



Nursing Assistant Program Handbook

2025/2026 Edition

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Program Admission & Clinical Placement

The Nursing Assistant Program accepts students on a quarterly basis. Students interested in enrolling are encouraged to meet with a Nursing Student Navigator. Students will be registered on a first-come-first-served basis.

NA 101 and NA 102 must be taken concurrently. NA 102 includes both skills lab and clinical practicum. Students must meet the clinical placement requirements prior to being cleared to attend the clinical practicum at a local skilled nursing facility and at the hospital.

The Nursing Assistant program includes American Heart Association (AHA) BLS Healthcare Provider CPR certification. Students must complete the required online and in-person training in CPR prior to being cleared to attend the clinical practicum.

Clinical Placement Requirements

To be eligible to attend the clinical practicum at a Nursing Assistant Program clinical affiliate agency, applicants must complete the clinical placement process. The clinical placement requirements include:

- 2 criminal history background checks;
- Documentation of 2-step tuberculin skin test (TST) or equivalent TB screening test;
- Health insurance;
- Immunizations per clinical site policy
- Current CPR certification;
- COVID-19 vaccination for the current year
- Flu vaccination for the current year
- A urine drug screen panel;**

** The above are requirements of the clinical affiliate agencies and not requirements of Bellingham Technical College. As such, we cannot waive these requirements for students.*

***Note: The drug screen includes cannabis testing per clinical site requirements.*

Clinical placement requirements must be submitted to and verified by the Nursing Program Manager. Documentation must be on file with the BTC Nursing Assistant Program before a student is released to attend the clinical practicum. Students with incomplete clinical placement requirements will not be allowed to care for patients at the assigned clinical affiliate agency and, therefore, will not be able to complete the Nursing Assistant program.

Criminal History Background Inquiry:

Students must complete criminal history background checks as requested by our clinical partners, verifying that there is no history of child or adult abuse, financial exploitation of vulnerable adults, or other crimes against persons as defined in RCW 43.43.830. Details about the disqualifying crimes and Washington State Department of Social and Health Services (DSHS) Negative Actions can be found on the Criminal History Background Check Information Sheet located on the BTC Nursing Assistant website.

On the first day of class, students will be asked to complete the online WA DSHS background check form. Students with background checks indicating crimes as described in the WACs will not be permitted access to clients at clinical affiliates' sites, as required by law, and thus will not be allowed to continue in the program. There is no cost for the DSHS Background Check. Students with questions or concerns about their criminal history are encouraged to meet with the Nursing Program Manager.

Tuberculosis Screening:

Prior to attending the clinical practicum portion of the NA 102 course, all students must submit proof of negative TB symptoms per the clinical partner agency's requirements. The following tests are accepted: the two-step TB skin test, the Quantiferon Gold or TSpot TB screening, or if a history of positive TB testing, the results of a clear chest x-ray and an annual symptom review conducted by a healthcare professional. TB screening tests are valid for one year and must be current for the duration of the clinical practicum.

Health Insurance:

Students must have active health insurance for the duration of the clinical practicum. Student Health Insurance is acceptable (see BTC website for details about enrolling in student health insurance).

CPR:

All students will be required to complete a CPR class and present evidence of current CPR certification prior to the clinical practicum. American Heart Association (AHA) BLS for the Healthcare Provider is the preferred CPR certification. Only accredited AHA CPR certification classes will be accepted. Failure to submit proof of and maintain a current Healthcare Provider CPR card on file with BTC will prevent a student from attending the clinical practicum and, therefore, from completing the program.

Immunizations:

In order to attend the clinical practicum, students must be up-to-date on their immunization requirements. This includes proof of 2 doses of the MMR vaccine or positive titers for measles, mumps and rubella, 2 doses of the varicella vaccine or a positive varicella titer, a Tdap within the last 15 years, 3 doses of the Hepatitis B vaccine or 2 doses of Heplisav B vaccine or a positive Hepatitis B titer.

Essential Qualifications for Nursing Assistants

The nursing assistant curriculum requires students to engage in diverse and specific experiences fundamental to the practice of essential nursing assistant skills and functions. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being crucial to the successful completion of the requirements of the nursing assistant program, these functions are necessary to ensure the health and safety of clients, fellow students, faculty, and other healthcare providers.

The essential qualifications to be acquired, demonstrated, and needed for successful continuance by the student in the Nursing Assistant and the subsequent Nursing Program at Bellingham Technical College include but are not limited to the following:

- **Motor Skills:** Nursing assistant students should have sufficient motor function to be able to execute movements required to provide general care and treatment to clients in all healthcare settings. For the safety and protection of the clients, the student must be able to perform basic life support, including CPR, and function in an emergency situation. The student must have the ability, within reasonable limits, to safely assist a client in moving and perform the duties of a demanding job. This specifically includes: crouching, grasping, pulling and pushing with 25lbs of force, lifting up to 50lbs, stooping, reaching, standing for long periods of time, and walking several miles in an 8-hour shift.
- **Sensory/Observation:** A student must be able to acquire the information presented through demonstrations and experiences in basic nursing sciences. Observe a client accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when assisting with activities of daily living, and perceive changes in condition through physical observation. Such information is derived from observation of the body surfaces and auditory information (client voice and blood pressure auscultation).
- **Communication:** The student must communicate effectively and sensitively with other students, faculty, staff, clients, family, and other professionals. Express ideas and feelings clearly, and demonstrate a willingness and ability to give and receive feedback. Be able to communicate effectively in oral and written forms. Be able to hear sounds at a normal range, including the ability to receive dictated information. Speak clearly and concisely with patients and health team members, in English when applicable, using medical terminology. Be able to convey or exchange information, assisting with the development of a health history and report problems presented. Be able to process and communicate information on the client's status to members of the healthcare team accurately and in a timely manner. The appropriate communication may also depend upon the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.
- **Cognitive:** The student must be able to measure, calculate, reason, analyze, and integrate within the context of nursing assistant practice. Quickly read and comprehend written material. Evaluate and apply information and engage in critical thinking in the classroom

and clinical setting.

- **Behavioral/Emotional:** The student must possess the emotional health required for the full utilization of intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the nursing assistant care of clients and families. The emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. In addition, the student must: be able to maintain mature, sensitive, and effective relationships with clients, students, faculty, staff, and other professionals under all circumstances, including highly stressful situations. Understand that personal values, attitudes, beliefs, emotions, and experiences affect their perceptions and relationships with others. Be able and willing to examine and change personal behavior when it interferes with productive individual or team relationships. Possess the skills and experience necessary for effective and harmonious relationships in diverse academic and working environments.
- **Professional Conduct:** The student must possess the ability to reason morally and to practice nurse assisting in an ethical manner. Be willing to learn and abide by the professional standards of practice. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Be able to engage in client care delivery in all care settings and be able to deliver care to all client populations, including but not limited to children, adolescents, adults, developmentally disabled persons, medically compromised clients, and vulnerable adults.

To complete the program, the student must be able to perform all of the essential functions.

Program Policies

See the **BTC website for current College Policies and Campus Resources**. Student's classroom conduct expectations and policies, as well as Student Academic Rights and Responsibilities are consistent with the current Student Conduct Code (WAC 495B-121). The theory course has policies outlined in each course syllabus and the clinical course has policies that reflect additional requirements of the clinical agency where the student is assigned. In addition, the Nursing Assistant Program has the following expectations for nursing assistant students.

Academic Dishonesty

All forms of student academic dishonesty, including cheating, falsification, plagiarism, or facilitating, aiding, and abetting academic dishonesty, are considered a "punishable act" according to the Student Conduct Code.

Substance Abuse/Misuse in the Clinical Setting

The purpose of this policy is to protect the welfare of clients, students, instructors, Bellingham Technical College, and affiliating agencies. The Washington State Department of Health under RCW 18.130.180 has defined chemical dependency as unprofessional conduct. At BTC, all students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol. Students must notify the course instructor if they are taking any medication that may impact their ability to provide safe, competent care (essential functional abilities). This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities. If the student is reasonably suspected of being under the influence of drugs or alcohol while at a clinical site, the nursing program director will be notified by the instructor, and the student will be sent home for the remainder of that day.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance due to use of drugs and/or alcohol.
- Reporting for a clinical session with the odor of alcohol or illegal chemicals on the breath.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating liquor or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.

Attendance

Attendance at all theory classes is mandatory. All students are expected to arrive on time and stay until dismissed. Three times tardy is considered an absence. Students must complete a **minimum** of 35 hours of classroom training and 16 hours of skills lab time. Attendance at the Lab Skills and Mock Skills Evaluations are mandatory and students must pass all the Lab Skills before they are allowed to attend clinical. All clinical days, as arranged by the clinical instructor, are also

mandatory. Students must complete a minimum of 40 hours of clinical training and are required to attend the clinical orientation in addition to these hours. **If a student is more than 15 minutes late for clinicals, it will be considered a failed day, and they will be sent home.** Students must also attend at least 5 hours of mock skills practice and testing after clinical hours are completed (See WAC 246-842). Attendance will be graded as part of the overall NA101 and NA102 grade.

Behavior

While in class, students are expected to demonstrate those personal qualities required by employers. Employer expectations include, but are not limited to, responsibility, integrity, and honesty. Students are expected to demonstrate mutual respect for each other and for the instructors. If a student demonstrates behavior that impacts the learning environment negatively, the disciplinary procedure will be implemented per the Student Code of Conduct.

Certification

All students who complete the program with a “C” or higher grade will receive a Certificate of Completion on the last day of class after all the program requirements are met. Students who complete the program are eligible to take the written and practical examination to receive State Certification. The Program does not grant the title of Nursing Assistant Certified; this credential is issued by the State of Washington Department of Health. Replacement of the Certificate of Completion will require the student to complete the Replacement Certificate Form and present a receipt for payment to the Nursing Program Manager.

Campus Emergencies

If an emergency arises, your instructor may inform you of actions to follow. You are responsible for knowing emergency evacuation routes from your classroom. If police or university officials order you to evacuate, do so calmly and assist those needing help. You may receive emergency information alerts via the building announcement system, text, email, or BTC’s website, Facebook and Twitter. Refer to the emergency flipchart in your classroom for more information on specific types of emergencies.

Chain of Command

If there are any problems in the classroom or clinical setting, follow the following chain of command to voice your concerns.

1. Instructor
2. Dean of Nursing and Allied Health (Nursing Program Director)
3. Vice President of Academic Affairs & Student Learning

Clinical Evaluation

Information that is learned in class and skills lab practice will be applied in the clinical setting. This gives the student the opportunity to practice safe client care while being supervised by the

clinical instructor. Students will be evaluated using the Clinical Evaluation form located in this handbook. During clinical at the facility the student will have ongoing evaluations of their performance. If the student fails to meet the clinical objectives, he/she will be informed in writing and a plan of action will be developed and discussed with the student. Failure to correct the problem(s) will constitute failure of clinical and will result in an "F" for NA102. *See Criteria for Behavior Not Meeting Program Standards.*

Confidentiality

Patients and clients are entitled to the confidentiality of their medical information. Federal legislation, the Health Insurance Portability and Accountability Act (HIPAA) mandates that no personally identifiable patient information be released without the patient's permission. All BTC clinical lab policies and procedures are in compliance with HIPAA. While students may share non-identifiable information for course and learning purposes, no patient information of any kind should be shared outside confidential settings in the practicum site or classroom. Absolutely NO reference to a patient, even if de-identified, should ever be shared electronically via email or on social networking sites such as Facebook. Additionally, no facility or facility staff information should be shared via email, on social networking sites, or by other means outside the learning environment. The instructor may direct students to share select de-identified patient information via Canvas email for course preparation or learning purposes. Sharing on Canvas is permissible, as directed by the instructor, because Canvas access is password-protected.

Pictures of patients must never be taken, whether a patient gives permission or not. If patient pictures are being considered for an educational purpose, the student must check with the instructor who will determine policies at the clinical practicum site. Under no circumstances is information pertinent to clients to be discussed outside of the clinical/classroom setting.

Nursing assistant students will be expected to sign a confidentiality form in agreement of understanding and adhering to this policy. Clinical affiliates may require students to sign additional confidentiality agreements. Any breach of confidentiality will be reported to the clinical agency and in addition may result in dismissal from the program.

Contact Information

Nursing assistant students are required to keep their most current address, phone number(s), and preferred email on file with the Nursing Assistant Program. This information will only be used by program faculty, staff, and associate dean and will be kept confidential per FERPA. Students will be asked to provide an emergency contact name, phone number, and preferred email address. This information will only be used in an emergency and will be kept confidential per FERPA.

Cultural Competence

Washington State legislature requires all healthcare providers licensed by the Department of

Health to receive multicultural health awareness education and training. Please refer to Cultural Competency in Health Service and Care, A Guide for Health Care Providers, June 2010, published by the Washington State Department of Health:

- <http://www.doh.wa.gov/portals/1/Documents/Pubs/631013.pdf>

Dress Code

Skills Lab:

Students are required to wear closed toed non-skid shoes at all times when practicing in the BTC nursing skills labs. Plain clothes may be worn, but students should be able to expose their upper arms so that they can practice blood pressures, and shirts exposing the abdomen should not be worn as we will be practicing skills with gait belts.

Clinical Sites:

Students are required to wear their student uniforms at all times during clinicals. This is so that you are easily identifiable to the facility staff as a student of BTC and so that you meet facility requirements of professional appearance and attire. The student uniform includes:

- Student ID card with a badge reel clip must be worn at all times on clinical site property. You can acquire a student ID on campus at the ASBTC office – be sure they hole punch it so it can be worn. If a clinical site has a different form of identification, the instructor will provide information on how to acquire it.
- Navy blue scrubs – student may choose the brand. Must have long pants and t-shirt style top. Must be clean and look professional. If unsure, check with instructor.
- Closed-toed non-skid shoes. Shoes should be black or white in color. Recommend shoes that are fluid resistant and easy to wipe clean (such as clogs), but this is not required.
- For temperature control, a white or black long-sleeved t-shirt may be worn under the scrubs, or a matching navy-blue scrub jacket over the scrubs.
- Hair should be clean and kept up off the shoulders.
- Earrings and piercings should be small and unobtrusive.
- Wedding rings or religious jewelry may be worn, but other jewelry should be kept to a minimum to reduce the number of places bacteria may hide.
- Tattoos that may be considered offensive to the clients should be covered (check with instructor if unsure.)
- Because you will be working in very close proximity to clients, perfumes or colognes or heavily scented products should not be worn. Body odors should be controlled.
- Nails should be clean and short enough to avoid accidentally scratching the clients.
- **If student's attire does not meet the clinical site's dress code policy, the student will be sent home and it will be considered a "failed" clinical day.**

Electronic Devices

Classroom & Lab:

To maintain an atmosphere conducive to learning, cellphones and other electronic devices are **not** allowed on audible settings in the classroom or clinical lab. Non-audible alerts (i.e., vibrating

alerts) are acceptable. However, students are expected to return non-essential calls and texts on scheduled breaks.

Clinical:

While at the clinical facility, students must follow the **facility policy** regarding the use of cellphones and other electronic devices. Cellphones and other electronic devices are **not** allowed on audible settings at the clinical facility. Non-audible alerts (i.e., vibrating alters) are acceptable. Non-emergent use may occur **only** while on break. Cellphones or other electronic devices with photograph and voice recording capabilities can compromise or violate patients' privacy rights and use of the camera feature or voice or video recording is **strictly prohibited** at all times.

*Emergency calls to students may be made through the clinical instructor's cellphone.

Recording Device Guidelines for the Classroom:

- The student must sign the Classroom Recording Agreement form (located in this handbook) before lectures can be recorded;
- Students must ask permission of faculty before each occurrence of recording in classroom or lab occurs;
- It is the responsibility of the student to notify faculty that they may be recording the lecture each time the student wishes to do so;
- All students in the class as well as guest speakers will be informed by the instructor that permission was granted for recording to occur;
- Recordings are to be used solely to facilitate student learning;
- No recording may be shared or posted on publicly accessible web environments (Facebook/YouTube/other private online groups), published, sold or used in any way other than for private study purposes;
- Students must destroy recordings at the end of each course;
- Public distribution of such materials may constitute copyright infringement in violation of federal or state law, or College policy;
- Violation of this policy may subject a student to disciplinary action, per *Student Code of Conduct*.

Exposure to Body Fluid Guidelines & Standard Precautions

Students must wear appropriate protective clothing/equipment when performing any task(s) that may involve exposure to body fluids. Any direct exposure to body fluids occurring while functioning as a nursing assistant student must be reported immediately to the clinical instructor.

The process for reporting exposure will be:

- The clinical instructor and student will notify the agency supervisor.
- The student and instructor will complete the agency site's incident report.
- The student and instructor will complete the college's accident report.
- The student and instructor will file a report of the incident with the Nursing Program Director.
- Any medical expenses incurred by the student will be the responsibility of the student.

Standard Precautions: All blood and body fluids are considered to be potential sources of infection and are treated as if known to be infectious. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure. When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:

- Gloves to be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when touching contaminated items or surfaces.
- Masks, eye protection and face shields to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Wash hands immediately after removal of gloves or other personal protective equipment.

Exemption

If any of the Nursing Assistant Program policies are in opposition to the student's beliefs, the student may request an exemption in writing at the beginning of the program. It is unacceptable to wait until the clinical practicum has begun to request an exemption. Each case will be dealt with on an individual basis by the faculty and dean.

Failure to Meet Standards or Policies

Disciplinary warnings will be issued verbally and then in writing for failure to adhere to the college or nursing assistant program policies, maintain adequate progress in theory, or unsafe clinical practice. If a student receives a written warning, that student has the opportunity to review the document along with a witness of the student's choosing and the issuing faculty member in attendance. Recommendations for success will be based on the BTC Student Code of Conduct, individual course objectives, and/or the WAC for nursing assistant practice.

Health Status

Students must meet the all Essential Qualifications before and during attending the clinical practicum. In the event a student experiences injury, medical procedure, illness and/or childbirth, the student must provide a medical release to full duty prior to attending or returning to the clinical practicum. In the event that the student is not released for full-duty, the student will not be able to attend clinical sessions and will not be able to complete the Nursing Assistant Program. Health status is a requirement of the clinical affiliates not Bellingham Technical College.

Injury Incident

Students must sign the medical policy statement regarding health insurance in the contracts and agreements section of this handbook and adhere to this policy statement while they are in the program.

Insurance

Students are covered by the blanket liability insurance policy of the program. This coverage is intended to cover students in the course of their nursing assistant education. The coverage will not cover students who act outside of the role of student nursing assistants or who fail to follow the established program guidelines for clinical practice.

The Bellingham Technical College does ***not*** cover students with accident or medical insurance and students are required to have health insurance the entire time they are in the program. A student is not an employee and, therefore, does not qualify for worker's compensation if injured while in the clinical setting. Students ***must*** be responsible for their own health insurance; this is a requirement for clinical placement. The student is responsible to maintain private health insurance and will not be allowed to attend clinical practicum if insurance expires. Students must notify the Nursing Program Manager in the event of any change in insurance status. This is in accordance with clinical agency contracts with the college.

Instructor Gifts

Student success is the best gift an instructor can receive. To prevent potential ethical violations, gift giving to instructors is strongly discouraged.

Professional Behavior/Student Code of Conduct

The following may be grounds for dismissal from the program in accordance with the BTC Student Code of Conduct:

- Unsatisfactory attendance.
- Unsatisfactory progress.
- Dishonesty in the classroom or clinical setting.
- Attendance in class or clinical setting under the influence of alcohol or other drugs.
- Unsafe clinical practice, as defined in *Criteria for Behavior Not Meeting Program Standards*.
- Health conditions not consistent with the demands of the nursing assistant profession.
- Behavior inconsistent with clinical facility policy, as stated in the facility's policy manual.
- Breach of confidentiality.
- Unprofessional conduct.

Professional Boundaries

To become friends with clients and their significant others you meet while attending the clinical practicum is non-therapeutic. Clients are vulnerable during treatment and a new social relationship with a professional person will create added problems for them. If a client asks for your personal information such as address, phone number, or email address, DO NOT GIVE IT OUT. Explain with respect and encourage the patient to seek out his or her own support system. Under no circumstances will a student transport a client in their own car or ride in the client car. If you encounter a personal friend or relative on the unit where you are assigned, please inform

your instructor so you may receive assistance in dealing with the situation, a determination will be made if you need to be moved to another unit.

To be professional, you must be able to objectively evaluate your own strengths and weaknesses and demonstrate initiative for furthering your own learning. You must also accept and profit from constructive criticism and past experiences and be able to adapt to various situations.

Student Evaluation

The Lab Skills Evaluation must be successfully completed before the student may attend the clinical portion of the program. If a skill(s) is failed during the Lab Skills Evaluation the student will have two additional chances to perform the skill(s) successfully. If a student is unable to perform the skill to the standards set they will be unable to continue in the program. Students cannot perform any clinical skill on clients until first demonstrating the skill satisfactorily to an instructor in the skills lab setting (WAC 246-841-490). There will be a final written exam on the last day of class and students must receive a minimum of a "C" on the final exam to pass the class. A minimum of a "C" must also be obtained on each quiz given during the class in order for the student to pass. Students may repeat an exam(s) if failed one time each to meet the minimum grade requirement.

Textbook and Required Supplies

The required text and supplies below are available at the BTC Campus Store. Textbook and Program Handbook/Workbook are required for the first day of class. Details about the requirements of the clinical uniform including color of scrubs are listed above in the "dress code" section.

- Sorrentino, Sheila A. & Remmert, Leighann N., *Mosby's Textbook for Nursing Assistants* (10th Ed.) Elsevier (2020), ISBN: 0323655602
- BTC Nursing Assistant Program Handbook/Workbook (current academic year)
- Clinical uniform
- Computer with internet access – must be able to access Canvas reliably
- Blood Pressure Cuff **recommended, not required*
- Stethoscope **recommended, not required*
- There are also fees associated with clinical compliance programs and state certification and testing. These include the cost of ACEMAPP and Complio compliance packages, WA state certification application fees (required for end-of-quarter testing) and the cost of vaccines and/or titers necessary to attend clinicals.

Student Support Services

The BTC Nursing Assistant program is committed to providing additional support for our students. The program's support staff include the Nursing Student Navigator and Nursing Program Manager who provide coaching, support, and guidance to help students to attain academic and career goals. The Student Navigator can help students to create an educational plan and will work with students to address any challenges and can direct students to appropriate support and funding resources, assist with job searches and help prepare resume and job application materials.

Tutoring:

The BTC Tutoring Center offers free access to tutoring services. Tutoring is available on a drop-in basis when classes are in session. To receive tutoring, you must be attending class and working on assignments. Tutors are graduate students, peer tutors, BTC graduates, retired teachers, professionals and others. Tutoring is conducted in a group setting. Contact the Tutoring Center for current schedules and more information: tutoring@btc.edu, 360.752.8499.

Nursing and nursing assistant students have access to tutors who specialize in nursing theory and hands-on skills. Nursing tutors are generally available in the skills lab and they may work with students on lab skills as well as theory concepts. The Nursing Student Navigator coordinates nursing tutoring and students are encouraged to meet with the navigator to learn more about tutoring services that are available.

Accessibility:

BTC and your instructor are committed to the principle of universal learning. This means that our classroom, our virtual spaces, our practices, and our interactions be as inclusive as possible. Mutual respect, civility, and the ability to listen and observe others carefully are crucial to universal learning.

If you have difficulty reading, hearing or seeing content, or any other difficulties that might negatively impact your potential to succeed in this course, you may be eligible to receive help from our Accessibility Resources (AR) Office. If you feel you may benefit from an accommodation, contact Mary Gerard, Coordinator for Accessibility Resources at the start of the quarter. This office is located in the College Services Building, Admissions and Student Resource Center, Room 106. Call 360-752-8345 or email ar@btc.edu.

If you qualify for academic accommodations, the Accessibility Resources Office will forward a letter of accommodation to your instructor and the Student Navigator, who will, with you, work out the details of any accommodations needed for this course. Existing services do not roll over from quarter to quarter and must be requested prior to the start of each quarter. It is the student's responsibility to contact Accessibility Resources (AR) each quarter and to follow AR policies and procedures.

Counseling:

Bellingham Technical College offers academic, career, and personal counseling free of charge. BTC counselors have one goal: to help students experience success. Counselors provide both academic and personal counseling services for students experiencing difficulties that interfere with learning. The focus is on providing support, clarifying choices, handling difficult situations, and accessing community resources. Students can contact counseling services at counseling@btc.edu or call 360-752-8345 for more information or to make an appointment.

Nursing assistant students may be referred to BTC Counseling services by their instructor or Student Navigator or students can seek services on their own. See the BTC website for more details.

Criteria for Behavior Not Meeting Program Standards

Definition of behavior not meeting program standards: Students must demonstrate the judgment and professional behavior necessary to protect the client from physical and emotional jeopardy. Students are evaluated throughout the quarter in order to ensure safe professional practice. Students at risk of removal from a course have not met program standards due to: (a) the seriousness of an incident, or (b) demonstrated a pattern of unsafe behavior.

<i>Not Meeting Program Standards is Demonstrated When the Student:</i>	<i>Examples: may not be limited to descriptors below.</i>
Violates or threatens the <i>physical</i> safety of the client	Unsafe use of equipment or supplies. Comes unprepared to the practice site. Incorrect positioning. Inadequate preparation for an emergency situation.
Violates or threatens the <i>psychological</i> safety of the client.	Uses clichés repeatedly. Does not encourage verbalization, or is not aware of difference in ability to communicate. Imposes personal values upon client. Denies client the right to make decisions about own care. Fails to provide a therapeutic environment. Uses of profane language. Uses culturally insensitive communication.
Violates or threatens the <i>microbiological</i> safety of the client.	Unrecognized violation of aseptic technique. Comes to the practice site ill. Clinical placement requirements not current.
Violates or threatens the <i>chemical</i> safety of the client.	Inappropriate use and/or application of: medications, treatments, or products.
Violates the <i>thermal</i> safety of the client.	Fails to observe safety precautions. Injures client with application of hot/cold. Leaves unreliable client alone.
Inadequately and/or inaccurately utilizes critical thinking.	Fails to observe/identify and/or report critical data regarding clients. Makes repeated faulty judgments. Difficulty prioritizing and organizing responsibilities.
Violates previously mastered principles/learning objectives.	Incorrectly performing skills that have been previously evaluated/mastered. Inadequate preparation for procedure. Does not follow practice site policies and procedures.
Assumes inappropriate independence in actions or decisions.	Fails to seek help when situation is out of control or in an emergency. Performs skills that have not been evaluated in the classroom/lab setting. Does not seek supervision or assistance for tasks that have not been previously performed with or evaluated by instructor.

Displays unprofessional conduct.	Dishonest about tasks performed. Omits treatments or aspects of student responsibilities and does not inform instructor or staff. Does not recognize or acknowledge mistakes/errors. Commits privacy violation(s).
Displays behavior that puts client safety at risk.	Becomes stressed, anxious and overwhelmed by changes in the environment and routine. Difficulty adjusting the plan based on new findings or changes to the situation. Difficulty applying knowledge and experience to new or different situations. Inconsistent performance despite having previously made progress toward learning objectives.

**Note: Students are expected to function safely and professionally at all times. These are only some of the examples of unsafe situations and do not represent all examples that can result in a student being removed from a course due to not meeting program standards.*

Any violation of these criteria will be reviewed by the faculty and supervisor and will be handled individually regarding the student's continuation in the program.

Standards of Practice

Competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. [WAC 246-841-400](#)

PROGRAM GOAL:

Upon completion of the Nursing Assistant Program, the student will be able to qualify for job entry as a nursing assistant in a health care facility and qualify for the State of Washington certification.

1. **Basic Technical Skills** A nursing assistant demonstrates basic technical skills, which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. A nursing assistant:
 - a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.
 - b) Takes and records vital signs.
 - c) Measures and records height and weight.
 - d) Measures and records fluid and food intake and output.
 - e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.
 - f) Recognizes, responds to and reports client's or resident's emotional, social, cultural and mental health needs.
 - g) Recognizes, responds to and reports problems in client's or resident's environment to ensure safety and comfort of client.
 - h) Participates in care planning and nursing reporting process.
2. **Personal Care Skills** A nursing assistant demonstrates basic personal care skills. A nursing assistant:
 - a) Assists client or resident with bathing, oral care, and skin care.
 - b) Assists client or resident with grooming and dressing.
 - c) Provides toileting assistance to client or resident.
 - d) Assists client or resident with eating and hydration.
 - e) Uses proper oral feeding techniques.

3. **Mental Health and Social Service Needs** A nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients based upon an awareness of development and age specific process. A nursing assistant:
 - a) Addresses individual behavioral needs of the client or resident.
 - b) Knows the developmental tasks associated with the developmental and age specific processes.
 - c) Allows the client or resident to make personal choices, but provides and reinforces behaviors consistent with the client's or resident's dignity.
 - d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.
4. **Care of Cognitively Impaired Residents** A nursing assistant demonstrates basic care of the cognitively impaired clients or residents. A nursing assistant:
 - a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses and other conditions.
 - b) Communicates with cognitively impaired clients or residents in a manner appropriate to their needs.
 - c) Demonstrates sensitivity to the behavior of cognitively impaired clients or residents.
 - d) Appropriately responds to the behavior of cognitively impaired clients or residents.
5. **Basic Restorative Services** A nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. A nursing assistant:
 - a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.
 - b) Demonstrates knowledge and skill in the maintenance of range of motion.
 - c) Demonstrates proper techniques for turning and positioning a client or resident in a bed and chair.
 - d) Demonstrates proper techniques for transferring and ambulating client or resident.
 - e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.
 - f) Demonstrates knowledge and skill for the use and care of prosthetic devices by client or resident.

- g) Uses basic restorative services by training the client or resident in self care according to the client's or resident's capabilities.
6. **Client's Rights and Promotion of Client's Independence** A nursing assistant demonstrates behavior that maintains and respects client's rights and promotes client's independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. A nursing assistant:
- a) Recognizes that client or resident has the right to participate in decisions about his or her care.
 - b) Recognizes and respects clients' or residents' need for privacy and confidentiality.
 - c) Promotes and respects the client or resident right to make personal choices to accommodate their needs.
 - d) Reports client or resident concerns.
 - e) Provides assistance to client or resident in getting to and participating in activities.
 - f) Respects the property of client or resident and employer and does not take equipment, material, property or medications for his, her or other's use or benefit. A nursing assistant may not solicit, accept or borrow money, material or property from client or resident for his, her or other's use or benefit.
 - g) Promotes client or resident right to be free from abuse, mistreatment, and neglect.
 - h) Intervenes appropriately on the client's or resident's behalf when abuse, mistreatment or neglect is observed.
 - i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation or abandonment.
 - j) Participates in the plan of care with regard to the use of restraints in accordance with current professional standards.
7. **Communication and Interpersonal Skills** A nursing assistant uses communication skills effectively in order to function as a member of the nursing team. A nursing assistant:
- a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.
 - b) Listens and responds to verbal and nonverbal communication in an appropriate manner.
 - c) Recognizes how his or her own behavior influences client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.

- d) Adjusts his or her own behavior to accommodate client's or resident's physical or mental limitations.
 - e) Uses terminology accepted in the health care setting to record and report observations and pertinent information.
 - f) Appropriately records and reports observations, actions, and information accurately and in a timely manner.
 - g) Is able to explain policies and procedures before and during care of the client or resident.
8. **Infection Control** A nursing assistant uses procedures and techniques to prevent the spread of microorganisms. A nursing assistant:
- a) Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission-based precautions.
 - b) Explains how disease-causing microorganisms are spread.
 - c) Is knowledgeable regarding transmission of bloodborne pathogens.
 - d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.
9. **Safety/Emergency Procedures** A nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. A nursing assistant:
- a) Provides an environment with adequate ventilation, warmth, light, and quiet.
 - b) Promotes a clean, orderly, and safe environment including equipment for a client or resident.
 - c) Identifies and utilizes measures for accident prevention.
 - d) Demonstrates principles of good body mechanics for self and client or resident, using the safest and most efficient methods to lift and move clients, residents, or heavy items.
 - e) Demonstrates proper use of protective devices in care of clients or residents.
 - f) Demonstrates knowledge and follows fire and disaster procedures.
 - g) Identifies and demonstrates principles of health and sanitation in food service.
 - h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.
10. **Rules and Regulations Knowledge** A nursing assistant demonstrates knowledge of and is responsive to the laws and regulations that affect his/her practice, including, but not limited to:

- a) [Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation.](#)
- b) Scope of practice.
- c) [Workers' right to know](#)
- d) [The Uniform Disciplinary Act](#)

Plan of Instruction

This program consists of 40 hours of scheduled lecture time, 28 hours of scheduled lab time, and 72 hours of scheduled clinical time. Additionally, there will be out-of-class tasks the student will need to complete to prepare for lecture, lab, and clinicals.

Lecture (NA 101)

Course work will include various combinations of the following techniques:

- Lectures
- Discussion
- Reading Assignments
- Group Work
- Demonstrations

Instructional Aids:

The instructor will use Canvas, this Workbook, handouts, PowerPoints, textbook, in-person skill demonstrations, lectures, assigned videos, guided skills practice, and group discussion.

The instructor highly recommends that students follow along with the workbook during lectures as a study aid to use on exams.

Skills Lab (NA 102)

Students will be introduced to each of the twenty-two skills, given adequate time to practice these skills under supervision, and then evaluated on each skill prior to attending the clinical portion of the program. The final skills lab session will be “Mock Testing” and will replicate the state skills certification examination.

The Lab Skills Evaluation must be successfully completed before the student may attend the clinical portion of the program. If a skill(s) is failed during the Lab Skills Evaluation the student will have two additional chances to perform the skill(s) successfully. If a student is unable to perform the skill to the standards set they will be unable to continue in the program. Students cannot perform any clinical skill on a client until first demonstrating the skill satisfactorily to an instructor in the skills lab setting (WAC 246-841-490).

Skills to be performed:

1. Handwashing

2. Applies One Knee-High Elastic Stocking
3. Assists to Ambulate Using Transfer Belt
4. Assists with Use of Bedpan
5. Cleans Upper or Lower Denture
6. Counts and Records Radial Pulse
7. Counts and Records Respirations
8. Donning and Removing PPE (Gown and Gloves)
9. Dresses Client with Affected (Weak) Right Arm
10. Feeds Client Who Cannot Feed Self
11. Gives Modified Bed Bath (Face, One Arm, Hand and Underarm)
12. Measures and Records (Manual) Blood Pressure
13. Measures and Records Urinary Output
14. Measures and Records Weight of Ambulatory Client
15. Performs Modified Passive Range of Motion for One Knee and One Ankle
16. Performs Modified Passive Range of Motion for One Shoulder
17. Positions on Side
18. Provides Catheter Care for Female
19. Provides Foot Care on One Foot
20. Provides Mouth Care
21. Provides Perineal Care
22. Transfers From Bed to Wheelchair Using Transfer Belt

*Additional skills taught in lab include blood sugar testing, emptying drains, ostomies and catheters, occupied and unoccupied bed changes, application of different incontinence products, use of ceiling lifts, use of restraints, proper transfer techniques using canes, walkers, crutches and wheelchairs, use of higher levels of PPE and appropriate care techniques for clients with sensory deficits.

Students will also demonstrate appropriate work ethics, interpersonal relationships, safety skills, and communication skills as defined by the nursing assistant standards of practice.

Clinical Practicum (NA 102)

During clinical experiences, the student will be assigned to a nursing assistant at the facility and will work with them through their shift. On the first day of clinicals at each facility, the student will be allowed to actively shadow their preceptor, but on following days the student will be expected to participate more actively in care. ***Note: if clinicals are performed in the hospital setting, students must be with their assigned CNA at all times when performing patient care.**

Overview and expectations for the clinical day:

- Pre-Conference Huddle: Meet with instructor and classmates at the start of the shift and receive daily assignment. Student will be teamed with a classmate, and with a CNA at the facility.
- Paired students will provide personal care, toileting, transfers, meal assistance, vital signs,

and assist with any other needs the resident has within the CAN scope of practice & the instructor's directions. If the resident has a shower or restorative care, students will attend those activities with the resident and assigned CNA.

- Students may also attend other activities in the facility with the assigned residents and CNA as appropriate.
- Students will work as a team and communicate with the assigned CNA and nursing team.
- Student Breaks: plan breaks prior to the residents' scheduled meal. Students are to be on the floor, passing trays and assisting during resident meal times.
- Post-Conference Huddle: Meet with instructor and classmates last 30 minutes of the shift. Complete all resident cares and meet in the assigned conference area.

Additional areas of focus:

During the clinical experience students will be encouraged to seek out additional learning opportunities. These may include:

- Preparing a client for admission or discharge.
- Take vital signs and daily weight on multiple residents and report to the nurse.
- Specimen collection
- Care for a resident with tubes: enteral feeding, nasogastric and /or IV.
- Care for a resident in isolation.
- Care for an indwelling urinary catheter
- Post-mortem care
- Other cares as recommended by instructor

Students' clinical performance will be evaluated by the instructor throughout the quarter. Students will receive a grade for their clinical performance based on their improvement in the Clinical Evaluation Course Competency Areas.



Lab Skills

Skill 1. Hand Hygiene

Student Name: _____

Skill 2: Applies One Knee-High Elastic Stocking

Student Name: _____

SKILL #2: Applies One Knee-High Elastic Stocking		Standard Met
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2	Privacy is provided with a curtain, screen, or door	
3	Client is in supine position (lying down in bed) while stocking is applied	
4	Adjust bed height to approximately waist height to stand comfortably with back straight	
5	Turn stocking inside-out, at least to the heel	
6	Places foot of stocking over toes, foot, and heel	
7	Pulls top of stocking over foot, heel, and leg	
8	Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints	
9	Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area; if using a mannequin, candidate may state stocking needs to be wrinkle-free	
10	Signaling device is within reach and bed is in low position	
11	After completing skill, wash hands	
<p>Demonstrated Competency? Yes _____ No _____</p> <p>Comments:</p> <p>Instructor Signature: _____ Date: _____</p>		

Skill 3: Assists to Ambulate Using Transfer Belt

Student Name: _____

SKILL #3: Assists to Ambulate Using Transfer Belt		Standard Met
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2	Privacy is provided with a curtain, screen, or door	
3	Before assisting to stand, client is wearing non-skid shoes/footwear	
4	Before assisting to stand, bed is at a safe level	
5	Before assisting to stand, checks and/or locks bed wheels	
6	Before assisting to stand, client is assisted to sitting position with feet flat on the floor	
7	Before assisting to stand, applies transfer belt securely at the waist over clothing/gown	
8	Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing	
9	Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says another prearranged signal) to alert client to begin standing	
10	On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs by standing knee-to-knee or toe-to-toe with client	
11	Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt	
12	Assists client to bed and removes transfer belt	
13	Signaling device is within reach and bed is in low position	
14	After completing skill, wash hands	

Demonstrated Competency? Yes _____ No _____

Comments:

Instructor Signature:

Date:

Skill 4: Assists With Use of Bedpan

Student Name: _____

SKILL #4: Assists with Use of Bedpan	Standard Met
1 Explains procedure speaking clearly, slowly, and directly, maintaining face- to-face contact whenever possible	
2 Privacy is provided with a curtain, screen, or door	
3 Before placing bedpan, lowers head of bed	
4 Puts on clean gloves before placing bedpan under client	
5 Adjust bed height to approximately waist height to stand comfortably with back straight	
6 Places bedpan correctly under client’s buttocks	
7 Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
8 After positioning clients on bedpan and removing gloves, raises head of bed	
9 Toilet tissue is within reach	
10 Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished	
11 Signaling device within reach and client is asked to signal when finished	
12 Lowers level of bed to lowest position before exiting room	
13 Puts on clean gloves before removing bedpan	
14 Head of bed is lowered before bedpan is removed	
15 Adjust bed height to approximately waist height to stand comfortably with back straight	
16 Ensures client is covered except when placing and removing bedpan	
17 Empties and rinses bedpan and pours rinse into toilet	
18 Places bedpan in designated dirty supply area	
19 Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
20 Signaling device is within reach and bed is in low position	

Demonstrated Competency? Yes _____ No _____

Comments:

Instructor Signature:

Date:

Skill 5: Cleans Dentures

Student Name: _____

SKILL #5: Cleans Upper or Lower Denture	Standard Met
1 Puts on clean gloves before handling denture	
2 Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink	
3 Rinses denture in moderate temperature running water before brushing them	
4 Applies denture toothpaste to toothbrush	
5 Brushes all surfaces of denture	
6 Rinses all surfaces of denture under moderate temperature running water	
7 Rinses denture cup and lid	
8 Places denture in denture cup with moderate temperature water/solution and places lid on cup	
9 Rinses toothbrush and places in designated toothbrush basin/container	
10 Maintains clean technique with placement of toothbrush and denture	
11 Sink liner is removed and disposed of appropriately and/or sink is drained	
12 Removes and disposes of gloves (without contaminating self) into waste container and washes hands	

Demonstrated Competency? Yes _____ No _____

Comments:

Instructor Signature:

Date:

4	Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water	
5	Adjust bed height to approximately waist height to stand comfortably with back straight	
6	Puts on clean gloves before washing client.	
7	Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face	
8	Dries face with dry cloth towel/washcloth	
9	Exposes one arm and places cloth towel underneath arm	
10	Applies soap to wet washcloth	
11	Washes fingers (including fingernails), hand, arm, and underarm keeping rest of body covered	
12	Rinses and dries fingers, hand, arm, and underarm	
13	Moves body gently and naturally, avoiding force and over-extension of limbs and joints	
14	Puts clean gown on client	
15	Empties, rinses, and dries basin	
16	Places basin in designated dirty supply area	
17	Disposes of linen into soiled linen container	
18	Avoids contact between candidate clothing and used linens	
19	Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
20	Signaling device is within reach and bed is in low position	
Demonstrated Competency? Yes _____ No _____ Comments: Instructor Signature: _____ Date: _____		

Skill 12: Measures and Records Manual Blood Pressure

Student Name: _____

SKILL #12: Measures and Records Manual Blood Pressure		Standard Not Met
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face- to-face contact whenever possible	
2	Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol	
3	Client’s arm is positioned with palm up and upper arm is exposed	
4	Have the client assume a comfortable lying position, or if in sitting	

SKILL #13: Measures and Records Urinary Output		Standard Met
1	Puts on clean gloves before handling bedpan	
2	Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container	
3	Rinses bedpan and pours rinse into toilet	
4	Measures the amount of urine at eye level with container on flat surface (if between measurement lines, round up to nearest 25 ml/cc)	
5	After measuring urine, empties contents of measuring container into toilet	
6	Rinses measuring container and pours rinse into toilet	
7	Before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands	
8	Records contents of container within plus or minus 25 ml/cc of evaluator's reading	
9	Documentation includes date/time, color, clarity, sediment	
<p>Demonstrated Competency? Yes _____ No _____</p> <p>Comments:</p> <p>Instructor Signature: _____ Date: _____</p>		

Skill 14: Measures and Records Weight of Ambulatory Client

Student Name: _____

1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2	Privacy is provided with a curtain, screen, or door	
3	Instructs client to inform candidate if pain experienced during exercise	
4	Adjust bed height to approximately waist height to stand comfortably with back straight	
5	While supporting arm at the elbow and at the wrist, raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.	
6	While supporting arm at the elbow and at the wrist, moves client's straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.	
7	Signaling device is within reach and bed is in low position	
8	After completing skill, washes hands	
Demonstrated Competency? Yes _____ No _____ Comments: Instructor Signature: _____ Date: _____		

Skill 17: Positions on Side

Student Name: _____

SKILL #17: Positions on Side		Standard Met
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2	Privacy is provided with a curtain, screen, or door	

4	Adjust bed height to approximately waist height to stand comfortably with back straight	
5	Puts on clean gloves before washing	
6	Places linen protector under perineal area before washing	
7	Expose area surrounding catheter (only exposing client between hip and knee)	
8	Applies soap to wet washcloth	
9	While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction, away from meatus, using a clean area of the washcloth for each stroke	
10	While holding catheter at meatus without tugging using a clean washcloth, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the washcloth for each stroke	
11	While holding catheter at meatus without tugging, dries at least 4"	
12	Empties, rinses, and dries basin	
13	Places basin in designated dirty supply area	
14	Disposes of used linen into soiled linen container and disposes of linen protector appropriately	
15	Avoids contact between candidate clothing and used linen	
16	Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
17	Signaling device is within reach and bed is in low position	
<p>Demonstrated Competency? Yes _____ No _____</p> <p>Comments:</p> <p>Instructor Signature: _____ Date: _____</p>		

Skill 19: Provides Foot Care

Name: _____

SKILL #19: Provides Foot Care on One Foot		Standard Met
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2	Privacy is provided with a curtain, screen, or door	
3	Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water	
4	If using a bed, adjust bed height to approximately waist height to stand	

	comfortably with back straight	
5	Basin is in a comfortable position for the client and on protective barrier	
6	Puts on clean gloves before washing foot	
7	Client's bare foot is placed into the water	
8	Applies soap to wet washcloth	
9	Lifts foot from water and washes foot (including between the toes)	
10	Foot is rinsed (including between the toes)	
11	Dries foot (including between the toes) with dry cloth towel/washcloth	
12	Applies lotion to top and bottom of foot (excluding between the toes) removing excess with a towel/washcloth	
13	Supports foot and ankle during procedure	
14	Empties, rinses, and dries basin	
15	Places basin in designated dirty supply area	
16	Disposes of used linen into soiled linen container	
17	Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
18	Signaling device is within reach	
Demonstrated Competency? Yes _____ No _____ Comments: Instructor Signature: _____ Date: _____		

Skill 20: Provides Mouth Care

SKILL #20: Provides Mouth Care	Standard Met
1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2 Privacy is provided with a curtain, screen, or door	
3 Before providing mouth care, client is in upright sitting position (75-90 degrees)	
4 Adjust bed height to approximately waist height to stand comfortably with back straight. Adjust level of bed so that feet are flat on the floor if sitting client on side of bed to do mouth care	
5 Puts on clean gloves before cleaning mouth	

6	Places cloth towel across chest before providing mouth care	
7	Secures cup of water and moistens toothbrush	
8	Before cleaning mouth, applies toothpaste to moistened toothbrush	
9	Cleans mouth (including tongue and all surfaces of teeth), using gentle motions	
10	Maintains clean technique with placement of toothbrush	
11	Candidate holds emesis basin to chin while client rinses mouth	
12	Candidate wipes mouth and removes clothing protector	
13	Disposes of used linen into soiled linen container	
14	Rinses toothbrush and empties, rinses, and dries basin	
15	Removes and disposes of gloves (without contaminating self) into waste container and washes hands	
16	Signaling device is within reach and bed is in low position	
Demonstrated Competency? Yes _____ No _____ Comments: Instructor Signature: _____ Date: _____		

Name: _____

Skill 21: Provides Perineal Care for Female

Name: _____

SKILL #21: Provides Perineal Care (Peri-Care) for Female	Standard Met
1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	
2 Privacy is provided with a curtain, screen, or door	
3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water	
4 Adjust bed height to approximately waist height to stand comfortably with back straight	
5 Puts on clean gloves before washing perineal area	
6 Places pad/ linen protector under perineal area including buttocks before washing	

8	Before assisting to stand, client is assisted to a sitting position with feet flat on the floor	
9	Before assisting to stand, client is wearing shoes	
10	Before assisting to stand, applies transfer belt securely at the waist over clothing/gown	
11	Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing	
12	Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or other prearranged signals) to alert client to begin standing	
13	On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidates' hands are in upward position) and maintaining stability of client's legs by standing knee to knee, or toe to toe with the client	
14	Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair	
15	Lowers client into wheelchair	
16	Positions client with hips touching back of wheelchair and transfer belt is removed	
17	Positions feet on footrests	
18	Signaling device is within reach	
19	After completing skill, washes hands	
Demonstrated Competency? Yes _____ No _____ Comments: Instructor Signature: _____ Date: _____		

Lab Skills Evaluation Form

Students are required to demonstrate satisfactory performance of all nursing assistant skills in the lab setting and receive a "Pass" on the Lab Skills Evaluation prior to performance of these skills on clients in the clinical setting. Satisfactory performance is defined as **Meeting** or **Exceeding Expectations** on all skills. Students who **Do Not Meet Expectations** on one or more skills will receive a "No Pass" and if unsuccessful after remediation and reevaluation will not be allowed to attend clinical.

Student Name: _____

Rubric:

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
----------------------	--------------------	----------------------------

Student performs skill safely and with confidence every time, all critical steps are performed, steps are always in correct order, no mistakes need to be corrected, completes skill successfully in less time than required.	Student performs skill safely, all critical steps are performed, steps are mostly in correct order, corrects mistakes in acceptable manner, completes skill successfully within time limit.	Student is unable to perform skill safely, critical steps are missed, steps are not in order or steps are missing, mistakes are not recognized and corrected, time to complete skill exceeds time limit.
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Skill	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Date	Instructor Initials
1. Hand Hygiene (Hand Washing)					
2. Applies One Knee-High Elastic Stocking					
3. Assists to Ambulate Using Transfer Belt					
4. Assists with Use of the Bedpan					
5. Cleans Upper and Lower Denture					
6. Counts and Records Radial Pulse					
7. Counts and Records Respirations					
8. Donning and Removing PPE (Gown & Gloves)					
9. Dresses Client with Affected Right (weak) Arm					
10. Feeds Client Who Cannot Feed Self					
11. Gives Modified Bed bath					

Skill	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Date	Instructor Initials
12. Measures and Records Blood Pressure					
13. Measures and Records Urinary Output					
14. Measures and Records Weight of Ambulatory Client					
15. Performs Passive Range of Motion (PROM) for One Knee and One Ankle					
16. Performs Passive Range of Motion (PROM) for One Shoulder					
17. Positions on Side					
18. Provides Catheter Care for Female					
19. Provides Foot Care on One Foot					
20. Provides Mouth Care					
21. Provides Perineal (Peri-Care) for Female					
22. Transfers From Bed to Wheelchair Using Transfer Belt					
**Measures & Records Client's Blood Glucose Level					
**Empties Ostomy Bag					
**Performs Transfer Using a Sit-to-Stand & Ceiling Lift					

PASS NO PASS

Instructor Name(s):

Instructor Signature(s):

Date: _____

Clinical Evaluation Form

Student Name: _____

Successful completion of the NA102 clinical course is defined as **Exceeds Expectations** or **Meets Expectations** in all course competencies. Receiving a **Does Not Meet Expectations** in one or more course competency may result in a grade of No Pass.

Rubric:

Exceeds Expectations (E)	Meets Expectations (M)	Does Not Meet Expectations (D)
Student performance reflects successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs minimal supervision. Self-directed and seeks out learning opportunities.	Student performance reflects progress towards successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs limited supervision. Occasional physical & verbal direction.	Student performance does not meet minimum standards of knowledge, skills and attitudes required of an entry level nursing assistant. Unsafe client care observed. Requires close supervision. Continuous physical &/or verbal direction.

COURSE COMPETENCY	E	M	D
INTERPERSONAL RELATIONSHIPS			
Identifies responsibilities and role as Nursing Assistant.			
Demonstrates acceptable work relationships.			
Identifies members of the health team.			
Demonstrates a positive attitude toward the nursing assistant role, co-workers, supervisors, and residents.			
WORK ETHIC			
Punctual on duty and breaks.			
Informs staff if late or absent.			
Exhibits good personal hygiene and appearance.			
Open to learning new techniques, and acts upon suggestions for improvement.			
SAFETY			
Functions safely and legally as a member of the health team.			
Develops skill in using body mechanics and in use of gait belt.			
Assists in providing a clean, safe, pleasant environment for the residents.			

COURSE COMPETENCY	E	M	D
Demonstrates skill in practicing basic principles and techniques in the prevention and control of infection, i.e., hand washing and use of gloves.			
HUMAN NEEDS			
Applies knowledge of basic needs in providing resident care.			
Applies knowledge of the aging and dying process in providing resident care.			
Assists in providing for the resident’s emotional, social, physical, spiritual, recreational, and sexual needs, including modifications for the mentally and physically disabled person.			
Applies understanding of client’s rights and responsibilities.			
COMMUNICATION			
Demonstrates ability to communicate appropriately with the residents and staff verbally, non-verbally and in writing.			
Demonstrates empathy for residents.			
Utilizes appropriate medical terminology and abbreviations orally and in writing in the health care setting.			
Demonstrates skills in observation and reporting.			

Mid-Term Eval Comments:

Final Eval Comments:

Final Grade

PASS

NO PASS

Clinical Instructor Signature

Date



Nursing Assistant Workbook

Chapter 1: Healthcare Agencies

1. What are the purposes of healthcare?
 -
 -
 -
 -
2. Give an example of a disease prevention strategy:
3. What is the difference between a chronic illness and an acute illness?
4. What is hospice and what kind of illness is it focused on?
5. What is the primary difference between inpatient and outpatient care?
6. Give some examples of inpatient care facilities:
7. Give some examples of outpatient care facilities:

8. What is a skilled nursing facility?

9. How is assisted living different from skilled nursing facilities?

10. Briefly state what each of the following members of the healthcare team do:

- RN (registered nurses)
- Providers
- Pharmacists
- SW / Care Management
- PT
- OT
- RT
- ST
- EMS

11. Who is involved in setting healthcare standards?

12. What 3 qualities must healthcare have in order to meet most healthcare standards?

13. What is an accrediting agency? List a few:

14. What is a survey and why are they performed?

15. Discuss some factors that complicate the US healthcare coverage system.

16. Who qualifies for Medicare vs Medicaid?

- **Medicare:**

- **Medicaid:**

17. What are the 6 categories of the social determinants of health?

-
-
-
-
-
-

18. How is healthcare equity different from healthcare equality?

19. Give an example of a situation in which healthcare equality may result in poorer patient outcomes than healthcare equity:

Chapter 2: The Person's Rights

1. Why do long-term care residents have a different set of rights than hospital patients?
2. What document did the American Hospital Association create to outline patient rights and expectations?
3. What are the rights of hospital patients?
4. How can a patient waive their safe discharge rights?
5. What information should be provided to patients so that they can make informed decisions?

6. What federal law established LTC resident rights in all 50 states?

7. What rights are residents entitled to?

8. What is an ombudsman, and when should they be contacted?

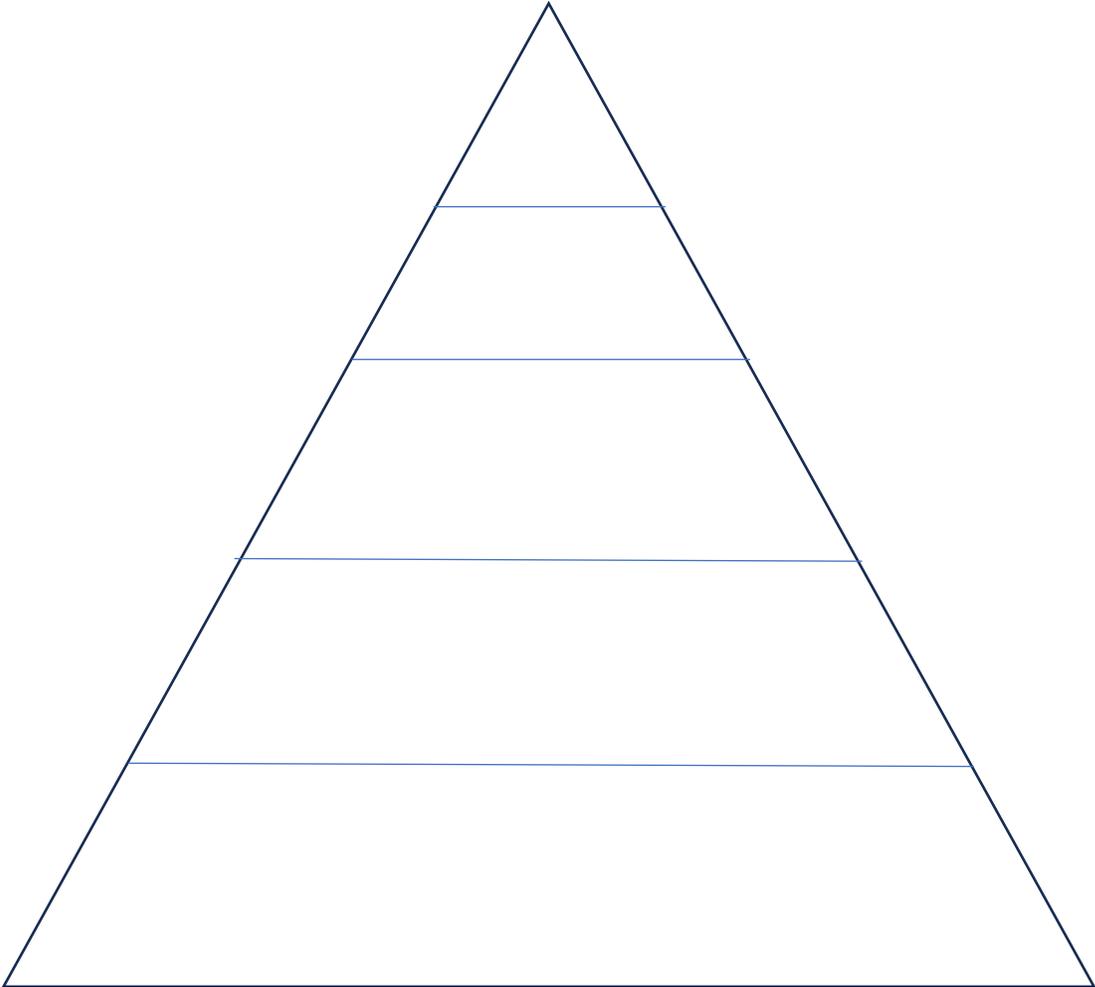
Chapter 3: The Nursing Assistant

1. What is a CNA? What are some alternative names/titles they go by?
2. Define **Scope of Practice**:
3. Where is your scope of practice defined?
4. What 12 competencies are CNAs expected to have?
5. What are some tasks that a CNA can never perform?
6. Which governing body issues nursing assistant certifications in WA state?

b. Home health:

c. Hospitals:

13. Label each level of Maslow's Hierarchy of Needs. List some needs at each level.



Chapter 5: Ethics and Laws

1. Why does professionalism matter?

2. Give some examples of **professional behaviors**:

-
-
-
-
-
-
-
-
-

3. Define the term **professional boundaries**:

4. How do boundaries help you and the client?

- False Imprisonment:

- Invasion of Privacy:

8. Provide an example for each of the following:

- Physical Abuse:

- Neglect:

- Verbal Abuse:

- Involuntary Seclusion:

- Financial Exploitation or Misappropriation:

- Emotional or Mental Abuse:

- Sexual Abuse:

- Abandonment:

9. What is a **mandatory reporter**?

10. What is a **vulnerable person**?

11. What are some common signs of elder abuse?

-
-
-
-
-
-
-
-
-
-
-

12. What is **ethics**?

13. What ethical principles were at play in the story about the alien species?

14. Define each of the four pillars of medical ethics. Give some examples of ways each pillar can be challenged at the bedside.

- o **Aggressive:**

- o **Withdrawal:**

- o **Inappropriate sexual behaviors:**

7. What are some things caregivers might do that result in poor communication?

8. Why should we practice **trauma-informed care** on every client?

9. What are ACEs?

10. What does trauma-informed care look like?

16. What is **aphasia**? What are the different types? What usually causes it?

17. What are some strategies you can use for communicating with aphasic clients?

Chapter 8: Health Team Information

1. How do you refer to your client to identify them to another caregiver? How can you identify them without violating HIPAA?
2. If you are requesting someone help you with a task, what information must be included in your request?
3. Describe **closed loop communication** and why it is the best form of communication for healthcare professionals:
4. What should you report to the nurse?
5. What does **SBAR** stand for?
6. What information should be included in the **end-of-shift report**?

Chapter 9: Medical Terminology

1. Describe the difference between prefix, root and suffix. Give several examples of each.

2. Define the following:
 - Superior:

 - Inferior:

 - Medial:

 - Lateral:

 - Distal:

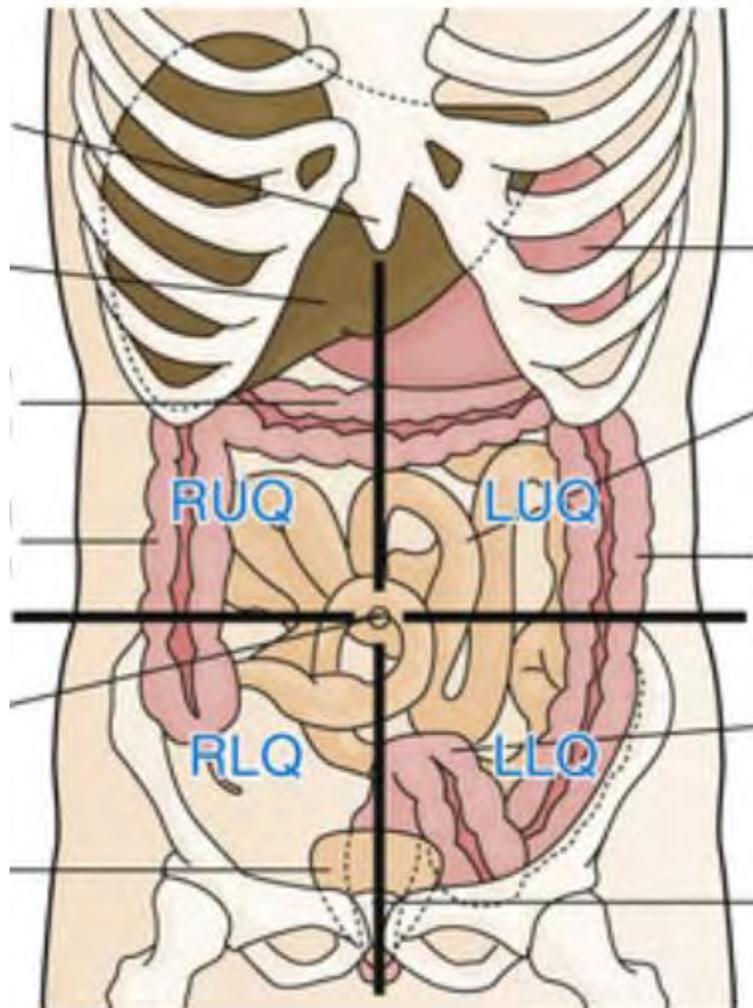
 - Proximal:

3.
 - Deep:

 - Superficial:

4. Circle the correct term in each:
 - The head is **superior/inferior** to the neck
 - The elbow is **distal/proximal** to the fingers
 - The stomach is **superficial/deep** to the skin
 - The hip is **lateral/medial** to the sacrum

5. Label the parts of the belly:



6. What is the difference between a sign and a symptom?

7. Circle the signs:

- | | | |
|----------|-------------|-------------------|
| Fever | Tachycardia | Swelling |
| Pain | Bleeding | Difficulty moving |
| Nausea | Anxiety | Fatigue |
| Vomiting | Dyspnea | Palpitations |

Medical Terminology Activity

Use the table to give your best guess at the definition of each term based on the meaning of the prefixes, roots, and suffixes:

- Tachycardia
- Craniotomy
- Arthroscopy
- Colectomy
- Hematuria
- Apnea
- Angioplasty
- Encephalopathy
- Ileostomy
- Oophorectomy
- Hepatitis
- Hyperemesis

- Cystoscopy
- Nephropathy
- Cardiomegaly
- Pericardium
- Bradypnea

Chapter 10: Body Structure & Function

1. What are the components of the integumentary system?
2. What are the integumentary system's functions?
3. What are the 3 main components of the musculoskeletal system?
4. How are voluntary and involuntary muscles different? Give an example of each.
5. What are the 2 main divisions of the nervous system? Which division is the brain a part of?
6. What is the difference between the sympathetic and parasympathetic nervous systems?

13. What is the function of the digestive system?

14. Describe the path of food through the digestive system, naming any relevant anatomical structures:

15. Define **peristalsis**:

16. What are the primary functions of the urinary system?

17. What anatomical structures are associated with the urinary system?

18. What is the function of the reproductive system?

19. What anatomical structures are associated with the male reproductive system?

20. What anatomical structures are associated with the female reproductive system?

21. What is the function of the immune system?

22. Give some examples of how the body's immune system fights off diseases:

23. What is the function of the endocrine system?

24. What anatomical structures are associated with the endocrine system and what processes are they involved with?

Chapter 11: Growth and Development

1. What is the difference between growth and development?

2. When do growth and development begin and end?

3. At what ages do the life stages generally occur:

- Infancy:
- Toddlerhood:
- Preschool:
- School age:
- Late childhood:
- Adolescence:
- Young adulthood:
- Middle adulthood:
- Late adulthood:

4. What milestones happen during the **infancy stage**?

5. What milestones happen during **toddlerhood**?

6. What milestones happen during **preschool**?

7. What milestones happen during **school ages**?

Chapter 12: The Older Person

1. What is the term for the branch of medicine involved in caring for aging people?
2. What are some of the activities of daily living (ADL's) that can be affected by disability?
3. What factors can impact how well people adjust to the aging process?
4. Give some examples of social changes that may occur with aging:
5. What factors may influence housing options for the elderly?
6. What is adult day care?

7. What might cause an elderly person to need to move into a nursing center?

8. How does the nervous system change with age?

9. How does the integumentary system change with age?

10. How does the musculo-skeletal system change with age?

11. How does the circulatory system change with age?

12. How does the respiratory system change with age?

13. How does the digestive system change with age?

14. How does the urinary system change with age?

15. How does the reproductive system change with age?

Chapter 13: The Person's Unit

1. What are the required supplies in a client's room?
2. What are some important safety features in a client's bathroom?
3. Who is at risk of entrapment in hospital beds?
4. What parts of a hospital bed can entrap a patient?
5. What features of hospital beds make your job safer and easier?

Chapter 14: Safety

1. What factors place clients at greater risk of being the victim of an accident?
2. List three ways of identifying a client:
3. Identify causes and risk factors for burns in the elderly:
4. List safety measures to prevent accidental poisoning:
5. What information is included in the Safety Data Sheets (SDS)?

6. List some common causes of suffocation:

7. Describe the steps of RACE:

R

A

C

E

8. Describe the steps of PASS:

P

A

S

S

9. Define the term Elopement:

10. Define the following terms:

- Disaster:
- Hazard:
- Incident:
- Suffocation:

11. What are some common causes of burns?

12. What are some measures you can take to prevent poisoning from occurring in the home setting?

13. What are the most common causes of choking in adults?

14. What are some strategies for caring for aggressive and agitated patients?

Chapter 15: Preventing Falls

1. What are some strategies you can use to prevent unsteady clients from attempting to get out of bed without help?
2. What are the 5 P's of rounding?
3. What does it mean when we say that a client is **impulsive**?
4. What strategies can you use to help prevent falls in unsteady clients who have memory loss and are impulsive?

6. What cares should you provide regularly when a person is restrained?

7. Restraints should be removed or released every four hours. **True or False?**

8. You can apply a restraint whenever you think they are needed. **True or False?**

9. You don't need an order for the use of restraints until it has been 24 hours. **True or False?**

Chapter 18: Isolation Precautions

1. In what order do you apply (don) your PPE? Include gloves, gown, mask and eye protection.
2. In what order do you remove (doff) your PPE? Include gloves, gown, mask & eye protection.
3. What level of PPE is required for standard precautions? Which clients should you use standard precautions with?
4. What kinds of PPE are required for contact precautions? Give some examples of when you would need contact precautions.
5. What is the difference between contact precautions and contact enteric precautions? Name one infection that requires contact enteric precautions.

Chapter 19: Safe Handling & Positioning

1. Define **Body Mechanics**:
2. Define **Body Alignment**:
3. Define **Base of Support**:
4. Identify the strongest and largest muscles of your body:
5. Describe some principles of using good body mechanics:

6. Identify tasks that are known to be high risks for work-related musculoskeletal disorders (MSDs):

7. Signs and symptoms of a musculoskeletal injury include:

8. Where do healthcare workers most commonly get work-related MSD's?

9. What can you do to protect yourself from work-related MSD's?

Chapter 20: Moving the Person

1. Define **Friction**:
2. Define **Shearing**:
3. How can you reduce friction and shearing forces when moving clients around?
4. Describe Fowler's position
5. What type of client would most benefit from being positioned in a fowler's position?
6. Describe the supine position.
7. Describe the lateral position.
8. What positions are easier on clients who have respiratory issues?

9. How frequently should a client be turned or repositioned?

10. What can happen to clients who do not get repositioned frequently?

11. When might you use the logroll technique for turning a client?

12. When getting a person to the edge of the bed, why is it important to pause for a moment before getting the person into the standing position?

Chapter 21: Transferring the Person

1. What should you **always** ensure the client is wearing when your client gets out of bed?
2. What is a stand/pivot transfer?
3. When assisting a client to stand and pivot who has one-sided weakness, which side do you stand on?
4. Why might a CNA **not** want to use a gait belt with a client?
5. When assisting a client to walk who has right-sided weakness using a cane or crutch which side should you place the cane or crutch?
6. Who is appropriate for a slide-board transfer?
7. Describe the steps involved in transferring a client to a wheelchair from the bed:
8. Describe how to tell if a walker is the correct size and fit for a client.

9. When moving a wheelchair up and down ramps safely a nursing assistant should:

10. When moving a wheelchair **up** a curb safely a nursing assistant should:

11. When moving a wheelchair **down** a curb a nursing assistant should:

12. True or false: You can use a mechanical lift independently.

13. Describe how you would get someone on hip precautions from the lying to the standing position:

14. Describe how you would get someone on spinal precautions from the lying to the standing position.

Chapter 23: Oral Hygiene

1. What can happen if clients do not have good oral care?
2. Describe good toothbrushing technique:
3. How would you perform oral care on a comatose client?
4. How often should dentures be cleaned?
5. Describe how you would provide denture care:
6. What are some signs of oral disease or injury that should be reported to the nurse?

Chapter 24: Daily Hygiene & Bathing

1. When should you opt to use more PPE during hygiene care?
2. What hygiene cares should be part of your morning routine with your clients?
3. What hygiene cares should be part of your PM routine with your clients?
4. Should you bathe an older person every single day? Why or why not?
5. What are some different ways you can assist your client with bathing?
6. In what order should you clean different parts of the body? Why?
7. Where do yeast rashes tend to occur? How can you help prevent yeast rashes?

Chapter 25: Grooming

1. How do you decide how your client should be groomed and styled?
2. What are some reasons that it is important to brush and style your clients' hair?
3. What kinds of precautions should you use when shaving a client? Which clients need extra care and what kind of extra care do they need?
4. Define **alopecia**:
5. Define **hirsutism**:
6. Define **pediculosis**:
7. Define **scabies**:
8. How is scabies spread? What kind of precautions should you use?

9. How is lice spread? What kind of precautions should you use?

10. How should you care for your client's nails?

11. Why do many facilities not allow CNA's to cut toenails? Which client's toenails should you never cut?

Chapter 26: Changing Garments

1. When suggesting outfits for your clients, what are some practical concerns you may want to consider?
2. When dressing a client with a weak side, which side should you remove their shirt or gown from first? Which side should you put their shirt or gown on first?
3. Why do hospitals usually want their clients to wear hospital gowns instead of street clothes?

- b. Nocturia
- c. Oliguria
- d. Polyuria
- e. Anuria
- f. Urinary retention
- g. Stress incontinence
- h. Urge incontinence
- i. Mixed incontinence
- j. Functional incontinence
- k. Reflex incontinence
- l. Transient incontinence

7. Which type of urinal is preferable for clients who have issues with dribbling? Why?

8. How do you decide whether to use pull-ups or a brief?

9. What is a Purewick catheter?

10. What should you NOT do when applying a condom catheter?

11. What are some signs that your client has a UTI? How do UTI's sometimes present differently in older clients?

12. Describe why a client might need bladder training and how you would assist them with that.

Chapter 28: Urinary Catheters

1. What is the difference between a straight catheter and an indwelling catheter (i.e. a Foley catheter)? Which is a higher infection risk? Why?

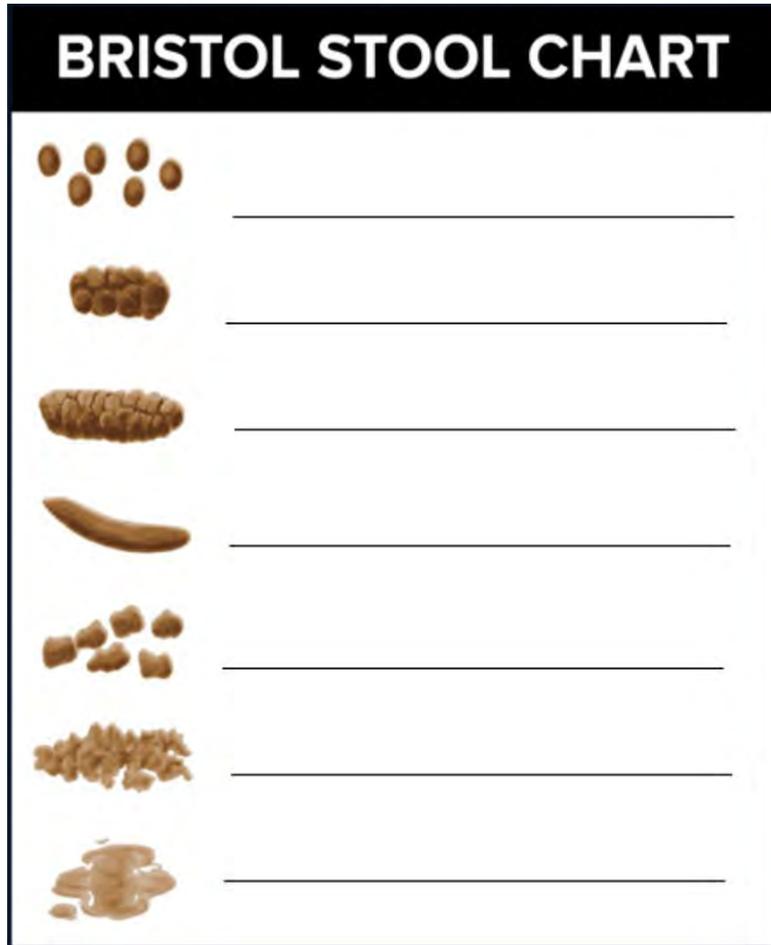
- Male

7. What are some abnormalities associated with the catheter that you should report to the nurse?

Chapter 29: Bowel Needs

1. What can you do to help promote bowel health in your clients?

2. Label the types of stool. Which are considered healthy/normal stools?



3. What stool qualities should you chart when you are charting bowel movements?

4. Do you still need to chart BM's on a client who toilets themselves independently?

5. What are some abnormalities of stool that need to be reported to the nurse?

6. What factors increase the risk of constipation?

7. What can you do to help constipated clients have a BM?

8. What is a complication of prolonged constipation?

9. What are some complications of prolonged diarrhea?

10. What can you do to decrease the complications of prolonged diarrhea?

11. What are the signs and symptoms of C.diff infections?

12. Why are facilities so concerned about containing the spread of C.diff?

Chapter 30: Nutrition

1. What are some of the benefits of good nutrition?

2. What percentage of each plate of food should be fruits and vegetables?

13. Describe the most important features of a diabetic diet and what you need to consider before serving a diabetic.

14. Who might benefit from a high protein diet?

15. What are the features of a heart-healthy diet? What kinds of clients would be placed on this diet?

16. What are the features of a renal diet? What foods should be avoided?

Chapter 31: Meeting Nutrition Needs

1. What is the best way to ensure your client's diet is meeting their cultural needs?
2. What is the clinical term for loss of appetite?
3. How does aging typically affect food choices?
4. What is dysphagia?
5. What is aspiration?
6. What are some signs your client has aspirated?
7. What should you do if you suspect your client has aspirated?
8. What different consistencies of food and fluids might be prescribed for clients on aspiration precautions?
9. If you make a honey thick liquid for your client on aspiration precautions, can you give them their beverage immediately after mixing in the thickener?

10. What are some strategies that can be used to help prevent clients from choking if they are an aspiration risk?

11. What can you do to prevent the spread of foodborne illness?

Chapter 32: Fluid Needs

1. What is fluid balance?
2. How much fluid does the average person need each day to maintain normal fluid balance?
3. What is an NPO diet? Why might a client be NPO?
4. If your client is NPO after midnight, what should you remember to do at midnight?
5. What is allowed on a clear liquid (CL) diet?
6. What is allowed on a full liquid (FL) diet?

7. Why is it so important to accurately measure I's & O's if there is an order to measure these?

Chapter 33: Nutritional Support & IV Therapy

1. What is the difference between enteral and parenteral nutrition?
2. Give an example of enteral nutritional support therapy:
3. What is **very important** for you to remember when you are repositioning clients on tube feeding?
4. What are some signs of complications of tube feeding that you should report immediately?
5. What is TPN?

Chapter 34: Vital Signs

1. What measurements will you be expected to collect when getting vital signs on a patient?
2. What is a pulse? How do you measure it?
3. What pulse site is most commonly used by CNA's to check a pulse?
4. What is considered a normal pulse rate?
5. What pieces of information should you include when recording a pulse?
6. What can make the pulse speed up or slow down?
7. What terms are used to describe a fast heart rate and a slow heart rate?

16. What does a pulse oximeter measure?

17. What is a normal measurement on a pulse oximeter? What is the maximum value you can get on a pulse oximeter?

18. What does it mean if a person has a lower than normal number when you are measuring pulse oximetry? What should you do about it?

19. What is the top number and what is the lower number in a blood pressure? What are they each measuring?

20. Which artery is most often used when we check blood pressure?

21. What alternative sites can be used to measure blood pressure?

22. What are some reasons you might need to change which arm you are checking blood pressure on?

23. How should you position the client when you check blood pressure?

24. How long should someone be at rest before you check blood pressure?

25. What range of values is considered normal for blood pressure?

26. True or false: A person's blood pressure does not change very often.

27. What is the medical term for high blood pressure? Low blood pressure?

28. What can happen if someone's blood pressure is very high? What about if it's very low?

29. What is a hypertensive crisis?

30. How do you record a blood pressure? What units do you use and what additional information do you need to include?

31. What are orthostatic vital signs? What is the procedure for measuring them?

32. Fill in the box below:

Temperature Site:	Where Thermometer Goes:	Normal Range of Temperatures:
Oral		
Axillary		
Tympanic		
Temporal		
Rectal		

33. What is the medical term for having a fever? For not having a fever?

34. Taking a rectal temperature is the most accurate way to get a temperature, but it is only done in very specific situations. Why is this the case?

35. If someone has a high fever, what should you not do?

Chapter 36: Comfort, Rest & Sleep

1. What factors can affect comfort levels?
2. True or false: If you suspect your client is exaggerating their pain or just trying to get more medication, you do not have to report their pain to the nurse.
3. What factors can affect perceptions of pain?
4. What are some nonverbal signs that your client is in pain?

5. What is acute pain?

6. What is chronic pain?

7. What is radiating pain?

8. What is referred pain?

9. What is phantom pain?

10. What are some things you can do to help relieve your client's pain?

11. What is sleep?

12. What is the circadian rhythm? What factors can impact your client's circadian rhythm?

13. What factors impact how much sleep your client needs?

14. What factors make it difficult for your clients to get enough sleep?

15. What are the stages of sleep?

16. What is insomnia? What are the 3 main types?

17. Describe the rules of good sleep hygiene:

Chapter 37: Admissions, Transfers and Discharges

1. What does it mean to “admit” a client?
2. What is “transferring” a client?
3. What is “discharging” a client?
4. What should you do to prepare for admitting a client?
5. What do you need to do when your client arrives?
6. What do you need to do when transferring a client?
7. What do you need to do when discharging a client?

Chapter 39: Collecting & Testing Specimens

1. What must you do when you collect any specimen on a client?
2. What types of specimens will you be responsible for collecting?
3. When you collect urine, it is very important that the collection vessel is _____
4. What are urine specimens usually screened for?
5. What is a clean catch? What is the purpose of collecting urine this way?
6. What would require you to restart a 24-hour urine collection?
7. What are stool specimens usually screened for?

8. How do you ensure that stool and urine do not mix in a specimen?

9. How do you collect a stool specimen on an incontinent client?

10. What is sputum? How do you collect it?

11. What are sputum specimens usually screened for?

Chapter 40: The Person Having Surgery

1. What is the difference between emergent, urgent and elective surgeries?
2. What are some things that must be done pre-op (before the surgery)?
3. After surgery, what things should you remind your patients to do?
4. What are the signs of a pulmonary embolism?
5. What are the signs of DVT?

Chapter 41: Wound Care

1. Define the following:

- Abrasion:

- Excoriation:

- Contusion:

- Dehiscence:

- Evisceration:

- Incision:

- Laceration:

- Ulcer:

- Gangrene:

- Hematoma:

- Hemorrhage:

- Skin Tear:

2. How can you reduce the risk of skin tears?

3. What are circulatory ulcers? What should you do to reduce the risk?

4. How should you care for a diabetic's feet?

Chapter 42: Pressure Injuries

1. Where are pressure ulcers most likely to form?
2. How long does it take for a pressure ulcer to form?
3. List the most common sites for pressure injuries:
4. Define friction:
5. Define shearing:
6. In what situations might a pressure ulcer be unavoidable?
7. What does the Braden Scale measure? What factors are assessed during scoring?

8. Define slough:

9. Define erythema:

10. Define granulation tissue:

11. Define eschar:

12. Define necrosis:

13. Describe a stage 1 pressure ulcer:

14. Describe a stage 2 pressure ulcer:

15. Describe a stage 3 pressure ulcer:

16. Describe a stage 4 pressure ulcer:

17. Describe an unstageable pressure ulcer:

18. What can you do to help prevent pressure ulcers?

Chapter 43: Heat & Cold Applications

1. What is the purpose of applying heat?
2. How long should heat be applied?
3. When could applying heat be harmful to the client?
4. What are signs you should monitor for during heat application?
5. What is the purpose of applying cold?
6. How long should cold be applied?
7. Why should you avoid applying a cold pack directly to the skin?
8. What are signs you should monitor for while applying cold therapy?

Chapter 45: Respiratory Support & Therapies

1. What is an artificial airway?
2. Define intubation:
3. What is a tracheostomy? Why might a client have a tracheostomy?
4. Do CNA's perform tracheostomy care?
5. What are some safety concerns associated with tracheostomies?
6. Define pneumothorax:

7. Define hemothorax:

8. Define pleural effusion:

9. What is the purpose of a chest tube?

10. How should you care for a client with a chest tube? What should be reported immediately if observed?

Chapter 47: Hearing, Speech & Vision Problems

1. What is otitis media?
2. Why is it so important that elderly people with hearing loss have it corrected?
3. Define aphasia:
4. Define apraxia:
5. Define dysarthria:
6. What is the difference between expressive and receptive aphasia?

7. What are cataracts? How do they affect the vision? Are they treatable?

8. What is age-related macular degeneration? How does it affect the vision? Is it treatable?

9. What is glaucoma? How does it affect the vision? Is it treatable?

10. What is diabetic retinopathy? How does it affect the vision? Is it treatable?

11. What should CNA's do when caring for a visually impaired client to keep them safe?

Chapter 48: Cancer, Immune System & Skin Disorders

1. What is cancer?
2. What is the difference between a benign tumor and a malignant tumor?
3. Why is it a bad sign when cancer has metastasized?
4. What are some of the biggest risk factors for all types of cancer?
5. What is the most common type of cancer?

6. What are the ABCDEs of moles and melanomas?
 - a.
 - b.
 - c.
 - d.
 - e.
7. How is radiation therapy delivered? What are the side effects?
8. How is chemotherapy delivered? What are the side effects?
9. What is celiac disease? What are the symptoms?
10. What is lupus? Who is most likely to get it?

11. Which autoimmune disease can mimic a stroke?

12. How is HIV/AIDS transmitted?

13. Which skin disorder also can cause issues in the joints?

14. How long are shingles lesions considered infectious?

Chapter 49: Nervous System & Musculoskeletal Disorders

1. What are the two types of strokes?
2. What is the medical term for a “temporary stroke” and why is it bad to have one?
3. What are the risk factors for stroke?
4. What are the signs and symptoms of stroke?
B
E

F
A
S
T
5. What are some long-term effects that can occur after a stroke?
6. What is Parkinson’s disease? What are the signs and symptoms?

14. What signs and symptoms should you report right away on a client who is wearing a cast?

Chapter 50: Cardiovascular, Respiratory & Lymphatic Disorders

1. What is hypertension? Why is it so dangerous?
2. What is coronary artery disease? What are the major complications that can occur?
3. What is angina?
4. What should you do if a client reports chest pain **regardless of what you think the source of the pain is?**
5. What is MI?
6. What are the signs and symptoms of a heart attack?
7. Why are women more likely to have heart attacks that are missed by healthcare professionals?
8. What is a dysrhythmia? What can cause them?

9. What 2 disorders are included in the COPD diagnosis? What are their symptoms?

10. What is asthma?

11. What should you do if your client is having an asthma attack?

12. What is sleep apnea? How is it usually treated?

13. When is flu season?

14. How can you avoid spreading the flu?

15. If you have latent TB can you transmit it to others?

Chapter 51: Digestive & Endocrine Disorders

1. What is GERD?
2. What lifestyle changes can improve symptoms of GERD?
3. What is diverticulosis? How does it turn into diverticulitis?
4. What are the signs and symptoms of inflammatory bowel disease?

10. What is diabetes? What is the difference between type I and type II?

11. What are the signs and symptoms of type II diabetes?

12. How is diabetes treated?

13. What is hypoglycemia? What are the signs and symptoms?

14. What is hyperglycemia? What are the signs and symptoms?

Chapter 52: Urinary & Reproductive Disorders

1. What is a UTI? What are the classic symptoms?
2. How can symptoms for UTI be different in the elderly?
3. What are the signs and symptoms of kidney stones? How are they treated?
4. What are the signs and symptoms of chronic kidney disease?
5. What is a uterine prolapse? What care considerations should be taken when working with a client with a uterine prolapse?

8. Regression

9. Repression

10. Identify the signs and symptoms of **anxiety**:

11. What is a panic attack? What are the signs and symptoms?

12. Identify the difference between **obsession** and **compulsion**:

13. In which disorder would you expect to see a client suffering from a flashback?

14. **Define the following terms:**

- o Psychosis:

- o Delusion:

- o Hallucination:

- o Paranoia:

- o Phobia:

- o Panic:

15. Define **delusion of grandeur**:

16. Define **delusion of persecution**:

17. A disorder in which the individual has severe extremes in mood, energy, and ability to function is best defined as....

18. In which personality disorder do clients have an unstable sense of self and stormy emotions?

19. In which personality disorder would you expect to see thinking and behaviors with no regard for right or wrong?

20. What are the signs and symptoms of alcoholism?

24. If a client makes a suicidal statement, what should you do?

25. Risk factors for **suicide** include:

26. When a client is actively suicidal, what precautions should be taken?

Chapter 54: Confusion & Dementia

1. What is the difference between **delirium** and **dementia**?
2. What are the causes of delirium?
3. What strategies can be taken to reduce the likelihood of a client developing delirium?
4. What are the different types of dementia?

5. Identify common behaviors and changes associated with dementia:

6. What is usually driving dementia behaviors?

7. How should you make the environment safer for clients who rummage through things?

13. What are signs of increasing agitation?

14. What should you do when your client is becoming **agitated or aggressive**?

15. What are some practices that can help make hygiene cares, such as **peri-care and bathing**, be less triggering for clients with dementia?

16. True or false: Clients with dementia benefit from frequent changes in routine.

17. What strategies can you use to prevent or reduce **wandering** behaviors?

18. What are some changes you might need to make to the home environment to make it safe for dementia clients?

19. What can you do to prevent or reduce repetitive questions and phone calls?

Chapter 55: Intellectual & Developmental Disabilities

1. Define the term **disability**:
2. Define the term **intellectual disability**:
3. Down Syndrome is caused by what genetic change?
4. What health issues are individuals with DS at higher risk for?
5. What are the signs and symptoms of **fragile X syndrome**:
6. Why do we refer to autism as a spectrum?
7. What types of behaviors are commonly associated with **autism spectrum disorder**?

8. What are some strategies you can use when working with clients with ASD?

9. Define **cerebral palsy**:

10. What signs and symptoms are associated with cerebral palsy?

11. What strategies can you use when working with clients who have intellectual disabilities?

Chapter 58: Emergency Care

1. How should you get help if you're working in the hospital?
2. How should you get help in an emergency if you're working in LTC?
3. How should you get help in an emergency if you're working in home health?
4. When is it appropriate to go to the emergency room?
5. When is appropriate to go to urgent care?
6. When is it appropriate to schedule an appointment with the client's primary care provider?

7. What should you do if your client faints?

8. What are the different types of shock?

9. What are the signs of anaphylactic shock?

10. What are the signs of septic shock?

11. What should you do if your client has a seizure?

12. What should you do if your client is hemorrhaging?

13. What should you do if your client hits their head?

14. What is a TBI? What is the difference between a TBI and a concussion?

15. What are the 2 classifications of spinal cord injury severity? How does the severity impact the client's symptoms?

16. What are the signs and symptoms of heat stroke?

17. How should you respond if your client is showing signs of heat stroke?

18. What are the signs and symptoms of hypothermia?

19. How should you respond if your client is showing signs of hypothermia?

3. What are the 5 stages of dying?

4. What are some signs of impending death?

5. Why should you stop trying to get a hospice client to eat and drink if they are no longer interested in water and food?

6. Do comfort care clients still need to be repositioned every 2 hours? Why or why not?



Assignments

Terminology Lists

Each week of lecture you will memorize a list of abbreviations and terms that are commonly used at the bedside. You should understand both the meaning of the term and how it is commonly used at the bedside. The first day of each week I will go through the list with the class and answer any questions about the usage of each term.

At the end of each week you will have an in-class, closed book, closed note quiz on the terminology list. I will allow you to drop your lowest quiz grade, but I do not allow make-ups for missed class days.

Terminology List #1

TERM	MEANING	EXAMPLE OF USAGE
ADL's	Activities of daily living	ADLs are basic tasks that a person needs to be able to do every day to live independently.
AMA	Against medical advice	A patient who leaves before treatment is done is leaving AMA.
ARNP	Advanced registered nurse practitioner	ARNPs have 6-8 years of education in nursing and are able to diagnose clients and prescribe treatments.
BSN	Bachelor's of Science in Nursing	A BSN has 4 years of education in nursing and is eligible for a wide variety of careers.
CNA	Certified nursing assistant	A CNA assists the nurse with basic nursing tasks like measuring vitals, feeding, and toileting.
CPR	Cardiopulmonary resuscitation	CPR is a basic nursing task that CNA's must be trained to perform.
DOH	Department of Health	The Washington DOH is the governing body that regulates and monitors healthcare in WA state.
dx	Diagnosis	When a client sees a provider with a medical issue, the provider will label the problem with a dx.
FTT	Failure to thrive	A patient who isn't able to take care of themselves and is medically declining may be diagnosed with FTT.
HIPAA	Healthcare Insurance Portability & Accountability Act	You must protect your client's confidentiality and privacy according to HIPAA.
hx	History	When a client is first admitted to a facility, the provider writes a note about the client's medical hx.
I&O	Intake and output	I's & O's are what your client eats and drinks, as well as how much they urinate and have bowel movements
LPN	Licensed practical nurse	LPNs have 1 year of nursing education and are not eligible for as many jobs as RN's and BSNs.
LTC	Long term care	When a client can no longer live independently, they may be admitted to an LTC for continuous care.
MD	Medical doctor	MDs go to medical school so that they can diagnose medical issues and prescribe treatments.
OT	Occupational therapist	The OT will help your client with exercises that promote independence and dexterity.
r/o	Rule out	Sometimes clients are given lab tests so that we can r/o a potential diagnosis.
RN	Registered nurse	An RN has 2 years of training and has passed the NCLEX. They are eligible for many nursing jobs.
RX	Pharmacy/Pharmacist/Prescription	The RN calls RX to verify medication orders.
PROM	Passive range of motion	We did PROM exercises in lab this week – they help promote mobility & flexibility in inactive clients.
PT	Physical therapist	A PT will help your client perform exercises to promote strength and mobility.
s/sx	Signs and symptoms	A client comes to the emergency department with s/sx that need to be evaluated.
SLP	Speech language pathologist	The SLP will evaluate speech and swallowing issues in your clients.
SNF	Skilled nursing facility	A skilled nursing facility is like an LTC facility except that it offers more nursing care, like tube feeding and IVs.
SW	Social worker	The SW can help your client locate resources in the community and provide emotional support.

Terminology List #2

TERM	MEANING	EXAMPLE OF USAGE
1PA	1 person assist	Pts who are 1PA often need you to help them get OOB or providing steadying assistance.
4WW	Four wheeled walker	Pt uses own 4WW to amb
AKA	Above the knee amputation	Pt uses orthotic for L AKA
amb	ambulate	Amb 4x/d until discharge
BKA	Below the knee amputation	Pt going to surgery for R BKA
DOB	Date of birth	DOB is used as one form of pt identifier
FWW	Front wheeled walker	Amb q4h with FWW
HAI	Healthcare-associated infection	Infection control is essential to prevent HAIs
HOB	Head of bed	Keep HOB at 30 degrees while getting tube feeding
iso	Isolation precautions	Pt on droplet iso
LLE	Left lower extremity	Elevate LLE while in bed
LUE	Left upper extremity	Keep cast on LUE at all times
LLQ	Left lower quadrant	Pt reports pain in LLQ
LUQ	Left upper quadrant	LUQ pain likely related to gastritis
MRDO	Multidrug-resistant organism	MRDOs are one of the greatest threats to our healthcare system
MRN	Medical record number	MRN is one form of pt identification
MRSA	Methicillin-resistant staphylococcus aureus	MRSA often colonizes pts nares and can cause skin infections.
NWB	Non-weight bearing	Pt NWB to RLE x24hrs
OOB	Out of bed	Get pt OOB 4x/d
Q2T	Turn every two hours	Q2t for all dependent pts
PPE	Personal protective equipment	PPE is required for pts on iso
RLE	Right lower extremity	Pt is TTWB to RLE x24hrs
RUE	Right upper extremity	Keep RUE in sling x7d
SBA	Standby for assistance	A pt who is SBA needs you to assist them by providing cues and helping with equipment
TTWB	Toe-touch weight-bearing	Pts are often TTWB to one leg if their leg has a wound.

Terminology List #3

Word Element	Meaning	Example of Usage
an-	without, not	anuric = someone who doesn't produce urine
-algia	pain	neuralgia = nerve pain
angi(o)	vessel	angiogram = an image of the blood vessels
brady-	slow	bradycardia= slow heart rate
cardi(o)	heart	cardiology = the study of the heart
cyst(o)	bladder	cystitis = inflammation of the bladder
crani-	skull	craniotomy = cutting into the skull
-ectomy	removal of	appendectomy = removing the appendix
encephal(o)	brain	encephalopathy = condition of the brain
glyc(o)/gluc(o)	sugar	hyperglycemia = high blood sugar
hepat(o)	liver	hepatitis = liver inflammation
hyper-	high	hypertension= high blood pressure
hypo-	low	hypotension=low blood pressure
-itis	inflammation	dermatitis = inflammation of the skin
-lysis	destruction of	hemolysis = destruction of red blood cells
necr(o)	death	necrotizing fasciitis = infection causing inflammation and rapid death of fascia tissues
olig-	small, scant	oliguria = urinating small amounts
-ostomy	an opening	colostomy = an opening to the colon
-otomy	incision, cut into	thoracotomy = cutting into the thoracic cavity
peri-	around	pericardium = sac that surrounds the heart
-plegia	paralysis	hemiplegia = paralysis on one side of the body
pneum(o)/pulmon(o)	lung, air	pneumothorax = collapsed lung
post-	after, behind	post-operative = after surgery
pre-	before, in front of	pre-operative = before surgery
retro-	behind	retroperitoneal = behind the peritoneum (abdominal lining)
sub-	under, beneath	subdural = below the dural layer
supra-	above, over	suprapubic catheter = a catheter inserted above the pubic area
tachy-	fast	tachycardia=fast heart rate

Terminology List #4

This week, memorize both the **meaning** and the **values**.

Term	Meaning	Values
Bradycardia	Slow heart rate	<60 beats/min
Tachycardia	Fast heart rate	>100 beats/min
Eupnea	Normal breathing	12-20 breaths/min
Bradypnea	Slow breathing	<12 breaths/min
Tachypnea	Fast breathing	>20 breaths/min
Hypoxia	Low oxygen	<93% O ₂ saturation
Hypotension	Low blood pressure	SBP<90mmHg or DBP<60mmHg
Hypertension	High blood pressure	SBP>130mmHg or DBP>80mmHg
Hyperthermia	High temperature	>100.4F-104F
Hypothermia	Low temperature	<95F
Febrile	Fever	Oral, rectal, tympanic or temporal temperature >100.4F OR axillary temp >99F

Also, memorize the following:

- Pulse documentation requires **units, strength, regularity and site**
- BP documentation requires **units, cuff size, position, activity level and site**
 - You not do a brachial blood pressure on one side if **(1)** they've had a mastectomy on that side, OR; **(2)** they have an injury/trauma on that side, OR; **(3)** the arm has a hemodialysis fistula or is being saved for a fistula, OR; **(4)** the client has IV fluids running on that side, OR; **(5)** the client wants you to use a different site.
- Respiration documentation requires **units, respiratory effort, activity level, and O₂ flow rate**
- Oxygen saturation documentation requires **units and O₂ flow rate**
- Temperature documentation requires **units and site**

Terminology List #5

For this quiz, please make sure you memorize **both the meaning, and the ratio**. On the quiz the bolded part of the ratio will be left blank. *Note: you will not have to do math on this quiz!

TERM	MEANING	RATIOS
cc	cubic centimeters	There is 1 cc in 1 mL
L	liter	There are 1000mL in 1 L
mL	milliliter	1 mL is 1/1000th of 1 L
fl. oz	fluid ounce	There are 8oz in 1 cup
tbsp	tablespoon	There are 2 tbsp in 1 oz
tsp	teaspoon	There are 3 tsp in 1 tbsp
pt	pint	There are 8 pints in 1 gallon
qt	quart	There are 4 quarts in 1 gallon
gal	gallon	1 gallon contains 3.8 L
F	Fahrenheit	98.6 degrees F is equivalent to 37 degrees C
kg	kilogram	There are 2.2 lbs in 1 kg
mg	milligram	There are 1000mg in 1g
lb	pound	There are 16oz in 1 lb
oz	ounce	The difference between oz and fl. oz is that oz measures weight and fl. oz measures volume .

Name: _____

WAC Scope of Practice Activity

1. The first section lists 12 areas where a CNA is expected to be competent. Tasks and skills within these 12 areas are considered **inside your scope of practice**. Summarize each of these 12 areas.

2. Find the section that is related to disciplinary action. What types of things can subject you to disciplinary action?

3. Find the section on things that are **outside** of your scope of practice? What should you never do as a CNA?

7. Find the section on unprofessional conduct. What kinds of actions are considered unprofessional for CNAs?

Excerpts from the Washington Administrative Code

WAC 246-841A-400: Standards of practice and competencies for nursing assistants.

Competencies and standards of practice are statements of knowledge, skills, and behaviors. They are written as descriptions of observable, measurable actions. All nursing assistant competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW [18.88A.030](#). The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:

1. The nursing assistant role and knowledge of rules and regulations.
 - a. A nursing assistant demonstrates competency in providing holistic, person-centered care that supports the human needs of diverse individuals. The nursing assistant:
 - i. Identifies the holistic needs of clients or residents.
 - ii. Provides care to support holistic needs in accordance with nursing assistant competencies and clients' or residents' plans of care.
 - iii. Provides person-centered care by adjusting care approaches to accommodate the unique needs and preferences of clients or residents.
 - b. A nursing assistant demonstrates knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice including, but not limited to:
 - i. Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation (chapters [74.34](#) RCW and [246-16](#) WAC, and WAC [246-841A-720](#));
 - ii. Scope of practice;
 - iii. Opportunities for expanding scope:
 - A. Nurse delegation; and
 - B. Medication assistant certification endorsement;
 - iv. Workers right to know (chapter [49.70](#) RCW);
 - v. The Uniform Disciplinary Act (chapter [18.130](#) RCW);
 - vi. Omnibus Budget Reconciliation Act (OBRA);
 - vii. Medicare and Medicaid.
2. Client or resident rights and promotion of independence. A nursing assistant demonstrates behavior which maintains and respects clients' or residents' rights and promotes independence, regardless of race, religion, lifestyle, sexual orientation, gender identity, disease process, or ability to pay. A nursing assistant:
 - a. Recognizes that clients or residents have the right to participate in decisions about their care.
 - b. Recognizes and respects each client's or resident's need for privacy and confidentiality.

- c. Promotes and respects clients' or residents' rights to make personal choices to accommodate their needs.
 - d. Reports clients' or residents' concerns and gives assistance with resolving grievances and disputes.
 - e. Provides assistance to clients or residents in getting to and participating in activities.
 - f. Respects the property of clients or residents and employer and does not take equipment, material, property, or medications for the nursing assistant's or another's use or benefit. A nursing assistant may not solicit, accept or borrow money, material, or property from a client or resident for the nursing assistant's or another's use or benefit.
 - g. Promotes clients' or residents' right to be free from abuse, mistreatment, and neglect.
 - h. Intervenes appropriately on a client's or resident's behalf when abuse, mistreatment, or neglect is observed.
 - i. Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation, or abandonment.
 - j. Participates in the plan of care regarding the use of restraints in accordance with current professional standards.
3. Communication and interpersonal skills. A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:
- a. Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.
 - b. Listens and responds to verbal and nonverbal communication in an appropriate manner.
 - c. Recognizes how one's own behavior influences a client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.
 - d. Adjusts one's own behavior to accommodate clients' or residents' physical or mental limitations.
 - e. Uses terminology accepted in the health care setting to appropriately record and report observations, actions, and pertinent information accurately and timely.
 - f. Is able to explain policies and procedures before and during care of clients or residents.
4. Infection control. A nursing assistant uses standard and transmission-based precautions to prevent the spread of microorganisms. A nursing assistant:
- a. Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission-based precautions including, but not limited to:

- i. Demonstrates effective handwashing methods.
 - ii. Identifies different types of personal protective equipment (PPE) and demonstrates how and when to use each.
 - b. Explains how disease-causing microorganisms are spread.
 - c. Explains transmission of bloodborne pathogens.
 - d. Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.
5. Safety and emergency procedures. A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures, including the Heimlich maneuver. A nursing assistant:
 - a. Provides an environment with adequate ventilation, warmth, light, and quiet.
 - b. Promotes a clean, orderly, and safe environment including equipment for a client or resident.
 - c. Identifies and uses measures for accident prevention.
 - d. Demonstrates principles of good body mechanics for self and clients or residents, using the safest and most efficient methods to lift and move clients, residents, and heavy items.
 - e. Demonstrates proper use of protective devices in the care of clients or residents.
 - f. Demonstrates knowledge of and follows fire and disaster procedures.
 - g. Identifies and demonstrates principles of health and sanitation in food service.
 - h. Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.
6. Basic nursing skills. A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for clients or residents, recognizing individual, cultural, and religious diversity. A nursing assistant:
 - a. Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.
 - b. Takes and records vital signs.
 - c. Measures and records height and weight.
 - d. Measures and records fluid and food intake and output.
 - e. Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.
 - f. Recognizes, responds to, and reports clients' or residents' emotional, social, cultural, and mental health needs.
 - g. Recognizes, responds to, and reports problems in clients' or residents' environment to ensure safety and comfort of clients.
 - h. Participates in care planning and the nursing reporting process.
7. Basic restorative services. The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:
 - a. Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.

- b. Demonstrates knowledge and skill in the maintenance of range of motion.
 - c. Demonstrates proper techniques for turning, positioning, and repositioning clients or residents in a bed and chair.
 - d. Demonstrates proper techniques for transferring and ambulating clients or residents.
 - e. Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.
 - f. Demonstrates knowledge and skill for the use and care of prosthetic devices by clients or residents.
 - g. Uses basic restorative services by training clients or residents in self-care according to their capabilities.
8. Personal care. A nursing assistant demonstrates basic personal care skills. A nursing assistant:
- a. Assists clients or residents with bathing, oral care, and skin care.
 - b. Assists clients or residents with grooming and dressing.
 - c. Provides toileting assistance to clients or residents.
 - d. Assists clients or residents with eating and hydration.
 - e. Uses proper oral feeding techniques.
9. Life transitions. A nursing assistant demonstrates the ability to support the care needs of clients or residents during life transitions with competency in the following areas:
- a. Uses basic procedures for admitting, transferring, and discharging clients or residents and maintains professional boundaries.
 - b. Applies knowledge of psychosocial and mental health considerations during life transitions. Examples include, but are not limited to:
 - i. Human responses to stress and stressors;
 - ii. Stages of psychosocial development across the lifespan; and
 - iii. Human responses to grief and loss.
 - c. Demonstrates ability to support clients' or residents' holistic needs at the end of life.
 - d. Demonstrates knowledge of legal documents affecting care and the nursing assistant role in using the documents:
 - i. Advance directives (living wills, durable power of attorney);
 - ii. Portable orders for life sustaining treatment (POLST);
 - iii. Do not resuscitate (DNR).
 - e. Demonstrates the ability to provide postmortem care with respect for clients' or residents' rights and sensitivity to the grieving process of their loved ones.
 - f. Demonstrates awareness of the need for self-care and support in response to grief and loss.
10. Care of clients or residents with developmental disabilities. A nursing assistant demonstrates basic care of clients or residents with developmental disabilities. In

accordance with developmental disability specialty training (WAC [388-112A-0430](#)), a nursing assistant:

- a. Demonstrates a basic understanding of developmental disabilities and awareness of the unique needs of residents with developmental disabilities.
 - b. Promotes and supports a resident's self-determination.
 - c. Provides culturally compassionate and individualized care by utilizing a basic understanding of each client or resident and each client's or resident's history, experience, and cultural beliefs.
 - d. Uses person-centered and interactive planning when working with clients or residents with developmental disabilities.
 - e. Uses a problem-solving approach and positive support principles when dealing with challenging behaviors.
 - f. Supports clients or residents experiencing a crisis and gets assistance when needed.
 - g. Promotes and protects the legal and resident rights of clients or residents with developmental disabilities.
11. Mental health and social service needs. A nursing assistant demonstrates the ability to identify psychosocial needs of clients or residents based upon awareness of the developmental and age specific processes. A nursing assistant:
- a. Addresses individual behavioral needs of the client or resident.
 - b. Knows the developmental tasks associated with the developmental and age specific processes.
 - c. Allows the client or resident to make personal choices but provides and reinforces behaviors consistent with the client's or resident's dignity.
 - d. Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.
 - e. Applies the knowledge, skills, and behaviors from mental health specialty training in the care of residents and clients (WAC [388-112A-0450](#)).
12. Care of clients or residents with cognitive impairment. A nursing assistant demonstrates basic care of clients or residents with cognitive impairment. A nursing assistant:
- a. Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses, and other conditions.
 - b. Communicates with clients or residents with cognitive impairment in a manner appropriate to their needs.
 - c. Demonstrates sensitivity to the behavior of clients or residents with cognitive impairment.
 - d. Appropriately responds to the behavior of clients or residents with cognitive impairment.

WAC 246-841A-405: Registered nurse delegation to nursing assistants.

In addition to the competencies identified in WAC [246-841A-400](#), nursing assistants may perform additional delegated tasks under the supervision of a registered nurse in accordance with RCW [18.79.260](#).

1. RCW [18.79.260](#) addresses general requirements for registered nurse delegation as well as requirements specific to certain care entities and settings, including home health or hospice agencies and community-based or in-home care settings, as defined in the statute.
2. General requirements for registered nursing delegation that apply in all care settings include:
 - a. In accordance with RCW [18.79.260](#) (3)(f), registered nurse delegation may include glucose monitoring and testing as a general allowance, including in hospitals and nursing homes.
 - b. Delegated nursing care tasks described in this section are only for the specific patient receiving delegation.
 - c. A nursing assistant may consent or refuse to consent to perform a delegated nursing care task. The nursing assistant is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task.
 - d. Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:
 - i. Administration of medication by injection, except for insulin injections as authorized in RCW [18.79.260](#) (3)(e);
 - ii. Sterile procedures;
 - iii. Central line maintenance;
 - iv. Except as authorized in RCW [18.79.260](#) (3)(e) and (f), piercing or severing of tissues and acts requiring substantial skill; and
 - v. Acts requiring nursing judgment.
3. RCW [18.79.260](#) (3)(e) defines specific requirements for registered nurse delegation in community-based or in-home care settings. WAC [246-840-910](#) through [246-840-970](#) provide additional applicable requirements for compliance. Before performing any delegated task in these care settings:
 - a. Nursing assistants-registered must show evidence as required by the department of social and health services of successful completion of both the basic caregiver training and designated nurse delegation core training from the department of social and health services to the registered nurse delegator.
 - b. Nursing assistants-certified must show the registered nurse delegator evidence as required by the department of social and health services of successful completion

- of required nurse delegation core training. The training is provided by the department of social and health services.
- c. All nursing assistants registered and certified who may be completing insulin injections must show to the registered nurse delegator evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training.
 - d. All nursing assistants must meet any additional training requirements identified by the commission. Any exceptions to additional training requirements must comply with RCW [18.79.260](#) (3)(e)(v).

WAC 246-841A-600

Violations of standards for nursing assistant conduct or practice.

1. General violations of standards of practice for all nursing assistants. The following conduct may subject a nursing assistant to disciplinary action under the Uniform Disciplinary Act, chapter [18.130](#) RCW:
 - a. Engaging in conduct described in RCW [18.130.180](#);
 - b. Engaging in conduct such as, but not limited to:
 - i. Failure to adhere and perform in accordance with standards of practice and competencies as stated in WAC [246-841A-400](#);
 - ii. Performance of care activities beyond the nursing assistant scope of practice or regulations specific to the practice setting;
 - iii. Performing or attempting to perform care tasks or procedures for which the nursing assistant lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client or resident safety;
 - iv. Failure to follow a client's or resident's care plan;
 - v. Failure to report and document accurately and legibly the provision of care and other information pertinent to the care of a client or resident. Examples include, but are not limited to, a client's or resident's status; a change in status; observations of client's or resident's responses to care; progress; or a client's or resident's expressed concern;
 - vi. Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record;
 - vii. Failure to protect clients from unsafe practices or conditions, exploitation, abusive acts, neglect, or sexual misconduct as defined in WAC [246-16-100](#);
 - viii. Violating the confidentiality or privacy of the client or resident, except where required by law or for the protection of the client or resident. These violations include taking or disseminating photos or videos of a client or resident by any means, including social media;
 - ix. Providing care for a client or resident while impaired by alcohol or drugs;

- x. Providing care for a client or resident while affected by a mental, physical, or emotional condition to the extent that there is an undue risk of harm to self or others;
 - xi. Abandoning a client or resident by leaving an assignment without transferring responsibilities to appropriate personnel or caregiver when the condition of the client or resident requires continued care;
 - xii. Taking client's property for own or other's use or benefit. Soliciting, accepting, or borrowing money or property from clients;
 - xiii. Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in RCW [43.43.830](#) and crimes involving the personal property of a client or resident, whether or not the crime relates to the nursing assistant role;
 - xiv. Permitting another person to use the nursing assistant credential or using another person's credential;
 - xv. Disclosing the contents of the nursing assistant credentialing examination or soliciting, accepting, or compiling information regarding the contents of any examination before, during, or after its administration; or
 - xvi. Failure to follow the employer's or workplace policy and procedure for the wastage of medications.
2. Additional standards of practice for nursing assistants working under registered nurse delegation. These nursing assistants may perform additional care tasks beyond those indicated in WAC [246-841A-400](#) through nursing assistant delegation by a registered nurse. Registered nurse delegation to nursing assistants is described in WAC [246-841A-405](#). The following conduct may subject a nursing assistant working under the delegation of a registered nurse to disciplinary action under the Uniform Disciplinary Act, chapter [18.130](#) RCW. Engaging in conduct that includes, but is not limited to:
- a. Failure to adhere to and perform in accordance with the provisions for delegation of certain tasks as stated in WAC [246-841A-405](#);
 - b. Failure to provide care in accordance with the delegation accepted from a designated registered nurse;
 - c. Performance of nursing care tasks without being delegated to do so by a designated registered nurse;
 - d. Failure to report and document accurately and legibly the provision of delegated care tasks and other information pertinent to the care of a client or resident in accordance with the delegation accepted from a designated registered nurse. Examples include, but are not limited to, a client's or resident's status; a change in status; observation of patient responses to care; progress; or a client's or resident's expressed concern;

- e. Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record pertaining to delegated care tasks; or
 - f. Failure to follow the employer's or workplace policy and procedure for the wastage of medications.
3. Additional standards of practice for nursing assistants-certified who train and test to earn a medication assistant endorsement. These nursing assistants-certified may perform care tasks beyond those indicated in WAC [246-841A-400](#) when they work under the direct supervision of a designated registered nurse in a nursing home. A nursing assistant-certified with a medication assistant endorsement can administer certain medications and perform certain prescriber-ordered treatments as described in WAC [246-841A-589](#). The following conduct may subject a nursing assistant-certified with a medication assistant endorsement to disciplinary action under the Uniform Disciplinary Act, chapter [18.130](#) RCW. Engaging in conduct that includes, but is not limited to:
- a. Failure to adhere to and perform in accordance with the requirements for medication administration and prescriber-ordered treatments in WAC [246-841A-589](#);
 - b. Failure to administer medications or provide prescriber-ordered treatments in the scope of a nursing assistant-certified with a medication assistant endorsement in accordance with:
 - i. The direction of the supervising registered nurse;
 - ii. Written orders; or
 - iii. Common safety and infection control practices for the care tasks performed
 - c. Failure to report and document accurately and legibly:
 - i. The administration of medication and performance of prescriber-ordered treatments into the resident's medical records using the facility-approved form or format (e.g., electronic record); and
 - ii. Supporting information pertinent to the care of a resident. Examples include, but are not limited to, a resident's status; a change in status; observations of patient responses to care or treatment(s); progress; or a resident's expressed concern;
 - d. Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record pertaining to medication administration or performance of prescriber-ordered treatments;
 - e. Administering medications or performing prescriber-ordered treatments beyond the scope of a nursing assistant-certified with a medication assistant endorsement as identified in WAC [246-841A-589](#); or
 - f. Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

[Statutory Authority:

RCW [18.79.110](#), [18.79.260](#), [18.88A.030](#), [18.88A.060](#), [18.88A.090](#), [18.88A.082](#), [18.88A.087](#), [4](#)

RCW [18.130.180](#): Unprofessional conduct.

Except as provided in RCW [18.130.450](#), the following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter [9.96A](#) RCW;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent, or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 - a. Not furnishing any papers, documents, records, or other items;
 - b. Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

- c. Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
 - d. Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter [9.96A](#) RCW;
18. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
19. The willful betrayal of a practitioner-patient privilege as recognized by law;
20. Violation of chapter [19.68](#) RCW (rebates/medical billing fraud) or a pattern of violations of RCW [41.05.700](#)(8), [48.43.735](#)(8), [48.49.020](#), [48.49.030](#), [71.24.335](#)(8), or [74.09.325](#)(8);
21. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
22. Current misuse of:
 - a. Alcohol;
 - b. Controlled substances; or
 - c. Legend drugs;
23. Abuse of a client or patient or sexual contact with a client or patient;

24. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards;
25. Violation of RCW [18.130.420](#); (stem-cell therapy laws)
26. Performing conversion therapy on a patient under age eighteen;
27. Violation of RCW [18.130.430](#) (inappropriate pelvic exams)
28. Violation of RCW [18.130.460](#) (female genital mutilation)
29. Implanting the license holder's own gametes or reproductive material into a patient.

WAC 246-16-100. Sexual Misconduct.

1. A health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:
 - a. Sexual intercourse;
 - b. Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;
 - c. Rubbing against a patient or client or key party for sexual gratification;
 - d. Kissing;
 - e. Hugging, touching, fondling or caressing of a romantic or sexual nature;
 - f. Examination of or touching genitals without using gloves;
 - g. Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
 - h. Not providing the patient or client a gown or draping except as may be necessary in emergencies;
 - i. Dressing or undressing in the presence of the patient, client or key party;
 - j. Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
 - k. Encouraging masturbation or other sex act in the presence of the health care provider;
 - l. Masturbation or other sex act by the health care provider in the presence of the patient, client or key party;
 - m. Suggesting or discussing the possibility of a dating, sexual or romantic relationship after the professional relationship ends;

- n. Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
 - o. Soliciting a date with a patient, client or key party;
 - p. Discussing the sexual history, preferences or fantasies of the health care provider;
 - q. Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
 - r. Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
 - s. Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
 - t. Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and
 - u. Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.
2. Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense as defined in RCW [9.94A.030](#).
 3. A health care provider shall not:
 - a. Offer to provide health care services in exchange for sexual favors;
 - b. Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;
 - c. Use health care information or access to health care information to meet or attempt to meet the health care provider's sexual needs.
 4. A health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.
 5. After the two-year period of time described in subsection (4) of this section, a health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:
 - a. There is a significant likelihood that the patient, client or key party will seek or require additional services from the health care provider; or
 - b. There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.
 6. When evaluating whether a health care provider is prohibited from engaging, or attempting to engage, in sexual misconduct, the secretary will consider factors, including but not limited to:
 - a. Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;
 - b. Transfer of care to another health care provider;

- c. Duration of the provider-patient relationship;
 - d. Amount of time that has passed since the last health care services to the patient or client;
 - e. Communication between the health care provider and the patient or client between the last health care services rendered and commencement of the personal relationship;
 - f. Extent to which the patient's or client's personal or private information was shared with the health care provider;
 - g. Nature of the patient or client's health condition during and since the professional relationship;
 - h. The patient or client's emotional dependence and vulnerability; and
 - i. Normal revisit cycle for the profession and service.
7. Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.
8. These rules do not prohibit:
- a. Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;
 - b. Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or
 - c. Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the health care provider where there is no evidence of, or potential for, exploiting the patient or client.

RCW [74.34.020](#). Mandatory Reporting.

Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

(2) "Abuse" means the intentional, willful, or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult which have the following meanings:

(a) "Sexual abuse" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter [71A.12](#) RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter [71A.12](#) RCW, whether or not it is consensual.

(b) "Physical abuse" means the intentional, willful, or reckless action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(c) "Mental abuse" means an intentional, willful, or reckless verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

(d) "Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(e) "Improper use of restraint" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized

under chapter [71A.12](#) RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

(3) "Chemical restraint" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

(4) "Consent" means express written consent granted after the vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.

(5) "Department" means the department of social and health services.

(6) "Facility" means a residence licensed or required to be licensed under chapter [18.20](#) RCW, assisted living facilities; chapter [18.51](#) RCW, nursing homes; chapter [70.128](#) RCW, adult family homes; chapter [72.36](#) RCW, soldiers' homes; chapter [71A.20](#) RCW, residential habilitation centers; any other facility licensed or certified by the department; or a medical foster home as defined in 38 C.F.R. 17.73.

(7) "Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

(a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

(b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

(c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

(8) "Financial institution" has the same meaning as in RCW [30A.22.040](#) and [30A.22.041](#). For purposes of this chapter only, "financial institution" also means a "broker-dealer" or "investment adviser" as defined in RCW [21.20.005](#).

(9) "Hospital" means a facility licensed under chapter [70.41](#) or [71.12](#) RCW or a state hospital defined in chapter [72.23](#) RCW and any employee, agent, officer, director, or independent contractor thereof.

(10) "Individual provider" has the same meaning as in RCW [74.39A.240](#).

(11) "Interested person" means a person who demonstrates to the court's satisfaction that the person is interested in the welfare of the vulnerable adult, that the person has a good faith belief that the court's intervention is necessary, and that the vulnerable adult is unable, due to incapacity, undue influence, or duress at the time the petition is filed, to protect his or her own interests.

(12)(a) "Isolate" or "isolation" means to restrict a vulnerable adult's ability to communicate, visit, interact, or otherwise associate with persons of his or her choosing. Isolation may be evidenced by acts including but not limited to:

(i) Acts that prevent a vulnerable adult from sending, making, or receiving his or her personal mail, electronic communications, or telephone calls; or

(ii) Acts that prevent or obstruct the vulnerable adult from meeting with others, such as telling a prospective visitor or caller that a vulnerable adult is not present, or does not wish contact, where the statement is contrary to the express wishes of the vulnerable adult.

(b) The term "isolate" or "isolation" may not be construed in a manner that prevents a guardian or limited guardian from performing his or her fiduciary obligations under chapter [11.130](#) RCW or prevents a hospital or facility from providing treatment consistent with the standard of care for delivery of health services.

(13) "Mandated reporter" is an employee of the department or the department of children, youth, and families; law enforcement officer; social worker; professional school personnel; individual provider; an operator of a facility or a certified residential services and supports agency under chapter [71A.12](#) RCW; an employee of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, hospice, or certified residential services and supports agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter [18.130](#) RCW.

(14) "Mechanical restraint" means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or

equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter [71A.12](#) RCW.

(15) "Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW [9A.42.100](#).

(16) "Permissive reporter" means any person, including, but not limited to, an employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

(17) "Physical restraint" means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

(18) "Protective services" means any services provided by the department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has been abandoned, abused, financially exploited, neglected, or in a state of self-neglect. These services may include, but are not limited to case management, social casework, home care, placement, arranging for medical evaluations, psychological evaluations, day care, or referral for legal assistance.

(19) "Self-neglect" means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

(20) "Social worker" means:

(a) A social worker as defined in RCW [18.320.010](#)(2); or

(b) Anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of vulnerable adults, or

providing social services to vulnerable adults, whether in an individual capacity or as an employee or agent of any public or private organization or institution.

(21) "Vulnerable adult" includes a person:

(a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or

(b) Subject to a guardianship under RCW [11.130.265](#) or adult subject to conservatorship under RCW [11.130.360](#); or

(c) Who has a developmental disability as defined under RCW [71A.10.020](#); or

(d) Admitted to any facility; or

(e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter [70.127](#) RCW; or

(f) Receiving services from an individual provider; or

(g) Who self-directs his or her own care and receives services from a personal aide under chapter [74.39](#) RCW.

(22) "Vulnerable adult advocacy team" means a team of three or more persons who coordinate a multidisciplinary process, in compliance with chapter 266, Laws of 2017 and the protocol governed by RCW [74.34.320](#), for preventing, identifying, investigating, prosecuting, and providing services related to abuse, neglect, or financial exploitation of vulnerable adults.

Worker and Community Right to Know Program

What is the Worker and Community Right to Know Program?

In 1984, the Legislature passed the Worker and Community Right to Know Act (RTK), which required the state to establish a comprehensive program for disclosing information about hazardous substances in the workplace and the community.

The program provides a process for residents to obtain information that impacts communities. It is funded through fee assessments to employers.

The program is jointly managed by Department of Labor & Industries (L&I) and Department of Ecology (DOE).

What are the collected fees used for?

The collected fees support the RTK Program and provide:

- ③ Free safety and health assistance to employers to help determine if hazardous chemicals are present in the workplace and to help employers set up a Hazard Communication Program.
- ③ Free educational guidelines, brochures and other materials related to state regulations and information on hazardous substances in the workplace and community.
- ③ Free translations of Hazard Communication Programs, Safety Data Sheets, and other related information into languages other than English.

How is the fee assessment calculated?

Employers are charged \$2.50 per each full-time equivalent (FTE) employee. L&I computes an employer's number of FTEs by totaling all full-time, part-time and temporary worker hours reported on industrial insurance from the previous calendar year, then dividing by 2,080 and rounding up to the nearest whole number.

A partial FTE is counted as one. Billing occurs each July.

- ③ Fees are assessed to employers reporting 10,400 or more worker hours from the previous calendar year, and are in industries that are classified by the current industry classification system used by the bureau of labor statistics. WAC 296-63-005. ③ The industries typically have or use chemical products that are hazardous and may create a potential exposure to employees.

What chemicals are considered hazardous?

Hazardous chemicals include any material that poses either a health and/or physical hazard, such as chemicals either ingested, inhaled, and/or absorbed that could cause damage to living tissue, organs, nervous system, blood system, cause an allergic reaction and/ or temporary inflammation, and/or material that is considered flammable, a combustible liquid, compressed gas, an explosive, an organic peroxide, an oxidizer, pyrophoric, and/or unstable (reactive) or water reactive.

OSHA's Hazard Communication standard, also known as the "Right to Know Law," is designed to ensure that vital information about chemical hazards and protective measures is passed along to workers who may come in contact with or handle these types of chemicals.

Does a complete list of hazardous substances exist?

No. However, there are several sources that list hazardous substances or criteria for determining whether chemicals are hazardous. These include the general occupational health standards (Chapter 296-62 WAC); Pre-GHS, Employer Chemical Hazard Communication (WAC 296-800-170); Permissible exposure limits (PELs) — Airborne Contaminants (WAC 296-841-20025); OSHA Guidance for Hazard Determination (www.OSHA.gov/dsg/hazcom/ghd053107.html); and the latest edition of the ACGIH Threshold Limit Values Handbook, available online at www.acgih.org.

Note: Key words on container labels, such as

"CAUTION," "WARNING," or "DANGER" are strong indications that the chemical is hazardous.

Division of Occupational Safety and
Health www.Lni.wa.gov/go/F413-075-000 | 1-
800-423-7233

4. What does it mean to be a danger to oneself or others? What behaviors would they need to exhibit for you to label them dangerous?

5. In an ideal world, where money and resources are not an issue, how should we handle the care for individuals like Nestor?

Name: _____

End of Shift Report Practice:

Room # _____ RN: _____ Name: Code status: Allergies: Precautions: Oriented? Y/N
Diagnosis: Procedures:
Activity: Level of Assist: Equipment: Orders:
Diet: Feeding Assist?
Toileting: Catheter? Y/N Ostomy? Y/N
O2: Y/N Central line: Y/N Other: Wounds:
Notes:

Name: _____

Frontline: “When Antibiotics Don’t Work” Worksheet

1. What infection did Addie have that made her so sick so quickly?
2. What were some signs to Addie’s mother that her infection was very serious?
3. How did Addie’s treatment put her at risk for other infections?
4. What ethical principle(s) contributed to the doctors’ hesitance to approve a lung transplant?
5. What are some things you see healthcare staff doing to prevent the spread of KPC in their facility?

Name: _____

Frontline: “Blood Sugar Rising” Worksheet

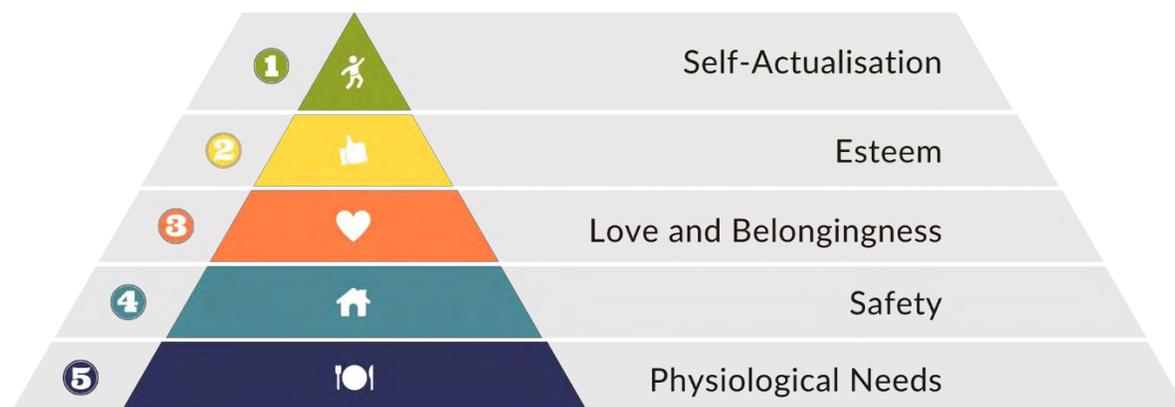
1. What is the difference between type I and type II diabetes?
2. What kinds of damage occur in the body if diabetes goes untreated?
3. What things did Montel’s doctor say he should do to minimize his risk of amputations?
4. What are the classic symptoms of diabetes?
5. Why is insulin such a high-risk medication?

Story Activities

Throughout the quarter we will be listening to short audio stories about 4 different long-term care residents. As you listen to each story, imagine that you are the client's nursing assistant.

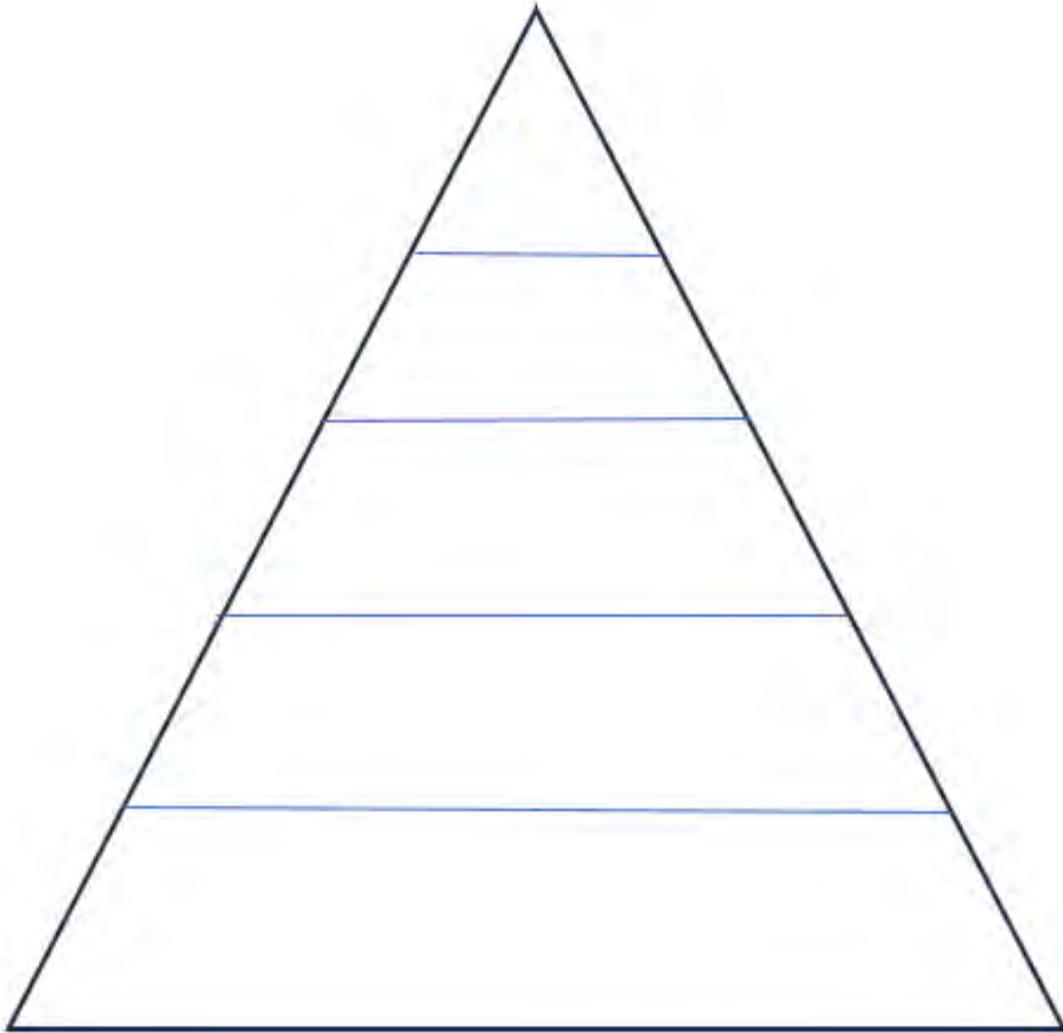
Evaluate the client's needs and reflect on what you would do as their CNA. To do this, use

Maslow's Hierarchy of Needs:



Each day you will complete and turn in a reflective worksheet about a resident for credit. Please give a complete, thoughtfully worded answer to each question in complete sentences. These reflections will not be graded on "correctness," but rather effort. The goal is to get you to empathize with the resident experience and reflect upon the work that CNAs do every day!

6. List things you might do to reach Alberta's needs at each level of Maslow's pyramid:



Name: _____

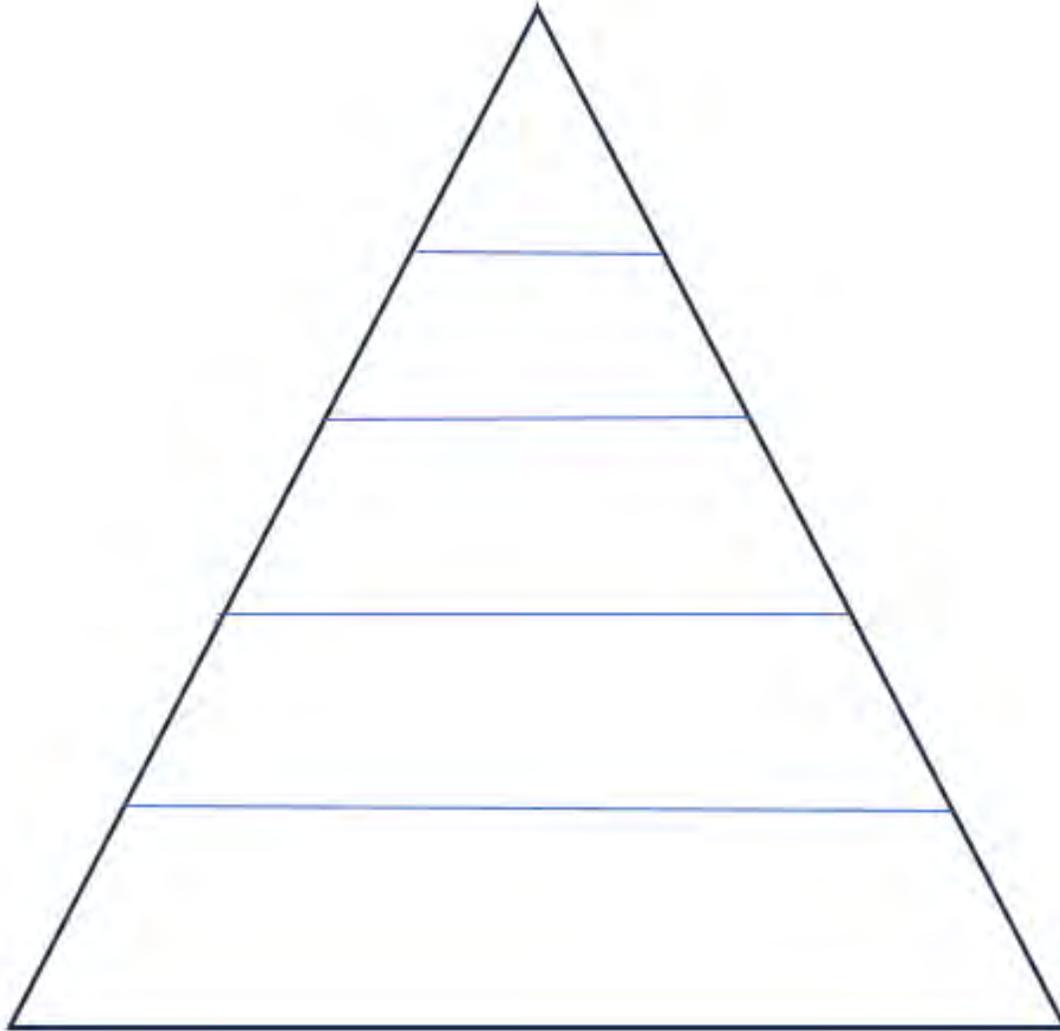
Story Activity: Alberta #3

1. Would you consider Alberta a “high fall risk”? Why or why not?
2. What factors increase Alberta’s fall risk? What factors reduce her fall risk?
3. What are some things you can do to mitigate Alberta’s fall risk?
4. What can you do to reduce Alberta’s risk of infection?
5. What might be some signs that Alberta’s illness is getting worse?

Name: _____

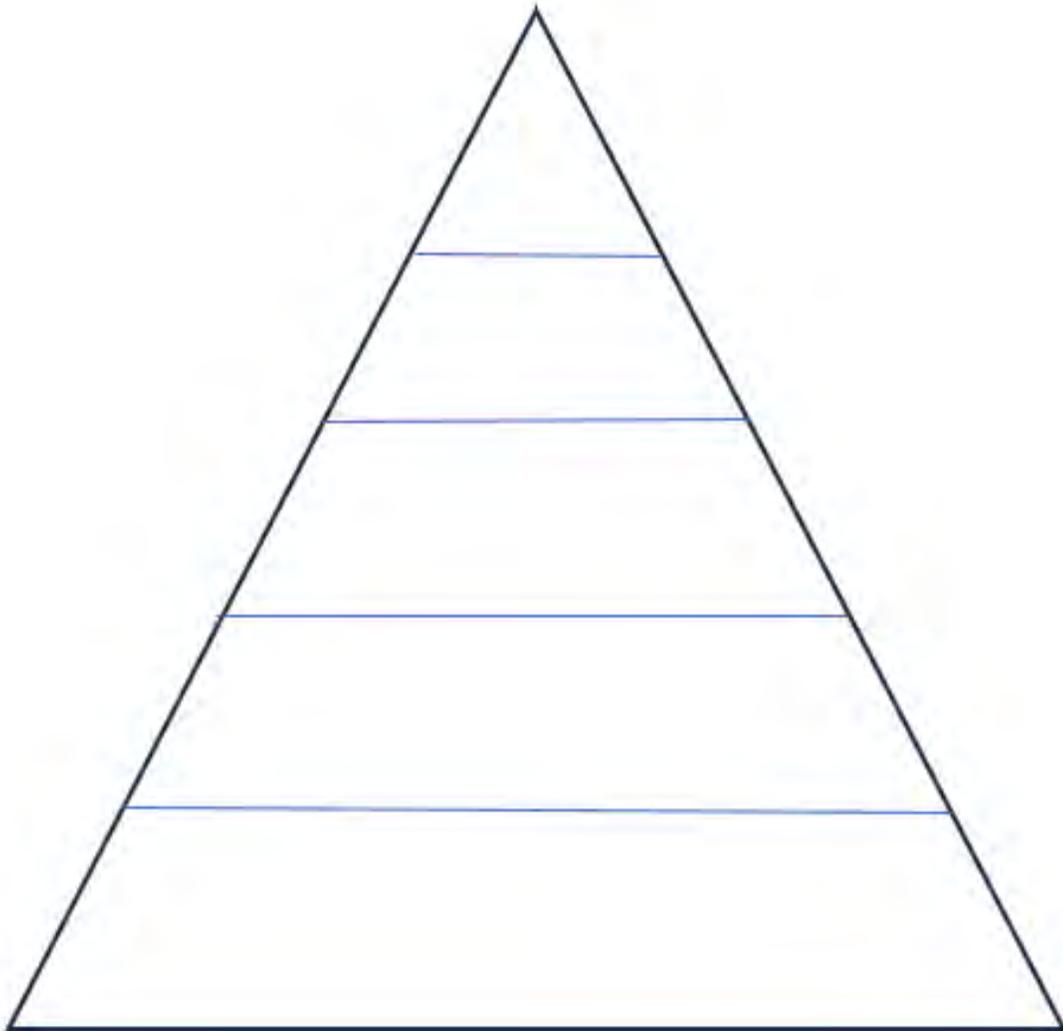
Story Activity: Alberta #4

1. What does the CNA do to care for Alberta at each level of the pyramid?



2. How are professional boundaries at risk in this story? What should the CNA do to avoid crossing professional boundaries with Alberta?

4. List things you might do to meet Carol's needs at each level of Maslow's pyramid:

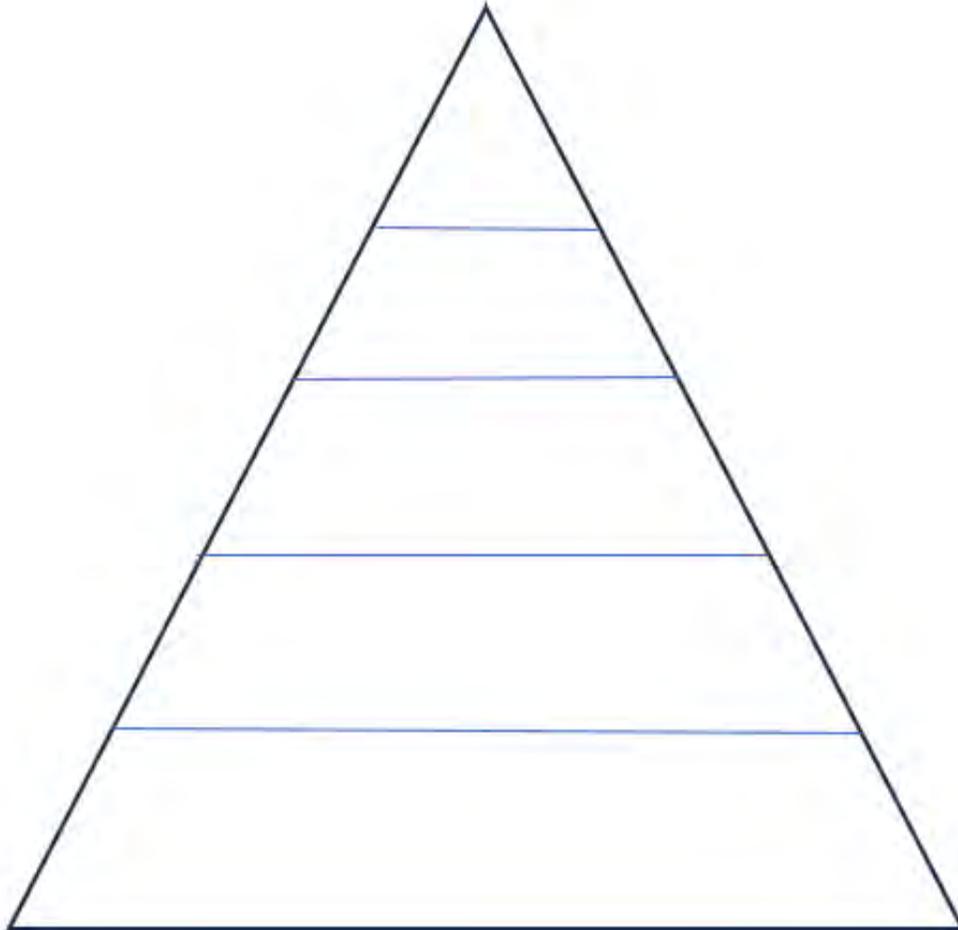


Name: _____

Story Activity: Carol #2

1. What safety risks exist for Daniel?
2. What precautions would you take to mitigate his safety risks?
3. Consider Maslow's. What factors support Daniel's sense of love and belonging? What about his self-esteem & self-actualization?
4. Do you think Carol and Daniel's relationship is safe and appropriate? Why or why not?

3. Consider Maslow's Hierarchy of Needs. How are Joseph's needs being challenged by his new situation at each level of the pyramid?

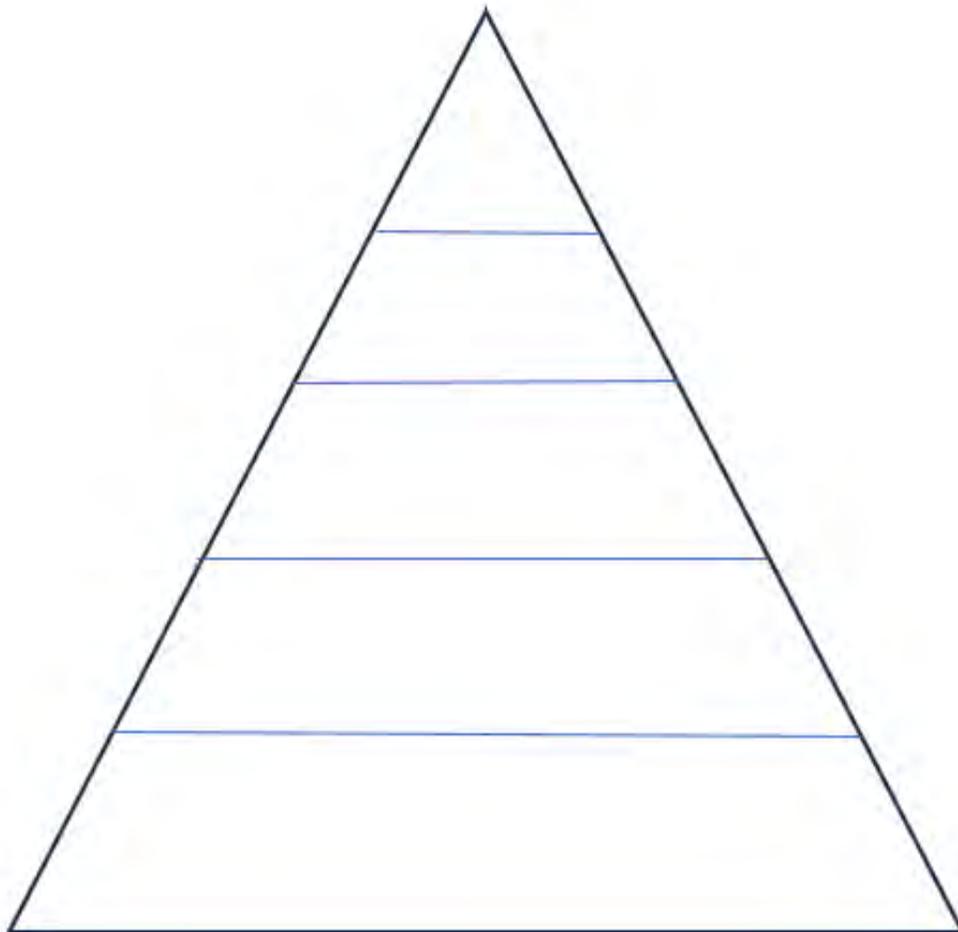


Name: _____

Story Activity: Mrs. Li #1

1. What relevant details did we learn about Mrs. Li during our first conversation with her?

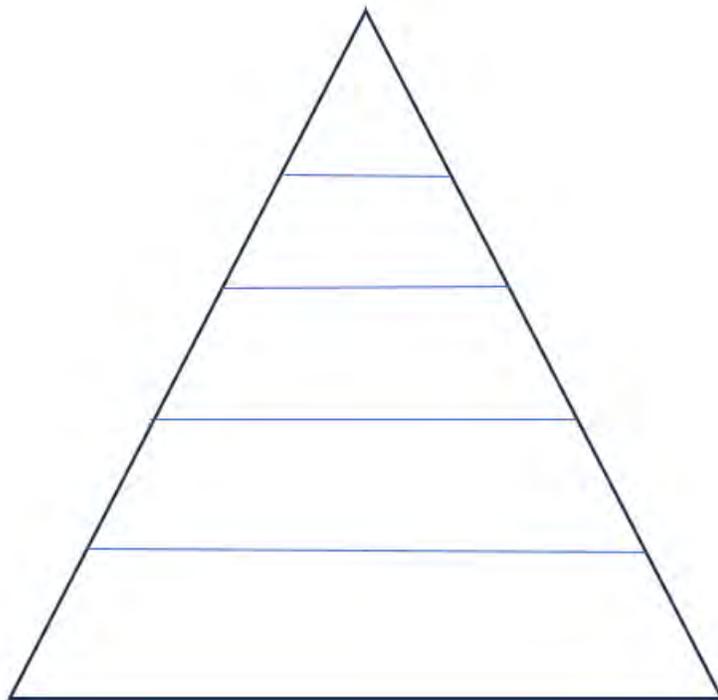
2. What needs does Mrs. Li have at each level of the pyramid?



Name: _____

Story Activity: Mrs. Li #2

1. Why has Mrs. Li been pushing herself so hard?
2. You don't recall any information about bowel urgency in her care plan. What should you do with this information and why is it important?
3. Bowel urgency and incontinence can challenge people in a variety of ways. How might Mrs. Li be challenged by her bowel issues at each level of the pyramid?





Forms



Contact Information

NAME: _____

MAILING ADDRESS: _____

Street Number

City

State

Zip Code

TELEPHONE: _____

EMAIL: _____

The College may use this information to publish a class contact list for use by other nursing assistant students and nursing faculty only.

YES NO

EMERGENCY CONTACT INFORMATION:

Name of emergency contact: _____

Relationship: _____

Phone: _____ Text

okay? Yes No

Email: _____



Authorization for Disclosure of Confidential Medical and Criminal Records

I, the undersigned, authorize Bellingham Technical College (BTC) to release the results of my TB screening test to organizations having clinical affiliation with BTC as a requirement to my being able to participate in the clinical education program.

I further authorize BTC to release my criminal history/background check results to the organization having a clinical affiliation with BTC as a requirement to my being able to participate in the clinical education program.

I understand and agree that these results will be used to evaluate my eligibility to participate in the clinical education program, and that positive or dilute urinalysis results and/or certain convictions may disqualify me from being able to participate in the clinical education program and may also affect my ability to pursue a career in my chosen field.

This authorization will be valid as long as I remain enrolled as a student at BTC.

Date

Print Name

Signature



Confidentiality Agreement

The Nursing Assistant student has access to information regarding clients in the assigned healthcare facility. The systems employed for confidential communication are verbal, paper, and computer. In order to maintain access to information, it is essential that students obey all rules regarding confidential information. Violations of this policy may include, but are not limited to:

- Discussing privileged client information outside the practicum or classroom setting;
- Accessing information that is not within your scope as a student;
- Misusing, disclosing without proper authorization, or altering patient information;
- Leaving client data in an unsecured area;
- Removing copies of legal documents from the clinical facility.

Furthermore, I have received information on HIPAA legislation and the identification of the impact in all areas of healthcare, including privacy principles and practices.

My signature below acknowledges that I will maintain the client's right to privacy and that failure to comply could be grounds for dismissal from the program in accordance with the Student Code of Conduct.

Date

Print Name

Signature



Informed Consent for Coursework Requiring Human Subjects

The use of human subjects for educational purposes carries with it the responsibility to protect the rights, well-being, and personal privacy of individuals; to assure a favorable climate for the acquisition of skills and the conduct of academically oriented inquiry; and to protect the interests of Bellingham Technical College. This course involves classroom or laboratory activities where learning by students requires the use of fellow students as part of training procedures and/or demonstrations.

Course/Programs: Health Occupations Courses and Programs

I am aware that during the classroom and lab experience, in which I am participating under the arrangement of Bellingham Technical College, certain risks may occur. These risks may include, **but are not limited to** mild discomfort, allergic reactions and/or back strain.

Benefits Analysis:

I fully understand that in order to be successful in my field of study, I must practice the required procedures for that area. In doing so, I fully accept responsibility for my actions. I also understand that in using fellow students as “human subjects,” as well as allowing myself to be used in the same manner, I am participating in a learning experience that is an integral part of my coursework, in order to show proficiency of necessary skills and to gain an understanding of empathy for future patients undergoing these procedures.

Important:

Proper infection control guidelines and safety measures will be observed during the practice and performance of all procedures. Any questions you may have concerning these procedures can be directed to the course instructor. You are free to withdraw from participation at any time. Students who choose not to participate as a human subject or accept an alternative activity will not be able to complete the coursework successfully.

As a participant in a Bellingham Technical College Health Occupations course or program, I am aware of the possible risks and discomforts, benefits, and appropriate alternative incidents to my voluntary participation. I agree to abide by the policies and procedures of **Bellingham Technical College** and the instructor of the course as they relate to my participation in this course/program. I have made the instructor aware of any pre-existing conditions (e.g., seizure disorder, diabetes, hemophilia, physical limitations, etc.) that may put myself or others at risk through my participation. I further agree that I have read and understood the terms of the agreement, and that I sign the agreement as of my own free act.

Print Name

Signature

Date



STUDENT RELEASE OF RECORDS FOR REFERENCE OR RECOMMENDATION

(Family Educational Rights and Privacy Act of 1974)

TO BE FILLED OUT BY THE STUDENT ONLY

I, _____ hereby authorize Bellingham Technical College
(PLEASE PRINT FULL NAME)
to release my educational record to prospective employers.

This release allows the following individual(s) to provide any and all information which pertains to my performance at Bellingham Technical College unless otherwise stated below.

PLEASE PRINT FULL NAME

BTC Instructor/Staff _____

I understand that this release of information remains in effect until I revoke my consent in writing.

Signature of Student

Date

SID # _____

Copy: Instructor (keep on file)

Copy: Student (optional)

h:\ferpa 2 intranet release 4/17/12



Classroom Recording Agreement

The creation of a safe learning environment is important to us at Bellingham Technical College. To help students feel secure in the midst of emerging technology, a policy for electronic recordings is necessary. During your time studying at Bellingham Technical College's Nursing Assistant Program, you will have access to various learning and teaching events and materials which may, in some way, be protected by privacy, copyright and data protection laws. It is essential that you understand that you will need to observe the law when using these resources. The student must sign the pledge before lectures can be recorded. It is the responsibility of the student to notify faculty that they may be recording the lectures.

SUMMARY OF KEY POINTS

- Student must ask permission of faculty before each occurrence of recording in classroom or lab occurs.
- All students in the class as well as guest speakers will be informed by the instructor that permission was granted for recording to occur.
- Recordings are to be used solely to facilitate student learning.
- No recording may be shared or posted on publicly accessible web environments (Facebook/YouTube/other online groups, etc.), published, sold or used in any way other than for private study purposes.
- Students must destroy recordings at the end of each course.
- Public distribution of such materials may constitute copyright infringement in violation of federal or state law, or College policy.
- Violation of this agreement may subject a student to disciplinary action.
- Students are encouraged to ask faculty or dean for clarification of this policy.

Student Name (print): _____

Student Signature: _____ Date: _____

Original: Student File

Copy: Student

