

# CLINICAL NURSING ASSISTANT HANDBOOK





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### Clinical Nursing Assistant Handbook

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## OVERVIEW

The Nursing Assistant Program (the “Program”) is designed to prepare students to be eligible for Nursing Assistant Certification through the Arizona State Board of Nursing and upon certification, practice in a health care agency as a Certified Nursing Assistant and/or Licensed Nursing Assistant (“CNA” or “LNA” or “Nursing Assistant”).

### Terminology

- D & S – D & S Diversified Technologies (D&SDT) - Headmaster. is the company approved by the Arizona Board of Nursing to administer nursing certification exams in Arizona.
- CNA – Certified Nursing Assistant
- RN – Registered Nurse
- Clinical Instructor – an RN who is responsible for overseeing and supervising clinical skills while at the approved clinical site.
- Classroom Teacher – a Career & Technical Education certified instructor. This instructor is also a board-certified RN and approved instructor by the State Board of Nursing. Classroom Teacher is responsible for overseeing and supervising the didactic sessions and the classroom skills labs.
- Clinical Coordinator – a board certified RN who works with CUSD CTE Department to ensure compliance with the Board of Nursing.

## COURSE OBJECTIVES

- Students will gain required nursing assistant didactic knowledge and demonstrate critical thinking ability contained and taught in the twenty-eight chapters of the designated textbook.
- Students will learn and perform (at level of minimal competency) the nursing assistant skills required by D&S .
- Students will be instructed in the clinical simulation lab in preparation for actual patient exposure during the clinical rotation and demonstrate required knowledge and skill for performance in the actual health care setting.
- Students will understand the individual roles of the healthcare team (RN’s, PT’s, MD’s, DO’s, RD’s) in addition to effective communication within the health care team, demonstrating competency in communication during clinical simulation and the clinical setting.
- Students will be prepared to pass the D & S Knowledge Assessment and the D & S Skills Assessment at the completion of this course.

## PROGRAM ADMISSION REQUIREMENTS

- Successful completion of Medical Professions I with a 76% or higher on all assessments and Basic Life Support (BLS) for Healthcare Providers certificate.
- Competency with three (3) years of high school level Math and English (following the CUSD high school natural progression of course sequence for both Math and English) must be demonstrated prior to admission into the program.
- Complete Student Information Form. \*
- Proof of citizenship with a valid driver’s license or passport (required for certification/licensure by the Arizona Board of Nursing)
- Proof of review of clinical forms by program instructor
- Signed Clinical Agreement and Contracts. \* Note: any forms requiring signature must be signed by both the student and parent or legal guardian if the student is under the age of 18
- Demonstrate the professionalism standards outlined in the Arizona CTE Professional Skills Standards (located on page 11).



- Complete the Health and Safety Documentation Checklist. Note: Carefully read and follow the directions when completing the Health and Safety Documentation Checklist. If the checklist is incomplete and/or missing the proper documentation your application will be returned to you.

**Failure to meet the above requirements will result in non-admission to the Program.**

It is highly recommended that you are either co-enrolled or have already completed anatomy and physiology (science) course during the second year of the program (not a contingency for acceptance)

\*Forms located on pages 28-35.

## PROGRAM WITHDRAWAL AND DISMISSAL

Withdrawal -

A student may request to drop the Program course within the first 20 days of the semester, without that class appearing on the student's transcript. Any student who drops a class after that time period will receive a failing grade for that course, and the failing grade will remain on the transcript. Contact your counselor for the required form to drop a course.

Dismissal -

Professional character, legal and ethical conduct and safe and competent care are essential for success in the Program, post-secondary education, and as a future healthcare provider. Student inability to meet Program attendance requirements, course completion criteria or who engage in unprofessional, unethical, or illegal behavior will be dismissed from the Program, lose respective course credit, and become ineligible to receive the Nursing Assistant Training Program Certificate of Successful Completion.

Causation for student dismissal from the Program includes but is not limited to:

- Greater than ten (10) days absence in any school year, excluding excused absences due to participation in school or district sponsored events.<sup>1</sup>
- Greater than three (3) unexcused absences in any semester.
- Non-attainment of course specific grade and standards/competencies criteria.
- Non-compliance with class and/or work-based learning (clinical) policies and procedures.
- Illegal acts resulting in felony or misdemeanor convictions.
- Unethical behavior such as, but not limited to cheating, dishonesty and theft.
- Conduct that is or might be harmful or dangerous to self, patients or others while attending class and/or clinicals
- Violating the rights or dignity of a patient or others; and
- Exhibiting attitude unbecoming of a healthcare provider.

## MEDICAL PROFESSIONS II COURSE REQUIREMENTS

Medical Professions II has strict attendance requirements for both class and clinicals due to requirements set by the Board of Nursing. Failure to adhere to the attendance requirements may result in the student being dropped from the class with an 'F' and from the Program.

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<sup>1</sup> This is a requirement of the Arizona Board of Nursing and failure to comply will result in ineligibility for the certification exam.



**Dress Code Requirements:** It is the student's responsibility to arrive at clinicals in the school-issued scrubs. They must be clean and pressed. The following must be adhered to when in uniform:

- White socks or single colored (no prints, words, images, etc.) socks
- White all leather sneakers (no Crocks, no mesh).
- Only one (1) set of stud earrings are allowed...no other piercings.
- Watch with a second hand (no smart watches) ...no other bracelets or jewelry allowed.
- No artificial nails of any kind, only colorless and clear, unchipped polish will be allowed.
- Hair must be clean and off the collar.
- Makeup should be simple.
- Tattoos should not be visible.
- Undergarments must not be visible.
- Student ID Badge must be visible at all times during clinicals.
- All course fees must be paid in full within the first 2 weeks of school. If there is a financial hardship in regard to fees, please contact the instructor.

Remember, your professional appearance and behavior reflects not only upon you, but also upon the District and your school.

## STUDENT EVALUATION POLICY

Using the form(s) provided, students will anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook, and resources upon program completion.

## REQUIREMENTS FOR THE NURSING ASSISTANT CERTIFICATE OF COMPLETION

All students must successfully complete the required Medical Profession I and Medical Professions II courses and obtain a passing score on the Technical Skills Assessment from the Arizona Department of Education prior to receiving a certificate of completion for the Program.

Nursing Assistant Certificate of Completion

Total: 2.0 CTE/Fine Arts Credits

## COURSE DESCRIPTIONS

Medical Professions I

Grade 11

No prerequisite

Full year, 1 credit.

The program is designed to prepare students for a variety of healthcare professions. An integrated approach to teaching and learning is provided as students develop interpersonal relations, career development skills and technical knowledge and skills. In addition, students will have advanced employability skills including critical thinking skills, applied academic skills, and life management skills. Certification for Basic Life Support (CPR/AED) and Stop The Bleed may be offered. Topics include an introduction to healthcare, different health careers, medical terminology, disease-focused anatomy and physiology, first aid, and safety. Students will have the opportunity to participate in HOSA: Future Health Professionals.

Medical Professions II

Grade 12

Recommended: Anatomy & Physiology

Prerequisite: Medical Professions I and Instructor approval

Full year, 1 credit



## Clinical Nursing Assistant Handbook Chandler Unified School District

This course prepares students to apply academic and technical allied health knowledge and skills in a clinical experience. Weekly clinical hours may extend beyond the regular school day. Students who complete this program will have the technical knowledge and skills to become both Certified Nursing Assistants (CNA) & Licensed Nursing Assistants (LNA), the competencies to be accepted in a postsecondary healthcare program, and the skills to seek employment in new and emerging occupations. Industry certification is offered in this course. Topics include patient care skills and advanced application of what was covered in Med Pro 1. Students will have the opportunity to participate in HOSA: Future Health Professionals.

### Textbook Information:

Roe, Sue (2020). The Nursing Assistant: Essentials of Holistic Care (1st Edition).  
ISBN 978 1 63563 605 5

\*Note: D&S testing (selected skills test) occurs after successful course completion. Current D&S testing handbook is used. The medical professions instructor will register students for initial CNA testing. It is the responsibility of the student to register for any retake testing if needed.





## **PROGRAM OUTLINE**

### **Medical Professions I**

- I. Role of the Nursing Assistant
  - A. Nursing process and role of Nursing Assistant
  - B. Basic problem-solving skills and planning of care
  - C. Observation and reporting
  - D. Elements of the client record and documentation
  - E. Principles of patient teaching
  - F. Steps in discharge planning
- II. Roles and Responsibilities of the Nursing Assistant
  - A. Role and responsibilities
  - B. Scope of practice
  - C. Credentialing
- III. Ethical and legal considerations
  - A. Standards of Practice
  - B. Scope of practice
  - C. Ethical guidelines
  - D. Legal guidelines
  - E. Roles and responsibility
- IV. Health Care Facilities and Regulatory Agencies
  - A. Acute
  - B. Long-term
  - C. Rehabilitation
  - D. Assisted living
  - E. Hospice
  - F. Joint Commission of Accreditation for Healthcare Organizations
  - G. Occupational Safety and Health Administration
  - H. Medicare and Medicaid
- V. Health Care Team
- VI. Health Care Team roles and responsibilities
  - A. Registered Nurse
  - B. Licensed Practical Nurse
  - C. Nurse Practitioner, Physician, Dietician, Physical and Speech Therapist, Social Worker
- VII. Holism
  - A. Cultural sensitivity
  - B. Spiritual needs
  - C. Social needs
  - D. Physical needs
- VIII. Use of Problem-Solving Skills
  - A. Simple problem-solving skills
  - B. Nursing process and nursing care plans
  - C. Teaching opportunities
- IX. Basic Medical Terminology
  - A. Prefixes, suffixes and root words
  - B. Abbreviations and symbols
  - C. Body structure, systems and organization
  - D. Anatomical terms



- X. Signs and Symptoms of Common Diseases and Conditions
  - A. Integumentary System
  - B. Musculoskeletal System
  - C. Nervous System
  - D. Cardiovascular System
  - E. Respiratory System
  - F. Endocrine System
  - G. Gastrointestinal System
  - H. Urinary System
  - I. Reproductive System
- XI. Caring
  - A. Principles of caring
  - B. Empathy
  - C. Sensitivity
  - D. Respect for clients
  - E. Respect for members of the health care team
- XII. Emergency Situations
  - A. Guideline for responding to emergencies
  - B. Dealing with emergencies
  - C. First aid procedures
  - D. Cardiac arrest
- XIII. Communication Skills
  - A. Professional behavior
  - B. Therapeutic relationships
  - C. Communicating with the health care team
- Medical Professions II**
- XIV. Safety
  - A. Principles of environmental safety
  - B. Client safety and mobility with use of assistive devices
  - C. Infection control
  - D. Principles of personal safety
  - E. Home care
- XV. Promotion of Client Safety
  - A. Prevention of injury to clients
  - B. Environmental cleanliness
  - C. Standard precautions
  - D. Isolation precautions
- XVI. Nursing Assistant Interventions and Clinical Skills
  - A. Assisting with client care
  - B. Vital signs
  - C. Height and weight
  - D. Transferring and ambulating
  - E. Personal hygiene and grooming
  - F. Maintenance of health and well-being
  - G. Special needs of the elderly
  - H. Intervention specific to health alteration
  - I. Care of the surgical client perioperative care
  - J. Demonstration of emergency procedures
  - K. Assisting with diagnostic tests





- XVII. Implementing the nursing care plan
  - A. Observing and reporting
  - B. Principles of growth and development
  - C. Care of the client with health alterations
  - D. Care of the elderly client
  - E. Care of the client with mental health disorders
  - F. Care of the cognitively impaired
- XVIII. Principles of Nutrition and Fluid Balance
  - A. Normal nutrition
  - B. Essential nutrients
  - C. Special diets
  - D. Supplements
  - E. Fluid Balance and hydration
  - F. Assisting with feeding
- XIX. Professional Communication Skills
  - A. Professional relationships
  - B. Therapeutic relationships
  - C. Communicating with the health care team
- XX. Special Care Needs of Elder Clients
  - A. Aging process
  - B. Adaptations needed for elder client care
  - C. Grief and loss
  - D. Emotional and spiritual needs of dying clients and their families
- XXI. Caring
  - A. Demonstration of empathy
  - B. Demonstration of sensitivity
  - C. Respect for clients
  - D. Respect for members of the health care team
  - E. General comfort measures
- XXII. Basic and Holistic Client Needs
  - A. Nutrition
  - B. Sleep and rest
  - C. Elimination needs
  - D. Spiritual needs
  - E. Psychosocial needs
  - F. Cultural sensitivity
  - G. Family needs
- XXIII. Recording and Reporting
  - A. Client care records
  - B. Observation skills



## PROGRAM COMPETENCIES

- Describe the different types of healthcare facilities and regulatory agencies. (IV)
- Describe the roles and responsibilities of the health care team. (I, II)
- Describe the role of the Nursing Assistant in caring for elder clients and those with alterations in health. (I, XX)
- Describe the roles and responsibilities of the Nursing Assistant related to ethical and legal standards of the profession. (II, III, VI)
- Use simple problem solving skills when giving care to elderly clients and clients with alterations in health. (X, XX)
- Describe professional communication skills specific to the Nursing Assistant as a member of the healthcare team. (V, VI, XII, XIX)
- Describe select nurse assisting interventions designed to meet the holistic needs of clients. (VII, XVI, XXII)
- Describe basic Nursing Assistant skills to ensure a safe environment and personal safety for the client. (XIV)
- Describe specific caring behaviors that are important when caring for clients and communicating with members of the health care team. (V, VI, XI)
- Describe the signs and symptoms of specific diseases, conditions and alterations in client behavior. (X)
- Apply the principles of nutrition and fluid balance to client care. (XVIII)
- Describe the special care needs of elder clients in the acute and long-term care settings. (XX)
- Describe the basic skills and procedures needed for clients in emergency situations. (XII)
- Perform basic therapeutic, maintenance, and preventative interventions identified in the client's plan of care appropriate to the Nursing Assistant role. (XVI)
- Function as a member of the health care team within the health care facility. (V, VI, XII, XIX)
- Demonstrate behaviors that are in accord with accepted standards of practice and ethical guidelines within the role of the Nursing Assistant. (III)
- Demonstrate simple problem solving to provide care to clients with alterations in health under the direction of the nursing staff. (VIII, XVII)
- Demonstrate appropriate communication skills with clients with alterations in health. (XIII, XIX)
- Demonstrate caring behaviors when interacting with clients in acute and long-term agencies. (XI, XXI)
- Demonstrate skills necessary to ensure a safe environment and protection of the client. (XIV, XV)
- Implement Nursing Assistant skills that relate to basic and holistic client needs. (XVI, XXII)
- Communicate client response to appropriate nursing personnel through recording and reporting. (XIII, XXIII)
- Apply common medical terms used for the simple organization of the body, major organs and medical abbreviations. (IX)

**\*\*NOTE** – Roman numerals in parenthesis refer to main categories in Program Outline on pages 6-8.



## ARIZONA CTE PROFESSIONAL SKILLS STANDARDS

### **1.0 COMPLEX COMMUNICATION: Employs complex communication\* skills in a manner that adds to organizational Productivity.**

\*Complex Communication refers to the need to combine traditional communication skills with technical workplace content transmitted via rapidly evolving technologies to increasingly diverse audiences.

- 1.A Masters core communication skills for the workplace.
  - Delivers content accurately
  - Persuades others
  - Uses communication style appropriate to audience and situation
  - Listens actively
  - Resolves conflicts
- 1.B Communicates effectively in a diverse work environment.
  - Communicates with diversity in mind
- 1.C Uses technologies and social media for workplace communication.
  - Exercises competence in using technology
  - Upholds the brand
  - Follows applicable laws and regulations
  - Matches technology to content
- 1.D Foundational communication skill check points
  - Writes in languages required by employer
  - Speaks in languages required by employer
  - Demonstrates reading comprehension
  - Presents with confidence
  - Practices interpersonal skills
  - Uses workplace technologies

### **2.0 COLLABORATION: Collaborates, in person and virtually, to complete tasks aimed at organizational goals.**

- 2.A Commits to achieving collective goals.
  - Contributes personal strengths
  - Respects contributions of others
  - Contributes to an environment of collaboration
  - Ensures diversity in collaboration
- 2.B Promotes an environment of trust.
  - Builds team relationships
  - Takes responsibility for role on team
  - Manages information with sensitivity
- 2.C Optimizes technology to collaborate with others.
  - Adopts technology to promote collaboration

### **3.0 THINKING AND INNOVATION: Integrates expertise in technical knowledge and skills with thinking and reasoning strategies to create, innovate, and devise solutions.**

- 3.A Defines a problem in the workplace.
  - Describes
  - Diagnoses
  - Uses resources to define a problem
- 3.B Practices inquiry and reflection (I/R) to take action in the workplace.
  - Maintains an attitude of openness



- Explores for deeper understanding
  - Uses resources for inquiry and reflection (I/R)
  - Evaluates self
- 3.C Takes action supported by evidence and reasoning to explain conclusions and accomplish work.
  - Composes a plan
  - Constructs a model (visual, symbolic, or linguistic)
  - Makes decisions
  - Uses tools strategically
  - Argues a case
- 3.D Transfers knowledge and skills from one work situation to another.
  - Builds capacity to transfer skills
- 3.E Creates/innovates to improve workplace productivity.
  - Builds capacity to create/innovate

#### **4.0 PROFESSIONALISM: Conducts oneself in a professional manner appropriate to organizational expectations.**

- 4.A Adheres to organizational protocol related to behavior, appearance, and communication.
  - Communicates with technical language
  - Communicates according to organizational standards
  - Satisfies customers
  - Professionalism Preliminary Checklist
- 4.B Manages time in accordance with organizational expectations.
  - Uses time productively
  - Balances accuracy and speed
  - Organizes work for the allotted timeframe
  - Prioritizes tasks
  - Collaborates and works alone to deliver on time
- 4.C Represents the organization in a positive manner.
  - Communicates mission and position
  - Aligns with organizational values
  - Manages resources to benefit the organization
  - Communicates core values of the profession
- 4.D Performs assigned tasks with a “can do” attitude.
  - Performs work with a positive attitude
- 4.E Behaves in a way that distinguishes between personal and work-related matters.
  - Demonstrates respect for personal and professional boundaries
- 4.F Produces work that reflects professional pride.
  - Produces high quality work
  - Acts as a team member
  - Performs/produces with precision
  - Continues to develop skills and connections
  - Takes initiative to improve work

#### **5.0 INITIATIVE AND SELF-DIRECTION: Exercises initiative and self-direction in the workplace.**

- 5.A Functions independently within the organizational structure.
  - Performs necessary tasks
  - Strives to improve personal delivery of services
  - Improves personal performance/ behaviors continuously
  - Initiative & Self-Direction Preliminary Checklist



- 5.B Adapts to changing conditions and expectations in the organization.
  - Adjusts to change
  - Cooperates respectfully with colleagues
  - Maintains productivity
- 5.C Pursues career advancement opportunities within an organization or field.
  - Articulates requirements for job openings
  - Prepares for career advancement
  - Pursues formal learning opportunities
  - Builds learning relationships
  - Applies new resources
- 5.D Generates innovative ideas, methods, or devices contributing to organizational resources and goals.
  - Innovate to improve productivity
  - Recommends improvements on processes, products, services
  - Uses technology to increase productivity/profits
- 5.E Exercises leadership in the workplace.
  - Engages individual strengths
  - Manages work plans
  - Plans for unanticipated challenges
  - Pursues workplace solutions/improvements

**6.0 INTERGENERATIONAL AND CROSS-CULTURAL COMPETENCE: Interacts effectively with different cultures, generations, and individuals with disabilities to achieve organizational mission, goals and objectives.**

- 6.A Uses relevant communication that creates cultural synergy in the workplace.
  - Adapts communication style to engage diverse others.
  - Adapts communication style to engage other generations.
- 6.B Contributes to an environment of acceptance and inclusion that enables different cultures, generations, and individuals with disabilities to work together.
  - Demonstrates respect through interactions and behaviors.
  - Addresses challenges with sensitivity for intergenerational, cross-cultural, and individuals with disabilities
  - Celebrates achievements and contributions of diverse others.
  - Functions comfortably in the global marketplace
  - Relies upon the wisdom and experience of others to accomplish work.
  - Addresses intergenerational tensions.
- 6.C Respects generational differences related to the use of technology in the workplace.
  - Selects from technological and non-technological methods/tools to communicate across generations.

**7.0 ORGANIZATIONAL CULTURE: Functions effectively within an organizational culture.**

- 7.A Navigates organizational structures and systems.
  - Fits work performance to the organizational structure
- 7.B Embodies organizational values.
  - Works in a manner that reflects organizational values.
- 7.C Performs work that advances organizational growth and success.
  - Contributes to organizational success.



## **8.0 LEGAL AND ETHICAL PRACTICES: Observes laws, rules and ethical practices in the workplace.**

- 8.A Respects the organization's physical and intellectual property.
  - Takes responsibility for the workplace.
  - Protects the organization's intellectual property.
- 8.B Demonstrates loyalty to the organization, its mission and resources.
  - Demonstrates loyalty to the organization.
- 8.C Maintains a safe work environment.
  - Addresses harmful conditions in the workplace.
  - Follows procedure for reporting unsafe conditions.
  - Receives risk management training.
- 8.D Adheres to the policies and procedures of the organization.
  - Acts in accord with policies and procedures
  - Acts in accord with legal and ethical practices
  - Receives training in policies and procedures.
- 8.E Adheres to applicable local, state, federal and international laws and regulations.
  - Applies required laws and regulations in the workplace.
  - Complies with employment laws.
  - Applies laws and regulations unique to the industry.
- 8.F Takes responsibility for one's actions in the workplace.
  - Prioritizes time.
  - Resolves own work problems and errors.
  - Takes responsibility for own communication.
- 8.G Manages/uses resources for the good of the organization.
  - Uses organization's resources prudently.
- 8.H Acts with integrity (honest, reliable, and trustworthy.)
  - Performs with honesty and reliability in a trustworthy manner.
- 8.I Interacts respectfully with co-workers and customers.
  - Handles information appropriately
  - Works to create an equitable workplace.

## **9.0 FINANCIAL PRACTICES: Applies knowledge of finances for the profitability and viability of the organization.**

- 9.A Exercises prudence in personal finance as it relates to employment.
  - Manages personal finances responsibly.
- 9.B Articulates financial goals and strategies of the organization.
  - Communicates organizational financial goals.
- 9.C Contributes to organizational profitability through knowledge of finances.
  - Acts prudently with organizational resources.
  - Maintains current knowledge of salary and benefits.
  - Relates work performance to company profitability.

## ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR NURSING ASSISTANT STUDENTS

Students enrolled in Medical Professions Courses must be able to perform the following essential skills as mandated by the AZBN Nurse Practice Act, including all applicable statutes and regulations as may be amended. If a student cannot meet one or more of the requirements without accommodation, the course instructor must determine, on an individual basis, whether reasonable accommodation can be made. These skills are necessary to perform duties safely and comprehend course materials:

Functional Ability	Standard	Examples of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care. Must be able to lift 50 pounds.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> <li>• Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc.</li> <li>• Visual acuity to read calibrations, assess color (cyanosis, pallor, etc.).</li> <li>• Tactile ability to feel pulses, temperature, palpate veins, etc.</li> <li>• Olfactory ability to detect smoke or noxious odor, etc.</li> </ul>
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> <li>• Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination.</li> <li>• Capacity for development of mature, sensitive and effective therapeutic relationships.</li> <li>• Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</li> <li>• Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</li> <li>• Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and colleagues.</li> <li>• Work with teams and workgroups.</li> <li>• Emotional skills sufficient to remain calm in an emergency.</li> <li>• Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients.</li> <li>• Adapt rapidly to environmental changes and multiple tasks demands.</li> <li>• Maintain behavioral decorum in stressful situations.</li> </ul>
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> <li>• Ability to accurately identify patients.</li> <li>• Ability to effectively communicate with other caregivers.</li> <li>• Ability to operate equipment safely in the clinical area.</li> <li>• Ability to recognize and minimize hazards that could increase healthcare associated infections.</li> <li>• Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritizes tasks to ensure patient safety and standard of care.</li> <li>• Maintains adequate concentration and attention in patient care settings.</li> <li>• Seeks assistance when clinical situation requires a higher level or expertise/experience.</li> <li>• Responds to monitor alarms, emergency signals, call bells from patients and orders in a rapid and effective manner.</li> </ul>





Functional Ability	Standard	Examples of Required Activities
Communication	<ul style="list-style-type: none"> <li>Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</li> <li>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy.</li> </ul>	<ul style="list-style-type: none"> <li>Gives verbal directions to or follow verbal directions from other members of the healthcare team and participates in health care team discussions of patient care.</li> <li>Elicits and records information about health history, current health state and responses to treatment from patients or family members.</li> <li>Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</li> <li>Establishes and maintains effective working relations with patients and co-workers.</li> <li>Recognizes and reports critical patient information to other caregivers.</li> </ul>
Cognitive/ Conceptual/Quantitative Abilities	<ul style="list-style-type: none"> <li>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning and analysis and synthesis.</li> <li>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</li> <li>Ability to comprehend three-dimensional and spatial relationships.</li> <li>Ability to react effectively in an emergency situation.</li> </ul>	<ul style="list-style-type: none"> <li>Analyzes and synthesize data and develop an appropriate plan of care.</li> <li>Collects data, prioritize needs and anticipate reactions.</li> <li>Comprehend spatial relationships.</li> <li>Recognizes an emergency situation and responds effectively to safeguard the patient and caregivers.</li> <li>Transfer knowledge from one situation to another.</li> <li>Accurately processes information on physicians' orders, and monitors equipment calibrations, printed documents, flow sheets, graphic sheets, other medical records, and policy and procedure manuals.</li> </ul>

- Possess the math skills necessary to solve problems involving measurement and calculation.
- Ability to wear Personal Protective Equipment (PPE) for long periods of time including a mask, face shield, gloves, and gown.

## METHODS OF EVALUATION

The Program course (Medical Professions II) utilizes the following grading scale to obtain credit on your CUSD high school transcript. The course grade is based upon exams, practical assessment, clinical experience and the course Final exam.

## SKILLS EXAM POLICY

Students must proficiently demonstrate **all** skills at an 80% pass rate.

## DISTRICT GRADE SCALE

- A = 90% and above
- B = 89% - 80%
- C = 79% - 70%
- D = 69% - 60%
- F = 59% and below



## PROGRAM COMPLETION ELIGIBILITY

To achieve a program certificate of successful completion, students must achieve a minimum cumulative grade of 76% on all class/homework, quizzes, tests, *and* receive a 76% or higher on both the midterm and the final exam. Students' attendance at clinicals and classroom time are mandated by the State Board of Nursing and outlined below. According to the State Board of Nursing R4-19-801(B)(3)(c)(i), if you receive less than 76% on the Final exam, you have one opportunity to pass an alternate exam. The alternate exam will address all course competencies tested in the original test but will consist of a different set of test questions. The highest possible grade you will receive on the alternate exam will be 76%. You have five days to take the alternate exam. The Final exam must be passed with a 76% or higher. *If your grade and/or final exam is less than 76% you cannot attend clinicals, you may be dropped from the class and will not be eligible to sit for the CNA exam.*

## CLASSROOM ATTENDANCE REQUIREMENTS

**Students are expected to follow the CUSD attendance policy as outlined in the CUSD student handbook for excused and unexcused absences. If a student is absent for a skills day, they will need to schedule time before/after school to make-up the required time. Additional assignments may include the end of chapter worksheet and/or quiz. Make-up time/assignment must be signed off by the instructor. All make-up time and assignments must be completed in full by the student before D&S testing.** Refer to Absenteeism Agreement.

## CLINICAL ATTENDANCE REQUIREMENTS

Students are expected to attend all clinical experiences necessary to meet the criteria of the course. A minimum of forty (40) hours in the clinical component must be completed satisfactorily. Students unable to attend or fulfill clinical requirements will not be eligible to take the State CNA/LNA Examination. If you are absent for more than one clinical, you may be dropped from the Program. Two tardies equal an absence. A tardy is defined as: arriving five (5) to fifteen (15) minutes late for the clinical or late returning from lunch/breaks or leaving five (5) – fifteen (15) minutes early from clinical. You need to stay at the clinical site during lunch/dinner and breaks. No cell phones are allowed on the floor during Clinical Training hours. Students must obtain 100% competency during classroom lab practice prior to the clinical rotation.

If make up time is needed for clinicals due to excused absence, students must make arrangements with the instructor. Make up time must be completed within the approved time frame of the clinical instructor, clinical site and program instructor.

Your Clinical Instructor is your immediate supervisor. The Clinical Instructor can be reached via cell phone/pager while at the clinical facility. The instructor must be present for any skill competency evaluation. The instructor will be doing walking rounds to accommodate any skills accomplishment. Instructors can only carry out clinical supervision while on-site. Instructional supervision is a minimum of one (1) Instructor for every ten (10) students.

NOTE: Typically, clinical hours will consist of a six to eight (6-8) hour shift Monday-Friday. Days and times will be specific to each high school site, and dependent on clinical facility availability. Please confirm with your instructor for specific dates/time for your assigned clinical shift. The Dress Code as described on page 5 must be adhered to.

Students are responsible for their own transportation to and from the clinical site.  
Refer to Absenteeism Agreement.



## CLINICAL SUPERVISION

A qualified RN instructor shall supervise any student who provides care to patients or residents by:

- Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences
- Providing the classroom instructors with current and valid contact information students and facility staff during the instructors scheduled teaching periods.
- Observing each student performing tasks taught in the training program.
- Documenting each student's performance each day, consistent with course skills and clinical objectives
- During the clinical session, engaging exclusively in activities related to the supervision of students; and
- Reviewing all student documentation

## CLINICAL POLICIES AND PROCEDURES:

- Arrive on time and meet in the pre-designated meeting location for each clinical shift wearing the appropriate dress code.
- The designated Clinical Instructor must be present for any clinical rotations and skill competency evaluations.
- You will meet and work with many other health care providers, but please remember that your Clinical Instructor is your immediate supervisor. Your clinical instructor is the **ONLY** person who can evaluate skill competencies.
- The Clinical Instructor will be making rounds during clinicals and be available for skills competency evaluations. **Do not independently perform any skill that has not been evaluated by your instructor and deemed satisfactory.**
- Do not **EVER** administer any medication during your clinical rotations. This is not within the scope of practice for nursing assistants.
- If a situation occurs while performing clinicals that makes you uncomfortable - immediately notify your Clinical Instructor; please remember that this is a healthcare facility, and you are working with patients of various mental capacities.
- The use of cell phones is prohibited during clinical observation time; cell phones may not be used in patient care areas.
- Security of purses, backpacks, or other personal property is not guaranteed by the facility; students are solely responsible for any personal belongings brought to the facility.
- Students are responsible for their own transportation to and from the facility. Please review, complete and return the attached Work-Based Learning Contract covering Driver's License and Transportation Requirements.



## **ZERO TOLERANCE POLICY**

The Program supports a Zero Tolerance Policy for the following behaviors:

- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm; or
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site; or
- Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site; or
- Academic Misconduct.

Any program student engaging in this misconduct is subject to immediate dismissal from the Medical Professions II class and disciplinary action as described in the District Student Handbook.

## **ACADEMIC MISCONDUCT**

Cheating is defined in the District Student Handbook as: “Copying the work of others and submitting it as your own, obtaining unauthorized and undocumented material from the Internet, use of cell phones for transmitting test items or other secured information, or securing teacher material or work in a dishonest or unauthorized way.” This includes falsifying, forging, or altering records.

Cheating includes, but is not limited to:

- Copying from others during an examination.
- Communicating exam answers with another student before, during, and after an examination.
- Offering another person’s work as one’s own (plagiarism). Plagiarism includes, but is not limited to, the use of paraphrasing or direct quotation of the published or unpublished work of another person without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials
- Taking an examination for another student or having someone take an examination for you.
- Sharing answers to a take-home examination or assignment unless specifically authorized by the instructor.
- Tampering with an examination after it has been corrected, and then returning it for more credit.
- Using unauthorized materials, prepared answers, written notes, or concealed information during an examination.
- Acquiring, without permission, tests or other academic material belonging to a member of the faculty or staff; and
- Removing tests from the classroom, or duplicating, writing down, or copying questions or answers from a test onto another piece of paper during test review sessions.
- Any student who knowingly or intentionally helps another student perform any of the above acts of cheating or plagiarism is subject to discipline for academic dishonesty.
- Any preparation of written material that is fraudulent and/or untruthful.
- 

Consequences for Academic Misconduct may include, but are not limited to, receiving a “zero” grade on the assignment or exam in question, including midterms and finals, and a conference between the student, parent, and instructor. A “zero” grade for academic misconduct on exams including midterms and finals will disqualify a student from admittance into Medical Professions II. A Medical Professions II student with a “zero” exam grade for academic misconduct may make a student ineligible for D&S testing for the Nursing Assistant exam through Chandler Unified School District. A student will not be able to retake any assignment, test, midterm, or final exam for which a “zero” was assigned due to academic misconduct.



## PROGRAM GRIEVANCE POLICY

Issues often arise from miscommunication and misunderstanding. Honest empathetic and tactful discussion at the time of occurrence frequently resolves issues. The grievance policy is for students to appropriately and effectively resolve Program issues, problems, and conflicts.

When a student identifies an actual or potential criminal behavior issue, the student will ***immediately*** notify the Clinical Instructor who will notify the Program Instructor who will address the issue with the involved person(s) and notify campus administration as required.

For a non-criminal behavior issue, the student will take the following sequential steps until such time the problem is resolved:

- At the time of occurrence, discuss the problem with the involved person(s).
- Address the issue with the Clinical Instructor. The Clinical Instructor will make every effort to resolve the problem. If the issue remains unresolved, the student will complete and submit a Student Grievance Form\* to the instructor, who will forward the form and all information to the Program coordinator.
- Address the issue with the Program coordinator who will then conduct a meeting for all involved.
- If the issue remains unresolved, the Program coordinator will process the Program Grievance Form and all documented findings to school administration for action.

\*Form located on page 22.

## HEALTH DECLARATION

It is essential that Program students be able to perform a number of physical activities in the clinical portion of the Program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition should consult their provider to ensure that they are able to implement direct patient care with their current plan. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions as determined by the Nursing Program Supervisor. Individuals should carefully consider the mental and physical demands of the Program prior to applying for the Program. All students placed in the Program must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of compliance are permitted to enroll in the Medical Professions II course. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form, with all documentation attached, as directed.

## DRUG AND ALCOHOL USE BY STUDENTS

Students in violation of CUSD board policy 5-305 – Student Code of Conduct: shall be subject to removal from school property or school activity, including clinical facility, and may be subject to prosecution in accordance with the provisions of the law. Students violating this policy shall be subject to disciplinary actions in accordance with the provisions of school rules and/or regulations.



## WAIVER OF LICENSURE/CERTIFICATION GUARANTEE

Admission or graduation from the Program does not guarantee obtaining a license to practice as a Nursing Assistant. Licensure and subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act's statutes, rules and regulations, independently of any college or school requirements for graduation. As of the date of publication of this Handbook, some of the applicable regulations read as follows:

Pursuant to A.R.S. § 32-1645(A): A person who wishes to practice as a licensed nursing assistant shall file a verified application on a form prescribed by the board and accompanied by the fee required pursuant to § 32-1643. The applicant shall also submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions. The applicant shall also submit proof satisfactory to the board that the applicant has: 1. Satisfactorily completed the basic curriculum of a program approved by the board. 2. Received a valid certificate from a training program approved by the board. 3. Satisfactorily completed a competency examination pursuant to section 32-164.

Pursuant to A.R.S. § 32-1646(B): The board shall revoke a license of a person or not issue or renew a license to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three or more years prior to the date of filing an application . . . .

Pursuant to A.R.S. § 32-1606(B)(17): The board shall . . . Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to § 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to § 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three or more years before the date of filing an application . . . .

Pursuant to A.R.S. § 41-1080 and Ariz. Admin. Code. R4-19-806, applicants for licensure are required to provide documentation of United States citizenship or lawful presence in the United States as specified in A.R.S. § 41-1080.



**CHANDLER UNIFIED SCHOOL DISTRICT  
CAREER & TECHNICAL EDUCATION**

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***NOTICE OF NONDISCRIMINATION***

## **Notice of Nondiscrimination**

Chandler Unified School District does not discriminate on the basis of race, color, ethnicity, national origin, religion, sex or gender, sexual orientation, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. In compliance with Title IX, the District does not discriminate on the basis of sex in any of its programs or activities, including but not limited to, in admissions and employment. The following persons have been designated to handle Title IX inquiries regarding the nondiscrimination policies:

**Compliance officer for Title IX Notice of Non-discrimination: [www.cusd80.com/nondiscrimination](http://www.cusd80.com/nondiscrimination)**

Dan Serrano, Executive Director of High Schools,  
Title IX Coordinator  
Associate Superintendent  
1525 W. Frye Rd.  
Chandler, AZ 85224  
(480) 812-7038

Dr. Jeff Filloon,  
Executive Director of Human Resources  
1525 W. Frye Rd.  
Chandler, AZ 85224  
(480) 812-7624

**Compliance officer for Section 504**

Dr. Kymberly Marshall  
Executive Director of Student Services  
200 S. Hamilton  
Chandler, AZ 85225  
(480) 812-7567

## **Aviso de no discriminación**

El Distrito Escolar Unificado de Chandler no discrimina por motivos de raza, color, origen étnico, nacionalidad, religión, sexo o género, orientación sexual, discapacidad o edad en sus programas y actividades y proporciona igualdad de acceso a Boy Scouts y a otros grupos juveniles designados. En conformidad con el Título IX, el Distrito no discrimina por motivos de sexo en ninguno de sus programas o actividades, incluyendo, pero no limitado a, admisiones y empleo. Las siguientes personas han sido designadas para encargarse de las consultas de Título IX con respecto a las políticas de no discriminación:

**Funcionario de Cumplimiento de Título IX**

**Aviso de no discriminación: [www.cusd80.com/nondiscrimination](http://www.cusd80.com/nondiscrimination)**

Dan Serrano, Director Ejecutivo de Escuelas  
Secundarias, Coordinador de Título IX  
1525 W. Frye Rd.  
Chandler, AZ 85224  
(480) 812-7038

Dr. Jeff Filloon  
Director de Recursos Humanos  
1525 W. Frye Rd.  
Chandler, AZ 85224  
(480) 812-7624

**Funcionario de Cumplimiento para Sección 504**

Dr. Kymberly Marshall  
Director de Servicios Estudiantiles  
200 S. Hamilton  
Chandler, AZ 85225  
(480) 812-7567





## NURSING ASSISTANT PROGRAM - STUDENT GRIEVANCE FORM

To be filed with the Nursing Instructor who will forward to the District Program Coordinator.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I wish to complain against:

Name of person: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the participants and all information regarding the incident. Be sure to note relevant dates, times and places:

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Identify anyone who could provide more information regarding the incident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The proposed solution: (Indicate what you think can and should be done to solve this problem)

---

---

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I certify that this information is correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Administrator or Staff Member receiving initial complaint

\_\_\_\_\_  
Date Received



## Student Sent Home from Work-Based Learning (Clinicals) Form

Dear Parent/Guardian,

Your student has been sent home from school and/or work-based learning (clinicals) due to:

- Illness or injury
  - Non-adherence to clinical dress code requirements
  - Non-compliance with work-based learning (clinical) policies and procedures
  - Conduct that may be harmful or dangerous to self, patients/residents, or others.
  - Unethical behavior or attitude unbecoming of a healthcare provider
  - Other:
- 

Details are provided below for you to read in full. If your student is eligible to make-up what they missed at work-based learning (clinicals), it will be listed below. This form will need to be signed by both the student and a parent/guardian if the student is under the age of 18. The student will sign this form if 18 or over. This form will need to be returned to the instructor promptly. The student's instructor can address any questions.

Your student **IS** or **IS NOT** eligible to make up the missed hours of work-based learning (clinicals). Make-up dates and time will be scheduled with the student, if applicable.

Details:

By signing below, you and your student agree that you have read and understand the reason they were sent home from work-based learning (clinicals). Whether or not they can make-up this clinical date has been outlined above. Any questions you have, have been addressed with the instructor.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Daily Clinical Evaluation Form

Student Name (first and last): \_\_\_\_\_ Clinical Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

1. The student demonstrates adherence to dress code and Medical Professions Program policies set out by the instructor and Chandler Unified School District.

Satisfactory

Satisfactory Progress

Unsatisfactory

2. The student demonstrates ethical and legal conduct in all nursing activities.

Satisfactory

Satisfactory Progress

Unsatisfactory

3. The student applies standard precautions and infection control measures.

Satisfactory

Satisfactory Progress

Unsatisfactory

4. The student communicates effectively with classmates, patients/residents, facility staff, and instructors.

Satisfactory

Satisfactory Progress

Unsatisfactory

5. The student demonstrates patient care skills in a competent and safe manner in accordance with the Resident's Care Plan.

Satisfactory

Satisfactory Progress

Unsatisfactory

6. The student follows safety and conduct rules and adheres to facility policies and regulations.

Satisfactory

Satisfactory Progress

Unsatisfactory

Areas for Improvement:

Areas of Success:

Remediation Needed: YES / NO

Date of Remediation: \_\_\_\_\_

Details:

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name \_\_\_\_\_ Class \_\_\_\_\_

## Nursing Assistant Skills Checklist: Classroom and Clinical

\*Students may not perform skills on residents/patients until they have demonstrated competency and been signed off by a RN in the skills laboratory.

Testable	Classroom Competency Date	RN Initials	Clinical Practice Date	RN Initials
Ambulation with Gait Belt				
Ambulation with Walker				
Applying Antiembolic Stockings				
Bedpan and Output				
Bed Bath-Whole Face, One Arm, and Underarm				
Blood Pressure -Manual				
Denture Care				
Dressing Bedridden Resident				
Feeding the Dependent Resident				
Fluid Intake				
Isolation Gown and Gloves				
Mouth Care-Brushing teeth				
Mouth Care of Comatose Resident				
Making an Occupied Bed				
Perineal Care-Female				
Perineal Care-Male With a Soiled Brief				
Positioning Resident on Side				
Range of Motion Hip and Knee				
Range of Motion Shoulder				
Pivot Transfer a Wt. Bearing, Non- Ambulatory Resident from W/C to Bed using Gait Belt				
Pivot transfer a Wt. Bearing, Non- Ambulatory Resident from Bed to W/using Gait Belt				
Vital Signs TPR				
Vital Signs TR, Pulse Oximetry, Electronic BP				

Non-Testable	Classroom Competency Date	RN Initials	Clinical Practice Date	RN Initials
Apply Clean Bandages				
Assist in Admitting Resident				
Assist in Discharging Resident				
Assist in Transferring Resident				
Assist with Diagnostic Test/Obtains Specimen				
Back Rub				
Body Mechanics				
Care/ Use of Prosthetic or Orthotic Devices				
Catheter Care				
Documenting ADLs				
Donning/Removing Gown/Gloves/Mask				



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Dress Resident				
Empty Catheter and Measure Output				
Fingernail Care				
Handwashing/Hand Hygiene				
Maintaining a Resident's Environment				
Make an Unoccupied Bed				
Mechanical Lift Transfer				
Move Resident Up in Bed				
Observe, Report Pain				
Ostomy Care				
Pass and Set Up Trays				
Perioperative Care				
Postmortem Care				
Provide Care for Patients with Drains				
Provide Care of Patients with Feeding Tubes				
Range of Motion Exercises				
Recognizing and reporting abnormal physical, psychological or mental changes				
Record Meal Percentage and Intake				
Report Skin Condition				
Shampoo and Hair Care				
Shaving				
Shower				
Skin Care				
Toileting				
Transfer and Position Resident in Chair				
Use of Assistive Devices in Feeding				
Use of Assistive Devices in Transferring, Ambulating, and dressing				
Weight- Standing, W/C and Bed Scales				

Student Signature \_\_\_\_\_

Classroom RN Signature \_\_\_\_\_ Initials \_\_\_\_\_

RN Clinical Instructor Signature \_\_\_\_\_ Initials \_\_\_\_\_

Program Completion Date \_\_\_\_\_



# Clinical Nursing Assistant Clinical Packet

## Cover Page

### A complete Clinical Packet Includes the following items:

(Failure to turn in a complete packet may result in a delayed start for clinical placement)

- ☐ Signed Student & Parent Nursing Assistant Program Agreement Form (pg. 27)
- ☐ Student Information Form (pg. 28)
- ☐ Health and Safety Document Checklist (pg. 30)
  - ☐ TB Test Results      ☐ COVID-19 Exemption Form\*
- ☐ Health Care Provider Signature Form (pg. 31)
- ☐ Covering Insurance and Emergency Information (pg. 32)
- ☐ Driver's License and Transportation Requirements (pg. 33)
- ☐ Program Absenteeism Agreement (pg. 34)
- ☐ State ID (front and back copies)
- ☐ Background Check Verification
- ☐ Copy of CPR Card (Current American Heart Association BLS)

### STUDENT & PARENT NURSING ASSISTANT PROGRAM AGREEMENT

By signing below, you and your child agree that you have considered the district policies and procedures as outlined in the Nursing Assistant Program Manual and agree to abide by them in conjunction with Chandler Unified School District policies and procedures. You have also completed and returned all items listed on the checklist to your classroom instructor.

#### Parent Section:

I have read the Nursing Assistant Program Manual and understand the requirements and expectations for this class. I agree to adhere to all CUSD and course policies and procedures as well as those policies and procedures of the clinical facility and the Arizona Board of Nursing.

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_

#### Student Section:

I have read the Nursing Assistant Program Manual and understand the requirements and expectations for this class. I agree to adhere to all CUSD and course policies and procedures as well as those policies and procedures of the clinical facility and the Arizona Board of Nursing.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_



## STUDENT INFORMATION FORM

### Student Information:

Name:

---

Street Address:

---

City and Zip Code:

---

Home Phone:

---

Cell Phone:

---

Email:

---

### Parent/Guardian Information:

Guardian #1:

---

Cell Phone:

---

Work Phone:

---

Email:

---

Guardian #2:

---

Cell Phone:

---

Work Phone:

---

Email:

---

In case of emergency contact: \_\_\_\_\_

### COMMUNICATION/CONTACT LOG (to be completed by Instructor)

Date	Student	Guardian	In Person	Email	Phone	Other
Notes:						
Date	Student	Guardian	In Person	Email	Phone	Other
Notes:						
Date	Student	Guardian	In Person	Email	Phone	Other
Notes:						





## DIRECTIONS FOR COMPLETING THE HEALTH AND SAFETY DOCUMENTATION CHECKLIST

**IMPORTANT:** All health and safety requirements must be current and not expire during enrollment in the Medical Professions II course. The instructor will only accept photocopies of all documentation of health-related materials. The instructor will retain copies of immunization records, CPR certification, and TB skin test results in student files. This will be confidential.

Records will be maintained at each school site for three (3) years. These records will show name, DOB, student ID#, completed skills checklist, attendance which describes any make-up class sessions, scores on each test, quiz, or exam and, if applicable, whether such test, quiz or exam was retaken; and a copy of the certificate of completion issued to the student upon successful completion of the Program.

Other documents will include curriculum and course schedule for each cohort group, results of state-approved written and manual skills testing; completed student Program evaluation forms, a summary of the evaluations for each cohort group and measures taken by the Program, if any, to improve the Program based on student and Instructor evaluation; and a copy of any Board reports, applications, or correspondence related to the Program.

All immunization records must include your name, the name and signature of the healthcare provider giving the immunization, and date. A health care provider's signature on the Health Declaration form, without proof of immunization status, is NOT acceptable.

### Immunizations:

1. MMR (measles/rubella,mumps,rubella)
  - a. Options to meet this requirement:
    - i. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.  
**OR**
    - ii. If you had all three illnesses **OR** you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.
      1. If the titer results are **POSITIVE**, attach a copy of the results to the health declaration form.
      2. If the titer results are **NEGATIVE**, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within one month (according to CDC Guidelines) and proof submitted to the nursing department.
2. Varicella (chickenpox)
  - a. Options to meet this requirement:
    - i. Attach a copy of proof of a positive IgG titer for varicella.  
**OR**
    - ii. If the titer is **NEGATIVE**, attach a copy of proof to the health declaration form that you received the first vaccination. Complete the second vaccination in 4 to 8 weeks and submit proof to the nursing department.
3. Tetanus/Diphtheria (Td) immunization within the past 10 years. Attach a copy of proof of Td vaccination to the health declaration form.
4. Tuberculosis
  - a. Options to meet this requirement:
    - i. Attach a copy of proof of a TB skin test (PPD) and results. Results are valid for 12 months and cannot expire during the semester of enrollment. Records for PPD (skin testing for tuberculosis) require the name and signature of the healthcare provider, and findings.  
**OR**
    - ii. If you have a **POSITIVE** TB skin test you must submit a copy of proof of a chest x-ray completed within the previous 6 months and its results. Provide evidence of disease-free status.
5. Hepatitis B
  - a. Options to meet this requirement:
    - i. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.  
**OR**
    - ii. Attach a copy of proof of a positive Hepatitis B antibody titer to the health declaration form.
    - iii. If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the 2nd injection in one month and the 3rd five months after the second. Submit documentation to the nursing department.
6. Drug Screen (to be determined by clinical site placement and partnerships)

### **BLS (Basic Life Support for Healthcare Providers) and First Aid**

Attach a copy of the American Heart Association BLS Certification card to this form. BLS certification must include infant, child and adult, 1- and 2-man rescuer, and evidence of a hands-on skill-based demonstration component. **BLS certification must remain current through the duration of the program.**



# HEALTH AND SAFETY DOCUMENTATION CHECKLIST

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

- A. MMR (Measles, Mumps, and Rubella): Requires documented proof of two (2) MMRs in lifetime or a positive titer for each of these diseases.

1st MMR Date: \_\_\_\_\_ 2nd MMR Date: \_\_\_\_\_  
OR

Date & results of titer:

Measles/Rubella \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

**Circle: Yes or No I have attached documented proof as specified above.**

- B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

1st Varicella Date: \_\_\_\_\_ 2nd Varicella Date: \_\_\_\_\_ OR Date & results of IgG titer: \_\_\_\_\_

**Circle: Yes or No I have attached documented proof as specified above.**

- C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: \_\_\_\_\_  
(If it expires during clinicals, students must get re-vaccinated.)

**Circle: Yes or No I have attached documented proof as specified above.**

- D. Tuberculosis: Documentation of an annual TB skin test (PPD). If positive skin test, provide annual documentation of chest X-ray negative for evidence of disease, or written documentation of a TB disease free status from a licensed healthcare provider. Results must be valid through the length of the course.

PPD Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results (circle): Negative OR Positive  
OR

Chest X-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Circle: Yes or No I have attached documented proof as specified above.**

- E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If beginning series, first injection must be prior to admission and the series completed within 6 months.

Date of 1st injection: \_\_\_\_\_ OR Hep B Titer Date: \_\_\_\_\_

Date of 2nd injection: \_\_\_\_\_ Titer Results: \_\_\_\_\_

Date of 3rd injection: \_\_\_\_\_

**Circle: Yes or No I have attached documented proof as specified above.**

- F. Drug Screen: Documented evidence of completed drug screen with negative results and approval from current medical provider for exceptions.

- G. COVID 19 Vaccine: May be required by Clinical Facility. Please see the instructor for specifics. \*

Date of 1st injection: \_\_\_\_\_ Date of 2nd injection: \_\_\_\_\_ Date of Booster (s): \_\_\_\_\_

- H. CPR Card:

Date CPR Card Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Circle: Yes or No I have attached a copy of my ecard from the American Heart Association. CPR certification must remain current through the semester of enrollment.**



# HEALTH CARE PROVIDER SIGNATURE FORM

A health care provider must sign the Health Care Provider Signature Form and indicate whether the applicant will be able to function as a Medical Professions student. Health care providers who qualify to sign this declaration include licensed physician (M.D., D.O.), nurse practitioner, or physician assistant. The Health Care Provider Signature Form must be completed and signed prior to the beginning of the student's clinical rotation in the Medical Professions II Course.

Applicant Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(Please Print)

It is essential that Nursing Assistant students be able to perform several physical activities during the clinical and skills lab instruction. At a minimum, students will be required to lift patients, stand for several hours at a time, perform bending activities, and be able to lift (at minimum 50 lbs.) with assistive devices to maneuver equipment and patients properly. Students who have a chronic illness or condition should consult their provider to ensure that they are able to implement direct patient care with their current treatment plan. Students must be able to wear a mask and other forms of PPE for long periods of time as required. Clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions as determined by the Nursing Program Supervisor. Individuals should consider the mental and physical demands of the Program prior to applying.

I believe the applicant WILL or WILL NOT be able to function as a Nursing Assistant student as described above.

If not, please explain:

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Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## COVERING INSURANCE AND EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

To become eligible for work-based learning, the district requires that the student/trainee have adequate medical insurance coverage. This requirement may be fulfilled in one of two ways:

- (1) Purchase an insurance policy through the school site; or
- (2) Complete the below information and waiver if the student has adequate insurance coverage.

The student/trainee stated above will be insured through: \_\_\_\_\_ school insurance \_\_\_\_\_ other insurance.

If other insurance is checked, please complete the below waiver and information:

The below listed policy will completely absolve the school board and the district of all insurance liability. I further accept full responsibility for all obligations, financial or otherwise, which may result from on-the-job injuries to aforesaid student/trainee during the \_\_\_\_\_ school year not covered by the Program site's policy. I further certify that I have read and currently understand my current health and accident insurance policy and am aware of its coverage and limitations in relation to injuries received as a result of participation in the Work-Based Learning Program by the aforesaid member of my family.

Type of Insurance Coverage Indicate who is providing coverage or not applicable with an (X).

	Family	School	Employer	N/A
Liability and/or Bonding	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Health/Accident Insurance	_____	_____	_____	_____

Any insurance provided by family and/or employer shall be primary relative to insurance provided by School (if any) and such Insurance provided by School (if any) shall not contribute to insurance provided by family and/or employer.

Name of Health/Accident Insurance Company

\_\_\_\_\_

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list medications:

List any allergies or other medical problems that may exist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent for my child to receive emergency treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# DRIVERS LICENSE AND TRANSPORTATION REQUIREMENTS

## License

The student trainee (check the box that applies) ☐ does ☐ does not have a valid Arizona driver's license. If the student trainee is not licensed, they will not be driving a car to the clinicals at the designated agency or facility site. If the student is licensed, they will at all times operate a motor vehicle according to the laws of Arizona.

Student Name (Please print): \_\_\_\_\_

License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission To Use Private Transportation

Permission is granted for the student to drive to/from the Program clinical site and/or other Program related activities in a privately owned vehicle only if all of the following conditions are met:

- ☐ The student driver provides verification that they possess a current driver's license and proper insurance coverage (copies of each to be attached prior to signature card being signed).
- ☐ Transportation is limited to the student driver.
- ☐ The purpose of the transportation is to/from the Program clinical or a Program-related approved activity.
- ☐ The parent/guardian, student, Program coordinator and district representative sign this transportation agreement.

### Vehicle/Driver's Insurance

Insurance is carried with:

Company Name

Policy Number

Vehicle(s) covered (list vehicle(s) driven by student that are covered):

Make and Model

Make and Model

## Waiver

I, the Parent/Guardian of the above listed student, hereby authorize my son/daughter/child/ward to drive or be a single passenger in a privately owned vehicle to/from their Program clinical site or other Program-related approved activity. I am aware of and have considered the risks and circumstances of transportation by privately owned vehicle. My signature on this form and the attached signature card indicate my permission and approval.

I also agree to hold the District and its employees and board members harmless for, from and against any and all liability, claims or actions relating to any event of injury to the student and/or the student's or parent's or other person's property, including but not limited to automotive damage, while the student is driving to or from the Program clinical site by transportation other than provided by District.

\_\_\_\_\_  
Parent/Guardian Initial

In consideration of the student being permitted to participate in a District Work-Based Learning Program, each of the undersigned, for him or herself, personal representatives, heirs, assigns and next of kin, agrees and does hereby release the District, all current, former and future employees, and members of the school board and their heirs, executors, administrators, successors and assigns from any and all liability, claims, demands, costs, charges and expenses incident to any property damage and personal injury sustained by said student while driving to/from his/her Program clinical site or other Program-related approved event

The undersigned has read and voluntarily signs this permission and the release and waiver of liability. The undersigned agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## ABSENTEEISM AGREEMENT

One of the special features of the Medical Professions Program is that it utilizes the health care community as a training laboratory. This arrangement requires the best of relations between the clinical facility, the school, and the students. Therefore, it is of utmost importance that students enrolled in the Medical Professions Program be adult and mature in their work relations with their peers, nursing assistant preceptors, facility staff, and clinical instructors.

One special trait important to school and health care alike is dependability. To be a dependable worker and student, you must be present and on time on the job and in school. The on-the-job part of the Program is a means of education. It is important that the student be responsible in fulfilling the requirements on the job and in school to meet the educational goals of the course. It is with this philosophy that the following policy is written.

Please execute below to confirm your understanding of the policy, and your agreement to comply with the policy.

I, \_\_\_\_\_ (student's name) recognize that the classroom instruction and clinical training are both very important and require regular attendance. If I am absent from school during the day, I will be expected to be absent from clinical also. Conversely, if I attend school, I shall be expected to be at clinical if I am scheduled. I understand exceptions to this policy are possible but may be made only by my instructor. If I must be absent, I will make two phone calls (as early as possible), one call to the school's attendance office and the other to my instructor. All absences from school will be reported appropriately following the CUSD Student Handbook. Failure to follow this policy may result in dismissal from the course.

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Student Signature

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Date

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Parent/Guardian Signature

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Date



**Personal Beliefs Declination Form**  
**COVID 19 - Declination**

***Clinical Nursing Assistant Program ONLY***

Chandler Unified School District strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. CUSD also respects the rights of parents to decide whether or not to vaccinate their child.

Per the CUSD Clinical Rotation site, a COVID-19 Vaccine may be required. The clinical site requires that all medical staff provides evidence of a recent COVID 19 Vaccine or an Exemption.

**Place an “X” in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.**

☐

**COVID 19:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing COVID-19 if exposed to this disease. Serious symptoms and effects of this disease include difficulty breathing, loss of taste or smell, sore throat, fatigue, fever or chills, muscle or body aches, headache.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Due to my personal beliefs, I request an **exemption** for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.**

Initials: \_\_\_\_\_

☐

I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no-cost vaccination services is available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immunization](http://www.azdhs.gov/phs/immunization)).

☐

I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_