



CHANDLER UNIFIED SCHOOL DISTRICT

**CAREER AND TECHNICAL
EDUCATION**

**NURSING ASSISTANT
PROGRAM MANUAL**





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Non-Discrimination Statement

Chandler Unified School District (the “District”) does not discriminate on the basis of race, color, national origin, gender, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. The District Career and Technical Education department does not discriminate in enrollment or access to any of the programs available in Agriscience, Business, Biomedical, Engineering, Family and Consumer Sciences, Health Sciences, Industrial Arts, Information Technology, and Marketing. The Chandler Unified School District also does not discriminate in its hiring or employment practices.

The District Career and Technical Education Nursing Assistant Program reserves the right to change, without notice, any materials, information, curriculum, requirements and regulations in this publication.



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 (“CNA” or “Nursing Assistant”).

PROGRAM ADMISSION REQUIREMENTS

1. Successful completion of Medical Professions I with a passing grade and Basic Life Support (BLS) for Healthcare Providers certificate.
2. Complete Student Information Form.*
3. Copy of Fingerprint Clearance Card. Card cannot expire before June 1, 2016. Obtain the Fingerprint Clearance Card packet and application from the Program Instructor.
4. Complete Health and Safety Documentation Checklist.*
 - a. The Program Instructor will review your health forms before you submit your application.
 - b. 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.
5. Signed Healthcare Provider Signature Form.*
6. You will be required by the Clinical Care Facility to show proof of negative drug test result.

*Forms located on pages 20-22.

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

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 attainment 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:

1. Greater than ten (10) days absence in any semester;
2. Greater than three (3) unverified absences in any semester;
3. Non-attainment of course specific grade and standards/competencies criteria;
4. Non-compliance with class and/or work-based learning (clinical) policies and procedures;
5. Illegal acts resulting in felony or misdemeanor charges;
6. Unethical behavior such as, but not limited to cheating, dishonesty and theft;
7. Conduct that is or might be harmful or dangerous to self, patients or others;



8. Violating the rights or dignity of a patient or others; and
9. Attitude unbecoming of a healthcare provider.

MEDICAL PROFESSIONS II COURSE REQUIREMENTS

Admission into Medical Professions II has strict attendance requirements for both class and clinicals. Failure to adhere to the attendance requirements may result in the student being dropped from the class with an 'F' and from the Program.

Dress Code Requirements: It is the student's responsibility to purchase a uniform (scrub top and bottom) and must be consistent with instructor's specific style number and color. They must be clean and pressed. The following must be adhered to when in uniform:

- White socks;
- White all leather sneakers (no Crocks);
- Only one (1) set of post earrings are allowed...not other piercings;
- Watch with a second hand...no other bracelets or jewelry 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 regards 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.



REQUIREMENTS FOR THE NURSING ASSISTANT CERTIFICATE OF COMPLETION

All students must successfully complete the required Medical Profession I and Medical Professions II courses before receiving a certificate of completion for the Program.

Nursing Assistant Certificate of Completion

Total: 2.0 credits

COURSE DESCRIPTIONS

Medical Professions I

Grade 11

No prerequisite

Full year, 1 credit

This course is designed to prepare students for a variety of health care 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 thinking skills, applied academic skills, and life management skills. CPR for healthcare providers and First Aid certification will be obtained at the expense of the student. Leadership skills are enhanced through HOSA (Health Occupations Students of America).

Course fee is \$30.00 covering HOSA dues, BLS training and competitions. All course fees must be paid in full within the first 2 weeks of school. If there is a financial hardship, please contact the instructor.

Medical Professions II

Grade 12

Recommended: Human Biology

Full year, 1 credit

Prerequisite: Medical Professions I

This course prepares students to apply academic and technical allied health knowledge and skills in a clinical or medical setting through internships and/or cooperative experiences at approved medical facilities. Weekly clinical hours may extend beyond the regular school day. Students who complete this Program will have the technical knowledge and skills to become certified as a Nursing Assistant, the competencies to be accepted in a postsecondary health care program, and the skills to seek employment in new and emerging occupations. CPR for healthcare providers and First Aid certification will be obtained. Students will have the opportunity to participate in HOSA (Health Occupations Students of America). There will be additional requirements for students to enroll in the class. Instructional supervision is a minimum of one (1) Instructor for every ten (10) students at the Clinical Training Site.

Course fee is \$23.00 for HOSA dues and competitions. All course fees must be paid in full within the first 2 weeks of school. If there is a financial hardship, please contact the instructor.

Textbook Information:

Sorrentino, Sheila (2008), *Nursing Assistants* (8th ed.) Mosby, ISBN 978-0-323-08068-2

Wolgin, Francie, Smith, Kate, French, Julie (2012) *Nursing Assistant Today* (1st ed.) Pearson Education, ISBN 978-0-13-506442-9 or 0-13-506442-2

*Note: D&S testing (selected skills test) occurs after successful course completion. It is the responsibility of the student to register and pay for this testing.



PROGRAM OUTLINE

- I. Health Care Facilities and Regulatory Agencies
 - A. Acute
 - B. Long-term
 - C. Rehabilitation
 - D. Assisted living
 - E. Hospice
 - F. Joint Commission on Accreditation of Healthcare Organizations
 - G. Occupational Safety and Health Administration
 - H. Medicare and Medicaid
- II. Health Care Team roles and responsibilities
 - A. Registered Nurse
 - B. Licensed Practical Nurse
 - C. Nurse Practitioner, Physician, Dietician, Physical and Speech Therapist, Social Worker
- III. 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
- IV. Roles and Responsibilities of the Nursing Assistant
 - A. Role and responsibilities
 - B. Scope of practice
 - C. Credentialing
 - D. Ethical and legal considerations
- V. Problem Solving Skills
 - A. Implementing the nursing care plan
 - B. Observing and reporting
 - C. Principles of growth and development
 - D. Care of the client with health alterations
 - E. Care of the elderly client
 - F. Care of the client with mental health disorders
 - G. Care of the cognitively impaired
- VI. Professional Communication Skills
 - A. Professional relationships
 - B. Therapeutic relationships
 - C. Communicating with the health care team
- VII. Holism
 - A. Cultural sensitivity
 - B. Spiritual needs
 - C. Social needs
 - D. Physical needs



PROGRAM OUTLINE (continued)

- VIII. 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
- IX. Caring
 - A. Principles of caring
 - B. Empathy
 - C. Sensitivity
 - D. Respect for clients
 - E. Respect for members of the health care team
- X. Signs and Symptoms of Common Diseases and Conditions
 - A. Respiratory system
 - B. Cardiovascular system
 - C. Musculoskeletal system
 - D. Nervous system
 - E. Endocrine system
 - F. Integumentary system
 - G. Gastrointestinal system
 - H. Urinary system
 - I. Reproductive system
- XI. 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
- XII. 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
- XIII. Emergency Situations
 - A. Guideline for responding to emergencies
 - B. Dealing with emergencies
 - C. First aid procedures
 - D. Cardiac arrest
- XIV. 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



PROGRAM OUTLINE (continued)

- 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
- XV. Health Care Team
- XVI. Standards of Practice
 - A. Scope of practice
 - B. Ethical guidelines
 - C. Legal guidelines
 - D. Roles and responsibility
- XVII. Use of Problem Solving Skills
 - A. Simple problem solving skills
 - B. Nursing process and nursing care plans
 - C. Teaching opportunities
- XVIII. Communication Skills
 - A. Professional behavior
 - B. Therapeutic relationships
 - C. Communicating with the health care team
- XIX. 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
- XX. Promotion of Client Safety
 - A. Prevention of injury to clients
 - B. Environmental cleanliness
 - C. Standard precautions
 - D. Isolation precautions
- XXI. 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
- XXII. Recording and Reporting
 - A. Client care records
 - B. Observation skills
- XXIII. Basic Medical Terminology
 - A. Prefixes, suffixes and root words
 - B. Abbreviations and symbols
 - C. Body structure, systems and organization
 - D. Anatomic terms



PROGRAM COMPETENCIES

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

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



**ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR
NURSING ASSISTANT STUDENTS**

Students enrolled in the Program must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the Program Instructor (also referred to herein as “Advisor”) must determine, on an individual basis, whether a reasonable accommodation can be made.

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.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. • Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc). • Tactile ability to feel pulses, temperature, palpate veins, etc. • Olfactory ability to detect smoke or noxious odor, etc.
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> • Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination. • Capacity for development of mature, sensitive and effective therapeutic relationships. • Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. • Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. • Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. 	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues. • Work with teams and workgroups. • Emotional skills sufficient to remain calm in an emergency situation. • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients. • Adapt rapidly to environmental changes and multiple task demands. • Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> • Ability to accurately identify patients. • Ability to effectively communicate with other caregivers. • Ability to operate equipment safely in the clinical area. • Ability to recognize and minimize hazards that could increase healthcare associated infections. • Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls. 	<ul style="list-style-type: none"> • Prioritizes tasks to ensure patient safety and standard of care. • Maintains adequate concentration and attention in patient care settings. • Seeks assistance when clinical situation requires a higher level or expertise/experience. • Responds to monitor alarms, emergency signals, call bells from patients and orders in a rapid and effective manner.



Functional Ability	Standard	Examples of Required Activities
Communication	<ul style="list-style-type: none"> 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). Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy. 	<ul style="list-style-type: none"> 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. Elicits and records information about health history, current health state and responses to treatment from patients or family members. Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner. Establishes and maintains effective working relations with patients and co-workers. Recognizes and reports critical patient information to other caregivers.
Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning and analysis and synthesis. Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. Ability to comprehend three-dimensional and spatial relationships. Ability to react effectively in an emergency situation. 	<ul style="list-style-type: none"> Calculates appropriate medication dosage given specific patient parameters. Analyzes and synthesizes data and develop an appropriate plan of care. Collects data, prioritize needs and anticipate reactions. Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths. Recognizes an emergency situation and responds effectively to safeguard the patient and caregivers. Transfer knowledge from one situation to another. Accurately processes information on medication container, physicians' orders, and monitor equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
Punctuality/ Work Habits	<ul style="list-style-type: none"> Ability to adhere to policies, procedures and requirements as described in course syllabus. Ability to complete classroom and clinical assignments and submit assignments at the required time. Ability to adhere to classroom and clinical schedules. 	<ul style="list-style-type: none"> Attends class and clinical assignments punctually. Reads, understands and adheres to all policies related to classroom and clinical experiences. Contact Instructor in advance of any absence or late arrival. Understand and complete classroom and clinical assignments by due date and time.



NURSING ASSISTANT TRAINING PROGRAM
SKILLS CHECK LIST

Student Name: _____ Start Date: _____

Skill	Lab Practice	Competency Achieved Date	Instructor Initial Date	Clinical Practice	Competency Achieved Date	Instructor Initial Date
Handwashing						
Donning/Removing						
Gloves, Gown, Mask						
Measuring Height						
Measuring Weight						
Standing Scale						
Wheelchair Scale						
Thermometer						
Electronic						
Tympanic						
Other						
Temperature						
Oral						
Ear						
Axillary						
Pulse						
Radial						
Apical						
Respirations						
Blood Pressure						
Manual						
Electronic						
Recording Vital Signs						
Measuring I&O						
Recording I&O						
Documenting ADLs						
Collecting a Urine Specimen						
Collecting a Stool Specimen						
Observe and Report Pain						
Apply Clean Bandages						
Make an Unoccupied Bed						
Make an Occupied Bed						
Turning/Repositioning in Bed						
Move Resident Up in Bed						
Mechanical Lift Transfer						
Transferring Resident from Wheelchair to Bed						
Using Gait Belt						
Total Lift						
Transferring Resident from bed to Wheelchair						
Using Gait Belt						
Total Lift						



Skill	Lab Practice	Competency Achieved Date	Instructor Initial Date	Clinical Practice	Competency Achieved Date	Instructor Initial Date
Ambulate Resident						
Using Gait Belt						
With Walker						
A.M. Care						
P.M. Care						
Oral Care						
Brush Teeth						
Swab Mouth						
Denture Care						
Range of Motion Exercises						
Care and Use of Prosthetic Eye						
Dress Resident						
Undress Resident						
Apply Antiembolitic Stockings						
Feed a Dependent Resident						
Assistive Devices in Feeding						
Record Meal Percentages						
Give a Shower						
Give a Bed Bath						
Shampoo Hair						
Shave a Resident						
Male						
Female						
Skin Care						
Report Skin Condition						
Nail Care						
Hair Care						
Give Back Rub						
Put Resident On/Off Bed Pan						
Change Soiled Brief						
Foley Catheter Care						
Empty Colostomy Bag						
Assist in Admit Resident						
Assist in Discharge Resident						
Post Mortem Care						

Student Signature: _____ Observer: _____

Instructor Signature: _____ Observer: _____

Date of Completion: _____ Observer: _____

NOTE: You must successfully pass the Practical Assessment evaluation which is based upon Skills Checklist pages 12-13. If a student fails to master the required skills she/he will receive a course grade of F even if you have passed all other exams.



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.

DISTRICT GRADE SCALE

90 – 100 =	A
80 – 89 =	B
70 – 79 =	C
60 – 69 =	D
59 and below =	F

In order to achieve program certificate of successful completion, students must achieve a minimum grade of 76%. To obtain this certificate you must earn a total of 76% on all exams and the Final exam. If you receive less than a 76% on any exam you have one opportunity to pass an alternate exam. 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%. No retakes are allowed on the Final exam. You will fail the course if you receive less than 76% on the Final exam.

CLINICAL ATTENDANCE REQUIREMENTS

Students are expected to attend all clinical experiences necessary to meet criteria of the course. There are no provisions for make-up of clinical absences. A minimum of forty (40) hours in the clinical component must be completed satisfactorily. Students unable to attend the clinical to meet the required hours will not receive credit for the course. If you are absent for more than one clinical, you will 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 and breaks. Please turn off or use the manner (vibrate) mode for cell phones and pagers during class. Students must obtain 100% competency during lab practice prior to the clinical visit.

Your Instructor is your immediate supervisor. The Instructor can be reached via 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. Instructor can only carry out clinical supervision while on-site. Instructional supervision is a minimum of one (1) Instructor for every ten (10) students.

NOTE: Clinical hours will consist of a five (5) hour shift Monday-Friday. Days will be specific to each high school site.

Dress Code as described on page 4 must be adhered to.

Student is responsible for their own transportation to and from the clinical site.

Refer to Work-Based Learning Program Absenteeism Agreement on Page 27.



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;
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site; and
- Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

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 phone 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.

1. Cheating includes, but is not limited to:
 - a. Copying from others during an examination;
 - b. Communicating exam answers with another student during an examination;
 - c. Offering another person's work as one's own (plagiarism). Taking an examination for another student or having someone take an examination for you;
 - d. Sharing answers to a take-home examination or assignment unless specifically authorized by the Instructor;
 - e. Tampering with an examination after it has been corrected, and then returning it for more credit;
 - f. Using unauthorized materials, prepared answers, written notes or information concealed in an exam or elsewhere during an examination;
 - g. Acquiring, without permission, tests or other academic material belonging to a member of the faculty or staff; and
 - h. Removing tests from the classroom, duplicating, writing down, or copying questions or answers on another piece of paper during test review sessions.
2. 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.
3. Any preparation of written material that is fraudulent and/or untruthful.
4. Plagiarism includes, but is not limited to, the use of paraphrase 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.



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.

1. When a student identifies an actual or potential criminal behavior issue, the student will immediately notify the Program Instructor who will address the issue with the involved person(s), and notify campus administration as required.
2. For a non-criminal behavior issue, the student will take the following sequential steps until such time the problem is resolved:
 - a. At the time of occurrence, discuss the problem with the involved person(s).
 - b. Address the issue with the Instructor. The 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.
 - c. Address the issue with the Program coordinator who will then conduct a meeting for all involved.
 - d. 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 28

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 must be maintained on current treatment and be able to implement direct patient care. 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 Nursing Program Supervisor. Individuals should give careful consideration to 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.

FINGERPRINTING REQUIREMENT

The Fingerprint Clearance Card is required for the student to participate in clinical training and must remain current for the duration of the Program. District will cover the fingerprinting fee. In addition, in order to apply for the Arizona Board of Nursing Certification a second fingerprint card will be required. The student is responsible for this additional fee which is approximately \$50.00.



STUDENT DRUG TEST

In order to participate and complete the clinical training portion of the Nursing Assistant Program, proof of a negative drug test result will be required by the clinical care facility. Student is responsible for the drug testing fee. Instructor will provide the student with a list of approved drug testing locations.

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: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. Some of the applicable regulations currently read as follows:

Pursuant to A.R.S. § 32-1606(B)(17) and 32-1645, an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board cannot consider your application.

All nurse applicants for licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-889-5150).

Federal law § U.S.C. § 1641, and state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

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 check list, 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. Others 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

A. MMR (measles/rubella,mumps,rubella)

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.

OR

- b. 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.

B. Varicella (chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

OR

- b. 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.

C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Attach a copy of proof of Td vaccination to the health declaration form.

D. Tuberculosis

Options to meet this requirement:

- a. 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 name and signature of the healthcare provider, and findings.

OR

- b. 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.

E. Hepatitis B

Options to meet this requirement:

1. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.
2. Attach a copy of proof of a positive Hepatitis B antibody titer to the health declaration form.



3. 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.

F. BLS (Basic Life Support for Health Care Providers) and First Aid

Attach a copy of both sides of the BLS card to this form. BLS certification must include infant, child and adult, 1 and 2 man rescuer, and evidence of a land-based demonstration component. **BLS certification must remain current through the duration of the Program.**

G. Fingerprint Clearance Card

Attach a copy of the front and back of the Fingerprint Clearance Card. The Fingerprint Clearance Card must remain current for the duration of the Program.

H. Drug Test Result

Attach a copy of your drug test result.



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

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:						



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 expires during clinicals student 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. CPR Card: Date CPR Card Issued: _____ Expiration Date: _____

Circle: Yes or No I have attached a copy of both sides of the CPR Card. CPR certification must remain current through the semester of enrollment.

G. Fingerprint Clearance Card: Date Card Issued: _____ Expiration Date: _____

Circle: Yes or No I have attached a copy of both sides of the Fingerprint Clearance Card. Card must remain current through the semester or enrollment.

H. Drug Test Result: Date Test Completed: _____ Result: Positive **OR** Negative

Circle: Yes or No I have attached a copy of the Drug Test Result.



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 Program 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 signed not more than _____ weeks prior to the beginning of the student’s enrollment in the Medical Professions II Course.**

Applicant Name: _____ Student ID Number: _____
(Please Print)

It is essential that Nursing Assistant students be able to perform a number of physical activities during 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 must be maintained on current treatment and be able to implement direct patient care. 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 Nursing Program Supervisor. Individuals should give careful consideration to the mental and physical demands of the Program prior to making application.

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

If not, explain: _____

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

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____



STUDENT & PARENT NURSING ASSISTANT PROGRAM
AGREEMENT FORM

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 District policies and procedures.

Parent Section

I have read the Nursing Assistant Program Manual and understand the basic requirements for this class. I agree to adhere to all District Program policies and procedures as well as those policies and procedures of the clinical facility or agency.

Parent(s) Name(s): _____

Parent(s) Signature(s): _____

Student Section:

I have read the Nursing Assistant Program Manual and understand the basic requirements for this class. I agree to adhere to all Program policies and procedures as well as those policies and procedures of the clinical facility or agency.

Student Name: _____

Student Signature: _____



WORK-BASED LEARNING CONTRACT
COVERING 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, he/she will not be driving a car to the clinicals at the designated agency or facility site. If the student is licensed, he/she 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 he/she possesses 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/ward to drive or be a single passenger in a privately owned vehicle to/from his/her 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



WORK-BASED LEARNING CONTRACT

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).			
	<u>Family</u>	<u>School</u>	<u>Employer</u>	<u>N/A</u>
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: _____



WORK-BASED LEARNING PROGRAM

ABSENTEEISM AGREEMENT

One of the special features of the Nursing Assistant Program is that it utilizes the business community as a training laboratory. This arrangement requires the best of relations between the businesses, the school, and the students. Therefore, it is of utmost importance that students enrolled in the Program be adult and mature in their work relations with their employers.

One special trait important to school and business alike is dependability. To be a dependable worker and student, you must be present 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 Program. 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 school and the job are both important and require regular attendance. If I am absent from school in the morning, I will be expected to be absent from work also. Conversely, if I attend school I shall be expected to be on the job if I am on the schedule to work. I understand exceptions to this policy are possible, but may be made only by my teacher coordinator. If I must be absent, I will make two phone calls, one call to my employer as early as possible, and the other to my Instructor. Failure to follow this policy may result in dismissal from the Program.

Student Signature

Date

Parent/Guardian Signature

Date



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:

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)

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