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Health Sciences Department

Nurse Aide Program

Student Handbook

**Spring 2020**

**(Approved 1/7/2020)**

**Handbook Revisions Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| 10/14/2020 |  |  |  |  |
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**Disclaimer**

The College and the Program reserve the right to alter contents of the Student Handbook with notice to students as necessary. Students will be notified of the change in a timely manner, given a copy of the change, and must sign they have received and understand the change. Changes may be necessary as the accrediting body, state, or national regulations change.

## Accessibility Statement

Southeastern Technical College is committed to making course content accessible to individuals to comply with the requirements of Section 508 of the Rehabilitation Act of Americans with Disabilities Act (ADA). If you find a problem that prevents access, please contact the course instructor.

# **STC Statement of Non-Discrimination**

The Technical College System of Georgia (TCSG) and its constituent technical colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all TCSG and technical college-administered programs, federally financed programs, educational programs and activities involving admissions, scholarships and loans, student life and athletics. It also applies to the recruitment and employment of personnel and the contracting for goods and services.

All work and campus environments shall be free from unlawful forms of discrimination, harassment and retaliation as outlined under Title IX of the Educational Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1967, as amended, Executive Order 11246, as amended, the Vietnam Era Veteran’s Readjustment Act of 1974, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans With Disabilities Act (ADA) of 1990, as amended, the Equal Pay Act, Lilly Ledbetter Fair Pay Act of 2009, the Georgia Fair Employment Act of 1978, as amended, the Immigration Reform and Control Act of 1986, the Genetic Information Nondiscrimination Act of 2008, the Workforce Investment Act of 1998 and other related mandates under TCSG Policy, federal or state statutes.

The Technical College System and Technical Colleges shall promote the realization of equal opportunity through a positive continuing program of specific practices designed to ensure the full realization of equal opportunity. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

**American with Disabilities Act (ADA)/Section 504 - Equity- Title IX (Students) – Office of Civil Rights (OCR) Compliance Officer**

Helen Thomas, Special Needs Specialist

Vidalia Campus

3001 East 1st Street, Vidalia Office 165

Phone: 912-538-3126

Helen Thomas ([hthomas@southeasterntech.edu](file:///C%3A%5CUsers%5Cgrobison%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CFKRQ3BOE%5Chthomas%40southeasterntech.edu))

**Title VI - Title IX (Employees) – Equal Employment Opportunity Commission (EEOC) Officer**

Lanie Jonas, Director of Human Resources

Vidalia Campus

3001 East 1st Street, Vidalia Office 138B

Phone: 912-538-3230

Lanie Jonas (ljonas@southeasterntech.edu)

Reference: STC 2.1.1.p. Procedure: Southeastern Technical College Statement of Equal Opportunity [Southeastern Technical College Introduction and General Information](http://www.southeasterntech.edu/pdf/IntroductionandGeneralInformation.pdf) (<http://www.southeasterntech.edu/pdf/IntroductionandGeneralInformation.pdf>)

# Campus Carry Bill

**Date of implementation** July 1, 2017

* **Break down elements of the statute** 16-11-127.1
* Must be 21 or over (unless an active member of the military)
* Applies to anyone on campus-- student, faculty, staff, contractor or visitor
* Applies only to handguns (revolvers and pistols)
* Must have valid GA Weapons Carry License (WCL) or a weapons carry license or permit from a reciprocal state provided that the license carrier is not a resident of GA. If they become a GA resident they must obtain a GA carry license (active military exception)
* Locations authorized
* In any building or on real property (buildings or land) owned or leased by the college, unless specifically prohibited below
* Locations prohibited
* Any buildings or property used for athletic sporting events (while athletic event is occurring)
* Student housing (includes fraternity and sorority houses)
* Preschool or childcare spaces (defined as separated by electronic mechanism or human-staffed point of controlled access)
* College and Career Academies
* Classes w/ Move On When Ready (MOWR)/dual enrollment students (defined as the space or room being currently used for MOWR/dual enrollment instruction)
* Faculty, staff or administrative offices
* Rooms where disciplinary hearings are conducted
* Must be concealed
* Concealed defined—carried in such a fashion it does not ***actively solicit*** the ***attention*** of others… is not ***openly and intentionally*** displayed. ***Substantially*** covered by an article of clothing, or carried within a bag of nondescript nature

**Additional Points for Consideration:**

* **It is incumbent upon the weapons carry license holder to know the law and follow it at all times.**
* It is the responsibility of the license holder/gun owner to ensure that they have received gun safety training on proper loading, use and carry (including concealed carry) of a firearm. Colleges (including their police or security departments) will not provide firearms training to anyone other than employed sworn police officers.
* Active Shooter training is provided to all students and employees. In the event of an active shooter type occurrence, police will respond with the intent of locating and stopping the threat. ***It is the responsibility of the licensed carrier to clearly identify themselves and immediately obey all instructions given by law enforcement.***

**Frequently Asked Questions:**

1. Where can weapons be secured when not being carried on campus by permit holder? The gun owner’s vehicle. Schools ***will not*** provide weapons storage facilities.
2. How will anyone know whether a class has MOWR or dual enrollment students in it? It is incumbent upon the licensed carrier to determine when these conditions exist and not violate the law. Students may ask their fellow classmates if anyone is a dual enrollment, MOWR, or high school student, however, fellow students are ***not required*** to identify themselves as dual enrollment, MOWR or high school student.
3. What is penalty for violation? See OGCA 16-11-127.1. If the violator has a valid carry license, on first offense, the penalty is a misdemeanor and a $25 fine. If the violator does not have a carry license the charge is a felony.
4. Can law enforcement ask to see weapon carry license at any time? Law enforcement may not detain an individual for the sole purpose of asking if they have a carry license or requesting to view it.
5. Must the permit be on your person while carrying? Yes
6. Does it apply to any area where a student conduct hearing *may occur* or *has* occurred? It applies to any area where a student conduct hearing *is* occurring or will occur in the immediate future.
7. What happens when high school (or younger) students are in common areas? The prohibition only applies to areas in current use for instruction of students who are dual enrollment or MOWR. Common areas where these students may be present are not covered.

# Security of Student Records/Family Educational Rights and Privacy Act

Annually, Southeastern Technical College shall inform their students about the Family Educational Rights and Privacy Act of 1974 (“FERPA”). FERPA was designed to protect the privacy of educational records and to establish the right of students to inspect and review their non-privileged educational records. FERPA also provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students have the right to file complaints with the Family Policy Compliance Office, U.S. Department of Education, concerning alleged failures by the institution to comply with the Act. Southeastern Technical College shall also provide a mechanism whereby students may file informal complaints within the College.

This policy applies to students who are or who have formerly been enrolled at Southeastern Technical College. Education Records include any records (in handwriting, print, tapes, film, computer, or other medium) maintained by Southeastern Technical College or Technical College System of Georgia that are directly related to a student except:

1. A personal record kept by a faculty or staff member if it is kept in the sole possession of the maker of the record, is not accessible or revealed to any other person except a temporary substitute for the maker of the record, and is not used for purposes other than a memory or reference tool. Records that contain information taken directly from a student or that are used to make decisions about the student are not covered by this exception.
2. Records created and maintained by Southeastern Technical College law enforcement unit for law enforcement purposes
3. An employment record of an individual whose employment is not contingent on the fact that he or she is a student.
4. Records made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional if the records are used only for treatment of a student and made available only to those persons providing the treatment.
5. Alumni records that contain information about a student after he or she is no longer in attendance at the College and which do not relate to the person as a student.

The complete STC procedure regarding student records is available in the *STC Online Catalog and Student Handbook*:

[STC Student Affairs](http://www.southeasterntech.edu/pdf/StudentAffairs.pdf) (<http://www.southeasterntech.edu/pdf/StudentAffairs.pdf>)

# Accreditation

**College Accreditation**

Southeastern Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Associate Degrees.

Commission on Colleges

1866 Southern Lane

Decatur, GA 30033-4097

404-679-4500

[Southern Association of Colleges and Schools Commission on Colleges](http://www.sacscoc.org/)

([www.sacscoc.org](http://www.sacscoc.org/))

**Program Accreditation**

The Department of Community Health (DCH) is designated to have oversight of Georgia’s Nurse Aide Training and Competency Evaluation Program and the Nurse Aide Registry. The State Contractor is appointed by DCH to administer and oversee the Nurse Aide Registry and Nurse Aide Training Program. The State Contractor must ensure that the approved Nurse Aide Training Programs and the Nurse Aide Registry are in compliance with the Code of Federal Regulations as stated in **42CFR483.150-158** and with State guidelines.

# College and Program Mission Statements

**Southeastern Technical College Mission Statement**

Southeastern Technical College, a unit of the Technical College System of Georgia, provides an innovative, educational environment for student learning through traditional and distance education delivery methods focused on building a well-educated, globally competitive workforce for Southeastern Georgia.

The College fulfills its mission through**:**

* associate degree, diploma, and technical certificate of credit programs;
* adult education;
* continuing education; and
* customized training and services.

**Vision**

Southeastern Technical College will be recognized as an educational leader in Southeastern Georgia. The College will deliver quality, student-centered, and accessible postsecondary education and training. The College will empower students for success, cultivating innovative and economically thriving communities and enterprises.

**Southeastern Technical College Values:**

* Integrity, honesty, openness, mutual respect, and personal excellence.
* Continuous improvement.
* Making a difference in teaching and learning.
* A strong, visionary Administration.
* A qualified and committed Faculty and Staff.
* Community Partnerships and citizenship.
* Safe, secure, and attractive campuses and facilities.
* Time together for planning.
* Positive attitudes and teamwork.
* Accessible and affordable, quality programs and services.
* Professional Development.
* Communication.
* Fairness, equality, and diversity.
* Workforce development.
* Marketing our uniqueness for a competitive advantage.
* Technological advancement.

# Levels of Program Organization

**Nurse Aide Program**

State Board of the Technical College System of Georgia

Commissioner of the Technical College System of Georgia – Matt Arthur

President – Mr. Larry Calhoun

Vice President for Academic Affairs – Teresa Coleman

Dean of Academic Affairs – Dana Roessler

Academic Affairs Administrative Assistant – Ola Smith; Dusty Pittman

Health Sciences Administrative Assistant – Erin Rollins

Program Director – Dana Roessler, MSN, RN

Program Faculty – Maxine Garnto, LPN - Swainsboro Campus

Program Faculty – Melinda Lee, LPN – Vidalia Campus

## Communication

**Channel of Program Communication:**

Faculty

Program Director

Dean

 The Preferred method of contacting a faculty member is via Southeastern Technical College email. The use of private email is discouraged.

**Faculty/Staff Contact Information:**

Dana Roessler

Dean of Academic Affairs

Dana Roessler (droessler@southeasterntech.edu)

912-538-3198

Maxine Garnto

Nurse Aide Program Faculty- Swainsboro Campus

Maxine Garnto (mgarnto@southeasterntech.edu)

478-289-2228

Melinda Lee

Nurse Aide Program Faculty- Vidalia Campus

Melinda Lee (mlee@southeasterntech.edu)

912-538-3275

Dusty Pittman

Academic Affairs Administrative Assistant-Vidalia Campus

dmpittman@southeasterntech.edu

912-538-3117

Teresa Coleman

Vice President of Academic Affairs

Teresa Coleman (tcoleman@southeasterntech.edu)

912-538-3103

# Technical Standards and Clinical Requirements for Health Sciences Education

Southeastern Technical College has a moral and ethical responsibility to select, educate, and graduate competent and safe students/practitioners. The College has identified core performance standards critical to the success of students in the health sciences programs. These standards are designed not to be exclusionary, but to establish performance expectations that will enable students to provide safe professional practice with or without reasonable accommodations. All students enrolled in a health science program will be asked to review the provided core performance standards and clinical requirements and sign a form certifying they have read, understand, and are able to meet the standards and requirements as follows. The health science programs are prepared to provide reasonable accommodations to accepted students who have documented disabilities.

Students with disabilities who wish to request accommodations under the Americans with Disabilities Act must follow the College's procedures outlined in the Student Affairs section of the catalog.

**Program Core Performance Standards**

The Program curriculum requires students to engage in diverse complex, and specific experiences essential to the acquisition of essential professional skills. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being essential in the successful completion of the Program’s requirements, these functions are necessary to ensure the health and safety of clients, fellow classmates, faculty, and other healthcare providers. Please be informed that certain physical and mental abilities are essential to function as a student and in professional practice. The essential qualifications that students must demonstrate include but are not limited to the following:

Students must have the **intellectual, conceptual, and critical thinking abilities** to assess, analyze, reason and synthesize data in order to draw sound conclusions and make clinical decisions. Students must be able to problem solve as well as obtain, interpret, and document information.

Students must have effective **oral and written communication skills** in order to accurately transmit information appropriate to the ability of clients, colleagues, and other healthcare workers. Students must be able to read and write legibly in English with proper spelling of medical terms.

Students must have **gross and fine motor skills** sufficient to lift and operate equipment and provide safe and effective client care. Students must assist or move clients from wheelchairs and/or beds, when necessary, using proper body mechanics. Students must also have the motor skills necessary to perform basic life support and first aid in event of an emergency situation.

Students must have **interpersonal skills** such that they are capable of interacting with individuals, families, and groups from a variety of social, economic, and ethnic backgrounds.

Students must have the **physical mobility** necessary to move from place to place in small spaces as well as full range of motion.

Students must have **physical endurance** that enables them to stay on task for a prolonged period while sitting, standing, or moving.

Students must have the **visual and perceptual abilities** sufficient for observation and treatment of clients. Students must have the ability to discriminate between subtle changes in a client clinically and be prompt and assertive with actions to resolve problems.

Students’ **auditory ability and other sensory skills** must be sufficient to monitor and assess the health needs of clients as well as maintain client safety.

Students must demonstrate **professional attitudes and behaviors**. Students must be able to use reasonable judgment under stressful conditions that impact client care. Students must be able to tolerate taxing workloads, function effectively under stress and time constraints, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical problems of many clients. Students must be able to work independently as a member of a team to maintain the highest ethical standards in relation to quality care. Students must possess attributes such as compassion, empathy, integrity, honesty, responsibility, and tolerance. Students must be able to present a professional appearance, and maintain personal health.

These core performance standards are not intended to be a complete listing of practice behaviors, but a sample of the types of abilities needed by the student to meet program outcomes and requirements. If for any reason the student cannot meet any of these core performance standards or the Program’s Clinical Performance Standards, please contact the Program Director so that individual situations may be assessed and/or referred to the Special Needs Specialist.

## STC Services to Students with Disabilities

The Special Needs office at Southeastern Technical College promotes the success of students with disabilities.  Our focus is to provide students with disabilities the tools, reasonable accommodations, and support services to participate fully in the academic environment.

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, speaking, breathing, learning, and working. Such a person must have a record of the impairment or be regarded as having such impairment.

**Examples of some reasonable accommodations include:**

* Extended time for class projects and tests
* Testing in a distraction-reduced setting
* Permission to audio record class lectures
* Volunteer note-takers
* Books in electronic format
* Screen-reading software
* Speech recognition software
* Use of an electronic spell checker for classroom tests, quizzes, and writing assignments
* Use of a calculator
* Magnification/visual aid/large print
* Priority seating (front row, back row, near exit, etc.)

**To request Services, contact:**

**Helen Thomas**

Special Needs Specialist

Vidalia Campus, Room 165

(912) 538-3126

Helen Thomas (hthomas@southeasterntech.edu)

**Macy Gay**
Special Needs Specialist
**Swainsboro Campus, Building 1 Room 1210**
(478) 289-2274
mgay@southeasterntech.edu

# Calendar of Events

**CALENDAR OF EVENTS**

The annual Calendar of Events can be found in the online [STC Catalog and Handbook](http://www.southeasterntech.edu/pdf/IntroductionandGeneralInformation.pdf)

(<http://www.southeasterntech.edu/pdf/IntroductionandGeneralInformation.pdf>)

**ACADEMIC YEAR**

Southeastern Tech operates on a three semester system, with a Fall Semester (August-December), Spring Semester (January-April), and Summer Semester (May-July).

\**Please note dates are subject to change.*

**SEMESTER SCHEDULES**

A listing of the classes to be taught each semester, including the days and times, is published prior to the beginning of each semester. Semester class schedules are available online at www.southeasterntech.edu. Schedules are available prior to returning student registration. Any questions concerning schedules should be addressed to the student's advisor or the Academic Affairs Office.

**STUDENT RESPONSIBILITY**

It is especially important that each student note that it is his or her responsibility to be aware of the calendar and of any changes in the calendar which may occur from time to time during the year.

# Emergency Closing of the College

The President, or designee, may alter the business and class hours if conditions exist that may threaten the health, safety, or welfare of students and personnel. Should the school be forced to close due to inclement weather or other circumstances, the following radio and television stations will be contacted. Notifications will be posted on the [STC website](http://www.southeasterntech.edu/), [STC Facebook page](http://www.facebook.com/pages/Southeastern-Technical-College/63539307420), and [STC Twitter page](https://twitter.com/stcgeorgia).

Students, faculty, and staff are to listen to the radio and television stations listed for updates/decisions regarding announcement of closure:

WTNL (Reidsville)

WYUM (Vidalia)

WTCQ (Vidalia)

WVOP (Vidalia)

WBBT (Lyons)

WTOC (Savannah)

Northland Cable (TV Channel 13)

TV 46 (Cable Channel 19, Non-Cable Channel 46)

WJBF-Channel 6 (Augusta)

WQZY (Dublin)

WMAZ-Channel 13 (Macon)

WJAT & WXRS (Swainsboro)

WHCG & WBMZ (Metter)

WPEH (Louisville)

WHKN (Millen/Statesboro)

Reference: STC 3.3.11.p. Procedure: Southeastern Technical College Severe Inclement Weather

# Program Information

##### **NURSE AIDE CERTIFICATE PROGRAM**

The Nurse Aide Technical Certificate of Credit is a State approved program which offers training to candidates that desire to become eligible for certification as a certified nurse aide. The program prepares students with classroom training and skills practice as well as the clinical experiences necessary to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.).

##### **EMPLOYMENT OPPORTUNITIES**

Nurse aides, also known as nurse assistants, nursing assistants, certified nursing assistants, geriatric aides, unlicensed assistive personnel, orderlies, or hospital attendants, provide hands-on care and perform routine tasks under the supervision of nursing and medical staff. Specific tasks vary, with nurse aides handling many aspects of a patient's care. Nurse Aides primarily find employment in nursing homes, hospitals, hospice, home health agencies, etc.

**ADMISSIONS CRITERIA**

***Submit a completed application and application fee;***

* Be at least 16 years of age;
* Submit official high school transcript or GED transcript;
* Meet the following assessment requirements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam** | **Reading** | **Writing** | **Numerical** | **Algebra** |
| ACCUPLACER | 55 | 60 | 34 |  |
| ASSET | 38 | 37 | 32 |   |
| COMPASS | 70 | 32 | 26 |   |
| SAT |  16 | 15 | 18 |   |
| ACT | 14 | 13 | 14 |   |
| GAHSGT | 235 | 235 |   |   |

***Updated 5/10/2019 from*** [***http://www.southeasterntech.edu/admissions/placement-examing.php***](http://www.southeasterntech.edu/admissions/placement-examing.php)

# NURSE AIDE CURRICULUM

The standard curriculum for the Nurse Aide certificate program is designed for the semester system. The program can usually be completed in 1 semester during the daytime, but generally takes 2 semesters (terms) to complete at night. To graduate, students must earn 13 credit hours.

|  |  |
| --- | --- |
| **CURRICULUM OUTLINE** | **CREDITS** |
| **OCCUPATIONAL COURSES** | **13** |
| ALHS 1040 | Introduction to Health Care | 3 |
| ALHS 1060 | Diet and Nutrition for Allied Health Sciences | 2 |
| ALHS 1090 | Medical Terminology for Allied Health Sciences (OL) | 2 |
| NAST 1100 | Nurse Aide Fundamentals | 6 |

***NURSE AIDE CURRICULUM-Dual Enrollment (DE) Option 1***

|  |  |
| --- | --- |
| **CURRICULUM OUTLINE** | **CREDITS** |
| **OCCUPATIONAL COURSES** | **13** |
| ALHS 1040 | Introduction to Health Care | 3 |
| ALHS 1060 | Diet and Nutrition for Allied Health Sciences (OL) | 2 |
| EMPL 1000 | Interpersonal Relations and Professional Development (OL) | 2 |
| NAST 1100 | Nurse Aide Fundamentals\**This course will be completed during the Summer Semester at one of the STC campus locations.* | 6 |

***NURSE AIDE CURRICULUM-Dual Enrollment (DE) Option 2***

|  |  |
| --- | --- |
| **CURRICULUM OUTLINE** | **CREDITS** |
| **OCCUPATIONAL COURSES** | **10** |
| ALHS 1060 | Diet and Nutrition for Allied Health Sciences (OL) | 2 |
| EMPL 1000 | Interpersonal Relations and Professional Development (OL) | 2 |
| NAST 1100 | Nurse Aide Fundamentals\**This course will be completed during the second high school semester.* | 6 |

*(OL) designation indicates course is available online in selected semesters.*

## Nurse Aide Program Requirements/Approximate Costs

The Higher Education Opportunity Act (HEOA) requires all colleges to notify students and prospective students of all program costs for which they will be responsible. Students will be responsible for the following expenses. Most of these requirements must be completed prior to the beginning of clinical or laboratory activities. **The cost ranges are estimates and are subject to change.**

***PROGRAM REQUIREMENTS AND APPROXIMATE COSTS***

(Costs are estimates and are subject to change.)

Tuition/Fees: $1,508 (Dual Enrollment students exempt)

Books/Supplies: $521 (Books provided free of charge for Dual Enrollment students)

Background Check/Drug Screen: $84.50 (paid to PreCheck)

(Clinical background checks are mandated for all nursing facilities as stated in Georgia Code Title 31-7-350-353. Adverse information on criminal background checks does hinder an individual from participating in clinical and obtaining employment.)

Liability Fee: $12.00 per year (paid to the business office)

N95 Fit Testing: $20.00 (paid to the business office)

CPR:  $30 (paid to the business office; no charge for Dual Enrollment students)

CPR Mask: $9 (paid to the business office; no charge for Dual Enrollment students)

First Aid: $25 (paid to the business office; no charge for Dual Enrollment students)

Student Nurse Aide Program Picture ID (**must read Student Nurse Aide** or **Nurse Aide Student**): First ID is Free; Replacements $5 each

Campus Parking Decal: $8

Uniform Fee: (Varies)

 Navy blue shirt with STC patch sewn onto the left sleeve;

Navy pants or skirt;

White, black, or grey leather or leather-like athletic shoes. Canvas shoes are not permitted;

Socks- color should match pants or shoes;

Watch with a second hand;

Small note pad and ink pen;

White lab jacket with STC patch sewn onto the left sleeve (optional);

White or grey long-sleeve shirt (optional);

Stethoscope (optional).

Uniform Patch Fee: $5.00 each (Purchased from bookstore or Meridy’s Uniforms-Vidalia)

Government Issued Picture ID or Driver’s License (paid to Department of Motor Vehicles)

Graduation Application Fee $35 (if student participates); Print diploma fee $20 (no charge for Dual Enrollment students)

**Immunizations/Laboratory Tests**

PPD (two-step): $40.00 (Health Department or Physician’s Office)

Influenza Vaccine: $25.00 (varies) (Health Department or Physician’s Office)

Hepatitis Vaccine: $117 (Titer: $20) (Health Department or Physician’s Office) or may sign declination form

**Recommended Immunizations/Laboratory Tests (optional for Nurse Aide)**

* MMR vaccination: $64
* Measles titer: $20
* Mumps titer: $20
* Rubella titer: $20
* Varicella titer: $20
* Hepatitis B titer: $20
* Varicella vaccination: $117
* Tdap: $40
* Tetanus vaccination: $20
* Hepatitis A and B: $163 for 3 shot series (this option may be chosen instead of the Hepatitis B series)

**Special Note**: A single charge may apply to more than one titer being drawn at the same time.

**All fees are to be paid to the STC Business Office or as otherwise noted on or before the deadline established by the Program Faculty.**

* Please note expenses related to Program courses will **NOT** be refunded if the student is unable, unwilling, or ineligible to complete the clinical component of any course.

ADDITIONAL PROGRAM REQUIREMENTS

* The Code of Conduct is the professional standards for conduct, attitude, performance and ethics while enrolled in a nurse aide training program including the testing for the State competency examination. **This Code of Conduct must be established with each program for students, program facility, instructors and/or program coordinators during class, lab, clinical rotation and competency examination.** The Code of Conduct must include:

a. Dress Code including name tag identification and enclosed toe and heel non-skid footwear;

b. Appropriate interaction with instructors, students, staff members, coworkers, residents, etc.;

c. No personal cell phone usage during class, lab or clinical rotation;

d. Disruptive behavior or inappropriate language such as profanity or inappropriate discussion of personal problems during any phase of training and testing is not permitted;

e. Display professionalism and self-control at all times;

f. Perform no task for which the trainee has not received training;

g. Practice all safety precautions taught for each lab skill (must complete Program’s Safety training modules);

h. Reporting appropriate information such as changes or problems in resident to instructor and/or supervisor; i.e. students must report all concerns immediately to the clinical instructor first, or a nursing home supervisor per nursing home policy.

i. Follow HIPAA Guidelines at all times (must complete program’s HIPAA training module). HIPAA violations may result in dismissal from program and may prevent placement on the Georgia Nurse Aide Registry

j. Respond to emergencies as needed:

k. Cheating is prohibited and will result in the immediate dismissal from the nurse aide course;

l. The removal of unauthorized program and/or testing documents is prohibited and will result in the immediate removal from the program. Eligibility for placement on the Certified Nurse Aide Registry will not be allowed; and

m. Instructors/contractors must be paid according to the NATP service agreement with the program.

Failure to follow the Code of Conduct is immediate basis for dismissal from the program and/or loss of approval status with the State Contractor. The State Contractor reserves the right to remove approval for teaching/oversight status for program coordinators and/or instructors. [Georgia Department of Community Health](http://www.mmis.georgia.gov) (www.mmis.georgia.gov) - Nurse Aide Training Manual.

## Special Clinical Requirements

To begin the clinical rotation, students must pass all skill demonstrations in the practice lab.

Students must complete 24 clinical hours in a Skilled Nursing Facility.

An additional 21 hours of healthcare environment exposure will be required by all students. Location and times will be determined at the discretion of the instructor.

**Attire for clinical is a uniform consisting of:**

Navy blue shirt with STC patch sewn onto the left sleeve;

Navy pants or skirt;

White, black, or grey leather or leather-like athletic shoes. Canvas shoes are not permitted;

Socks- color should match pants or shoes;

Watch with a second hand;

Small note pad and ink pen;

White lab jacket with STC patch sewn onto the left sleeve (optional);

White or grey long-sleeve shirt (optional);

Stethoscope (optional).

Students *must* provide documentation of TB skin testing and current immunizations to include the Influenza vaccine and the Hepatitis B vaccination. Students may choose to sign a declination form declining the Hepatitis B vaccine Series.

Students must have the ability to assist in the transporting, moving, lifting and transferring of patients.

Instructor will provide required forms and instructions at the beginning of the NAST 1100 course. A deadline for completing all requirements will be determined by the course instructor and all documents must be submitted by the established deadline or the student may be withdrawn from the program.



##### Student Health Policy

The purpose of this health policy is to protect students and the clients they come in contact with during clinical rotations. Students enrolled in the Nurse Aide program must submit completed health information forms (provided by the program faculty) as listed below.

 *All health information must be complete and returned to the instructor on or before the announced deadline. No exceptions will be allowed.*

All student health information will be kept confidential!

 *The following is a list of mandatory health information that must be documented:*

1. Tuberculin Skin Test (PPD Intradermal only) (Required at the time of physical and annually)

Two step PPD skin test must be completed if you have never had a skin test.

**Positive reactors to TB skin test must submit written results for Chest X-ray report.**

Immunizations (Required)

1. **Influenza Vaccine**
2. **Hepatitis B Vaccine Series or titer\*** (must be completed prior to attending clinical **or sign declination form**)

\*All students enrolled in Health Sciences Programs are strongly encouraged to receive the Hepatitis B vaccination series. The Hepatitis B vaccination consists of three (3) separate doses of the vaccine, given at time zero, one month and six months. Optimal protection is not conferred until after the third dose. Students who are not vaccinated or have not completed the series must sign a declination statement prior to beginning clinical/lab which will be kept in the student’s file.

Immunizations (Recommended)

1. MMR (2 vaccines or antibody titer)

Tetanus, Diphtheria (within last 10 years)

Varicella Vaccine Series or titer

1. Drug Screen (consent form and instructions provided by program faculty)

# Accident Insurance

All students are required to purchase accident insurance at registration. In case of an accident, the student is responsible for any expenses not paid by this accident insurance. Accident insurance provides partial (supplemental) coverage for medical expenses related to accidents (accidental injury or death) as specified below:

* College-Time Coverage protects students while engaged in College activities during the entire term;
* Traveling to or from the student's residence and the College to attend classes or as a member of a supervised group (not as a spectator) traveling in a College-furnished vehicle or chartered transportation going to or from a College-sponsored activity;
* On the College premises during the hours on the days the College is in session or any other time while the student is required to participate in a College-sponsored activity (not as a spectator); and
* Away from the College premises as a member of a supervised group participating in a College-sponsored activity requiring the attendance of the student (not as a spectator).

Reference: TCSG POLICY: 6.8.2. (V. M.) Student Accident Insurance



**SOUTHEASTERN TECHNICAL COLLEGE HEALTH SCIENCES BACKGROUND & DRUG SCREEN**

**STUDENT INSTRUCTIONS**

Background checks and drug tests are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

**GETTING STARTED**

Follow this link to MyStudentCheck

*If you are unable to access the link, you may type in the web address located at the bottom of this page.*

• Confirm the school name matches: **Southeastern Technical College Health Sciences Background & Drug Screen**

• Select your program from the drop down menu, and then select the required services.

• Log in with your username and password. If you do not have an existing profile, please create a new account.

• Enter the required information, provide authorization, and continue to enter payment information.

• If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.

• You will be provided with a receipt and confirmation page when your order is placed.

**DRUG TESTING**

If there is not a collection site instantly available near your location, you will be contacted and a chain of custody form will be mailed to you. Pre-registration does not set an appointment time, we recommend calling your chosen collection site ahead of time to set up an appointment.

**PRICING**

Background Check **$49.50**

Drug Screening **$35.00**

*Applicable taxes will be collected for residents of Texas and New Mexico.*

**FREQUENTLY ASKED QUESTIONS**

**1. What does PreCheck do with my information?**

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

**2. I selected the wrong school, program or incorrect information.**

Please email StudentCheck@PreCheck.com with the details.

**3. Do I get a copy of the background report?**

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

 **4. How do I obtain a copy of the drug test report?**

Please email StudentCheck@PreCheck.com to receive a copy of the report.

**5. I was denied entry into a program because of information on the report, who can I contact?**

Call PreCheck’s Adverse Action hotline at 800-203-1654.

Version: 3/2019

Students are expected to demonstrate professional behavior in the classroom and clinical settings. STC is a drug free campus. The STC Drug and Alcohol Procedure may be found on the web at: [STC Campus Security Webpage](http://www.southeasterntech.edu/pdf/CampusSecurity.pdf) (<http://www.southeasterntech.edu/pdf/CampusSecurity.pdf>)

**Special Note:** Conviction of a felony could prevent a health science program student from participating in any clinical experience if the student does not meet the clinical affiliate’s requirements. Furthermore, other negative background check information (misdemeanors included) may also prevent clinical participation. If a student is unable to complete the clinical component, he or she will be withdrawn from the enrolled course and be unable to complete the program. Additionally, conviction of a felony could make a student ineligible to take the licensing exam(s) required by the profession upon graduation. Early notification to the appropriate board may be required. Specific licensing board requirements and contact information may be found on respective websites.

# CPR Requirements-BLS for Healthcare Providers

Students are expected to provide current and accurate documentation of BLS status.

* The certification must be for the American Heart Association BLS Provider and cover 1-person, 2-person, infant, child and adult CPR and AED.
* CPR certification must remain valid throughout the program. Students who do not maintain valid certification will not be allowed to participate in clinical experiences.
* CPR renewal is not considered an excusable absence from class or clinical; therefore, renewal must be scheduled on the student’s own time.

# Safety/Incident Reports

**PROCEDURES FOR REPORTING INCIDENTS**

In the event of an accident/injury, other medical emergency, or crime-related incident, the nearest instructor or staff member and an administrator and Security should be notified.

It should be noted that this procedure is in no way meant to prohibit or impede the reporting of an emergency directly to the appropriate party (i.e., police department, fire department, ambulance, hospital, etc.).

Professional emergency care, if needed, will be secured by an administrator. As a nonresidential institution, Southeastern Technical College expects that the student will normally secure medical services through a family physician.

In the case of a serious accident or illness, the College will refer the student to the nearest hospital for emergency care and will notify the student's next of kin. It is to be understood that the student or the student's family will be responsible for the cost of such emergency care.

If a crime has been committed, the administrator on duty, the Director of Safety and Security will call the local police department.

**INCIDENT REPORT**

In the event of an accident/injury, other medical emergency or crime-related incident involving a student, visitor, or employee at Southeastern Technical College, an Incident Report Form must be completed for any and all accidents or crimes occurring on campus. The report should be returned to the Director of Safety and Security.

Reference: TCSG Procedure: 3.4.1p5. (II. D. 5a.) TCSG Security

**Clinical Safety**

If a student is injured during clinical hours, he/she must notify the faculty/preceptor immediately. Facility protocols must be followed in these situations and follow-up procedures will be maintained by STC personnel.

* If a student becomes ill or suffers an injury while in a clinical practice assignment, he/she must notify the Clinical Instructor/Preceptor immediately.
* The Clinical Instructor/Preceptor is to notify program faculty in as timely a manner as possible.
* Students suffering an illness/injury while performing a clinical practice assignment will follow the facility protocol for treatment in such instances.
* An incident/occurrence report MUST be completed.

Students will assume the financial responsibility for all treatment rendered that is not covered by the College accident insurance.

# Attendance

# Student Attendance (Absences)

**Rationale**

It is essential that educational programs meet requirements and standards necessary for successful employment in business and industry. In view of the intensive nature of educational programs, it is necessary for every student to be present and on time every day for all classes as is required in the work environment.

**Procedure**

Class attendance is a very important aspect of a student's success. Being absent from class prevents students from receiving the full benefit of a course and also interrupts the learning process. Southeastern Technical College considers both tardiness and leaving early as types of absenteeism. Responsibility for class attendance rests with the student. Regular and punctual attendance at all scheduled classes is required for student success. Students will be expected to complete all work required by the instructor as described in the individual course syllabus.

Instructors have the right to give unannounced quizzes/assignments. Students that miss an unannounced quiz or assignment will receive a grade of 0. Students who stop attending class, but do not formally withdraw, may receive a grade of F and face financial aid repercussions in upcoming semesters.

Instructors are responsible for determining whether missed work may be made up and the content and dates for makeup work is at the discretion of the instructor.

Students will not be withdrawn by an instructor for attendance; however, all instructors will keep records of graded assignments and student participation in course activities. The completion dates of these activities will be used to determine a student's last date of attendance in the event a student withdraws, stops attending, or receives an F in a course.

***Additional Provisions***

**Health Science Programs**

Requirements for instructional hours within Health Science programs reflect the rules of respective licensure boards and/or accrediting agencies. Therefore, these programs have stringent attendance procedures. Each program's attendance policy is published in the program's handbook and/or syllabus which specify the number of allowable absences. All provisions for required make-up work in the classroom or clinical experiences are at the discretion of the instructor.

**Special Needs**

Students with documented special needs may be provided with an individualized Instructional Plan with specifications for scheduled instructional time. It is the student's responsibility to inform the Special Needs Specialist as students and instructors are required to have documented evidence prior to receiving or allowing special accommodations. See the STC Catalog and Student Handbook, Student Affairs section for further information regarding special needs.

**Specific Absences**

Provisions for Instructional Time missed because of documented absences due to jury duty, military duty, court duty, or required job training will be made at the discretion of the instructor.

**Southeastern Technical College does not have an Attendance Appeal Policy.**

Reference: Southeastern Technical College Policy Guide

### Nurse Aide Program Specific Attendance Requirements

In accordance with the general procedure of the school, it is the desire for each student to successfully complete each course in the program. This is necessary to meet graduation requirements. Regular attendance, punctuality, and responsibility for class work are three of the most significant factors for success in college. Students are expected to be present, punctual and prepared for every class assignment, and they are expected to seek additional help from the instructors when needed.

Any student who is not present at the beginning of class/lab instruction may not be allowed to enter the classroom until a scheduled break.

Attendance procedures are documented on each course syllabus. Students are responsible to monitor their own record of absences and late arrivals, and should refer to individual course syllabi for specific requirements.

The faculty may consider extenuating circumstances related to absences on a case by case basis.

Extenuating Circumstances are unforeseen accidents, illness/deaths in the immediate family or personal illness which requires you to be absent from class or clinical. Vacations, weddings, non-emergent doctor appointments, studying for an exam, child care issues, job interviews and working at your job, etc., are not considered extenuating circumstances as these are not unforeseen events. Students wishing to claim extenuating circumstances may be asked to provide documentation of the condition which led to absenteeism. The presence of extenuating circumstances does not guarantee that a student will be exempted from attendance procedures.

### Clinical Attendance

Student attendance for on and off campus clinical experience is required.

Clinical experience is essential for student fulfillment of program and course outcomes. Client welfare and/or department-agency relationships are affected by student’s attendance and performance in the clinical setting. Excessive or unjustified absences or excessive tardiness and early departures will affect the course grade and/or continuation in the program. Admittance to the clinical setting in the event of tardiness for exceptional circumstances will be at the discretion of the instructor and may be counted as absence.

Any absence from clinical will require make-up time and assignments at the faculty’s discretion. If for any reason a student cannot be prompt or present for a scheduled clinical experience, the faculty and facility (if directed by faculty) must be notified as far in advance as possible.

Students should arrive to all clinical assignments 15 minutes prior to the start of the shift. Example: 7 am shifts start at 6:45 am. Students need to arrive no later than 6:30 am. Students are expected to complete the entire shift. Any unforeseen tardiness, early departure, or absence must be reported immediately to the clinical faculty/preceptor. Students will not be allowed to go to a clinical site and obtain hours for just “sitting”. All changes from regularly scheduled clinical times must be approved by faculty.

Students are not permitted to leave the clinical area during their assigned clinical time without the permission of the clinical faculty/preceptor. This is considered client abandonment and may result in an occurrence.

If the clinical site closes or dismisses the student earlier than the assigned time scheduled, the student must notify faculty immediately. Failure to do so may result in an occurrence.

Students should not attend clinical experiences or didactic assignments when experiencing contagious illnesses with or without fever. Students may be asked to provide health care provider documentation of the condition.

**IF A STUDENT FAILS TO REPORT TO CLINICAL AND DOES NOT CONTACT THE CLINICAL INSTRUCTOR PRIOR TO THE SCHEDULED TIME, THE STUDENT WILL BE DROPPED FROM THE COURSE AND RECEIVE A “WF”.**

### Meals/Breaks

Meal/break procedures are facility specific. Failure to abide by meal/break procedures may result in an occurrence. Unless otherwise instructed, students are not permitted to leave the clinical site. Additionally, inappropriate use of clinical time (i.e., extended breaks, extended lunch hours and not being in assigned areas, etc.) may result in an occurrence. Students are required to take a 30 minute lunch break during each clinical assignment.

# Grading

## Grading System

The following grading system will be used to specify level of performance in course work.

Special Note: A grade of “C” or higher is required in order for a student to receive credit for any course taken at STC.

| **Grades** | **Explanation** | **Grade Points** |
| --- | --- | --- |
| A | Excellent (90-100) | 4 |
| B | Good (80-89) | 3 |
| C | Satisfactory (70-79) | 2 |
| D | Poor (60-69) | 1 |
| F | Failing (0-59) | 0 |
| W | Withdrawn | Not computed in GPA |
| WP | Withdrawn passing | Not computed in GPA |
| WF | Withdrawn failing | Computed in GPA as an F |
| EX | Exemption Credit | Not computed in GPA |
| TR | Transfer Credit | Not computed in GPA |
| IP | In Progress | Not computed in GPA |
| I | Incomplete | Not computed in GPA |
| AU | Audit | Not computed in GPA |
| AC | Articulated Credit | Not computed in GPA |
| WM | Withdrew Military | Not computed in GPA |
| NG | No Grade | Not computed in GPA |

Course grading procedures are noted on each individual course syllabus.

# Student Success Plan

The Student Success Plan is directed at the concern(s) or deficit(s) identified by: a concern noticed by a program faculty or clinical preceptor/staff, or an occurrence notice.

The Student Success Plan Worksheet is designed to assist the student in developing a plan to maintain or return to good academic standing or performance. The student should be honest with the commitment and effort he or she is willing to invest to create a plan that is workable and achievable.

**Step 1:** Identify the obstacles you are encountering.

**Step 2:** Generate potential solutions for overcoming the obstacles youhave identified.Indicate assistance to be provided; including needed resources.

**Step 3:** Commit to workable and achievable solutions.

**Step 4:** Develop your plan of action!

Use the **SMART** formula for achieving your goal.

**S**= Specific: Make your goal as specific as possible.

 *I will have a course average of 80 by the end of the semester.*

**M**=Measurable: Be sure that your goal is measurable.

 *I will be able to measure whether or not I have achieved my desired course average at the end of the semester.*

**A**=Attainable: Set goals that you can achieve.

 *I have done the math and know that a course average of 80 by the end of the semester is possible.*

**R**=Realistic: Set goals that are realistic.

 *I can realistically achieve an 80 course average if I earn the following grades this semester: above an 85 on each exam and complete all other required assignments.*

**T**=Timely: Establish a timeline for reaching your goal.

 *I can achieve my goal by the end of the fall semester.*

**Step 5:** Remember that with effort and persistence, you can return to or maintain good academic standing or performance!

Keep the following in mind:

1. BE COMITTED to achieving academic success
2. UNDERSTAND what grades you’ll need to earn or behavior(s) you may need to change.
3. IDENTIFY the problems that led to performance problem.
4. CONSIDER all of your options- cutting back on extracurricular activities, available resources etc.
5. KNOW the withdrawal deadlines as well as other academic policies that pertain to you
6. LET OTHERS ASSIST YOU and take advantage of the student support services such as tutoring, personal counseling, and academic coaching. Your academic advisor is an excellent resource person as well.

THINK POSITIVELY and WORK HARD! DON’T GIVE UP!

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## Student Support

Specific information about the Student Support services listed below can be found at [STC Website](http://www.southeasterntech.edu/) ([www.southeasterntech.edu](http://www.southeasterntech.edu/)) by clicking on the Student Affairs tab.

* **Tutoring**
* **Technical Support**
* **Textbook Assistance**
* **Work-Study Programs**
* **Community Resources**

# Library Information

### Library Staff

Leah Dasher, Director of Library Services

ldasher@southeasterntech.edu

### Available Resources

The Library is here for your academic information and research needs. Please visit often and ask for help when you need it.

* Online catalog includes over 60,000 electronic books
* Over 24,000 books

Most items are available for 2 week check-out

* Over 100 magazines, newspapers and professional journals from entertainment to documentary to world news to those in your field of study.
* Interlibrary Loan (Ask at the Library desk or use the online form)
* Laminator
* Poster maker
* Scanner
* Audio-Visual equipment for classroom use
* Copying machines

**Available Online**

[Library Web page](http://library.southeasterntech.edu):

(<http://library.southeasterntech.edu>)

[GALILEO](http://www.galileo.usg.edu) ([www.galileo.usg.edu](file:///C%3A%5CUsers%5Cgrobison%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CFKRQ3BOE%5Cwww.galileo.usg.edu))

One website has access to over 120 databases. Many of the databases contain full-text articles and are accessible through the Internet off campus with a password. Ask for the password at the library desk.

Ask a librarian

The librarians are available for online reference at STC Library Email ([library@southeasterntech.edu](file:///C%3A%5CUsers%5Cgrobison%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CFKRQ3BOE%5Clibrary%40southeasterntech.edu)). In most cases, you will have an answer within 24 hours.

Interlibrary Loan Forms

If you need an item for your research through another library, simply complete and submit the Interlibrary Loan request form on the Library Home Page, or Ask a Librarian.

NetLibrary

STC has access to over 60,000 electronic books through our online catalog. Follow the directions on the Library Home Page to set up an account.

Computer Lab

A computer lab is available on the Vidalia Campus, Room 803.

# Withdrawing from a CLASS(es)/All Courses

**Withdrawal Procedure**

Students wishing to officially withdraw from a course(s) or all courses after the drop/add period and prior to the 65% point of the term in which student is enrolled (date will be posted on the school calendar) must speak with a Career Counselor in Student Affairs and complete a Student Withdrawal Form. A grade of “W” (Withdrawn) is assigned for the course(s) when the student completes the withdrawal form.

Students who are dropped from courses due to attendance after drop/add until the 65% point of the semester will receive a “W” for the course.

Important – Student-initiated withdrawals are not allowed after the 65% point. Only instructors can drop students after the 65% point for violating the attendance procedure of the course. Students who are dropped from courses due to attendance after the 65% point will receive either a “WP” (Withdrawn Passing) or “WF” (Withdrawn Failing) for the semester.

Informing your instructor that you will not return to his/her course, does not satisfy the approved withdrawal procedure outlined above.

There is no refund for partial reduction of hours. Withdrawals may affect students’ eligibility for financial aid for the current semester and in the future, so a student must also speak with a representative of the Financial Aid Office to determine any financial penalties that may be accessed due to the withdrawal. A grade of “W” will count in attempted hour calculations for the purpose of Financial Aid.

# Academic Dishonesty Policy

The STC Academic Dishonesty Policy states *All forms of academic dishonesty, including but not limited to cheating on tests, plagiarism, collusion, and falsification of information, will call for discipline.* The policy can also be found in the *STC Catalog and Student Handbook.*

**Procedure for Academic Misconduct**

The procedure for dealing with academic misconduct and dishonesty is as follows:

## First Offense

Student will be assigned a grade of "0" for the test or assignment. Instructor keeps a record in course/program files and notes as first offense. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus. The Registrar will input the incident into Banner for tracking purposes.

## Second Offense

Student is given a grade of "WF" for the course in which offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of second offense. The Registrar will input the incident into Banner for tracking purposes.

## Third Offense

Student is given a grade of "WF" for the course in which the offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of third offense. The Vice President for Student Affairs, or designee, will notify the student of suspension from college for a specified period of time. The Registrar will input the incident into Banner for tracking purposes.

## Academic Grievances

Negative feedback or complaints are taken seriously by the Program. Anyone who lodges a complaint to the Faculty, Program Director or Dean will be reviewed carefully to determine if any action needs to be taken. The Program strives to create an environment of collaboration and mentorship among faculty, students and staff, which in turn models professional excellence in communications, skills and ethical behaviors.

If a student believes that his/her academic rights have been violated, the procedures below will be followed by contacting the appropriate individuals in the order as listed. The student will proceed to the next individual when the grievance is not resolved to his/her satisfaction.

### Course Assignments/Exams

Students are responsible for meeting the standards established for each course they take. Faculty members are responsible for establishing the criteria for grades and evaluating student’s academic performance.

The grade appeal process is to allow the review of alleged grading practices outside the established criteria set for the course. It is not intended as a review of the instructor's evaluation of the student's academic performance. The burden of proof shall be on the student. Disagreement or dissatisfaction with a faculty member's professional evaluation of coursework is not the basis for a grade appeal.

Grades may be changed based on any of the following reasons:

1. The student's grade was assigned on the basis of other factors rather than the performance on the assignment or in the course;
2. The student's work was graded with more demanding standards than were applied to equivalent students in the course; (Note: Different grading criteria are expected of students enrolled in higher level courses.)
3. The instructor assigned a grade using standards that were substantially different from those previously announced or stated in the syllabus.

**Step 1**

At any time after the awarding of a grade for an assignment or exam in a course, a student should discuss the grade with his or her instructor and request that the instructor review the grade within five (5) business days of receiving the grade.\* Based upon the instructors review of the grade he or she may or may not change the grade.

\*If the instructor cannot be located or is otherwise unable or unwilling to reconsider the grade, the student should consult the Program Director (if applicable) or the Dean of Academic Affairs (following the process outlined in Step 2).

**Step 2**

The following procedures apply if the above actions in Step 1 does not resolve a dispute concerning a grade to the student's satisfaction.

The student shall submit a written appeal using the Academic Grievance Form to the appropriate Dean of Academic Affairs within five (5) business days of the student following the process in Step 1.

The student's appeal must be written, signed, dated and include the following information:

1. A clear concise statement which includes the name of the instructor, the course and date of exam or assignment, and a statement describing the specific supporting evidence of capricious grading;
2. A brief summary of the prior attempts to resolve the matter and the results of those previous discussions; and
3. A specific statement of the remedial action or relief sought.

Failure to provide all information requested on the Academic Grievance Form may result in the form being returned to the student and a delayed resolution.

The appropriate Dean of Academic Affairs will review the syllabus and how the grade was determined and will respond to the student in writing within five (5) business days of receiving the appeal.

**Step 3**

If the student is not satisfied with the decision of the Dean of Academic Affairs, the student may direct an appeal to the Vice President for Academic Affairs. The student's appeal must be written, signed, and dated. The Vice President for Academic Affairs will review the syllabus and how the final grade was determined and will respond to the student in writing within five (5) business days of receiving the appeal. The decision of the Vice President for Academic Affairs is final.

\* The College’s administration may NOT change a grade given by any instructor.

### Final Course Grade Grievance

If a student receives a final course grade that he/she believes is incorrect, the matter should first be discussed with the instructor. Direct communication between the student and the instructor may clear up any misunderstanding. In order to clarify any questions about a grade or grading practices, a student should use the following procedures. The entire process must be completed by mid-term of the following full-term semester.

* Students should first attempt to resolve the matter directly with the instructor, through a personal conference as soon as possible.
* If the student and instructor cannot reach a mutually satisfactory resolution to the problem, the student should schedule a meeting with the Program Director as applicable.
* If the student is not satisfied with the instructor's and/or Program Director’s explanation of how the grade was determined, the student shall submit a written appeal using the Academic Grievance Form to the appropriate Dean of Academic Affairs by the third week of the full-term semester following the issuance of the grade. The student's appeal must be written, signed and dated. The appropriate Dean of Academic Affairs will review the syllabus and how the final grade was determined and will respond to the student in writing within five (5) business days following receipt of the completed appeal;
* If the student is not satisfied with the decision of the Dean of Academic Affairs, the student may direct an appeal to the Vice President for Academic Affairs. The student’s appeal must be written, signed, and dated. The Vice President for Academic Affairs will review the syllabus and how the final grade was determined and will respond to the student in writing within five (5) business days following receipt of the completed appeal. The decision of the Vice President for Academic Affairs is final.

**Appendix: Affairs Grievance/Concern Form**

**Reference:** STC Procedure: 6.5.1p (V.H.)

Academic Standards, Evaluations and Appeals

## Grievances Non-Academic Complaint or Appeal

It is the policy of Southeastern Technical College to maintain a grievance process available to all students that provides an open and meaningful forum for their complaints, the resolution of these complaints, and is subject to clear guidelines. This procedure does not address complaints related to harassment, discrimination and/or retaliation for reporting harassment/discrimination against students, or grade/attendance appeals. Those complaints are handled by the Unlawful Harassment and Discrimination of Students Procedure.

**DEFINITIONS:**

1. Grievable issues: Issues arising from the application of a policy/procedure to the student's specific case is always grievable. Specifically grievable are issues related to student advisement, improper disclosure of grades, unfair testing procedures and poor treatment of students; this is a representative list and is not meant to be exhaustive.
2. Non-grievable issues: Issues which have a separate process for resolution (i.e. disciplinary sanctions, FERPA, financial aid, academic grades, etc.) are not grievable and a student must take advantage of the process in place.
3. Business days: Weekdays that the college administrative offices are open.
4. Vice President of Student Affairs (VPSA): The staff member in charge of the Student Affairs division at the college.
5. Retaliation: Unfavorable action taken, condition created, or other action taken by a student/employee for the purpose of intimidation directed toward a student because the student initiated a grievance or participated in an investigation of a grievance.
6. Grievant: the student who is making the complaint.

Informal Complaint Procedure: Student complaints should be resolved on an informal basis without the filing of a formal grievance.

1. A student has 10 business days from the date of the incident being grieved to resolve their complaint informally by approaching their instructor, department chair or any other staff or faculty member directly involved in the grieved incident.
2. Where this process does not result in a resolution of the grievance, the student may proceed to the formal grievance procedure.

Formal Complaint Procedure:where a student cannot resolve their complaint informally, they may use the formal grievance procedure. This Procedure can be found in the *Southeastern Technical College Catalog* at [STC Catalog](http://www.southeasterntech.edu/pdf/CodeofConduct.pdf) (<http://www.southeasterntech.edu/pdf/CodeofConduct.pdf>).

## Work Ethics

Southeastern Technical College instructs and evaluates students on work ethics in all programs of study.

Ten work ethics traits are defined as essential for student success:

Appearance

Attendance

Attitude

Character

Communication

Cooperation

Organizational skills

Productivity

Respect

Teamwork

These traits will be integrated into the program standards of each program curriculum and evaluated in at least one course in the program thereby allowing each program to make work ethics a relevant and meaningful part of the curriculum.

The courses with a work ethics component will assess a student's knowledge of these ten traits. It will be noted on each course syllabus, which contains a work ethics module that the work ethics assessment will count as 5% of the course grade. If a student passes the work ethics assessment in his/her program with a C or better, he/she will receive a work ethics seal on their transcript.

Reference:

[STC Academic Regulations](http://www.southeasterntech.edu/pdf/AcademicRegulations.pdf) (<http://www.southeasterntech.edu/pdf/AcademicRegulations.pdf>)

## Professional Code of Ethics/Standards of Practice

The Code of Conduct is the professional standards for conduct, attitude, performance and ethics while enrolled in a nurse aide training program including the testing for the State competency examination. **This Code of Conduct must be established with each program for students, program facility, instructors and/or program coordinators during class, lab, clinical rotation and competency examination.** The Code of Conduct must include:

a. Dress Code including name tag identification and non-skid footwear;

b. Appropriate interaction with instructors, students, staff members, coworkers, residents, etc.;

c. No personal cell phone usage during class, lab or clinical rotation;

d. Disruptive behavior or inappropriate language such as profanity or inappropriate discussion of personal problems during any phase of training and testing is not permitted;

e. Display professionalism and self-control at all times;

f. Perform no task for which the trainee has not received training;

g. Practice all safety precautions taught for each lab skill (must complete Program’s Safety training modules);

h. Reporting appropriate information such as changes or problems in resident to instructor and/or supervisor; i.e. students must report all concerns immediately to the clinical instructor first, or a nursing home supervisor per nursing home policy.

i. Follow HIPAA Guidelines at all times (must complete program’s HIPAA training module). HIPAA violations may result in dismissal from program and may prevent placement on the Georgia Nurse Aide Registry

j. Respond to emergencies as needed:

k. Cheating is prohibited and will result in the immediate dismissal from the nurse aide course;

l. The removal of unauthorized program and/or testing documents is prohibited and will result in the immediate removal from the program. Eligibility for placement on the Certified Nurse Aide Registry will not be allowed; and

m. Instructors/contractors must be paid according to the NATP service agreement with the program.

Failure to follow the Code of Conduct is immediate basis for dismissal from the program and/or loss of approval status with the State Contractor. The State Contractor reserves the right to remove approval for teaching/oversight status for program coordinators and/or instructors. [Georgia Department of Community Health](http://www.mmis.georgia.gov) (www.mmis.georgia.gov) - Nurse Aide Training Manual.

# Classroom/Laboratory Expectations and Participation

To maintain a productive and positive classroom and laboratory experience, the faculty will encourage focused participation in class or lab. When students arrive late, leave class, or are engaged in activities not related to the current learning activity, these behaviors can create a less than optimal learning situation and relationship with classmates and faculty. The faculty will provide attention to those students who are actively engaged in the learning activity. If a faculty member does not reprimand a student while in the class, this should not be misconstrued as acceptance of the student's behavior.

Students who habitually demonstrate a non-participative behavior in the classroom or laboratory will be asked to meet with the faculty and Program Director to discuss strategies for helping the student participate more productively.

General classroom/lab expectations:

* Be present, punctual, prepared, and attentive for the schedule class/lab time
* Arrive prior to the start of instructional/lab to avoid disruption. Students who arrive after instruction begins may be asked to wait until break to enter the classroom
* Cell phones and similar devices should be turned off and stored out of sight during class or lab
* Maintain focus in class on the subject matter at hand
* Any laptop or similar device may only be used in the classroom for note taking and/or other activities related to the course at the discretion of the instructor
* Refrain from extraneous conversation; if there is a question, ask the instructor
* Sleeping in class - may be counted absent or asked to leave

**The faculty reserves the right to ask any student to halt behaviors that are viewed as disruptive and may ask the student to leave the classroom if the behavior continues.**

**Audio Recording:** Upon faculty approval, students may audio record classroom content. The purpose of audio recording in the classroom is to enhance student learning. In order to preserve client confidentiality, recorded content is restricted to student use only and may not be shared with others, nor published on social media outlets. Violation of confidentiality is considered professional misconduct and may warrant dismissal from the program. Faculty reserve the right to prohibit audio recording. This procedure does not apply to guest speakers, as we must first seek permission to audio record their presentations.

# Laboratory/Simulation Procedures

Educational lab sessions are provide students an opportunity to practice and master skills that are required for successful completion of program courses.

**Students are not allowed in a lab unless accompanied by an instructor/facilitator.**

**Simulation Labs**

**Purpose:**

* To afford education that stimulates clinical reasoning, critical thinking skills, and psychomotor competence in an innovative setting.
* To provide a dedicated environment for health care providers to learn strategies that will enhance client safety and the quality of health care via high-fidelity simulation technology. This environment provides the learner opportunities to participate in clinical experiences in a safe, non-threatening, and structured environment.

**Goals:**

* Increase the safety and effectiveness of client care through inventive, interdisciplinary training.
* Allow for learning in a safe, non-threatening, and controlled environment away from the clinical setting.
* Build confidence in clinical performance, including clinical reasoning and psychomotor skills.
* Increase exposure to critical, yet low-frequency client encounters in order to minimize the risk to clients.
* Increase effective communication among all members of the health care team.
* Develop simulation as a tool for the assessment of clinical skills.

Simulation is an important part of the clinical experience. Students may complete assigned simulations during clinical sessions with their assigned instructor. Students must be dressed for the simulation as they would for any other clinical experience. Name badges will be worn at all times while participating in the simulation lab. Students are also required to bring their clinical tools, including any anatomical markers, clinical handbook, pocket procedure book, etc.

**Rules:**

1. Each student is responsible for any material or instruments used and for cleaning and putting away those items. Each student is responsible for their desk area, additional clean-up duties may be assigned throughout the program.
2. No equipment or instruments may be removed from the lab area.
3. NO FOOD OR DRINK in lab –may cause damage to equipment or harm yourself.
4. CELL PHONES are prohibited during testing or in student work areas. (Please turn phones off to avoid any distractions.)
5. Students are required to wear their student ID at all times while in the lab and follow the recommended dress code of the college. If you forget your ID, name tags are available at the sign-in desk.
6. Laboratory use is restricted to only those students enrolled in the relevant program of study, for educational assignments only.
7. All laboratory experiences will be conducted under direct supervision by a program instructor. No student will be allowed in a laboratory area without supervision except in an emergency situation (ie tornado).
8. No studying in lab (please study; just do it elsewhere).
9. Refrigerators are NOT for personal items (lunches, snacks or drinks).
10. Leave all coats, purses and book bags in classroom. A secured/locked area can be provided when students are in the lab.
11. Students may be assigned equipment for their own use during the semester for certain classes. If you are assigned equipment from the skills lab, it is your responsibility to keep this equipment (i.e. Cath kit or IV tubing) intact and to bring it with you to practice. When you are finished with the supplies for the semester, return them to the lab. If at any time your equipment becomes faulty, please return it to the lab for disposal and for replacement. Failure to return equipment may result in a grade of incomplete “I” for the course.
12. Sharing of resources (space & supplies) when practicing may be necessary. Four –six students per bed/manikin is acceptable. Working in groups is also beneficial for learning.
13. Handle equipment carefully. Do not use the equipment in the lab without first having been instructed in its use. If in doubt, check with the instructor.
14. All students must wear proper personal protective equipment for the simulated experience. E.g., protective gloves must be worn when simulating client assessment, radiation monitoring devices must be worn during any simulation that may result in an exposure.
15. Care must be taken in the handling of medical training manikins. They are heavy and very expensive. Manikins should not be moved from their assigned locations without approval from an instructor.
16. Manikins:
	1. Use gloves when handling all manikins and parts.
	2. DO NOT MOVE MANIKINS OR MANIKIN PARTS WITHOUT THE HELP OF THE LAB INSTRUCTOR.
	3. DO NOT use betadine on manikins. Use soap as lubricant for tubes.
	4. Ask for assistance for use of VitalSim units (BP, assessments)
17. All chemicals used will be stored in marked containers and labeled accordingly.
18. All chemicals will be used and/or disposed of under conditions as recommended by the manufacturer.
19. Safety Data Sheets (SDS) will be maintained on all chemicals.
20. Any non-functioning equipment must be reported to a faculty member as soon as possible.
21. Use beds for practice and testing purposes only. (No sleeping or lying in beds).
22. Individuals serving as clients are to remove their shoes when lying on the beds.
23. If you are aware that you have a latex allergy, or suspect that you do, it is your responsibility to notify skills lab instructor. Non-latex gloves and equipment are available upon request.
24. Respect lab instructors/facilitators and equipment at all times. Manikins are to be treated with dignity as you would a client/patient.

\* These rules apply to all rooms that are used for any lab assignments.\*

# Guidelines on Professional Conduct and Definitions

## Guiding Principle

Southeastern Technical College along with its Health Sciences Programs values professionalism among the faculty, staff, and students in carrying out responsibilities to promote and improve public health.

It is the expectation of the College for Health Sciences faculty, staff, and students to conduct themselves in a professional manner in all of their interactions with members of the College community, the public, and each other. The purposes of these guidelines are to promote excellence, integrity and selflessness in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork. STC’s Health Sciences Programs should incorporate these principles of professionalism as appropriate in their guidelines, procedures, and practices.

If a student demonstrates unsafe and/or unprofessional behavior, fails to achieve the standard of care, violates professional standards or calls into question his or her professional accountability, whether in the classroom, lab, clinical, or public setting, a corrective action may be implemented.

Students are expected to adhere to the standards of behavior required of healthcare professionals on campus, when dressed in uniform off campus, and at each clinical site.

A deviation from professional standards may be sufficient reason for dismissal from the program.

References:

[STC Code of Conduct](http://www.southeasterntech.edu/pdf/CodeofConduct.pdf) (<http://www.southeasterntech.edu/pdf/CodeofConduct.pdf>)

## DEFINITIONS

**Excellence** represents a dedication to the continuous improvement of the quality of care, inquiry, and teaching effectiveness. Pursuit of excellence should be accompanied by integrity, empathy, compassion, and respect for the diversity of values and opinions of others.

**Client** is an individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain. (US Centers for Medicare & Medicaid Services)

**Accountability** refers to taking responsibility for ones’ behavior and activity.

**Selflessness** reflects a commitment to advocate for the interests of others over ones’ own interests.

**Unprofessional behavior** means behavior that: violates laws or rules regarding discrimination and harassment; violates rules of professional ethics, including professionalism in clinical, educational, or business practices; or is disrespectful, retaliatory or disruptive.

**Discrimination and harassment** means discrimination or harassment on the basis of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status.

**Rules of professional ethics** means ethical standards that have been established by external professional societies or associations, e.g., Joint Commission, National Institutes of Health, or by STC entities for various professions (e.g. Radiologic Technologist, Dental Hygienist, Registered Professional Nurses).

**Professionalism in clinical practice settings** includes, but is not limited to safeguarding the care needs and privacy concerns of clients and adherence to established standards on client safety, timeliness of completing medical records, quality improvement initiatives, communication and follow-up with clients, reporting errors, and regulations governing billing practices.

**Professionalism in education** includes, but is not limited to a commitment to the highest standards of learning, innovation in teaching methods, respect for the student-teacher relationship, and leadership through modeling of life-long learning.

**Ethical business practices** means the wise use of resources and practices that are compliant with and appropriate under laws and regulations governing conflicts of interest, sponsored research, or the delivery of and reimbursement for healthcare services.

**Disrespectful, retaliatory, or disruptive behavior** includes, but is not limited to behaviors that in the view of reasonable people impact the integrity of the health care team, the care of clients, the education of students, or the conduct of research such as:

* Shouting or using profane or otherwise offensive language;
* Degrading or demeaning comments;
* Physical assault or other uninvited or inappropriate physical contact;
* Threats or similar intimidating behavior, as reasonably perceived by the recipient;
* Unreasonable refusal to cooperate with others in carrying out assigned responsibilities; and
* Obstruction of established operational goals, beyond what would be considered a respectful disagreement.

**Extenuating Circumstances** are unforeseen accidents, deaths in the immediate family or personal illness which requires you to be absent from class or clinical. Vacations, weddings, doctor appointments, studying for an exam, child care issues, job interviews and working at your job, etc., are not considered extenuating circumstances as these are not unforeseen events.

**Occurrence** is the breach, violation, or infringement of guidelines, procedures, practices, or standards outlined by the College, the Program, the Profession, or the clinical affiliates (i.e. catalogs, handbooks, manuals, syllabi, agreements, etc.).

NURSE AIDE PROGRAM

***CELL PHONE POLICY***

I will not at any time use my cell phone while in class or at a clinical site, *unless I have special permission from my instructor*. I have been instructed to leave this equipment in my car or at home during clinical hours.

I understand that I may give my instructor’s phone number as my emergency contact numbers. I will not use the clinical site phone for personal phone calls unless it is an emergency or *unless I have special permission from my instructor or preceptor*.

I will not have my cell phone visible in class unless I have special permission from my instructor.

I understand that if I do not follow the policy listed above, I will receive the following disciplinary actions:

1st offense – In class, the student will receive a written reprimand which will remain in the student’s file and it will be taken into account on the work ethic grade. At clinical, the student will receive a critical incident.

2nd offense – In class, the student will have 10 points deducted from the next exam grade. At clinical, the student may get a WF for the clinical grade or may receive another critical incident. (This will be decided by the program director and/or instructor.)

 Student Signature Date

 Witness Date

# Clinical Education Guidelines

The clinical experience will provide students the opportunity for hands-on training in a variety of healthcare facilities. Program faculty provide close supervision and guidance in the clinical settings. The eight, ten, or twelve-hour shifts may be scheduled during weekends, evenings, nights, and / or some days at facilities throughout the region. Clinical attendance is required for completion of the program. Because clinical schedules are not flexible, students will need to work their personal schedule around these times, have dependable childcare, and have access to reliable transportation. Students should also plan for additional time outside of the printed schedule for practice, clinical preparation, and study.

To begin the clinical rotation, students must pass all skill demonstrations in the practice lab.

Students must complete a minimum of 24 clinical hours in a Skilled Nursing Facility and an additional 21 hours of healthcare environment exposure may be added. Location and times will be determined at the discretion of the instructor.

 A deadline for completing all requirements will be determined by the course instructor and all documents must be submitted by the established deadline or the student will not be allowed to go to participate in the clinical experience.

**Physical and Mental Requirements**

Delivery of client care includes:

* Monitoring the health status of clients, identifying their needs and contributing to their plan of care;
* Assisting clients with meals;
* Assisting with moving, positioning clients in bed;
* Walking clients with and without mechanical devices;
* Assisting with lifting, transferring, and transporting clients using wheelchairs and stretchers;
* Providing direct client care such as bathing, toileting, etc.;
* Responding to emergencies within the scope of the student’s training

**Clinical Professionalism**

Professionalism is of the utmost importance. While attending clinical, students are representing The College and the Program. Failing to maintain professional behavior that results in dismissal (by the faculty, preceptor, or a clinical site official) from the clinical site may result in the student receiving an occurrence. Depending upon the severity of the student’s actions, a student may be dismissed from the program. The final consequence is under the direction of the faculty and Program Director.

The student is a guest of the sponsoring agency, hospital, clinical site, and/or nurse preceptor, and must meet professional standards. All students are expected to demonstrate professional behavior and follow all standards of conduct outlined in the college e-catalog and the program handbook while fulfilling the clinical requirements of the program.

## Clinical Performance Standards

| Standard | Tasks | Performance Abilities |
| --- | --- | --- |
| Gross and Fine Motor SkillsPhysical Mobility | * Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide client care
 | * Mobility sufficient to carry out client care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting clients, providing care in confined spaces such as treatment room or operating suite
 |
| Gross and Fine Motor SkillsPhysical Mobility | * Demonstrate fine motor skills sufficient for providing safe nursing care
 | * Motor skills sufficient to handle small equipment such as a sphygmomanometer, glass thermometer, eye glasses, etc.
 |
| Visual and Perceptual AbilitiesAuditory Ability and Other Sensory Skills | * Sensory/perceptual ability to monitor and assess clients
 | * Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc.
* Visual acuity to read calibrations on specimen containers, assess color, (cyanosis, pallor, etc.)
* Tactile ability to feel pulses, temperature, palpate veins, etc.
* Olfactory ability to detect smoke or noxious odor, etc.
 |
| Intellectual, Conceptual, and Critical Thinking AbilitiesInterpersonal SkillsProfessional Attitudes and Behaviors | * Ability to relate to colleagues, staff and clients with honesty, integrity and nondiscrimination
* Capacity for development of mature sensitive and effective therapeutic relationship
* Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds
* Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism
* Capacity to demonstrate ethical behavior, including adherence to the professional and student honor code
 | * Establish rapport with clients and colleagues
* Work with teams and workgroups.
* Emotional skills sufficient to remain calm in an emergency situation
* Behavioral skills sufficient to demonstrate the exercise of good judgement and prompt completion of all responsibilities attendant to the diagnosis and care of clients
* Adapt rapidly to environmental changes and multiple task demands
* Maintain behavioral appropriateness in stressful situations
 |
| Intellectual Conceptual, and Critical Thinking AbilitiesProfessional Attitudes and Behaviors | * Ability to accurately identify clients
* Ability to effectively communicate with other caregivers
* Ability to administer medications safely and accurately
* Ability to operate equipment safely in the clinical area
* Ability to recognize and minimize hazards that could increase healthcare associated infections
* Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to client, family and co-worker falls
 | * Prioritizes tasks to ensure client safety and standard of care
* Maintains adequate concentration and attention in client care settings
* Seeks assistance when clinical situation requires a higher level or expertise/experience
* Responds to monitor alarms, emergency signals, call bells from clients, and orders in a rapid and effective manner
 |
| Oral and Written Communications SkillsVisual and Perceptual Abilities | * Ability to communicate in English with accuracy, clarity and efficiency with clients, their families and other members of the healthcare team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect, and body language)
* Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy
 | * Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in healthcare team discussions of client care
* Elicits and records information about health history, current health state and responses to treatment from clients or family members
* Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner
* Establishes and maintains effective working relations with clients and co-workers
* Recognizes and reports critical client information to the other caregivers
 |
| Intellectual, Conceptual, and Critical Thinking AbilitiesOral and Written Communication SkillsVisual and Perceptual AbilitiesAuditory Ability and Other Sensory Skills | * Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis
* Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities
* Ability to comprehend three-dimensional and spatial relationships
* Ability to react effectively in an emergency situation
 | * Collects data, prioritize needs and anticipates reactions
* Recognizes an emergency situation and responds effectively to safeguard the client and other caregivers
* Transfers knowledge from one situation to another
* Accurately processes information on medication container, physicians’ orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and procedure manuals
 |
| Intellectual, Conceptual, and Critical Thinking AbilitiesProfessional Attitudes and Behaviors | * Ability to adhere to all policies and procedures and requirements as described in the Program Handbook, STC e-Catalog and Student Handbook, Course Syllabus, as well as clinical site procedures
* Ability to complete classroom and clinical assignments and submit assignments at the required time
* Ability to adhere to classroom and clinical schedules
 | * Attends class and clinical assignments punctually
* Reads, understands and adheres to all policies and procedures related to classroom and clinical experiences
* Contacts instructor in advance of any absence or late arrival
* Understand and complete classroom and clinical assignments by due date and time
 |

Students with disabilities who wish to request accommodations under the Americans with Disabilities Act must follow the College's procedures outlined in the Student Affairs section of the catalog.

## Clinical Education Assignments

Students are assigned a clinical experience and must be prepared to meet objectives of the selected course to complete the program of study.

The clinical experience will provide students the opportunity for hands-on training. STC program faculty will provide supervision and guidance in the clinical settings. Clinical practice is scheduled during days, evenings, and weekends at long-term care facilities in the service delivery area. Clinical attendance is required for completion of the program. Because clinical schedules are not flexible, students will need to work their schedule around these times, have dependable childcare, and have access to dependable transportation. Students should also plan for additional time outside of the printed schedule for practice, clinical preparation, and study. Review and initial the following clinical education guidelines.

## Clinical Affiliate Orientations

Facility orientations will be completed at various clinical education settings. Students will be notified of specific dates and times by program faculty. Attendance is mandatory.

Failure to attend scheduled orientations sessions will result in the student not being allowed to attend clinical rotations until deemed appropriate by the clinical affiliate.

Students are required to adhere to all facility safety policies. Students will be required to know each facility’s emergency codes, phone numbers, crash cart locations, fire extinguisher locations, fire alarm locations, and evacuation routes.

## Clinical Supervision

Faculty members will help direct, coach, mentor, and critique students in the clinical setting.  Preceptors/mentors selected and approved by the faculty and a clinical affiliate liaison may also provide support during clinical rotations.

## Clinical Equipment/Supplies

Required prior to entering clinical setting:

* Appropriate attire as outlined in the Dress Code
* Stethoscope with bell and diaphragm functions (optional)
* Watch with second hand. Smart watches are not acceptable.
* Pocket size hand sanitizer, unscented
* Blue or Black ink pen unless otherwise specified
* Small notepad

## Transportation

It is the responsibility of the student to have adequate transportation to and from clinical facilities. There will be assignments in which the student must travel in excess of one hour. While program faculty are sensitive to the cost and time associated with such travel, clinical placement will require students to drive to distant clinical sites.

The student is responsible for providing his/her own transportation and auto insurance for all class and clinical experiences.

**Parking**

When attending clinical at healthcare facilities, students are to park in designated locations only. Violators may have their cars towed at owner’s expense, and disciplinary action from the Program Director may occur. Carpooling is encouraged. Students should come early enough to allow adequate time to park and walk to their destination. Parking fees are the responsibility of the student.

## Dress/Appearance Code

Students at STC are expected to dress and groom themselves in such a way as to reflect neatness, cleanliness, professionalism, and good taste. Jewelry such as rings, bracelets, and necklaces should not be worn in areas where safety would be compromised. Extremes in dress and grooming should be avoided. With this in mind, students should dress in an appropriate manner. Dress should reflect that normally worn in the occupation for which students are being trained.

The personal appearance and demeanor of Health Science Program students reflect both the college and program standards, and also indicative of the student’s interest and pride in their profession. Clients often use the appearance of health care workers as a means to measure the quality of care they receive. It is important that the student’s appearance be professional. To enhance and achieve our goals as professionals, we must gain the total confidence of our clients.

Students are required to present a professional appearance at all times. Students are not to wear program uniforms outside of the clinical environment or classroom. The school uniforms represent STC, as well as the students’ chosen profession. Therefore, the student should present a professional image while in uniform at all times and practice good hygiene. The appropriate uniform, as described, should be worn while on clinical assignment.

## Clinical Dress

* Designated uniform top and bottom with appropriate college patch/insert (color and styles designated by program faculty)
* Uniform scrubs (navy blue uniform top and navy blue uniform bottom) with STC patch sewn onto left sleeve.
* Must be clean and pressed; dirty or wrinkled uniforms are unacceptable
* Solid white crewneck shirts (long or short-sleeved) may be worn beneath the uniform top but should not be visible below the hem of the top or beyond the sleeves (if short-sleeved)
* Uniforms should fit properly-neither too tight as to define the body nor too loose as to appear unkempt
* Pants legs are not to be rolled or stuffed in socks
* White lab coat bearing appropriate college patch may be worn
* Must be clean and pressed
* No sweatshirts, hoodies, or other jackets may be worn while in the clinical setting
* Clean, white leather or leather-like athletic shoes with enclosed toe and heel
* Dirty, dingy, or torn shoes are not permitted
* Canvas Keds type shoes are not permitted
* An official STC Program ID badge with picture is required in clinical/laboratory settings at all times. The badge is to be worn on the front upper torso and visible to the public. No lanyards.
* If working with prisoners, please follow facility protocol
* Students must wear completely solid color socks that are white or match the color of your shoes or pants. Nude or black support hose may be worn under uniform pants or skirt.

**Please note: Students dressed in program clinical uniforms (including student ID) are representatives of STC and the respective program. All standards of professional behavior are expected.**

Reference: STC 6.2.1.p.2. Procedure: Southeastern Technical College Uniforms

As part of the Program dress code, all students are required to maintain a clinical notebook, which includes a current copy of the Student Handbook, immunizations, CPR card, and **all forms** necessary to complete daily clinical assignments. Failure to do so will result in an occurrence and the student being dismissed from clinical for the day. Any missed clinical time will be made up at the faculty’s discretion.

## Personal Hygiene/Appearance

* Hair will be well-groomed and clean
* Women and men’s hair should be styled so that it does not fall into the face
* Hair that touches the collar or is longer must be worn pulled back and up with neutral colored accessories so that it does not fall below the shoulder
* Distracting hairstyles or colors are prohibited
* Beards and mustaches must be neatly trimmed and clean. Please note: Some clinical affiliates may not allow facial hair.
* Only natural looking make-up should be worn during clinical rotations
* Bathe Daily
* Please refrain from using colognes, perfumes, body sprays, or scented body creams/lotions while in the clinical setting. The aroma may be offensive and may induce respiratory illnesses in clients or healthcare workers.
* Tattoos or other inappropriate, unnatural marks must be covered with a natural skin color covering (for example: *wundercover tattoo and skin shields*) or otherwise undetectable.
* If they cannot be covered, the student may not be allowed in the clinical area.
* Jewelry is limited to a single smooth (no stones) wedding band, worn on the ring finger, and a traditional watch with a second hand (electronic watches are prohibited). The *only* exception is for medic alert purposes.
* Ear lobe expanders or body piercings (eye, ears, nose, lips, chin, tongue, etc.) shall NOT be visible
* Fingernails must be clean and short.
* Fingernails should not be visible when looking from the palm of the hand
* For client safety, CDC guidelines indicate that health care providers should refrain from wearing artificial nails or enhancements (gel, acrylic, silk wrap, tips).
* Nail polish is NOT permitted
* Deodorant/antiperspirant must be worn daily, preferably unscented.
* Chewing gum or candy is prohibited while in the clinical area. No eating or drinking in restricted areas. Breath spray, drops, or dissolvable breath strips are acceptable.
* Use of tobacco products is prohibited during clinical hours. It is advisable for students to refrain from smoking in their vehicle going to clinic or to and from lunch. Students who smell of smoke will be sent home and missed time will count as an absence for the course. The aroma may be offensive and may induce respiratory illnesses in clients or healthcare workers.
* Use of cell phones or cellular devices is not permitted in a clinical facility. Permission from faculty must be granted prior to any exceptions.

All students are required to follow the *Dress/Appearance Code.* Any student with inappropriate dress can be dismissed from the clinical education site for the day. Any time missed due to *a* violation counts as an absence and is made up at the faculty’s discretion.

# Confidentiality/HIPAA

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (“HIPAA”) to provide greater access to health insurance and to improve the efficiency of health care administration.  HIPAA included Administrative Simplification provisions that required the U.S. Department of Health and Human Services (“HHS”) to set national standards and regulations for transmitting certain health information and for protecting client privacy.

HHS promulgated regulations under the Administrative Simplification provisions including the Privacy Rule, the Security Rule, the Enforcement Rule, as well as transaction and code set standards that apply to electronic exchanges involving the transfer of information.  These regulations:

1. protect the privacy of Protected Health Information (“PHI”);
2. protect the security of Protected Health Information; and
3. standardize transactions for electronic data interchange of health care data.

HIPAA applies to Covered Entities: health care providers, health insurance plans, and health care clearinghouses. Covered Entities must comply with HIPAA’s requirements to protect the privacy and security of health information and provide individuals with certain rights with respect to their PHI.

In January of 2013, the U.S. Department of Health and Human Services issued a Final Omnibus Rule (“Final Rule”) modifying HIPAA and implementing provisions of the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”).  The Final Rule further strengthens the privacy and security protections for health information established under HIPAA.

The HHS’ Office of Civil Rights (“OCR”) is responsible for enforcing HIPAA’s Privacy and Security Rules.  Additionally, HITECH granted State Attorneys General the authority to bring civil actions and obtain damages on behalf of state residents for violations of the HIPAA Privacy and Security Rules.

HIPAA establishes both civil monetary penalties and federal criminal penalties for the impermissible use or disclosure of unsecured PHI in violation of HIPAA’s Privacy and Security Rules.

Chatting about clients with friends or family, or even co-workers who are not privy to that client’s medical information, can violate HIPAA policies. Telling someone, even in confidence, about a client’s condition is a violation of HIPAA privacy and removes any privacy rights the client had. Unless the client has signed a release of information, the general rule is nobody but the client and direct caregivers can access those records.

### Improper Disposal

[Poorly disposing of protected health information](http://thenerdynurse.com/2011/12/why-hipaa-laws-exist-careless-disposal-of-phi-rx-pads-and-medications.html). Many photocopiers will have a hard drive that saves a certain amount of recent files. If somebody should access that memory who isn’t supposed to have that information it’s a HIPAA violation. Same goes for improperly shredded documents. The basic rule to keep in mind when discarding anything that has protected health information is to thoroughly destroy or wipe the device hard drive or [cross-shred the documents](http://thenerdynurse.com/2013/01/the-powershred-73ci-cross-cut-paper-shredder-by-fellowesinc-is-great-for-healthcare-it.html).

### Lack of Training

Any person who comes in contact with protected health information is required to abide by HIPAA policies, or face major fines or in severe cases even jail time. Be sure you are aware of HIPAA policies and updates.

### Lost or Stolen Devices

Every device that has client data should be encrypted and stored in a secure location.

**Third Party Disclosure**

Any company that comes in touch with client information is responsible for abiding by HIPAA policies, and the Common Agency Provision in the HIPAA Omnibus Ruling means that hospitals and medical staff are now the ones responsible for your third party HIPAA compliance. A business partnership where a third party causes mistakes can come back to haunt the health care provider. Anyone who has access to protected health information should be HIPAA compliant.

### Unsecure Records

In order to prevent theft and unauthorized access, HIPAA requires all electronic and paper documents or other files containing PHI are stored in a secure area. This means any type of filing cabinet needs to be locked, the office or building needs to be locked or secured.

Failure to comply with HIPAA can result in civil and criminal penalties (42 USC § 1320d-5).

### Civil Penalties

The “American Recovery and Reinvestment Act of 2009”(ARRA) that was signed into law on February 17, 2009, established a tiered civil penalty structure for HIPAA violations (see below).  The Secretary of the Department of Health and Human Services (HHS) still has discretion in determining the amount of the penalty based on the nature and extent of the violation and the nature and extent of the harm resulting from the violation.

| **HIPAA Violation** | **Minimum Penalty** | **Maximum Penalty** |
| --- | --- | --- |
| Individual did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA | $100 per violation, with an annual maximum of $25,000 for repeat violations (Note: maximum that can be imposed by State Attorneys General regardless of the type of violation) | $50,000 per violation, with an annual maximum of $1.5 million |
| HIPAA violation due to reasonable cause and not due to willful neglect | $1,000 per violation, with an annual maximum of $100,000 for repeat violations | $50,000 per violation, with an annual maximum of $1.5 million |
| HIPAA violation due to willful neglect but violation is corrected within the required time period | $10,000 per violation, with an annual maximum of $250,000 for repeat violations | $50,000 per violation, with an annual maximum of $1.5 million |
| HIPAA violation is due to willful neglect and is not corrected | $50,000 per violation, with an annual maximum of $1.5 million | $50,000 per violation, with an annual maximum of $1.5 million |

[American Medical Association Website](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/hipaa-violations-enforcement.page) ([http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/hipaa-violations-enforcement.page?](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/hipaa-violations-enforcement.page))

**For more information:** [**U.S. Department of Human Services**](https://www.hhs.gov/hipaa/for-professionals/index.html) **(**<https://www.hhs.gov/hipaa/for-professionals/index.html>)

**Program Procedure**

It is important that all students understand that confidentiality is a critical element of healthcare. Students are to adhere to all applicable HIPAA, hospital, and federal confidentiality laws and regulations. Students may not remove PHI from the clinical site for any reason. Students are not to discuss any client, condition, or treatment outside of the line of duty. A student found to have violated this policy will receive an occurrence and may be subject to immediate dismissal from the Program.

# Blood Borne/Airborne Pathogen Exposure

An inherent risk with any health science profession is the possibility for exposure to blood borne and infectious diseases. Southeastern Technical College's Exposure Control Plan is designed to provide the faculty and students with recognition of tasks, procedures, and activities which present the potential for occupational exposure to blood and air-borne pathogens and a means of eliminating or minimizing exposures in the performance of their instructional duties or activities. Each Health Science program at Southeastern Technical College follows all state and federal regulations for the protection of faculty, students, clients, and staff. A complete manual of our compliance policies and procedures is available in each classroom and laboratory or upon request.

**EXPOSURE CONTROL FOR HEALTH SCIENCE STUDENTS**

Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in the STC Exposure Control Plan. All employees and students who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. Health Science students are identified as having occupational exposure to blood borne/airborne pathogens based on the tasks or activities in which they may engage during their clinical experiences. All students will utilize standard precautions as indicated by the task or activity. Appropriate personal protective equipment (PPE) and proper precautions will be utilized by all health science students.

## Post-Exposure Follow-Up

Once a student or employee of Southeastern Technical College has incurred an exposure incident the following is to occur:

1. Should an exposure incident occur, contact Stephannie H. Waters at the following telephone number (478) 494-9667.
2. An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
3. Document the routes of exposure and how the exposure occurred.
4. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
5. For blood or OPIM exposure:
6. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s/student’s health care provider.
7. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
8. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
9. Assure that the exposed employee/student is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
10. After obtaining consent, collect exposed employee’s/student’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
11. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
12. For airborne pathogen (tuberculosis):
13. Immediately after the exposure of covered employee or student, the responsible supervisor, the work unit or technical college Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Blood borne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.
14. The exposed covered employee or student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The work unit or technical college is responsible for the cost of a post-exposure follow-up for both covered employees and students.
15. Any covered employee or student with a positive tuberculin skin test upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

### Exposure Control Plan

See the Southeastern Technical College Electronic Policy Guide at

[http://ies-pub.southeasterntech.edu/policy\_guide/table\_of\_contents.cfm](https://ies-pub.southeasterntech.edu/policy_guide/table_of_contents.cfm%20), Section II.D.3.

# HEALTH PRECAUTIONS IN THE CLINICAL SETTING

Due to clients who unknowingly may carry highly infectious/contagious pathogens (e.g. Hepatitis A or B, HIV, TB, etc), all students must adhere to the Infection Control Standards for the Technical College System of Georgia. These standards are for the protection of students, faculty, and clients from the spread of infectious diseases.

1. Wear gloves at all times when working with clients.
2. Wear gloves when wiping blood/body fluids from equipment; use appropriate cleaning solutions.
3. Wash hands after each client, as well as after cleaning equipment.
4. Dispose of linens soiled with body fluids/blood in appropriate receptacles.
5. All sharps/needles should be place in appropriate puncture-proof containers. **Do not recap needles.**

Any injuries in the clinical setting must be reported to the Clinical Instructor and program faculty. Incident reports are available and must be completed as soon as possible. (*See Exposure Protocol above)*

# Violation of Professional Standards and Conduct

Professional conduct/behavior is expected in the classroom/lab, as well as the clinical setting.

A great deal of effort, as well as considerable nurturing, has taken place in maintaining positive relationships between STC faculty, clinical affiliates, and the general community. Members of the community or clinical affiliates that approach Program Faculty regarding the student’s disregard for College policies and Program guidelines may be subject to disciplinary action and dismissal from the Program.

**Behaviors which denote professionalism include but are not limited to:**

1. Aggressively supporting the policies and procedures established for the good of the educational process and client care
2. Addressing concerns directly, constructively and in a timely fashion
3. Seeking, accommodating and acting upon constructive criticism in order to improve personal skills
4. Attentiveness and participation during didactic and clinical courses
5. Respectful interactions with the public, faculty, and healthcare team
6. Steadfast and punctual attendance for classroom and clinical assignments
7. Tailoring content and volume of conversations based on those within earshot
8. Demonstrating and practicing knowledge of safety procedures
9. Maintaining a professional appearance as outlined in the dress code procedure
10. Adhering to professional codes of ethics and professional standards

**Unprofessional behaviors include but are not limited to:**

**Level I Behaviors**

1. Possession of or under the influence of illegal drugs or alcohol while representing the College or Program.
2. Theft, abuse, misuse, or destruction of the property or equipment of any client, visitor, student, clinical affiliate or employee.
3. Disclosing confidential information about the Program and any client (HIPAA violations).

Including posting images, video, or information to any social media sites such as Facebook, Twitter, Instagram, Snapchat, etc.

1. Immoral, indecent, illegal, unprofessional, or unethical conduct while representing the College or Program.
2. Unauthorized possession of weapons, or wielding or threatening to use any type of weapon on clinical facility or College property.
3. Engaging in conduct that could ultimately threaten the physical and/or mental well-being of any client, visitor, student, clinical facility or College personnel.
4. Assault on any client, visitor, student, and clinical facility or College personnel.
5. Misuse or falsification of client, student, and clinical facility or College records.
6. Removal of client, student, and clinical facility or College records without authorization.
7. Practicing beyond the scope of practice for the Program.
8. Failure to follow program guidelines regarding supervision of laboratory or clinical procedures.
9. Failure to notify Program Faculty when appropriate supervising personnel are not in the laboratory or at the clinical facility.
10. Sexual harassment or sexual misconduct.
11. Having a clinical facility ban or bar you from their facility.
12. Depending upon the circumstances, an attempt may be made to rearrange the student’s clinical assignment in order to complete the required clinical competencies; however, if reassignment is not possible due to approved clinical capacity or other conflicts, the student may not be able to complete the required clinical competencies and would therefore, be subject to dismissal from the program.

**Level II Behaviors**

1. Leaving the clinical area without proper authorization.
2. This may include, but is not limited to:
* Students leaving for break or lunch in the middle of a clinical procedure/task.
* Lunch/Breaks will be assigned at the discretion of the clinical faculty and/or preceptor.
1. Sleeping during scheduled instructional hours.
2. Failure to notify the Clinical Coordinator/Instructor/or preceptor when you are going to be tardy or absent from clinic. (No Call-No Show)
3. Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities. (Failure to follow protocol, actions resulting in accidents, etc.)
4. Unauthorized use of equipment.
5. Unauthorized soliciting, vending, or distribution of written or printed matter.
6. This may include, but is not limited to religious and political materials, personal sales of products, advertising for personal gain, etc.
7. Inconsiderate treatment of clients, visitors, students, and clinical facility or College personnel

This may include, but is not limited to: foul language, inappropriate gestures, and failure to act in a professional manner.

1. Individual acceptance of gratuities.
2. Misuse/abuse of College or clinical facility property.
3. Excessive tardies/early departures or absences.
4. Failure to follow guidelines or procedures related to professionalism/professional performance. Acting in an unprofessional manner.
5. Pattern of poor clinical performance, as documented on clinical performance evaluations.
6. Students MUST have required clinical information (as directed by instructor) while in clinical
7. Failure to do so will result in the student being dismissed from clinical for the day and any missed clinical time must be made up, at the faculty’s discretion and/or in accordance to the program’s clinical make-up procedure.
8. Insubordination and/or refusal to follow instructions.

**Level III Behaviors**

1. Failure to be ready for clinical assignment at the starting time or reporting to clinical at the incorrect time.
2. Reporting to the wrong clinical facility.
3. Violation of the dress/appearance and conduct procedures.
4. Failure to abide by the attendance procedures and make-up requirements.
5. Failure to follow guidelines for electronic device use. Failure to appropriately utilize downtime at the clinical setting. Downtime at the clinical setting may be used to practice skills, manipulate clinical setting equipment, clean the department and equipment, etc. Downtime is not to be used as personal time.

## Disciplinary Action for Professional Misconduct

Students are expected to abide by the following:

* codes of conduct outlined in professional codes of ethics,
* professional standards,
* all procedures/requirements/policies outlined in Program Handbooks,
* STC e-Catalog and Student Handbook, and clinical facility policies and procedures.

If a faculty member or clinical facility personnel considers a student’s behavior to be in violation of these expectations, a written occurrence will be issued in accordance with the Student Success Plan and guidelines listed below.

**Level I Behaviors**:

Depending upon the nature of the behavior students incurring a Level I behavior violation:

* may be given a grade of “F” for the course and; therefore, unable to continue in the program or,

will receive a documented Level I behavior occurrence and remediation in accordance with the Student Success Plan procedure, as well as a 10 point course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

**Level II Behaviors**:

Level II behavior occurrences will result in documentation and remediation in accordance with the Student Success Plan procedure and a 5 point final course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

**Level III Behaviors**:

Level III behavior occurrences will result in documentation and remediation in accordance with the Student Success Plan procedure and a 3 point final course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

A student who exceeds (3) occurrences during a semester will receive a final course grade of “F” for the appropriate course(s) and may be dismissed from the program. However, a student may be immediately dismissed with or without previous occurrences for behavior that endangers clients, staff, faculty or peers and may also include: performing actions outside of the student scope of practice, being under the influence of drugs/alcohol during class/clinical, and/or violation of state/federal regulations or laws.

# Course Evaluations

# Each semester, students evaluate their courses and the instructors who taught them. Evaluations are conducted online through the [STC Home Page](http://www.southeasterntech.edu) at ([www.southeasterntech.edu](file:///C%3A%5CUsers%5Cgrobison%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CFKRQ3BOE%5Cwww.southeasterntech.edu)).

# TCSG Warranty

To demonstrate confidence in and commitment to quality technical education programs which are relevant, current, and responsive to the stated expectations of Georgia's businesses and industries, the State Board of the Technical College System of Georgia will warrant every graduate from a technical certificate of credit, diploma or associate degree in a state-governed institute according to the following stipulations:

The warranty guarantees that the graduate has demonstrated the knowledge and skills and can perform each competency as identified in the industry-validated Standard or Program Guide, and any program graduate who is determined to lack such competence shall be retrained at no cost to the employer or graduate for tuition or instructional fees.

A claim against the warranty may be filed by either an employer in conjunction with the graduate or a graduate if the graduate cannot perform one or more of the competencies contained in the industry-validated Standard or Program Guide, including failure to pass a State of Georgia licensing examination.

The warranty will remain in effect for two consecutive years following the date of graduation and will be honored by any state-governed technical college which offers the same program.

To inquire or file a claim under this warranty, instructors or employers may contact the:

Vice President of Academic Affairs 912-538-3103.

Reference: TCSG POLICY: 5.1.7. (IV.I) Warranty of Degree, Diploma, and Technical Certificate of Credit Graduates

# Professional Licensure/Certification

To be certified as a nurse aide an individual must meet all conditions established by the Department of Community Health (DCH) for a State approved training program.

1. Complete a minimum of 85 hours in a State approved nurse aide training program, which includes of classroom/lab hours and 24 hours of clinical training within a Nursing Home Facility clinical setting under a Georgia certified trainer.
2. Take the written/oral and skills competency examination. After successful completion of the nurse aide training program and clinical rotation. The program will issue the student a training program completion certificate, which will allow the student to schedule testing for the written/oral and skills competency examination.

The student will have three (3) attempts at passing the written/oral and skills competency examination within one year. After the third attempt without passing the competency examination the student must re-take the nurse aide training program again. Once the student has passed the examination with the third attempt the student's name will be submitted for placement on the Georgia Nurse Aide Registry.

State of Georgia Nurse Aide Programs has an outside testing agency to administer the written/ oral and skills competency examination. The nurse aide candidate must receive the Georgia Nurse Aide Candidate Handbook outlines testing requirements. [Pearsonvue](http://www.pearsonvue.com) ([www.pearsonvue.com](http://www.pearsonvue.com/))



##### Application for State Exam Fee Reimbursement

Students may be eligible for reimbursement of the Nurse Aide State Certification Exam fee if: (1) they have successfully completed NAST 1100, Nurse Aide Fundamentals, and take the certification exam within **3 months** of the date documented on the Completion of Training certificate, **And** (2) complete all requirements for graduation from the Nurse Aide or Health Care Assistant-Nurse Technician Program.

Students must pass **both components** (written/oral and skills-demonstration) of the State Exam, **on the first attempt**, to be eligible for reimbursement.

To apply for reimbursement, you must submit a signed and dated request with the following information:

* + Your Full Name
	+ Your Mailing Address
	+ Your Phone Number
	+ Your Student ID Number
	+ Your Certification Exam Results (Copy)

Submit your completed request and all documentation to:

 Southeastern Technical College Foundation

Mrs. Blythe Wilcox, Executive Director for Institutional Advancement

3001 East First Street

Vidalia, Georgia 30474

bwilcox@southeasterntech.edu

912-538-3147

**Note:** Your request will not be processed if you fail to submit all required information and documentation.

# Georgia Nurse Aide Candidate Handbook

**(National Nurse Aide Assessment Program-NNAAP) Includes: (the handbook can be accessed from** [**Pearsonvue**](http://www.pearsonvue.com/)([www.pearsonvue.com](http://www.pearsonvue.com/)).

* NACES and PearsonVue Information
	+ Introduction
	+ Eligibility
	+ Application and Scheduling
	+ Cancellation and Rescheduling
	+ Exam Day
	+ The Written (or Oral) Exam
	+ Written (or Oral) Exam Content Outline
	+ Sample Questions
	+ Self-Assessment Reading Test
	+ The Skills Evaluation
	+ Skills Listing
	+ Score Reporting
	+ Grievance Process
	+ The Registry
	+ Frequently Asked Questions

***Georgia Department of Community Health***

 ***Nurse Aide Training Program Information***

**Website:**

https://www.mmis.georgia.gov; click Nurse Aide/Medication Aide

## Memorandum of Agreement

**between**

**Southeastern Technical College**

**and**

**[HEALTH CARE CLINICAL SITE]**

Purpose

The purpose of this Memorandum of Agreement (“Agreement”) is to provide instruction and practice for Southeastern Technical College Students (“Students”) at the [INSERT NAME OF CLINICAL SITE]. The instruction and practice is intended to benefit the College’s Students in accomplishing their educational goals and create a highly trained work force.

**II. Parties**

Southeastern Technical College (hereinafter the “College”) and [CLINICAL SITE] (hereinafter the “Facility”).

**III. Affiliating Agreement**

This is a mutual Agreement between the Facility and the College that provides for the Facility to accept Students in a Health Science program for College faculty coordinated clinical experience in the Students’ field of study. In addition, this agreement provides:

A. Educational experiences will be provided by the College and the Facility without regard to race, color, national origin, sex, religion, disability, genetic information or age of the persons involved. Provided however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude Participant’s participation in the program.

B. While the educational experiences contemplated by this agreement shall be offered jointly, the College shall maintain control over the curriculum offered the College’s Students and the Facility shall maintain control and responsibility for its patients/clients.

C. Educational experiences will be of such content and cover such periods of time as may from time to time be mutually agreed upon by the College and the Facility. The starting and ending date for each individual educational experience shall be agreed upon before the experience commences.

D. The number of Students participating in each educational experience shall be determined by mutual agreement of the parties and at any time may be modified by mutual agreement.

E. The Facility will serve as a clinical laboratory and will furnish facilities for the Students in such manner and at such time as the parties herein mutually agree.

F. The Facility will not be required to provide free treatment for Students or College faculty. Students or College faculty may request treatment from the Facility at their own personal expense. The College does not accept any liability or responsibility whatsoever for treatment individually requested by a College Student or College faculty member.

G. Clinical rotation(s) will be planned by the College faculty of the College program(s), in conjunction with the Facility’s representative, in order to meet requirements mandated by the College or licensing/certification Board.

H. No College faculty or Student will receive monetary or other type of reimbursement from the Facility for work done during the clinical rotation. Nor shall any College faculty or Student hold him or herself out as an employee or agency of the Facility during the clinical rotation.

IV. The Facility Agrees To The Following:

A. Provide a program of clinical experience for the Students to engage in so as to benefit their knowledge of the Student’s program of study at the College. The number of hours and experience may vary each year but will be mutually agreed upon with the College.

B. The Facility will retain responsibility for the care of the clients, clients and/or customers and will maintain administrative and professional supervision of Students, insofar as their presence affects the operation of the Facility and/or client, client or customer care.

C. Observe the following personnel policies:

1. College faculty and Students will be permitted to observe the College’s calendar for holidays and events.

2. Students will be allowed to make up time lost due to unavoidable absences.

3. Students shall wear the accepted College uniform or conform to Facility policies regarding acceptable dress during the clinical experience.

4. Faculty employed by the Technical College System of Georgia (“TCSG”) or the College will be under the full jurisdiction of the College’s administration.

D. The Facility shall maintain insurance as it deems advisable to protect itself as appropriate given the College’s limitations on liability for damages as described below in Paragraph V, subsections (I), (J) and (K).

E. Make provisions for orientation of College faculty members to the facilities, philosophies, and policies of the respective Facility. Such orientation shall include instruction on the Facility’s privacy policies and procedures, particularly as related to client health or other confidential information.

F. Assist in the orientation of the Students to the Facility and clear channels of administration for the use of equipment and records as necessary for teaching purposes and in accordance with Facility policies. Such orientation shall include instruction on the Facility’s privacy policies and procedures, particularly as related to client health or other confidential information.

G. In a case of improper exposure to bodily fluids, airborne tuberculosis, pathogens, antibody and or antigen by a Student or College faculty member, the Facility will use its best efforts to appropriately test the source client and to obtain the client’s consent for disclosure of test results to the College’s infection control personnel.

H. Facility staff shall, upon request, assist the College and College faculty in the evaluation of the learning and performance of participating Students. The Facility agrees to keep confidential any Student records or information it may obtain unless it has otherwise obtained prior written consent of the Student.

I. Provide on the job training that complies with the Fair Labor Standards Act regarding trainees by meeting all six of the following criteria:

1. The training, even though it includes actual operation of the Facility, is similar to that which would be given at the College;
2. The training is for the benefit of the Students;
3. The Students do not displace regular employees of the Facility, but work under constant supervision of Facility employees;
4. The Facility that provides the internship derives no immediate advantage, economic or otherwise, from the activities of the Students and, on occasion, the operations of the Facility may even be impeded;
5. The Students are not necessarily entitled to a job at the Facility at the conclusion of the training period; and
6. The Facility and the Students understand that the Students are not entitled to wages for the time spent in training.

J. Provide a safe work environment for College faculty and Students.

K. Assist and cooperate with the College in investigations related to complaints related to the educational experience at the Facility.

L. Before the Student begins his or her educational experience at the Facility, the College shall advise each Student that he/she will be required to submit to a forensic drug screen and criminal background check by utilizing PreCheck. Said background check shall be at Student Participant’s sole expense. Results of the drug screen and background check shall be reviewed the Facility. Students who refuse or fail to meet the Facility’s standards on these tests may be withdrawn from participation in the clinical experience at the Facility at the Facility’s request. No information regarding the specific deficiencies of the Student’s test results shall be shared with the College.

V. The College Agrees To The Following:

1. Ensure that the College’s Student Code of Conduct is enforced for the Students at the Facility. Any Student whose behavior, conduct, attitude, or attire is in conflict with the College’s Student Code of Conduct will be subject to appropriate disciplinary actions.
2. Provide College faculty in accordance with the required student-faculty ratio as mandated by the state licensing/certification agency or by the local Facility regulation(s).
3. Provide College faculty who have experience in specialty area where they will be supervising Students.
4. Assure that Students with unsatisfactory performance in the classroom and/or clinical practicum will not be placed on clinical assignments.
5. Provide specific written clinical behavioral objectives for the Facility staff prior to Student rotation. Conferences will be scheduled with Facility staff during rotation to discuss Student learning, Student performance, and client services.
6. Submit a schedule with names of attending Students at least two weeks prior to the beginning of the Student’s first day at the Facility.
7. Provide for all administrative functions required by the Facility necessary for smooth operation of the program (i.e., joint review of the use of clinical facilities).
8. Require the observance of Facility policies and procedures by the Students and faculty.
9. Assure that each Student and College faculty member has professional liability insurance with minimum coverage of one million dollars to cover his or her acts or omissions.
10. The College is self-insured under the State of Georgia, Department of Administrative Services, Risk Management Division, against tort claims, including comprehensive automobile liability, in the amount of one million ($1,000,000) per person and three million ($3,000,000) per occurrence; the College also maintains workers’ compensation insurance through the State of Georgia.
11. The College is prohibited by the Constitution of Georgia from contracting to indemnify or hold harmless any individual or entity.  Article VII, Sec. 4, Paragraph 8; Article III, Sec. 6, Para. 6, Constitution of the State of Georgia.  The College will be liable only for personal injury or property damage caused by acts or omissions of its employees in the performance of this contract to the extent provided by the Georgia Tort Claim Act (O.C.G.A. § 50-21-20 et seq.)
12. The College shall, to the extent required by law or policy, offer to Students and College faculty at substantial risk of directly contacting body fluids or airborne tuberculosis, pathogens, antibody and or antigen testing and vaccination in accordance with requirements of the Occupational Health and Safety Administration and the Centers for Disease Control and Prevention. The College shall follow then current Technical College System of Georgia Policy following an exposure of a college faculty or Student.
13. In the event of an exposure, the College will be responsible for offering appropriate testing to the affected Student or College faculty, providing appropriate medical care, counseling, and recordkeeping in accordance with the College exposure control plan. In no instance shall the College’s responsibility as defined in the paragraph exceed a period of one year after the Student or College faculty leaves the program in accordance with State Policy.
14. Students and College Faculty shall not disclose to any third party, except as permitted or required by law or approved by the Facility in writing, any medical record or other client information. Students and College faculty shall comply with all federal and state laws and regulations, and all bylaws, rules, regulations and policies of the Facility regarding the confidentiality of client information.

College acknowledges that the Facility must comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320 et seq. (“HIPAA”) and its related regulations. College, Students and College faculty shall not request, use or further disclose any Protected Health Information (“PHI”) other than for the treatment and training purposes specified in this Agreement. The College will promptly report to the Facility any uses or disclosures of which the College becomes aware of PHI in violation of this Agreement.

O. The College will not knowingly assign any College faculty to the Facility who is not appropriately licensed or certified, and will make evidence of the licensure or certification of its assigned faculty available to the Facility upon request.

VI. Withdrawal of Student from Facility

1. The Facility may request the College withdraw any Student from the educational experience at the Facility whose work or conduct may have a detrimental effect on clients or personnel; and/or reserves the right not to accept any Student who has previously been discharged by the Clinical Institute for non-discriminatory reasons, including but not limited to criminal or fraudulent activity, perceived lack of competency or failure to comply with the policies, procedures and rules of the College or Facility.

1. The College may request the withdrawal from the Facility of any Student whose progress, achievement, or adjustment does not justify continuance in the educational experience at the Facility.

VII. Representatives

Any communication regarding this contract should be directed to the following representatives:

For the College:

Teresa Coleman, VPAA

tcoleman@southeasterntech.edu

912-538-3103

For the Facility:

[INSERT]

VIII. Prohibition of Gratuities

All of the parties hereby certify that the provisions of O.C.G.A. § 45-10-20 through § 45‑10-28, which prohibit and regulate certain transactions between State Officials, employees and the State of Georgia, and O.C.G.A. § 45-1-6, which prohibits gratuities, have not been violated and will not be violated in any respect throughout the term of this Contract.

IX. Additional Mutual Agreements

Students, upon request by the Affiliate, will provide the following health records:

* + Negative tuberculin skin testing and/or chest x-ray within past 12 months;
	+ Proof of Rubella immunity by positive antibody titers or 2 doses of MMR; and,
	+ Diphtheria, pertussis, tetanus immunization or appropriate Tdap/Td booster; and,
	+ Proof of Hepatitis B immunization or declination of vaccine, if client contact is anticipated.

X. Miscellaneous

1. **Term**
2. The terms and conditions of this agreement shall be periodically reviewed by the parties.
3. This agreement will remain in effect until \_\_\_\_\_\_\_\_\_\_. This agreement may not exceed a period three (3) years.
4. Either party may terminate this agreement upon a 90 day notice in writing to the other party. However, if either party wishes to terminate this agreement it is understood that Students then enrolled in the educational experience at the facility shall be given the opportunity to complete the educational experience.

Entire Agreement

This Agreement, together with any documents incorporated herein, constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior negotiations, representations or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions which are not set out, referenced, or specifically incorporated into this Agreement shall in any way be binding or of effect between the parties.

Assignment

Neither party shall assign this Agreement, in whole or in part, without the prior written consent of the other party, and any attempted assignment not in accordance herewith shall be null and void and of no force or effect.

Applicable law

This Agreement shall be governed in all respects by the laws of the State of Georgia.

Amendments in Writing

No amendment of this Agreement, or any of the terms or provisions hereof, shall be binding upon either party except by a writing executed by both parties.

Clinical Affiliate Representative Date

College Dean/Director Date

Vice President for Academic Affairs Date

Southeastern Technical College does not discriminate on the basis of race, color, religion, national origin, sex, disability, or age in its programs, admissions, employment, or any other activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies that include Title VI, Title IX, 4505. Inquiries concerning application of this policy may be referred to Dr. Barry Dotson, Vice President Student Affairs; Office 158A; Phone: 912-538-3141; bdotson@southeasterntech.edu.

## Student Occurrence Notice

This form is to be completed when a student has been notified about deficiencies or problems in his or her program of study. It is to be reviewed with the student and signed by the student, faculty, and program director.

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

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance Problem or Deficit Identified:

\_\_\_\_\_\_\_Knowledge

\_\_\_\_\_\_\_Technical Skills

\_\_\_\_\_\_\_Attitude

\_\_\_\_\_\_\_Communication

\_\_\_\_\_\_\_Professionalism/Work Ethics

\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Supporting Evidence Related to Performance Discrepancy:

Consequence:

Faculty Signature/ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*The student and faculty member will complete a written Student Success Plan to address the performance discrepancy.

**Student Success Plan**

|  |
| --- |
| **Assessment: Data/information that describes the performance needing improvement or change. Include the student’s personal assessment of the performance issue.** |
| **Analysis: Develop an analysis that supports the assessment data.** **Example: Knowledge Deficit, Anxiety, Altered thought process, Fear, Risk for** |
| **Planning: Develop one (1) Desired****Outcome/goal. Outcome/goal must be measurable.****The student will:**  |
| **Implementation: Develop four (4) interventions with rationales that will aid in meeting the desired outcome/goal.****Interventions/Rationales****1****2****3****4** |
| **Evaluation: To be completed by the student and instructor.****Was the desired outcome achieved?** **□ Yes □ No** **If no, what revisions to the interventions will you make?** |

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

**Faculty Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Student Notification of Criminal Background Check

**and Urine Drug Screen Requirements**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been informed that a criminal background check and initial drug screen, through PreCheck Inc., is required for my program of study. I understand that a copy of the record will be available to my instructor(s) and assigned clinical/practicum/externship site prior to my attendance at the site. The clinical site will determine my eligibility to complete clinical/practicum/externship hours at their facility based on this information. If I am unable to participate in clinical/practicum/externship based on the criminal background record or drug screen results, I will not be able to continue in the program and will be withdrawn from the program.

**Students are NOT to leave the collection area or lab for ANY reason. This will result in immediate dismissal from the program.**

I understand I have 90 days to obtain a free copy of my report by logging into mystudentcheck.com. I understand that if I am denied entry into a clinical rotation because of information on my report that I should contact PreCheck by calling the Adverse Action Hotline at 1-800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and dispute anything reported. I also understand that all disputes are to be handled through PreCheck and **NOT** the clinical site. **If I take it upon myself to contact a clinical site to dispute a report, I will be immediately withdrawn from the program.**

Solstas Lab Partners, Emanuel Medical Center, or another pre-approved lab will be used if a student is suspected of being under the influence of any drugs or alcohol during class lecture and/or clinical time. If Solstas Lab is used, the estimated cost of the urine drug screen is $25.00. If Emanuel Medical Center is used the fee will be approximately $50.00. The student will immediately submit to a urine drug screen at Solstas Lab, Emanuel Medical Center, or another approved laboratory chosen by STC. The student will go to the appropriate STC Business Office within two business days of the collection and pay for the drug screen. The official copy of the results will be sent directly to STC. Students will be required to present a current student ID or photo ID at the time of collection. The results of the urine drug screen will be kept on file by the program Dean and forwarded to assigned clinical sites upon their request.

If, after the initial criminal background check has been submitted, I am arrested for and/or convicted of a crime; I will notify both my instructor and the clinical/ practicum/externship site in writing. The clinical/ practicum/externship site will determine my eligibility to continue at the site based on the circumstances of the arrest and/or conviction.

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

Student Name (please print)

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

Student Signature Date

To be signed by parent or guardian if student is under the age of 18.

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

Parent or Guardian Name (Please Print) Parent or Guardian Signature Date

**SOUTHEASTERN TECHNICAL COLLEGE**

## Urine Drug Screen Procedure

The purpose of this procedure is to define the requirements and procedures for completion of the Forensic Drug Screen. Urine drug screens are required for specified Health Science Programs (refer to the STC Catalog and Student Handbook for the programs requiring drug screens). The time the urine drug screen is performed will vary with each program. Each instructor will assign a deadline for the collection of the specimen; however, the collection will occur within a time frame of 24 hours or less. Drug screening must be completed, and results obtained by STC, prior to any clinical practice.

The type of drug screen required has been prearranged with PreCheck, Solstas Lab Partners of Vidalia or Emanuel Medical Center in Swainsboro. Any other laboratory used for screening must be preapproved by the program director/faculty. The student will use PreCheck for the initial drug screen.

Solstas Lab or Emanuel Medical Center will only be used if a student is suspected of being under the influence of any drugs or alcohol during class lecture and/or clinical time. If Solstas Lab is used, the estimated cost of the urine drug screen is $25.00. If Emanuel Medical Center is used the fee will be approximately $50.00. The student will immediately be sent to Solstas Lab or Emanuel Medical Center to have the urine specimen collected. The student will go to the appropriate STC Business Office within two business days of the collection and pay for the drug screen. The official copy of the results will be sent directly to STC. Students will be required to present a current student ID or photo ID at the time of collection. The results of the urine drug screen will be kept on file by the program Dean and forwarded to assigned clinical sites upon their request.

If the urine drug screen is positive for any illegal substance(s), I will immediately be withdrawn from the program.

Should there be a diluted specimen or inconclusive drug screen result, I may be required to take a second drug screen or be dropped from my program of study, as specifically outlined in the STC urine drug screen procedure. The second screening will be at the student’s expense. This second screening must take place within 24 hours of being notified by the instructor, and prior to the student returning to class. If the results of the second drug screen are positive the student will be dropped from his/her program of study.

If I am on any prescription drugs that may cause my drug screen to be positive, I have 5 business days from the notification of the positive drug screen results to provide written proof of prescription from my physician to my instructor or I will be immediately dropped from my classes. I understand that during this 5-day period I may not participate in any lab or clinical activities.

If, at any time during the class lecture and/or clinical part of a program, a student is suspected of being under the influence of any drugs or alcohol, the student may be required to submit to an additional urine drug screen. If the student refuses to have the additional drug screen performed, they will be dismissed from the program.

During ANY part of the urine drug screen procedure, I am NOT to leave the collection area or lab. I am not to go outside of the lab. If this occurs I will be immediately withdrawn from the program.

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

Students Name (Print) Signature Date

To be signed by parent or guardian if student is under the age of 18.

Parent or Guardian Name (Please Print)

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

Parent or Guardian Signature Date

**SOUTHEASTERN TECHNICAL COLLGE**

## Consent for Urine Drug Screen

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the urine drug screen procedure.

I agree to have a urine specimen collected from me for a Forensic Drug Screen through PreCheck, Solstas Lab Partners, Emanuel Medical Center in Swainsboro, or another pre-approved site.

I understand that the drug screen results through PreCheck will be available for review by a representative at each clinical site.

I understand that the drug screen results from a laboratory other than PreCheck will be sent directly to STC (STC) and forwarded to assigned clinical sites upon their request.

My instructor will assign a deadline for the collection of the specimen and the collection will occur within a time frame of 24 hours or less. If the specimen is not collected by the deadline, I will be withdrawn from the program.

If the urine drug screen is positive for any illegal substance(s), I will immediately be withdrawn from the program.

I understand that should there be a diluted specimen or inconclusive drug screen result, I may be required to take a second drug screen, or be dropped from my program of study, as specifically outlined in the STC urine drug screen procedure.

I understand that if I am on any prescription drugs that may cause my drug screen to be positive, I have 5 business days from the notification of the positive drug screen results to provide written proof of prescription from my physician to my instructor or I will be immediately dropped from my classes. I understand that during this 5-day period I may not participate in any lab or clinical activities.

I understand that if I refuse a drug screen I will not be allowed to complete the Health Science Program in which I am enrolled.

I understand that when I am using PreCheck, I will pay the fee prior to the time the specimen is collected and that I must present a current STC student ID or photo ID at the time of collection.

I understand that if I am suspected of being under the influence while in the classroom and/or performing a clinical rotation I may be subjected to an additional urine drug screen **immediately** at my expense. I also understand that I will have two business days to go to the appropriate STC business office and pay the fee for the additional drug screen. **I also understand that during any part of the urine drug screen procedure I am NOT allowed to leave the collection area or lab. I understand I am NOT to go outside of the lab. If this occurs I will be immediately withdrawn from the program.**

\*\*Please remember: Even though you may provide written proof from your physician regarding mood/behavior altering medications you are taking, your action and judgment in the classroom and clinical setting cannot be impaired in anyway. If you cannot function in a safe manner, you will be dismissed from the class/clinical.

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

Students Name (Print) Signature Date

To be signed by parent or guardian if student is under the age of 18.

Parent or Guardian Name (Please Print)

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

Parent or Guardian Signature Date

## Release/Waiver of Liability and Covenant Not to Sue

(Read Carefully Before Signing)

The undersigned hereby acknowledges that participation in laboratory and/or clinical skills activities involves inherent risks of physical injury, illness, or loss of personal property and assumes all such risks. The undersigned hereby agrees that for the sole consideration of STC allowing the undersigned to participate in these activities and skill for which or in connection with which the institute has sponsored or made available and equipment, facilities, grounds, or personnel for such skills, the undersigned does hereby release and forever discharge STC and the Technical College System of Georgia, its members individually, and its officers, agents and employees from any and all claims demands, rights, and causes of action of whatsoever kind of nature, arising from and by reason of any and all known and unknown foreseen and unforeseen bodily and personal injuries, including , death, damage to property, and the consequences thereof, resulting from my participation in or growing out of or connected with such activities and/or clinical skills.

I understand that the acceptance of this **RELEASE/WAIVER OF LIABILITY AND COVENANT NOT TO SUE** by the Technical College System of Georgia shall not constitute a waiver, in whole of or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

Student Name (Please Print)

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

Student Signature Date

To be signed by parent or guardian if student is under the age of 18.

Parent or Guardian Name (Please Print)

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

Parent or Guardian Signature Date

## Verification of HIPAA Training

I have received information regarding Health Insurance Portability and Accountability Act (HIPAA) regulations and agree to the following:

Southeastern Technical College Students agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. section 1320d (“HIPAA”) and any current and future regulations promulgated hereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), the federal security standards contained in 45 C.F.R. Part 142 (the “Federal Security Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements.”

Southeastern Technical College and Students agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements.”

Southeastern Technical College and Students will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

I have read, understand, and will comply with HIPAA regulations. I also understand that I can be held personally accountable for any misuse of PHI (Protected Health Information).

Student Name (Please Print)

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

Student Signature Date

## Student Hepatitis B Vaccine

## Declination Statement

**Technical College System of Georgia**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technical College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious body material, I may be at risk for acquiring hepatitis B virus (HBV) infection. However, I decline the hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious body materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination at cost of the vaccination series.

Signature of Student: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Records Release Form**

**NAME:**   **Student ID:**

(While Attending Southeastern Technical College)

**CURRENT ADDRESS:**

**PHONE #:**

**YEAR(S) ATTENDED:**

**PROGRAM OF STUDY:**

**Information for Release:**

[ ]  Medical Information [ ]  Drug Screen

[ ]  Criminal Background Check [ ]  Other:

**Information should be sent to:**

 **Student Signature Date**

**NAST 1100: NURSE AIDE FUNDAMENTALS**

**Mid-term Evaluation**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exam Grades**

|  |  |  |
| --- | --- | --- |
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|  |  |  |
|  |  |  |
|  |  |  |

**Average: \_\_\_\_\_\_\_**

**Days Absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Tardy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory Performance: (circle)**

**Satisfactory Unsatisfactory Needs Improvement**

**COMMENTS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# NURSE AIDE TRAINING PROGRAM EVALUATION

Please complete this evaluation after you have completed the Nurse Aide Training Program

Returned to: GEORGIA MEDICAL CARE FOUNDATION, NURSE AIDE TRAINING PROGRAM

P O Box 105753,

Atlanta, Georgia 30348

FAX: 678-527-3034

Name of Nurse Aide Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How many hours per day did you attend class - did you feel that the amount of hours were adequate for your learning needs? Hours:\_\_\_\_\_\_\_ YES  or NO 
* What time did the classroom hours begin and end? Begin \_\_\_\_\_\_\_End \_\_\_\_\_\_\_
* How many hours did you attend clinical? Hours: ­­\_\_\_\_\_\_\_\_\_\_
* Did the instructor portray a professional mannerism? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Was the instructor knowledgeable on nurse aide training? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Was the instructor on time for classes and clinical rotation? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What was the name of your primary nurse aide training instructor?

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

* Did you have the same instructor throughout the class? If not list each instructor. If not a RN/LPN, what was the instructor's title? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you comfortable taking care of residents of a long-term care facility based on the classroom/lab and clinical training you received? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

April 1, 2014 Nurse Aide Training Program Services G- 15

* Was time allotted for the skills to be checked off with 100% accuracy in the lab portion of your training prior to clinical rotation? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Was the clinical rotation long enough for you to feel comfortable in caring for residents of a long-term care facility? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Was the instructor with you at all times during your clinical rotation? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Was there time allowed for questions to be answered? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you feel you received a quality education? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Would you recommend this Nurse Aide Training Program to a friend? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Did you perform vital signs (temperature, pulse, respiration and blood pressure) in the classroom and during clinical rotation? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you feel confident performing vital signs accurately? YES  or NO 

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments are welcomed:

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

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# NURSE AIDE TRAINING PROGRAM EVALUATION ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that I have been provided the NURSE AIDE TRAINING PROGRAM EVALUATION allowing me an opportunity to provide feedback on the NAST 1100 course I completed at Southeastern Technical College.

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

Signature Date

**STUDENT PROFILE – \_\_\_\_\_\_\_\_\_\_ Semester 20\_\_\_\_**

***Note to student:*** *Your completion of this form will enable your classroom teacher and/or advisor to know more about you which will lead to better quality instruction and learning. The information you provide is on a voluntary basis and any information provided is confidential in nature*.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone Number(s) of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Program of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Hours Working Per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NURSE AIDE PROGRAM REQUIREMENTS**

**ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of the **Course Syllabus and Nurse Aide Program Handbook.**

[ ]  It has been explained to me that a copy of the *STC Catalog and Student Handbook* is available to me online at the Southeastern Tech web site at [www.southeasterntech.edu](http://www.southeasterntech.edu) that I can access this by clicking on Catalog & Handbook, and that I am responsible for any policy or procedure described therein.

[ ]  I understand that successful completion of the program of study will require a substantial commitment of my time and energies beyond regular school hours, and that I will endeavor to meet all objectives of the program.

[ ]  I have read and can verify that I meet each of the Technical Performance Standards, with, or without reasonable accommodations.

[ ]  The student should be aware that personal characteristics, for example, the ability to work well with people, honesty, interest in giving good patient care, reliability, initiative, grooming, exercising good judgment, capacity to take correction, and ethical behavior in the clinical setting, are as important as the ability to maintain a passing grade in the classroom.

[ ]  I full understand the College’s and Program’s cell phone use policy.

[ ]  I fully understand that proof of specified immunizations, criminal background check, and drug screening are required prior to the first clinical assignment.

[ ]  I fully understand that clinical background checks are mandated for all nursing facilities as stated in Georgia Code Title 31-7-350-353. Adverse information on criminal background checks does hinder an individual from participating in clinical and obtaining employment.

[ ]  I fully understand that the professional credentialing agency can refuse any graduate from taking the licensure/certification/registry exam necessary for employment if I have been convicted of a misdemeanor or felony. The faculty and staff of STC have no control of the decisions related to this matter.

[ ]  I fully understand that I am responsible for making up the time/work missed due to tardies/absences.

[ ]  I understand that failure to abide by the policies will be grounds for disciplinary action and possible dismissal from the Nurse Aide program with a grade of WF.

[ ]  I fully understand that some clinical work may be assigned outside the regular training period i.e., the hours of 6 am to 3 pm, weekends; and may require some travel.

[ ]  I fully understand that some clinical work assignments will involve persons diagnosed with infectious diseases/illnesses and as a result I may become infected with an infectious disease/illness. In that event, I will not hold Southeastern Technical College responsible for my illness/disease

[ ]  I am aware of and accept the health and safety risks involved in this profession.

[ ]  I agree to abide by all policies of the college, program, and the health care facility I am assigned.

[ ]  I am aware of clinical placement policies and procedures.

[ ]  I understand that neither STC nor the clinical affiliate will assume cost of treatment or care for injury or medical conditions occurring during my clinical experiences.

[ ]  As a Nurse Aide student, I have read, understand, and had the opportunity to ask questions, and further, accept responsibility for all content within the program and college documents.

Please date, sign, and print your name below and return to your instructor.

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

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal and State Guidelines Core Curriculum**

**Required Skills Checklist**

**Students Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Semester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Text:** *Nursing Assistant: A Foundation in Caregiving,* 5th Edition

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| --- | --- | --- | --- |
| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **\*PAGE NUMBER/****RUBRIC**  |
| **INFECTION CONTROL** |  |  |  |
| Hand washing - 20 seconds |  |  | p. 85, 94 |
| Donning and removing gloves |  |  | p. 97-98 |
| Donning and removing (PPE) gloves, gown, mask and eye protection**~Please use CDC Guidelines~** |  |  | p. 100-101**CDC guidelines****Utilized for skill** |
| **SAFETY & EMERGENCY** |  |  |  |
| FBAO |  |  | p. 132 |
| Gait Belt |  |  | p. 174, 183 |
| Body Mechanics  |  |  | p. 113,120,121,175 |
| **POSITIONING, TURNING, & TRANSFER** |  |  |  |
| One/two person assist |  |  | p. 188-189 |
| Positioning with draw sheet |  |  | p. 177 |
| Positioning with resident assist |  |  | p. 177 |
| Positioning in chair/wheelchair |  |  | p. 186 |
| Transfer from chair to bedTransfer from bed to chair |  |  | p. 186-187 |
| Turn resident away from self |  |  | p. 178-179 |
| Logrolling  |  |  | p. 181 |
| Turn resident with resident assist |  |  | p. 179-180 |
| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/RUBRIC** |
| Passive range of motion  |  |  | p. 462-465 |
| Assist resident to stand with/without gait belt |  |  | p. 183-185 p.193-195 |
| Transfer with lift (clinical) |  |  | p. 189-190 |
| Ambulation with cane/walker |  |  | p. 457-459 |
| Positioning:* Lateral
* Sims
* Fowler’s
* Supine
* Prone
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 | p. 176, 177,176 |
| **VITAL SIGNS** |  |  |  |
| Temperature Parameters |  |  | p. 226-246 |
| Oral/Rectal/Axillary-Digital |  |  | p. 231,232,233,234235 |
| Oral/Rectal/Axillary-Glass(mercury free) |  |  | p. 231,232,233,234235 |
| Radial pulse – parameters |  |  | p. 237 |
| Radial pulse |  |  | p. 237 |
| Blood pressure - parameters |  |  | p. 240 |
| Blood pressure |  |  | p. 242, 243 |
| Respiration Parameters |  |  | p. 237 |
| Measuring Respiration |  |  | p. 237 |
| Weight (ambulatory or needle indicator scale) |  |  | p. 148-149 |
| Wheelchair-Chair-Bed Scale**(clinical only)** |  |  | p. 149 |
| Height of the bedriddenResident |  |  | p. 150 |
| Vital Sign Recording -notebook, pen, & watch with second hand |  |  | p. 44-47; p. 226-246 |
| **RESIDENT’S ENVIRONMENT** |  |  |  |
| Admission/Discharge |  |  | p.143-154 |
| Care of Resident’s belongings |  |  | p. 162-172 |
| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/****RUBRIC** |
| Making occupied bed |  |  | p. 169 |
| Making unoccupied bed  |  |  | p. 167 |
| Cleanliness of resident’s room |  |  | p. 162-172 |
| **ROLE OF THE NURSE AIDE** |  |  |  |
| Communication skills |  |  | p. 35-55 |
| Stress management |  |  | p. 501 |
| Interpersonal skills |  |  | p. 35-55 |
| Chain of command |  |  | p. 12 |
| Work ethics |  |  | p. 18-32 |
| Care plan |  |  | p. 35,46 |
| Documentation/Shift Report |  |  | p. 51-52 |
| Scope of practice |  |  | p. 20,23 |
| Conflict management |  |  | p. 494,500 |
| Manage cognitively impaired |  |  | p. 398,409 |
| Customer service |  |  | p. 1-53 |
| Aging Process |  |  | p. 67-81 |
| **Resident’s Grooming & Personal Care with observation of Pressure Ulcers** |  |  |  |
| Complete and partial bed bath |  |  | p. 201 |
| Shower (clinical) |  |  | p. 207 |
| Tub bath/Whirlpool (clinical) |  |  | p. 207 |
| Perineal care-male/female |  |  | p. 203 |
| Skin care |  |  | p. 199; 333-334;339-341 |
| Dressing/undressing  |  |  | p. 222-224 |
| Dressing with weak side |  |  | p. 223 |
| Hair care- shampoo, brushing, combing |  |  | p. 205, 220 |
| Nail care |  |  | p. 219 |
| Foot care |  |  | p. 201 |
| Shaving resident |  |  | p. 217 |
| Brushing /flossing teeth & dentures |  |  | p. 211-212 |
| Denture Care |  |  | p. 214 |
| Observation & care of skin tears |  |  | p. 33-334; 339-341 |
| Unconscious mouth care |  |  | p. 215 |
| Anti-embolic stocking |  |  | p. 359 |
| Resident’s rights & personal choice (clothing choice, bathing) |  |  | p. 23-26; 222-224  |
| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/****RUBRIC** |
| **Resident’s Meal Time & Hydration** |  |  |  |
| Diet cards/name card |  |  | p.253 |
| Documenting meal percentage |  |  | p.264-273 |
| Proper feeding techniques for dependent resident  |  |  | p. 262 |
| Documenting I&O |  |  | p. 269 |
| Assisting visually impaired resident |  |  | p. 57 |
| Care of skin with feeding tube |  |  | p. 478-479 |
| **Bowel & Bladder Care and Training** |  |  |  |
| Incontinent care (observation of pressure ulcers) |  |  | p. 310 |
| Bowel & Bladder Training |  |  | p. 300; 321-322 |
| Proper use of bedpan/fracture pan |  |  | p. 282 |
| Proper use of urinal |  |  | p. 283 |
| Proper technique transferring resident to bedside commode |  |  | p. 285 |
| Catheter care male/female |  |  | p. 312,315 |
| Measuring & Recording urine output from:* Foley catheter
* Bedside commode
* Urinal
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| Collecting a specimenurine-stool-sputum |  |  | p. 316,318, 373 |
| Care of the Ostomy(skin care) |  |  | p. 298-299 |
| **Care and Use of Orthotic, Prosthetic, & Assistive Devices** |  |  |  |
| Plate guard |  |  | p. 459 |
| Clothing reach |  |  | p. 459 |
| Denture Care |  |  | p. 214 |
| Pressure ulcer prevention devices |  |  | p. 341 |
| Eye glasses |  |  | p. 406 |
| Observation for pressure sores, redness, & swelling with devices |  |  | p. 341 |
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| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/****RUBRIC** |
| **Post Mortem Care** |  |  |  |
| Post mortem care & procedure |  |  | p. 491 |
| Signs and symptoms of death & grieving process |  |  | p. 482-493 |
| Cultural & Family Considerations |  |  | p. 39-40; 68-71; 73-75 |
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| HIPAA |  |  | p. 25, 30-31 |
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| **Observation & Reporting** |  |  |  |
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| Respiratory changes |  |  | p. 48, 360-362, 367-370 |
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| Change in activity participation |  |  | p. 59-60, 456 |
| Signs of Hypo/Hyperglycemia |  |  | p. 434 |
| **Beginning Procedure:**Check care plan;Gather equipment;Knock;Ask visitors to step out;Handwashing prior to contact;Gloves if necessary;State intent;Privacy;Adjust bed height, and;Keep resident informed throughout care procedure |  |  | p. xiv list beginning stepsadditional stepsthroughout the book   |
| **REQUIRED SKILLS****Nurse Aide Training Program** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/****RUBRIC** |
| **Ending Procedure:**Remove gloves if necessary;Handwashing;Gloving, if necessary;Replace equipment to proper storage;Call light within reach;Lower bed;Ensures comfort;Side rails up if used;Open Curtain/door/window shade;Remove gloves if used at the appropriate time; Handwashing; Notify visitors, and; Record/report |  |  | p. xv list of ending steps throughout the book |
| Instructor’s initials/ signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor’s initials/ signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor’s initials/ signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |
| Comments |  |  |  |
| **ADDITIONAL SKILLS MAY BE ADDED HERE** | **LAB PRACTICUM****Instructor’s Initial/Date** | **CLINICAL PRACTICUM****Instructor’s Initial/Date** | **PAGE NUMBER/****RUBRIC** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 NAPNATP-F16

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Skills Checklist Practice Suggestions***

In order to pass the skills portion of your state exam you MUST practice the skills repeatedly. If you only read the skills book or watch the video YOU WILL NOT pass the skills exam. You must physically perform and practice the skills. You must have the self-motivation and determination to learn these skills. No one can do it for you; no one can give you a new life, or new opportunities but you.

* + You must do all the steps in a skill. You CAN do more steps and not be counted off.
	+ The steps in bold are called critical elements. If you miss that step or do a step wrong you will fail the skills part of the exam.
	+ When you go to take your skills exam you will be shown where everything is in the skills room and how everything works.
	+ Before your exam begins you must ask any questions you have. Such as, "how does the bed work again?"
	+ As you practice the skills, any questions that come to you, write them down. Your evaluator will answer any questions you have.
	+ When you are ready to begin the evaluator will either give you a list of five skills or tell you all the five skills you will need to perform. If she just tells you the five skills, don't worry about trying to remember them, do the first skill and when you are done you can ask her what the next skill is, and so on.
	+ The first skill for everyone is washing your hands. You will also have one measurement skill such as, weight, blood pressure, pulse, respiration, or measuring urine. The other three skills are chosen at random so you have to learn every skill.
	+ Find a room with a bed; it can be your own bedroom. If no one is willing to play the part of your client put a doll or teddy bear or pillow in bed. If you are practicing at home gather some supplies to use as props such as 1 bowl to use as a bedpan and 1 bowl or pan to use for water. Have several towels, washcloths, wipes, and gloves within reach of your bed. If you don't have actual latex gloves use any pair of gloves. The idea is to go through the motions of putting on gloves at the proper time in a skill. You may also want to pin up a piece of fabric on one side of your bed to simulate a privacy curtain. Be creative in setting up your room with everything you need to help you practice each step in each skill.
	+ In your skills exam you must do everything for real. You will actually get water and actually wash a real person. You will have real food and feed someone. You will put real toothpaste on a toothbrush and brush a real person's teeth, etc.   The only thing you do not have to do is really wash your hands at the end of each skill. All you have to do is tell the evaluator that you are washing your hands.
	+ As you read through the steps in each skill you will see, for example, some skills require you to provide privacy and some do not. Instead of trying to remember which skills you need to provide privacy and which skills you do not, provide privacy in EACH skill. Remember, you can do more steps in a skill and not be counted off. It is much easier to do an extra step rather than trying to remember which skill you have to provide privacy for and which you do not. This same technique can be used for other steps in the skills. For example, wearing gloves, and lowering the bed rails.
	+ After you have practiced the skills, choose five skills, hand washing, a measurement skill and 3 more. Set a timer for 30 minutes (or whatever amount of time your state gives you to complete the skills part of the exam) and do the five skills. When you are done see how much time you have left. This will help you know how fast or how slow you can perform your skills and still be done on time. Doing this before you take your exam will eliminate any stress about how fast you think you have to work to get the skills done in the allotted time.

**REMEMBER, YOU MUST PRACTICE THE SKILLS OVER AND OVER IN ORDER**

**TO PASS THE SKILLS EXAM.**

**NO ONE CAN DO THIS FOR YOU, BUT IF YOU ARE WILLING TO WORK HARD YOU CAN DO IT!**

***NURSE AIDE***

***SKILLS COMPTENCY EVALUATION***

**RECORDING SHEET FOR COMPETENCY SKILLS TESTING**

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

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Attempt:  | One | Two  |  Three |

*To receive a passing grades, all skills must have a score of satisfactory and be completed within a total of* ***30 minutes*** *or less.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start Time:** |  | **End Time:** |  | **Total Time:** |  |

**Skill 1: Hand Hygiene**

|  |  |
| --- | --- |
| **Satisfactory** | **Unsatisfactory** |
|  | **Steps Step(s) Missed** |

**Skill 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Measurement Skill)

|  |  |
| --- | --- |
| **Student Results** | **Evaluator Results** |
|  |  |
| **Satisfactory** | **Unsatisfactory** |
|  | **Steps Step(s) Missed** |

**Skill 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Satisfactory** | **Unsatisfactory** |
|  | **Steps Step(s) Missed** |

**Skill 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Satisfactory** | **Unsatisfactory** |
|  | **Steps Step(s) Missed** |

**Skill 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Satisfactory** | **Unsatisfactory** |
|  | **Steps Step(s) Missed** |

**Comments:**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

# NAST 1100 NURSE AIDE FUNDAMENTALS

# STUDENT FILE CHECKLIST

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

|  |  |  |
| --- | --- | --- |
| **Instructor Initials/Date** |  | **Document***\*Required for clinical* |
|  | **1** |  **Student ID** |
|  | **2** |  **Driver’s License or Government ID \*** |
|  | **3** | **Signed Acknowledgement Form for Nurse Aide Program Requirements\*** |
|  | **4** | **Cell Phone Policy** |
|  | **5** | **Nurse Aide Training Program Evaluation Acknowledgement Form** |
|  | **6** | **Student Profile\*** |
|  | **7** | **Release/Waiver of Liability\*** |
|  | **8** | **Student professional liability insurance Receipt\*** |
|  | **9** | **PreCheck Receipt\*** |
|  | **10** | **Student Notification of Criminal Background Check\***  |
|  | **11** | **Urine Drug Screen Procedure\*** |
|  | **12** | **Consent For Urine Drug Screen \*** |
|  | **13** | **Urine Drug Screen Chain of Custody/Collection Form\*** |
|  | **14** | **Records release form\* (per facility request)** |
|  | **15** | **Verification of HIPAA training\*** |
|  | **16** |  **Hepatitis B Vaccination/or Signed declination form\*** |
|  | **17** |  **Immunization record\*** **\*Influenza Vaccine** **\*PPD Skin Test** |
|  | **18** |  **Copy of CPR and First Aid Certification/N95 Mask Fitting \*** |
|  | **19** |  **Mid-Term Evaluation/Blackboard Attendance & Grade Records**  |
|  | **20** |  **Completed Master Skills Checklist\****(Include specific dates skills were performed in the lab and at the clinical site.* *Each skills area should be initialed by the instructor.)* |
|  | **21** |  **All graded exams or answer sheets** |
|  | **22** |  **Skills Competency Evaluation Sheet (Skill Final Exam)** |
|  | **23** |  **Clinical Sign in Sheet** |
|  | **24** |  **Work Ethics Packet** |
|  | **25** |  **Georgia Nurse Aide Training Completion Certificate***(signed and notarized) (A copy of this form must be placed in the student file upon completion of the program. Students are provided the original copy. Students must submit a copy of this form with their State exam application.)* |
|  | **26** | **Course Attendance Record** |

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

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