Sponsored Educational Trips/Seminars

To be considered for Student Association support, participants must be active in Student Association. Each class is to decide which member may go, i.e., drawing names or appointing. Systems Director, Education/School of Nursing must verify that the student is in good academic standing. The Student Association must approve seminars prior to the event. Following attendance of the seminar, person(s) should submit an itemized statement, which includes registration fees, travel expenses, and hotel accommodations. The amount of reimbursement will be dependent upon the availability of funds of the Student Association and recommendations of the Advisor and Systems Director, Education/School of Nursing.

Information presented at the seminars shall be presented to the student body in audio, visual, or oral presentation within 2 weeks of the student's return at a mutually agreed upon time. Conditions for presentation of the material should be discussed with the faculty advisor for approval. If no information or receipts are returned, the money is expected to be paid back to the Student Association.

F. Student Services Committee

Sub-committee: Grievance Committee

1. **Membership: Student Services Committee**

System Director, Education/School of Nursing
Faculty Advisors for each class
Faculty advisor to Student Association/Student Services
Officers of Student Association
Officers from each class

2. **Membership: Sub-committee (Grievance Committee)**

Students from each level of program or an alternate Faculty from each level of program or an alternate

3. **Outcomes:**

Maintain effective health and guidance services for students
Develop and provide a climate in which students develop a positive approach to become a contributing member of the Arnot Ogden School of Nursing student body.

Assist students to assume responsibility for making decisions and in developing personal and professional conscientiousness and self-actualization.

4. **Functions:**

Develop, implement, and annually evaluate the policies and practices of the health, guidance, and student welfare services.

Provide opportunities to explore in thought and action intellectual, vocational, and social activities necessary for wholesome personal development.

To discuss, interpret, and appropriately channel recommendations from student and faculty organizations in matters pertaining to student welfare.

To assist student association in developing and maintaining effective student government.

Assist in organizing and administering guidance and Employee Health Center services, which include orientation, individual and group sessions.

Provide guidance and directions in revisions of student handbook.

Review grievances presented and submitted recommendations to the appropriate individual and/or committee of faculty organization or student association.

5. Meetings:

Meetings of the Student Services Committee shall be held once each term/semester. Meetings of the Grievance Committee shall be held, as necessary.

VII. GUIDANCE/ADVISEMENT

A. Philosophy

The faculty believes that education is a continuous process of growth directed toward the development of holistic potential of the individual. Education provides the means by which the individual can become competent in the demands of the present society while working to improve the future.

The philosophy of the guidance service is based on the belief that each student is a unique individual, respected as a person who will assume major responsibility for his or her growth and development. The faculty believes that this growth and development are conditioned by their background, abilities, and attitudes which they bring with them; by their physical and mental health; by success and/or failure in the program of studies/ by the opportunities afforded them to succeed in personal and social adjustments; and by progress toward their goal. Therefore, the faculty believes the guidance service should focus on assisting the student to develop a sense of personal wellness in addition to responsibility for self-awareness and personal and professional fulfillment.

B. Purpose

Guidance is provided for each student to assist the student in developing to one's maximum potential. Faculty is available for consultation with students. Through conferences with members of the faculty, the student becomes increasingly adept in solving school difficulties, should they arise. Realistically, individual students can solve difficulties more readily when they seek assistance from those people who have knowledge and experience. The student is encouraged to seek out the person(s) who can be of the utmost help.

C. Personnel Responsible for Service

1. System Director of Education & School of Nursing
2. Faculty
3. Resource persons
 - a. Occupational Health Office
 - b. Healthcare providers
 - c. Spiritual Care
 - d. Crisis Lifeline call/text: 988

D. Role of the Personnel

1. System Director, Education/School of Nursing
 - a. Individual and/or group conference with all students as needed
 - b. Individual conferences with each student who anticipates withdrawal from the school to assist careful consideration and to clarify reasons for leaving the school.
 - c. Terminal conferences with each student prior to graduation for discussion of future professional plans.
2. Faculty
 - a. The faculty advisor's role is to guide and assist students with personal and academic problems. Every effort is made to keep the structure of the services informal, and to make the conferences as accessible, non- threatening, and confidential as possible. All of the guidance is directed toward assisting the student to identify and deal with problems and to encourage independence and self- direction.
 - b. Students will be assigned to a faculty advisor upon admission to the program for use during the 2-year enrollment.
 - c. Faculty/student conferences – individual faculty posts a schedule of at least 3 office hours each week for student counseling.
 - d. Refer all problems not in their area of guidance to System Director of Education & School of Nursing who will in turn provide assistance and make further referrals as necessary.

Early in first semester use the following information for advising and referral:

1. Self-assessment
2. First 2 quiz grades
3. Students schedule an appointment with advisor once each semester.

Advising:

Develop Learning Contract with student for follow-up which could include:

1. Referral to math center, writing center, Achievement Center, counselor for study skills, test-taking skills, test anxiety, accommodations, etc.
2. Online practice resources – ATI, textbook resources, other online resources
3. Regular follow-up with students to monitor progress.
4. Include results from ATI standardized course assessments in advising.

After NCLEX comprehensive predictor during NSG 4000 4th semester:

1. Repeat NCLEX predictor after completion of NSG 4010.
2. Live/Remote NCLEX review for all students.

VIII Student Health Policies

A. Philosophy

The faculty believes that an organized and carefully planned student health service is an essential element of the curriculum. **Students must maintain good health principles and assume responsibility for their own health.**

B. Purpose

The Employee Health Nurse is in the Arnot Health Occupational Medicine Clinic located in Suite 108 of the Ivy I building on the medical center campus. The office provides the following services for the nursing students: consultant services, nursing assessment, health assessment, health teaching and treats acute, short-term illnesses. Student health records are maintained by the clinic until graduation or withdrawal from the program.

C. Facilities and Personnel

The Health Nurse is available Monday through Friday from 8:00 a.m. to 4:15 p.m. in the Arnot Health Occupational Medicine Clinic located in the Ivy I Medical Arts building adjacent to the School of Nursing. The Emergency Department is available to treat health problems, if necessary.

D. Implementation

Student appointments for various tests and immunizations will be posted on the official bulletin board in the school building. Students should make daily checks of this board. The students are expected to report promptly for all scheduled tests and examinations.

The students can make appointments to be seen for minor illnesses. Please call the Arnot Health Occupational Medicine Clinic (ext. 4539) for an appointment. If the student is engaged in clinical experiences or attending classes, they must notify the instructor before leaving the class or clinical area. Each student is entitled to one (1) free visit to the Arnot Health Occupational Medicine Clinic per year. Subsequent visits will be billed to your health insurance provider. Note: If you carry the ArnotHealth health insurance, you will be responsible for a co-pay each visit after your first initial free visit.

For the individual who has latex allergies, special non-latex gloves and supplies are available for usage. The student should notify the instructors of this allergy so arrangements can be made for the equipment.

E. Policies

The Arnot Health Occupational Medicine clinic shall ensure that the health status of each student is reassessed as frequently as is necessary.

Prospective students are required to have the following **prior** to admission to the School of Nursing:

- Immunizations:
 - QuantiFERON; Tdap & Meningococcal Vaccine or dates if declined
 - Two doses: Measles, Mumps and Varicella Vaccine (if no documented Chickenpox) or titers
 - Rubella (MMR) vaccine titer

Temporary suspension may be necessary due to contagious disease (i.e., Staphylococcus and Streptococcus).

Students should never approach a healthcare provider in the clinical setting concerning personal health problems. This should be done only through the Occupational Medicine clinic.

Students must never, under any circumstances, take drugs of any kind from the clinical facilities. Any student who violates this rule risks dismissal.

Medical conditions requiring medication:

Students whose healthcare provider has prescribed a medication or controlled substance that could impair clinical functioning must inform the course facilitator and Director in writing at the beginning of each clinical course. In addition, the student must provide a written statement from the healthcare provider indicating that the student is physically and mentally fit to provide care in the clinical setting. The AOMC SON requires such notification for the protection of students and their clients. This documentation is to be sent to Occupational Medicine and will be kept confidential.

F. Mandatory Health Coverage

The school **requires** that students be covered by a health plan. It should be noted that health coverage by an insurance plan must be maintained throughout the **entire program**. If for any reason there is a lapse in coverage, the student should notify the school immediately. During a lapse of coverage, the student or their family is totally responsible for any expenses incurred for treatment of any kind. Enforcement of coverage and viewing of the student's insurance card will be done annually. **All students are urged to have dental and vision insurance.**

The Emergency Department will serve as an extension of the Occupational Medicine Clinic when it is closed. The student's private health insurance will be billed for any charges. If the student has no health insurance, the full amount of the charges will be the financial responsibility of the student.

If any injury occurs on an Arnot Health property, an Occurrence Report and any other additional forms must be completed on the Arnot Health intranet by a nursing instructor or System Director, Education/School of Nursing.

If a student is injured on ArnotHealth property during an educational experience, they are not covered under Workmen's Compensation because they are not employees of ArnotHealth.

Students are covered by ArnotHealth's general and professional liability policies when engaged in activities that are required for completion of the school program.

When a health care provider other than Occupational Health provider is called into the case, all financial arrangements will be between the student, the insurance company, and the health care provider.

Prescriptions written by any health care provider are the financial responsibility of the student.

The school will not assume financial responsibility for conditions existing prior to entrance into the school nor for chronic conditions or extended illnesses. (i.e., diabetes, hypertension, asthma, etc.). The school will not assume responsibility for any accidents or injuries occurring away from the school; for the cost of elective procedures; nor for illness treated outside the student Occupational Medicine Clinic. Expenses for special therapies are defrayed by the students or their families.

G. Medical leave/ Emergency leave form (see appendix G)

Medical leave may be granted upon healthcare provider's order. The healthcare provider will determine the length of the leave. Students may not return to classes or clinical experience following an extended period of absence due to an accident or illness until they have written permission from their personal healthcare provider. This permission slip is to be given to the course instructor who will then forward it to the Occupational Medicine department to be retained in the student's health record.

Reapplication may be required if the student is unable to meet the course's outcomes and needs to repeat the entire course. The Recruitment, Admissions and Progression Committee will review the requirements and determine placement upon return.

Students should contact the Financial Aid office to discuss the status of their tuition during the medical leave. Medical leave does not excuse the student from meeting the requirements of the course. If pregnancy occurs, the student may be granted a leave of absence. The length of time that the student may continue her studies in the School of Nursing is dependent upon the written consent of her obstetrician. The maternity leave must not extend beyond one year. The student must have the written consent of her obstetrician and approval of the faculty to return to the program.

H. Illness Policy

Students who are ill should not attend class. You need to use your best judgment and common sense to determine if you are too ill to attend clinical. Be mindful that clients in the hospital often have weakened immune systems and your first responsibility is client safety.

Students should not attend clinical if they:

- Have a fever (temperature above 100 F or 38 C)
 - Students should be free of fever for a full 24 hours without medication that lower temperature like acetaminophen (Tylenol) or ibuprofen (Advil), before returning to clinical
- Have an open wound
- Have vomiting and/or diarrhea
- Have an undiagnosed rash on exposed skin
- Have Conjunctivitis or “pink eye”
- Are on medications that cause significant drowsiness or make them unsafe to drive
- Have been on an antibiotic for less than 24 hours for a communicable bacterial infection
- Have been symptomatic with a contagious illness

Students who become ill during class, lab, or clinical time will be sent home at the discretion of the instructor. Students have the option to contact the Occupational Medicine clinic in the Ivy I building. The student is responsible for the cost of any treatment or medications prescribed. The Attendance Policy will apply.

If a student becomes seriously ill or injured during school/clinical hours, the instructor or preceptor will accompany the student to the Emergency Department and notify the System Director of Education & School of Nursing. If the student is unable to make the call, a phone call will be made to the emergency contact on file, or person indicated by ill/injured student, notifying him/her of the student's status. The student is responsible for the cost of any treatment or medications prescribed.

Illness/Injury at an Off Campus Facility

If the student is at an off-campus facility, the instructor or preceptor will direct the student as required by the clinical site. The instructor or preceptor will also notify the System Director of Education & School of Nursing of the injury.

I. Nursing Student Drug and Alcohol Use Policy – (also refer to AH 14371172: Substance Abuse Testing)

1. Purpose and Scope

In order to protect client safety and comply with clinical agency requirements, area hospitals and other institutions, the following policy will apply to all students who are accepted and enrolled into the AOMC SON.

2. Policy

The Arnot Ogden Medical Center School of Nursing enforces a zero tolerance for impairment due to alcohol and/or drug use while on campus or in clinical affiliation experiences. Students who come to the Arnot Ogden Medical Center School of Nursing expect to study in a condition free from alcohol and drugs. The use of controlled substances or alcoholic beverages by students, or students working under the influence of these chemicals, is inconsistent with the behavior expected of students, staff, and faculty. All students must remain free from impairment due to the use of drugs and/or alcohol while on campus and from use, possession, manufacture, or sale of any drug or alcohol on Arnot Ogden Medical Center property or the property of any of its affiliates or related hospitals/services.

Infringement of this policy will cancel the offer of admission, and for those admitted to the School of Nursing, be subject to disciplinary actions up to and including academic dismissal.

The faculty will document any reported suspicion that a student is impaired or under the influence, any efforts to confront the student and request a drug test, as well as any post-testing communication.

Students are permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty with the exception of narcotics. However, when a prescribed or over-the-counter medication affects the student's safety, academic performance, the safety of fellow students, faculty/staff or clients; the System Director of Education/School of Nursing should be consulted to deem if the student is capable of continuing to participate in academic and clinical classes and/or remain on campus, or if the student needs to be removed from class or clinical by faculty.

3. Drug and Alcohol Screening

Any drug screening results which are positive for the presence of alcohol or other controlled substances may be required to be reported under local, state, or federal law or licensing regulations, the AOMC SON will take appropriate action.

4. Procedure

AOMC SON faculty/instructors/staff or clinical agency staff must have reasonable cause based on specific, objective evidence to believe that a student is impaired while in class or clinical because of alcohol/drug use for which the AOMC SON has received no reasonable explanation.

Students will be given the opportunity to provide information that may help explain test results. The AOMC SON requires drug testing as follows:

- a. **Reasonable Suspicion:** Any student who demonstrates unusual, unexplained behavior in the class, clinical environment or anywhere on hospital property or affiliating clinical agencies property. Observable signs might include, but not limited to:
 - i. Slurred speech
 - ii. Odor or alcohol on breath or person
 - iii. Unsteady gait
 - iv. Disoriented or confused behavior\Inconsistent behavior or mood swings
 - v. Significant changes in work habits

- vi. Hallucinations
 - vii. Unexplained accident or injury
 - viii. Other clinical observations consistent with impairment
 - ix. Physically assaultive
 - x. Excessive sick leave, excessive lateness when reporting for class or clinical experiences or returning from lunch or break, frequent unscheduled short-term absences
- b. **Random:** Any student in “active recovery (undergoing treatment /or in a rehabilitation monitoring program) from substance abuse will be monitored closely especially in clinical practice. Notification of selection for random drug testing will be initiated by the System Director of Education/School of Nursing or authorized designee who will refer the collection to Employee Health or authorized designee.
 - c. **If at any time faculty, staff or an administrator suspects a student appears to be under the influence of alcohol/drugs, he/she will be immediately removed from class or clinical and required to undergo immediate testing for drug and alcohol use at the student’s expense.** Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical activities until the investigation into the situation is complete.
 - d. In the event of medication administration/handling discrepancy (i.e., improper documentation of narcotics) or in the event of a medical error or accident or injury, testing will be conducted according to the policy of the clinical agency.

Referrals for evaluation and counseling for drug and/or alcohol use will be part of a plan for a student with a positive screening or incident related to drug or alcohol use.

In the event of a positive drug screening, the student will be suspended from the program pending review by the Faculty Organization Committee.

- If a student is allowed to reenter the program while in active recovery, readmission conditions will be clearly defined in a contract that will be signed by the student and the Director of the School of Nursing.
- A student in recovery should be made aware that licensing or certifying bodies may not allow the student to take qualifying, licensing, or certification exams.

IX Administrative

A. Policy Governing Student Employment

If employment is necessary to assist the student financially, it is hoped that the student will allow sufficient time for study, rest, and relaxation. Students are reminded not to seek responsibilities of a position requiring licensure unless licensure or procurement of a limited permit has been granted by the New York State Education Department.

The School of Nursing participates in the Work Study Program. The program offers a number of part-time, call-in positions for students who demonstrate a financial need. Employment is based upon positions available within the Arnot Health setting and providing adequate funds are allocated from the government and Arnot Health. Work-study information may be obtained from the school's Financial Aid Officer. Vacancies of work-study positions are posted on the student board.

B. Student Records

Students are to notify the School of Nursing Administrative Assistant of any change in address, phone numbers, name, email address, and other necessary data for maintenance of accurate records. All applicant and students' records are secured in a confidential manner that limits access to the Director, Faculty, Administrative Assistant, and appropriate representatives of various governmental and educational agencies. Students should have access to their own records under supervision.

Withdrawal Records:

The withdrawal records are housed alphabetically in a separate file by year of resignation in the L.D. Clute Education Building. The student's records are the basis for the final student record and include:

1. Final Summary of Development
2. Final Transcript
3. Pertinent correspondence

C. Parking

School of Nursing students will adhere to the employee/student Arnot Ogden Medical Center Policy and Procedure Manual Parking Policy: (see map in Appendix I)

Elmira College

All resident students and all off-campus students operating or maintaining motor vehicles at the college must register their vehicle each academic year. Students as well as administration, faculty, and staff register their automobiles in the Campus Security office. There is a \$30 fee for students to register their

automobiles. Access to student and guest parking permits can be found under Student Forms on the Student tab on MyEC.

The vehicle parking decal must be affixed to the driver's side window of the vehicle. The penalty for failure to register or properly display a valid and properly mounted vehicle parking decal is \$50.00 plus all towing costs, if applicable. The penalty for citations ranges from \$25.00 to \$100.00. Citations not satisfied within ten (10) days from the date of issuance are charged a \$10.00 late fee.

Vehicles must be parked only in those areas designated for specific decals. A vehicle parked in any lot or space other than the one assigned to the vehicle will be towed away at the owner's expense.

This expressly includes the circle drive on the north side of Twin Towers Residence Hall. The college does not guarantee parking space.

The permit holder assumes all risk of accidents and expressly agrees that Elmira College will not be liable under any circumstances for injury to person, loss, or damage of property. Detailed regulations are available at the time of vehicle registration.

D. Official Bulletin Board

The official bulletin board is located in the east corridor of the school building. It is the student's responsibility to check the bulletin board daily for notices, schedules and other official communication posted for student information. Examples include (but are not limited to) policy changes, class and clinical schedules, scholarships, faculty appointment requests, financial aid communication, and similar notices.

E. Pets

Pets are prohibited in the classroom and clinical setting with the exception of an approved service dog. Refer to AH policy 16411107 Service Animals at Arnot Health.

F. Program of Studies

The student has 3 years to complete the program of study. Students are to assume professional responsibility and accountability for meeting program and course requirements including attendance and make-up. Each course identifies specific requirements to be met in order to achieve satisfactory completion of the course. All requirements need to be met in order to graduate. Students desiring to take a course at another institution during break or off- school hours must have permission from the Recruitment, Admissions and Progression Committee before transfer credits will be received.

G. School Closing

The School of Nursing **may** cancel classes due to inclement weather when:

1. New York State Police issue "Emergency Travel Only" bulletins
2. Overall road conditions present a hazard to the welfare of students commuting from a distance
3. County-wide natural and/or man-made disasters are declared

A DECISION TO CLOSE THE SCHOOL OF NURSING WILL BE MADE BY 5:00 am.

In the event of a school closing due to weather conditions:

- Closings will be communicated via the HealthGuard application

If the School of Nursing does NOT close:

- It is understood that adverse weather conditions may hinder a student's class or clinical attendance even though the school is NOT closed. If the student elects NOT to attend class or clinical experiences due to weather, it remains the student's responsibility to notify the School of Nursing prior to the scheduled time, in accordance with absenteeism policies.

H. Assignments

All course requirements must be met before a student will be permitted to advance to the next semester and/or level. The only exception to this policy would be if a student has received special permission from the instructor (s) to submit necessary assignments following the completion date of the course. An incomplete grade will be submitted until all course requirements are met.

Assignments will be graded based upon the individual course criteria. Each student receives a copy of the individual course requirements at the time of course orientation.

If a graded assignment is handed in late, without prior permission from the instructor (s), there will be a decrease of 10 points for each late day. If more than four (4) days late, the paper will be graded "0".

I. Rules and Regulations for use of the ArnotHealth computers

Client confidentiality of chart information is to be maintained at all times. Client identifying information is to be removed from all class and/or clinical assignments turned in for grading. Students may access client information in the computer system only on assigned clients when in the student role. Failure to abide by this policy will result in progressive disciplinary measures up to and including dismissal from the program. The confidentiality record signed when "sign-on" and "password" assignments are made is in effect at all times.

J. Rules and Regulations for use of School of Nursing Computers

The AOMC SON computers located in the Learning Resource Center are for the use of students and faculty only. **Their use is restricted to school use only.** The computer room will be unlocked during school hours (0800-1600). At all other times, the room will remain locked, and a separate key is required to enter the room. Therefore, contact Public Safety personnel via the hallway phone – dial "0".

The following rules and regulations govern the use of the computer room:

1. When school is not in session, access may be gained by contacting Public Safety personnel.
2. ArnotHealth identification badges must be shown to Public Safety personnel in order to gain access to the School of Nursing and the computer room.
3. Coats and other objects are not to be placed on top of the computer equipment.
4. Computers and/or software cannot be removed from the computer room.
5. Malfunctions in computer equipment should be reported to the Administrative Assistant or a faculty person.

K. Withdrawals

Student Withdrawal Process

The Student Withdrawal Process is initiated by the student with the System Director, Education/School of Nursing. All students withdrawing from the program, whether by suspension, dismissal, or academic failure, must complete the Student Withdrawal Process within seventy-two (72) hours of the official date (normally the last day of class attendance). An extension can be granted by the Director. Student records, including transcripts and grade reports, cannot be released until this process has been completed and financial aid issues resolved.

Students who wish to withdraw from the school program do so by submitting a letter stating the reason for withdrawal to the System Director, Education/School of Nursing. The school then requests that the student have an interview with the System Director, Education/School of Nursing before withdrawal to safeguard the student's right to secure satisfactory reference from the school or to plan for readmission to the program at a later date.

Guidelines for Notification of Options for Withdrawal

Prior to the 6th week of a 15-week course or 3rd week of a 7-week course, students who are failing academically or clinically, are notified in writing (Mid Term/Semester Status Letter to Students – see appendix H)

The letter includes:

- A deadline date for options for withdraw
- Continuing part-time (when applicable)
- Repeating the course
- Future course sequence

- Effect on grade point average and scholarship eligibility
- Instructions for the formal withdrawal process

The course facilitator initiates the letter, as well as personally discussing academic progress with each student.

A student withdrawing from a course, a WP or WF, consistent with the student's progress to that point will be recorded on the student's official transcript. If a letter is not submitted a "Withdrawal without Written Notification" (WF) will be noted on the student's official transcript.

Students who withdraw from the program of studies will be asked to complete and return a questionnaire identifying reasons for withdrawal and possible interventions, which might have prevented the withdrawal.

The student's faculty advisor, the instructor, or the Director will complete a questionnaire identifying what steps the faculty took in assisting the student.

L. Readmission

Students may apply for readmission by using an Application for Readmission, which can be obtained from the School of Nursing main office.

1. An **Application for Readmission** form should be submitted to the school **by March 15th**, in advance of the semester. The Recruitment, Admissions and Progression Committee will review it and the student will be notified of their decision.
2. Criminal Background Check - All reapplicants to the AOMC SON must submit to and satisfactorily complete a background check within 10 days of receiving an acceptance letter for readmission. A criminal background check is a condition of admission into the School of Nursing. An offer of readmission will not be final until the completion of the background check with the results deemed favorable. Readmission may be denied or rescinded based on a review of the background check. Students who refuse to submit to a background check will be denied readmission to the School of Nursing. In addition, the New York Board of Nursing requires a criminal background check to obtain licensure as a registered nurse. Past criminal history may have an impact upon the ability to obtain licensure and employment as a registered nurse. All fees for the criminal background check are the responsibility of the applicant. It is the responsibility of each applicant to pay the fee for the screening directly to <https://mycb.castlebranch.com/>. A third party conducts all background screenings to ensure privacy. **Results from any other company will not be accepted.** Students must agree that all results are available to the program and the clinical sites associated with the program. Should a clinical agency refuse to place a student based on the outcome of criminal background check, the AOMC SON has no responsibility for arranging alternate clinical

placements. Results of the criminal background check will be valid so long as the student remains in the program.

3. Substance abuse testing at the Occupational Medicine Clinic in the Ivy I building prior to readmission.

M. Final Records

The AOMC SON will furnish a transcript of any graduate's records for purposes of registration in another state, advanced education, or employment. Students should enter written requests for records with the Office of the System Director, Education/School of Nursing. The school issues the first transcript, whether official or unofficial, without charge. Thereafter, the School charges a processing fee of \$5.00 for each additional copy.

The office of the System Director will send official transcripts directly to universities, colleges, and institutions or appropriate state agencies for registration purposes. Students also have the opportunity to request an unofficial transcript upon completion of the nursing program.

No transcripts will be issued for a student who is not in good financial standing with the School of Nursing. Also, the School will not fax copies of a transcript, official or unofficial.

Students or Alumni must provide the AOMC SON with written authorization for the release of health, academic or other records required by another educational institution or prospective employer. A release form is available in the Director's Office.

X Technology

A. Social Networking Guidelines (also refer to AH policy: 15520841 Social Media)

Students in the AOMC SON increasingly use personal websites, online blogs, online journals, and online communities such as Facebook.com to communicate and network within and outside of the School of Nursing community. Students should remember that these sites are accessible to the public. The following guidelines deal with social networking while a student in the School of Nursing:

1. Be careful about how much and what kind of personally identifiable information you post to these sites. Don't post anything you wouldn't want the world to know, including personal information that could lead to identity theft, harassment, stalking, or other safety concerns.
2. Be aware that unintended viewers may see your entries. Faculty, administrators, potential current and future employers can often access information you place on these sites. Assume that any information you post may at some point be the basis for the impression others have of you.
3. The School of Nursing does not tolerate online harassment. If you feel that you are the subject of online harassment or threatening behavior, please contact your instructor, course facilitator or the Director.
4. A conflict of personal boundaries and professional boundaries should be considered a conflict of interest. You are accountable for what you post on networking sites.
5. Follow the Code of Ethics. The American Nurses Association Code of Ethics (available in the Learning Resource Center) provides ethical responsibilities of the nurse.
6. Legal concerns, such as HIPAA laws, must always be considered. Never post any information about clients on networking sites.
7. Defamatory remarks directed toward the school, other students, faculty, staff, or the medical center are considered bullying, defamation of character, or harassment and would subject the student to disciplinary action.
8. Do not take for granted that your personal social networking site is private, the remarks are public for the world to see and may be interpreted very differently than the original author intended.
9. If you acknowledge that you are a student at the Arnot Ogden SON - Be aware that many people will assume you are speaking on behalf of the school. Use good judgment and accuracy in posts. Maintain clear personal and professional boundaries to prevent a conflict of interest.
10. Communications should be honest, ethical, and accurate, considerate, respectful of other students, faculty, and staff and of copyright laws.
11. Follow the Code of Behavior as identified in the Student Handbook.

B. Electronic Equipment Policy

In this age of technology, the use of electronic equipment is important to all of us. Unacceptable use of electronics is disruptive to others. As a part of the AOMC SON community, each student has a responsibility to other students to be mindful of the proper use of electronics.

The purpose of this policy is to establish appropriate guidelines for the use of electronic equipment (including, but not limited to items such as cell phones, laptops, notebooks/tablets and Smart watches) by students in the School of Nursing while in class, lab, and clinical facilities.

1. All electronic equipment will be turned off or in silent mode during class, clinical and lab time.
2. All student-owned electronic equipment is the student's personal property. The School of Nursing will not be held responsible for missing items.
3. Cell phone use is subject to the following policies:
 - a. The cell phone will be off or in silent mode during class time.
 - b. Text messaging is not permitted in class.
 - c. In the event of an emergency call, the student must respond to the call outside of the classroom with the speaker mode turned off.
4. The use of cell phones for verbal communication, text messaging or photography is strictly prohibited in the clinical setting. Violation may result in unsatisfactory clinical performance or being excused from the clinical unit per individual instructor discretion.
5. Laptops, notebooks/tablets, and iPads are permitted to be used in class or lab for the primary purpose of taking notes. Use of social media, instant-messaging and opening/responding to e-mails is prohibited during class or lab time. Internet surfing and/or use of internet search engines is permitted as directed by faculty for research and learning purposes.
6. During quizzes and test taking, cell phones and electronic equipment are placed in the front of the room. Calculators are provided for use during test taking.
7. Cheating on Examinations/Quiz Review. Personal belongings such as backpacks, books, and notes will not be allowed in the testing room. They will be placed in an area designated for personal belongings or left outside the testing room. Electronic devices such as cell phones, watches including smart watches, and pagers must be turned off and placed in an area designated for personal belongings or left outside the testing room.
8. If electronic equipment is used inappropriately or in a manner that is disruptive to the class/lab, faculty may request that the student put away the electronic device or leave the classroom/lab area.

C. Internet Usage

Access to Internet is considered a privilege, albeit vital references source for educational purposes. Students and faculty are expected to follow the AH policy 15619270 Acceptable Use.

XI DEVELOPMENTAL, REMEDIATION AND TUTORIAL RESOURCES/STRATEGIES

This list of resources is to be utilized when counseling applicants and/or students:

1. Academic: - Inadequate basic skills - Study skills - Learning style assessments - Test taking skills - Note taking skills - Math, reading and study skills - Time management-stress	➤ Achievement Center 607-739-3894 ➤ Elmira College Gannett Library ➤ LECOM Library ➤ Peer support group ➤ Tutorial-science ➤ Student Success Coach ➤ Individual counseling ➤ Videos/DVDs ➤ Faculty Advisors ➤ ATI Remediation Resources ➤ www.learningexpresshub.com
2. Financial: - Financial assistance - Tuition - Child-care - Personal	➤ NYS Labor Dept. 607-733-0489 ➤ Financial Aid Office at Arnot Ogden Medical Center 607-737-4294 ➤ Financial Aid /see school catalog ➤ Work-study Financial Aid ➤ Medical Social Work ➤ Chemung County Child Care Connection 734-3941 www.chemchildcare.com
3. Developmental and Affective Problems: - Dependency needs - Self-concept - Family life/developmental tasks - Spiritual Need	➤ Faculty Advisors ➤ Arnot Health Chaplain – Pastoral Counseling ➤ Critical Incident Debriefing Team ➤ Health on Demand ➤ Smoking Cessation Center – Arnot Health
- Crisis Intervention	➤ Medical Social Work ➤ IF Arnot Health employee-EAP member.myrevive.health

Suggestions to Improve Exam Performance

Lack of Knowledge of Subject Matter

1. Use study guide/objectives/specific class guideline to identify important content while reading textbook.
2. Write out key points from #1 and use for later review.
3. Take careful notes during class
4. As soon as possible after class and at the end of each week review #2 and #3 from above.
5. Participate in study group each week.
6. Use NCLEX-RN and ATI review books to review important content and to practice application on review questions.
7. Predict exam questions. Use these for group review.
8. Schedule time to review each lecture carefully before each exam.
9. Note weak areas such as pathophysiology, medication side effects, lab values.

Exam Taking Skills

1. Read each question carefully and highlight key words.
2. Give your own answer (write down a few words BEFORE looking at choices given on exam).
3. Choose the best answer based on what you learned in this class.
4. Don't change an answer unless you know why the first answer is wrong. (**NEVER** change an answer just because you feel uncertain).
5. **Practice application of knowledge** using case studies and NCLEX-RN/ATI review questions.

English Language/Vocabulary

1. Look vocabulary terms/new words identified in reading assignment, lecture, and study groups, etc.
2. Write out the meanings of these words, note pronunciation and use them in a sentence, make flash cards or write them in a notebook.
3. Drill on these words several times each week

Exam Anxiety

1. **Prepare for exams** so that you feel **confident** about your knowledge.
2. Use recommended exam skills on every question. This helps you think logically.
3. Use positive self-talk- i.e. "I know these concepts; I am going to do well on this exam."
4. Don't spend too long on a question. This lowers your confidence and increases anxiety. Read it carefully two times; give an educated choice and move on to the next question.
5. Remember what you have learned and apply knowledge and exam skills.
6. Practice relaxation techniques (deep breathing, etc.) so you can use them as needed.
7. Get adequate sleep before an exam.

*Adapted with permission from Loma Linda University

SUMMARY OF EXAM TECHNIQUES FOR MULTIPLE CHOICE QUESTIONS

A. Be Sure You Know What the Question is Asking

- Read each question carefully
- Underline important words.
- Try to answer the questions yourself before you look at the answer options.
- Create a pool of possible answers (jot down key word(s) for each)

B. Consider Each Option Carefully

- Compare answer options given on exam with your own pool of possible answers.
- Re-read the question carefully.
- Read the answer options carefully underlining key words.
- Mark each option as either true or false.

C. Use Your Knowledge When Choosing the Best Answer

- Choose your answer based on what you have learned in the course.
- Do not choose an answer just because “it sounds good” if you have not heard of it before (in lecture or textbook)- it may be a cleverly worded distracter.

D. Use Your Time Wisely

- Do not spend too long on any one question.
- Read the question and the answer options carefully (twice if necessary)
- Do not be in a hurry to leave. Check your paper to be sure you have answered all the questions.
- Check carefully for clerical errors (marking wrong answers by mistake).

E. Do Not Change Your Answers

- The only time you should change your answer is when you know **why** the first answer is wrong and/or **why** the second answer is right.
- Never change the answer just because you feel uncertain.

*Adapted with permission from Loma Linda University Learning Assistance Program.



POLICIES

14371172 **Substance Abuse Testing Policy**

14364163 **Disruptive Behavior Policy**

15520841 **Social Media Policy**

15581354 **Sexual & Other Prohibited Harassment Policy**

15683556 **Employee Dress and Appearance**

11401844 **Client's Rights**

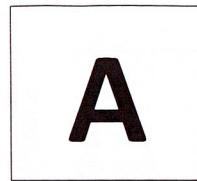
11401930 **Confidentiality Related to Medical Records**

13517321 **Tobacco Free Environment Policy**

17820441 **Title IX Compliance**

APPENDIX

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Student Contract

Expectations for Nursing

I understand that the following are expectations of the Arnot Ogden Medical Center School of Nursing (AOMC-SON) courses. This list does not include everything but is intended to clarify expectations. Please refer to the **Student Handbook** as needed for clarification.

I agree to abide by the guidelines set forth in the Professional Role Behaviors, upholding honesty, and integrity in my work, in order to promote learning and discovery.

I understand that attendance at each clinical experience, lab and class is expected. I recognize that I must exhibit professional behaviors including promptness, preparation for all clinical and course work, and handing written work in on time. If I do not, I will be subject to disciplinary action up to and including academic failure for the course and possible dismissal from the program. If I am going to be absent or late, I must call in each day prior to the planned class or clinical experience. If I do not call on a day when a quiz is scheduled, I am aware that I will receive an automatic zero for that quiz (per **Student Handbook**).

If I need clinical make-up, specific outcomes for the make-up will be identified by the faculty prior to the scheduled make-up. Any class or clinical experience missed will be reviewed and discussed by the faculty to determine my status in the program. I will pay the appropriate charges and complete any clinical and lab make-up as determined by the faculty to meet the course outcomes.

I will maintain personal and professional attributes and demeanor. **I will carefully keep all client information confidential and abide by HIPAA regulations.** I will wear the expected uniform based upon my clinical setting. I will wear my AOMC-SON identification tag prominently at all times while on the AOMC grounds. I will refer to the **Student Handbook** for the full-dress code.

I acknowledge that:

- ***I have read and understand the current copy of the Student Handbook.***
- ***I have read and understand the above requirements and I agree to comply with them.***
- ***I further understand that failure to do so will result in disciplinary action***

Print Name: _____

Signature: _____

Date: _____

Course: _____



Confidentiality Acknowledgement

I have read and I understand the Student Bill of Rights and Responsibilities as published in the Student Handbook.

I understand that in the course of the Grievance Committee meeting scheduled to be held on _____ (Date), I may learn things of a confidential nature related to a fellow student(s). I understand that all information about students, their grades, performance, and progress must be regarded as a sacred trust.

Student information is protected by the Family Educational Rights and Privacy Act of 1974. Moreover, due to the ethical standard of a student's right to privacy concerning his/her educational record, I understand that information I may be exposed to during the course of the Grievance Committee meeting may not be discussed outside the meeting, the School of Nursing or the Arnot Ogden Medical Center.

It is to this end that I agree never to discuss this information, either with fellow students, or with other persons outside the Grievance Committee meeting, the School of Nursing or the Arnot Ogden Medical Center.

Any breaches of confidentiality will result in disciplinary action, which may include possible dismissal from Arnot Ogden Medical Center School of Nursing.

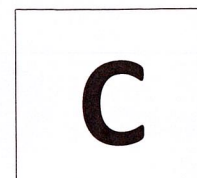
Print Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____



Arnot Ogden Medical Center School of Nursing
600 Roe Ave.
Elmira, NY 14905
(607) 737-4153 fax (607) 737-4116
www.arnothealth.org

Release for Viewing and Retaining Student File Document

- ***Review of Student File Information for Accrediting Bodies*Release:***

I, _____ (print name), give my consent for the visitors from accrediting organizations to review my personal files, School of Nursing records, and/or papers I have completed. This consent is valid for the entire time I am a student at Arnot Ogden Medical Center School of Nursing.

Signature: _____

Date: _____

- ***Permission to Retain/Copy Class Assignments:***

I, _____ (print name) give faculty at the Arnot Ogden Medical Center School of Nursing permission to copy and/or retain any assigned work that I completed in my nursing courses. I understand that this work may be shared with accrediting bodies of the Arnot Ogden Medical Center School of Nursing.

I understand that I will not be compensated by Arnot Ogden Medical Center School of Nursing for giving permission.

Signature: _____

Date: _____

* New York Board of Nursing

*New York Department of Education

*Accreditation Commission for Education in Nursing

*National Council on College Recommendation Services

D

Remedial/Communication Tool

Name: _____ Date: _____
 Level: _____ Term/Semester: _____ Instructors: _____
 Advisor: _____ Course: _____ Grade: _____

Attendance Warning _____	Academic Warning: _____	Clinical Warning _____ <i>First Absence -</i> <i>Written Warning:</i> <i>Make-up fee \$100</i> <i>(\$200orientation)</i>	MedError/Date _____
Attendance Probation: _____	Academic Probation: _____	Clinical Probation _____ <i>Second Absence -</i> <i>Academic Probation:</i> <i>Make-up fee \$150</i>	MedError/Date _____ Med Error Near Miss Date _____

Instructor Narrative of Area(s) of Concern: _____

Instructor/Student Plan of Action:

Study Skills: _____ Test taking: _____
 Achievement Center: _____ Counseling: _____
 Tutorials: _____
 Student Learning Contract-clinical/lab/theory _____
 Other: _____

Failure to improve/correct the issue will result in:

- ☐ Probation
☐ Review by Faculty Organization
☐ Other _____

☐ Failure of the course
☐ Possible Dismissal from the Program

I, the student, agree to follow through with the plan aimed to improve my academic standing/attendance concerns/other issues addressed in this tool.

Student Signature: _____ Date: _____
 Instructor Signature: _____ Date: _____

White –student file Yellow –student Pink –advisor



Release of Information

I, _____ (print name) give my permission for my performance, grades, and progress to be disclosed and discussed at the Grievance Committee to be held on ___ at the Arnot Ogden Medical Center School of Nursing.

The people at the Grievance Committee consist of student representatives, a mediator, and a faculty representative from each level.

Print Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Witness: _____ Date: _____

F

The following is a sample letter, which will be given to students with ongoing unresolved financial issues:

Date:
To:
From: _____ System Director, Education/School of Nursing
Subject: Outstanding Financial Aid Issues

Pursuant to our Financial Aid Policy, please see the Financial Aid Officer in order to complete your final arrangements prior to attending class/clinical and/or receiving course materials.

The following must be **signed** by the Financial Aid Officer as verification that all financial arrangements are complete and then submitted to your Nursing Instructor prior to attending class/clinical and/or obtaining course materials.

Thank you for your timely attention to this request.

Financial Aid issues have been completed and resolved. Student is in good standing and may attend class/clinical and receive class materials.

Financial Aid Counselor

Date



Arnot Ogden Medical Center School of Nursing
600 Roe Ave.
Elmira, NY 14905
(607) 737-4153 fax (607) 737-4116
www.arnothhealth.org

G

Emergency Leave of Absence- STUDENT

Date: _____ Student: _____ Course: _____

_____ or on behalf of _____, _____ request an
(Name of the student) (name of student) (name of instructors)

Emergency Personal Leave of Absence from _____ due to _____
(dates) (reason for)

_____ will contact _____ on or before _____
(Student) (instructors) (date)

if the student needs an extension of this leave. Time missed from _____ to be
(course)

discussed with _____ and arrangements for class/lab/test make-up will be made
(student)

as appropriate. Failure of the course will result should the extent of the personal leave make it difficult or

impossible to meet the course outcomes and requirements for _____
(course)

Student Signature

Date

Course Facilitator Signature

Date

Director Signature

Date

Mid Term/Semester Status Letter to Students

Date: _____

Student name: _____

Grade: _____

In reviewing your current performance in _____, it is noted that you are failing this course.

At this point, please be advised of the following options:

- Option 1: In accordance with the AOMC School of Nursing policy (refer to the Student Handbook), you may withdraw from _____ and concentrate on successful completion of your current Elmira College courses (if applicable). **If you withdraw in writing to the System Director, Education/School of Nursing on or before _____, you will receive a grade of withdraw failing (WF) consistent with your progress to this point and lose any applicable scholarships or financial aid.**
- *Option 2: You continue in _____ and do not receive a final grade of 80% B- or greater. You will fail the course and lose any applicable scholarships or financial aid.
- Option 3: You continue in _____ and achieve a final grade of 80% B- 2.7 or greater and continue on to _____ and the Elmira College courses.(if applicable)

***Students please note in accordance with the Student Handbook:**

- A failure in a nursing course means the student may not progress to the next nursing course until the failed course has been repeated successfully.
- If a student withdraws *unofficially* (without proper written notification to the school), they will be given **withdraw/failure (WF)** grade regardless of their standing in the course for the course(s) they do not continue completing.
- A *second failure* of a nursing course will constitute *dismissal* from the program
- The program must be completed within 3 years of the original admission date.

Course Instructor

Course Instructor

Student Signature _____

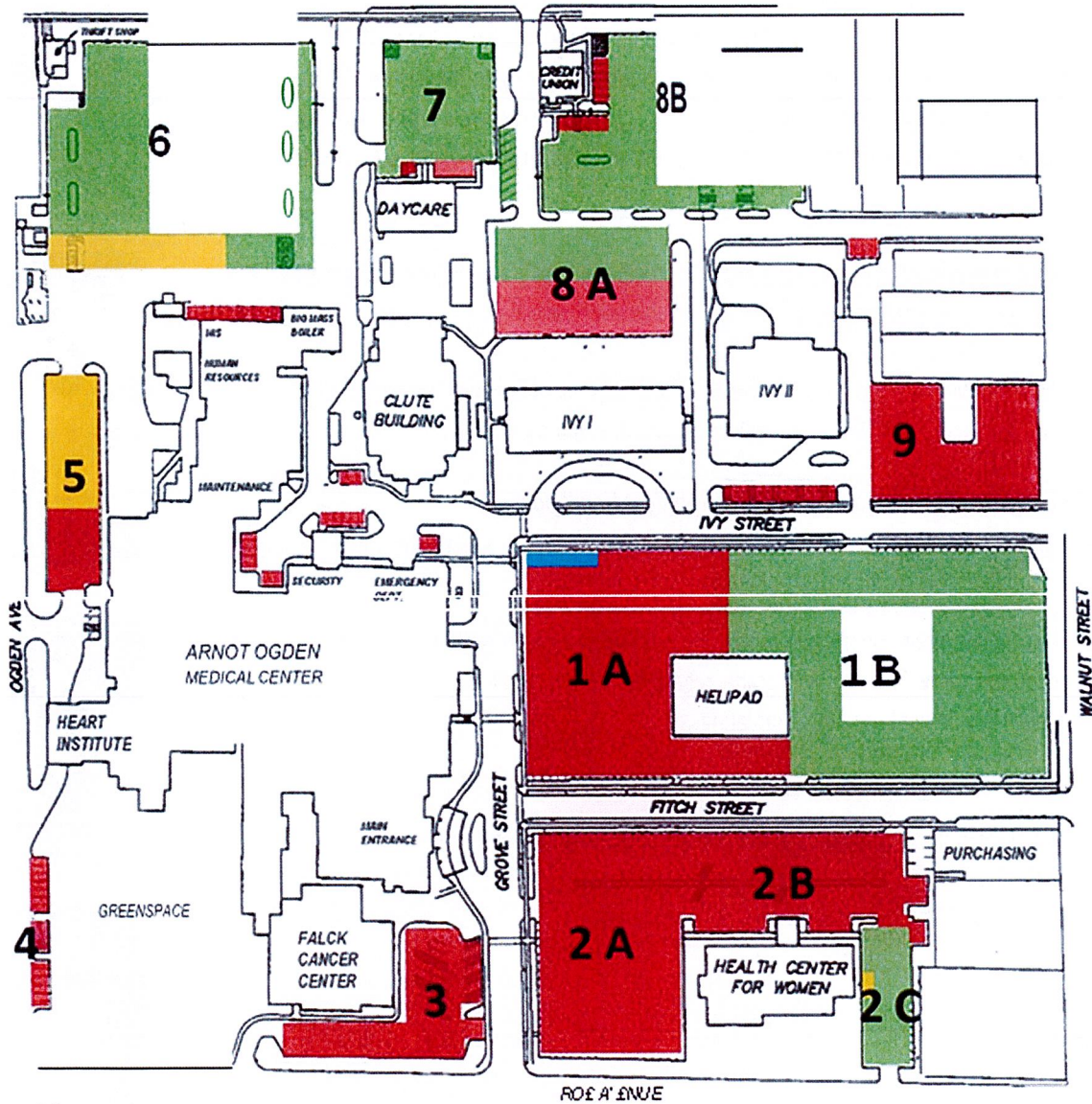
Date: _____

H

W
A
N
P
L
E

Arnot Ogden Medical Center

Parking Map



Key: ■ Visitor/Patient Parking

Rev. June 2020



Origination 07/2005
Last Approved 02/2025
Effective 02/2025
Last Revised 03/2023
Next Review 02/2027

Owner Karry Drake:
Senior Human
Resources
Director

Area Human
Resources

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Fitness for Duty/Substance Abuse Testing Policy

PURPOSE:

Attachment B Basis for Reasonable Suspicion Testing Arnot Health is dedicated to providing a safe environment, maintaining a drug, alcohol and marijuana-free workplace, and promoting the health and welfare of its patients, visitors, and employees. This policy addresses concerns related to drug / alcohol / marijuana impairment and / or psychological problems that impair the health or work performance or create or contribute to unsafe working conditions.

STATEMENT:

Employees are expected to report to work unimpaired in the ability to perform their duties at all times, including any remote and / or any off-site work. An employee will be subject to a Fitness-For Duty evaluation when:

- A supervisor, per the requirements of this policy, has reason to believe the employee has impaired judgement or impaired physical capacity to satisfactorily perform the required job duties.
- There is an accident involving injury, damage to a vehicle, equipment or property.

Illegal use of controlled substances or abuse of alcohol or marijuana is prohibited on property or during the workday at any time, including paid and unpaid break periods. Any employee who is under the influence of controlled substances and/or alcohol and/or marijuana at work or on Arnot Health premises will be discharged with the noted exception for lower levels of breath alcohol testing as noted on Page 2 of this policy.

DEFINITIONS:

Arnot Health Premises – All company premises owned, occupied, or used by Arnot Health including buildings, vehicles, equipment, rental properties, parking lots, and any other place that Arnot business is conducted.

Drug/Substance – Any chemical substance that produces physical, mental, emotional, or behavioral change in the user. The primary classifications are:

Prescription Drugs – Means a drug lawfully available for purchase only with a prescription.

Prohibited Substance – Means illegal drugs, alcohol and marijuana.

Substance abuse shall mean:

- a. The use or possession of any drug in a manner prohibited by law; and
- b. The use of alcohol (Similar to the well-established D.O.T. and police standards) or any legal/illegal drug or other substance in such a way that the employee's performance as a health care provider is impaired.

Impaired – A confirmed positive alcohol test (see clarification of "levels" on Page 2 & 3) and/or a positive drug test (subsequent to verification by the Medical Review Officer (MRO)) shall constitute evidence of impairment.

Reasonable Suspicion – Is derived from unusual actions, physical symptoms and/or other behaviors that suggest that a violation of the policy has occurred. Discrepancies in documentation or abnormal audit finding may also be cause.

POLICY PROVISIONS:

Any of the following actions constitutes a violation of the Policy and will result in immediate termination.

- Possession, selling, receiving, transferring, trading, conveying and/or dispensing illegal drugs/substances while on duty, on Arnot Health premises, or while using or conveying Arnot property.
- A positive drug test subsequent to verification by the Medical Review Officer. Note: Misuse of prescription medication resulting in impairment of faculties is treated as a form of substance abuse.
- Refusal to comply with a search or test (i.e., not providing required sample) or to cooperate with the enforcement of this policy.
- Evidence indicating attempts to influence the outcome of a substance abuse test (e.g., adulterating, tampering with, substituting or diluting samples, etc.)
- *Use or possession of open containers of alcohol while on duty, on Arnot Health Premises or while using or conveying Arnot Health Property.*

Other violations that will result in discipline (up to termination) include:

- *Any employee who is under the influence of alcohol at work or on Center premises, with an alcohol level greater than .02.*

SUBSTANCE ABUSE TESTING PROCEDURES:

- A. **Drugs/Substances:** Drug testing specimen collection procedures shall ensure that the sample submitted for an employee actually contains materials from that employee (in accordance with standard Chain of Custody procedures as used in DOT testing) a copy available upon request. This procedure ensures the samples are protected from tampering, and that the analysis of them is done by a Federally Certified Laboratory approved by the NIDA (National Institute on Drug Abuse). Collection for testing is performed through the Occupational Medicine Department or the Laboratory.
- B. **Alcohol:** Alcohol testing shall be used to assess an employee's alcohol impairment status.
- C. The results of an employee's substance abuse test(s) (e.g., hair, urine, alcohol) shall be communicated by Occupational Medicine to Human Resources, who shall notify the employee's supervisor and the employee of any positive substance abuse test.

PRE-EMPLOYMENT DRUG TESTING:

- A. Upon receipt of a written authorization (Attachment A – Applicant Substance Abuse Testing Agreement), all applicants or new employees shall undergo a substance abuse-screening test prior to beginning work as an employee of the Medical Center.
- B. Any applicant or new employee who refuses to submit to or fails to provide a sample for pre-employment substance abuse testing shall be discharged, or not hired. Any applicants or new employees with a positive pre-employment substance abuse test (drug or alcohol of any level) will be terminated, or not hired.

REASONABLE SUSPICION DRUG TESTING:

- A. All employees shall undergo a substance abuse test when it is believed that they are in violation of this policy. Any employee who fails or refuses to submit to testing on an immediate basis will be treated as having violated the policy and shall be terminated.
- B. Post-accident testing shall be conducted on any employee whose conduct may have caused or contributed to a motor vehicle accident in an Arnot-owned, leased or rented vehicle. Testing may also be conducted following any incident/accident where there is reasonable suspicion that drug/substance and/or alcohol and/or marijuana use may have contributed to or caused the accident. The testing will be performed as soon as possible after the incident.
- C. If there is reasonable cause to believe that an employee is engaging in substance abuse, the immediate supervisor (and another Arnot supervisor or Human Resource designee if available) who can attest to the actions and behaviors of the suspected employee can begin the reasonable suspicion process. The supervisor, and when available, the second supervisor, and/or a designee of Human Resources will complete a Basis for Reasonable Suspicion Testing Form (Attachment B) as to the reasons they believe testing should be initiated.
- D. If authorization for a substance abuse test for a reasonable suspicion is given, then the employee shall be directed to provide a sample for testing immediately. The employee's supervisor and/or Human Resources representative shall coordinate with the Occupational Medicine Department, unless the incident occurs at Ira Davenport Memorial Hospital (IDMH), in which case the requirement is to coordinate with the IDMH Laboratory to arrange the test.

Those assisting and involved in incidents occurring at St. Joseph's Hospital and AMS offices will be provided transportation to AOMC or IDMH campus with appropriate supervision. The specific steps are outlined in the algorithm referred to as Attachment C.

- The employee must have a photo ID. If they do not, the supervisor must be prepared to identify the employee.
- The supervisor or collection technician should contact Public Safety if they feel that the employee is disruptive or poses a threat to their safety.

Pending the results of such a test, employees shall be placed on unpaid suspension and shall be removed from duty. Supervisors should advise impaired employees that they should not drive. The supervisor should ensure that the impaired employee does not drive themselves home (call family member, emergency contact, taxi, etc.). The unpaid suspension will be converted to a "paid leave" if the employee is not found to be in violation of the policy.

*Denotes most recent change to Policy.

ARNOT HEALTH FITNESS FOR DUTY RESPONSE TEAM:

Comprised of Pharmacy, Risk Management, Chief Nursing Officer / Chief Operating Officer, Human Resources, Leader of the affected area.

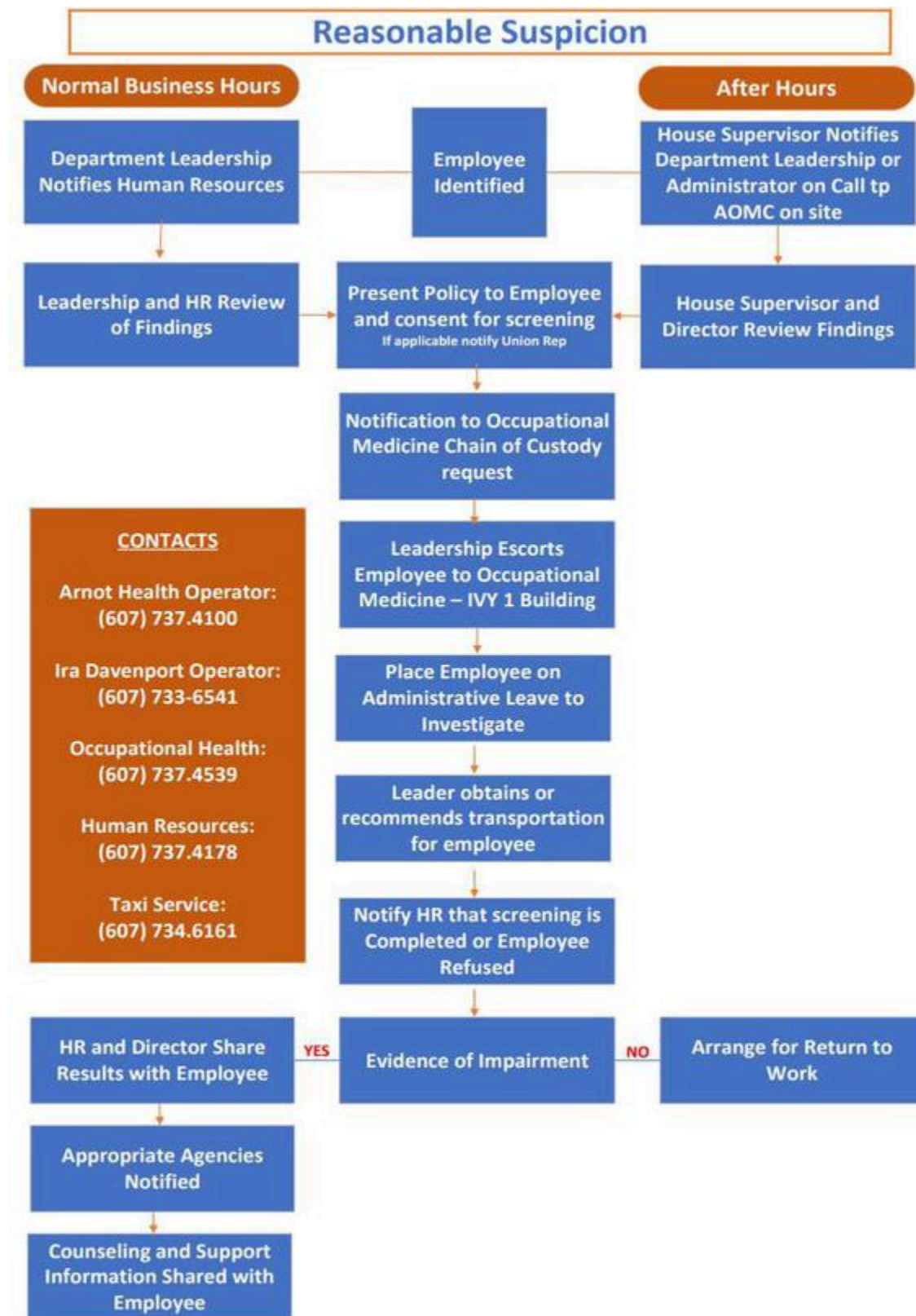
ATTACHMENT(S):

Attachment A: Reasonable Suspicion Algorithm

Attachment B: Basis for Reasonable Suspicion Testing

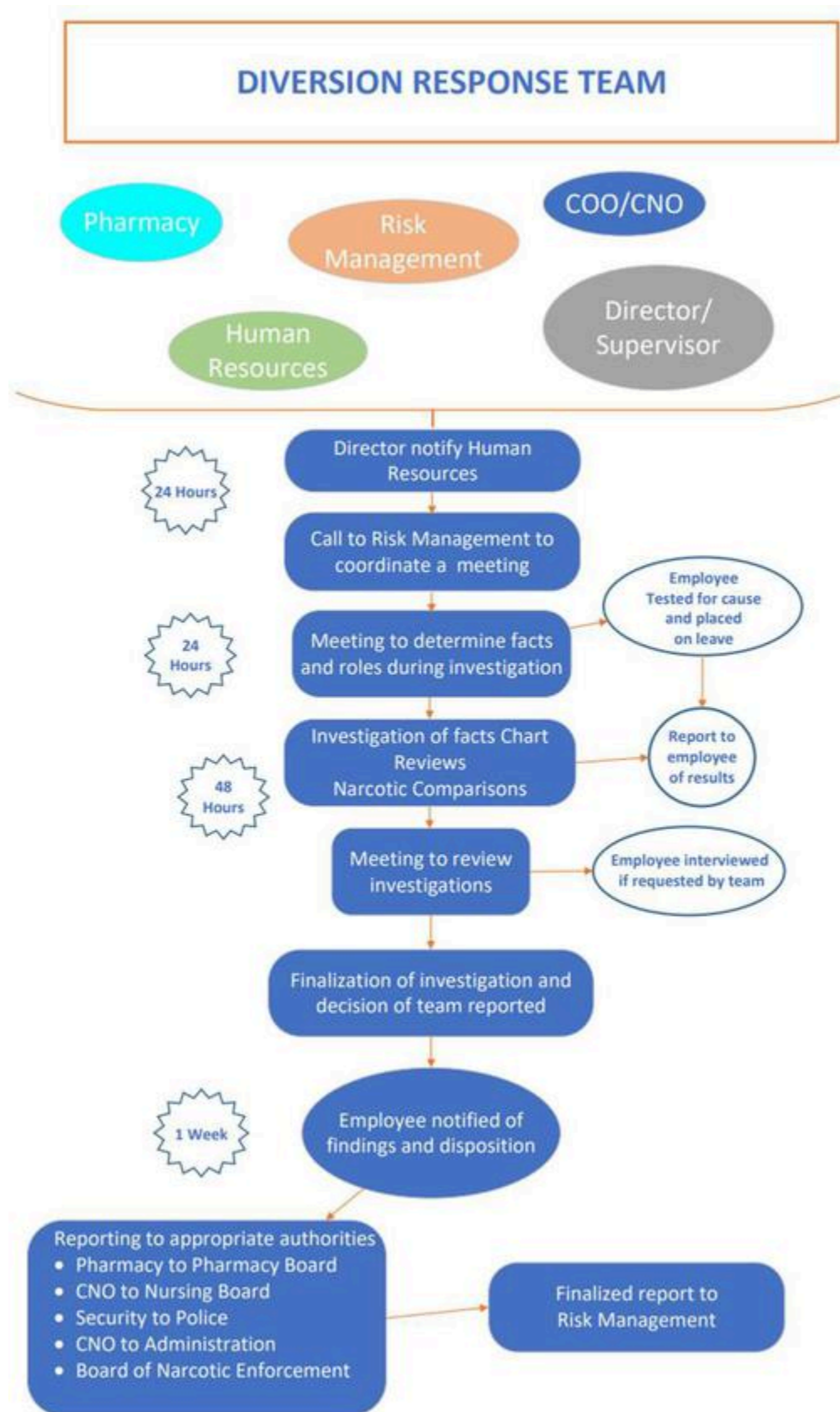
Attachment C: Diversion Response Team Algorithm

REFERENCE(S):



Please see the attachment B: Basis for Reasonable Suspicion Testing

COPY



Attachments

- [!\[\]\(5ba1bc70d78f05c00988641e5e513c62_img.jpg\) A: Reasonable Suspicion Algorithm](#)
- [!\[\]\(0d3dd579ab24f8020cd6c2659f3acb8c_img.jpg\) B: Basis for Reasonable Suspicion Testing](#)
- [!\[\]\(77aacc67724f470ed5556217e9f1530a_img.jpg\) C: Diversion Response Team Algorithm](#)

Approval Signatures

Step Description	Approver	Date
Approver	Diego Chiarandini: Vice President of Human Resources	02/2025
	Karry Drake: Senior Human Resources Director	02/2025

Locations

AOMC, IDMH, Medical Offices, SJH



Origination 04/2009
Last Approved 06/2023
Effective 06/2023
Last Revised 06/2023
Next Review 05/2025

Owner Karry Drake:
Senior Human
Resources
Director

Area Human
Resources

Locations AOMC,
Medical
Offices, SJH

Disruptive Behavior

PURPOSE:

To articulate a consistent process for the reporting, investigation, and resolution of disruptive behavior, with the intent of encouraging all interactions to be professional and constructive. This will promote optimum patient care by encouraging a safe, cooperative, and professional health care environment and prevent or eliminate behavior that disrupts the facility's operations, affects the ability of others to do their job, creates a hostile work environment for employees or other Medical/Allied Health Professional (AHP) staff members, or otherwise interferes with their ability to work harmoniously.

DEFINITIONS:

Disruptive Behavior may include behavior that appears to be illegal, unethical, unprofessional, abusive, demeaning, intimidating, harassing, insubordinate, sexually suggestive, unduly loud, or occurring in an inappropriate setting. Examples might include, but may not be limited to, the following:

- Using threatening, abusive, berating, or condescending language, voice intonation, or body language;
- Using profanity or similarly offensive language;
- Throwing objects;
- Sexual harassment;
- Making unprofessional, negative comments about other Medical/AHP Staff member, hospital employees, patients or their families, visitors or the quality of care rendered at the facility;
- Making threats, physical assaults, or acts of overt intimidation against any facility or Medical/AHP Staff member or employee, patients or their families, or visitors;

- Possession of firearms or dangerous weapons in the workplace;
- Disrupting Department/Committee Meetings;
- Writing inappropriate comments in patient medical records or other official documents;
- Falsification of records (including the employment application, pay records, patient records, and similar documents);
- Destroying, abusing, removing without proper authorization, or otherwise misusing the property of the facility, its employees, patients or visitors;
- Illicit possession of controlled substances or use of alcohol (with the obvious exception for job-related possession of drugs for patient use).
- Engaging in any illegal activity during working hours.

PROCEDURE:

Reports of instances of disruptive behavior may be initiated by any practitioner, employee, volunteer, student, patient, or visitor. Employees, students and volunteers should report these instances to their direct supervisor, but may also utilize their division head, Human Resources, or a formal complaint form, if they wish.

- For issues involving physicians and credentialed Allied Health Professionals (AHP's), the relationships may not be clear (e.g., employed or those with facility privileges). Accordingly, a complaint form or occurrence report will be completed.
- A Complaint Form will be completed if a concern exists about a situation, which did not involve injury of persons. Generally, a Complaint Form is most suited for documenting interpersonal interaction, which seems inappropriate and/or disruptive. Anonymous reporting may be accomplished using the *electronic occurrence* reporting system or by calling Health on Demand, but often lessens the ability to resolve the issue.
- An Occurrence Report should be completed if an event has occurred which is not consistent with the routine operation of the facility or the routine care of a particular patient. Generally, it involves incidents or events involving patients, visitors, or volunteers, in which an injury occurs, improper treatment was provided, or a situation created in which the potential for injury or mistreatment existed.
- Information will be logged in by the designated department and copies sent to the Administrative Division Heads and/or the Chairman of the involved practitioner, employee, volunteer, or student's department/school. If the involved practitioner is a Chairman, it will be sent to the Vice President of Medical Affairs. If the person involved is a Division Head, it will be sent to his/her immediate supervisor.
- The Administrative Division Heads and/or the Chairman of the Medical Departments will meet with the involved individuals separately, and then jointly submit a report to HOD. This should occur within ten (10) working days.
- Regardless of the conclusions reached by those conducting the investigation, they will document their actions and conclusions and provide this information to the HOD office, where it will be retained in a Confidential file:
 - For employees, volunteers, and students who file a complaint form: Involved persons will be monitored by the administrative division heads with appropriate referral to

department directors. Information regarding the incident/complaint may be filed in the person's personnel folder, if appropriate. Other rules may be cited as applicable.

2. For Practitioners (Physicians and credentialed Allied health Professionals):

- a. The President of the Medical Staff, VPMA and Hospital President, or their respective designees, shall review the report/complaint, may meet with the individual(s) who prepared it, and/or any other witnesses to ascertain the details of the incident, any factors that may have precipitated the incident, and confirm the validity of the incident.
- b. If, in the opinion of the President of the Medical Staff, VPMA and Hospital President, or their respective designees, it is determined that the incident meets the definition of disruptive behavior, at least two members of this group shall meet personally with the practitioner to outline the nature of the report/complaint and allow the practitioner an opportunity to respond. Unless otherwise required by law, the identity of the reporter/ complainant, if known, shall not be disclosed to the practitioner and shall remain strictly confidential.
- c. Documentation of the matters discussed with the practitioner shall be prepared and maintained as part of the practitioner's credential files which shall remain strictly confidential, as required by applicable federal and state laws, rules, and regulations. A summary of matters discussed shall be provided to the practitioner.
- d. Based upon the written report/complaint and interview with the practitioner, the facility may:
 - i. Issue a clear, unequivocal oral and/or written warning to the practitioner which shall be maintained in the practitioner's credentials file;
 - ii. Offer education, training, referral and/or counseling to the practitioner;
 - iii. Request or require the practitioner to take a temporary leave of absence;
 - iv. Impose appropriate restrictions on the practitioner's clinical privileges consistent with the Bylaws of the facility and the Medical Staff, as same may be in effect from time to time;
 - v. Immediately suspend the practitioner's clinical privileges pursuant to the Bylaws of the facility and the Medical Staff, as same may be in effect from time to time;
 - vi. Impose any other disciplinary action necessary and appropriate under the circumstances including, but not limited to, the practitioner's behavioral history, and consistent with the Bylaws of the facility and the Medical Staff, as same may be in effect from time to time.
 - vii. Take no action.

- e. In the event the practitioner's status as a member of the Medical or Allied Health Professional Staff or the practitioner's right to exercise his/her clinical privileges is adversely affected by any action taken pursuant to this policy and procedure, the practitioner may be entitled to exercise his/her right to a hearing pursuant to the Medical Staff Bylaws.
 - f. If after the practitioner has exercised his/her right to a hearing and in the event the practitioner's status as a member of the Medical or Allied Health Professional Staff or the practitioner's right to exercise his/her clinical privileges is adversely affected by any action taken pursuant to this policy and procedure, the National Practitioner Data Bank and any other agency required by law will be notified.
 - g. The individual who reported the disruptive behavior (if known) shall be notified that the concerns as set forth in the report/complaint were taken seriously, that an investigation was conducted, and that corrective action, as necessary and appropriate, was implemented with appropriate monitoring mechanisms in place. Specific findings, disciplinary action and/or corrective action shall not be disclosed.
 - h. The Medical Executive Committee (MEC) shall be advised of any and all incidents and actions taken pursuant to this policy and procedure. The MEC may, at any time during this process, take appropriate action consistent with Medical Staff Bylaws and/or refer the matter to the Board of Managers.
 - i. Anyone who makes a good faith report/complaint pursuant to this policy and procedure shall not be subject to retaliation in any manner whatsoever.
 - j. If unresolved or serious concerns ensue, the case will be referred to the Medical Executive Committee.
 - k. A copy of each practitioner-identified complaint will be placed in that practitioner's specific QI file.
- G. All cases will be monitored by HOD and Performance Management and a summary of events will be presented to relevant QI Committees on a quarterly basis; trends and patterns will be noted.
- H. There will be zero tolerance for all disruptive or intimidating behavior.
- I. All who witness or are involved in episodes of intimidating and/or disruptive behaviors shall be allowed to voice their concerns, shall be thanked for sharing those concerns, and shall receive an apology, as appropriate.
 - J. This policy will be reviewed, updated as needed, and be part of the Mandatory In service Program institution-wide.

ATTACHMENT(S):

REFERENCE(S):

FORM(S):

POLICY #: HR.230

Approval Signatures

Step Description

Approver

Date

COPY



Origination 01/2014
Last Approved 04/2024
Effective 04/2024
Last Revised 05/2021
Next Review 04/2026

Owner Karry Drake:
Senior Human
Resources
Director

Area Human
Resources

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Social Media

POLICY:

Arnot Health, Inc. (AHI) desires to ensure that its employees, volunteers, health care providers (to include students and residents), independent contractors and other affiliates (for convenience collectively referred to in this policy as "Staff") use the various forms of social media in an appropriate, responsible and legal manner when such use may involve, either directly or indirectly, AHI, its operations, patients or Staff. AHI further desires to ensure that its corporate presence on any AHI social media site (such as Facebook) is honest and transparent to the public, and useful to our patients.

While AHI understands that social media is a helpful tool for providing information on the services we offer, Staff must adhere to AHI's policies and procedures concerning the use and disclosure of proprietary business and health information regardless of the form of communication, which includes any type of social media. In accordance with the requirements of this policy, Staff may not post or communicate any "AHI Information", as defined below, through any form of social media. AHI Information is defined as any patient information, proprietary AHI business and operational information (including proprietary information concerning AHI vendors), AHI's trade secrets, attorney-client privileged information, and personal information concerning other AHI Staff. AHI Information subject to this policy may be in any form, including, but not limited to, electronic, oral, written, and photographic.

PURPOSE:

The purpose of this policy is to establish the appropriate use of AHI Information (as defined above) by Staff via the various forms of social media. This policy is also intended to provide Staff with *guidelines* concerning the appropriate use of social media.

SCOPE:

This policy pertains to all Staff who participate in one or more of the various forms of social media on non-AHI sites or profiles as defined within this policy. This policy applies regardless of where Staff may access the social media/networking site (including home access). It applies when the Staff's affiliation to AHI is identified, known, or presumed, or to any use or disclosure involving AHI Information.

BACKGROUND:

The use of social media profiles and networking sites is widespread. AHI must ensure that Staff who may come into contact with AHI Information via any means understand that, consistent with confidentiality requirements that may apply; such information may not be posted or disclosed via social media or networking sites. This prohibition applies even if the information does not expressly identify or name a patient or other individual because federal and state privacy regulations and other laws may nonetheless be implicated, including professional misconduct laws and Federal Trade Commission guidelines. Questions regarding this policy may be directed to the Privacy Officer at (607) 737-4469.

PROTECTION OF EMPLOYEE RIGHTS:

This social media policy is not meant to interfere with, restrain or prevent AHI's employees' communications regarding wages, hours, or other terms and conditions of employment, nor impede their First Amendment rights of free speech. AHI employees have the right to engage in or refrain from such activities and communications.

DEFINITIONS:

- a. **Social Media and Text Messaging.** For purposes of this policy, social media includes, but is not limited to: blogs (short for Weblogs), micro-blogs (e.g., Twitter) podcasts, discussion forums, video sharing (e.g., YouTube, Vine), collaborative Web sites (also called "Wikis"), professional networking sites (e.g., LinkedIn), social networking sites (e.g., Myspace and Facebook), and e-mail distribution lists. **Although text messaging is not considered "social media", the concerns and prohibitions discussed in this policy apply to text messaging, and the texting/sending of video/photographic images via cell phones or by other means.**
- b. **Patient Information.** As mentioned above, this policy also prohibits the posting of and/or sharing of patient information on social media/networking sites or via text messaging. For purposes of this policy, patient information includes HIPAA¹ "protected health information" which is all individually identifiable information relating to the past, present, or future physical or mental health or condition of an individual; provision of health care to an individual; or the past, present or future payment for health care provided to an individual. Health information may be transmitted or maintained in any form of media, including oral, written, or electronic (includes images). Information is considered protected health information where there is a reasonable basis to believe the information can be used to identify the individual. For purposes of this policy, patient information **also** includes information obtained or learned by AHI and our Staff in the course of providing health care services to the patient and/or in the course of employment or affiliation with AHI, regardless of whether the information specifically identifies

a patient.

USE OF SOCIAL MEDIA: LIMITATIONS, PROCEDURES, AND GUIDELINES:

- a. **AHI Information.** Staff may not use or disclose via or on any social media site any AHI Information (as defined in this policy). Staff may not represent that they are communicating the views of AHI, nor may Staff do anything that might reasonably create an impression that they are communicating on behalf of, or as a representative of, AHI. For example, a Staff member should not post a message on Facebook stating that "AHI encourages you to vote yes on proposition 1", which creates the appearance that AHI has officially endorsed such a vote. AHI's official social media information and profiles are managed by the Marketing/Community Relations Department.
- b. **Patient Information Specifically.** Staff may not use or disclose any patient information (regardless of whether such information specifically names or identifies a patient) via or on any social media site without the prior express written permission of the patient or the patient's authorized representative **and** approval by AHI (**This is a very limited exception, to be addressed on a case-by-case basis by AHI prior to any posting by a Staff member**). (you cover this in the "Sanctions" section below)
- c. **Taking, Sending and Posting of Patient Images Prohibited.** As indicated above, "patient information" includes patient images, regardless of whether the patient is named or identified. Staff may not take patient images except as authorized by AHI's Photographic and Videographic Consent policy (Policy # LE 140). In addition, Staff may not **take or send patient images via cell phone or other camera or post such images on a social media Web site in violation of this policy.**
- d. **Prohibited Use.** Staff may not use social media/networking sites (or other forms of communication) to harass, discriminate against, or make defamatory, slanderous or maliciously false statements about AHI and/or its patients, vendors or other Staff or affiliates.
- e. **Honest and Appropriate Representations on Social Media/Networking Sites**
 - i. Staff must not state or suggest that the views and/or opinions that they post or otherwise express related to AHI and health care topics represent the official views of AHI unless expressed as a function of their Arnot Health job or position.
 - ii. Staff may not use AHI's intellectual property, such as logos, graphics and copyrights for any purpose, including the use on such Staff member's personal Web page or social media/networking sites. However, AHI reserves the right to host or sponsor a social media/social networking site, which may contain AHI logos, graphics, etc.
 - iii. Staff engaging on social media sites/platforms external to AHI may not use AHI's name in their user or screen name.
 - iv. Staff are permitted to identify their affiliation with AHI on a social networking site, provided such posting is consistent with this policy. For example, a Staff member may indicate that he/she is an employee of AHI on LinkedIn or Facebook.
 - v. In the event a Staff member posts to a social networking or other site on AHI-related topics, services or products, such Staff member must include a clear disclaimer

stating his/her real name, that he or she is a AHI employee/affiliate and that the views and opinions expressed are the Staff member's alone and do not represent the official views of AHI (This requirement is based on Federal Trade Commission Guidelines).

- f. **Avoiding Reputation Harm.** Staff should be aware that inappropriate blog posts or other social media posts and communications may be seen by others as a reflection of their character, judgment and values. The publication on social media sites of obscene or other similarly inappropriate information, language and/or images (including, for example, racist, sexist, illegal drug use or other unlawful content) may threaten or harm such Staff member's individual and professional reputation. By extension, AHI's reputation may be harmed if it is known that such person is affiliated or associated with AHI. Should this occur, such Staff member may be subject to disciplinary action, up to and including termination of employment or affiliation with AHI. Staff should be aware that information they post to social media sites may be difficult or impossible to remove from the Internet.
- g. **Use of AHI's Computer Systems**
 - i. **Personal Use Prohibited.** Staff may not use AHI's Computer System to access their personal social media accounts during AHI work time.
 - ii. **Monitoring.** All files and records, including emails, residing on AHI's system remain at all times AHI's property and may be monitored or viewed at any time, without consent or notice.
- h. **Sanctions/Discipline for Violations of this Policy.** Staff who violate this policy may be subject to discipline up to and including termination of employment or affiliation with AHI, as well as any civil and/or criminal sanctions for conduct that violates related New York State and/or federal privacy regulations. AHI shall sanction Staff for violations of this policy in a consistent and fair manner.
- i. **AHI's Hosted Social Media Site(s).** AHI will approve, establish and control any AHI managed/ associated social media accounts created to represent AHI, such as Facebook. Such AHI approved accounts shall provide general information about AHI and updates on events, links and information that may be useful and/or of interest to AHI's patients and other members of the public.

ATTACHMENT(S):

REFERENCE(S):

FORM(S):

¹ HIPAA refers to the Health Insurance Portability and Accountability Act of 1996, and the implementing regulations thereto pertaining to the privacy and security of health information.

POLICY #: HR.260

Approval Signatures

Step Description	Approver	Date
Approver	Diego Chiarandini: Vice President of Human Resources	04/2024
	Karry Drake: Senior Human Resources Director	04/2024

Locations

AOMC, IDMH, Medical Offices, SJH

COPY



Origination 07/1985

Last Approved 04/2024

Effective 04/2024

Last Revised 05/2021

Next Review 04/2026

Owner Karry Drake:
Senior Human
Resources
Director

Area Human
Resources

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Sexual and Other Prohibited Harassment

PURPOSE:

Explanation of Arnot Health's (Arnot) sexual harassment policy and other forms of prohibited harassment and obligation of Arnot Health.

SEXUAL HARASSMENT POLICY:

Arnot is committed to maintaining a workplace free from sexual harassment and any other form of harassment or discrimination. Arnot does not tolerate any form of sexual harassment, and all employees are required to work in a manner that prevents sexual harassment in the workplace. Any form of sexual harassment of any employee, applicant, intern (paid or unpaid), customer, vendor, contractor, subcontractor, consultant or any other person providing services pursuant to a contract with the Arnot will not be tolerated. While this policy focuses on sexual harassment, unlawful harassment and discrimination of any kind is prohibited, including that based on race, creed, color, religion, national origin, sexual orientation, gender identity, sex, disability, military status, marital status, domestic violence victim status and criminal history.

Any employee who violates this policy will be disciplined up to and including termination of employment. Likewise, any supervisor or manager who knowingly allows sexual harassment to occur, continue or otherwise ignores or fails to report concerns related to sexual harassment as required by this policy will be seriously disciplined up to and including termination of employment.

Sexual harassment is against the law. All employees have a legal right to a workplace free from sexual harassment, and employees can enforce this right by filing an internal or external complaint as detailed below.

What is Sexual Harassment?

Sexual harassment is a form of sex discrimination in the workplace, and is unlawful under federal, state, and (where applicable) local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity and the status of being transgender.

Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual's sex when:

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment, even if the complaining individual is not the intended target of the sexual harassment;
- Such conduct is made either explicitly or implicitly a term or condition of employment; or
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting an individual's employment.

A sexually harassing hostile work environment consists of words, signs, jokes, pranks, intimidation or physical violence which are of a sexual nature, or which are directed at an individual because of that individual's sex. Sexual harassment also consists of any unwanted verbal or physical advances, sexually explicit derogatory statements or sexually discriminatory remarks made by someone, which are offensive or objectionable to the recipient, which cause the recipient discomfort or humiliation, which interfere with the recipient's job performance.

Sexual harassment also occurs when a person in authority tries to trade job benefits for sexual favors. This can include hiring, promotion, continued employment or any other terms, conditions or privileges of employment. This is also called "quid pro quo" harassment.

Any employee who feels harassed should complain so that any violation of this policy can be corrected promptly. Any harassing conduct, even a single incident, can be addressed under this policy.

Examples of Sexual Harassment:

The following describes some of the types of acts that may be unlawful sexual harassment and that are strictly prohibited:

- Unwanted physical contact such as touching, pinching, patting, grabbing, brushing against another employee's body or poking another employees' body as well as rape, sexual battery, molestation or attempts to commit these assaults.
- Unwanted sexual advances or propositions such as requests for sexual favors accompanied by implied or overt threats concerning the victim's job performance evaluation, a promotion or other job benefits or detriments, subtle or obvious pressure for unwelcome sexual activities.
- Sexually oriented gestures, noises, remarks, jokes or comments about a person's sexuality or sexual experience, which create a hostile work environment.
- Sexual or discriminatory displays or publications anywhere in the workplace, such as: displaying pictures, posters, calendars, graffiti, objects, promotional material, reading materials or other materials that are sexually demeaning or pornographic. This includes such sexual

displays on workplace computers or cell phones and sharing such displays while in the workplace.

- Hostile actions taken against an individual because of that individual's sex, sexual orientation, gender identity and the status of being transgender, such as: interfering with, destroying or damaging a person's workstation, tools or equipment, or otherwise interfering with the individual's ability to perform the job; sabotaging an individual's work; or bullying, yelling, name-calling.
- Sex stereotyping which occurs when conduct or personality traits are considered inappropriate simply because they may not conform to other people's ideas or perceptions about how individuals of a particular sex should act or look.

Who can be Sexually Harassed?

Sexual harassment can occur between any individuals, regardless of their sex or gender. New York Law protects employees, paid or unpaid interns, and certain non-employees including independent contractors, and those employed by Arnot contracting to provide services in the workplace. A perpetrator of sexual harassment can be a superior, a subordinate, a coworker or anyone in the workplace including an independent contractor, contract worker, vendor, client, customer or visitor.

Where can Sexual Harassment Occur?

Unlawful sexual harassment is not limited to the physical workplace itself. It can occur while employees are traveling for business or at employer sponsored events or parties. Calls, texts, emails, and social media usage by employees can constitute unlawful workplace harassment, even if they occur away from the workplace premises or not during work hours. The bottom line is that if you feel you've been subject to sexual harassment, or any form of harassment, report it as outlined in this policy, so the Arnot can investigate and take any needed corrective action.

Reporting Sexual Harassment: Arnot cannot prevent or remedy sexual harassment unless they know about it. Any employee, paid or unpaid intern or non-employee who has been subjected to behavior that may constitute sexual harassment is encouraged to report such behavior to their direct supervisor. If the employee is reluctant to discuss the issue with his/her supervisor for any reason, they may report the issue to the System Director of Human Resources ("HR"), System Chief Corporate Compliance Officer or the head of the division in which the employee works. Anyone who witnesses or becomes aware of potential instances of sexual harassment is **required** to report such behavior in accordance with this policy.

Reports of sexual harassment may be made verbally or in writing. A Complaint Form is attached to this policy as **Appendix A**, and should be used by employees when making a complaint. Employees who report sexual harassment on behalf of other employees should use the Complaint Form and note that it is on another employee's behalf. Anyone who believes they have been a victim of sexual harassment may also seek assistance in other available forums, as explained below in the section on Legal Protections.

All supervisors and managers who receive a complaint or information about suspected sexual harassment, observe what may be sexually harassing behavior or for any reason suspect that sexual harassment is occurring, **are required** to report such suspected sexual harassment to HR. If the

complaint pertains to a member of HR and you're not comfortable reporting it to HR, you may report it directly to the System Chief Corporate Compliance Officer or the head of the division in which the employee works.

As stated above, **supervisors and managers** bear particular responsibility to ensure the workplace is free of sexual harassment and any other form of harassment or discrimination. Thus, **supervisors and managers who engage in sexually harassing behavior, fail to report suspected sexual harassment or otherwise knowingly allow sexual harassment to occur or continue, will be disciplined up to and including termination of employment.**

Complaint & Investigation Procedure: All complaints or information about suspected sexual harassment will be investigated. An investigation of any complaint, information or knowledge of suspected sexual harassment will be prompt, thorough and confidential to the greatest extent possible, and should be completed as soon as reasonably possible. All persons involved, including complainants, witnesses and alleged perpetrators will be accorded due process to protect their rights to a fair and impartial investigation. Any employee may be required to cooperate as needed in an investigation of suspected sexual harassment. Employees who participate in any investigation will not be retaliated against. Conducting a fair, objective and thorough investigation is important to all those affected and the organization. Thus, **employees who refuse to participate, are uncooperative or otherwise attempt to interfere with or obstruct such an investigation will be found to have engaged in insubordination and disciplined up to and including immediate termination of employment.**

Investigators have some flexibility, and ultimately are charged with conducting a thorough and unbiased investigation to uncover the truth. Although the investigative process may vary in each case, investigations should generally adhere to the following:

- Upon receipt of a complaint, HR or a designated person or agent will conduct an immediate review of the allegations, and take any interim actions, as appropriate. If the complaint is oral, encourage the individual to complete the "Complaint Form" in writing. If he or she refuses, prepare a Complaint Form based on the oral report. Ask the Complainant to sign the completed form, and if they refuse, annotate "Refused to Sign" or something similar in the signature block and date.
- If documents, emails, text messages or phone records are relevant to the allegations, take steps to obtain and preserve them.
- Request and review all relevant documents, including all electronic communications.
- Interview all parties involved, including any relevant witnesses, and obtain written statements where possible that are dated and signed by the person providing the statement. If witnesses refuse to sign statements, prepare a written summary of what they conveyed to you verbally and annotate that they did not want to sign a statement. The investigator should then date and sign the document themselves.
- Create a written summary of the investigation (such as a letter, memo or email), which contains the following: (a) a list of all documents reviewed, along with a detailed summary of relevant documents; (b) a list of names of those interviewed, along with a detailed summary of their statements; (c) a timeline of events; (d) a summary of prior relevant incidents, reported or unreported; and (e) the basis for the decision and final resolution of the complaint, together

with any corrective actions action(s).

- Keep the written documentation and associated documents in the employer's records. Promptly notify the individual who complained and the person(s) accused of the final determination and implement any corrective actions. Inform the individual who complained of their right to file a complaint or charge externally as outlined below.

Retaliation is Strictly Prohibited: Unlawful retaliation can be any action that would keep a worker from coming forward to make or support a sexual harassment claim. Adverse action need not be job-related or occur in the workplace to constitute unlawful retaliation. Such retaliation is unlawful under federal, state, and (where applicable) local law. The New York State Human Rights Law (HRL) protects any individual who has engaged in "protected activity." Protected activity occurs when a person has: filed a good faith complaint of sexual harassment, either internally or with any anti-discrimination agency; testified or assisted in a proceeding involving sexual harassment under the Human Rights Law or other anti-discrimination law; opposed sexual harassment by making a verbal or informal complaint to management, or by simply informing a supervisor or manager of harassment; complained that another employee has been sexually harassed; or encouraged a fellow employee to report harassment.

No person covered by this policy shall be discharged, disciplined, discriminated against, or otherwise subject to adverse employment action because the employee makes a good faith report of an incident of sexual harassment, provides information, or otherwise assists in any investigation of a sexual harassment complaint. Arnot has a zero-tolerance policy for such retaliation against anyone who, in good faith complains or provides information about suspected sexual harassment. **Any employee who retaliates against anyone involved in a sexual harassment investigation will be subjected to disciplinary action, up to and including termination.**

Anyone who believes they have been subject to retaliation should inform HR. If a member of HR is alleged to have retaliated, employees should report it directly to the System Chief Corporate Compliance Officer. You may also seek corrective action and other relief allowed by law in other available forums, as explained below in the section on Legal Protections.

Even if the alleged harassment does prove to be a violation of the law, as long as the complaining employee did so in good faith, they are protected from retaliation. However, the retaliation provision is not intended to protect persons who make intentionally false claims or charges of sexual harassment or any other form of harassment or discrimination. Employees who knowingly provide false information are subject to discipline, up to and including immediate termination.

Liability for Sexual Harassment: Sexual harassment is offensive and not only violates Arnot's policy, but it's unlawful and potentially subjects Arnot to liability for harm caused to victims of sexual harassment. Those who engaged in sexual harassment may also be personally liable for their unlawful actions in addition to being disciplined by Arnot. This means that the harasser could be found to be personally financially liable for harm they cause to the person they harass.

Application of this Policy: This policy applies to all employees, paid or unpaid interns and certain non-employee as defined by law. The term non-employee includes contractors, subcontractors, vendors, consultants and others who provide services in the workplace. Such non-employees covered could include temporary works, "gig" workers and independent contractors.

Legal Protections and External Remedies: Sexual harassment is not only prohibited by Arnot, but is also prohibited by state, federal, and, where applicable, local law. Aside from the internal process at Arnot, employees may also choose to pursue legal remedies with the following governmental entities at any time.

The HRL, codified as N.Y. Executive Law, art. 15, § 290 et seq., applies to employers in New York State with regard to sexual harassment, and protects employees, paid or unpaid interns and non-employees regardless of immigration status. A complaint alleging violation of the HRL may be filed either with NYS Division of Human Rights (DHR) or in New York State Supreme Court. Complaints with DHR may be filed any time within one year of the harassment. If an individual did not file at DHR, they can sue directly in state court under the HRL, within three years of the alleged discrimination. An individual may not file with DHR if they have already filed a HRL complaint in state court.

Complaining internally to Arnot does not extend your time to file with DHR or in court. The one year or three years is counted from the date of the most recent incident of harassment. You do not need an attorney to file a complaint with DHR, and there is no cost to file with DHR. DHR will investigate your complaint and determine whether there is probable cause to believe that discrimination has occurred. If no Probable Cause is found, your claim will be dismissed. If Probable Cause to support your claim is found, the case is forwarded to a public hearing before an Administrative Law Judge (ALJ). The ALJ will hear the evidence and decide whether he or she believes unlawful sexual harassment occurred. If discrimination is found after a hearing, DHR has the power to award relief, which varies but may include requiring your employer to take action to stop the harassment, or redress the damage caused, including paying monetary damages, attorney's fees and civil fines. If the DHR concludes that unlawful discrimination did not occur, the claim will be dismissed.

Employees may contact the DHR's main office contact information at NYS Division of Human Rights, One Fordham Plaza, Fourth Floor, Bronx, New York 10458, (718) 741-8400. For the most current contact information, visit the DHR website at www.dhr.ny.gov. You may also contact DHR at (888) 392-3644 or visit dhr.ny.gov/complaint for more information about filing a complaint. The website has a complaint form that can be downloaded, filled out, notarized and mailed to DHR. The website also contains contact information for DHR's regional offices across New York State.

The United States Equal Employment Opportunity Commission (EEOC) enforces federal anti-discrimination laws, including Title VII of the 1964 federal Civil Rights Act (codified as 42 U.S.C. § 2000e et seq.). An individual can file a complaint with the EEOC anytime within 300 days from the harassment. There is no cost to file a complaint with the EEOC. The EEOC will investigate the complaint, and determine whether there is reasonable cause to believe that discrimination has occurred, at which point the EEOC will issue a Right to Sue letter permitting the individual to file a complaint in federal court.

The EEOC does not hold hearings or award relief, but may take other action including pursuing cases in federal court on behalf of complaining parties. Federal courts may award remedies if discrimination is found to have occurred. If an employee believes that he/she has been discriminated against at work, he/she can file a "Charge of Discrimination." The EEOC has district, area, and field offices where complaints can be filed. Contact the EEOC by calling 1-800-669-4000 (1-800-669-6820 (TTY)), visiting their website at www.eeoc.gov or via email at infor@eeoc.gov. If an individual filed an administrative complaint with

DHR, DHR will file the complaint with the EEOC to preserve the right to proceed in federal court.

Additionally, many localities enforce laws protecting individuals from sexual harassment and discrimination. An individual should contact the county, city or town in which they live to find out if such a law exists. For example, employees who work in New York City may file complaints of sexual harassment with the New York City Commission on Human Rights. Contact their main office at Law Enforcement Bureau of the NYC Commission on Human Rights, 40 Rector Street, 10th Floor, New York, New York; call 311 or (212) 306-7450; or visit www.nyc.gov/html/cchr/html/home/home.shtml.

Finally, if the harassment involves physical touching, coerced physical confinement or coerced sex acts, the conduct may constitute a crime. In this instance, you should still file an internal complaint, but **contact the local police department immediately.**

ATTACHMENT(S):

Appendix A: Harassment Complaint Form

REFERENCE(S):

FORM(S):

POLICY #: HR.910

Attachments

[Appendix A: Harassment Complaint Form](#)

Approval Signatures

Step Description	Approver	Date
Approver	Diego Chiarandini: Vice President of Human Resources	04/2024
	Karry Drake: Senior Human Resources Director	04/2024

Locations

AOMC, IDMH, Medical Offices, SJH



Origination 07/1988
Last Approved 11/2024
Effective 11/2024
Last Revised 11/2024
Next Review 11/2026

Owner Karry Drake:
Senior Human
Resources
Director

Area Human
Resources

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Employee Dress and Appearance

PURPOSE:

To provide guidelines for the professional and safe attire and appearance of personnel. Employees are expected to follow Arnot Health guidelines appropriate for their jobs related to attire and appearance, recognizing that the health system image projected to patients and the public is dependent on the clean and professional appearance of all employees, among other factors.

STATEMENT:

Professionalism in attire and appearance reinforces the Arnot Health reputation and can be reassuring to patients and visitors. Employees are expected to exercise good judgment and maintain an appropriate appearance that is businesslike, neat, and clean as determined by the requirements of the area in which the employee works. Arnot Health staff should be particularly sensitive to what patients and visitors believe to be appropriate attire and grooming. Consequently, Arnot Health's tendency is toward conservative appearance.

ACCOUNTABILITY:

Each staff member is expected to take all necessary measures to assure their personal attire and appearance are in keeping with the nature of their role and Arnot Health standards. If leadership determines an employee's attire and appearance pose a conflict with our standards, the employee will be encouraged to identify appropriate options to address the situation. Examples of resolution may include removal of excess or offensive jewelry, covering of offensive tattoos, transferring

to an alternative position, or other reasonable means to resolve the conflict. Leaders (people managers) are responsible for taking appropriate disciplinary actions if correction is not forthcoming.

Factors that leaders will consider when determining whether attire and appearance pose a conflict with the employee's job or work environment include:

- Personal safety of self or others.
- Productivity or performance expectations.
- Offensiveness to other employees, patients, vendors, or others in the workplace, which may include feedback from these individuals.

General guidance (this guidance is not all inclusive; different factors and situations may warrant additional guidance that is not explicitly listed below. Additional guidance is subject to department-specific protocols, as applicable):

1. UNIFORMS:

- a. Specific uniforms will be determined by the department the employee works in – different departments have varying colors and uniform styles. The following are a few general guidelines:
 - i. The facility may issue uniforms/scrubs for certain departments.
 - ii. Clothing is to fit appropriately, be neat, clean, and in good condition.
 - iii. No jeans, stretch leggings, capri pants, cut-offs, t-shirts, hoodies/sweatshirts, or athletic wear with manufacturer logos.
 - Storeroom employees may wear jeans.
 - iv. No short skirts, low cut tops, or shorts.
 - Grounds crew may wear shorts.
 - v. All employees are required to be in uniform prior to the start of their shift, and through shift end.
 - vi. Lab coat as required by work area.
 - vii. All shirts worn under uniform top must be solid color or color of uniform. (Exception: Positions that do not permit shirts under uniform top.)

2. SHOES:

- a. Safe clean shoes are to be worn, no open toe shoes or open backed shoes (exception only for office jobs, where there is no interaction with patients and the employee does not go into areas where patients receive care).
- b. No flip-flops or open back sandals in any area. No slippers or slipper socks in any area. Crocs or similar shoes are acceptable only if they have no holes and closed backs (no adjustable straps).
- c. Protective footwear must be worn when employees are working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where there is a possibility of the employee's feet being exposed to an electrical hazard.

3. AMBULANCE RUNS:

- a. Uniform or lab coat over street clothes must be worn.

4. NAME BADGES:

- a. All employees are required to wear ID badges with their badge picture and name clearly visible and the badge must be worn above the waist.
- b. ID badges must include Code Cards.
- c. Position identifiers (e.g., RN 'badge buddies') are to be worn if provided for position.
- d. No stickers or decorations "not issued" by the hospital on badge. Badges cannot be punctured by pins.
- e. Badge pulls (badge reels) cannot contain any messaging that is offensive.

5. JEWELRY:

- a. For safety and infection control purposes, jewelry should be minimal.
- b. NICU staff may not wear rings, bracelets, or wrist watches.
- c. No dangling chains and large charms in clinical and food prep areas. Small non-dangling earrings may be worn.

6. HAIR:

- a. Maintain an appearance that is simple, neat, and clean. For longer hair, have hair put up, or neatly pulled back.
- b. All facial hair must be neat and trimmed.

7. FINGERNAILS:

- a. NO artificial fingernails (tips, overlays, acrylics, gels, or silk wrapped) will be worn by staff who have patient contact, indirect contact with the patient's environment and/or contact with food.
- b. Fingernail length will be finger-tip length.
- c. Nails will be neat, clean, and well-manicured.
- d. Regular nail polish and gel nail polish are allowed, but the polish must not have any chips or cracks. When a ridge has developed at the base of the nail between the cuticle and nail base, the nail polish must be removed.

8. PERFUME/COLOGNE/STRONG ODORS:

Recognizing that employees and visitors to our facilities may have sensitivity or allergic reactions to various fragrant products, Arnot Health is a fragrance-free workplace.

To ensure that Arnot Health is a fragrance-free workplace, employees are prohibited from bringing onto the premises natural or artificial scents that could be distracting or irritating to others. Scented personal products (such as fragrances, colognes, lotions, and powders) that are perceptible to others should not be worn by employees. Other scented products (e.g., potpourri and similar items) are also not permitted in the workplace.

Employees required by medical necessity to use products that contain odors perceptible to others may request a reasonable accommodation from their supervisor or leader, in consultation with the human resources (HR) department, as appropriate.

Any employee with a concern about scents or odors should contact a leader or the HR department.

9. TATTOOS:

Arnot Health allows reasonable self-expression through personal appearance, including tattoos, unless it conflicts with an employee's ability to perform his or her job effectively or with his or her specific work environment, or it is regarded as offensive or harassing towards others as described in this policy.

10. No hats, bandanas, or head covers unless required by department or religious beliefs.
11. Dress down or special days are not permitted, unless announced at the discretion of the CEO, COO or Vice President or designee.

Attachments

 [Nursing Dress Code Grid_.pdf](#)

Approval Signatures

Step Description	Approver	Date
Approver	Diego Chiarandini: Vice President of Human Resources [KG]	11/2024
	Karry Drake: Senior Human Resources Director	11/2024

Locations

AOMC, IDMH, Medical Offices, SJH



Origination 03/1988
Last Approved 10/2024
Effective 10/2024
Last Revised 08/2021
Next Review 10/2026

Owner Cathleen Mathey:
Chief Compliance Officer
Area Legal and Ethical Issues and Concerns
Locations AOMC, IDMH, SJH

Patient Rights

PURPOSE:

To advise all patients of their rights, as a patient, in accordance with New York State Department of Health and Health Care Financing Administration regulations.

STATEMENT:

Distribution of Patients' Rights Information: Each patient or his representative will be given a copy of the booklet **Your Rights and Responsibilities at Arnot Health** on admission to the nursing unit (and the PreAdmission Center). The LPN/RN admitting or the Pre-Admission Center will review the booklet with the patient or representative and obtain the signature on the Acknowledgement form. The Acknowledgement form becomes a part of the permanent Medical Center record. The Emergency Department personnel will give a copy of the **Patients' Bill of Rights** to the patient or his/her representative at the time of registration. The pediatric patient and parent bill of rights is posted in every designated pediatric room.*

Posting of Patients' Rights:

- A. A copy of the **Patients' Bill of Rights** must be posted throughout the Arnot Health System.
- B. Posted copies must be hung at a level readable by patients in wheelchairs.
- C. A copy will be posted in the Patient Registration waiting area.
- D. The **Patients' Bill of Rights** will be read to any person who is visually impaired or cannot read.

In addition to the statement in the **Patients' Bill of Rights**, the staff and physicians at the Arnot Health System will:

- A. consider the psychosocial, spiritual, and cultural variables that influence the patient's perception of illness and/or death;
- B. provide optimum comfort and dignity in the event of terminal illness;
- C. consider the patient's desire in treatment of symptoms;
- D. provide effective pain and symptom management;
- E. allow the patient to accept or refuse medical care to the extent permitted by law and to be informed of the possible options and consequences;
- F. allow the patient/representative to participate in the consideration of ethical issues that may arise from the patient's care and educate caregivers and patients on health care issues.

Medicare Patients' Rights: A copy of the Medicare Patients' Rights will be distributed to each Medicare patient or their representative. This is included in the booklet, "**Your Rights and Responsibilities at Arnot Health**".

Medicare Patients' Rights are an official message from the Health Care Financing Administration (HCFA).

Copies are available in English and Spanish. All other languages will require the assistance of an interpreter.

ATTACHMENT(S): REFERENCE(S): FORM(S):

POLICY #: LE.050

Approval Signatures

Step Description	Approver	Date
Approver	Robin Landolf: Compliance Analyst/Denials Manager	10/2024
Approver	Denise Perry: Director Medical Records	10/2024
	Cathleen Mathey: Chief Compliance Officer	09/2023



Origination 08/1988

Last Approved 01/2025

Effective 01/2025

Last Revised 01/2025

Next Review 01/2027

Owner Cathleen Mathey:
Chief
Compliance
Officer

Area Legal and Ethical
Issues and
Concerns

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Confidentiality Related to Medical Records

PURPOSE:

To articulate policy with regard to confidential patient information.

STATEMENT:

I. **PREAMBLE:** Respect for Confidential Information/Protected Health Information (PHI)

In the course of our work, we may learn things of a confidential nature. All information about patients must be regarded as a sacred trust. We all have an ethical and regulatory obligation never to discuss patients, either with fellow employees or persons outside of Arnot Health, unless those persons are directly involved in the care of the patient. Information is made available to you for the purpose of completing your assigned duties. No information should be accessed or disclosed for reasons other than to perform job duties.

II. **POLICY:**

- A. It is the legal responsibility of all health system employees, physicians, mid-level providers, students, and volunteers to use patient records/protected health information in the normal course of business and to protect the confidentiality of the information within the record. Access to information is restricted by the need to know. Please refer to IM565 regarding the obligation to protect PHI during, collection, use, storage and destruction.
- B. All employees must follow the Health Insurance Portability and Accountability (HIPAA) regulations unless State law or internal policy is more stringent. Refer to

HIPAA information available on the Intranet. Accessing information for purposes other than what is minimally required to complete your job is prohibited.

- C. If it becomes necessary to release information, i.e., referrals to other agencies or transfer of patient to other facilities, please follow HIPAA guidelines. If you are not sure, contact the HIPAA privacy officer or Health Information Management/Services (Medical Records).
- D. If it is necessary to release copies of a patient's record, the request will be forwarded to the Health Information Management/Services Department for processing.
- E. Records are not to be removed from the unit/department except to be delivered to HIM post discharge, accompany the patient for treatment/procedures, or for any other exceptions as approved by the Health Information Service Department Director. When used by students, the records may not be removed from the unit/department or the Health Information Management/Services Department. Students may utilize the medical record for educational purposes, if granted by their supervisor/instructor.
- F. The patient or his/her legally authorized representative is legally entitled to examine the patient's medical record and to have copies made in accordance with current Federal Statutes (HIPAA) or New York State statute and Health Information Management/Services Department protocol. During hospitalization, all written requests for copies of Medical Records shall be handled by the Health Information Management/Services Department.
- G. Sharing password information is prohibited. Computers should not be left unattended with patient information available. Please refer to policy IM.345 "Computer Security", and policy LE.060 "confidentiality related to medical records" for more details.
- H. Employees who wish to access their own personal information must follow the same guidelines for patient release of information. The employee must request their records via HIM/HIS and complete an "Authorization to Release Information."
- I. Suspension or termination of employment, unless there are clear mitigating factors, is the usual result when employees inappropriately access unauthorized medical records (paper, electronic, or any other medium) and/or divulge confidential information to unauthorized persons. In addition, employees violating this policy are subject to subsequent prosecution in accordance with current state and federal statutes.

Consequences of a HIPAA Violation (Unauthorized Access or Disclosure)

- a. All violations will be investigated by the HIPAA/HITECH Committee to determine:
 - whether or not a reportable breach has occurred;
 - whether this was intentional or inadvertent.
- b. The results of the investigation will be reported to the employee's supervisor who will confer with Human Resources and one member of the HIPAA/HITECH committee to determine the

appropriate discipline based on the following in conjunction with an approved scenario grid that is utilized for consistency in outcome decisions:

- i. 1st Offense – Minimal formal reprimand in writing and placed in employee personnel file. May be suspended without pay, or may be terminated based on circumstances and intent.
 - ii. Mandatory education will be required following any intentional or unintentional violation.
 - iii. 2nd Offense – Almost always termination, unless there are extenuating circumstances.
- c. In addition, employees may be subject to prosecution and monetary penalties imposed by outside organizations. Payment of individual HIPAA penalties will be the responsibility of the employee, not Arnot Health.
- d. *Should there be a lack of consensus of the level of discipline from the meeting between the Manager, HR, and the HIPAA/HITECH committee members as outlined in (b) above, the decision will be elevated to the President's Council. *

*Denotes most recent change to policy.

ATTACHMENT(S): REFERENCE(S): FORM(S):

POLICY #: LE.060

Approval Signatures

Step Description	Approver	Date
Approver	Robin Landolf: Compliance Analyst/Denials Manager	01/2025
Approver	Denise Perry: Director Medical Records	01/2025
	Cathleen Mathey: Chief Compliance Officer	04/2024

Locations

AOMC, IDMH, Medical Offices, SJH

COPY



Origination 10/2015
Last Approved 08/2024
Effective 08/2024
Last Revised 08/2024
Next Review 08/2026

Owner Matthew Zurcher:
Systems Director
of Public Safety

Area Safety and
Security

Locations AOMC, IDMH,
Medical
Offices
+ 1 more

Tobacco Free Environment

PURPOSE:

To state the restrictions that apply to smoking and tobacco use at Arnot Health and establish a uniform prohibition of tobacco use on Arnot Health properties, including all AMS offices.

POLICY:

In accordance with New York State Public Health Law Section 1399-o, smoking shall not be permitted on the grounds of general hospitals and residential health care facilities as defined by Article 28. The restrictions apply to visitors, patients, medical staff, volunteers, students and employees. The law specifically states that the term "grounds" includes the areas within 15 feet of a building entrance or exit and within 15 feet of the entrance to or exit from any area that is considered facility grounds.

Enforcement of this policy will exclude private vehicles when parked in employee parking lots (**exception: cannabis use is not permitted**). Smoking will be prohibited in private vehicles parked in non-employee lots on any Arnot Health property and surrounding areas. This policy complies with the New York Clean Indoor Air Act. As all employees are considered ambassadors of the Arnot Health Organization, as good neighbors, Arnot Health employees shall treat surrounding public and private areas (including streets, sidewalks, driveways, lawns, bushes, etc.) with respect and will refrain from smoking, loitering, and/or littering with cigarette butts or other trash on any area adjoining an Arnot Health property. Enforcement during working hours will be the equivalent of enforcement on Arnot Health property.

STATEMENT:

Arnot Health, as a provider of healthcare services, promotes the physical well-being of the community and the patients it serves. Recognized as a leader in the field of health promotion, Arnot Health

acknowledges the lethal impact of tobacco use and prohibits tobacco use on all Arnot Health properties at all times. Arnot Health is committed to providing a safe, clean, and healthy environment. The policy is intended to eliminate tobacco use on all Arnot Health properties for employees, visitors, and patients in order to reduce the risk of passive exposure for others, reduce health hazards related to all tobacco use, and reduce the risk of fire. In addition, Arnot Health employees, as ambassadors and good neighbors, will refrain from smoking, loitering, and/or littering on any property adjoining Arnot Health during working hours.

DEFINITION:

The term "**smoking**" is used generically to include the lighting and/or use of any type of tobacco or **cannabis** product, e.g., cigarettes, cigars, pipes, chewing tobacco, snuff. This also includes the use of "smokeless" tobacco products including **electronic cigarettes and vaporizers**. In addition, the use of any nicotine delivery device or product not approved for tobacco cessation by the Federal Drug Administration is also prohibited. Nicotine replacement therapy products (patches, gum, lozenges) are allowed. In addition, per Public Health Law Article 13-E, cannabis is treated the same as smoking or vaping tobacco products, and may not be smoked or vaped in general hospitals and residential health care facilities, or on the grounds of hospitals and residential health care facilities or within 15 feet of a building entrance or exit

SCOPE:

Smoking of tobacco or **cannabis** and the use of all tobacco or **cannabis** products is prohibited for all Arnot Health persons including staff, physicians, patients, visitors, students, vendors, contractors, subcontractors, and volunteers in the following areas:

1. Campuses of Arnot Health
2. Buildings of Arnot Health
3. Outpatient facilities of Arnot Health
4. Parking lots of Arnot Health – except within private vehicles in employee parking lots only
5. Properties adjoining Arnot Health – mindful that AH has no control of visitor behavior once they leave the AH campus

Please note that employees who choose to smoke tobacco (**cannabis not permitted**) in their private vehicles must do so in employee parking lots only and may not dispose of any trash related to tobacco use anywhere on any Arnot Health or adjoining property. **Littering is illegal, and strictly prohibited.**

Offenders will be subject to the progressive Arnot Health discipline policy.

"No Smoking" and "No Littering" signage will be posted in all areas where appropriate.

Smoking on Breaks (cannabis NOT permitted): It is considered a violation of policy for an employee to misuse break times to leave campus for the use of tobacco. Please reference #HR.920 Rest and Meal Periods. Employees that choose to smoke in their private vehicles may do so at the risk of being in violation of #HR.960 Employee Dress and Appearance, which states that employees may be in violation of the dress code policy if they come to work with a strong smell of cologne, after shave, tobacco or any

other hygiene related or offensive odor. Employees presenting with such an odor will be asked to leave and return when the odor is no longer detectable and may be subject to progressive discipline if there is a pattern of violating this policy.

PATIENT SMOKING/TOBACCO USE: Patients/family/visitors may not smoke or use tobacco **or cannabis** products anywhere on the Arnot Health campuses, including outdoor areas, sidewalks, bus stops, adjacent streets, parking lots, and private properties.

Clinical staff persons are responsible for screening all outpatients for tobacco use with the collection of vital signs at each inpatient, ambulatory care, or office visit.

- Patients identified as tobacco users will be advised to quit by the healthcare provider. The healthcare provider will discuss available treatment options, including an electronic referral to the New York State Quitline or referral to another evidence-based cessation support program and pharmacotherapy.
- If appropriate, the patient will be prescribed nicotine replacement therapy and or cessation medications to assist with quit-attempt.
- The healthcare provider will document all tobacco dependence treatment efforts in the EMR, including smoking status, prescribed medications, prescribed medications, counseling, referral to cessation support programs, and follow up.
- When a patient who smokes or uses other tobacco products is admitted they will:
 - Be counseled by the clinical staff on the risks of smoking/tobacco and electronic cigarette use and how it contributes to the current diagnosis and future well-being.
 - Be encouraged to consider smoking/tobacco cessation.
 - With the collaboration of their admitting practitioner, be offered additional tobacco cessation counseling, medications, and/or referral as appropriate.
 - Be advised that leaving the campus to use tobacco products while admitted will not be allowed and may be classified as leaving "against medical advice".
 - Be advised that no medical exceptions are allowed.

PATIENT VIOLATIONS: If the patient is offered the above therapy and counseling, but insists on using tobacco products, the tobacco products may be removed by hospital personnel and returned to the patient at the time of discharge. If the patient continues to use tobacco products, their action may be interpreted as an act against medical advice (AMA). In these situations, Policy #AD.710 Discharge of a Patient may be initiated.

VISITOR AND VENDOR TOBACCO and CANNABIS USE: Visitors/Vendors observed smoking on the premises will be approached courteously and advised of AH Tobacco Free Policy and requested to extinguish their smoking materials. No further action is required for visitors who do as requested. Visitors who decline to do so will be reminded that the policy is the result of Public Health Law, and if they cannot comply, politely request that they and their tobacco product leave the hospital grounds. Persons who refuse will be referred to the Public Safety Department.

Employees and Public Safety officers will be provided with campus maps containing appropriate smoke free information to offer to visitors. Officers may contact Tobacco Cessation Counselors as appropriate

at each hospital for assistance/referral.

Visitors who are uncooperative, belligerent and/or threatening will be advised of the medical center's zero tolerance for workplace violence policy, and if necessary Arnot Health Public Safety Officers will contact local law enforcement.

If law enforcement is notified, an incident report must be completed in Safequal as per facility policy.

EMPLOYEE SMOKING/TOBACCO/CANNABIS USE: Employees will be expected to adhere to tobacco and cannabis restrictions outlined in this policy and inform patients and visitors observed smoking of the tobacco free policy.

EMPLOYEE SUPPORT:

1. Human Resources will inform all applicants for employment of the tobacco-free policy at the time of the interview.
2. Human Resources will review the tobacco-free policy during employee orientation.
3. Arnot Health will provide tobacco cessation support to employees. See addendum to this policy for a list of available resources, or contact your manager for additional information.

EMPLOYEE VIOLATIONS:

Employees found to be in violation of this policy will be subject to the Arnot Health progressive disciplinary process:

- **First Offense:** Employee will be issued a verbal warning and provided education; the policy will be reviewed with their supervisor, and after review the employee will sign the policy indicating they have read it.
- **Second Offense:** Employee will be issued a written warning and directed to watch a tobacco cessation video not to exceed 20 minutes on the Intranet, and notation made in employee's file.
- **Third Offense:** Employee will be suspended if actions are not corrected.
- **Fourth Offense:** If tobacco use on Arnot Health campuses does not stop, the employee will be terminated.

ATTACHMENT(S):

Tobacco Cessation Resources

REFERENCE(S):

FORM(S):

POLICY #: SS.140

Attachments

 [Tobacco Cessation Resources](#)

Approval Signatures

Step Description	Approver	Date
Approver	Ronette Wiley: Chief Operating Officer	08/2024
Approver	Rosalynn Dudash: Vice President, Support Services	06/2024
Approver	David Murray: Public Safety Manager	05/2024
	Matthew Zurcher: Systems Director of Public Safety	05/2024

Locations

AOMC, IDMH, Medical Offices, SJH



Origination 05/2025
 Last Approved 05/2025
 Effective 05/2025
 Last Revised 05/2025
 Next Review 05/2027

Owner Laurie Dunn:
 System Director
 of Education
 Area Legal and Ethical
 Issues and
 Concerns
 Locations AOMC, IDMH,
 Medical
 Offices
 + 1 more

Title IX Compliance

PURPOSE:

Arnot Health Educational Programs, as recipients of federal funds, are required to comply with Title IX of the Education Amendments of 1972, 20 U.S.C. & 1681 et seq., which prohibits discrimination on the basis of sex in education Programs or activities. Pursuant to Title IX and the Violence Against Women Act ("VAWA") and New York Education Law Section 129-B. Arnot Health Educational Programs also prohibit domestic/dating violence and stalking where it impacts or has the potential to impact the educational or employment environment of an academic community member.

This policy applies to all students, faculty, and staff of Arnot Ogden Medical Center Education Programs to include the schools of Nursing and Radiology In addition, current case law indicates Medical Residents may also fall under Title IX in certain situations depending on the scope of the allegations since they are also employees. In these cases, it will be a judgment call if an incident arises.

This policy applies to conduct in these Education Programs and in connection with any sponsored Programs or activities, regardless of where it occurs. Additionally, off campus conduct may violate this policy if the conduct creates a threatening or uncomfortable work or learning environment, or if the incident causes concern for the safety or security of community members (e.g., alumni, family of students, vendors, etc.). As above, certain conduct by or against Medical Residents may fall under the jurisdiction of this policy.

STATEMENT:

The process to address cases of alleged sexual harassment and others forms of sexual misconduct is designed to consider the rights of the complainant, the rights of the respondent, the safety of the

community, all applicable laws and school policies; and to conduct a timely, fair, impartial, and equitable investigation and adjudication process with thoroughness and respect for all involved parties.

GENERAL POLICY DEFINITIONS:

- A. **Advisor of Choice** – An advisor of choice is a person selected by the Complainant or Respondent to advise and accompany the Complainant or Respondent throughout the investigation and adjudication process. An advisor of choice may be any person, including an attorney. The institution does not appoint or pay for an advisor of choice. An advisor of choice's role is limited to the functions further described in this policy.
- B. **Affirmative Consent** – It is the expectation of this policy that any sexual activity or contact will be based on mutual affirmative consent to the specific sexual activity or sexual contact. All references to consent in this policy will mean affirmative consent which is defined as follows: Affirmative consent is a knowing, voluntary, and mutual decision among all participants to engage in sexual activity. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual activity. Silence or lack of resistance, in and of itself, does not demonstrate consent. The definition of consent does not vary based upon a participant's sex, sexual orientation, gender identity, or gender expression. Consent to any sexual act or prior consensual sexual activity between or with any party does not necessarily constitute consent to any other sexual act. Consent may be initially given but withdrawn at any time by expressing in words or actions that they no longer want the sexual act to continue. When consent is withdrawn or can no longer be given, sexual activity must stop. Consent cannot be given when a person is incapacitated and lacks the ability to knowingly choose to participate in sexual activity. Incapacitation may be caused by the lack of consciousness or being asleep, being involuntarily restrained, or if an individual otherwise cannot consent. In New York, a person under the age of 17 is incapable of giving consent to any sexual activity. Depending on the degree of intoxication, someone who is under the influence of alcohol, drugs, or other intoxicants may be incapacitated and therefore unable to consent. Consent is required regardless of whether the person initiating the act is under the influence of drugs and/or alcohol. Consent cannot be given when it is the result of any coercion, intimidation, force, or threat of harm.
- C. **Coercion** – Coercion is a threat, undue pressure, or intimidation to engage in sexual activity. Coercion is more than an effort to persuade, seduce, entice, or attract another person to engage in sexual activity. A person's words or conduct are sufficient to constitute coercion if they deprive another individual of the ability to freely choose whether or not to engage in sexual activity.
- D. **Complainant** – The term Complainant refers to the person who allegedly experienced the sexual misconduct in violation of the policy whether or not a formal complaint is filed. In some cases, the Title IX Coordinator may file a formal complaint and thereby initiate an investigation and adjudication process. In that instance, the Title IX Coordinator is not the "Complainant"; the complainant remains the person who allegedly experienced the sexual misconduct.
- E. **Formal Complaint** – A formal complaint refers to a written complaint filed in accordance with the grievance process below. A formal complaint is necessary to initiate an investigation and adjudication process.
- F. **Institution Advisor**. A Complainant or Respondent who does not opt to be accompanied by an

advisor of choice at a hearing is entitled to be appointed an advisor by the Education Program at no charge. This advisor is referred to an “institution advisor” who may or may not be an attorney. The institution advisor is selected and assigned by the Education Program. An institution advisor’s role is limited to asking cross-examination questions of the other party during a hearing. An institution advisor does not represent a party in any legal sense. The party is responsible for formulating the cross-examination questions the institution advisor will pose during the hearing.

- G. **Reporting Party** – The term Reporting Party refers to the person making the report. That person is usually, but is not always, the person who experienced the harassment, sexual misconduct or other violation of this policy.
- H. **Respondent** – The term respondent refers to the person alleged to have committed the alleged harassment or other sexual misconduct in violation of this policy.
- I. **Sexual Misconduct** – The term “sexual misconduct” is an umbrella term used by this policy to refer to any form of conduct prohibited by this policy. Sexual misconduct may occur between members of the same or opposite sex and in heterosexual or homosexual relationships.
- J. **Conduct Violations** – This policy sets forth conduct expectations for our community and provides a process for the reporting, investigation and adjudication of alleged violations. This policy applies to alleged conduct violations of Title IX of the Education Amendments of 1972 and to behaviors inconsistent with the Education Programs’ commitment to equal opportunity.
- K. **Title IX Category Violations** – Title IX of the Education Amendments of 1972 provides: “No person in the United States shall, on the basis of sex, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any education Program or activity receiving Federal financial assistance”. In accordance with Title IX as interpreted by the Department of Education, this policy recognizes the following as conduct violations within the meaning of Title IX, provided that the context and circumstances of the conduct fall within the scope of Title IX, including but not limited to that the complainant was in the United States at the time of the alleged conduct, that the complainant be participating in or seeking to participate in the Arnot Health Educational Programs or activities at the time of the complaint, and that the conduct has occurred in the context of the Education Program or activity:
- L. **Sexual Harassment** – Conduct on the basis of sex that satisfies one or more of the following:
 - 1. An employee of the Educational Program conditioning the provision of an aid, benefit, or service on an individual’s participation in unwelcome sexual conduct (“quid pro quo”).
 - 2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to education or activities (commonly referred to as a sexually or gender-based “hostile environment”).
- M. **Sexual assault.** “Sexual assault” includes any sexual act directed against another person, without consent of the victim, including instances where the victim is incapable of giving affirmative consent. Sexual assault consists of the following specific acts:
 - 1. Rape. The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the

consent of the victim. This offense includes the rape of both males and females.

2. **Non-Consensual Sexual Contact/Fondling.** The touching of the private body parts (including genitalia, anus, groin, breast, inner thigh or buttocks) of another person for the purpose of sexual gratification, forcibly and/or against that person's will; or, not forcibly or against the person's will where the victim is incapable of giving consent because of their youth or because of their temporary or permanent mental or physical incapacity.
 3. **Incest.** Non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 4. **Statutory Rape.** Non-forcible sexual intercourse with a person who is under the statutory age of consent. The statutory age of consent in New York is 17.
- N. **Dating violence.** "Dating violence" means violence committed by a person: (1) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (2) where the existence of such a relationship shall be determined based on the following factors: (i) Length of the relationship. (ii) Type of relationship. (iii) The frequency of interaction between the persons involved in the relationship.
- O. **Domestic violence.** "Domestic violence" means violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction where the Education Program is located, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- P. **Stalking.** "Stalking" is engaging in a course of conduct on the basis of sex directed at a specific person that would cause a reasonable person to: (1) fear for his or her safety or the safety of others; or (2) suffer substantial emotional distress. Stalking that does not occur on the basis of sex may be addressed under as an Education Program Category Violation as described below.

PROCEDURE:

This Policy prohibits all forms of sex and gender-related misconduct defined below. A person who has experienced Sexual Misconduct has several options:

- A. **A report to a Confidential Resource.** A confidential resource provides emotional and/or medical services and maintains confidentiality. A report to a confidential resource does not result in an investigation or any other action to respond to the incident.
- B. **A report to a Responsible Administrator.** Certain personnel affiliated with Arnot Health Education Programs have the responsibility to receive reports of sexual misconduct and to take action based on those reports. A responsible administrator will forward the information about the incident to the Title IX Coordinator. The Title IX Coordinator will discuss options with the reporting person. The assistance the Title IX Coordinator can facilitate includes the following:
- C. **Supportive Measures.** Supportive measures are intended to support the individual who

experienced sexual misconduct to continue in their involvement in educational Program and activities. Supportive measures include no contact orders, academic accommodations or changes in work accommodations.

- D. **Informal Resolution.** An informal resolution is a resolution that the parties (i.e., the person making the allegations and the accused person) agree upon to address the situation. Not all incidents are appropriate for informal resolution, and no party may be forced to accept an informal resolution. This is a voluntary process.
- E. **Grievance Process.** A grievance process includes an investigation and adjudication process. The outcome of a grievance process is either that the person accused of Sexual Misconduct is found either responsible or not responsible for having committed a violation of this Policy. A violation results in appropriate sanctions and other remedies to address the violation. Additionally, the person who experienced a crime has the option to pursue criminal charges:
- F. **A report to Law Enforcement.** If an incident involves criminal conduct, the victim may make a complaint to law enforcement. The options for reporting above are not mutually exclusive, and an individual may pursue one option but not the other. An individual may obtain the services of a confidential resource and decide at that time or a later time to report to the Education Program.
- G. **Reporting to a Responsible Administrator:** Any student, staff member or faculty member who wishes to report Sexual Misconduct may do so by contacting any one of the following specially trained individuals

Title IX Coordinator Responsible Administrators:

- **Representative from Human Resources (Director level or above)**
- **Director of Security****Director of Corporate Compliance**
- **Corporate Compliance Associate**

The Arnot Health Hospital Switchboard will maintain a list of individuals that can assist with Title IX issues and their contact numbers.

These individuals have been trained to receive and respond to allegations of violations of this policy. Complaints can be made by those who have been the victim of a violation of this policy, by a third party on a victim's behalf or anonymously. While certain other employees may also have a reporting obligation, if a complaint is made to anyone other than the Responsible Administrators listed above, the complainant risks the possibility that it will not come to the attention of the proper officials and may, therefore, not be acted upon. For purposes of this policy, Faculty are NOT considered Responsible Administrators. In addition, unless a report is made to someone listed as a Confidential Resource, confidentiality cannot be assured.

Upon receiving a report, the Responsible Administrator to whom the report is made will discuss with the complainant available avenues and options. Options may include disciplinary action against the accused and remedial actions to ameliorate or correct the effects of the Sexual Misconduct. Other options may include interim changes in academic, residential, or working arrangements to separate the complainant and the accused or other measures to enhance the complainant's safety. The Title IX Coordinator will review the facts and circumstances of each case, as well the complainant's wishes, in

deciding what steps are appropriate. A Responsible Administrator will share all information reported to him/her with the Title IX Coordinator and other administrators as appropriate. A Responsible Administrator will report Sexual Misconduct that he or she observes firsthand.

A Responsible Administrator is not a confidential resource.

Although a person may disclose information concerning an incident to a Responsible Administrator and request that no investigation or disciplinary action be taken, the Education Program may decide not to honor that request, depending on the circumstances. If a complainant requests that his/her identity be kept confidential but that an investigation and review for disciplinary action occur, the Education Program's decision will depend on whether the information provided by the complainant can be acted upon without revealing the complainant's identity. If a complainant requests that no action be taken against the perpetrator, the Education Program will consider the seriousness of the offense, whether there was a single perpetrator or multiple perpetrators and whether the circumstances suggest a risk to the Education Program community.

The Education Program retains the right to act upon any information that comes to its attention. Requests for confidentiality will be decided by the Title IX Coordinator. Even if a complainant requests and/or is granted confidentiality, he or she may still have access to appropriate supportive measures on an interim or other basis. Even Arnot Health offices and employees who cannot guarantee confidentiality will maintain a complainant's privacy to the greatest extent possible. The information provided to a non-confidential resource will be relayed only as necessary. If an anonymous report is made to a Responsible Administrator, it will be investigated and appropriate action taken, to the extent practicable. Anonymity may impact the action the Education Program may be able to undertake in response to the complaint. In all cases, the Education Program will take appropriate steps to protect against retaliation.

Confidential Resources

Students or other community members who are not sure whether they want to make a formal complaint can seek help from the confidential resources listed in this section. Contacting any of these confidential resources does not mean that the student must file an official report with the Education Program or report the Sexual Misconduct to law enforcement. Reporting to these confidential resources does not constitute reporting to the Education Program. These resources are provided to offer non-judgmental support and information to help an individual decide what is best for him or her as he or she recovers.

Reports to the Counselors and Registered Nurses in the Employee Health Department are confidential by law. As such, personally identifiable information should not be subject to disclosure under any circumstances. The health and counseling services noted above are available to students free of charge. Confidential resources can provide information on medical and counseling services that may be available; academic, and other support services that may be available (although some services may not be available if an individual wishes to maintain complete confidentiality); information regarding and assistance with the filing of formal complaints under this policy; and/or information regarding and assistance with contacting law enforcement. A report to a Confidential Resource is not a Title IX report and will not result in an investigation or disciplinary action.

Other Confidential Resources

- **Sexual Assault Resource Center (SARC) – 888-810-0093**
- **Arnot Ogden Medical Center – 607-737-9194**
- **Saint Joseph’s Hospital – 607-737-7806**
- **Chemung County Health Department – 607-737-2028**
- **Planned Parenthood – 607- 734-3313**
- **Clinical Social Work and Counseling Services – 607-734-1447**
- **Crisis Program – 607-737-5369 – Chemung.ny.networkofcare.org/emergency-services**
- **Suicide Hotline – 800-SUICIDE (734-2433)**
- **NYS Office of Victim Services – 1-800-247-8035**

Section 1: Supportive Measures & Emergency Removal of Students –

Supportive measures may be made by the Education Program in an effort to immediately respond to a situation. Once a report is made, the complainant will be contacted by the Title IX Coordinator and offered individualized support. A report that triggers supportive measures need not be a formal complaint and may be made by a third-party. Once the respondent is informed of a report or a formal complaint, the respondent will be contacted by the Title IX Coordinator and offered individualized support.. Supportive measures are intended to restore or preserve, to the extent practicable, equal access to the Education Program’s activities and protect the safety of all parties without unreasonably burdening the other party or parties. As required by federal regulation, these supportive measures must be non-disciplinary and non-punitive to the parties. Supportive measures could include, but are not limited to:

- Changes to working situations if those changes are requested and reasonably available.
- Removing the student’s contact information from the directories.
- Mutual “No Contact” orders and, in limited circumstances, one-way no contact orders.
- Access to escorts or other reasonable security or monitoring measures; and
- Changes or adjustments in academics such as extensions of deadlines or withdrawals without penalty
- Counseling services.

The Title IX Coordinator is responsible for coordinating the implementation of supportive measures, including coordinating with the various departments and offices involved. Supportive measures are offered free of charge. If a party’s request for a supportive measure is denied, the party will be afforded an opportunity to have the denial promptly reviewed to assess whether the supportive measure is reasonable. In addition, each party will, upon request, be afforded the opportunity for a prompt review of the need for and terms of supportive measures that have been implemented. Each party will be allowed to submit evidence in support of, or in opposition to, the request to the extent the supportive measure under review affects that party. Information about how to request a review will be included in a written communication that will outline the supportive measures offered and any that were requested by the

party but denied. Upon receipt of such a request, to the extent that the other party is affected by the measure(s) being reviewed, the Title IX Coordinator will inform the other party of the request and allow the other party to respond. This review process will occur as soon as possible, but generally no later than five business days of the request and the parties' submission of any evidence. The Title IX Coordinator in conjunction with key personnel will enforce protective measures. Individuals who violate a "no contact order" or other supportive measures may be subject to conduct charges.

Emergency Removal of Students –

In some cases, it may be necessary to initiate an emergency removal of a student respondent in order to protect the safety of the affected community. This may include contacting local law enforcement to address imminent safety concerns. Emergency removal is not a substitute for reaching a determination as to a respondent's responsibility for the sexual harassment or other sexual misconduct allegations; rather, emergency removal is for the purpose of addressing imminent threats posed to any person's physical health or safety, which may arise out of the sexual misconduct allegations.

Prior to removing a student respondent through the emergency removal process, responsible parties will undertake an individualized safety and risk analysis. If the individualized safety and risk analysis determines that an immediate threat to the physical health or safety of any student, including the student respondent, or other individual justifies removal, then a student respondent will be removed. This is the case regardless of the severity of the allegations and regardless of whether a formal complaint was filed.

After determining a student respondent is an immediate threat to the physical health or safety of an individual, the Title IX Coordinator will provide written notice of the emergency removal to both the complainant and respondent. This notice will contain: (1) the date the removal is set to begin, (2) the reason for the emergency removal, (3) the consequences of non-compliance, and (4) how to appeal the decision. If a student respondent disagrees with the decision to be removed from a specific environment the respondent may appeal the decision. The respondent must provide written notice of the intent to appeal, which shall include the substance of the appeal, to the Title IX Coordinator within 10 days of receiving the notice of removal. The burden of proof is on the student respondent to show that the removal decision was incorrect.

This section applies only to student respondents. Employee respondents are not subject to this section and may be placed on administrative leave during the pendency of a Title IX grievance process.

Section 2: Law Enforcement and Effect of Criminal Proceedings –

A victim of a crime, including a crime arising from Sexual Misconduct under this Policy, will be notified that the victim may, but is not required to, report the incident to local law enforcement and pursue criminal charges. The criminal process and the Education Program's disciplinary processes are not mutually exclusive or dependent on each other, meaning that a person may pursue either a criminal complaint or Education Program complaint or both.

In criminal cases, including non-consensual sex offenses, the preservation of evidence is critical and

must be done properly and promptly. Criminal investigations may be useful in the gathering of relevant evidence, particularly forensic evidence. (In cases of rape or other forms of sexual assault, it is important not to shower, change clothes or even brush your hair, as physical evidence may be lost.) Because the standards for finding a violation of criminal law are different from the standards for finding a violation of this policy, criminal investigations or reports are not determinative of whether Sexual Misconduct for purposes of this Policy has occurred. In other words, conduct may constitute Sexual Misconduct under this Policy even if it is not a crime or law enforcement agencies lack sufficient evidence of a crime and therefore decline to prosecute. Questions about whether incidents violate criminal laws and how the criminal process works should be directed to law enforcement officials or the local district attorney's office.

The filing of a report of Sexual Misconduct under this policy is independent of any criminal investigation or proceeding. Reporting to local law enforcement does not constitute filing a complaint under this policy, nor does filing a complaint under this policy constitute reporting to local law enforcement. Hospital Security can assist individuals in making a report of a crime to local law enforcement. Any internal investigation and/or hearing process conducted by Arnot Health will be conducted concurrently with any criminal justice investigation and proceeding. However, in some cases the Education Program may temporarily delay its investigation to enable law enforcement to gather evidence and to engage in a preliminary investigation. Such delays will not last more than ten (10) days except when law enforcement authorities specifically request and justify a longer delay.

The Elmira Police Department, which can be reached at (607) 735-8600, can assist in filing a criminal complaint and in securing appropriate examination, including by a Sexual Assault Nurse Examiner. The New York State Police Sexual Assault Hotline, which can be reached at 1-(844) 845-7269, may also be of assistance in reporting an incident to law enforcement. Orders of protection and other forms of legal protection may be available to individuals who have experienced or are threatened with violence.

Section 3: Filing a Formal Complaint –

A formal complaint is necessary to initiate the investigation and adjudication process. A formal complaint must be in written form and must be signed by the complainant. A third-party or anyone other than the victim of the misconduct may not file a formal complaint. However, a formal complaint may be filed by a parent or guardian of a minor person.

A formal complaint is a document filed by a complainant or signed by the Title IX Coordinator alleging sexual misconduct against a respondent and requesting an investigation. The respondent may be either a student or an employee or a visitor, independent contractor, intern, or volunteer of the Education Program. A formal complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail and must contain the complainant's physical or electronic signature, or otherwise indicate that the complainant is the person filing the formal complaint.

If a complainant declines to sign a formal complaint or does not wish to participate in the complaint and adjudication process, or the complainant's identity is unknown, and the Title IX Coordinator determines there is sufficient cause to file a formal complaint, the Title IX Coordinator may file a formal complaint. In such cases, the Title IX Coordinator is not considered to be a complainant or other party under this

Policy. The Title IX Coordinator will consider the wishes of the complainant not to proceed with the investigation and adjudication process. However, the Title IX Coordinator may file a formal complaint if the Title IX Coordinator determines that the allegations are such that it would be unreasonable not to proceed despite the wishes of the complainant.

The Title IX Coordinator may determine that cases where the allegations arise out the same set of facts should be consolidated for purpose of the investigation and/or adjudication. Instances where consolidation of complaints may occur include but are not limited to cross-complaints filed by the parties against each other, multiple complaints by a single complainant against a respondent, or multiple complaints by a single complainant against multiple respondents.

Section 4: Mandatory Dismissal –

In order to comply with the Title IX regulations, the Title IX Coordinator will review a formal complaint filed by a Complainant. In order to comply with Title IX regulations, the Title IX Coordinator must “dismiss” the Title IX Category violation(s) if it is apparent that the allegations are not within the scope of Title IX, including that the conduct alleged:

- would not constitute sexual harassment, sexual assault, dating violence, domestic violence or stalking as defined in the Title IX category violations above, even if proved,
- did not occur in the education Program or activity, or
- did not occur against a person in the United States.

Notice of dismissal of the Title IX Category violation(s) will be in writing and issued to both the Complainant and Respondent. The Title IX Coordinator may determine at any point in the process that facts have emerged that require the dismissal of a Title IX Category violation. Even if Title IX Category violations are subject to dismissal, the education Program may continue to process the allegations as education Program violations. assuming that the allegations, if true, would constitute Education Program category violations.

Section 5: Discretionary Dismissal –

The Title IX Coordinator may (but is not required to) dismiss a formal complaint or any of its allegations if at any time during the investigation or hearing a) the complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the complaint or any specific allegations; b) when the respondent is no longer enrolled in or employed by the education Program, and c) where specific circumstances prevent the education Program from gathering evidence (such as where a complainant refuses to cooperate but does not withdraw a formal complaint). The decision to dismiss or not to dismiss a charge under these circumstances will depend on the totality of the situation. Any decision to dismiss a complaint or allegation pursuant to this section is immediately appealable.

Section 6: Informal Resolution –

In some cases, an informal resolution may be appropriate. An Informal Resolution prioritizes educational and conciliatory approaches over more adversarial contestation of the facts. The intent of

an Informal Resolution Process is for the parties to undertake a facilitated discussion regarding the matters at issue related to the allegations to see if they can reach agreement on a resolution that leaves both parties feeling satisfied with that resolution. Serious sanctions, such as suspension, expulsion or termination, are not possible as a result of the informal resolution process, but lesser sanctions may be agreed to by the parties. The Informal Resolution Process is not available where a student is complaining of conduct by a faculty or staff member of the education Program. Supportive measures are available to both parties in the same manner as they would be if the formal complaint were proceeding under the formal grievance and hearing process. The Informal Resolution Process is voluntary.

The Title IX Coordinator will offer the Informal Resolution Process to the parties after a formal complaint is filed by a complainant. Informal resolution must be agreed upon by both parties in writing. The informal resolution process will be conducted/facilitated by a third-party so that the complainant and respondent will be allowed to, but will not be required to, meet together as part of any informal resolution. At any time during the informal resolution process the complainant or the respondent has the right to terminate the process before the final written resolution is signed and return to or proceed to an investigation and formal adjudication. No party should feel intimidated, coerced or threatened to participate in an Informal Resolution Process, or to withdraw from an Informal Resolution Process.

The individual facilitating the process will be screened to ensure that such person is free from conflicts of interest and bias. The facilitator's role is to conduct the Informal Resolution process in a way that is impartial and does not favor one party over the other. The facilitator may meet separately with each party to explore the party's views about the allegations and desired outcome from the process. Either party can elect to have any meeting occur so that the parties are in different rooms and the facilitator "shuttles" between the parties.

For the Informal Resolution process to have the best chance for success, the parties should be free to express themselves. As a result, the information received from both parties during the Informal Resolution process will be kept confidential by the facilitator. In addition, the facilitator will not be available as a witness in any hearing that may occur should either party terminate the Informal Resolution process before resolution. This is in keeping with the concept that the facilitator is impartial in facilitating the interaction between the two parties and is not listening or taking notes for any purpose other than assisting the parties. Should the Formal Complaint be returned to the formal grievance and hearing process of this policy, the parties may not disclose information shared by the other party during the process in the hearing. This confidentiality protection does not apply to information that is learned outside the Informal Resolution process through the investigation or otherwise.

A resolution is reached only if both parties agree. The facilitator will not impose an outcome, although they may assist the parties in suggesting resolutions that appear to meet the parties' needs. The Education Program encourages terms of resolution that meets the parties' needs and may include a disciplinary sanction. If there is no agreement on a resolution, the complaint is returned to the formal grievance and hearing process outlined in this policy.

If the parties reach mutual agreement and this agreement is deemed appropriate by the education Program, the informal resolution is considered successful. The facilitator will draft a document

reflecting the agreement between the parties that becomes final once it is signed by both parties. Once both parties have signed a statement agreeing that the informal resolution was successful, the matter will be considered resolved without the need for further investigation or to pursue the formal grievance and hearing process. A copy of the signed statement will constitute the record of the informal resolution.

Section 7: Investigation Procedures –

Where a formal complaint has been filed, and in the absence of an informal resolution, the education Program will appoint investigators to conduct an investigation into the allegations in the formal complaint. The investigation will normally be conducted by a team consisting of two members of Title IX Investigation Team. In certain circumstances the education Program may utilize an external team of investigators solely or an external investigator in conjunction with an internal investigator.

The education Program investigation will normally be completed within 45 calendar days. However, the nature of a complaint and/or extenuating circumstances may require an extension of that timeframe. In the event that the investigation exceeds the timeframes in this policy, the Title IX Coordinator will notify both parties of any delays and the expected adjustment in the time frame.

The complainant and respondent will be permitted to have an advisor of their choice, who may be an attorney, attend any investigatory interview/meeting with him/her (at the party's own expense if the advisor is a paid advisor). An advisor's role is to consult with and support the party and may not disrupt or distract from the interview/meeting. The advisor is not permitted to speak or otherwise make any direct statements to the investigators or during any meetings. Each party is required to speak on their own behalf if he or she wishes to be heard and not through the advisor. Any advisor who fails to comply will be required to leave the meeting, and the meeting will proceed in the advisor's absence.

The investigation process generally includes interviewing the persons involved, including witnesses, and gathering and considering relevant evidence. The complainant and respondent will be given an equal opportunity to present separately information in the context of the investigation. The investigators retain discretion to determine how to conduct the investigation and what information is necessary and relevant, subject to the direction of the Title IX Coordinator. Both the complainant and the respondent shall receive notice referencing the specific provision of this policy alleged to have been violated and the possible sanctions. The notice of investigation will include, to the extent known:

- the identities of the involved parties.
- the date, time, location and factual allegations concerning the alleged violation.
- the policy provisions allegedly violated.
- a description of the investigation and adjudication process.
- potential sanctions.
- the right to an advisor of their choice, who may be, but is not required to be, an attorney.
- their right to inspect and review evidence in accordance with this policy.
- notice that knowingly making false statements or knowingly submitting false information is prohibited under the Student Code of Conduct; and

- that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the process.

This information will be provided in sufficient detail and with sufficient time to prepare a response before any initial interview. If, in the course of the investigation, education Program decides to investigate allegations that are not included in the notice initially provided to the parties, the Title IX Coordinator or designee will provide notice of the additional allegations to the parties. The Complainant and Respondent will be provided with notice of the name of the appointed investigators and an opportunity of not more than two days after the notice to raise an objection to the investigator(s) based on any alleged conflict of interest known to the party. If an objection is raised, the Title IX Coordinator will determine whether a conflict of interest in fact exists and necessitates the replacement of the investigator(s).

The Complainant and Respondent will be provided with advance written notice of the date, time, location, participants, and purpose of any meeting or interview in which they are invited to or expected to participate. The education Program does not appoint an advisor for a party during the investigation phase of the process.

The Complainant and the Respondent will be given an equal opportunity to present information during the investigation. This includes the opportunity to present fact or expert witnesses and other evidence that the party believes tends to prove or disprove the allegations. However, at all times, the burden of gathering evidence remains with the education Program. The investigator may decline to interview any witness or to gather information the investigator finds to be not relevant or otherwise excludable (e.g., sexual history of the complainant with a person other than the respondent, materials subject to a recognized privilege, medical records in the absence of a release by the subject of the records, etc.). The investigator will determine the order and method of investigation. No unauthorized audio or video recording of any kind is permitted during investigation meetings or interviews.

Section 8: Opportunity for Inspection and Review of Evidence –

The Complainant and Respondent will be provided an equal opportunity to inspect and review. Any evidence obtained in the investigation directly related to the allegations gathered in the investigation, regardless of whether the information will be relied on in reaching a determination. Prior to the conclusion of the investigative report, the Complainant and Respondent, and each party's advisor of choice, if any, will be provided a copy (which may be sent in hard copy or electronic format or made available through an electronic file sharing platform) of the evidence, subject to redaction permitted and/or required by law. The Complainant and Respondent will be provided with at least ten (10) days to submit a written response, which the investigator will consider prior to completion of the investigative report. The investigator will determine if additional investigation is necessary and, if so, will complete any additional investigative steps.

Section 9: Investigative Report –

At the conclusion of the investigation, the investigators will complete a written investigative report that

summarizes the relevant evidence. The investigators will submit the investigative report to the Title IX Coordinator. At least ten (10) days prior to a hearing to determine whether there is responsibility for the allegations, the Complainant and Respondent, and each party's advisor if any, will be provided a copy of the investigative report (which may be sent in hard copy or electronic format or made available through an electronic file sharing platform), subject to redaction permitted and/or required by law.

Section 10: Hearing Procedures –

A hearing before a three-member Hearing Panel designated by the Title IX Coordinator will be convened not less than ten days after the parties have been provided access to the final investigative report, for the purpose of determining whether the Respondent is responsible or not responsible for the charge(s). The Hearing Panel members may be members of the education Program, community or may be external as determined by the Title IX Coordinator. In any case where the Respondent is a student, the Chair of the Hearing Panel will typically be the Title IX Coordinator will notify the parties in writing of the date, time, and location of the hearing, the names of the Hearing Panel members, and how to challenge participation by any Hearing Panel member for bias or conflict of interest. Bias or conflict of interest will be judged by an objective standard. Participants in the hearing will include the members of the Hearing Panel, the Complainant and the Respondent, their respective advisors, the investigators who conducted the investigation, and witnesses (solely during their own testimony). Hearings are private. Observers or additional support personnel, other than the parties' advisors, are not allowed unless deemed necessary by the Title IX Coordinator for purposes such as accommodation of a disability. Cell phones and recording devices may not be used by the parties or their advisors in the hearing room(s).

Hearings may be conducted with all parties physically present in the same location or, at the Title IX Coordinator's discretion, any or all parties, witnesses, and other participants may appear at the live hearing virtually, with technology enabling the Hearing Panel and the parties to simultaneously see and hear any party or witness providing information or answering questions. If either party so requests, the hearing will be conducted with the parties located in separate rooms using technology as described in the preceding sentence. The Title IX Coordinator may postpone the hearing for good cause as determined by the Title IX Coordinator. Good cause may include, without limitation, unavailability of one or more participants due to unanticipated events or circumstances, the timing of academic breaks or holidays, or other extenuating circumstances.

The Chair of the Hearing Panel is in charge of organizing the presentation of information to be considered at the hearing. Generally, the hearing will proceed in the following order:

- Opportunity for Opening Statement by the Complainant
- Opportunity for Opening Statement by the Respondent
- Questions for the investigators by the Hearing Panel and, if desired, on behalf of Complainant and the Respondent (as described below)]
- Questions for the Complainant by the Hearing Panel and, if desired, on behalf of the Respondent (as described below)
- Questions for the Respondent by the Hearing Panel and, if desired, on behalf of the Complainant (as described below)

- Questions for each witness by the Hearing Panel and, if desired, on behalf of Complainant and the Respondent (as described below)
- Opportunity for Closing Statement by the Respondent
- Opportunity for Closing Statement by the Complainant

Formal rules of evidence will not apply. Except as otherwise expressly prohibited by this Policy, any information that the Chair of the Hearing Panel determines is relevant may be considered, including hearsay, history and information indicating a pattern of behavior, and character evidence.

All evidence previously made available to the parties for inspection and review prior to completion of the investigative report as described above in the section of the Policy requiring that all evidence gathered during the investigation be shared at least ten days prior to completion of the investigative report will be made available at the hearing to give each party equal opportunity to refer to such evidence during the hearing, including for purposes of questioning. Absent extraordinary circumstances as determined by the Chair of the Hearing Panel, no party may introduce at the hearing any evidence not previously made available in accordance with the preceding sentence, other than the investigative report and any responses to the investigative report submitted by the parties.

The Chair of the Hearing Panel will address any concerns regarding the consideration of information prior to and/or during the hearing and may exclude irrelevant information. Subject to the terms of this Policy, the Chair will have discretionary authority to determine all questions of procedure, to determine whether particular questions, evidence or information will be accepted or considered, to call breaks or temporary adjournments of the hearing, and/or to recall parties or witnesses for additional questions as the Chair deems necessary or appropriate. The Chair may impose additional ground rules as the Chair may deem necessary or appropriate for the orderly and efficient conduct of the hearing...

The Hearing Panel will permit each party's advisor to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility; provided that questions that seek disclosure of information protected under a legally recognized privilege will not be permitted unless the person or entity holding the privilege has waived the privilege in writing.

Questioning must be conducted by the party's advisor in a respectful, nonintimidating and non-abusive manner, and never by a party personally. If a party does not have an advisor present at the hearing, the Title IX Coordinator will arrange to provide without fee or charge to that party, an Institution Advisor to conduct cross-examination on behalf of that party.

Only relevant questions may be asked by a party's advisor to a party or witness. Before the party or witness answers a question posed by an advisor, the Chair of the Hearing Panel will first determine whether the question is relevant and explain any decision to exclude a question as not relevant. Such decisions by the Chair are final and not subject to objection or reconsideration. Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, other than questions and evidence about the Complainant's prior sexual behavior that (a) are offered to prove that someone other than the Respondent committed the alleged misconduct, or (b) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.

If a party or witness does not submit to cross-examination at the hearing by a party's advisor as

described above, the Hearing Panel may not rely on any statement of that party or witness, during the hearing or otherwise, in reaching a determination regarding responsibility. The Hearing Panel will not draw an inference as to responsibility based solely on a party's or witness's absence from the hearing or refusal to answer cross-examination questions. The hearing will be recorded through either an audio recording or transcript. That recording or transcript will be made available to the parties, upon request, for inspection and review. Prior to obtaining access to the recording or transcript, the parties and their advisors must acknowledge in writing that they will not disseminate any of the testimony heard or evidence obtained in the hearing or use such testimony or evidence for any purpose unrelated to the grievance process.

Section 11: Advisors –

The Complainant and the Respondent may each have present with them during the hearing an advisor of their choice (at the party's expense if the advisor is a paid advisor). If a party does not have an advisor present at the hearing, the Education Program will provide, without fee or charge to that party, an Institution Advisor of the Education Program's choice for the limited purpose of conducting questioning on behalf of that party as provided in this Policy. Except with respect to questioning as described below, the advisor's role is limited to consulting with their advisee, and the advisor may not present evidence, address the Hearing Panel during the hearing, object to any aspect of the proceeding, or disrupt the hearing in any way, and any consultation with the advisee while the hearing is in progress must be done in a quiet nondisruptive manner or in writing. The advisor may consult with the advisee verbally outside the hearing during breaks, when such breaks are granted by the Chair of the Hearing Panel. An advisor's questioning of the other party and any witnesses must be conducted in a respectful, nonintimidating and non-abusive manner. If the Chair determines that an advisor is not adhering to these or other ground rules, the advisor may be required to leave the hearing, and the hearing will proceed without an opportunity for the party to obtain a replacement advisor; provided, however, that the Education Program will assign an advisor of the Education Program's choosing, without charge, for the purpose of conducting questioning on behalf of the party as provided below. Witnesses are not permitted to bring an advisor or other person to the hearing, absent an approved disability accommodation. The Hearing Panel may be advised by and/or consult with the Arnot Ogden Medical Center's legal counsel as the Chair of the Hearing Panel deems necessary or appropriate.

Section 12: Hearing Determinations –

Following conclusion of the hearing, the Hearing Panel will deliberate and render a determination by majority vote as to whether the Respondent is responsible or not responsible for the alleged violation(s). The Hearing Panel will use "preponderance of the evidence" as the standard of proof to determine whether each alleged violation of the Policy occurred. "Preponderance of the evidence" means that the Hearing Panel must determine whether, based on the evidence presented, it is more likely than not that the Respondent engaged in the conduct charged.

In any case where a student is a Respondent or Complainant, each party may submit a written personal impact statement to the Title IX Coordinator for consideration by the Hearing Panel in determining an appropriate sanction if there is a finding of responsibility on one or more of the charges. The parties

must submit their statements to the Title IX Coordinator within 24 hours after the conclusion of the hearing. The Title IX Coordinator will provide each of the parties an opportunity to review any statement submitted by the other party. In addition to the impact statement(s), if applicable and if any, factors considered when determining sanctions may include:

- the nature and severity of, and circumstances surrounding, the violation(s).
- the Respondent's state of mind at the time of the violation(s) (intentional, knowing, bias-motivated, reckless, negligent, etc.).
- the Respondent's previous disciplinary history.
- The need for sanctions to bring an end to the conduct; and/or to prevent the future recurrence of similar conduct.
- The need to remedy effects of the conduct on the Complainant or community.
- The impact of potential sanctions on the Respondent.
- Sanctions imposed by the Education Program in other matters involving comparable conduct; and any other lawful factors deemed relevant by the Hearing Panel.

The Hearing Panel will issue a written determination including the following information: a description of the charges that were adjudicated; a description of the procedural steps taken from the submission of the formal complaint through the determination, including notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held; findings of fact supporting the determination; conclusions regarding the application of the Policy to the facts; a statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions to be imposed on the Respondent, and whether remedies designed to restore or preserve equal access to the Education Program's educational Programs or activities will be provided to the Complainant; and the procedures and permissible bases for the Complainant and Respondent to appeal. The Hearing Panel will provide the written determination to the parties simultaneously.

Section 13: Appeals –

A respondent or complainant may appeal: (1) a determination resulting from a formal hearing, and (2) the Education Program's dismissal of a formal complaint or any allegations therein, (except that a vendor, visitor, or non-community member does not have a right of appeal.). If a party wishes to appeal a determination of the Hearing Panel or the dismissal of a formal complaint, the party must submit written notice to the Title IX Coordinator of the party's intent to appeal within five (5) business days of receiving the written notification of the appealable decision. In any case where the Respondent is an employee of the education Program the appeal shall be submitted to the Director of Human Relations and that decision shall be final. Where the accused is a faculty member, the appeal should be sent to Vice President of Academic Affairs. Where the accused is a student, the appeal will be considered by an appellate panel consistent with the appeal process of the Education Program.

Any party may appeal on the bases of one or more of the following grounds:

- Procedural irregularity that affected the determination regarding responsibility or dismissal of

the matter.

- New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made that could affect the determination regarding responsibility or dismissal of the matter; and
- The Title IX Coordinator, investigator(s), or Hearing Panel member(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the determination regarding responsibility or dismissal of the matter.

The professional experience of an individual need not disqualify the person from the ability to serve impartially. Furthermore, bias is not demonstrated by working in complainants' or respondents' rights organization. Any sanction imposed is disproportionate to the nature or severity of the violation(s) or otherwise inappropriate.

All grounds for appeal must be set forth in the written appeal statement. When a party submits a written notice of its intent to appeal to the Title IX Coordinator within 5 business days of the appealable decision, the education Program will notify the other party in writing and implement appeal procedures equally for both parties. If no written notice of either party's intent to appeal is sent, then the written determination becomes final after the time period to file an appeal (5 days).

Each party will be given a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome. Each party will have at least 3 days to submit a written statement. If a party needs additional time, it can request additional time from the decision-maker for the appeal. Such requests will be granted on a case-by-case basis. If the decision-maker for the appeal grants a request for additional time to submit a written statement, all parties will be granted the additional time.

The decision-maker for the appeal will not be the same person as the decision-maker that reached the determination regarding responsibility or dismissal, the investigator, or the Title IX Coordinator. The appeal process does not rehear complaints but ensures that rights are protected, appropriate procedures are followed, and sanctions are reasonable. On appeal, the designated person(s) reviewing the appeal may accept, reject, or modify any finding and/or sanction, or may return the matter for further consideration. The designated person(s) reviewing the appeal may, as part of this appeal process, speak directly with the investigatory team, the initial decision-maker(s), or otherwise directly seek additional information from the parties or witnesses, if considered necessary.

The decision-maker for the appeal will issue a written decision describing the result of the appeal and the rationale for the result. This decision will be provided to both parties simultaneously and in writing. Once the appeal decision has been sent to the parties, the appeal decision is final.

Section 14: Application to Faculty and Staff –

One or more of the Education Program's personnel policies or faculty and staff handbook policies may overlap with this policy in a particular situation. This policy applies to any situation where a student is the complainant or respondent. In all other situations, the Education Program reserves the right to apply this policy or another applicable Education Program policy or process. The Education Program will apply this policy to any situation where the Education Program determines that Title IX requires the application of this policy.

Section 15: Amnesty for Students –

The health and safety of every student at Elmira Education Program is of utmost importance. Elmira Education Program recognizes that students who have been drinking and/or using drugs (whether such use is voluntary or involuntary) at the time that violence, including but not limited to domestic violence, dating violence, stalking, or sexual assault occurs may be hesitant to report such incidents due to fear of potential consequences for their own conduct. Elmira Education Program strongly encourages students to report domestic violence, dating violence, stalking, or sexual assault to Education Program officials. A bystander acting in good faith that discloses any incident of domestic violence, dating violence, stalking or sexual assault to Elmira Education Program officials or Education Program Security will not be subject to the Education Program's code of conduct action for violations of alcohol or drug use policies occurring at or near the time of the commission of the domestic violence, dating violence, stalking, or sexual assault.

Section 16: Public Awareness/Advocacy Events –

If an individual discloses actions constituting a violation of this policy through a public awareness event such as "Take Back the Night", a candlelight vigil, a protest, a student organization or other event or forum, or other public event, Arnot Ogden is not obligated to begin an investigation. Elmira may, however, use the information to inform the need for additional education and prevention efforts.

Section 17: Multiple Complainants/Respondents/Claims –

In cases where there are multiple complainants and/or multiple respondents, the education Program reserves the right to handle the cases individually or jointly. Further, in cases where there are allegations of a violation of this Policy and collateral allegations of other policy violations (e.g., an allegation of a sexual assault and minor property damage), the education Program reserves the right to have allegation(s) of violations of this Policy and the collateral allegation(s) investigated and adjudicated pursuant to this Procedure. In cases where the individual has more than one status (such as a student who is also employed with the education Program or any employee who takes courses at the education Program), the education Program will determine which status is primary; in such a situation, sanctions imposed may include both sanctions related to each status.

Section 18: Recordkeeping –

Records generated in connection with reports, investigations and resolutions are maintained in confidential files maintained by an appropriate office and only those with a right and need to know are permitted access. Any record of or information obtained during the proceedings shall be protected from public release until a final determination is made. A final determination is made when no appeal of the decision is sought, or in the event of an appeal, when the decision on appeal is communicated to the complainant and respondent. Any public release of the full and fair record of the proceedings shall be made in accordance with Program policy and federal and state laws.

Section 19: Training –

Responsible Administrators, persons assigned as investigators, and individuals determining violations of this policy will receive annual training on relevant topics, including discrimination, harassment, sexual misconduct, stalking, domestic violence and dating violence, and how to conduct investigations and disciplinary proceedings that protect the safety and respectful treatment of all parties and promote accountability to the Education Program community.

Section 20: Academic Freedom –

Arnot Health Education Programs respect that academic freedom is necessary and valued. The Education Program will not construe this policy to prevent or penalize a statement, opinion, theory, or idea offered within the bounds of legitimate, relevant, and responsible teaching, learning, working, or discussion.

Section 21: Clery Act Compliance –

The Education Program is required to include for statistical reporting purposes the occurrence of certain incidents in its Annual Security Report (ASR). Names of individuals involved in incidents are not reported or disclosed in ASRs. In the case of an emergency or ongoing dangerous situation, the Education Program will issue a timely warning.. In such circumstances, the name of the alleged perpetrator may be disclosed to the community, but the name of the victim/complainant will not.

Section 22: Coordination with Other Policies –

A particular situation may potentially invoke one or more Education Program policies or processes. The Education Program reserves the right to determine the most applicable policy or process and to utilize that policy or process. This policy does not apply to decisions relating to requests for reasonable accommodation due to a disability. Academic disability accommodations are handled by the Disability Accommodation Office and pursuant to that office's policies. Work-related disability accommodations are handled by the Human Resources Office and pursuant to that office's policies.

Section 23: Designation of Authority –

Any administrator or official who this policy empowers to act may delegate his/her authority to any other appropriate official. Delegation of authority may be necessary to avoid conflicts of interest or where time constraints or other obligations prevent a n official named in this policy from fulfilling his/her designated role.

Section 24: Policy Compliance –

Any person with a concern about the handling of a particular matter should contact the Title IX Coordinator.

Section 25: In the event procedural issues arise under

this policy which are not explicitly addressed, the Title IX Coordinator shall have the authority to resolve those issues.

The U.S. Department of Education, Office for Civil Rights is a federal agency responsible for ensuring compliance with Title IX. OCR may be contacted at 400 Maryland Avenue, SW, Washington, DC 20202-1100, (800) 421-3481.

REFERENCE(S):

This document, once printed, is not controlled. Refer to Arnot Health's PolicyStat page for the most up to date version.

Approval Signatures

Step Description

Approver

Date

Approver

Cathleen Mathey: Chief
Compliance Officer

05/2025

Laurie Dunn: System Director
of Education

05/2025

Locations

AOMC, IDMH, Medical Offices, SJH