

Nurse Aide I Student Handbook

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Nurse Aide Program Philosophy

Program Philosophy

The Nurse Aide I Training Program at Central Piedmont Community College is designed to provide the entry level Nurse Aide I student with the fundamental nursing skills essential for providing patient care services under the direction and supervision of a Registered Nurse.

In keeping with the mission statement of Central Piedmont Community College, the program will focus on providing high quality, flexible educational programs which are academically, geographically and financially accessible and which meet individual and community needs.

The Nurse Aide I program is designed to prepare participants to successfully fulfill the minimum requirements for completion of the North Carolina State Approved Nurse Aide I Training Program and successfully complete the North Carolina Nurse Aide Competency Evaluation for certification as a Nurse Aide I and obtain listing on the North Carolina Nurse Aide I Registry.

Program Objectives

The Central Piedmont Community College Nurse Aide I Training Program will provide supervised classroom, lab and clinical experiences consistent with standards of practice upheld by the North Carolina Board of Nursing

and are inclusive of the knowledge and skills required under the Omnibus Budget Reconciliation Act, Federal Regulation 483.152(b) and the North Carolina Administrative Code, section .0400 Unlicensed Personnel 12/22/95.

The central objective of the Central Piedmont Community College Nurse Aide I Training Program is to prepare individuals to successfully complete the state approved Nurse Aide I [Competency Evaluation Program](#), this is a requirement for listing as a Certified Nurse Aide I on the North Carolina Nurse Aide I Registry.

Standard Occupational Description: Nurse Aide, Nursing Assistant

The Nurse Aide performs any combination of following duties in care of patients in hospital, nursing home or other medical facility, or private home under direction of the licensed nursing staff. The Nurse Aide will assist the nursing staff in the care of chronically ill of any age, and may assist the nursing staff assist in providing medical care and or personal care to the chronically ill of any age, in a private home setting.

General duties include:

- Answers signal lights, bells, or intercom system to determine patients' needs.
- Bathes, dresses, and undresses patients.
- Prepares, serves and collects food trays and feeds patients requiring help.
- Transports patients, using a wheelchair or wheeled cart, or assists patients to walk.
- Drapes patients for examinations and treatments, and remains with patients, performing such duties as holding instruments and adjusting lights.
- Turns and repositions bedfast patients, alone or with assistance, to prevent bedsores.
- Changes bed linens, runs errands, directs visitors, and answers telephone.
- Takes and records temperature, blood pressure, pulse and respiration rates, and food and fluid intake and output, as directed.
- Cleans, sterilizes stores, prepares, and issues dressing packs, treatment trays, and other supplies.
- Dusts and cleans patients' rooms.

The Nurse Aide may be assigned to a specific area of a hospital, nursing home, or medical facility.

SKILLS, KNOWLEDGE, ABILITIES AND TASKS

(Technical and Functional Expertise)

Skills

Note: *The technical and functional skills listed below are based on general occupational qualifications for Nurse Aide commonly recognized by most employers. Typically, you will not be required to have all of the skills listed to be a successful performer. Recruitment and selection standards for an individual job must be based on the specific knowledge, skills, and abilities for that job as indicated in the job announcement and job description in the Employee Work Profile.*

1. Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
2. Talking to others to convey information effectively.
3. Teaching others how to do something.
4. Adjusting actions in relation to others' actions.
5. Managing one's own time and the time of others.
6. Actively looking for ways to help people.
7. Monitoring/Assessing performance of self, other individuals, or organizations to make improvements or take corrective action.
8. Being aware of others' reactions and understanding why they react as they do.
9. Understanding written sentences and paragraphs in work related documents.
10. Communicating effectively verbally and in writing as appropriate for the needs of the audience.

Knowledge

Note: The technical and functional knowledge statements listed below are based on general occupational qualifications for Nursing Aide commonly recognized by most employers. Typically, you will not be required to have all of the knowledge listed to be a successful performer. Recruitment and selection standards for an individual job must be based on the specific knowledge, skills, and abilities for that job as indicated in the job announcement and job description in the Employee Work Profile.

The Knowledge of:

1. Principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.
2. Structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.
3. Principles and methods of *Client Safety*, teaching and instruction for individuals and groups, and the measurement of training effects.
4. Principles and methods of *Infection Control* including aseptic technique, teaching and instruction for individuals and groups, and the measurement of training effects.
5. Principles and methods of upholding *Resident Rights*.
6. Information and techniques needed to recognize human injuries, diseases, and deformities. This includes symptoms, treatment alternatives, drug properties and interactions, and preventive health-care measures.

Abilities

Note: The technical and functional abilities listed below are based on general occupational qualifications for Nursing Aide commonly recognized by most employers. Typically, you will not be required to have all of the abilities listed to be a successful performer. Recruitment and selection standards for an individual job must be based on the specific knowledge, skills, and abilities for that job as indicated in the job announcement and job description in the Employee Work Profile.

The Ability to:

1. Read and comprehend information at 10 grade reading level.
2. Tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.
3. Listen to and understand information and ideas presented through spoken words and sentences.
4. Recognize communication as both verbal and non verbal.
5. Communicate information and ideas in speaking and writing so others will understand.
6. Apply general rules to specific problems to produce answers that make sense.
7. Combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).
8. See details at close range (within a few feet of the observer).
9. Identify and understand the speech of another person.
10. Speak clearly so others can understand you.
11. Read and understand information and ideas presented in writing.
12. Exert maximum muscle force to lift, push, pull, or carry objects.
13. Lift and support 50 pounds from both a standing and squatting position without accommodation.
14. Position, lift and transport clients.
15. Stand, sit and walk for extended periods of time.
16. Bend at the waist, raise arms above head.

Tasks

Note: The following is a list of sample tasks typically performed by Nurse Aide. Employees in this occupation will not necessarily perform all of the tasks listed.

1. Turn and re-position bedridden patients, alone or with assistance, to prevent bedsores.
2. Answer patients' call signals.
3. Feed patients who are unable to feed themselves.
4. Observe patients' conditions, measuring and recording food and liquid intake and output and vital signs, and report changes to professional staff.
5. Provide patient care by supplying and emptying bed pans, applying dressings and supervising exercise routines.
6. Provide patients with help walking, exercising, and moving in and out of bed.
7. Bathe, groom, shave, dress, and/or drape patients to prepare them for surgery, treatment, or examination.
8. Collect specimens such as urine, feces, or sputum.
9. Prepare, serve, and collect food trays.
10. Clean rooms and change linens.
11. Perform Cardio Pulmonary Resuscitation [CPR] and render first aid in emergencies.

Nurse Aide Course Requirements

The Nurse Aide I program has several components. Individuals must successfully complete all parts of the program to receive a final grade of satisfactory.

Formative Evaluation:

(NUX 7501) A process that takes place throughout the online, lecture and practice component of the course.

Online:

All nurse aide students must successfully complete the online component of the course. The online component takes place throughout the classroom/lab period. There is an additional online requirement during the clinical experience.

Classroom:

All nurse aide students must demonstrate proficiency of the skills listed on the Performance Checklist - Skills Competency Evaluation forms. These skills are evaluated by an instructor during classroom and lab times. It is important that individuals are present when the skills are being taught and are also present for lab assignments. If an individual is absent on the day when the skills are tested, an unsatisfactory grade may be given. Skills testing may be unannounced. Individuals are usually given several opportunities during the formative period to demonstrate satisfactory skill performance.

In addition to demonstration of proficiency of all skills, at the end of the classroom/lab component of the course individuals must:

- Complete all the written assignments
- Complete all the written assignments in the online section
- 80% or above in on line summary quizzes
- 80% or above in on line exams
- 80% or above in the classroom quizzes

Failure to meet the grade requirements or failure to demonstrate proficiency of a skill or skills will result immediate dismissal from the course.

Clinical:

The clinical component of the course is actual (hands-on) patient care. All students must have completed the formative section of the course and present evidence of:

- Negative criminal background check
- Completion of HIPPA and Safety modules
- Negative urine drug screening
- Completed immunization requirements
- Completed medical physical
- Completed CPR – Heartsaver CPR/AED First Aid is part of the Nurse Aide Course
- Current Drivers License or State issued picture ID
- Social Security Card

These completed forms must be on file with the Nurse Aide Program BEFORE the clinical experience starts. A student must also have been given permission to access the clinical site by the clinical facility.

All nurse aide students will be required to demonstrate proficiency of Nurse Aide I Skills during the clinical time. These skills must be performed correctly, with proper communication, and manual ability. If an individual is absent on the day when the skills are evaluated, an unsatisfactory grade may be given. *Failure to demonstrate a skill or skills will result immediate dismissal from the course.*

Final Exam: 100 question, multiple choice, written test. A score of 80% or above is required.

Individual failure of any section of the course will result in a grade of Unsatisfactory. There is no provision to retake a portion of the course. Individuals who receive a grade of Unsatisfactory must take the ENTIRE course again.

Competency Evaluation: Done by NACES - An official application must be submitted.

This is the Competency Evaluation required by the North Carolina Nurse Aide I Registry. The two parts of the evaluation are:

- 1.) *Written test of consisting of multiple choice questions.*
- 2.) *Skills demonstration - individuals must demonstrate the ability to perform Handwashing + 4 skills assigned at random from the list of NC Approved Skills*

Grading Policy

PASS = GRADE AWARD OF SATISFACTORY

FAIL = GRADE AWARD OF UNSATISFACTORY

ONLINE COMPONENT: 3 parts

1. Online quizzes [4 Summary Quizzes + 2 Exams count for grade]
Passing score 80%
Summary Quizzes must average a grade of 80% or above
Exams must average a grade of 80% or above
2. Critical Thinking Writing Assignments
Passing score Complete/Satisfactory
3. Clinical experience writing assignment
Passing score Complete/Satisfactory

Submissions must be transmitted by the due date.

*All entries graded **Incomplete** must be resubmitted within 24 hours of receiving incomplete grade.*

CLASSROOM /LAB COMPONENT:

9 Quizzes Passing = 80% or above average

69 Skills Passing = Demonstration of proficiency in each skill

CLINICAL COMPONENT:

60 hours of direct patient care

Passing = demonstration of proficiency in Nurse Aide Skills

FINAL EXAM:

100 question multiple choice Passing = 80% or above

Instructor Expectations

Nurse Aide I Program Healthcare Continuing Education

INSTRUCTOR EXPECTATIONS

COURSE: NURSE AIDE I, NUX 7501

Program Coordinator: Mary Smith RN

INSTRUCTOR NAME(S):

Ms. Jeane Gauze RN

Ms. Rosie Esquivel RN

Ms. Ruth Clarke-Johnson RN

Ms. Rachel Williams RN

Ms. Deborah Higgins RN*

Mr. Kent Rittenhouse RN*

Ms. Jill Taylor RN*

Ms. Wilma Hood RN*

Dr. Mary Kotsokalis*

Mr. James Robert Teague

*Summer Term ONLY

Be on time. Class starts promptly, plan to be at the classroom or clinical site at least 15 minutes before the scheduled class start time:

CALL: 704 -330-4377: if you are going to be late or absent. Identify yourself as a *NURSE AIDE STUDENT*. Ask to leave a message for (INSTRUCTOR'S Name). Leave your name, phone number and the reason for your message.

STUDENTS MUST CALL AT LEAST 30 MINUTES BEFORE THE START OF CLASS. STUDENTS WHO ARE A *NO CALL/NO SHOW* WILL BE DISMISSED FROM THE COURSE.

Be prepared every day:

This means you have: **ALL** assignments completed, the correct notebook, textbook, #2 pencil(s), black pen(s), as well as any other required materials.

Classroom/Clinical dress code is in effect at all times:

This includes wearing the proper name tag, which identifies you as a Nurse Aide student. The clinical site dress code is in effect at all times during the clinical experience. (See the clinical dress code)

Hats and ball caps are prohibited. T-shirts with advertisements for alcohol, tobacco or with profanity are prohibited.

Clothing must be clean and in good repair without rips, tears or holes. Strenuous exercise is required, clothing should fit to maintain modesty and avoid potential embarrassment of the individual or classmates. Flip-flops are discouraged.

Be courteous at all times.

Inappropriate behaviors will NOT be tolerated and are grounds for immediate dismissal from class.

Treat everyone with kindness and respect. This is essential during the clinical experience.

Quizzes are given every day.

If you are late, you will NOT be allowed to take the quiz. You will receive a ZERO as a grade for that particular quiz. Students who leave before class is over will forfeit the quiz grade and will also receive a ZERO.

Appointments should be scheduled during non-class time.

This means: meetings, doctor's visits, as well as conference time with the instructor. There are NO EXCUSED ABSENCES.

During the clinical experience:

- Have instructor permission before you do anything in the clinical area.
- **ANYTHING YOU DO IN THE CLINICAL AREA REQUIRES PERMISSION FROM YOUR INSTRUCTOR.**

Instructional Objectives

Role and Function of the Nurse Aide

1. Explains role of nurse aide.
2. Identifies functions of nurse aide in providing care & legal limitations.
3. Exhibits positive personal qualities and characteristics.
4. Maintains good health and personal hygiene.
5. Follows acceptable professional dress code.
6. Functions as supportive and contributing team member.
7. Plans and prioritizes work assignments.
8. Identifies differences between various types of health care facilities and agencies.
9. Locates policy and procedure manuals.
10. Identifies organizations and agencies that support or assist aging.
11. Answers telephone and handles messages in appropriate manner.
12. Demonstrates effective communication skills with residents and families.
13. Identifies barriers to effective communication.
14. Demonstrates ability to communicate effectively with residents who have:
 - a. Difficulty hearing
 - b. Difficulty seeing
 - c. Difficulty speaking
 - d. Depression
 - e. Confusion
 - f. Memory loss
15. Communicates based on resident's stage of development.
16. Identifies difference between objective and subjective observations.

Course Objectives

1. Communicate effectively in a truthful and respectful manner with members of the health team, patients/residents, families and peers.
2. Demonstrate a willingness to act as a responsible, accountable, and co-operative member of the health care team.
3. Demonstrate behavior that supports and protects a patient/resident's rights, in accordance the Resident Bill of Rights.
4. Provide care which demonstrates an understanding of the aging process.
5. Demonstrate care measures specific to cognitively impaired older adults, including reality orientation.
6. Demonstrate measures for patient safety including the proper use and application of restraints.
7. Demonstrate knowledge and ability to feed patients with diminished appetites and/or difficulty eating.
8. Demonstrate ability to correctly record caloric intake.
9. Demonstrate ability to provide adequate fluid intake for older adults.
10. Demonstrate ability to correctly record fluid intake and output.
11. Demonstrate correct techniques for making an unoccupied and occupied bed.
12. Demonstrate correct procedure for bathing and/or showering patient/residents safely.
13. Provide for patient/resident privacy during all procedures.
14. Demonstrate ability to give adequate mouth care as required by patient/resident needs, including proper handling, cleaning and insertion of dentures.
15. Provide personal care with attention to overall grooming details such as hair care, nail care, shaving, foot care, make- up, etc. Demonstrate appropriate recording and reporting of delivery of personal care.
16. Demonstrate ability to dress and undress paralyzed and totally dependent patients/residents.
17. Observe the patient/resident's skin for possible pressure areas, using measures to stop or prevent further pressure and aid circulation to the affected areas. Demonstrate appropriate recording and reporting of observations and prevention measures to the licensed nurse.
18. Demonstrate proper hand washing and appropriate aseptic technique.
19. Demonstrate basic procedures related to Standard Precautions and Blood borne Pathogens Standard.
20. Demonstrate optimal skin and perineal care by keeping patients/residents clean and dry.
21. Demonstrate proper positioning of patient/resident on bedpan or urinal.
22. Demonstrate the proper procedure for specimen collection.
23. Demonstrate ability to assist in continuance of patient/resident's bladder and/or bowel training program.
24. Demonstrate proper technique for care of a urinary catheter.
25. Demonstrate correct technique for emptying, measuring and recording urinary catheter drainage.
26. Demonstrate proper administration of an enema. Demonstrate appropriate recording and reporting of results.
27. Demonstrate correct measurement of patient/resident height and weight using standard and electronic scales.
28. Demonstrate ability to correctly measure vital signs (TPR) using manual and electronic devices. Demonstrate appropriate recording and reporting of vital signs measurements.
29. Demonstrate proper positioning of patients/residents in and out of bed.
30. Demonstrate ability to turn patients/residents on a prescribed schedule, using accepted techniques.
31. Demonstrate ambulation of patient/resident using a gait belt, cane, walker or other assistive devices.
32. Demonstrate first aid for choking and other emergency conditions.
33. Recognize and describe the signs of approaching death versus the absolute signs of death.
34. Demonstrate the procedure for post-mortem care.
35. Discuss the major signs and symptoms of illness common to older adults.
36. Describe basic care measures for care of older adults with visual, hearing and physical impairments/disabilities.
37. Discuss the basic care of prosthetic devices (example: eye glasses, braces, artificial limbs, artificial eye, etc.)
38. Demonstrate utilization of proper body mechanics while providing care for patients/residents, and while assisting other members of the health care team in performance of care.
39. Demonstrate ability to perform Range of Motion exercises.
40. Demonstrate proper techniques for the application of heat and cold.
41. Demonstrate the proper techniques for the application of a simple non sterile dressing, and elastic bandages.
42. Demonstrate the proper technique for TED hose.
43. Demonstrate the proper techniques for assisting with coughing and deep breathing.

IN ADDITION

The individual student **MUST:**

- **Demonstrate profession attitude.**
- **Demonstrate knowledge of the Role of the Nurse Aide.**

Demonstrate the ability to speak and understand English when receiving or giving directions.

Functions of the Nurse Aide

- Reports all unusual observations to supervisor immediately.
- Documents on appropriate forms accurately, using appropriate terminology, according to facility policy and procedures.
- Demonstrates appropriate use of resident care plans.
- Practices medical asepsis.
- Cleans, disinfects, and sterilizes equipment.
- Washes hands using appropriate technique before and after care of each resident.
- Handles linen according to guidelines.
- Demonstrates transmission-based precautions when appropriate.
- Puts on and takes off face mask and protective eyewear.
- Puts on and takes off gown.
- Puts on and takes off gloves.
- Disposes of equipment from unit with transmission-based precautions.
- Collects specimen from resident under transmission-based precautions.
- Follows general safety rules and practices safety measures with residents.
- Recognizes and reports factors that increase resident's risk of injury.
- Practices good body mechanics.
- Identifies fire safety activities and fire hazards.
- Demonstrates use of fire extinguisher.
- Identifies precautions to follow when oxygen is in use.
- Explains facility's disaster plan and nurse aide's responsibilities.
- Demonstrates Relief of Choking
- Identifies responsibilities in assisting with:
convulsive disorders, loss of consciousness, shock, hemorrhage.
- States steps to follow in reporting an emergency.
- Defines and follows ethical standards for nurse aide.

- Identifies confidential information and keeps it confidential.
- Protects resident's privacy.
- Demonstrates an understanding of legal terms and responsibilities.
- Performs only acts within nurse aide's scope of practice for which he/she has been trained and is competent to perform.
- Explains Bill of Rights and demonstrates behavior that maintains those rights.
- Participates in Resident Council.
- Identifies what is considered mistreatment of elderly.
- Reports any suspected abuse, neglect, mistreatment, theft, fraud, or drug diversion.
- Explains role of advocate and facility's grievance policy.
- Assists in resolving grievances when appropriate.
- Includes family members in activities.
- Promotes care and security of resident's possessions.

Clinical Dress Code

UNIFORM:

- White, short sleeve (above the elbow) uniform.
- White scrubs may be worn; scrub uniform must be pressed and clean.
- Pants must be long enough to cover the ankle.
- Tops must be long enough to cover the underpants line.
- Neckline must not expose the breasts; a sleeveless white t-shirt may be worn under the scrub top.
- White socks.

Prohibited:

- *Tight fitting tops or pants.*
- *Hip hugger, low rise pants*
-

Name Tag-l

- If clinical experience is held at Carolinas Medical Center:
 - Students must purchase a Name Tag issued by the Carolinas Medical Center. The student must pay \$10.00 CASH for the Name Tag
 - If clinical experience is held at a location other than Carolinas Medical Center
 - Students will be provided with a name tag by the Nurse Aide Program
- White leather "pour proof" shoes. Athletic shoes may be worn, must be primarily white and clean.

JEWELRY:

- Wrist watch with a second hand.
- One, small "stud" type earring per ear. Earrings must fit flat against the ear lobe.
- Rings are discouraged, may wear one ring, must be smooth and without a stone.

Prohibited:

- *Bracelets*
- *Necklaces*
- *Visible body piercing. (i.e. tattoos, facial piercing or tongue piercing)*

Hair:

- Shorter than collar length.
- Clean and neat.
- Facial hair is discouraged; beards must be short and well groomed.

Nails:

- Clean and short. Nails must not extend beyond the ends of the fingertips.

Prohibited:

- *Artificial nails*

Student Contract

1. I have been given a copy of the *Objectives* of this course and the instructor has gone over them with me.
2. I understand that in order to pass this course I must be able to meet these objectives.
3. I have been given a copy of the *Instructor Expectations* and my instructor has gone over them with me.
4. I understand that in order to pass this course I must be able to meet these *Objectives* and *Expectations*.
5. I understand that absences and tardiness seriously interfere with my progress in this course and with the progress of the entire group. I understand that although an occasional absence or tardiness may be unavoidable, it does not excuse me from meeting the objectives covered in my absence and that I cannot expect the instructor to give me individual attention to catch up.
6. I understand that if I must be absent from class or clinical I must call and notify my instructor prior to the time I am to be present. Failure to do so may be cause for dismissal from the course.
7. I will not engage in disruptive behavior in either the classroom or the clinical area, and I understand that such behavior will be grounds for dismissal from the course.
8. I understand that I must demonstrate proficiency in performing all skills. I understand that I will not be able to progress to the clinical component unless I have satisfactorily completed all written assignments and skills.
9. I understand that a failure to pass any part of the class results in a grade of unsatisfactory, and I must leave the class upon notification of an unsatisfactory grade.
10. I understand that dishonest actions such as lying, cheating or stealing will be grounds for dismissal from this course.
11. I understand that I am forbidden to use or possess alcohol and/or illegal drugs at any time during the class/clinical day or anywhere on the premises of Central Piedmont Community College Campus or any healthcare facility being used for Nurse Aide instruction. I also understand that I am not to be present if there are drugs and/or alcohol in my system. (Violators will be subject to immediate dismissal from the course/college)
12. I understand that I am a guest in this facility and all other facilities used for Nurse Aide instruction and that I will follow facility policies and procedures. I understand that should the facility decide my behavior is unacceptable, I will not be eligible to complete this course.

Student Acknowledgement List

Nurse Aide I

Student Name : _____

CPC Student ID Number _____

Semester and Year: _____

I have been given a copy of:

(Please put your initials on each line)

Clinical Dress Code

Course Objectives

Course Requirements

Criminal Background Check

Grading Policy

Immunization Requirements

Instructional Objectives

Instructor Expectations

Online Component Expectations

Performance Checklists

Resident Rights

Student Contract

Urine Drug Screening

My Instructor has gone over these documents with me. I understand and agree to follow all rules included in these documents.

Student Signature: _____

Date: _____

Healthcare Continuing Education

Central Piedmont Community College

Liability Release Form

Acknowledgement of Understanding

Healthcare Continuing Education Students
with a clinical experience course component

Central Piedmont Community College and all other affiliated agencies, including but not limited to (Names of Affiliated Agencies)

(NAME OF CLINICAL SITE)

and their officers, employees, and agents assume no responsibility in the case of accident or illness suffered by any student as a result of that student's educational activities while enrolled in course work at Central Piedmont Community College.

It should also be understood that you, the student, are personally responsible for seeing that arrangements are made (through insurance in force and through personal funds) to cover any costs incurred for the medical, surgical, or emergency treatment of any accident or illness suffered as a result of your educational activities while enrolled at Central Piedmont Community College.

The presence of your signature on this form acknowledges your understanding of the information thus presented. This agreement must be signed at the time of your enrollment in any of the above programs.

Print Student Name

Student Signature Date

Print Faculty Name

CPCC Faculty Signature Date

Verification of Course Completion for Employment

Dear Nurse Aide Employer:

The Nurse Aide Program follows the following policy.

The Nurse Aide Program Policy is to verify successful completion of the Nurse Aide Program. In order to verify completion; please include a release of information authorization form from the applicant. Please also include the last four digits of the applicant's social security number. Requests should be addressed to:

**Central Piedmont Community College
Healthcare Continuing Education
Nurse Aide Programs
Levine 1227
PO Box 35009
Charlotte, NC 28235-5009**

It is the program policy to verify successful completion ONLY. Students completing the Nurse Aide Program have 132 hours of classroom and 60 hours of clinical experience. Successful students have verified competency and meet the Nurse Aide I training standards; as required by the North Carolina Division of Facility Services, Nurse Aide I Registry. Successful completion of the Nurse Aide Training Program prepares individuals to take the North Carolina Division of Facility Services; Nurse Aide I Registry approved Competency Evaluation.

Thank you for your understanding in this matter.

***Sincerely,
Mary K. Smith, RN
Program Coordinator***

URINE DRUG SCREENING TEST

Central Piedmont Community College and Healthcare Continuing Education, adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences.

Clinical facilities are now requiring all students to complete drug tests using a urine specimen. Drug screenings are available at any facility that does a urine drug screening in accordance with DOT guidelines. **The drug screening must be done no sooner than 30 days before the start of the course.**

Drug screening shall include a 10-panel drug screening. Students in all health programs with a clinical experience must complete a urine drug screen. Any individual with a positive drug screen will be ineligible to participate in a clinical experience and will be withdrawn from the program without refund of fees. Students are responsible for the costs of the drug screening. Make sure the 10 drugs below are the ones being tested.

DOT URINE DRUG SCREENING FOR:

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine
- Methadone
- Methamphetamines
- Opiates
- Phencyclidine (PCP)
- Propoxyphene
- THE (cannabis)

PHYSICAL EXAMINATION FORM

(Please print in black ink) To be completed and **signed** by physician or clinic

CPC

STUDENT NAME _____

Nurse Aide students are required to have the following physical exam within 6 months of starting the course. (*)Must Be Completed.

*			*	*
Last Name	First Name	Middle Name	Date of Birth (mo/day/year)	Student ID Number

*				*
Permanent Address	City	State	Zip code	Area Code/Phone Number

*Height _____ *Weight _____ *TPR _____ / _____ / _____ *BP _____ / _____

<p>*Vision: *Corrected Right 20/ _____ Left 20/ _____</p> <p>*Uncorrected Right 20/ _ Left 20/ _____</p> <p>*Color Vision _____</p> <p>*Hearing: * (gross) Right _____ Left _____</p> <p>* 15 ft. Right _____ Left _____</p>	<p>*Urinalysis: Sugar: ___ Albumin ___ Micro ___</p> <p>_Hgb or Hct (if indicated) _____</p> <p>STS (if indicated)</p> <p>Date _____ Results _____</p> <p>10 PANEL DRUG SCREEN Results _____</p> <p>To include <u>propoxyphene</u></p> <p>Please mail lab report to address provided by student.</p>
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*Are there abnormalities? If so, describe fully	Normal	Abnormal	DESCRIPTION (attach additional sheets)
*1. Head, Ears, Nose, Throat			
*2. Eyes			
*3. Respiratory			
*4. Cardiovascular			
*5. Gastrointestinal			
*6. Hernia			
*7. Genitourinary			

*8. Musculoskeletal			
*9. Metabolic/Endocrine			
*10. Neuropsychiatric			
*11. Skin			
*12. Mammary			

*A. Is there loss or seriously impaired function of any paired organs? Yes _____ No _____
 Explain _____

*B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
 Explain _____

*C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _____ Limited _____
 Explain _____

*D. Is student physically and emotionally healthy? Yes _____ No _____
 Explain _____

*** REQUIRED: HEALTH ASSESSMENT MUST BE COMPLETED BY THE MD, PAC, OR FNP DOING THE PHYSICAL EXAMINATION.**

Based on my assessment of this student's physical and emotional health on _____ (date),
 he/she appears able to participate in the activities of a health professional in a clinical setting.

Yes ___ No ___ If no, please explain on the reverse side of this form:

Signature of Physician/Physician Assistant/Nurse Practitioner _____ Date _____

Print Name of Physician/Physician Assistant/Nurse Practitioner _____ Area Code/Phone Number _____

IMMUNIZATION FORM

To be completed and signed by physician or clinic.

Last Name	First	Middle	Date of Birth	CPCC Student ID #

Required Immunizations

Tdap (tetanus/diphtheria/pertussis) Unless had tetanus within 10 years	Tdap Date given:		Tetanus Date given:
2 MMR vaccinations OR positive titer			
Measles	#1	#2	Titer date & results Submit lab report
Mumps	#1	#2	Titer date & results Submit lab report
Rubella	#1	#2	Titer date & results Submit lab report
Hepatitis B Series (3 vaccinations OR HepB Surface Antibody positive titer)	#1	#2	#3 Titer date & results Submit lab report
Varicella (Chickenpox) 2 vaccinations, history of disease OR positive IgG titer	#1	#2	Disease date Titer date & results Submit lab report
Hemophilus, influenza vaccination <i>(If declining vaccination, please write DECLINE in date box and provide a reason)</i>	Date:		Decline Reason:
2 Step PPD (TB Skin Test) (Two TB skin tests done 2-4 weeks apart)	#1: Results:	#2: Results:	
If positive PPD: chest x-ray within 5 years	Date of x-ray:	Results:	

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

CRIMINAL BACKGROUND CHECK POLICY

Central Piedmont Community College and Healthcare Continuing Education adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences. Many clinical facilities are now requiring criminal background screening of all students.

Central Piedmont Community College will designate the company selected to do the criminal background screening. Healthcare Continuing Education will not accept criminal background screening results from any company other than the one designated by the College. The student will pay the cost of the criminal background screening at the time of the screening. The cost is non-refundable. If a student's background check prevents participation in the clinical experience, college costs are also non-refundable.

Criminal Background screenings will be performed by an external vendor and will review the student's criminal history. The check will include sex offender registry checks and verification that the student is not excluded from providing services under federal healthcare programs. The check will also include the cities and counties of all known residence. Criminal background checks will include the student's criminal history for the seven years prior to entry into a Health Educational Program. Consumer or investigative consumer reports which may contain public record information may be requested including, but not limited to consumer credit and criminal records. Information from various Federal, State and Local agency regarding past activities will be obtained.

All positive findings on the student background check will be given to the clinical facility. The decision of acceptance or denial of student access to the clinical facility is made by the clinical facility. The clinical facility decision is final.

Notes:

Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels an error has been made in the results of the screening, it is the responsibility of the student to contact the external vendor for a verification check and the student is responsible for any cost associated with this check. Other than error relative to identity, there will be no appeal to this policy. If the history is discovered or a conviction occurs after enrollment, the student will be withdrawn from the program without refund of fees. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the Program Coordinator **IN WRITING** within three days of the conviction.

*****Criminal background checks from an outside agency will not be accepted. All background checks will be done IN CLASS within the first week of class*****

Questions

Email: MARY.SMITH@CPCC.EDU

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Healthcare facilities which provide educational experience for students enrolled in health programs at Central Piedmont Community College require criminal background checks prior to clinical placement. CPCC has arranged for Certified Background (certifiedbackground.com) to conduct these background searches for our students. These background checks include sex offender registry checks and verification that the student is not excluded from providing services under federal health care programs.

Results of criminal background checks may be shared with affiliating healthcare facilities. Results will be maintained in confidential CPCC files and reviewed by authorized CPCC employees only.

You will be provided with the necessary instructions you need for CB to conduct the screening. **The cost is \$42 and must be paid by the student to Certified Background with a credit card.** The review will extend to the past seven years.

A student who declines to have the check done, or to have results reviewed by authorized CPCC employees, or to have the results released to a healthcare facility will become ineligible for enrollment in all courses requiring experience in a healthcare facility and will become ineligible for program completion. The student will not receive any refund of fees associated with the course.

A criminal record, when reported to an affiliating healthcare facility, may result in the student's ineligibility to complete the program. The decision of the healthcare facility is final. If the facility does not allow the student to enter the facility, the student will become ineligible for the course. The student will not receive any refund of fees associated with the course.

If the history is discovered or a conviction occurs after enrollment, the student will be withdrawn from the program without refund of fees. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the Program Coordinator IN WRITING within three days of the conviction.

Please read, sign, and date the following statement:

Authorization for Criminal Background Check

I have read and understand the above-stated information and hereby agree to have a criminal background check completed, results reviewed by authorized CPCC employees, and results shared with affiliating healthcare facilities.

STUDENT SIGNATURE

DATE

STUDENT NAME PRINTED

STUDENT NUMBER