

Students Practicing Specific Skills On Other Students

Purpose/Explanation of Policy or Procedure

To provide all Edson College students, in clinical/laboratory settings, an opportunity to consent to having other students practice specific skills under supervision in the laboratory setting.

Policy/Procedure text

- Students may practice skills in a laboratory situation prior to implementing these skills on clients in clinical practice settings.
- Students perform these skills under faculty supervision in the laboratory.
- Students perform many non-invasive skills on each other including the variety of health assessment techniques used according to the scope of practice (undergraduate vs. graduate). Health assessment skills include, but are not limited to, heart and breath sounds, head, extremity, breast and abdomen examination, etc. Psychomotor skills include, but are not limited to, bathing, transfers and activities of daily living,

Any skill that involves privacy or religious connotations (such as breast exams) may have alternative learning modalities provided as needed. Practicing skills on another student is not a course requirement.

Demonstration of the invasive skills of subcutaneous and intra-dermal injections on another student or finger stick on self will be allowed in the laboratory setting only (see definition of invasive procedure below).

The college assumes no liability for students practicing skills unsupervised out of the laboratory setting.

Prior to performing above invasive skills students receive the following specific theoretical information:

- Universal Precautions/OSHA Standards
- Requirements of Risk Management
- Blood borne Pathogens
- Asepsis/Sterile Techniques
- Procedural Techniques

Students are required to sign an informed consent form prior to participating in any skills.

Students who do not consent to practice on other students or to be practiced on will have a similar experience using manikins and other equipment.

Practicing skills on another student is not an expectation to successfully pass the clinical course.

Should a student wish to change to consent to practicing specific skills on other students, that student must sign the revocation on the original consent form and a new consent form to practice skills on others.

Glossary of Terms/Definitions

College of Nursing and Health Baccalaureate Program Handbook for Clinical Nursing Students
<https://nursingandhealth.asu.edu/files/students/handbooks/ug.pdf>

OSHA Standards on Universal Precautions

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Forms/Process Examples

**ARIZONA STATE UNIVERSITY
College of Nursing and Health Innovation
STUDENT CONSENT
Student Practice of Invasive and Non-Invasive Nursing Skills**

I, _____ (printed name), hereby acknowledge having read and understand the College of Nursing and Health Innovation Protocol on the Practice of Nursing Skills; including invasive and non-invasive skills on other students and other students practicing on myself. I agree that, prior to practicing any skills on other students; I will successfully undergo all training that may be required of me by the College of Nursing and Health Innovation; such training to include:

- Universal Precautions/OSHA Standards
- Bloodborne Pathogens
- Asepsis/Sterile Technique
- Procedural Techniques
- Equipment Management
- Rationale/Goals of Procedures
- Requirement of Risk Management/Safety

I understand the practicing of invasive nursing skills on other students is strictly voluntary and not a course requirement and that other (alternative) learning experiences will be provided to me should I choose not to participate in any of the invasive skills practices. Additionally, I understand that there will be no adverse repercussions for not participating in any of the invasive skills practices on other students; and that alternative learning experience(s) offered to me will provide the opportunity to meet the course learning outcomes.

I understand that practicing specific invasive skills on other students involves potential risk of harm to my health or the health of others and these risks include, but are not limited to: accidental wrong location of administration, cellulitis, blood vessel damage, nerve damage, or exposure to a bloodborne pathogen, allergic reaction from potential medication absorption, glass injury (eye or skin), ecchymosis, hematoma, skin reactions, bleeding or infection. Invasive and non-invasive procedures include psychomotor nursing skills, performance of health assessment and therapeutic communication. Students may have cultural and/or religious beliefs that may influence their willingness to participate in the performance of invasive and non-invasive procedures.

I understand that in the event of injury, negative reaction, pathogen exposure or other incident requiring medical attention, I will be personally responsible for all related costs and expenses. In the course of practicing invasive and non-invasive skills, I will follow the Arizona State University College of Nursing and Health Innovation Bloodborne Pathogen Protocol with applicable OSHA recommendations regarding exposure. If I practice invasive or non-invasive skills on other students or permit the practice of skills by other students on myself, I will follow the training provided to me as well as any and all instructions and procedures that are set forth by my instructor. I will only practice invasive procedures in select labs and under the direct supervision of approved personnel in the clinical or lab setting.

- o I Consent and Agree to participate in having other students practice invasive and non-invasive nursing skills on me.
- o I Consent and Agree to participate in having other students practice only non-invasive nursing skills on me.
- o I decline to participate in having other students practice invasive nursing skills on me.

I hereby forever release, hold harmless and agree to indemnify the State of Arizona, Arizona Board of Regents, Arizona State University and their regents, officers, employees, agents and representatives from any and all liability resulting from this Consent and the practicing of invasive and noninvasive nursing health skills.

Printed Name

Signature

Date

I hereby revoke my Consent as noted above.

Signature

Date

The original Student Consent form will be kept on file in the Graduate or Undergraduate Student Academic Services Office (USASO) and a copy in the Learning Resource Center (LRC).

