



## Nurse Assistant Training Program

# Student Handbook

**Los Banos Campus**

**Merced Campus**

**Bring this handbook with you on the first day of class.**

Some forms located inside will be used when applying to the program and others will be submitted to your instructor within the first two class sessions.  
(see Table of Contents)

The student handbook will be reviewed/revised  
by the RN Program Director and Instructors each Fall, and as needed.

**Reviewed/Revised: January 2023**

**Merced College  
Nurse Assistant Training Program**

**Student Handbook - Table of Contents**

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## **Nurse Assistant Training Program**

# **Application Information & Forms**

**(pages 2-15)**

**Los Banos Campus**

**Merced Campus**



Merced College  
Nurse Assistant Training Program

Check-Off Form

<input type="checkbox"/>	Spring
<input type="checkbox"/>	Summer
<input type="checkbox"/>	Fall
	20_____

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ MC Student I.D. # \_\_\_\_\_

Language most spoken at home\* \_\_\_\_\_ Other language(s) spoken (If applicable)\* \_\_\_\_\_

Ethnicity/ies\* \_\_\_\_\_ All items listed are required. \*These responses are collected for grant purposes.

**Attention:** All documents listed below must be submitted at the time you apply, absolutely no exceptions. Upon verification of your Nurse Assistant Program documents, you will be issued a registration voucher (space permitting). **You will not be able to register in the Allh-63 course without the voucher.**

You will need a valid CA Identification Card or Driver's License in order to apply.

*You must provide your own copies.*

**Your Nurse Assistant Program application must include the following items (COMPLETE & in this order):**

- ☐ **Apply for College Admission.** Complete appropriate registration procedures and obtain a Student I.D. card. Further Registration information is available online: <http://www.mccd.edu/getstarted/apply.html>  
*High School students may need to submit a k-12 form to register for the course IF your application is accepted. Please talk with your high school counselor for more information.*
- ☐ **Nurse Assistant Check-Off Form** (this form)
- ☐ **Fingerprinting Clearance** - Bring **ONE** of the following items at the time you apply & on the fingerprinting date provided to you should your application be accepted: Current California or Out of State ID or Passport or Alien Registration Card.
- ☐ **Attendance Policy Form** (see Table of Contents)
- ☐ **Clearance of Conviction** (see Table of Contents)
- ☐ **Three (3) copies of the Nurse Assistant Initial Application - CDPH 283 B form** (see Table of Contents) - The form is located online: [www.cdph.ca.gov](http://www.cdph.ca.gov) Follow instructions provided in the Nurse Assistant Orientation Video. Always use the most current form on the website.
- ☐ **Health Evaluation and Questionnaire** (see Table of Contents). Students must have a Health Evaluation and fill out the Health Questionnaire **within 6 months of start of class.**
- ☐ **COPY of negative TB skin test or QuantiFERON-TB (QFT) blood test within 6 months of start of class;** if positive, a negative chest x-ray is needed. Chest x-rays are valid for 2 years.
- ☐ **COPY of CPR card for the BLS Provider, Healthcare Provider or Professional Rescuer - certification must not expire the semester you are in the program.** The American Heart Association (AHA) name/logo must be printed on your CPR card/certificate.
- ☐ **Flu (Influenza) Vaccine** - The flu vaccine is seasonal. Spring - required at time of application. Summer - not required. Fall - required once it becomes available, usually around September/October.
- ☐ **COVID-19 Vaccine/Booster** - Must have at least 1<sup>st</sup> vaccine at time of application. Follow the current guidelines provided by the Centers for Disease Control and Prevention (CDC) for obtaining additional doses. Weekly testing may be required in program.



# Merced College

## Nurse Assistant Training Program

### Attendance Policy

#### Student

- A. Since a student gains maximum benefit from an educational program by good attendance, it is expected that they will be present for all class sessions.
  - a. A student must notify the instructor or clinical facility each day they are absent before the clinical time scheduled. Second hand communication is not acceptable. Failure to notify the instructor will be considered an unexcused absence.
  - b. Students cannot miss the **FIRST 3 CLINICAL DAYS** as each student must learn and possess the basic foundation of skills taught during this time period.
  - c. Students cannot miss more than a total amount of **ONE theory and ONE clinical day** within the entire semester.
  - d. Two (2) late arrivals of more than 10 minutes to either theory or clinical will be considered one absence. Returning late to class from break will be considered the same as tardy at the beginning of class. Leaving class without notifying of the instructor will be considered an unexcused absence.
- B. It is up to the instructor's discretion to schedule make-up hours.
  - a. No make-up will be provided for the first 3 clinical days.
  - b. Failure to appear on a scheduled make-up day may result in the student being dropped from the entire program.
- C. A student dropped for absenteeism may re-enroll if space is available at a later date. Student will also be required to attend a Mandatory orientation and complete all requirements to re-enroll.
- D. It is necessary for students to be present in the clinical area to be eligible to take a test scheduled that day in a theory class.
  - a. Make-up tests are to be taken during the first week the student returns from being absent. If the student does not do this, a grade of zero will be assigned for the test.
- E. There will be a sign-in sheet and it is the student's responsibility to sign in and out each week. Attendance will be reviewed with each student at least every three weeks.
- F. Pregnancy: Student will be permitted to remain in the program during pregnancy providing they meet the following requirements.
  - a. A written clearance from physician that student can lift more than 25 pounds and transfer adult patients
  - b. Physical condition permits them to meet all clinical objectives
  - c. Student will notify instructor as soon as they suspect they are pregnant
- G. COVID Restrictions/ Requirements
  - a. Students must complete all current testing requirements on the dates scheduled (weekly or bi-weekly) in order to be present in the clinical area.
  - b. Students who are experiencing any COVID symptoms are required to quarantine per CDPH guidelines (consult instructor or Program Director for specifics). Arrangements will be made for students to make-up missed hours.

#### Instructor

- A. If an instructor is absent, arrangements will be made for the students to make up the missed hours if a substitute is not available.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Merced College**

## **Nurse Assistant Training Program**

### **Verification of Conviction**

The student must sign a waiver stating they have not been convicted of any crime other than minor traffic violations. AB 3477 (Chapter 1246) Statutes of 1994 prohibits certification for any of the convictions listed on the following pages unless the action has been dismissed or the individual has obtained a Certificate of Rehabilitation. Students must complete the application form before registering for the NA class. By doing so, any convictions they may have will be reviewed and cleared by the Certification Section before training begins. In the event that the student has a crime on record, the California Department of Public Health must be contacted to review the offense. The California Department of Public Health will determine if the student is eligible for enrollment in the Nursing Assistant Training Program. If the student has a felony as outlined on the following pages a Clearance of Conviction will be required prior to admission to the class.

You must correspond with the CDPH as listed below:

**California Department of Public Health (CDPH)  
Licensing and Certification Program (L&C)  
Aide and Technician Certification Section (ATCS)  
Training Program Review Unit (TPRU)  
MS 3301, P.O. Box 997416  
Sacramento, CA 95899-7416  
(916) 327-2445 Fax (916) 324-0901**

# Merced College

## Nurse Assistant Training Program

### Clearance of Conviction

In accordance with Title 22, California Code of Regulations for Certified Nurse Assistant Programs, no nursing facility shall permit students to practice clinical skills training or have contact with patients unless they have been screened and there is no indication of criminal conviction other than traffic citations. Therefore, it is mandatory that you respond to the following question: **Have you ever been convicted of a criminal offense other than traffic violations?**

☐

Yes

☐

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*I declare under penalty of perjury under the laws of the State of California that the statement signed above is true and correct. If your response is yes, you may not participate in the clinical portion of this program until you contact the California Department of Public Health Licensing and Certification Program (L & C) Aide and Technician Certification Section (ATCS), 1615 Capitol Avenue, MS 3301, P.O. Box 997416, Sacramento, CA 95899-7416 and receive written permission.

## Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will be automatically denied certification.

Certification of applicants with convictions on this list MAY be reconsidered by the Department only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed.

### Section

187	Murder	285	Incest
192(a)	Manslaughter, Voluntary	286(c)	Sodomy with person under 14 years against will
203	Mayhem	286(d)	Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
205	Aggravated Mayhem	286(f)	Sodomy with unconscious victim
206	Torture	286(g)	Sodomy with victim with mental disorder or developmental or physical disability
207	Kidnapping	288	Lewd or lascivious acts with child under age of 14
209	Kidnapping for ransom, reward, or extortion or robbery	288(a)	Oral copulation
210	Extortion by posing as kidnapper	288(c)	Oral copulation with person under 14 years against will
210.5	False imprisonment	288(d)	Voluntarily acting in concert with or aiding and abetting
211	Robbery (Includes degrees in 212.5 (a) and (b))	288(f)	Oral copulation with unconscious victim
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation	288(g)	Oral copulation with victim with mental disorder or developmental or physical disability
222	Administering stupefying drugs to assist in commission of a felony	288.5	Continuous sexual abuse of a child (Includes degree (a))
243.4	sexual battery (Includes degrees (a) - (d))	289	Penetration of genital or anal openings by foreign object (Includes degrees (a)-(0))
245	Assault with deadly weapon, all inclusive	289.5	Rape and sodomy (Includes degrees (a) and (b))
261	Rape (Includes degrees (a)-(c))	368	Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
262	Rape of spouse (Includes degrees (a)-(e))	451	Arson (Includes degrees (a)-(e))
264.1	Rape or penetration of genital or anal openings by foreign object	459	Burglary (Includes degrees in 460 (a) and (b))
265	Abduction for marriage or defilement	470	Forgery (Includes (a)-(e))
266	Inveiglement or enticement of female under 18	475	Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c))
266a	Taking person without will or by misrepresentation for prostitution	484	Theft
266b	Taking person by force	484b	Intent to commit theft by fraud
266c	Sexual act by fear	484d-j	Theft of access card, forgery of access card, unlawful use of access card
266d	Receiving money to place person in cohabitation	487	Grand theft (Includes degrees (a)-(d))
266e	Placing a person for prostitution against will	488	Petty theft
266f	Selling a person	496	Receiving stolen property (Includes (a)-(c))
266g	Prostitution of wife by force	503	Embezzlement
266h	Pimping	518	Extortion
266i	Pandering	666	Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property
266j	Placing child under 16 for lewd act		
266k	Felony enhancement for pimping/pandering		
267	Abduction of person under 18 for purposes of prostitution 273a Willful harm or injury to a child; (Includes degrees (a)-(c))		
273d	Corporal punishment/injury to a child (Includes degrees (a)-(c))		
273.5	Willful infliction of corporal injury (Includes (a)-(h))		

ATCS 98-4 (11/09)



## MAIL OR FAX APPLICATION TO:

California Department of Public Health (CDPH)  
Licensing and Certification Division (L&C)  
Healthcare Workforce Branch (HWB)  
MS 3301, P.O. Box 997416  
Sacramento, CA 95899-7416  
PHONE: (916) 327-2445 FAX: (916) 552-8785

**Must by typed****Print 3 copies of this form!**

(Pages 1&2 ONLY. Page 3 is an instruction sheet. We do not need to print that page.)

## CERTIFIED NURSE ASSISTANT (CNA) INITIAL APPLICATION

(See instructions on the reverse)

**SECTION I (REQUIRED)****TYPE OF REQUEST**

- ☒ Check here if you are enrolling in a **CNA** training program (**complete sections I, II, III, IV, and V**)
- ☐ Check here if you are requesting **RECONSIDERATION** for a **previously revoked/denied** certificate (**complete sections I, II, III and V**)

**SECTION II (REQUIRED)**

Last Name <b>Sample Person</b>	<b>Name entered must match name on ID/DL EXACTLY.</b>	First Name <b>Merced</b>	MI <b>A.</b>	Sex <input checked="" type="radio"/> Male <input type="radio"/> Female
Public Address (Required) – <i>Subject to Public Records Act Request release*</i> <b>1234 Merced St.</b>		City <b>Any Town</b>	State <b>CA</b>	Zip Code <b>95348</b>
Confidential Address (Required)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>		City	State	Zip Code
Date of Birth <b>01/02/03</b> <small>(mm/dd/yy)</small>	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) <b>1 2 3 - 4 5 - 6 7 8 9</b> <small>**If you use an invalid SSN, your application process may be delayed</small>		Driver's License /State ID Number Number: <b>A1234567</b> State: <b>CA</b>	

Phone Number \*\*\* **(209)999-9999**

☒ By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per month. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help.

Email Address\*\*\*

**mercedsampleperson@yahoo.com**

**SECTION III (REQUIRED)**

- 1) Have you been **CONVICTED**, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).

☐ Yes ☐ No

If yes, list conviction: \_\_\_\_\_

Court of conviction: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?

☐ Yes ☐ No

Type of License/Certificate: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Type of Action: \_\_\_\_\_

**Check one box for each question. If yes, fill in the blanks.**

**SECTION IV (IF APPLICABLE) Address must be filled in EXACTLY as shown below.**

Name of school or facility where you received/will receive the CNA training <b>Merced College</b>		Telephone Number <b>(209) 384-6000</b>	
Mailing Address (Number Street or P.O Box number) <b>3600 M Street</b>	City <b>Merced</b>	State <b>CA</b>	Zip Code <b>95348</b>
California Training Program ID Number for CNA (Required) CNA: <b>LEAVE BLANK</b>	Beginning Date of Training <b>LEAVE BLANK</b> (mm/dd/yy)	End Date of Training <b>LEAVE BLANK</b> (mm/dd/yy)	

**SECTION V (REQUIRED)**

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

**LEAVE BLANK**

**LEAVE BLANK**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM**

I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (only applies to students that have recently completed a CNA Training Program in CA).

<b>LEAVE BLANK</b>	<b>LEAVE BLANK</b>
Printed Name <b>LEAVE BLANK</b>	Title <b>LEAVE BLANK</b>
Signature	Date

**FOR VENDOR USE ONLY**

**It is YOUR responsibility to enter your information correctly on this form.  
You should double and triple-check all information before submitting.**



## MAIL OR FAX APPLICATION TO:

California Department of Public Health (CDPH)  
Licensing and Certification Division (L&C)  
Healthcare Workforce Branch (HWB)  
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**SECTION II (REQUIRED)**

Last Name	<b>Name entered must match Sample Person name on ID/DL EXACTLY.</b>	First Name	MI	Sex
		Los Banos	A.	<input type="radio"/> Male <input checked="" type="radio"/> Female
Public Address (Required) – <i>Subject to Public Records Act Request release*</i>		City	State	Zip Code
1234 Los Banos St.		Any Town	CA	93635
Confidential Address (Required)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>		City	State	Zip Code
Date of Birth	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)		Driver's License /State ID Number	
02/03/04	9 8 7 - 6 5 - 4 3 2 1		Number: A7654321	
(mm/dd/yy)	**If you use an invalid SSN, your application process may be delayed		State: CA	
Phone Number *** (209)777-7777			Email Address***	
<input checked="" type="checkbox"/> By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per month. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help.			losbanosampleperson@yahoo.com	

**SECTION III (REQUIRED)**

- 1) Have you been **CONVICTED**, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).

☐ Yes ☐ No

If yes, list conviction: \_\_\_\_\_

Court of conviction: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?

☐ Yes ☐ No

Type of License/Certificate: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Type of Action: \_\_\_\_\_

**Check one box for each question. If yes, fill in the blanks.**

**SECTION IV (IF APPLICABLE) Address must be filled in EXACTLY as shown below.**

Name of school or facility where you received/will receive the CNA training <b>Merced College - Los Banos Campus</b>		Telephone Number <b>(209) 384-6000</b>	
Mailing Address (Number Street or P.O Box number) <b>22240 Highway 152</b>	City <b>Los Banos</b>	State <b>CA</b>	Zip Code <b>93635</b>
California Training Program ID Number for CNA (Required) CNA: <b>LEAVE BLANK</b>	Beginning Date of Training <b>LEAVE BLANK</b> (mm/dd/yy)		End Date of Training <b>LEAVE BLANK</b> (mm/dd/yy)

**SECTION V (REQUIRED)**

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

**LEAVE BLANK**

**LEAVE BLANK**

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

**SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM**

I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (only applies to students that have recently completed a CNA Training Program in CA).		<b>FOR VENDOR USE ONLY</b>
<b>LEAVE BLANK</b>	<b>LEAVE BLANK</b>	
Printed Name <b>LEAVE BLANK</b>	Title <b>LEAVE BLANK</b>	
Signature	Date	

**It is YOUR responsibility to enter your information correctly on this form.  
You should double and triple-check all information before submitting.**





Merced College  
Allied Health  
Physical Health Evaluation

Name		Date of Birth
Address, City, State, Zip		
Email Address	Phone	

**To be filled out by Health Care Practitioner, Physician Assistant, or Nurse Practitioner**

For the student's safety it is important to identify any family and/or personal history of current/past medical problems that would affect the student's ability to participate fully in an Allied Health Program. *The CNA, LVN, RN, RT and SONO Programs require the student to be able to stand, bend, perform heavy lifting, and twist frequently in providing care to patients during procedures. Additionally, the student must be able to make rapid, sound decisions related to patient safety.*

Vital Signs: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ BP \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Back Injuries/Deformities: \_\_\_\_\_

ABD: \_\_\_\_\_

Comments: \_\_\_\_\_

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

**By signing below, I CONFIRM this patient's History AND Physical Condition adequate for them to fully participate in the Allied Health Program.**

\_\_\_\_\_  
Date Health Care Professional Facility Stamp OR  
Attach Provider Business Card

## Health Questionnaire

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Sex

**HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING (Check "Yes" or "No" after each question):**

Disease Of:	Yes	No		Yes	No		Yes	No		Yes	No
Brain_____	<input type="checkbox"/>	<input type="checkbox"/>	Genitals_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic constipation_____	<input type="checkbox"/>	<input type="checkbox"/>	Malaria_____	<input type="checkbox"/>	<input type="checkbox"/>
Eyes_____	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness_____	<input type="checkbox"/>	<input type="checkbox"/>	Black or bloody bowel_____	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever_____	<input type="checkbox"/>	<input type="checkbox"/>
Ears_____	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Headache_____	<input type="checkbox"/>	<input type="checkbox"/>	Movements_____	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis_____	<input type="checkbox"/>	<input type="checkbox"/>
Nose_____	<input type="checkbox"/>	<input type="checkbox"/>	Deafness_____	<input type="checkbox"/>	<input type="checkbox"/>	Freq. or painful urination_____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer or tumors_____	<input type="checkbox"/>	<input type="checkbox"/>
Throat_____	<input type="checkbox"/>	<input type="checkbox"/>	Running ears_____	<input type="checkbox"/>	<input type="checkbox"/>	Blood in urine_____	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever_____	<input type="checkbox"/>	<input type="checkbox"/>
Heart_____	<input type="checkbox"/>	<input type="checkbox"/>	Frequent sore throat_____	<input type="checkbox"/>	<input type="checkbox"/>	Swollen ankles_____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes_____	<input type="checkbox"/>	<input type="checkbox"/>
Lungs_____	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds_____	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis_____	<input type="checkbox"/>	<input type="checkbox"/>
Stomach_____	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells_____	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice_____	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism_____	<input type="checkbox"/>	<input type="checkbox"/>
Intestines_____	<input type="checkbox"/>	<input type="checkbox"/>	Chest pains_____	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)_____	<input type="checkbox"/>	<input type="checkbox"/>	Nervous breakdown_____	<input type="checkbox"/>	<input type="checkbox"/>
Liver_____	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath_____	<input type="checkbox"/>	<input type="checkbox"/>	Stomach ulcers_____	<input type="checkbox"/>	<input type="checkbox"/>	Painful flat feet_____	<input type="checkbox"/>	<input type="checkbox"/>
Spleen_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough_____	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia_____	<input type="checkbox"/>	<input type="checkbox"/>	Backaches_____	<input type="checkbox"/>	<input type="checkbox"/>
Gallbladder_____	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up blood_____	<input type="checkbox"/>	<input type="checkbox"/>	Pleurisy_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic sinus infection_____	<input type="checkbox"/>	<input type="checkbox"/>
Kidneys_____	<input type="checkbox"/>	<input type="checkbox"/>	Palpitations_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones_____	<input type="checkbox"/>	<input type="checkbox"/>	Injuries_____	<input type="checkbox"/>	<input type="checkbox"/>
Bladder_____	<input type="checkbox"/>	<input type="checkbox"/>	Allergies_____	<input type="checkbox"/>	<input type="checkbox"/>	Piles_____	<input type="checkbox"/>	<input type="checkbox"/>	Operations_____	<input type="checkbox"/>	<input type="checkbox"/>
Bone_____	<input type="checkbox"/>	<input type="checkbox"/>	Poor appetite_____	<input type="checkbox"/>	<input type="checkbox"/>	Fits or convulsions_____	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis_____	<input type="checkbox"/>	<input type="checkbox"/>
Joints_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic indigestion_____	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis_____	<input type="checkbox"/>	<input type="checkbox"/>	Nephritis_____	<input type="checkbox"/>	<input type="checkbox"/>
Back (Spine)_____	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent nausea_____	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes_____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma_____	<input type="checkbox"/>	<input type="checkbox"/>
Skin_____	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent vomiting_____	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting of blood_____	<input type="checkbox"/>	<input type="checkbox"/>	Other serious illnesses_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been rejected or discharged from military service because of illness or injury? \_\_\_\_\_

Do you have any defect, deformity or disease which may interfere with your work? \_\_\_\_\_

### WOMEN

Are your menstrual periods regular? \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Do pains or cramps ever make you stay in bed? \_\_\_\_ If yes, how often and how long? \_\_\_\_\_

Have you had or do you now have any disease or disorder of the female organs? \_\_\_\_\_

(If yes, describe) \_\_\_\_\_

I THE UNDERSIGNED, CERTIFY THE ABOVE ANSWERS ARE TRUE, AND GIVE THE EXAMINING PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT PERMISSION TO SUBMIT A REPORT TO THE COLLEGE. I ALSO GIVE PERMISSION TO GIVE A REPORT TO THE HOSPITAL.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Merced College**  
**Nurse Assistant Training Program**

**TB Testing**

Students must have a TB skin test or QuantiFERON-TB (QFT) blood test (**within six months of the start of class** – example: If your class starts on August 15, you would need to complete your TB test between February 15 and the time you submit your application) or negative chest x-ray (x-rays are valid for two years) before beginning the Nurse Assistant program.

**Registered Merced College Students -**

Student Health Services provides free TB testing to **current** Merced College students who have paid their Student Health Fee. Contact them for additional information.

**Merced County  
Health Department**

(Call for appointment and fee)



**Merced**

260 E. 15th St., Merced

Phone: (209) 381-1023



**Los Banos**

415 Fifth St., Los Banos

Phone: (209) 710-6085

**Merced College**



**Merced Campus**

Student Health Services –  
Student Union Building

Phone: (209) 384-6045

Please call for current TB testing availability.



**Los Banos Campus**

Student Health Services –  
Building B, Room 138

Phone: (209) 386-6716

Please call for current TB testing availability.



# CPR Certification

for SONO, RT, RN, LVN, & CNA students

**BLS Provider, Healthcare Provider or Professional Rescuer**

The American Heart Association (AHA) name/logo must be printed on your CPR card/certificate. Any CPR card/certificate presented without it will NOT be accepted.

*Prices and locations subject to change at any time!*

## Merced College

Cost: \$5

Contact Sal Lomeli for more info at  
[salvador.lomeli1837@mccd.edu](mailto:salvador.lomeli1837@mccd.edu)

## CPR Instructor, Raj Mehat

Cost: \$30

Contact Raj Mehat for more info at  
[sukhraj.mehat@mccd.edu](mailto:sukhraj.mehat@mccd.edu)

## Memorial Hospital Los Banos

520 I St., Los Banos

Cost: \$30

Contact: 826-0591 ext. 50331 or  
50244

## First Lady Permanente, LCC

901 Geer Rd., Turlock

Cost: \$65, plus \$20 for required book

Use Online Code "HOSPITAL" for \$5 off.


(Input at checkout)

Contact: 250-1200

[www.firstladypermanente.com](http://www.firstladypermanente.com)

**BASIC LIFE SUPPORT**

**BLS Provider**


 American Heart Association

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date \_\_\_\_\_ Recommended Renewal Date \_\_\_\_\_


**BASIC LIFE SUPPORT**

**BLS Provider**

 American Heart Association

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 06/17/2017 Recommended Renewal Date 06/2019

Training Center Name	Instructor Name
TC Name	Instructor Name
Training Center ID	Instructor ID
TC ID#	0000000000
Training Center Address	eCard Code
TC Address	0000000000
Training Center Phone Number	QR Code
TC Phone Number	

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cprmycard](http://www.heart.org/cprmycard).  
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Further training sites can be found  
on the American Heart Association  
website: <https://cpr.heart.org>

Select, "Find A Class"  
in the top-right corner.

The BLS for Healthcare Providers CPR/AED Course trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations and provide early use of an AED (Automated External Defibrillator). In the Instructor-led course, student participate in simulated clinical scenarios and learning stations. Students work with an AHA BLS certified Instructor to complete BLS skills practice and skills testing. Students also complete a written exam. This provider course requires approximately 4 hours to complete, including skills practice and skills testing.



# Merced College

## Nurse Assistant Training Program

### *Schedule of Classes*

The schedules below are **SAMPLES**. You must be able to attend both the theory and clinical days and times listed for your course.

Merced Campus – <b>SAMPLE SCHEDULE</b>					
Location	Theory			Clinical	
<b>Fall/Spring</b>	Mon.	5:00-8:30pm	<b>&amp;</b>	Tues.	7:30am-3:30pm
<b>Summer</b>	Mon.	8:00am-3:30pm	<b>&amp;</b>	Tues./Wed.	7:30am-3:30pm

Los Banos Campus – <b>SAMPLE SCHEDULE</b>					
Location	Theory			Clinical	
<b>Fall/Spring</b>	Thurs.	5:00-8:30pm	<b>&amp;</b>	Sat.	6:30am-2:30pm
<b>Summer</b>	Mon.	8:00am-3:30pm	<b>&amp;</b>	Tues./Wed.	6:30am-2:30pm

**The current schedule can be found (once published) by following these steps:**

1. Go to the Merced College website: [www.mccd.edu](http://www.mccd.edu)
2. Select the “Academics” tab on the top of the page.
3. Under “Getting Started”, select “Search for Classes”
4. As shown in the image below, you will need to select “Section Listing.” Under “Term,” select the term\* you are looking for (such as Spring 2023). Under “Courses and Sections,” select “Allied Health.” To the right, you will type in “63.” Then select “Search” at the bottom of the page.

**\*Note:** You will not be able to see the schedule for certain semesters until it has been published by Merced College. Check the website on a regular basis for any updates.

Subject Search    **Advanced Search**

Catalog Advanced Search

Results View

☐ Catalog Listing

☒ **Section Listing**

Term:  Meeting Start Date:  Meeting End Date:

Courses And Sections:   Section:

Subject:  Course Number:  Section:

Subject:  Course Number:  Section:

[Add More](#)

Days Of Week

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday ☐ Saturday

Location:

Academic Level:

Time Of Day:  Time Starts by:  Time Ends by:

[Clear](#) [Search](#)

# **Merced College**

## **Nurse Assistant Training Program**

### **Philosophy of Education**

The philosophy of education for the Merced College Nurse Assistant Training Program (NATP) is based upon the principle that each student shall be given an opportunity for systematic development of intellectual, social and vocational competence. The program is concerned with the promotion of physical and mental health, with the creation of satisfying human relationships in a setting of moral and ethical values.

Our concern for the welfare of the individual is based upon the concept that there are varieties of talent, of motivation, of aptitude, of achievement, and of excellence. Each student shall, therefore, be offered educational opportunity in terms of their own needs and abilities. Students shall be given the benefit of an educational program designed to suit their capabilities and encouraged to develop to the limit of their potential. The educational environment within the school shall also provide for the development of critical thinking on the part of the students, so they may attack all problems courageously, then think and act intelligently.

We believe that the Nurse Assistant student is an important member of the health care team; who under the direction of licensed nursing staff, provides patient centered nursing care. The Nurse Assistant student will be taught the skills to meet the patient's physical, emotional, psychological, intellectual, social and spiritual needs.

The Merced College Nurse Assistant program aligns with the college's Mission and Vision:

- Vision - Merced College will provide transformative and empowering educational experiences to meet student and community needs.
- Mission - Growing our community through education and workforce training:
  - lifelong learning
  - basic skills
  - career technical education
  - transfer
  - degree/certificate programs

Ensuring student success through equitable access, continuous quality improvement, institutional effectiveness, and student achievement.

\*\*\*Included in the Student HB and Administrative Policies HB

# Merced College

## Nurse Assistant Training Program

### Organizational Chart

Applicable standard: CCR, Title 22, 71828

Approved: October 1, 2019

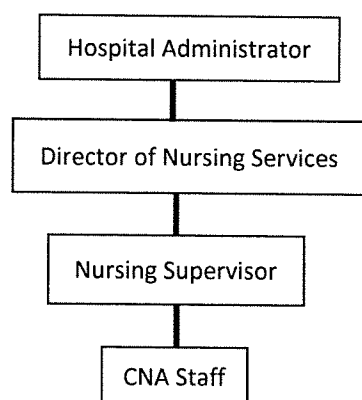
Effective: September 14, 2022

Prepared by: RN Program Director

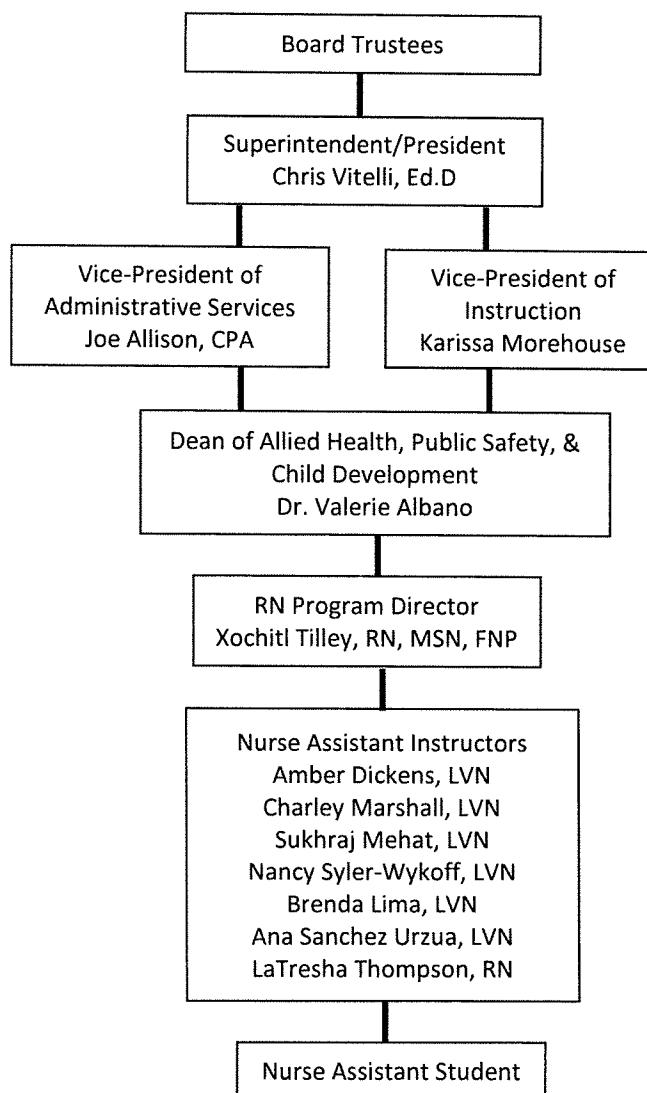
Approved by: Area Dean

Revision Date: September 14, 2022

#### Nursing Facilities



#### Merced College Nurse Assistant Training Program (NATP)



\*\*\*Included in the Student HB and Administrative Policies HB

# **Merced College**

## **Nurse Assistant Training Program**

### **Program Description**

#### **ALLH-63 Nurse Assistant (CNA)**

The Nurse Assistant program is offered during the Spring and Fall semesters for 18 weeks and the Summer semester for 9 weeks in Merced and Los Banos.

The course provides clinical instruction and practice of basic nursing skills required of nursing assistants employed in skilled nursing facilities and extended care facilities. The course emphasizes care of the older adult client which includes assistance with the activities of daily living: bathing, dressing, exercise, movement, eating, eliminating safety measures, cardiopulmonary resuscitation and rehabilitation techniques.

The Nurse Assistant program also provides clinical instruction. Students will practice skills in lab and then be assigned to assist clients in a skilled nursing facility. This training meets the California Department of Public Health requirements for eligibility to take the Nurse Assistant certification examination.

Upon successful completion of the Nurse Assistant Program, the student must pass the Certification Exam in order to become a Certified Nurse Assistant. The exam has been developed to meet the evaluation requirements of the federal and state Nurse Assistant competency evaluation legislation. The test is offered throughout the state. The test may be offered at Merced College upon completion of each training course. The test consists of two parts: written and skills exam.

**Note:**

You must be at least 16 years old and a junior in high school in order to take this course.

Students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. See Check-Off sheet for a complete list of program requirements.



# Merced College

## Nurse Assistant Training Program

### Student Health Requirement Policy

#### Policy

Students **must** adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements may include: background checks, drug screenings, vaccinations and boosters (for example, COVID-19). Merced College Allied Health Programs do not accept religious nor medical exemptions.

#### Procedure

1. The health requirements shall include:
  - A. Health Evaluation & Questionnaire
    - a. Students must have a Health Evaluation and fill out the Health Questionnaire within 6 months of the start of class. The student will answer questions regarding their medical history in the Questionnaire. The Health Evaluation form is a report signed by the physician, physician's assistant, or nurse practitioner. This report shall indicate that the student does not have any health condition that would create a hazard to himself/herself, fellow employees, or patients.
  - B. TB skin test (Purified Protein Derivative/Tuberculosis)
    - a. Students must have a PPD skin test or QuantiFERON-TB (QFT) blood test done within 6 months of entrance. If previous test was positive, the student will need to submit proof of a negative chest x-ray. Chest x-rays are valid for 2 years.
  - C. CPR Certification
    - a. Students are required to have CPR Certification for the BLS Provider, Healthcare Provider or Professional Rescuer. Certification must not expire the semester you are in the program. The American Heart Association (AHA) name/logo must be printed on the CPR card/certificate.
  - D. Flu (Influenza) Vaccine – The flu vaccine is seasonal.
    - a. Spring - required at time of application.
    - b. Summer - not required.
    - c. Fall - required once it becomes available, usually around September/October.
  - E. COVID-19 Vaccination/Booster (weekly testing may be required in program)
    - a. Follow the current guidelines provided by the Centers for Disease Control and Prevention (CDC) guidelines. Weekly testing may be required in program.
2. All information must be turned in prior to providing direct patient care.
3. With assistance from the Allied Health Program Assistant, the RN Program Director and/or the Instructor will provide written verification to the clinical facility verifying that each student has met the health requirements.

# **Merced College**

## **Nurse Assistant Training Program**

### **Curriculum Plan**

To receive a Certificate of Completion in the Nurse Assistant Program from Merced College and to be eligible to take the Nurse Assistant Certification Exam, the following required courses must be completed with a "C" or better. Clinical is Pass/Fail, so the grade given will be the theory grade.

		<b>Theory Hours</b>	<b>Clinical Hours</b>	<b>Units</b>
ALLH 63	Nurse Assistant	63	135	Total of 6 units

**Required Textbooks are sold at the Merced and Los Banos Campus Bookstores.\***

\*The student handbook is only available for printing on the Merced College Allied Health website: <http://www.mccd.edu/academics/alliedhealth/nurse-assistant/getstarted.html>

### **Curriculum Outline**

The California Department of Public Health criterion for approving certification training programs shall be that each program shall include a minimum of one hundred (100) hours of supervised clinical training in a skilled nursing facility and a minimum of sixty (60) hours of theory.

**In order for a Merced College Nurse Assistant Program graduate to be eligible to take the Nurse Assistant Certification Exam, the student must complete 60 hours of classroom instruction and 100 hours of supervised clinical training as specified in the modules.**

# **Merced College**

## **Nurse Assistant Training Program**

### **Mandatory Orientation Policy**

#### **Policy**

It is the policy of the Merced College Nurse Assistant Training Program (NATP) that all prospective students who are interested in the enrolling into the NATP must attend a mandatory orientation. The orientation will be updated as needed before each term.

#### **Procedure**

Prospective students are required to watch a video orientation which is posted on the Allied Health website. The video covers all of the information needed to apply. See "Admission Procedures and Program Costs" for detailed information.

# **Merced College**

## **Nurse Assistant Training Program**

### **Student Ratio**

#### **Policy**

It is the Policy of the Merced College Nurse Assistant Training Program (NATP) to maintain the maximum ratio of students to instructor for the clinical training that is required by the California Department of Public Health (Title 22, Section 71835). The maximum number of students in the clinical setting is fifteen (15) to every one (1) instructor.

#### **Procedure**

The college will hire one instructor for every fifteen (15) students. The enrollment will be limited to keep the instructor/student ratio at one (1) to fifteen (15) in the clinical setting.

**The Student Ratio Policy will be reviewed by the RN Program Director and Instructors each spring and as needed.**

# Merced College

## Nurse Assistant Training Program

### Grading Policy

1. The following grading scale is used by the Nursing Assistant Program for theory.
2. Clinical portion is graded on a pass/fail basis. Failure in Theory or Clinical results in failure of the entire course.

90%	-	100%	=	A	60%	-	69%	=	D
80%	-	89%	=	B	50%	-	59%	=	F
70%	-	79%	=	C					

3. The classroom grade is derived from a combination of: weekly quizzes, a midterm exam, a final exam and homework assignments. Each homework assignment not turned in may reduce the final grade.
4. The clinical grade will be based upon clinical performance, participation, check-off times, instructor evaluation and student conduct.
5. For the 18 week course, a "W" or Withdrawal is allowed between the 4th week and the end of the 14th week. After the 14th week, a grade must be assigned.
6. A student must receive a "C" in ALLH 63 to be eligible for the Certification exam.
7. A student may repeat the course one time if he/she receives a final grade of less than "C."
8. Dismissal for unsafe practice does not permit a student to repeat.

#### American Disabilities Act:

If you have a verifiable physical, medical, psychological, learning or other disability or perhaps you feel you may have one of these disabilities that impact your ability to carry out assigned course work, please contact the Disabled Students Program & Services (DSPS) office. DSPS staff will review your needs and determine what accommodations are necessary and appropriate. All information and documentation is confidential. In Merced, DSPS is located in the Leshar Student Services Building, Room 234, phone (209) 384-6155. In Los Baños, DSPS is located in Building A, phone (209) 381-6423.

#### Sexual Misconduct:

Merced College is committed to a safe and productive learning environment. Merced Community College District and Title IX policy prohibit sexual misconduct which includes sexual assault, sexual harassment, domestic or dating violence, and stalking. For more information on community resources, prevention information, and reporting options proceed to our website : <http://www.mccd.edu/safety/save/index.html>

#### Diversity, Equity, Inclusion, & Social Justice:

Diversity, equity, inclusion, and social justice are core values of Merced College. The faculty are invested in cultivating and maintaining a climate where these values are both intrinsic and explicit by respecting individuals and groups from all backgrounds, demographics, and experiences. This requires us to make intentional, ongoing efforts to create a learning environment that is inclusive of those directly impacted by racism, classism, sexism, homophobia, biphobia, transphobia, ableism, xenophobia, ageism, colorism, and sizeism, as well as discrimination based on religion, family status, medical condition, or pregnancy, and all other forms of structural discrimination that create and sustain privileges for some and disadvantages for others.





# Merced College

## Nurse Assistant Training Program

### Make-up Absenteeism

#### Policy

Poor attendance is a detriment to student competency in all areas of the program. If absenteeism prevents them from meeting course objectives, the student may be required to repeat either classroom training, clinical experience, or both.

#### Procedures

- A. Read attendance policy in handbook
- B. Testing make-up
  - 1. Make-up tests must be scheduled with the instructor.
  - 2. Students will have a two (2) week period to make-up tests. If the test is not made up within the two week period, students must make additional arrangements with the instructor or lose the opportunity to take the test.
- C. Theory make-up with instructor approval
  - 1. Case study
  - 2. Independent study
  - 3. Written examination
  - 4. Written report
  - 5. Auto-tutorial time
- D. Clinical make-up
  - 1. Additional time in a clinical area
  - 2. Performance evaluation in skills lab
  - 3. Other appropriate assignments
- E. Follow all aspects of the attendance policy, as outlined in the student handbook.

---

Print Name

---

Signature

---

Date

\*\*\*Included in the Student HB and Administrative Policies HB

**Merced College**  
**Nurse Assistant Training Program**

**Make-up Absenteeism Form**

Theory	Date Absent	Clinical	Date Absent	Make up Date/Time
Theory	Date Absent	Clinical	Date Absent	Make up Date/Time

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\*\*\*Included in the Student HB and Administrative Policies HB

# Merced College

## Nurse Assistant Training Program

### Dress Code

#### Policy

Nursing is a profession identifiable in part by personal appearance. As a student nurse representing Merced College and the nursing profession, it is expected that students adhere to the following dress code.

#### 1. Theory

- a. There is no dress code at Merced College, but it is expected that a student's dress will follow community standards.

#### 2. Clinical

Immaculate grooming and daily personal hygiene are essential due to close proximity to the client and others.

- a. Bathe, perform oral care and use deodorant daily.
- b. Since odors of any kind may be offensive to patients, products with strong odors should be avoided while working in clinical areas (i.e. perfumes, tobacco, etc.).
- c. Clean uniform/dress/pants/skirts. Instructor will provide information regarding color.
- d. Short (split skirts) must be knee length.
- e. White shoes with rubber soles (tennis shoes, leather or vinyl, OK).
- f. White hose required with dress or split skirt. White socks required with pants.
- g. T-shirts or sweatshirts are not allowed.
- h. Skin tight pants are not allowed.
- i. White jeans are not allowed.
- j. Bare skin and midriff tops are not allowed.
- k. Halter tops, tank tops, and bathing suit type tops are not allowed.
- l. No jewelry may be worn except a wedding ring and one set of small earring posts if ears are pierced.
- m. Watch with sweep second hand.
- n. Name tag and pen required at all times.
- o. Hair out of face, tied back and above the collar. Avoid extreme hairstyles.
- p. Fingernails must be kept short and clean at all times. Nail polish and/or artificial nails are not allowed.
- q. Gum chewing is not allowed in the clinical area.
- r. Tattoos must be covered.
- s. Piercings must be covered or removed.

---

Print Name

---

Signature

---

Date

# **Merced College**

## **Nurse Assistant Training Program**

### **Guidelines for Nurse Assistants**

The following guidelines are compiled from policies of the College, Hospitals, and Title 22, California Code of Regulation.

#### **Clinical Experience**

Students must be under the immediate supervision of the instructor in all areas at all times. Immediate supervision means that an instructor shall not only be in the same building, but shall also be present while the person being supervised demonstrates their clinical skills. After certain skills have been checked off as satisfactory, they may be performed without the instructor being present.

Students are not to perform any procedure which has not been taught, checked off in lab, or which they have not been given permission to do by the instructor.

#### **Attendance**

Students are to be in the assigned clinical area at the beginning of the shift unless otherwise assigned. When leaving the assigned clinical area temporarily or for the day, the student must report to the team leader or head nurse, and instructor. Students are to attend all classes and special workshops to meet the objectives of the program.

#### **Absences**

Students are advised to make doctor and dental appointments outside of scheduled class and clinical time, which would be after the completion of the classroom or clinical session. Refer to the Attendance Policy for further information.

---

Print Name

---

Signature

---

Date



# **Merced College**

## **Nurse Assistant Training Program**

### **Personal and Professional Relationships**

Keep your voice down in the hospital and on the grounds. Loud laughing is discouraged. A friendly attitude, however, should be cultivated, and a smile is good medicine for everyone.

Be courteous at all times. Avoid permitting yourself to become tense or irritated. Try to understand the other person and see their viewpoint. Avoid an impatient or critical tone of voice or facial expression.

Be impartial and treat all patient's families and peers as objectively as possible. Rapport is usually established if the student is as natural and spontaneous as possible

When you meet hospital personnel say, "Good morning, Dr. Jones" or "Miss Smith." Avoid slang terms or familiarity.

If you find friction between two employees, keep neutral. Do not permit yourself to take sides or agree with anyone. Keep silent or say that you are not familiar enough with the problem to offer opinions.

Be loyal and support the College, your School of Nursing, the affiliating institutions, the doctors/nurses, and other personnel. Remember, you will hurt yourself more than the person who is the target of your discussion if you talk about a person in a derogatory way.

Be careful not to make comparisons of hospitals or people. Avoid a critical attitude toward other employees or procedures and equipment. You are in the hospital to learn to be alert, to observe, and to meet the needs of the patients.

Put yourself in the role of the patient or visitor and treat them as you yourself would expect to be treated. Your attitude toward the patient and the visitor influences the public's opinion of your School of Nursing.

# **Merced College**

## **Nurse Assistant Training Program**

### **Evaluation**

#### **A. Student**

Prior to entering the skilled nursing facility AND after completing a minimum of sixteen (16) hours of demonstration and practice in a lab setting, the student will be evaluated regarding their ability to perform the skills taught. The student will be allowed to provide patient care only in areas of skill where competence has been demonstrated through performance evaluations. If the student does not receive a passing grade of "C" on the skills evaluations, it may be necessary to drop the student from the program.

#### **B. Instructor**

The instructor will be evaluated according to College policies. This policy includes student, peer and administrator evaluations.

#### **C. Course**

Students will evaluate the Nurse Assistant program at the completion of each semester.

#### **D. Facilities**

Students will evaluate the facilities used for clinical rotation at the end of each training program.

Student Name	Social Security Number*(1)	Start Date	Completion Date
Instructor Signature	Instructor Name (Printed)	Date	Final Grade
Instructor Date	Instructor Initials		

THEORY			CONTENT	TEST SCORES
			Per 42 CFR 483.152(b)(1), at least a total of 16 hours of training in the following areas [must be provided] prior to direct contact with a resident. Federal requirement. . . . . Title 22 equivalent (i) Communications and interpersonal skills. . . . . Modules 1, 3 (ii) Infection control. . . . . Module 6 (iii) Safety and emergency procedures, including the Heimlich maneuver. . . . . Modules 4, 5, 12 (iv) Promoting residents' independence . . . . . Modules 14 v) Respecting residents' rights . . . . . Modules 2	
			<b>MODULE 1: Introduction (2 hours)</b>	
			A) Roles and responsibilities of a Certified Nurse Assistant (CNA)	
			B) Title 22, division 5, California Code of Regulations, overview	
			C) Requirements for nurse assistant certification	
			D) Professionalism	
			E) Ethics and confidentiality	
			<b>MODULE 2: Patients' Rights (3 hours total)</b>	
			A) Title 22	
			B) Health and Safety Code	
			C) Code of Federal Regulations	
			D) Preventing, recognizing, and reporting residents' right violations. <b>(1 hour required for this component)</b>	

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

Student Name (Printed)			Instructor Signature	Date
THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			<b>MODULE 3: Interpersonal Skills (2 hours)</b>	
			A) Communications	
			B) Defense mechanisms	
			C) Sociocultural factors	
			D) Attitudes toward illness and health care	
			E) Family interaction	
			<b>MODULE 4: Prevention and Management of Catastrophe and Unusual Occurrences (1 hour)</b>	
			A) Emergency	
			B) General safety rules	
			C) Fire and disaster plans	
			D) Roles and procedures for Certified Nurse Assistants (CNA)	
			E) Patient Safety	
			<b>MODULE 5: Body Mechanics (2 hours)</b>	
			A) Basic rules of body mechanics	
			B) Transfer techniques	
			C) Ambulation	
			D) Proper use of body mechanics and positioning techniques	
			<b>MODULE 6: Medical and Surgical Asepsis (2 hours)</b>	
			A) Micro-organisms	
			B) Universal precautions (Standard Precautions)	
			C) Basic principles of asepsis	
			<b>MODULE 7: Weights and Measures (1 hour)</b>	
			A) The metric system	
			B) Weight, length, and liquid volume	
			C) Military time, i.e., a 24-hour clock	

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

**TYPE OR PRINT LEGIBLY**

Student Name (Printed)			Instructor Signature	Date
THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			<b>MODULE 8: Patient Care Skill (14 hours)</b>	
			A) Bathing and medicinal baths	
			B) Dressing	
			C) Oral hygiene	
			D) Hair care, hair shampoo, medicinal shampoo, nail care, and shaving	
			E) Prosthetic devices	
			F) Skin care including prevention of decubitus ulcers	
			G) Elimination needs	
			H) Bowel and bladder retraining	
			I) Weighing and measuring the patient	
			<b>MODULE 9: Patient Care Procedures (7 hours)</b>	
			A) Collection of specimens, including stool, urine, and sputum	
			B) Care of patients with tubing to include but not be limited to urinary, gastric, oxygen and intravenous. This care does not include inserting, suctioning, or changing the tubes.	
			C) Intake and Output	
			D) Bedmaking	
			E) Cleansing enemas and laxative suppositories	
			F) Admission, transfer and discharge	
			G) Bandages and nonsterile dry dressings, including the application of nonlegend topical ointments to intact skin surfaces	
			<b>MODULE 10: Vital Signs (3 hours)</b>	
			A) Purpose of vital signs	
			B) Factors affecting vital signs	
			C) Normal ranges	
			D) Methods of measurement	
			E) Temperature, pulse, respiration	



# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

Student Name (Printed)			Instructor Signature	Date
THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			<b>MODULE 10: Vital Signs (3 hours) Cont'd</b>	
			F) Blood pressure	
			G) Abnormalities	
			H) Recording	
			<b>MODULE 11: Nutrition (2 hours)</b>	
			A) Proper nutrition	
			B) Feeding techniques	
			C) Diet therapy	
			<b>MODULE 12: Emergency Procedures (2 hours)</b>	
			A) Signs and symptoms of distress	
			B) Immediate and temporary intervention	
			C) Emergency codes	
			<b>MODULE 13: Long-Term Care Patient</b>	
			<b>SNF/ICF (5 hours)</b>	<b>Non-SNF/ICF (3 hours)</b>
			A1) Special needs of persons with developmental and mental disorders Including intellectual disability, cerebral palsy, epilepsy, Parkinson's disease, and mental illness. <b>(2 hours)</b>	A) Special needs of persons with developmental and mental disorders including intellectual disability, Alzheimer's disease, cerebral palsy, epilepsy, dementia, Parkinson's disease, and mental illness. <b>(2 hours)</b>
			A2) Special needs of persons with Alzheimer's disease and related dementias <b>(2 hours)</b>	<b>*See footnote (2) below</b>
			B) Introduction to anatomy and physiology <b>(B-F Minimum 1 hour)</b>	B) Introduction to anatomy and physiology <b>(B-F Minimum 1 hour)</b>
			C) Physical and behavioral needs and changes	C) Physical and behavioral needs and changes
			D) Community resources available	D) Community resources available
			E) Psychological, social, and recreational needs	E) Psychological, social, and recreational needs
			F) Common diseases and disorders including signs and symptoms	F) Common diseases and disorders including signs and symptoms

\*Footnote (2) Non-SNF/ICF providers may complete A2, or any 2 hours of training from another module in order to meet the 60 hour minimum theory training requirement. (2 hours)

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

<b>Student Name (Printed)</b>			<b>Instructor Signature</b>	<b>Date</b>
THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			<b>MODULE 14: Rehabilitative Nursing (2 hours)</b>	
			A) Promoting patients' potential	
			B) Devices and equipment	
			C) Activities of daily living	
			D) Family interactions	
			E) Complication of inactivity	
			F) Ambulation	
			G) Range of motion	
			<b>MODULE 15: Observation and Charting (4 hours)</b>	
			A) Observation of patients and reporting responsibility	
			B) Patient care plan	
			C) Patient care documentation	
			D) Legal issues of charting	
			E) Medical terminology and abbreviations	
			<b>MODULE 16: Death and Dying (2 hours)</b>	
			A) Stages of grief	
			B) Emotional and spiritual needs of the patient and family	
			C) Rights of the dying patient	
			D) Signs of approaching death	
			E) Monitoring of the patient	
			F) Post mortem care	
			<b>MODULE 17: Abuse (as per HSC 1337.1 and 1337.3) (6 hours)</b>	
			A) Preventing, recognizing and reporting instances of resident abuse.	

Pursuant to Section 71835(I), all records pertaining to individuals who have successfully completed the program shall be available for the Department's inspection for a period of four (4) years beginning from the date of enrollment. Compliance with the Bureau for Private Postsecondary Education requires that all student records (including those who do not complete the course) must be kept for five (5) years from the date of enrollment.

**Training Program Name:**

California Department of Public Health (CDPH)  
 Licensing and Certification Program (L&C)  
 Aide and Technician Certification Section (ATCS)  
 Training Program Review Unit (TPRU)  
 MS 3301, P.O. Box 997416  
 Sacramento, CA 95899-7416  
 PHONE: (916) 327-2445 FAX: (916) 324-0901

**NURSE ASSISTANT TRAINING PROGRAM SKILLS CHECK LIST****TYPE OR PRINT LEGIBLY**

Student Name	Start Date	Completion Date
*Student Social Security (see Footnote)	Training Program ID #	Clinical Site Name
Instructor Name	Title	Instructor Initials
Instructor Signature		

Clinical Date																				
Clinical Hours																				

S = Satisfactory U = Unsatisfactory

NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED	S / U	COMMENTS	DATE PERFORMED	LICENSED NURSE INITIALS
<b>MODULE 2: Resident's Rights (1 Clinical Hour)</b>				
1) Knock on door before entering				
2) Pull privacy curtains during personal care				
3) Keep patient information confidential				
4) Treat patient with respect and dignity				
5) Encourage patient to make choices				
6) Explain procedures to patient				
<b>MODULES 4: Prevention and Management of Catastrophe and Environmental Emergencies (1 Clinical Hour)</b>				
1) Demonstrate fire/disaster procedures				
2) Handles oxygen safely				
3) Use of fire extinguisher				

**INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT**

\*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.







Student Name		Instructor Signature			Date
<b>NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED</b>		<b>S / U</b>	<b>COMMENTS</b>	<b>DATE PERFORMED</b>	<b>LICENSED NURSE INITIALS</b>
<b>MODULE 8: Patient Care Skills (40 Clinical Hours) Cont'd</b>					
8) Nail care					
9) Comb patient's hair					
10) Shampoo bedridden resident					
11) Shampoo with shower or tub bath					
12) Use of Medicinal shampoo					
13) Shave patient with razor and electric shaver					
14) Dress and undress patient					
15) Change clothes of patient with IV					
16) Assist with use of urinal					
17) Assist with use of the bedpan					
18) Assist to toilet or bedside commode					
19) Bladder retraining					
20) Bowel retraining					
21) Perineal care					
22) Care and use of artificial limbs					
23) Use and application of splints					
24) Apply and remove behind-the-ear hearing aid					
25) Measure height of patient in bed					
26) Weigh patient in bed					
27) Measure and weigh patient using upright scale					
<b>MODULE 9: Resident Care Procedures (20 Clinical Hours)</b>					
1) Collect and identify specimens;					
<input type="checkbox"/> Sputum					
<input type="checkbox"/> Urine: clean catch					
<input type="checkbox"/> Stool					
2) Make occupied bed					
3) Make unoccupied bed					
4) Administer commercially prepared cleansing enema					





# **Merced College**

## **Nurse Assistant Training Program**

### **Grounds for Dismissal**

#### **I. Clinical Practice**

Students enrolled in clinical training portions of the Nurse Assistant program are expected to perform in a manner that insures the safety of clients and personnel in the clinical agencies. Safety is defined as meeting the objectives of a course by the times designated for each objective and to the degree of mastery designated.

A student will be dropped from the class due to demonstration of unsafe behaviors related to the objectives of the course in which the student is currently enrolled.

##### **A. Examples of unsafe practice include**

1. Error not reported immediately to the clinical instructor and charge nurse.
2. Failure to perform clinical skills appropriate to their level of training.
3. Any student behavior that presents a threat to patient safety and well-being.
4. Attempting to administer patient care beyond their level of training.
5. Untruthfulness, either verbal or written (reporting and/or recording), concerning patient care.

##### **B. Drug Use**

1. Giving any medication to a patient.
2. Proof of illegal use and/or sale of controlled drugs.
3. Failure to inform clinical instructor and/or Director of use of prescribed medications which could alter student's behavior.

#### **II. General Grounds**

A. Failure to maintain a final grade of "C" in the nursing class.

B. Unsatisfactory attendance.

C. Failure to meet course requirements for the class.

##### **D. Cheating**

1. A student may be cheating if they obtain from, or give to another student, any information during an examination.
2. The student has prepared, prior to the exam, information which they then use or has available for use during the exam, without the instructor's permission.
3. A student changes the answers on their exam after the exam has been returned and then asks the instructor to re-grade the exam.
4. A student may be cheating on a term paper or other assignment if they plagiarize a book, article, or another student's paper.

E. Violation of any of the college rules and regulations or violating the California Education Code.

### III. Evaluation

The nursing faculty will evaluate student progress on a periodic basis to determine whether or not the student meets standards, needs assistance, or should be eliminated from the program. These written evaluations are discussed with the student who then has an opportunity to respond in writing.

#### A. Classroom or theory standards include:

1. Final grade of "C" in nursing course.
2. Completion of required written reports.
3. Attendance at all class meetings unless ill or excused by instructor.
4. Class participation.

#### B. Clinical standards include

1. Safe application of nursing care to patients, under the supervision of the nursing faculty.
2. Working with the health team in a safe, ethical, cooperative manner.
3. Consideration for the patient's family.
4. Accurate observation and reporting of the patient's condition.
5. Final grade of "pass" in clinical course.





Book	Administrative Procedures
Section	5000 - Student Services
Title	Academic Honesty Procedure
Code	5540
Status	Active
Adopted	November 5, 2002

Academic dishonesty is a violation of the Student Code of Conduct and is handled by the Vice-President of Student Personnel.

Merced College has the responsibility to ensure that grades assigned are indicative of the knowledge and skill level of each student. Acts of academic dishonesty make it impossible to fulfill this responsibility, and they weaken our society. Faculty, students, administrators, and classified professionals share responsibility for ensuring academic honesty in our college community and will make a concerted effort to fulfill the following responsibilities.

#### FACULTY RESPONSIBILITIES

Faculty have a responsibility to encourage academic honesty in their classrooms. In the absence of academic honesty, it is impossible to assign accurate grades and to ensure that honest students are not at a competitive disadvantage. Faculty members are encouraged to do the following:

1. Explain the meaning of academic honesty to their students.
2. Include information about academic honesty in their course syllabi.
3. Conduct their classes in a way that discourages cheating, plagiarism and other dishonest conduct.
4. Confront students suspected of academic dishonesty and take appropriate disciplinary action in a timely manner (see "Procedures for Dealing with Violations of Academic Honesty" which follow.)

#### STUDENT RESPONSIBILITIES

Students share the responsibility for maintaining academic honesty. Students are expected to do the following:

1. Refrain from acts of academic dishonesty.
2. Refuse to aid or abet any form of academic dishonesty.

#### ADMINISTRATIVE RESPONSIBILITIES

1. Disseminate the academic honesty policy and the philosophical principles upon which it is based to faculty, students, and staff.
2. Provide facilities, class enrollments, and/or support personnel which make it practical for faculty and students to discourage cheating, plagiarism and other dishonest conduct.
3. Provide appropriate software and technology to identify students who have borrowed or downloaded essays and have claimed them as their own.
4. Support faculty and students in their efforts to maintain academic honesty.

#### CLASSIFIED PROFESSIONALS RESPONSIBILITIES

1. Support faculty, students, and administration in their efforts to make cheating, plagiarism and other dishonest conduct nearly impossible.
2. Notify instructors and/or appropriate administrators about observed incidents of academic dishonesty.

#### **EXAMPLES OF VIOLATIONS OF ACADEMIC HONESTY**

Academic dishonesty includes cheating, plagiarism, collusion, misuse of college computers and software, and other dishonest conduct as outlined below. It is not limited to the following examples:

#### CHEATING

1. Obtaining information from another student during an examination.
2. Communicating information to another student during an examination.
3. Knowingly allowing another student to copy one's work.
4. Offering another person's work as one's own. This would include downloading essays from the Internet or using another student's work from a disk.

## CHEATING

1. Obtaining information from another student during an examination.
2. Communicating information to another student during an examination.
3. Knowingly allowing another student to copy one's work.
4. Offering another person's work as one's own. This would include downloading essays from the Internet or using another student's work from a disk.
5. Taking an examination for another student or having someone take an examination for oneself.
6. Sharing answers for a take-home examination unless specifically authorized by the instructor.
7. Using unauthorized materials (such as notes or "cheat sheets") or unauthorized equipment (such as dictionaries or calculators) during an examination.
8. Altering a graded examination or assignment and returning it for additional credit.
9. Having another person or a company do the research and/or writing of an assigned paper or report.
10. Misreporting or altering the data in laboratory or research projects.

## PLAGIARISM

1. Purposefully presenting as one's own the ideas, words, or creative product of another.
2. Carelessly or through lack of knowledge presenting as one's own the ideas, words, or creative product of another.
3. Purposely failing to credit the source for direct quotations, paraphrases, ideas, and facts which are not common knowledge.
4. Failing to credit the source for direct quotations, paraphrases, ideas, and facts which are not common knowledge through carelessness or lack of knowledge.
5. Changing only slightly the wording of another.
6. Using another person's catchy word or phrase.
7. Paraphrasing without using proper citations.
8. Copying word-for-word.

## COLLUSION

1. Knowingly or intentionally helping another student perform an act of academic dishonesty.

## MISUSE OF COLLEGE COMPUTERS AND SOFTWARE

1. Unauthorized use of computer accounts.
2. Unauthorized copying of programs or data belonging to others.
3. Making, acquiring, or using unauthorized software on college equipment.
4. Using college computers to play computer games when other users need the resources.
5. Attempting to crash the system.
6. Removing licensed software from offices, classrooms, labs, and the library.
7. Using the computers or telecommunications systems in a way that interferes with the use of those systems by others.
8. Using the computers or telecommunications systems for personal or for-profit ventures.

## OTHER DISHONEST CONDUCT

1. Stealing or attempting to steal an examination or answer key.
2. Stealing or attempting to change official academic records.
3. Forging or altering grade change cards.
4. Intentionally impairing the performance of other students' laboratory samples or reagents, by altering musical or athletic equipment, or by creating a distraction meant to impair performance.
5. Forging or altering attendance records.
6. Supplying the college with false information.

## **PROCEDURES FOR DEALING WITH VIOLATIONS OF ACADEMIC HONESTY**

### ACTION BY THE INSTRUCTOR

1. An instructor who has evidence that an act of academic dishonesty has occurred shall notify the student of such evidence by speaking with the student or notifying the student in writing.
2. AFTER notifying the students and giving him or her the chance to respond, the instructor may take one or more of the following disciplinary actions:
  - a. Issue an oral reprimand and/or give the student an "F" grade, zero points, or a reduced number of points on all or part of a particular paper, project, or examination (for example, in first cases where there is reasonable doubt that the student knew that the action violated the standards of academic honesty.) No report form is necessary.

b. Give the student an "F" grade, zero points, or a reduced number of points on all or part of a particular paper, project, or examination. A written memo of this action (Use "Academic Dishonesty Report" Form) is to be sent to the Vice-President of Student Personnel and a copy to the Vice-President of Instruction.

c. Assign an "F" to the student for the course in cases where the dishonesty is more serious, premeditated, or a repeat offense. A written memo (Use "Academic Dishonesty Report" Form) must be completed by the instructor and sent to the Vice-President of Student Personnel and a copy to the Vice-President of Instruction.\*

\*NOTE: A grade of "F" assigned to a student for academic dishonesty will not be final if the student chooses to drop the course before the 14th week of the semester. In that case, the student would receive a "W" grade on his transcript.

#### ACTION BY THE ADMINISTRATION

1. Upon receipt of the first Academic Dishonesty Report Form concerning a student the Vice-President of Student Personnel shall send a letter of reprimand to the student which will inform the student that

- Academic dishonesty is grounds for academic disciplinary probation for the remainder of his or her career at Merced College.
- Another incident of academic dishonesty reported by any instructor shall result in a hearing by the Student Discipline Committee and may result in a one-year suspension from the college.
- The student may make an appointment with the Vice-President of Student Personnel to discuss the incident and its ramifications.

2. Upon receipt of a second Academic Dishonesty Report Form concerning a student, the Vice-President of Student Personnel shall immediately refer the student to the Student Discipline Committee. If the Committee finds the charges to be valid, the Committee will suspend the student for one calendar year (two full semesters and one summer session).

3. For more serious incidents of academic dishonesty, the Vice-President of Student Personnel will meet with the student and immediately take appropriate disciplinary action or refer the student to the Student Discipline Committee. Offenses warranting suspension on the first offense include, but are not limited to, the following:

- Taking an examination for another student or having someone take an examination for oneself.
- Altering a graded examination or assignment and returning it for additional credit.
- Having another student or a company do the research and/or writing of an assigned paper or report.
- Stealing or attempting to steal an examination or answer key.
- Stealing or attempting to change official academic records.
- Forging or altering grades.

4. If, after a student returns from a suspension for Academic Dishonesty, the Vice-President of Student Personnel receives yet another Academic Dishonesty Report Form, the Vice-President of Student Personnel shall recommend to the Merced College Superintendent/President that the student be expelled from the District.

NOTE: Disciplinary actions which are taken by the Vice-President of Student Personnel or the Student Discipline Committee and which are based on alleged cheating may be appealed as specified in the Student Grievance Policy.

(This Academic Honesty Procedure has been adapted from the Academic Honesty Policy of Golden West College with permission.)

Adopted 11/05/02

# **Merced College**

## **Nurse Assistant Training Program**

### **Grievance Policy**

#### **Policy**

It is the policy of the Merced College Nurse Assistant Program and Merced College that students have the right to grieve or appeal any official action or incident which, in the judgment of the affected student, is unfair or precludes their full realization of equal education opportunities.

For the NATP, students are encouraged to discuss the issue with the RN Program Director before beginning the official Grievance Process at Merced College.

#### **Procedure**

In cases of action such as a student's dismissal from a course, program or the college, an appeal can be initiated according to a specific appeal channel. If the student desires, they can meet with the RN Program Director to appeal an instructor's decision. If the student so desires, they may also meet with the Dean of Allied Health.

A student desiring to exercise their right to appeal an action taken against the student by a college official is directed to the Vice President of Student Services for advice regarding the proper procedure to be followed.

In cases of incidents such as alleged discrimination, harassment, or deprivation of student rights, a grievance can be initiated through the affirmative action grievance channel. A student desiring to exercise their right to grieve such an incident is directed to consult with the College Affirmative Action Coordinator for advice regarding the proper procedure to be followed.

Merced College Board Policies:

- Administrative Procedure 5500—Standards of Conduct
- Administrative Procedure 5520—Student Discipline Procedures
- Administrative Procedure 5530—Student Rights and Grievances
- Administrative Procedure 5540—Academic Honesty Procedure



Book	Administrative Procedures
Section	5000 - Student Services
Title	Student Rights and Grievances
Code	5530
Status	Active
Adopted	January 8, 2008
Last Revised	October 13, 2015

When a student feels subjected to unfair action or denied rights as stipulated in published College regulations, policies, or procedures, redress can be sought according to the grievance procedure.

A grievance action may be initiated by the student against any District employee or a fellow student. A grievance may include:

1. Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment).
2. One or more acts of, or perceived threat of, harassment or aggression (not including harassment on a protected basis such as sex, race, or disability).
3. Improper or unwarranted imposition of discipline.
4. Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

The following are **not** grounds for use of the student grievance procedure:

1. Complaints of discrimination, including harassment, on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, described in College rules and regulations, which shall be resolved by the Office of Human Resources or the appropriate district officer or agency. These complaints shall follow the process and time line identified in the Policy and Procedures for Complaints of Unlawful Discrimination, Administrative Procedure 3430.
2. Student concerns regarding the awarding of grades (except as a result of actions described above as grounds for student grievance), which generally shall be resolved through the Office of Instruction. Complaints of discrimination, including harassment, regarding the awarding of grades shall be resolved under the Policy and Procedures for Complaints of Unlawful Discrimination. *See Board Policy and Administrative Procedure 4231 for more information regarding grade changes.*
3. Local, state, and federal law violations which should be resolved through the appropriate legal action. Campus Police can be contacted for violations that need immediate action.

Allegations of sexual discrimination, including sexual harassment, are to be referred to the Title IX Coordinator who is the District officer responsible for investigation. Allegations of discrimination based on disability are to be referred to the Section 504/ADA Coordinator who is the District officer responsible for investigation. Individuals may also contact and/or file a complaint with:

For issues related to sex, race, disability, or age discrimination:

The Office for Civil Rights, U.S. Department of Education

50 Beale Street, Suite 7200, San Francisco, CA 94105

1-415-486-5555 (voice); 1-415-227-8124 (TTY)

- For issues related to disability:  
The U.S. Department of Justice, Civil Rights Division,  
Disability Rights section, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530  
Telephone: 1-202-514-0301 (voice) or 1-202-514-0383 (TTY)
- For employment issues:  
The U.S. Equal Employment Opportunity Commission,  
Communications, 1801 L Street N.W., Washington, D.C. 20507  
Telephone: 1-800-669-EEOC (voice); 1-800-669-6282 (TTY)
- For accreditation issues:  
The Accrediting Commission for Community and Junior Colleges  
Western Association of Schools and Colleges  
10 Commercial Boulevard, Suite 204  
Novato, CA 94949  
Telephone: 415-506-0234 ~ Fax: 415-506-0238 ~ Email: accjc@accjc.org

#### OVERVIEW

There are two phases to the Student Grievance Procedure:

1. Informal Resolution
2. Formal Grievance

#### 1. Informal Resolution

**Every attempt should be made to resolve the issue at this level.**

There are several ways a student can attempt to resolve a complaint, dispute, or disagreement with a faculty/staff member/other student in an informal manner.

The steps below outline in detail the informal resolution process that a **student must follow before filing a formal grievance**. It is expected that in good faith all parties involved will try and resolve the issue at this level.

- (1) The student should attempt to solve his or her complaint, dispute or disagreement by meeting with the faculty/staff member/other student.
- (2) If this is unsuccessful, the student then should meet with the faculty or staff member's supervisor or dean. If the grievance involves another student, contact should be made with the Dean of Student Services.
- (3) At this point during the informal resolution process, any party involved may request the Dean of Student Services to appoint a mediator to assist in resolving the complaint, dispute or disagreement. Mediators are Merced College faculty and/or staff who have been trained in mediation skills. They serve in a neutral role. The mediator shall schedule and facilitate meetings between the parties involved.
- (4) If the student and faculty/staff member/other student are unable to resolve the issue, the student may initiate a formal grievance.

#### 2. Formal Grievance



There are four phases to the Formal Grievance Procedure:

1. Review by Dean of Student Services
2. Consideration by Grievance Hearing Committee
3. Grievance Hearing Committee Decision and Recommendation
4. The College Superintendent/President's Decision

#### **1. Review by the Dean of Student Services**

Not all disputes and disagreements between students and faculty/staff member are grievable. Before a student is granted a formal grievance review, he/she shall submit a *Student Petition for Grievance Review and/or Hearing* to the Dean of Student Services, who will review the petition to determine if a grievable act has occurred in accordance with the Administrative Procedure.

In order for the grievance to proceed to a Grievance Hearing Committee, the Dean must find that the grievance alleges that an instructor, an administrator, a member of the classified professionals, or a fellow student committed one or more of the following acts:

- Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment).
- One or more acts of harassment or aggression, or a perceived threat of same (not including harassment on a protected basis such as sex, race, or disability).
- Improper or unwarranted imposition of discipline.
- Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

**Note: The faculty/staff member/other student being grieved against will be informed in writing of the Statement of Grievance and may supply a one-page rebuttal, plus supporting documentation or additional information. The rebuttal and five (5) copies must reach the Dean of Student Services the day before the scheduled determination.**

If the Dean finds that the grievance alleges an act *other* than the above, the following may occur:

1. The request for a grievance hearing may be rejected because the grievance does not allege a grievable act as defined by the Administrative Procedure.
2. The student may be asked to revise the Statement of Student Grievance to restate the facts to identify a grievable act as defined by the Administrative Procedure.

If the grievance is rejected:

If the grievance is rejected by the Dean of Student Services, the student may appeal in writing to the Vice President of Student Services, who will review the appeal within ten (10) instructional days and will seek the advice of representatives of the Academic Senate and Associated Students of Merced College. No further appeals are possible.

If the grievance is approved:

If the Dean of Student Services finds that the grievance alleges a grievable act as defined by the Administrative Procedure, the Dean will forward the grievance to the Vice President of Student Services.

If the grievance must be revised:

If the student is requested to revise the Statement of Grievance by the Dean of Student Services, he or she must refile with the Dean of Student Services within ten (10) instructional days of receipt of the request. The student should note that this is a revision at the top of the Statement of Grievance form. The Dean of Student Services then will either reject the request for a grievance review or forward the revised grievance to the Vice President of Student Services.

If a student wishes to proceed with the Grievance Hearing, the office of the Vice President of Student Services will arrange for the hearing to commence within twenty (20) regular semester instructional days of the decision of the Grievance Hearing Committee. NOTE: For the purposes of this procedure, regular semester instruction days are considered instruction days during fall and spring semesters.

#### **2. Consideration by Grievance Hearing Committee**

If the student's Statement of Grievance is granted a Consideration by Grievance Hearing Committee, the Consideration will proceed as follows:

- (a) Each party to the grievance will be permitted to submit a written brief setting forth his or her position as to the outstanding issues relating to the grievance.
- (b) Each party to the grievance may submit written statements by relevant witnesses supported by affidavits if such statements tend to prove or disprove any of the outstanding issues relating to the grievance. A copy of each written statement will be forwarded to each party to the grievance. A witness statement form is included in the grievance packet.
- (c) The burden shall be on the person filing the grievance to prove by a preponderance of the evidence (i.e. more likely than not) that the facts alleged are true and that his or her grievance should be sustained.
- (d) Each party to the grievance shall represent him or herself and shall also have the right to be represented by a person of their choice. The Committee may request that legal counsel advise the Committee as to procedural and legal matters related to the review, but no legal counsel shall be a member of the Committee nor be permitted to sit with the Committee during deliberations.
- (e) A copy of all evidence submitted by each party of the grievance shall be maintained. The deliberations of the Committee shall be recorded. All evidence and tapes will be kept in the College Superintendent/President's Office or other location designated by the College Superintendent/President.

The Committee shall review the evidence submitted. The Committee, at its discretion, may interview any member of the College community, including the parties involved in the dispute, in order to reach a decision in this matter. Once the Committee has completed its review and fact-finding activities, it shall issue a decision in the case.

#### **3. The Hearing Committee Decision and Recommendation**

The Committee shall reach a decision and make a recommendation based upon only the evidence submitted by the parties to the grievance, and within the parameters set forth by this Administrative Procedure. Within twenty (20) regular semester instructional days following the conclusion of the review, the Committee shall prepare a written Proposed Decision and Recommendation, which it shall submit to the College Superintendent/President with copies to the parties. The Proposed Decision shall contain specific findings on each issue of the grievance, together with the Committee's recommendation for resolving the matter.

#### **4. The College Superintendent/President's Decision**

Within ten (10) regular semester instructional days following the Committee's submission of its Proposed Decision and Recommendation to the College Superintendent/President, the parties shall be allowed to submit written objections to the Committee's decision. During this time, the parties to the grievance may review any evidence submitted to the Committee. After consideration of any objections filed, the College Superintendent/President may accept or reject the findings and recommendations of the Committee. However, the College Superintendent/President shall not reject or make substantial modifications to the Committee's decision without review of the record and consultation with the Committee. The decision of the College Superintendent/President shall be final for purposes of these procedures.

### **Appendix**

#### **1. Grievance Hearing Committee composition**

1. Two students selected by the Vice President of Student Services from a list of not less than five (5) names submitted by the ASMC President with the approval of the ASMC Executive Board.
2. Two faculty members selected by the Vice President of Student Services from a list of not less than five (5) names submitted by the Academic Senate. If the complaint is against a classified employee, two classified employees will be appointed to the panel in lieu of faculty members.
3. A member of the college administrative staff selected by the Vice President of Student Services.
4. No member may serve as a member of the Committee if that person has been directly involved in any matter giving rise to the grievance, made any statement indicating bias in the matter, or otherwise could not act in a neutral manner. The Vice President of Student Services is responsible for removing a member from the committee if either party of the dispute challenges a member for bias and if bias is determined by the Vice President. The Vice President of Student Services must receive any challenges by the parties involved in the grievance to the make-up of the committee in writing at least two (2) instructional days before the scheduled hearing.

#### **2. Multiple Complaints**

When there are like complaints against one individual, students may request that the complaint be heard at one hearing. If the Vice President of Student Services notices like complaints against one faculty/staff member, he/she shall ask students if they wish their complaint to be heard as a group.

**Merced College  
Student Petition for  
Grievance Review and/or Hearing**

Name of \_\_\_\_\_  
Petitioner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Received \_\_\_\_\_

Date of Grievable  
Act \_\_\_\_\_  
OR  
Reasonable knowledge that grievable act has  
occurred.  
Date \_\_\_\_\_  
(Must be within twenty (20) instructional days of grievable  
act.)

**Statement of Grievance**

A grievance action may be initiated by the student against any District employee or a fellow student. Please select which of the following is the basis for your grievance:

- Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment).
- One or more acts of, or perceived threat of, harassment or aggression (not including harassment on a protected basis such as sex, race, or disability).
- Improper or unwarranted imposition of discipline.
- Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

Please complete **only** if you have made revisions to the petition or attached information:

**INITIAL** \_\_\_\_\_ **REVISED (Date):** \_\_\_\_\_

Specific basis for grievance (Add additional information on an attached sheet. Be as concise as possible.)

Specific relief requested:

Witness Statements: Please attach witness statement forms if appropriate.

Please complete **only** if you have made revisions to the petition or attached information:

**INITIAL** \_\_\_\_\_ **REVISED (Date):** \_\_\_\_\_

Witness Statements: Please attach witness statement forms if appropriate.

**Witness Statement Form**

*The witness statements are an important element of the grievance hearing process and will be considered carefully. Statements should be as accurate and concise as possible. The hearing panel may request additional information from a witness if needed.*

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*Statement: If preferred, attach a typed statement to this form.*

Adopted 10/13/15

## **ATTACHMENT F**

### **RESIDENT BILL OF RIGHTS**

**The State of California Department of Public Health (CDPH) has prepared this comprehensive Resident Bill of Rights for people who are receiving care in skilled nursing or intermediate care facilities.**

**If you have any questions about what the statements in this Resident Bill of Rights mean, you may look them up in the laws or regulations. The rights are found in state laws and regulations under California Health and Safety Code Section 1599; Title 22 of the California Code of Regulations, Section 72527 for Skilled Nursing Facilities, and Section 73523 for Intermediate Care Facilities; and Chapter 42 of the Code of Federal Regulations, Chapter IV, Part 483.10 et seq. The California Health and Safety Code is abbreviated as “HSC,” Title 22 of the California Code of Regulations is abbreviated as “22CCR,” and Title 42 of the Code of Federal Regulations is abbreviated as “42CFR.”**

**You may also contact the Office of the State Long-Term Care Ombudsman at 1-800-231- 4024, or the local District Office of the CDPH Licensing and Certification Division \_\_\_\_\_ if you have any questions about the meaning of these rights.**

## RESIDENT BILL OF RIGHTS

### California Code of Regulations Title 22

#### Section 72527. Skilled Nursing Facilities

(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:

- (1) To be fully informed, as evidenced by the patient's written acknowledgement prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct.
- (2) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate or not covered under Titles XVIII or XIX of the Social Security Act.
- (3) To be fully informed by a physician of his or her total health status and to be afforded the opportunity to participate on an immediate and ongoing basis in the total plan of care including the identification of medical, nursing and psychosocial needs and the planning of related services.
- (4) To consent to or to refuse any treatment or procedure or participation in experimental research.
- (5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 72528(b) .
- (6) To be transferred or discharged only for medical reasons, or the patient's welfare or that of other patients or for nonpayment for his or her stay and to be given reasonable advance notice to ensure orderly transfer or discharge. Such actions shall be documented in the patient's health record.
- (7) To be encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end to voice grievances and

recommend changes in policies and services to facility staff and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal.

- (8) To be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.
- (9) To manage personal financial affairs, or to be given at least a quarterly accounting of financial transactions made on the patient's behalf should the facility accept written delegation of this responsibility subject to the provisions of Section 72529.
- (10) To be free from mental and physical abuse.
- (11) To be assured confidential treatment of financial and health records and to approve or refuse their release, except as authorized by law.
- (12) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.
- (13) Not to be required to perform services for the facility that are not included for therapeutic purposes in the patient's plan of care.
- (14) To associate and communicate privately with persons of the patient's choice, and to send and receive personal mail unopened.
- (15) To meet with others and participate in activities of social, religious and community groups.
- (16) To retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the health, safety or rights of the patient or other patients.
- (17) If married or registered as a domestic partner, to be assured privacy for visits by the patient's spouse or registered domestic partner and if both are patients in the facility, to be permitted to share a room.
- (18) To have daily visiting hours established.
- (19) To have visits from members of the clergy at any time at the request of the patient or the patient's representative.
- (20) To have visits from persons of the patient's choosing at any time if the patient is critically ill, unless medically contraindicated.



- (21) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.
  - (22) To have reasonable access to telephones and to make and receive confidential calls.
  - (23) To be free from any requirement to purchase drugs or rent or purchase medical supplies or equipment from any particular source in accordance with the provisions of Section 1320 of the Health and Safety Code.
  - (24) To be free from psychotherapeutic drugs and physical restraints used for the purpose of patient discipline or staff convenience and to be free from psychotherapeutic drugs used as a chemical restraint as defined in Section 72018, except in an emergency which threatens to bring immediate injury to the patient or others. If a chemical restraint is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the patient and used only for a specified and limited period of time.
  - (25) Other rights as specified in Health and Safety Code, Section 1599.1.
  - (26) Other rights as specified in Welfare and Institutions Code, Sections 5325 and 5325.1, for persons admitted for psychiatric evaluations or treatment.
  - (27) Other rights as specified in Welfare and Institutions Code Sections 4502, 4503 and 4505 for patients who are developmentally disabled as defined in Section 4512 of the Welfare and Institutions Code.
- (b) A patient's rights, as set forth above, may only be denied or limited if such denial or limitation is otherwise authorized by law. Reasons for denial or limitation of such rights shall be documented in the patient's health record.
- (c) If a patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by a court in accordance with state law or by the patient's physician unless the physician's determination is disputed by the patient or patient's representative.
- (d) Persons who may act as the patient's representative include a conservator, as authorized by Parts 3 and 4 of Division 4 of the Probate Code (commencing with Section 1800), a person designated as attorney in fact in the patient's valid Durable Power of Attorney for Health Care, patient's next of kin, other appropriate surrogate decisionmaker designated consistent with statutory and case law, a person appointed by a court authorizing treatment pursuant to Part 7 (commencing with Section 3200) of

Division 4 of the Probate Code, or, if the patient is a minor, a person lawfully authorized to represent the minor.

(e) Patients' rights policies and procedures established under this section concerning consent, informed consent and refusal of treatments or procedures shall include, but not be limited to the following:

- (1) How the facility will verify that informed consent was obtained or a treatment or procedure was refused pertaining to the administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability of the patient to regain the use of a normal bodily function.
- (2) How the facility, in consultation with the patient's physician, will identify consistent with current statutory case law, who may serve as a patient's representative when an incapacitated patient has no conservator or attorney in fact under a valid Durable Power of Attorney for Health Care.

### **Section 73523. Intermediate Care Facilities**

(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:

- (1) To be fully informed, as evidenced by the patient's written acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct.
- (2) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facilities' basic per diem rate or not covered under Title XVIII or XIX of the Social Security Act.
- (3) To be fully informed by a physician of his or her total health status and to be afforded the opportunity to participate on an immediate and ongoing basis in the total plan of care including the identification of medical, nursing, and psychosocial needs and the planning of related services.
- (4) To consent to or to refuse any treatment or procedure or participation in experimental research.
- (5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic

drugs or physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 73524(c).

- (6) To be transferred or discharged only for medical reasons, or the patient's welfare or that of other patients or for nonpayment for his or her stay and to be given reasonable advance notice to ensure orderly transfer or discharge. Such actions shall be documented in the patient's health record.
- (7) To be encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end to voice grievances and recommend changes in policies and services to facility staff and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal.
- (8) To manage personal financial affairs, or to be given at least a quarterly accounting of financial transactions made on the patient's behalf should the facility accept his or her written delegation of this responsibility subject to the provisions of Section 73557.
- (9) To be free from mental and physical abuse.
- (10) To be assured confidential treatment of financial and health records and to approve or refuse their release, except as authorized by law.
- (11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs.
- (12) To be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.
- (13) Not to be required to perform services for the facility that are not included for therapeutic purposes in the patient's plan of care.
- (14) To associate and communicate privately with persons of the patient's choice, and to send and receive his or her personal mail unopened.
- (15) To meet with and participate in activities of social, religious and community groups at the patient's discretion.
- (16) To retain and use his or her personal clothing and possessions as space permits, unless to do so would infringe upon the health, safety or rights of the patient or other patients.

- (17) If married or registered as a domestic partner, to be assured privacy for visits by the patient's spouse or registered domestic partner and if both are patients in the facility, to be permitted to share a room.
  - (18) To have daily visiting hours established.
  - (19) To have visits from members of the clergy at the request of the patient or the patient's representative.
  - (20) To have visits from persons of the patient's choosing at any time if the patient is critically ill, unless medically contraindicated.
  - (21) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.
  - (22) To have reasonable access to telephones both to make and receive confidential calls.
  - (23) To be free from any requirement to purchase drugs or rent or purchase medical supplies or equipment from any particular source in accordance with the provisions of Section 1320 of the Health and Safety Code.
  - (24) To be free from psychotherapeutic and/or physical restraints used for the purpose of patient discipline or staff convenience and to be free from psychotherapeutic drugs used as a chemical restraint as defined in Section 73012, except in an emergency which threatens to bring immediate injury to the patient or others. If a chemical restraint is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the patient and used only for a specified and limited period of time.
  - (25) Other rights as specified in Health and Safety Code Section 1599.1.
  - (26) Other rights as specified in Welfare and Institutions Code Sections 5325 and 5325.1 for persons admitted for psychiatric evaluations or treatment.
  - (27) Other rights as specified in Welfare and Institutions Code, Sections 4502, 4503 and 4505 for patients who are developmentally disabled as defined in Section 4512 of the Welfare and Institutions Code.
- (b) A patient's rights as set forth above may only be denied or limited if such denial or limitation is otherwise authorized by law. Reasons for denial or limitation of such rights shall be documented in the patient's health record.
- (c) If a patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights

specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by a court in accordance with state law or by the patient's licensed healthcare practitioner acting within the scope of his or her professional licensure unless the determination of the licensed healthcare practitioner acting within the scope of his or her professional licensure is disputed by the patient or patient's representative.

(d) Persons who may act as the patient's representative include a conservator, as authorized by Parts 3 and 4 of Division 4 of the Probate Code (commencing with Section 1800), a person designated as attorney in fact in the patient's valid Durable Power of Attorney for Health Care, patient's next of kin, other appropriate surrogate decisionmaker, designated consistent with statutory and case law, a person appointed by a court authorizing treatment pursuant to Part 7 (commencing with Section 3200) of Division 4 of the Probate Code, or, if the patient is a minor, informed consent must be obtained from a person lawfully authorized to represent the minor.

(e) Patients' rights policies and procedures established under this section concerning consent, informed consent and refusal of treatments or procedures shall include, but not be limited to the following:

- (1) How the facility will verify that informed consent was obtained pertaining to the administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability of the patient to regain the use of a normal bodily function.
- (2) How the facility, in consultation with the patient's licensed healthcare practitioner acting within the scope of his or her professional licensure, will identify, consistent with current statutory and case law, who may serve as a patient's representative when an incapacitated patient has no conservator or attorney in fact under a valid Durable Power of Attorney for Health Care.

## **California Health & Safety Code Section 1599**

### **1599.1. Written policies; rights of patients and facility obligations**

Written policies regarding the rights of patients shall be established and shall be made available to the patient, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. Those policies and procedures shall ensure that each patient admitted to the facility has the following rights and is notified of the following facility obligations, in addition to those specified by regulation:

- (a) The facility shall employ an adequate number of qualified personnel to carry out all of the functions of the facility.



- (b) Each patient shall show evidence of good personal hygiene, be given care to prevent bedsores, and measures shall be used to prevent and reduce incontinence for each patient.
- (c) The facility shall provide food of the quality and quantity to meet the patients' needs in accordance with physicians' orders.
- (d) The facility shall provide an activity program staffed and equipped to meet the needs and interests of each patient and to encourage self-care and resumption of normal activities. Patients shall be encouraged to participate in activities suited to their individual needs.
- (e) The facility shall be clean, sanitary, and in good repair at all times.
- (f) A nurses' call system shall be maintained in operating order in all nursing units and provide visible and audible signal communication between nursing personnel and patients. Extension cords to each patient's bed shall be readily accessible to patients at all times.
- (g)(1) If a facility has a significant beneficial interest in an ancillary health service provider or if a facility knows that an ancillary health service provider has a significant beneficial interest in the facility, as provided by subdivision (a) of Section 1323 (see below), or if the facility has a significant beneficial interest in another facility, as provided by subdivision (c) of Section 1323 (see below), the facility shall disclose that interest in writing to the patient, or his or her representative, and advise the patient, or his or her representative, that the patient may choose to have another ancillary health service provider, or facility, as the case may be, provide any supplies or services ordered by a member of the medical staff of the facility.  
  
(2) A facility is not required to make any disclosures required by this subdivision to any patient, or his or her representative, if the patient is enrolled in an organization or entity which provides or arranges for the provision of health care services in exchange for a prepaid capitation payment or premium.
- (h)(1) If a resident of a long-term health care facility has been hospitalized in an acute care hospital and asserts his or her rights to readmission pursuant to bed hold provisions or readmission rights of either state or federal law and the facility refuses to readmit him or her, the resident may appeal the facility's refusal.  
  
(2) The refusal of the facility as described in this subdivision shall be treated as if it were an involuntary transfer under federal law and the rights and procedures that apply to appeals of transfers and discharges of nursing facility residents shall apply to the resident's appeal under this subdivision.

(3) If the resident appeals pursuant to this subdivision, and the resident is eligible under the Medi-Cal program, the resident shall remain in the hospital and the hospital may be reimbursed at the administrative day rate, pending the final determination of the hearing officer, unless the resident agrees to placement in another facility.

(4) If the resident appeals pursuant to this subdivision, and the resident is not eligible under the Medi-Cal program, the resident shall remain in the hospital if other payment is available, pending the final determination of the hearing officer, unless the resident agrees to placement in another facility.

(5) If the resident is not eligible for participation in the Medi-Cal program and has no other source of payment, the hearing and final determination shall be made within 48 hours.

(i) Effective July 1, 2007, Sections 483.10, 483.12, 483.13, and 483.15 of Title 42 of the Code of Federal Regulations in effect on July 1, 2006, shall apply to each skilled nursing facility and intermediate care facility, regardless of a resident's payment source or the Medi-Cal or Medicare certification status of the skilled nursing facility or intermediate care facility in which the resident resides, except that a noncertified facility is not obligated to provide notice of Medicaid or Medicare benefits, covered services, or eligibility procedures.

#### **1599.2. Preamble or preliminary statement; form**

Written information informing patients of their rights shall include a preamble or preliminary statement in substantial form as follows:

(a) Further facility requirements are set forth in the Health and Safety Code, and in Title 22 of the California Administrative Code [California Code of Regulations].

(b) Willful or repeated violations of either code may subject a facility and its personnel to civil or criminal proceedings.

(c) Patients have the right to voice grievances to facility personnel free from reprisal and can submit complaints to the State [Department of Public Health] or its representative.

#### **1599.3. Representative of patient; devolution of rights**

Any rights under this chapter of a patient judicially determined to be incompetent, or who is found by his physician to be medically incapable of understanding such information, or who exhibits a communication barrier, shall devolve to such patient's

guardian, conservator, next of kin, sponsoring agency, or representative payer, except when the facility itself is the representative payer.

#### **1599.4. Construction and application of chapter**

In no event shall this chapter be construed or applied in a manner which imposes new or additional obligations or standards on skilled nursing or intermediate care facilities or their personnel, other than in regard to the notification and explanation of patient's rights or unreasonable costs.

#### **California Welfare and Institutions Code Sections 4502-4505, 4512**

4502. Persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other individuals by the United States Constitution and laws and the Constitution and laws of the State of California. No otherwise qualified person by reason of having a developmental disability shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds.

It is the intent of the Legislature that persons with developmental disabilities shall have rights including, but not limited to, the following:

- (a) A right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal lives possible. Such services shall protect the personal liberty of the individual and shall be provided with the least restrictive conditions necessary to achieve the purposes of the treatment, services, or supports.
- (b) A right to dignity, privacy, and humane care. To the maximum extent possible, treatment, services, and supports shall be provided in natural community settings.
- (c) A right to participate in an appropriate program of publicly supported education, regardless of degree of disability.
- (d) A right to prompt medical care and treatment.
- (e) A right to religious freedom and practice.
- (f) A right to social interaction and participation in community activities.
- (g) A right to physical exercise and recreational opportunities.

(h) A right to be free from harm, including unnecessary physical restraint, or isolation, excessive medication, abuse, or neglect.

(i) A right to be free from hazardous procedures.

(j) A right to make choices in their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way they spend their time, including education, employment, and leisure, the pursuit of their personal future, and program planning and implementation.

4502.1. The right of individuals with developmental disabilities to make choices in their own lives requires that all public or private agencies receiving state funds for the purpose of serving persons with developmental disabilities, including, but not limited to, regional centers, shall respect the choices made by consumers or, where appropriate, their parents, legal guardian, or conservator. Those public or private agencies shall provide consumers with opportunities to exercise decision-making skills in any aspect of day-to-day living and shall provide consumers with relevant information in an understandable form to aid the consumer in making his or her choice.

4503. Each person with developmental disabilities who has been admitted or committed to a state hospital, community care facility as defined in Section 1502 of the Health and Safety Code, or a health facility as defined in Section 1250 of the Health and Safety Code shall have the following rights, a list of which shall be prominently posted in English, Spanish, and other appropriate languages, in all facilities providing those services and otherwise brought to his or her attention by any additional means as the Director of Developmental Services may designate by regulation:

(a) To wear his or her own clothes, to keep and use his or her own personal possessions including his or her toilet articles, and to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.

(b) To have access to individual storage space for his or her private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls.

(e) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse electroconvulsive therapy.

(g) To refuse behavior modification techniques which cause pain or trauma.

(h) To refuse psychosurgery notwithstanding the provisions of Sections 5325, 5326, and 5326.3. Psychosurgery means those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery and all other forms of brain surgery if the surgery is performed for any of the following purposes:

- (1) Modification or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain.
- (2) Modification of normal brain function or normal brain tissue in order to control thoughts, feelings, action, or behavior.
- (3) Treatment of abnormal brain function or abnormal brain tissue in order to modify thoughts, feelings, actions, or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior.

(i) To make choices in areas including, but not limited to, his or her daily living routines, choice of companions, leisure and social activities, and program planning and implementation.

(j) Other rights, as specified by regulation.

4505. For the purposes of subdivisions (f) and (g) of Section 4503, if the patient is a minor age 15 years or over, the right to refuse may be exercised either by the minor or his parent, guardian, conservator, or other person entitled to his custody.

If the patient or his parent, guardian, conservator, or other person responsible for his custody do not refuse the forms of treatment or behavior modification described in subdivisions (f) and (g) of Section 4503, such treatment and behavior modification may be provided only after review and approval by a peer review committee. The Director of Developmental Services shall, by March 1, 1977, adopt regulations establishing peer review procedures for this purpose.

### **California Welfare and Institutions Code Sections 5325-5326**

5325. Each person involuntarily detained for evaluation or treatment under provisions of this part, each person admitted as a voluntary patient for psychiatric evaluation or treatment to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered, and each mentally retarded person committed to a state hospital pursuant to Article 5 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 shall have the following rights, a list of which shall be prominently posted in the predominant languages of the community and explained in a language or modality accessible to the patient in all facilities providing such services and otherwise brought to his or her attention by such additional means as the Director of Mental Health may designate by regulation:



- (a) To wear his or her own clothes; to keep and use his or her own personal possessions including his or her toilet articles; and to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.
- (b) To have access to individual storage space for his or her private use.
- (c) To see visitors each day.
- (d) To have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.
- (e) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
- (f) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of the mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment.
- (g) To refuse psychosurgery. Psychosurgery is defined as those operations currently referred to as lobotomy, psychiatric surgery, and behavioral surgery and all other forms of brain surgery if the surgery is performed for the purpose of any of the following:
  - (1) Modification or control of thoughts, feelings, actions, or behavior rather than the treatment of a known and diagnosed physical disease of the brain.
  - (2) Modification of normal brain function or normal brain tissue in order to control thoughts, feelings, actions, or behavior.
  - (3) Treatment of abnormal brain function or abnormal brain tissue in order to modify thoughts, feelings, actions or behavior when the abnormality is not an established cause for those thoughts, feelings, actions, or behavior. Psychosurgery does not include prefrontal sonic treatment wherein there is no destruction of brain tissue. The Director of Mental Health shall promulgate appropriate regulations to assure adequate protection of patients' rights in such treatment.
- (h) To see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services.
- (i) Other rights, as specified by regulation.

Each patient shall also be given notification in a language or modality accessible to the patient of other constitutional and statutory rights which are found by the State Department of Mental Health to be frequently misunderstood, ignored, or denied.

Upon admission to a facility each patient shall immediately be given a copy of a State Department of Mental Health prepared patients' rights handbook. The State Department of Mental Health shall prepare and provide the forms specified in this section and in Section 5157.

The rights specified in this section may not be waived by the person's parent, guardian, or conservator.

5325.1. Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations. No otherwise qualified person by reason of having been involuntarily detained for evaluation or treatment under provisions of this part or having been admitted as a voluntary patient to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds.

It is the intent of the legislature that persons with mental illness shall have rights including, but not limited to, the following:

- (a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.
- (b) A right to dignity, privacy, and humane care.
- (c) A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication shall not be used as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with the treatment program.
- (d) A right to prompt medical care and treatment.
- (e) A right to religious freedom and practice.
- (f) A right to participate in appropriate programs of publicly supported education.
- (g) A right to social interaction and participation in community activities.
- (h) A right to physical exercise and recreational opportunities.
- (i) A right to be free from hazardous procedures.

5325.2. Any person who is subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15 shall have the right to refuse treatment with antipsychotic medication subject to provisions set forth in this chapter.

5326. The professional person in charge of the facility or his or her designee may, for good cause, deny a person any of the rights under Section 5325, except under subdivisions (g) and (h) and the rights under subdivision (f) may be denied only under

the conditions specified in Section 5326.7. To ensure that these rights are denied only for good cause, the Director of Mental Health shall adopt regulations specifying the conditions under which they may be denied.

Denial of a person's rights shall in all cases be entered into the person's treatment record.

## **Code of Federal Regulations—Title 42—Public Health**

### **Chapter IV--Centers For Medicare & Medicaid Services, Department Of Health And Human Services**

#### **Part 483--Requirements For States And Long Term Care Facilities Subpart B--Requirements for Long Term Care Facilities**

##### **Sec. 483.10 Resident rights.**

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

(a) Exercise of rights.

- (1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
- (2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.
- (3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.
- (4) In the case of a resident who has not been adjudged incompetent by the State court, any legal -surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.

(b) Notice of rights and services.

- (1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under section 1919(e)(6) of the Act. Such notification must be made prior to or upon

admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;

(2) The resident or his or her legal representative has the right--

(i) Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and

(ii) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;

(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and

(5) The facility must--

(i) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of--

(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;

(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and

(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.

(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

(7) The facility must furnish a written description of legal rights which includes--

(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;

(ii) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;

(iii) A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and

(iv) A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

(8) The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. If an adult individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

(9) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(10) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.



(11) Notification of changes.

(i) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is--

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);

(C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

(D) A decision to transfer or discharge the resident from the facility as specified in Sec. 483.12(a).

(ii) The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is--

(A) A change in room or roommate assignment as specified in Sec. 483.15(e)(2); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

(iii) The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

(12) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in Sec. 483.5(c) of this subpart) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under Sec. 483.12(a)(8).

(c) Protection of resident funds.

(1) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(2) Management of personal funds. Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the

resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.

(3) Deposit of funds.

(i) Funds in excess of \$50. The facility must deposit any residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)

(ii) Funds less than \$50. The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.

(4) Accounting and records. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(i) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(ii) The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

(5) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits—

(i) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and

(ii) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

(6) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

(7) Assurance of financial security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.

(8) Limitation on charges to personal funds. The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with Sec. 489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See Sec. 447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)

(i) Services included in Medicare or Medicaid payment. During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services:

(A) Nursing services as required at Sec. 483.30 of this subpart.

(B) Dietary services as required at Sec. 483.35 of this subpart.

(C) An activities program as required at Sec. 483.15(f) of this subpart.

(D) Room/bed maintenance services.

(E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry.

(F) Medically-related social services as required at Sec. 483.15(g) of this subpart.

(ii) Items and services that may be charged to residents' funds. Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:

(A) Telephone.

(B) Television/radio for personal use.

(C) Personal comfort items, including smoking materials, notions and novelties, and confections.

(D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.

(E) Personal clothing.

(F) Personal reading matter.

(G) Gifts purchased on behalf of a resident.

(H) Flowers and plants.

(I) Social events and entertainment offered outside the scope of the activities program, provided under Sec. 483.15(f) of this subpart.

(J) Noncovered special care services such as privately hired nurses or aides.

(K) Private room, except when therapeutically required (for example, isolation for infection control).

(L) Specially prepared or alternative food requested instead of the food generally prepared by the facility, as required by Sec. 483.35 of this subpart.

(iii) Requests for items and services.

(A) The facility must not charge a resident (or his or her representative) for any item or service not requested by the resident.

(B) The facility must not require a resident (or his or her representative) to request any item or service as a condition of admission or continued stay.

(C) The facility must inform the resident (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(d) Free choice. The resident has the right to—

(1) Choose a personal attending physician;

(2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and

(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

(e) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident;

(2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;

(3) The resident's right to refuse release of personal and clinical records does not apply when--

(i) The resident is transferred to another health care institution; or

(ii) Record release is required by law.

(f) Grievances. A resident has the right to--

(1) Voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(g) Examination of survey results. A resident has the right to--

(1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and

(2) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(h) Work. The resident has the right to--

(1) Refuse to perform services for the facility;



- (2) Perform services for the facility, if he or she chooses, when--
  - (i) The facility has documented the need or desire for work in the plan of care;
  - (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
  - (iii) Compensation for paid services is at or above prevailing rates; and
  - (iv) The resident agrees to the work arrangement described in the plan of care.
- (i) Mail. The resident has the right to privacy in written communications, including the right to--
  - (1) Send and promptly receive mail that is unopened; and
  - (2) Have access to stationery, postage, and writing implements at the resident's own expense.
- (j) Access and visitation rights. (1) The resident has the right and the facility must provide immediate access to any resident by the following:
  - (i) Any representative of the Secretary;
  - (ii) Any representative of the State;
  - (iii) The resident's individual physician;
  - (iv) The State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965);
  - (v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
  - (vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);
  - (vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
  - (viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

- (2) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at anytime.
- (3) The facility must allow representatives of the State Ombudsman, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with State law.
- (k) Telephone. The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.
- (l) Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
- (m) Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.
- (n) Self-Administration of Drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defined by Sec. 483.20(d)(2)(ii), has determined that this practice is safe.
- (o) Refusal of certain transfers.
- (1) An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate --
- (i) A resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or
- (ii) A resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.
- (2) A resident's exercise of the right to refuse transfer under paragraph (o)(1) of this section does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.

## **PART 483 REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES**

### **Subpart B -- Requirements for Long Term Care Facilities Sec. 483.12 Admission, transfer and discharge rights.**

#### **(a) Transfer and discharge—**

(1) Definition: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

(2) Transfer and discharge requirements. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless--

- (i) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
- (ii) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
- (iii) The safety of individuals in the facility is endangered;
- (iv) The health of individuals in the facility would otherwise be endangered;
- (v) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
- (vi) The facility ceases to operate.

(3) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by--

- (i) The resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and
- (ii) A physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.

(4) Notice before transfer. Before a facility transfers or discharges a resident, the facility must--

- (i) Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

(ii) Record the reasons in the resident's clinical record; and

(iii) Include in the notice the items described in paragraph (a)(6) of this section.

(5) Timing of the notice. (i) Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice may be made as soon as practicable before transfer or discharge when--

(A) The safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section;

(B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or

(E) A resident has not resided in the facility for 30 days.

(6) Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following:

(i) The reason for transfer or discharge;

(ii) The effective date of transfer or discharge;

(iii) The location to which the resident is transferred or discharged;

(iv) A statement that the resident has the right to appeal the action to the State;

(v) The name, address and telephone number of the State long term care ombudsman;

(vi) For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and

(vii) For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

(7) Orientation for transfer or discharge. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(8) Room changes in a composite distinct part. Room changes in a facility that is a composite distinct part (as defined in Sec.483.5(c)) must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.

(b) Notice of bed-hold policy and readmission—

(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies—

(i) The duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility; and

(ii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.

(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

(3) Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident-

(i) Requires the services provided by the facility; and

(ii) Is eligible for Medicaid nursing facility services.

(4) Readmission to a composite distinct part. When the nursing facility to which a resident is readmitted is a composite distinct part as defined in Sec. 483.5(c) of this subpart), the resident must be permitted to return to an available bed in the

particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of readmission, the resident must be given the option to return to that location upon the first availability of a bed there.

(c) Equal access to quality care.

(1) A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals regardless of source of payment;

(2) The facility may charge any amount for services furnished to non-Medicaid residents consistent with the notice requirement in Sec. 483.10(b)(5)(i) and (b)(6) describing the charges; and

(3) The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.

(d) Admissions policy.

(1) The facility must--

(i) Not require residents or potential residents to waive their rights to Medicare or Medicaid; and

(ii) Not require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.

(2) The facility must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

(3) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,--

(i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these



services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and

(ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.

(4) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.

## **PART 483 REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES**

### **Subpart B -- Requirements for Long Term Care Facilities Sec. 483.13 -- Resident behavior and facility practices.**

(a) Restraints. The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

(b) Abuse. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

## **PART 483 REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES**

### **Subpart B -- Requirements for Long Term Care Facilities Sec. 483.15 Quality of life.**

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

(a) Dignity. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(b) Self-determination and participation. The resident has the right to--

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;

(2) Interact with members of the community both inside and outside the facility; and

(3) Make choices about aspects of his or her life in the facility that are significant to the resident.

(c) Participation in resident and family groups.

(1) A resident has the right to organize and participate in resident groups in the facility;

(2) A resident's family has the right to meet in the facility with the families of other residents in the facility;

(3) The facility must provide a resident or family group, if one exists, with private space;

(4) Staff or visitors may attend meetings at the group's invitation;

(5) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;

(6) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

(d) Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(e) Accommodation of needs. A resident has the right to--

(1) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

(2) Receive notice before the resident's room or roommate in the facility is changed.

# **Merced College**

## **Nurse Assistant Training Program**

### **Ethics in Nursing: Responsibilities and Duties**

#### **Duties to the Nursing Profession**

The profession has a right to expect from you the conscientious fulfillment of duties, the upholding of standards of nursing, and the wisdom and good judgment to maintain ethical practices at all times.

#### **Duties to Your Patient**

Your patient will look to you for devoted care and respect for them as a person. You have the responsibility of doing all you can to maintain their life and avoiding anything that will cause injury. Your status as a nursing assistant places you in a position of trust, and matters involving the patient's life are treated as confidential. The matter of confidential information is one of the first and most important ethical points which you need to learn. The private life of your patient, the nature of their illness, or any other information that may harm your patient's reputation while in the hospital or out of it should be safeguarded by you. Your relationship with your patient must be retained as a professional one. You owe the patient respect as a person and must refrain from idle talk. Keep in mind the fact that it is not advisable to give the patient personal information about yourself. To share such social data as your family background, the many (or few) dates you have, or your own family problems is stepping out of the nurse-patient role. You are asking the patient to "nurse" you by listening to your difficulties.

#### **Duties to the Physician, Registered and Vocational Nurse**

The physician and the nurses will expect from you the fulfillment of orders directed toward the patient's welfare. They believe you will not only administer good nursing care but also will observe, carefully, the condition of the patient and report information which will aid them. They have a right to expect you to be loyal to them and their professional reputations.

#### **Duties to Other Hospital Personnel**

Your duties to others will extend also to the professions related to nursing and to the persons associated with you in your place of employment. They have the right to expect from you diligence, cooperation, kindness, sincerity, and outstanding conduct.

**I certify that I have read and understand the above Responsibilities and Duties.**

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Print Name

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Signature

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Date

# Merced College

## Nurse Assistant Training Program

### Ethics in Nursing: Confidentiality

#### Confidentiality Notice

One of the most important concepts in all codes of ethics relating to health care relates to the confidentiality of information. The information provided to a Nursing Assistant student is legally privileged. Students often hear conversations between patients and their physicians, and read confidential information contained in patient charts. They often witness circumstances where patients are unable to preserve their dignity and may behave in ways which might cause them shame or embarrassment if known to friends or family. Many patients do not want it known that they are ill or have been hospitalized. Some may wish to keep their diagnoses confidential. Information that may not seem important to you may be a very private issue for the patient. Any breach of confidence, even of no names are mentioned, may rightly be interpreted by others as an indication that the student does not respect professional confidence. Betrayals of confidence cause individuals to lose faith in the health care team and may result in their hesitation to reveal facts that are essential to their care.

The patient's right to confidentiality is not violated by appropriate communications among health care workers when the information is pertinent to the patient's care. It is justifiably assumed in such a case that the transfer of information is for the patient's benefit and that all personnel involved are bound by the ethics regarding confidentiality. Appropriate communications are those directed privately to those who have need of the information. Conversations about patients must never be held in public areas such as waiting rooms, elevators, cafeterias, or outside the clinical facility.

#### Confidentiality Standard

I will not discuss personal information about the patients that I come in contact with in clinical observations and/or clinical experiences, except with authorized medical and/or clinical personnel.

I will put only patients' initials and not names on papers handed in for class or lab and will remove any signs of patient identification from papers that I bring to class or lab to share or as part of an assignment.

**I have read, understand and agree to abide by the standards set forth concerning patient confidentiality.**

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Print Name

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Signature

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Date

**Merced College**  
**Nurse Assistant Training Program**

**Consent Form**

I, \_\_\_\_\_ (print name) hereby give my consent to have my records released to one or all of the following clinical sites as needed for clinical participation:

- Anberry Nursing & Rehabilitation
- Anberry Transitional Care
- Merced Nursing & Rehabilitation
- La Sierra Care Center
- New Bethany Residential and Skilled Nursing Facility

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Nurse Assistant Training Program**

## **Handbook Sign-Off Sheet**

**I certify that I have read and understand the information contained in the Merced College Nurse Assistant Training Program Student Handbook.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



***Injury Reporting  
Flow Chart in case  
of workplace injury  
(In Clinical Setting  
ONLY)***



*The Right Call for Workplace Injuries*

