



## Nurse Assistant Training Program

# Student Handbook

**Los Banos Campus**

**Merced Campus**

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

**Reviewed/Revised: August 29, 2025**

# Merced College

## Nurse Assistant Training Program

### Table of Contents

#### Application

|                                                                                                 |   |
|-------------------------------------------------------------------------------------------------|---|
| Check-Off Form .....                                                                            | 1 |
| Initial Application (CDPH 283B rev. 1/22) – <b>EXAMPLES</b> – Merced and Los Banos Campus ..... | 2 |
| Physical Health Evaluation .....                                                                | 6 |
| TB Testing & Flu Vaccine .....                                                                  | 7 |
| CPR Certification .....                                                                         | 8 |

#### Information & Forms

|                                                                                          |    |
|------------------------------------------------------------------------------------------|----|
| Clearance of Conviction Information .....                                                | 9  |
| Class Schedule – <b>EXAMPLE</b> .....                                                    | 10 |
| Philosophy of Education .....                                                            | 11 |
| Organizational Flowchart .....                                                           | 13 |
| Program Description .....                                                                | 14 |
| Student Health Requirement Policy .....                                                  | 15 |
| Curriculum Plan and Outline .....                                                        | 16 |
| Student Ratio .....                                                                      | 17 |
| Grading Policy .....                                                                     | 18 |
| Attendance Policy .....                                                                  | 19 |
| Sign-In Sheet .....                                                                      | 20 |
| Make-up Absenteeism .....                                                                | 21 |
| Dress Code .....                                                                         | 22 |
| Guidelines for Nurse Assistants .....                                                    | 23 |
| Personal and Professional Relationships .....                                            | 24 |
| Evaluation .....                                                                         | 25 |
| NA Certification Training Program Individual Student Record (CDPH 276C rev. 11/18) ..... | 26 |
| NA Certification Training Program Skills Check List (CDPH 276A rev. 12/18) .....         | 31 |
| Grounds for Dismissal .....                                                              | 36 |
| Grievance Policy .....                                                                   | 38 |
| Ethics in Nursing – Responsibilities & Duties .....                                      | 39 |
| Ethics in Nursing - Confidentiality .....                                                | 40 |
| Consent to Release Records .....                                                         | 41 |
| In Case of Workplace Injury – Company Nurse .....                                        | 42 |

# Merced College

## Nurse Assistant Training Program

### Check-Off Form

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

Will you be in high school while taking this course? Yes or No \_\_\_\_\_ If yes, which high school? \_\_\_\_\_

Is English the language you speak most often? Yes or No\* \_\_\_\_\_ Other language(s) spoken (If applicable)\* \_\_\_\_\_

Ethnicity(ies)\* \_\_\_\_\_ *Many of these responses are collected for grant purposes.*

**Attention:** 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.

**All documents listed below must be submitted at the time you apply, no exceptions. You must provide your own copies.**

*Please submit the documents in this order:*

- ☐ **Apply for College Admission.**
- ☐ **Check-Off Form** (This Form)
- ☐ **Nurse Assistant Initial Application - CDPH 283 B form** - The form is located online: [www.cdph.ca.gov](http://www.cdph.ca.gov). Follow the provided examples. Always use the most current form available.  
*All students must be fingerprinted and are required to have a valid California ID or Driver's License. Fingerprinting typically occurs on the first or second day of class, so it is essential to come prepared. The fee is covered by Merced College.*
- ☐ **Health Evaluation** - Ensure that your Health Care Provider signs and stamps the bottom of the form. **Physicals are good for 1 year.** Your test must remain valid (**not expire**) while you're taking the class.
- ☐ **Negative TB skin test or QuantiFERON-TB (QFT) blood test** - **If positive, a negative chest x-ray is needed.** TB tests & chest x-rays are good for 1 year. Your test must remain valid (**not expire**) while you're taking the class.
- ☐ **CPR card for the BLS Provider, Healthcare Provider or Professional Rescuer** - **Your CPR card or certificate must include the American Heart Association (AHA) name or logo.** The certification must remain valid (**not expire**) while you're taking the class.
- ☐ **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
- ☐ **COVID-19 Vaccination – For Students Taking Courses in Los Banos:**  
New Bethany in Los Banos, one of our clinical sites, currently requires proof of COVID-19 Vaccination.
  - If you have already completed a COVID - 19 Vaccination series (either a single dose or two-dose vaccine), please submit your documentation.
  - If you have not completed a COVID-19 Vaccination series, you will need to get a booster shot and submit proof of that instead.

**I have read the Merced College Nurse Assistant Training Program Student Handbook. I both understand and accept the responsibilities of my role as a Nurse Assistant student at Merced College.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# EXAMPLE for Merced Campus

State of California- Health and Human Services Agency

## 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 be typed**

## 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<br><b>Sample Person</b>                                                                                              | <b>Name entered must match<br/>name on ID/DL EXACTLY.</b>                                                                                                                                      | First Name<br><b>Merced</b> | MI<br><b>B.</b>                                                                  | Sex<br><input checked="" type="radio"/> Male<br><input type="radio"/> Female |
| Public Address (Required) – Subject to Public Records Act<br>Request release*                                                  |                                                                                                                                                                                                | City<br><b>Any Town</b>     | State<br><b>CA</b>                                                               | Zip Code<br><b>95348</b>                                                     |
| 1234 Merced St.                                                                                                                |                                                                                                                                                                                                |                             |                                                                                  |                                                                              |
| Confidential Address (Required)- (For CDPH Use only. If left<br>blank all departmental mail will be sent to the address above) |                                                                                                                                                                                                | City                        | State                                                                            | Zip Code                                                                     |
| Date of Birth<br><b>02/29/00</b><br>(mm/dd/yy)                                                                                 | Social Security Number (SSN) or Individual<br>Taxpayer Identification Number (ITIN)<br><b>1 2 3 - 4 5 - 6 7 8 9</b><br>**If you use an invalid SSN, your application process<br>may be delayed |                             | Driver's License /State ID Number<br>Number: <b>A1234567</b><br>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: \_\_\_\_\_

Check one  
box for  
each

- 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: \_\_\_\_\_

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

**Merced College**

Telephone Number

**(209)384-6000**

Mailing Address (Number Street or P.O Box number)

**3600 M Street**

City

**Merced**

State

**CA**

Zip Code

**95348**

California Training Program ID Number for **CNA**

(Required) CNA: **LEAVE BLANK**

Beginning Date of Training

**LEAVE BLANK**

(mm/dd/yy)

End Date of Training

**LEAVE BLANK**

(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**

Signature of Applicant

**LEAVE BLANK**

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).

**FOR VENDOR USE ONLY**

**LEAVE BLANK**

Printed Name

**LEAVE BLANK**

**LEAVE BLANK**

Title

**LEAVE BLANK**

Signature

Date

**It is YOUR responsibility to enter your information correctly on this form.**

**You should double and triple-check all information before submitting.**

# EXAMPLE for Los Banos Campus

State of California- Health and Human Services Agency

## 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 be typed**

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(See instructions on the reverse)

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#### TYPE OF REQUEST

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☐ 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<br><b>Sample Person</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             | First Name<br><b>Los Banos</b> |                                                                                  | MI<br><b>B.</b>          | Sex<br><input checked="" type="radio"/> Male<br><input type="radio"/> Female |
| Public Address (Required) – Subject to Public Records Act<br>Request release*<br><b>1234 Los Banos St.</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             | City<br><b>Any Town</b>        | State<br><b>CA</b>                                                               | Zip Code<br><b>93635</b> |                                                                              |
| Confidential Address (Required)- (For CDPH Use only. If left blank all departmental mail will be sent to the address above)                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | City                           | State                                                                            | Zip Code                 |                                                                              |
| Date of Birth<br><b>02/29/00</b><br>(mm/dd/yy)                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Social Security Number (SSN) or Individual<br>Taxpayer Identification Number (ITIN)<br><b>9 8 7 - 6 5 - 4 3 2 1</b><br>**If you use an invalid SSN, your application process may be delayed |                                | Driver's License /State ID Number<br>Number: <b>A7654321</b><br>State: <b>CA</b> |                          |                                                                              |
| Phone Number *** <b>(209) 777-7777</b><br><br><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. |                                                                                                                                                                                             |                                | Email Address***<br><b>losbanosampleperson@yahoo.com</b>                         |                          |                                                                              |

### 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: \_\_\_\_\_

Check one  
box for  
each

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

☐ Yes ☐ No

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

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

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

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

Signature of Applicant

**LEAVE BLANK**

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).

**FOR VENDOR USE ONLY**

**LEAVE BLANK**

**LEAVE BLANK**

Printed Name

Title

**LEAVE BLANK**

**LEAVE BLANK**

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.**

|               |                                   |                                                             |
|---------------|-----------------------------------|-------------------------------------------------------------|
| _____<br>Date | _____<br>Health Care Professional | _____<br>Facility Stamp OR<br>Attach Provider Business Card |
|---------------|-----------------------------------|-------------------------------------------------------------|

# **TB Testing & Flu (Influenza) Vaccine**

## **TB:**

Students must have a TB skin test or QuantiFERON-TB (QFT) blood test or negative chest x-ray.

TB tests & chest x-rays are good for 1 year. Your test must remain valid (not expire) while you're taking the class.

## **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

### **Registered Merced College Students –**

Student Health Services provides free TB testing & flu vaccinations (when available) to **current** Merced College students who have paid their Student Health Fee. Contact them for current offerings and to schedule an appointment.



#### **Merced Campus**

Student Health Services –

Student Union Building

Phone: (209) 384-6045



#### **Los Banos Campus**

Student Health Services –

Student Services Building

Phone: (209) 384-6045

(This number will connect you with SHS on the Merced campus. Please notify staff that you are calling regarding services on the Los Banos campus.)

If you are not currently enrolled in a Merced College course, please check with your doctor's office or try searching "TB Testing Near Me" to find a location near you. The flu (influenza) vaccines are often offered at local pharmacies such as CVS, Walgreens, etc.

# CPR Certification

for SONO, RADT, 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.

Contact site for pricing and additional information.

### Merced College

Contact Sal Lomeli for more info at  
salvador.lomeli1837@mccd.edu  
(209) 381-6540

### CPR Instructor, Raj Mehat

Contact Raj Mehat for more info at  
sukhraj.mehat@mccd.edu

### First Lady Permanente, LCC

901 Geer Rd., Turlock  
Use Online Code "HOSPITAL" for \$5 off.  
(Input at checkout)  
(209) 250-1200  
[www.firstladypermanente.com](http://www.firstladypermanente.com)

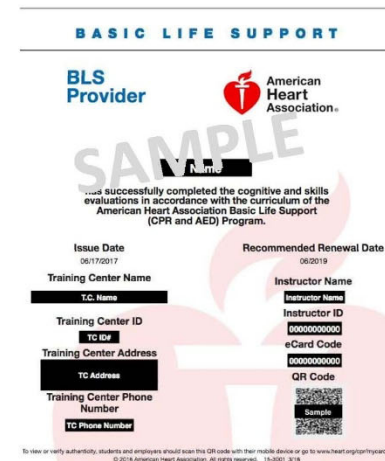
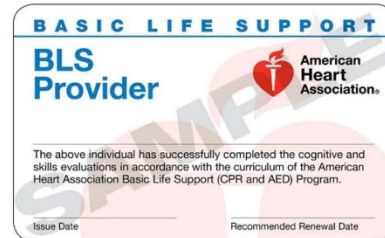
### Safety Training Seminars

You can use the discount promo code:  
AHA30 to receive \$30 off the price of  
your course.  
Merced: (209) 921-3507  
Turlock: (209) 313-2153

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.

Revised: August 29, 2025



#### Basic Life Support (BLS)

The AHA's BLS 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. Reflects science and education from the *American Heart Association Guidelines Update for CPR and Emergency Cardiovascular Care (ECC)*.

#### What does this course teach?

- High-quality CPR for adults, children, and infants
- The AHA Chain of Survival, specifically the BLS components
- Important early use of an AED
- Effective ventilations using a barrier device
- Importance of teams in multirescuer resuscitation and performance as an effective team member during multirescuer CPR
- Relief of foreign-body airway obstruction (choking) for adults and infants

# **Merced College**

## **Nurse Assistant Training Program**

### **Clearance of Conviction**

The Certified Nurse Assistant Initial Application (CDPH 283B form) is required to participate in the Nurse Assistant class. In the event the student has a crime on their record, the California Department of Public Health (CDPH) must be contacted to review the offense. The CDPH will determine if the student is eligible to become a Certified Nurse Assistant.

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  
Phone: (916) 327-2445  
Email: [cna@cdph.ca.gov](mailto:cna@cdph.ca.gov)**

**All students are required to be fingerprinted and possess a current California ID or Driver's License.** Fingerprinting may take place on the day you apply or on a separate date, should your application be accepted. Further information will be provided at the time you apply.

# Merced College

## Nurse Assistant Training Program

### Class Schedule

You must be able to attend both the theory and clinical days and times listed for your course. The schedule currently being offered can be found on the Nurse Assistant website. Days and times are subject to change.

The schedules below are **EXAMPLES**.

| Merced Campus – EXAMPLE Schedule |          |        |               |          |               |
|----------------------------------|----------|--------|---------------|----------|---------------|
| Semester                         | Length   | Theory |               | Clinical |               |
| Fall/Spring                      | 16 Weeks | Wed    | 4:00pm-7:30pm | Sat      | 6:30am-3:30pm |
| Summer                           | 9 Weeks  | Mon    | 8:00am-3:30pm | Tues/Wed | 6:30am-3:30pm |

| Los Banos Campus – EXAMPLE Schedule |          |        |               |          |               |
|-------------------------------------|----------|--------|---------------|----------|---------------|
| Semester                            | Length   | Theory |               | Clinical |               |
| Fall/Spring                         | 16 Weeks | Tue    | 5:00pm-8:30pm | Sat      | 6:30am-3:30pm |
| Summer                              | 9 Weeks  | Mon    | 8:00am-3:30pm | Tues/Wed | 6:30am-3:30pm |

# 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 Training 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.

### American Disabilities Act

Merced College makes reasonable accommodations for persons with documented disabilities. The [Disabled Students Program & Services](#). (DSPS) office coordinates accommodations and services for all eligible students. Our staff will review your needs and determine what accommodations are necessary and appropriate. All information and documentation provided to us are confidential. If you have a disability for which you wish to request accommodations and have not already done so, please get in touch with the DSPS office by calling (209) 384-6155 or by emailing us at [dsps@mccd.edu](mailto:dsps@mccd.edu). In Merced, DSPS is located in the Leshner Building, Room 234, and in Los Banos is located in Building A.

### Sexual Misconduct Policy

Merced College is committed to a safe and productive learning environment. Merced Community College District and Title IX policy prohibit sexual misconduct, including sexual assault, sexual harassment, domestic or dating violence, and stalking. To report an alleged violation and to be provided supportive measures, contact the District's [Title IX Officer](#). For more information on community resources, prevention information, and confidential reporting options for students, Violence Prevention & Advocacy Resources can be found on the [Relationship and Sexual Violence Prevention Program](#). Additional resources can be found on the [Health Information](#). webpage of the Merced College website.

### Student Support Services

#### [Student Success & Tutorial Center](#)

The Student Success and Tutorial Center (SSTC) is a collaborative space where students can receive assistance from highly trained peer tutors and dedicated faculty specializing in various academic fields. The center also offers an embedded counselor and a comfortable environment for students to study, research, or work on homework, individually or in groups. The SSTC is equipped with computers, power outlets, charging stations, printing stations, loaner battery packs and calculators, Wi-Fi, and click-and-share collaborative screens in the study rooms.

Students must be enrolled in credit courses to utilize SSTC services. The SSTC is located in the Downey Learning Resource Center, first floor.

### [Student Tech Support](#)

The student helpdesk is here to provide free tech support to all students at Merced College. Our support team fulfills an average of over 80 help requests per week. Check out our online resources or get in touch with our experts.

### [Tutoring](#)

The SSTC offers free individual peer tutoring and faculty assistance in English (reading and writing), math, and other disciplines. Students can access the MC tutors and SSTC faculty by logging into Canvas and selecting the Online Tutoring non-credit (EDU-112A) course shell.

### [SSTC Workshops](#)

Study Central hosts a variety of workshops throughout the semester on topics that support student success! Students can attend the workshops on a drop-in basis, in person at the Downey Learning Resource Center, Room 156, or via Zoom.

### [Support Programs](#)

Our support programs and services are designed to fit your needs. We provide primary care, child care, food, housing, medical resources, equal opportunity, and access for underrepresented student groups.

### [Merced College Tutorials](#)

Do you need help registering for classes, accessing the MC Portal, or using Canvas? Watch our collection of helpful how-to videos.

## **Inclusivity Statement**

As a collective community of individual colleges, the Academic Senate for California Community Colleges is invested in cultivating and maintaining a climate where equity and mutual respect are intrinsic and explicit by valuing individuals and groups from all backgrounds, demographics, and experiences. Individual and group differences can include but are not limited to the following dimensions: race, ethnicity, national origin or ancestry, citizenship, immigration status, sex, gender, sexual orientation, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, political beliefs, religion, creed, military or veteran status, socioeconomic status, and any other basis protected by federal, state or local law or ordinance or regulation. We acknowledge that the concept of diversity and inclusion is ever-evolving. Thus we create space to allow our understanding to grow through the periodic review of this statement.

To ensure equal educational opportunity for all students, the ASCCC embraces diversity among students, faculty, staff, and the communities we serve as an integral part of our history, a recognition of the complexity of our present state, and a call to action for a better future. Embracing diversity means that we must intentionally practice acceptance and respect towards one another and understand that discrimination and prejudices create and sustain privileges for some while creating and sustaining disadvantages for others.

To embrace diversity, we also acknowledge that institutional discrimination and implicit bias exist and that our goal is to eradicate those elements from our system. Our commitment to diversity requires that we strive to eliminate those barriers to equity and that we act deliberately to create a safe and inclusive environment of excellence where individual and group differences are valued and leveraged for our growth and understanding as an educational community.

To advance our goals of diversity, equity, inclusion, and social justice for the success of students and employees, we must honor that each individual is unique and that our differences contribute to the ability of the colleges to prepare students for their educational journeys. This practice requires that we develop and implement equitable policies and procedures, encourage individual and mandate systemic change, continually reflect on our efforts, and hold ourselves accountable for the results of our efforts in accomplishing our goals. In service of these goals, the ASCCC is committed to fostering an environment that offers equal employment opportunities for all.

Approved by ASCCC Executive Committee March 2021

## **Diversity, Equity, Inclusion, and Social Justice Statement**

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.

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

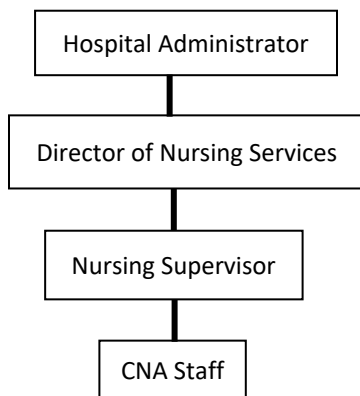
# Merced College

## Registered Nursing Program

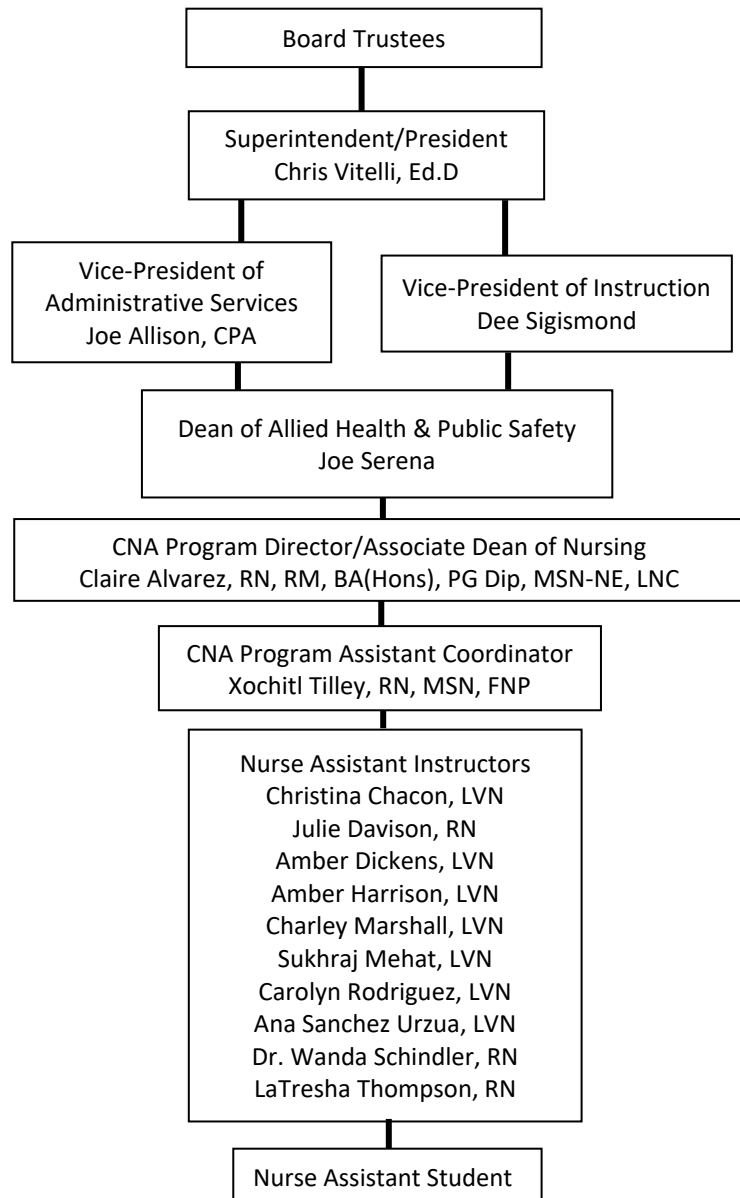
### Organizational Flowchart

Applicable standard: CCR, Title 22, 71828  
Approved: October 1, 2019  
Prepared by: CNA Program Director  
Approved by: Area Dean  
Revision Date: February 4, 2025  
Effective: November 2024

#### 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 Training Program (NATP) is offered during the Spring and Fall semesters for 16 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 NATP 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 NATP, 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.

Allied Health students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks and vaccinations. Merced College follows the requirements put in place by our clinical partners. See "Check-Off Form" 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
    - a. Students must have a current Health Evaluation. 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 Test
    - a. Students must have a current PPD (Purified Protein Derivative/Tuberculosis) skin test or QuantiFERON-TB (QFT) blood test done. If previous test was positive, the student will need to submit proof of a negative chest x-ray.
  - 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, if required by the facility
    - 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 CNA 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 Training 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.

|         |                 | Theory<br>Hours | Clinical<br>Hours | Units               |
|---------|-----------------|-----------------|-------------------|---------------------|
| ALLH 63 | Nurse Assistant | 63              | 135               | Total of<br>6 units |

The required textbooks are available for purchase at the Merced College Bookstore.

The Nurse Assistant Training Program Student Handbook is only available on the Nurse Assistant website.

### 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 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**

### **Student Ratio**

#### **Policy**

It is the Policy of the Merced College Nurse Assistant Training Program 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.

# Merced College

## Nurse Assistant Training Program

### Grading Policy

The following grading scale is used by the Nursing Assistant Program for theory.

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 |     |   |     |   |   |

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.

The clinical grade will be based upon clinical performance, participation, check-off times, instructor evaluation and student conduct.

For the 16 week course, a student is allowed to drop with no entry on transcripts for the first 2 weeks. Between the 3<sup>rd</sup> and 11<sup>th</sup> week, a "W" or Withdrawal is allowed. After the 11th week, a grade must be assigned.

A student must receive a "C" in ALLH-63 to be eligible for the Certification exam.

A student may repeat the course one time if he/she receives a final grade of less than "C."

Dismissal for unsafe practice does not allow a student to repeat. The student who is dropped for unsafe practice is not eligible to apply for any of the Allied Health Programs.

# 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. The **FIRST 3 CLINICAL DAYS** are MANDATORY as each student must learn and possess the basic foundation of skills taught during this 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 will result in the student being dropped from the entire program.
- C. A student dropped for absenteeism may re-enroll on a later date if space is available.
- D. 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 required by the clinical site as necessary 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.

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

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

**Sign-In Sheet**

**Circle One:**   Theory   or   Clinical Day

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

| Student Name | Time In | Time Out | Time In | Time Out | Student Initial |
|--------------|---------|----------|---------|----------|-----------------|
|              |         |          |         |          |                 |
|              |         |          |         |          |                 |
|              |         |          |         |          |                 |
|              |         |          |         |          |                 |
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|              |         |          |         |          |                 |
|              |         |          |         |          |                 |
|              |         |          |         |          |                 |

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

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

# **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 one (1) week period to make-up tests. If the test is not made up within the one 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 at home or Open Skills Lab (OSL)
  - 3. Written examination
  - 4. Written report
- D. Clinical make-up
  - 1. Additional time in a clinical area
  - 2. Performance evaluation in skills lab
  - 3. Other appropriate assignments – such as OSL, or with an alternate CNA group
- E. Follow all aspects of the attendance policy, as outlined in the student handbook.

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

# Merced College

## Nurse Assistant Training Program

### Dress Code

#### Dress Code

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. Instructor will provide information regarding color.
- d. White shoes with rubber soles (tennis shoes, leather or vinyl, OK).
- e. No jewelry may be worn except a wedding ring and one set of small earring posts if ears are pierced.
- f. Watch with second hand.
- g. Name tag and pen required at all times.
- h. Hair out of face, tied back and above the collar. Avoid extreme hairstyles & color.
- i. Fingernails must be kept short and clean at all times. Nail polish and/or artificial nails are not allowed.
- j. Gum chewing is not allowed in the clinical area.
- k. Tattoos must be covered.
- l. Piercings must be covered or removed.

# **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.

# **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**

#### **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.

#### **Instructor**

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

#### **Course**

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

#### **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     |

| THEORY |      |          | CONTENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TEST SCORES |
|--------|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| HOURS  | DATE | INITIALS | 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.<br>Federal requirement. . . . . Title 22 equivalent<br>(i) Communications and interpersonal skills. . . . . Modules 1, 3<br>(ii) Infection control. . . . . Module 6<br>(iii) Safety and emergency procedures, including the Heimlich maneuver. . . . .<br>. . . . . Modules 4, 5, 12<br>(iv) Promoting residents' independence . . . . . Modules 14<br>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. (1 hour required for this component)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

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

| Student Name (Printed) |      |          | Instructor Signature                                                  |                | Date |
|------------------------|------|----------|-----------------------------------------------------------------------|----------------|------|
| THEORY                 |      |          | CONTENT                                                               | TEST<br>SCORES |      |
| HOURS                  | DATE | INITIALS |                                                                       |                |      |
|                        |      |          | MODULE 14: Rehabilitative Nursing (2 hours)                           |                |      |
|                        |      |          | 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                                                     |                |      |
|                        |      |          | MODULE 15: Observation and Charting (4 hours)                         |                |      |
|                        |      |          | 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                              |                |      |
|                        |      |          | MODULE 16: Death and Dying (2 hours)                                  |                |      |
|                        |      |          | 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                                                   |                |      |
|                        |      |          | MODULE 17: Abuse (as per HSC 1337.1 and 1337.3) (6 hours)             |                |      |
|                        |      |          | A) Preventing, recognizing and reporting instances of resident abuse. |                |      |

Pursuant to Section 71835(l), 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:

## 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                    |                       |                     |

[illegible]

S = Satisfactory U = Unsatisfactory

| NURSE ASSISTANT TRAINING PROGRAM<br>SKILLS DEMONSTRATED                                                            | S / U | COMMENTS | DATE<br>PERFORMED | LICENSED<br>NURSE<br>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<br/>Catastrophe and Environmental Emergencies<br/>(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                          |
| NURSE ASSISTANT TRAINING PROGRAM<br>SKILLS DEMONSTRATED              |  | S / U                | COMMENTS | DATE<br>PERFORMED | LICENSED<br>NURSE<br>INITIALS |
| <b>MODULE 5: Body Mechanics (4 Clinical Hours)</b>                   |  |                      |          |                   |                               |
| 1) General use of gait belt                                          |  |                      |          |                   |                               |
| 2) Assist patient up to head of bed with two assistants              |  |                      |          |                   |                               |
| 3) Turn and position the patient                                     |  |                      |          |                   |                               |
| <input type="checkbox"/> Supine                                      |  |                      |          |                   |                               |
| <input type="checkbox"/> Side-lying                                  |  |                      |          |                   |                               |
| <input type="checkbox"/> Use of lift sheet                           |  |                      |          |                   |                               |
| 4) Assist transfer from bed to chair or wheelchair                   |  |                      |          |                   |                               |
| 5) Assist transfer from chair or wheelchair to bed                   |  |                      |          |                   |                               |
| 6) Use of mechanical lift                                            |  |                      |          |                   |                               |
| <b>MODULE 6: Medical and Surgical Asepsis<br/>(8 Clinical Hours)</b> |  |                      |          |                   |                               |
| 1) Hand washing                                                      |  |                      |          |                   |                               |
| 2) Proper handling of linen                                          |  |                      |          |                   |                               |
| 3) Use of standard precautions:                                      |  |                      |          |                   |                               |
| <input type="checkbox"/> Gloving                                     |  |                      |          |                   |                               |
| <input type="checkbox"/> Gowning                                     |  |                      |          |                   |                               |
| <input type="checkbox"/> Applying mask                               |  |                      |          |                   |                               |
| 4) Dispose of trash and waste by double-bagging                      |  |                      |          |                   |                               |
| <b>MODULE 7: Weights and Measures (1 Clinical Hour)</b>              |  |                      |          |                   |                               |
| 1) Measure oral intake                                               |  |                      |          |                   |                               |
| 2) Measure urinary output                                            |  |                      |          |                   |                               |
| 3) Use military time in documentation                                |  |                      |          |                   |                               |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)</b>             |  |                      |          |                   |                               |
| 1) Back rub                                                          |  |                      |          |                   |                               |
| 2) Bed bath and partial bath                                         |  |                      |          |                   |                               |
| 3) Tub bath                                                          |  |                      |          |                   |                               |
| 4) Shower                                                            |  |                      |          |                   |                               |
| 5) Assist with oral hygiene                                          |  |                      |          |                   |                               |
| 6) Mouth care of the unconscious patient                             |  |                      |          |                   |                               |
| 7) Denture care                                                      |  |                      |          |                   |                               |

|                                                                     |                             |                 |                           |                                        |
|---------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                 | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>     | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)<br/>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<br/>(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                 |                             |                 |                           |                                        |

|                                                                                                       |  |                      |          |                   |                               |
|-------------------------------------------------------------------------------------------------------|--|----------------------|----------|-------------------|-------------------------------|
| Student Name                                                                                          |  | Instructor Signature |          |                   | Date                          |
| NURSE ASSISTANT TRAINING PROGRAM<br>SKILLS DEMONSTRATED                                               |  | S / U                | COMMENTS | DATE<br>PERFORMED | LICENSED<br>NURSE<br>INITIALS |
| MODULE 9: Resident Care Procedures<br>(20 Clinical Hours) Cont'd                                      |  |                      |          |                   |                               |
| 5) Administer enemas – tap water, soap suds                                                           |  |                      |          |                   |                               |
| 6) Administer laxative suppository                                                                    |  |                      |          |                   |                               |
| 7) Empty urinary bag                                                                                  |  |                      |          |                   |                               |
| 8) Care for patient with tubing:                                                                      |  |                      |          |                   |                               |
| <input type="checkbox"/> Oxygen                                                                       |  |                      |          |                   |                               |
| <input type="checkbox"/> IV                                                                           |  |                      |          |                   |                               |
| <input type="checkbox"/> Gastrostomy                                                                  |  |                      |          |                   |                               |
| <input type="checkbox"/> Nasogastric                                                                  |  |                      |          |                   |                               |
| <input type="checkbox"/> Urinary catheter                                                             |  |                      |          |                   |                               |
| 9) Apply antiembolic hose, elastic stockings (TED hose)                                               |  |                      |          |                   |                               |
| 10) Admit, transfer and discharge patient                                                             |  |                      |          |                   |                               |
| 11) Apply non-sterile dressing                                                                        |  |                      |          |                   |                               |
| 12) Apply topical non-prescription ointment                                                           |  |                      |          |                   |                               |
| MODULE 10: Vital Signs (6 Clinical Hours)                                                             |  |                      |          |                   |                               |
| 1) Measure and record temperature using mercury-free and electronic devices for:                      |  |                      |          |                   |                               |
| <input type="checkbox"/> Oral                                                                         |  |                      |          |                   |                               |
| <input type="checkbox"/> Axillary                                                                     |  |                      |          |                   |                               |
| <input type="checkbox"/> Rectal                                                                       |  |                      |          |                   |                               |
| 2) Measure and record pulse: radial and apical                                                        |  |                      |          |                   |                               |
| 3) Measure and record respiration                                                                     |  |                      |          |                   |                               |
| 4) Measure and record blood pressure: Manual (stethoscope, sphygmomanometer), and digital/ electronic |  |                      |          |                   |                               |
| MODULE 11: Nutrition (6 Clinical Hours)                                                               |  |                      |          |                   |                               |
| 1) Feed the patient who is unable to feed themselves                                                  |  |                      |          |                   |                               |
| 2) Assist patient who can feed self                                                                   |  |                      |          |                   |                               |
| 3) Verify patient given correct diet tray                                                             |  |                      |          |                   |                               |
| 4) Use of assistive devices such as orthopedic utensils, cups and other devices                       |  |                      |          |                   |                               |

|                                                                                                                   |  |                      |          |                   |                               |
|-------------------------------------------------------------------------------------------------------------------|--|----------------------|----------|-------------------|-------------------------------|
| Student Name                                                                                                      |  | Instructor Signature |          |                   | Date                          |
| NURSE ASSISTANT TRAINING PROGRAM<br>SKILLS DEMONSTRATED                                                           |  | S / U                | COMMENTS | DATE<br>PERFORMED | LICENSED<br>NURSE<br>INITIALS |
| MODULE 12: Emergency Procedures<br>(1 Clinical Hour)                                                              |  |                      |          |                   |                               |
| 1) Apply postural supports as safety devices                                                                      |  |                      |          |                   |                               |
| 2) Apply soft wrist/ankle restraints as safety devices                                                            |  |                      |          |                   |                               |
| 3) Heimlich maneuver for conscious patient                                                                        |  |                      |          |                   |                               |
| 4) Heimlich maneuver for unconscious patient                                                                      |  |                      |          |                   |                               |
| 5) Position call light properly                                                                                   |  |                      |          |                   |                               |
| MODULE 13: (as per HSC 1337.1 and 1337.3)<br>(4 Clinical Hours REQUIRED; specific skills<br>suggested.)           |  |                      |          |                   |                               |
| 1) Use of dementia-related communication skills,<br>including listening and speaking strategies                   |  |                      |          |                   |                               |
| 2) Identify your name and purpose of interaction                                                                  |  |                      |          |                   |                               |
| 3) Make eye contact at patient's eye level                                                                        |  |                      |          |                   |                               |
| 4) Use of a continuum of verbal and other non-<br>physical techniques such as redirect, for combative<br>patients |  |                      |          |                   |                               |
| MODULE 14: Rehabilitative/Restorative Care<br>(4 Clinical Hours)                                                  |  |                      |          |                   |                               |
| 1) Perform range of motion exercises                                                                              |  |                      |          |                   |                               |
| 2) Assist ambulation of patient using gait belt                                                                   |  |                      |          |                   |                               |
| 3) Assist patient to ambulate with walker                                                                         |  |                      |          |                   |                               |
| 4) Assist patient to ambulate with cane                                                                           |  |                      |          |                   |                               |
| 5) Proper use of rehabilitative devices                                                                           |  |                      | Type:    |                   |                               |
| MODULE 15: Observation and Charting<br>(4 Clinical Hours)                                                         |  |                      |          |                   |                               |
| 1) Report appropriate information to charge nurse                                                                 |  |                      |          |                   |                               |
| 2) Document vital signs, and activities of daily living<br>timely and correctly                                   |  |                      |          |                   |                               |
| 3) Document changes in patient bodily functions and<br>behavior                                                   |  |                      |          |                   |                               |
| 4) Participate in resident care planning                                                                          |  |                      |          |                   |                               |
|                                                                                                                   |  |                      |          |                   |                               |
|                                                                                                                   |  |                      |          |                   |                               |
|                                                                                                                   |  |                      |          |                   |                               |
|                                                                                                                   |  |                      |          |                   |                               |

# **Merced College**

## **Nurse Assistant Training Program**

### **Grounds for Dismissal**

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

Students enrolled in clinical training portions of the Nurse Assistant Training Program are expected to perform in a manner that ensures 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: defined by missing more than one day of theory and/or clinical.**

##### **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 any 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.

# **Merced College**

## **Nurse Assistant Training Program**

### **Grievance Policy**

#### **Policy**

It is the policy of the Merced College Nurse Assistant Training Program (NATP) 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 CNA Program Director and/or Area Dean 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 CNA 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 Student Conduct
- Administrative Procedure 5520—Student Discipline Procedures
- Administrative Procedure 5530—Student Rights and Grievances
- Administrative Procedure 5540—Academic Honesty Procedure

These policies are found on the Merced College website.

# **Merced College**

## **Nurse Assistant Training Program**

### **Ethics in Nursing: Responsibilities & 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.

#### **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.**

# **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 if 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.**

# **Merced College**

## **Nurse Assistant Training Program**

### **Consent to Release Records**

**By participating in the Nurse Assistant Program, the student gives consent to have their records released to one or all of the following clinical sites as needed for clinical participation:**

- Anberry Nursing & Rehabilitation Center
- Anberry Transitional Care
- Merced Nursing & Rehabilitation Center
- Los Banos Post Acute
- New Bethany Residential Care

# IN CASE OF WORKPLACE INJURY

## ACCION a seguir en caso de un accidente en el trabajo



**AVAILABLE  
24 HOURS A DAY**

**1-877-854-6877**

**Employer Name (Nombre De Compania)**

**Merced Community College District**

**Search Code (Código Del Búsqueda)**

**MCCD**

**1**

**Injured worker notifies supervisor.**

Empleado lesionado notifica a su supervisor.

**2**

**Supervisor/Injured worker immediately calls injury contact center.**

Supervisor / Empleado lesionado llama de inmediato al centro de contacto para lesiones.

**3**

**Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**

Company Nurse obtiene información por teléfono y asiste al empleado lesionado en adquirir el tratamiento médico adecuado.

**NOTICE TO EMPLOYER/SUPERVISOR:** Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.