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**Nursing Assistant – Secondary Students**

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**FORMS:**
- Nursing Assistant Student Agreement
- Student Internet Authorization Form
- Computer Acceptable Use Policy
- Cell Phone Use Policy
- Classroom Safety Rules
- Clinical Rotation Safety Rules
- Clinical Reminders
- Bloodborne Pathogen
- Mandatory Hepatitis B
- Pregnancy Form
- Confidentiality – HIPPA
- Clinical Skills Performance Record
- NA Summary Record – Example
- Physical Form
- 2015-2016 Student Instructional Calendar
- Initial sheet
NURSING ASSISTANT PROGRAM (SECONDARY)

ADMISSION REQUIREMENTS

A. Physical Examination
   A physical examination must be completed by a New York State licensed medical practitioner. Take the BOCES Physical Examination Form to your physician for completion and return the completed form to the Health Occupations Coordinator. **The school will only accept the BOCES physical form.** A satisfactory examination which documents that you are able to participate fully in the Nursing Assistant Program must be submitted within 30 days of entrance into the program.

1. Two MMR immunizations are required.

2. PPD (Mantoux) must be performed yearly. If the student is not receiving a yearly PPD, an initial 2-Step will be required. If the test result is positive, a chest x-ray will be required.

3. Tetanus immunization, within last 10 years.

4. Varicella titer or vaccine is required. History of the illness will not be accepted.

5. Seasonal flu vaccine is required.

6. Hepatitis screening and immunization are recommended.

7. Any student who is unable to meet program objectives, because of medical restriction will be required to withdraw from the program.

8. Students must have submitted proper documentation of all required health information or provide a documented statement of medical/religious exemption prior to commencement of classes. Students accepted after the scheduled registration dates will be allowed 30 days for completion of health records.

9. Any student who is pregnant during the course of the program must provide a written statement from her physician stating that she is physically able to participate in classroom and clinical areas, including any restriction (see instructor).

10. Any student with a seizure disorder must present medical certification, from the attending physician, of being seizure free for one year.

11. Students whose health records are not received, incomplete or not in compliance with required information, will not be permitted to attend classes or clinical experiences beyond the 30 day extension.

12. The Jefferson-Lewis BOCES must provide student health information to clinical agencies as required by New York State Department of Health regulations and legal contracts with affiliating agencies.
MISSION STATEMENT

The University of The State of New York has a two-fold mission shared by all its member institutions: (1) to provide to every resident of the State, regardless of age, sex, economic or social status, race, religion, ethnic group or handicapping condition, the broadest range of quality educational programs and services; (2) to help the people and government of the State use the resources of the education system to advance the cultural, scientific and economic development of the State.

The mission of the BOCES is to provide and support educational programs on a regional basis in an economical, effective and efficient manner that meet the immediate and long-term needs of students of all ages as requested by component school districts, community agencies, industries, businesses and The State Education Department. (1984)

The BOCES is committed to providing diverse, equitable and high quality learning opportunities that facilitate lifelong success. Students will demonstrate diligence in functioning and communication skills necessary for personal living success. A caring, competent staff will deliver a clear, comprehensive curriculum in a safe and positive environment. (1990)

COURSE DESCRIPTION

The Nursing Assistant Program is designed to prepare students for entry-level employment in the health care field. Students will learn basic and specialized skills needed to meet patient’s needs for personal care, comfort and safety. The program combines theory with supervised clinical experiences. Students gain substantial experiences in giving bedside care to patients in the local healthcare facilities. Students are eligible to take the required state exam upon successful completion of the program.

CLINICAL EXPERIENCE

The purpose of supervised clinical experience is to give the student an opportunity to organize and follow a basic nursing care plan, apply principles of nursing care, observe, report and record pertinent information, demonstrate professional responsibility and exhibit the ability to work well with others.

In order to do this; the student will be given assignments to administer total patient care in a health care facility. The student’s performance will be evaluated by a pre-determined competency evaluation.
JEFFERSON-LEWIS
BOCES
HEALTH OCCUPATIONS
PROGRAM

BOHLEN TECHNICAL CENTER
AND
HOWARD G. SACKETT TECHNICAL
CENTER

COURSE OUTLINE

Nursing Assistant
Secondary
450 hours
## COURSE OUTLINE
### NURSING ASSISTANT
#### SECONDARY

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**UNITS OF INSTRUCTION**

1. Introduction of Health Care Agencies  
2. The Person’s Rights  
3. The Nursing Assistant  
4. Ethics and Laws  
5. Work Ethics  
6. Communicating With the Health Team  
7. Assisting With the Nursing Process  
8. Understanding the Person  
9. Body Structure and Function  
10. Growth and Development  
11. Care of the Older Person  
12. Safety  
13. Preventing Falls  
14. Restraint Alternatives and Safe Restraint Use  
15. Preventing Infection  
16. Body Mechanics  
17. Safely Moving and Transferring the Person  
18. The Person’s Unit  
19. Bedmaking  
20. Personal Hygiene  
21. Grooming  
22. Urinary Elimination  
23. Bowel Elimination  
24. Nutrition and Fluids  
25. Nutritional Support and IV Therapy  
26. Measuring Vital Signs  
27. Exercise and Activity
28. Comfort, Rest and Sleep
29. Admissions, Transfers, and Discharges
30. Assisting With the Physical Examination
31. Collecting and Testing Specimens
32. The Person Having Surgery
33. Wound Care
34. Pressure Ulcers
35. Heat and cold Applications
36. Oxygen Needs
37. Respiratory Support and Therapies
38. Rehabilitation and Restorative Nursing Care
39. Hearing, Speech and Vision Problems
40. Cancer, Immune System, and Skin Disorders
41. Nervous System and Musculo-Skeletal Disorders
42. Cardiovascular, Respiratory, and Lymphatic Disorders
43. Digestive and Endocrine Disorders
44. Urinary and Reproductive Disorders
45. Mental Health Problems
46. Confusion and Dementia
47. Developmental Disabilities
48. Sexuality
49. Caring For Mothers and Newborns
50. Assisted Living
51. Basic Emergency Care
52. End-of-Life-Care
CURRICULUM CONTENT

1) Introduction to Health Care Agencies
   a) Purpose of Agencies
   b) Types of Agencies
   c) Organization
   d) The Nursing Team
   e) Nursing Care Patterns
   f) Paying For Health Care
   g) Meeting Standards

2) The Person’s Rights
   a) Patients’ Rights
   b) Residents’ Rights
   c) Ombudsman Program

3) The Nursing Assistant
   a) History and Current Trends
   b) Federal and State Laws
   c) Roles and Responsibilities
   d) Delegation
4) Ethics and Laws
   a) Ethical Aspects
   b) Legal Aspects
   c) Reporting Abuse

5) Work Ethics
   a) Health, Hygiene, and Appearance
   b) Getting a Job
   c) Preparing For Work
   d) Teamwork
   e) Managing Stress
   f) Harassment
   g) Resigning from a Job
   h) Losing a Job
   i) Drug Testing

6) Communicating With the Health Care Team
   a) Communication
   b) The Medical Record
   c) The Kardex
   d) Reporting and Recording
   e) Medical terms and Abbreviations
   f) Computers and Other Electronic Devices
   g) Phone Communications
   h) Dealing with Conflict
7) Assisting With the Nursing Process
   a) Assessment
   b) Nursing Diagnosis
   c) Planning
   d) Implementation
   e) Evaluation
   f) Your Role

8) Understanding the Person
   a) Caring For the Person
   b) Basic Needs
   c) Culture Diversity and Religion
   d) Effects Of Illness and Disability
   e) Persons You Will Care For
   f) Communicating With the Person
   g) Person With Disabilities
   h) Family And Friends
   i) Behavior Issues
9) Body Structure and Function
   a) Cells, tissues and Organs
   b) Integumentary System
   c) Nervous System
   d) Circulatory System
   e) Lymphatic System
   f) Respiratory System
   g) Digestive System
   h) Urinary System
   i) Reproductive System
   j) Endocrine System
   k) Immune System
   l) Musculo-Skeletal System

10) Growth and Development
   a) Principles
   b) Infancy
   c) Toddlerhood
   d) Preschool
   e) School Age
   f) Late Childhood
   g) Adolescence
   h) Young Adulthood
i) Middle Adulthood
j) Late Adulthood

11) Care Of the Older Person
   a) Psychological and Social Changes
   b) Physical Changes
   c) Housing Options

12) Safety
   a) A Safe Setting
   b) Accident Risk Factors
   c) Identifying the Person
   d) Preventing Burns
   e) Preventing Poisoning
   f) Preventing Suffocation
   g) Preventing Equipment Accidents
   h) Wheelchair and Stretcher Safety
   i) Handling Hazardous Substances
   j) Disasters
   k) Workplace Violence
   l) Risk Management
13) Preventing Falls
   a) Causes and Risk Factors for Falls
   b) Fall Prevention Programs
   c) Transfer/Gait Belts
   d) The Falling Person

14) Restrain Alternatives and Safe Restraint Use
   a) History of Restraint Use
   b) Restraint Alternatives
   c) Safe Restraint Use

15) Preventing Infection
   a) Microorganisms
   b) Infection
   c) Medical Asepsis
   d) Isolation Precautions
   e) Surgical Asepsis

16) Body Mechanics
   a) Principles of Body Mechanics
   b) Ergonomics
   c) Positioning the Person
17) Safely Moving and Transferring the Person
   a) Preventing Work-Related Injuries
   b) Moving Persons in Bed
   c) Turning Persons
   d) Dangling
   e) Transferring Persons
   f) Re-Positioning in a Chair or Wheelchair

18) The Person’s Unit
   a) Comfort
   b) Room Furniture and Equipment
   c) General Rules

19) Bedmaking
   a) Types of Beds
   b) Linens
   c) Making Beds

20) Personal Hygiene
   a) Daily Care
   b) Oral Hygiene
   c) Bathing
   d) The Back Massage
21) Grooming
   a) Hair Care
   b) Shampooing
   c) Shaving
   d) Nail and Foot Care
   e) Changing Clothing and Hospital Gown

22) Urinary Elimination
   a) Normal Urination
   b) Urinary Incontinence
   c) Catheters
   d) Bladder Training

23) Bowel Elimination
   a) Normal Bowel Elimination
   b) Factors Affecting Bowel Elimination
   c) Common Problems
   d) Bowel Training
   e) Suppositories
   f) Enemas
g) The Person with an Ostomy

24) Nutrition and Fluids
   a) Meeting Food and Fluid Needs
   b) Basic Nutrition
   c) Foodborne Illnesses

25) Nutritional Support and IV Therapy
   a) Enteral Nutrition
   b) Parenteral Nutrition
   c) IV Therapy

26) Measuring Vital Signs
   a) Measuring and Reporting Vital Signs
   b) Body Temperature
   c) Pulse
   d) Respirations
   e) Blood Pressure
   f) Pain

27) Exercise and Activity
   a) Bedrest
   b) Range of Motion Exercises
   c) Ambulation
28) **Comfort, Rest and Sleep**
   a) Comfort
   b) Pain
   c) Rest
   d) Sleep

29) **Admissions, Transfers, and Discharges**
   a) Admissions
   b) Moving a Person to a New Room
   c) Transfers and Discharges

30) **Assisting With the Physical Examination**
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   b) Preparing the person
   c) Positioning and Draping
   d) Assisting With the Exam

31) **Collecting and Testing Specimens**
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   b) Stool Specimens
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   d) Blood Glucose Testing
32) The Person Having Surgery
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   b) Sedation and Anesthesia
   c) Post-Operative Care
   d) Psychological

33) Wound Care
   a) Skin Tears
   b) Circulatory Ulcers
   c) Wound Healing
   d) Dressings
   e) Binders and Compression Garments
   f) Heat and Cold Applications
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34) Pressure Ulcers
   a) Risk Factors
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   c) Sites
   d) Prevention and Treatment
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   a) Heat Applications
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    (d) Meeting Oxygen Needs
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37) Respiratory Support and Therapies
    (a) Artificial Airways
    (b) Suctioning the Airway
    (c) Mechanical Ventilation
    (d) Chest Tubes
38) Rehabilitation and Restorative Nursing Care
    (a) Restorative Nursing
    (b) Rehabilitation and the Whole Person
    (c) The Rehabilitation Team
(d) Rehabilitation Programs and Services

(e) Quality of Life

39) Hearing, Speech and Vision Problems

(a) Ear Disorders

(b) Speech Disorders

(c) Eye Disorders

40) Cancer, Immune System, and Skin Disorders

(a) Cancer

(b) Immune System Disorders

(c) Skin Disorders

41) Nervous System and Musculo-Skeletal Disorders

(a) Nervous System Disorders

(b) Musculo-Skeletal Disorders

42) Cardiovascular, Respiratory, and Lymphatic Disorders

(a) Cardiovascular Disorders

(b) Respiratory Disorders

43) Digestive and Endocrine Disorders

(a) Digestive Disorders

(b) Endocrine Disorders
44) Urinary and Reproductive Disorders
   (a) Urinary System Disorders
   (b) Reproductive Disorders

45) Mental Health Problems
   (a) Basic Concepts
   (b) Anxiety Disorders
   (C) Schizophrenia
   (d) Mood Disorders
   (e) Personality Disorders
   (f) Substance Abuse and Addiction
   (g) Eating Disorder
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46) Confusion and Dementia
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   (b) Alzheimer’s Disease
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47) Developmental Disabilities
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   (b) Down Syndrome
(c) Fragile X Syndrome

(d) Cerebral Palsy

(e) Autism

(f) Spina Bifida

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48) Sexuality

(a) Sex and Sexuality

(b) Sexual Relationships

(c) Injury, illness and Surgery

(d) Sexuality and Older Persons

(e) Meeting Sexual Needs

(f) The Sexually Aggressive Person

(g) Sexually Transmitted Disease

49) Caring For Mothers and Newborns

(a) Infant Safety and Security

(b) Helping Mothers Breast-Feed

(C) Bottle-Feeding Babies

(d) Burping the Baby

(e) Diapering

(f) Care of the Umbilical Cord
(g) Care of the Circumcision

(h) Bathing An Infant

(i) Nail Care

(j) Weighing Infants

(k) Care of the Mother

50) Assisted Living

(a) Purpose

(b) ALR Residents

(c) Resident Rights

(d) Staff Requirement

(e) Service Plan

(f) Transfer, Discharge, and Eviction

51) Basic Emergency Care

(a) Emergency Care

(b) Basic Life Support For Adults

(c) Basic Life Support For Children and Infants

(d) Choking

(e) Hemorrhage

(f) Fainting

(g) Shock
(h) Stroke

(i) Seizures

(j) Burns

52) End-Of Life Care

   a) Terminal Illness

   b) Attitudes About Death

   c) The Stages of Dying

   d) Comfort Needs

   e) The Family

   f) Legal Issues

   g) Signs of Death

   h) Care of the Body After Death
ATTENDANCE POLICY

Students are expected to attend classes and actively participate every day.

Students choosing not to participate in class will be graded by using the school Classmate system. Each day of non-participation results in a grade penalty in the area of work ethics. If a student has a legal or school caused absence, their lack of participation for the day may be made up by doing an alternate assignment. Work ethic is 30% of students’ overall average. The New York State Education Department also requires a specific number of hours in the classroom and clinical prior to taking the state exam.

Students enrolled in the Jefferson-Lewis BOCES Nursing Assistant Program must adhere to the school’s attendance policy: 12 absences (maximum of 4 clinical days) have been built into the program for emergency, or illness during the academic year. Students must comply with this attendance policy to receive a certificate and to be eligible to take the state exam.

ABSENCES

1. The student is responsible for notifying the school or affiliating agency of an absence.

   The procedure to follow for reporting an absence is:

   If absent on a class day, notify the instructor by phone at least one-half hour before class is scheduled to begin.

2. Personal appointments, vacations and other obligations need to be scheduled outside class and clinical hours.
TARDY POLICY

PUNCTUAL ARRIVAL at all scheduled classes and clinical sessions is expected.

1. Students are expected to enter classroom/clinical setting prior to scheduled time.
2. If the student is late one to thirty minutes; they will lose one-half hour.
3. Continued tardiness will result in a conference with the instructor and/or coordinator.

WHEN TO STAY HOME

1. You must stay home if you have an elevated temperature: oral 100 or above, ear 100 or above and/or rectal more than 100.4. You must be fever-free for 24 hours before returning to school.
2. If you have a communicable disease/sickness i.e.: strep throat, chickenpox, head lice, impetigo, pink eye, flu, etc.
3. If you have repeated vomiting and/or diarrhea.
4. If you have any type of draining, open wound that is exposed or may be contagious.

EMERGENCY SCHOOL CLOSINGS

The Nursing Assistant Program will close with Jefferson-Lewis BOCES. Closing is an administrative decision. If inclement weather or other situations necessitate the closing of the Technical Centers announcements will be made as follows:

Charles H. Bohlen Jr. Technical Center – Jefferson County BOCES

Howard G. Sackett Technical Center – Lewis County BOCES

Local radio stations
Local TV channels
Newzjunky.com
TELEPHONE LIST

CHARLES H. BOHLEN JR. TECHNICAL CENTER 315-779-7200
1-800-356-4356

Health Occupations Coordinator Ext. 11017
Placement Office Ext. 11016

CLINICAL FACILITIES

Samaritan Medical Center 785-4000
Samaritan Keep Home 785-4400

HOWARD G. SACKETT TECHNICAL CENTER 315-377-7300
1-800-356-4356

Health Occupations Coordinator Ext. 14012
Placement Office Ext. 14006

CLINICAL FACILITIES

Lewis County General Hospital 376-5200
Lewis County Extended Care Facility 376-5200
BEHAVIOR AND DISCIPLINE

Certain types of behavior are considered to be irresponsible. These behaviors would not be tolerated in the world of work nor are they acceptable at our Technical Centers. These behaviors always result in appropriate disciplinary action such as: civil action, referral to legal authorities, removal from program and privileges.

INAPPROPRIATE BEHAVIORS:

- Fighting or other violent acts
- Defacement or theft of property from students, school staff, school or affiliated agency
- Disrespect for teacher and other students
- Driving carelessly on school grounds or driving without a valid permit
- Firearms/weapons on school grounds or health care facilities
- Selling, possession, use or operating under the influence of drugs and/or alcohol on the school or affiliated property
- Sexual harassment of students or staff
- Inappropriate behavior in classroom or clinical setting; i.e. gossip, loudness, or unprofessional attitude to patient/staff/instructors
- Lack of confidentiality
- Falsifying information or cheating
- Forgery, alteration or misuse of school documents and/or records
- Threatening or striking a student, staff member or patient
- Unsafe practice in the clinical or internship site
- Unsafe practices consists of endangering or harming the emotional or physical well-being of a patient and/or staff member

ACCIDENT REPORTING

All accidents occurring on school property or during clinical rotations must be reported to your instructor. Accident reports must be completed immediately.
EMERGENCY DRILLS

Your instructor will provide you with instructions to follow during fire drills. Your safety and the safety of others may depend on your ability to follow these instructions during an emergency.

SMOKING

In accordance with New York State law, smoking is prohibited on school grounds. Students are prohibited from smoking at any health agency while in uniform. These rules also apply to the use of e-cigarettes.

APPEARANCE (In classroom)

Casual clothing is appropriate for class unless the instructor has directed otherwise.

The following are **not** allowed in the classroom setting at any time:

- Mini-skirts, halter crop, spaghetti straps, tube tops, plunging necklines, pajamas, hats and head coverings, etc.
- Items that are vulgar, obscene, disrespectful to others based on race, color, religion, creed, national origin, gender, sexual orientation or disability
- Items that promote or endorse the use of alcohol, tobacco or illegal drugs or encourage illegal or violent activities

ELECTRONIC DEVICES

CELL PHONES, IPODS, MP3 or other similar devices are **not** allowed in the clinical setting at any time. These devices will only be permitted in the classroom at the instructor’s discretion.

PHONE CALLS

Telephone calls are limited to emergencies only.

Jefferson County # 315-779-7200  Lewis County # 315-377-7300

VISITORS

There will be no casual visitors to any BOCES site. Prior approval must be obtained from a BOCES staff member. Visitors must sign-in upon arrival in the main office.
PERSONAL PROPERTY

The school assumes no responsibility for loss, theft or damage to your personal property during your attendance in the building or clinical site. This includes all forms of money.

ADDRESS and TELEPHONE NUMBER CHANGES

It is the student’s responsibility to inform the nursing department of changes in address or telephone numbers so that the student may be contacted by BOCES when appropriate. BOCES is not responsible if unable to reach a student due to phone number or address changes that were not reported by the student to the nursing department.

CHEMICAL IMPAIRMENT

The chemical impaired student is defined as a person who, while in classroom or clinical setting, is under the influence of, or has used, either separately or in combination: alcohol, over the counter drugs, illegal drugs, prescribed drugs, inhalants or synthetic designer drugs. Abuses of the substance(s) includes episodic misuse or chronic use that produces psychological and/or physical symptoms, for example: odor of alcohol, unsteady or staggering gait, rapid or slurred speech, dilated or pinpoint pupils, blood shot eyes, fine motor tremors, difficulty in calculation, inability to follow directions, nausea, vomiting or sweating.

Students under the influence of drugs or alcohol or suspected to be under the influence of substances (as evidenced by their behavior or physical signs while attending BOCES) will result in immediate dismissal from the program.

FELONY/MISDEMEANOR CONVICTION

A student who has been convicted of a crime (felony/misdemeanor) should inform the Nursing Coordinator in order to discuss potential problems and specific actions that may ease admission to Nursing Assistant testing.
THEORY GRADING

1. Students must maintain a grade of 75% in theory and a passing grade in clinical to receive a Nursing Assistant certificate. Students who do not meet these requirements must maintain a 65% to receive home school credit. A student’s grade is based on the following: Homework/Written Classwork/Tests 40%, Work Ethic 30% and Hands-On Tasks 30%. Students are required to complete a three part project that consists of a power point presentation, a research paper and a portfolio.

2. Students are provided with a report card every 10 weeks. In addition, progress reports are provided at 3-5 weeks, and a weekly grade printout from the instructor.

3. Assigned homework must be completed on the due date. Late assignments/tests will be penalized 10 points.

4. If the student is absent the day a test or quiz is administered, an alternate test maybe administered.

5. It is the student’s responsibility to obtain material presented in the class during the absence, including assignments. It is recommended that each student have a "buddy" who will collect handouts and convey information covered during the student’s absence.

6. A final grade is determined by the average of all four quarters and the final exam. Each quarter and the final exam is 20% of the overall grade.

7. The graduate is eligible to take the New York State examination, upon successful completion of the program.

8. Technical Endorsement will be awarded to students who successfully complete all components of the Nursing Assistant Program, complete all three parts of the project and pass the New York State Nursing Assistant Examination.
CLINICAL POLICY

The clinical rotation is a very important part of becoming a nursing assistant. It is crucial that the student learn basic entry level skills and work ethic necessary to become successful in the workplace. The students’ clinical evaluation sheet will be filled out after each clinical rotation week by the instructor. Students that receive a failure in clinical due to not meeting the described clinical standards on the evaluation sheet will lose work ethic points and receive a letter home informing parents of the offense. If a student has two failures it is considered a temporary termination in their clinical rotation. A meeting will be held with a building administrator, parents, instructors and the student to discuss potential “rehire” into the clinical setting. The student’s academic standing, work ethic and behavior will be evaluated at that time.

CLINICAL PERFORMANCE

GOAL: Each student will develop the necessary skills for entry level employment.

ATTENDANCE IS MANDATORY FOR ALL CLINICAL ORIENTATIONS.

1. All nursing care is to be carried out under the supervision of the BOCES Instructor.
2. Students may NOT perform any invasive procedures without the presence of a BOCES Instructor, ie: dressing changes, enemas, medications, etc.
3. Students are required to take a CPR course in order to attend the rotation site.
4. Students are required to complete their physicals and immunizations records before attending the rotations. Three (3) weeks in advance of the first clinical day.
5. If a student is ill or unable to perform in the clinical setting, they will be sent home, at the Instructor’s discretion.
6. An anecdotal record is kept for each student concerning specific incidents.
7. At the end of the rotation an evaluation will be prepared by the instructor to indicate performance and degree of progress towards meeting expectations during each level of the program. The instructor will meet with the student to discuss their level of proficiency. Students should sign each evaluation as it is presented to them. You may not agree with the evaluation, but your signature indicates you have read it. You may write your comments in the space provided.
8. Students must be a SAFE practitioner in order to attain a satisfactory clinical evaluation.
9. If a student fails a clinical rotation they will be placed on clinical probation. A meeting with the Instructor and Health Occupations Coordinator will be scheduled.
10. Each student is responsible for obtaining skills in their clinical setting. Each student needs to communicate their clinical needs appropriately with their clinical instructors.
11. If a student is not in accordance with the clinical dress code, they will be sent home at the discretion of the Instructor. **There will be NO EXCEPTIONS TO THIS RULE.**

12. Confidentiality must be maintained at all times with regard to staff, patients, doctors and other students.

13. Eating and drinking is permitted only in designated areas, not in the halls or on the units, while in the clinical setting.

14. Clinical supplies and/or equipment are expensive and should not be wasted, abused or taken from the facility.

15. Students are not allowed to accept tips or borrow money from anyone in the clinical setting.

16. Students are not to discuss their personal problems with the staff or patients.

17. Personal calls, using cell phones and/or having visitors is not permitted during clinical time.

18. Students are not to leave the facility for any reason without notifying the instructor.

19. Students are not allowed to visit any patients who happen to be family or friends during their clinical experience.

20. Fighting, arguing, using loud, abusive, inappropriate language, etc., with the staff, patients, classmates or instructors is not permitted and will result in dismissal from the clinical setting.

21. Your instructor is there to help you. Always ask if you have questions. Never do anything you are not sure of or have not been trained to do.

22. A student who requires “light duty” assignments, for any reason, must secure a written excuse containing the letterhead/telephone number of the physician. Any restrictions will be reviewed by the coordinator and a determination rendered as to the impact on the ability of the student to perform within the program.

23. Students must remember we are guests at the health care facilities. Therefore, we are required to dress and act accordingly. The facility has the right to deny a student access to the clinical area.

24. Failure to comply with the clinical performance policy will cause immediate dismissal from the program.
JEFFERSON-LEWIS BOCES
NURSING ASSISTANT

CLINICAL DRESS CODE

UNIFORM The Nursing Assistant uniform will consist of a navy blue scrub top and pants. Uniform must be clean, wrinkle-free and in good repair. No plunging necklines. A camisole or tank top is permitted underneath scrubs. No shirts with sleeves allowed.

SHOES White professional style shoes with closed toes and heels. Completely white sneakers may be worn with pants only. No clogs or sling backs. Shoes must be clean and in good repair.

HOSIERY White socks or knee high stockings maybe worn with scrubs.

SWEATERS Plain sweaters may be worn when absolutely necessary. Sweaters must be removed when doing patient care.

JEWELRY Wedding band only is permitted. Earrings are limited to one pair of plain studs with no stones. Studs must not exceed the size of a pencil eraser. Gauges and barbells are not allowed. No facial or oral jewelry of any type. No neck chains, pins or bracelets.

COSMETICS Personal hygiene must be maintained at all times. No perfume, cologne, or scented after-shave. Make up must be worn in moderation. Wear deodorant daily. Tattoos must be covered at all times.

NAILS Kept clean and of reasonable length. No sharp or jagged edges. No porcelain nails, overlays, artificial nails or nail polish.

HAIR Should be neat, clean and styled away from face. If hair is long, it must be tied back and off the collar. No ponytails or pigtails. Only natural hair coloring will be allowed (No green, orange, purple, etc.) Sculpted haircuts are not allowed in the clinical areas. Beards and mustaches must be short and well groomed. Non-bearded men must be clean-shaven.
ACCESSORIES
Watch with a second hand and pen with black ink are required.
A school ID badge will be issued to each student. It is mandatory for students to wear the school’s badge in all clinical settings.
No extra accessories should be in student’s possession while in the clinical area. They should be left at home.

OTHER
Smoking, candy, or gum is NOT permitted in the clinical setting.

Uniform must be covered at all times, when in public places, ie: mall, restaurant, etc.

CELL PHONES, IPODS and MP3 are NOT permitted in the hospital/nursing homes at anytime.
GRADUATION REQUIREMENTS
Nursing Assistant students are required to successfully complete all academic subjects and clinical experience before being recommended to take the New York State Exam.

1. ACADEMIC
   a. All makeup work/exams and lab tasks must be completed prior to taking final exam in the course.
   b. A minimum 75% grade must be obtained.

2. CLINICAL
   a. All scheduled clinical rotations must be completed before graduation.
   b. A passing clinical grade must be obtained.

3. ATTENDANCE
   a. All required hours must be completed to receive a certificate.
   b. No more than 20 hours missed.

NATIONAL TECHNICAL HONOR SOCIETY
In order to be considered for membership into the National Technical Honor Society, students must achieve the following:

For Students in a two year program
- 92% or higher cumulative average after seven quarters,
- 80% or higher home school average, not including Career and Technical Education, and seven or fewer absences over seven quarters

For First Year Seniors or students in a one year program
- 90% or higher cumulative average for three quarters,
- 80% or higher home school average, not including Career and Technical Education, and four or fewer absences over three quarters.

In addition, the student cannot have a disciplinary referral to the office, must receive their instructor’s recommendation and must complete a short essay. Inductions take place in May.
ARTICULATION AGREEMENTS

Successful completers of the Nursing Assistant Program are eligible to earn HLTH 200 Medical Terminology of Disease (3 credits) while enrolled in Health Care Management or Health Science Career Studies at SUNY Canton. Graduate Nursing Assistant students will have priority acceptance into our technical center Practical Nursing Program, upon passing the required entrance exam.

JOB PLACEMENT SERVICES

JOB PLACEMENT

A work/study Placement Specialist is available in the Main Office to assist students in the area of job placement, job application preparation and job interviewing. Students may pick-up an Employment Guide.

EMPLOYABILITY PROFILE

At the close of each school year your instructor will rate you on an employability profile sheet with regard to: appearance and accuracy of work, how you use your time, how you organized your work, attitude toward your work and others, your attendance and punctuality. The purpose of the profile is to provide more than a numerical final grade to enable a potential employer to better understand your capabilities.

JOB LINK

The Jefferson Lewis BOCES participates in the New York State Department of Labor’s computerized job placement service. Job link provides students with direct access to the Job Services’ list of job openings throughout New York and the United States. Direct referrals can be made to any listed employer from the Job Placement Office.

EMPLOYMENT OPPORTUNITIES

Excellent employment prospects and diversity of employment options are available to Nursing Assistants. Career opportunities for successful graduates include: hospitals, nursing homes, long-term facilities, community health agencies, rehabilitation centers, hospice, clinics, schools, private homes, military, prison, and summer camps.

Placement information is available. For more information contact the Placement Specialist office at 779-7200 or 377-7300.
JEFFERSON-LEWIS BOCES
Health Occupations Programs
Nursing Assistant
(Secondary Students)

AGREEMENT BETWEEN THE STUDENT AND THE NURSING DEPARTMENT:

I. Grades
   a. An average of 75% must be achieved in theory and a passing clinical grade to
      receive a Nursing Assistant certificate. A certificate is required in New York State
      for employment.

II. Attendance
   a. Students must be in attendance for all classroom/clinical days, unless ill.
   b. Time lost in excess of 12 days (maximum of 4 clinical days) will result in
      students not being eligible for a NA certificate and state testing.

III. Health
   a. A physical examination is required of each student before attending the clinical
      area. The student must be able to participate full time in both classroom and
      clinical. Any condition that might jeopardize the student's success in the Health
      field will be reviewed.
   b. The New York State Department of Health immunization policy must be met.
      Documentation of 2 MMR immunizations, Varicella Titer or vaccine and proof of
      Tdap (tetanus within 10 years or booster) must be provided.
   c. Influenza vaccination is required. If influenza shot is not received, student will
      be required to wear a mask in the clinical setting.
   d. A Tuberculin skin test (Mantoux only) must be done every year. Any student
      who has a positive reaction must have the appropriate follow-up. If PPD is not
      received yearly, an initial 2-Step is required.
   e. An illness in excess of 5 consecutive days will require a physician's certificate
      prior to return to class, and/or the clinical area.
   f. Use of the emergency room or Employee's Health Service is determined by the
      instructor and may be used only in an emergency. The cost of such services is
      the responsibility of the student and their family.
   g. It is highly recommended that the student be covered by some type of medical
      insurance.

IV. Miscellaneous
   a. Before attending clinical in the hospital, nursing home or community health
      agency the student will:
      1. Demonstrate safe practices in the nursing lab.
      2. Have all physical records completed and submitted to the Nursing Department.
      3. Demonstrates maturity level through appropriate professional behavior and
         communication skills.
4. Maintain a professional appearance and be prepared for clinical.
5. Comply with all rules and regulations of the school or agency.
   b. All nursing faculty members are available for counseling of students. Either the student or a faculty member may initiate counseling.
   c. I give permission to Jefferson-Lewis BOCES to release information from my permanent records upon request i.e.: transcripts, references, medical records or copies of my file.
   d. Materials in the student's possession belonging to the school will be returned in good condition or pro-rated purchase price must be paid.
   e. Cell phones and other electronic devices are not permitted in the clinical setting at any time.
   f. Smoking is not permitted on school grounds or in the clinical setting.
   g. Telephone calls during school hours are limited to emergencies only.
   h. Failure to comply will result in automatic dismissal from the program.
   i. I understand if I have ever been found guilty of a crime (felony or misdemeanor) in any court the state may not issue me a license.

I have read and understand the above terms and will abide by this agreement:

________________________________________________________________________
(Date) (Student Signature) (Print Name)

________________________________________________________________________
(Date) (Parent or Guardian)

jw:7/15
Students must complete and sign this section.

Student Name: __________________________________________________________

Program: ________________________________________________________________

Instructor: _______________________________________________________________

Home Address: ___________________________________________________________

City: _____________________________ State: ___________ Zip __________________

Telephone Number: (___) _____________________ Cell Phone: ___________________

I agree to never give out information about myself, family, friends or school to unauthorized persons on the internet. I pledge to report to my instructor any contacts or materials that make me feel uncomfortable, are clearly in bad taste, illegal or pornographic. I pledge further not to seek such material.

I have read and understand the BOCES policy and regulation, Acceptable Use of Computers. I further understand that any violation of the BOCES regulations is unethical and many constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; school disciplinary action may be taken and /or appropriate legal action.

User Signature: __________________________________________________________

Date: ___________________________________________________________________

5250-E.1
These regulations apply to the acceptable use of all computing devices on BOCES property whether used by a student or an employee. The BOCES makes no warranties of any kind, either expressed or implied, for the access being provided. Further, the BOCES assumes no responsibility for the quality, availability, accuracy, nature or reliability of the service and/or information provided. Users of the BOCES' internal computer network and users' access to the internet is at their own risk.

The BOCES' internal network accounts shall be used only by the authorized staff and students as approved by the District Superintendent. All internal network users will be issued an Account with a login name and password. Account users are ultimately responsible for all activity under their individual accounts, which includes but is not limited to liability or damages caused by users who misuse equipment or networks. Only approved hardware is to be physically connected to the network (i.e., directly connected with via Ethernet cable). Similarly software must be approved by the BOCES and/or Regional Information Center.

Students without individual Accounts on the internal network, and Account users who wish to use computers and/or other network devices which have not been approved to directly connect to the BOCES internal computer network may connect to the BOCES wireless "Guest" network subject to the discretion of individual directors and supervisors. Any computing device wirelessly connected to the Guest network must be cloud capable (it must support accessing all of the device's content via the internet). BOCES offers no guarantee that any use of it wireless network is completely secure or that privacy can be completely protected. Deliberately using a computer or similar devices alternate network connection, such as through a cell phone carrier's network, which evades the BOCES regional Federal CIPA compliant filter is prohibited and grounds for revocation of all network and computer privileges. BOCES reserves the right to require software be installed in any mobile computing device in order to lock such device in a wi-fi only mode when on BOCES property.

The BOCES will not be responsible for any damages suffered by any user, including, but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or the errors or omissions of any user. The BOCES also will not be responsible for unauthorized financial obligations resulting from the use of or access to the BOCES' computer network or the Internet. The cost and maintenance of any computing device brought onto BOCES campuses is the responsibility of the owner.

When necessary for the educational program, students will be provided with individual accounts in classrooms with large clusters and shared accounts in other situations. Access to the BOCES' computer network is provided solely for educational purposes and research consistent with the BOCES' mission and goals. Student access to the internet will be permitted when authorized by the administration and parental permission is obtained.

To ensure that the student use of computers complies with the purpose, goal and mission of the BOCES, the following rules will apply to student use of computers, including access to the internet.
Student users must understand and adhere to the following expectations and responsibilities:

1. To prudently use the BOCES' finite resources and shared technological resources.
2. To maintain system security by choosing and using a secure password, and not sharing it with anyone.
3. To be responsible for all activity under their individual accounts, which includes damages caused by users who misuse equipment or networks.
4. To connect only approved hardware to the network.
5. To obey acceptable use policies of all networks that the user traverses and generally accepted rules of network etiquette. This includes being polite and using only appropriate language.
6. To surrender any and all materials created or developed by student interns or students employed by the BOCES in connection with or as part of their employment, internship or consulting arrangement with or by the BOCES shall be the sole and absolute property of the BOCES for all purposes (including but not limited to ownership of copyright), and such materials are deemed to be works made for hire pursuant to the United States Copyright Act. A proper copyright notice shall be placed on all such materials prior to their release or publication to anyone outside the organization.
7. To search the World Wide Web or read news groups to the extent such activities are related to the class or curriculum.
8. To only use the computers and access the internet during the school day in a controlled supervised environment and after school hours under the direct supervision of staff on special occasions.
9. Students may construct web pages using school computers and any free software that is readily available if part of the classroom curriculum and as long as the web pages are not posted on the Internet. The school and school staff will not provide a location for the student to post the web page to the Internet either on school networks or on networks outside of school.

Prohibited conduct, includes but is not limited to the following:

1. Using BOCES' equipment or information networks to transmit, receive or make available material that is inappropriate, illegal, obscene, abusive, harassing or offensive. Illegal activities shall be defined as a violation of local, state and/or federal laws as well as the BOCES' rules and regulations. Inappropriate use shall be defined as a violation of the intended purpose of the network. Obscene activities shall be defined as a violation of generally accepted social standards for use of a publicly-owned and operated communication vehicle.
2. Exploiting any gaps in security.
3. Disclosing individual passwords to others or using another person's password to access a computer or the internet. Disclosing shall include leaving the password in a place that is easily discoverable.
4. Using the BOCES' equipment for commercial purposes, individual profit or gain, private business advertisement, political lobbying, or unauthorized access to databanks.
5. Using abusive language, vulgarities or swear words in files or on the computer.
6. Using the BOCES' equipment in a manner that will disrupt use by other users or invade the privacy of individuals. However, a Technical Support staff member may, to the extent permitted by law, access rights to a user's private files, when required for maintenance of the BOCES' computer resources, in emergencies, or in the course of investigating possible wrong doing.

7. Intentionally writing, producing, generating, copying, propagating, or attempting to introduce any computer code designed to self-replicate, damage or otherwise hinder the performance of any computer's memory, file system or software.

8. Intentionally disrupting network traffic or crashing the network and connected systems.

9. Tampering or vandalizing networks, terminals, printers, wiring, and all other computer peripherals and accessories.

10. Changing, copying, renaming, deleting, reading or otherwise accessing files or software not created by the user, without express permission.

11. Giving BOCES' personnel information or financial data to unauthorized receivers, including personal information about any other staff member or student.

12. Violating applicable copyright laws and regulations, such as the unauthorized duplication or other forms of infringement of copyright materials.

13. Using a BOCES' network account when not a registered student of the BOCES or while access privileges are suspended or revoked.


15. Accessing e-mail or mailing lists.

16. Sending and/or receiving personal messages or sending anonymous messages or files.

17. Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users and deliberately interfering with the ability of other system users to send and/or receive e-mail.

18. Forging or attempting to forge e-mail messages.

19. Revealing the personal address, telephone number or other personal information of oneself or another person.

20. Installing personal software or using personal disks on the BOCES' computers and/or network.

21. Stealing data, equipment or intellectual property.

22. Gaining or seeking to gain unauthorized access to any files, resources, or computer or phone.

23. Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.

Approved: July 5, 2000
Revised: November 20, 2013
To: Faculty, Staff, and Students
From: Mr. Berger, Principal
Date: September 1, 2015
Re: Cell Phone Use

Increasingly, student cell phones are becoming a distraction at the Bohlen Technical Center. Due to this, the following guidelines and consequences have been put into place.

Cell phones must be turned off during school hours. At no time should cellular phones be visible to faculty and staff.

If they are seen or heard:
1st offense The student will be warned and asked to put the phone away.
2nd offense The student will be sent to the office where the phone will be confiscated until the end of the day.
3rd offense The student will be sent to the office where the phone will be confiscated until a parent drives to BOCES to retrieve it.
4th offense Confiscation of phone and suspension.

* Failure of the student to hand over the phone will be deemed as insubordination and will result in a suspension.

Your signature indicates that you are aware of the rules regarding cell phone use at BOCES

Student_____________________________________

Parent /Guardian______________________________

Date _________________________________________
**Classroom Safety Rules**

1. Desks must be away from emergency exits at all times.
2. Lids and caps on containers are tightly secured after use.
3. Students will identify appropriate emergency exits.
4. Students will be able to locate fire extinguisher and emergency pull handle.
5. Extension cords are coiled and placed on stands when not in use.
6. Gloves must be worn for handling infectious or potentially infectious material.
7. Mannequins must be moved by two students.
8. Students will walk when dismissed at the end of class.
9. While waiting for dismissal bell students must sit in their seats.
10. Beds must be in high position when performing a skill and lowered when not in use.
11. Side rails must be in high position when student is not at bedside of patient.
12. All spills must be cleaned up immediately.
13. Plugs must be disconnected from wall properly.
14. Personal equipment from home is not allowed to be plugged into classroom outlets.
15. Students’ book-bags must be tucked neatly under desks.
16. Equipment in lab is for use during skills practice, **NOT** for horseplay.
17. Cell phones, IPODS, MP3 and CD players will be turned off during class time.

*The instructor has reviewed the above safety procedures and I understand that I must follow these classroom rules in this Health Occupations Program.*

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>6/14 wd</td>
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</table>
**Clinical Rotation Safety Rules**

1. The student will report to the instructor at the beginning of each daily clinical session.

2. The student will *not* begin any patient care without an instructor present on the unit.

3. The student will *not* leave the assigned area without reporting to the instructor.

4. The student will maintain patient confidentiality at all times.

5. The student will obtain and organize information that pertains to safe patient care (e.g., Kardex, flow-sheet, clipboards, etc.).

6. The student will obtain a report from their patient’s staff person before initiating care and report back after completion of each clinical session.

7. The student will perform in a manner to prevent accidents and injury to patients, personnel and self.

8. The student will immediately report any accident or injury to the instructor.

9. The student will immediately report significant changes in the patient’s condition to the instructor.

10. The student will comply with the clinical dress code.

11. The student will comply with the policies, regulations and procedures of each facility (e.g., side-rails, call light, restraints, etc.).

12. The student will use Universal Body Substance Precautions and infection control barrier as per CDC guidelines.

13. All procedures will be completed under the direction of the instructor.

14. The student will perform approved transfers under the direction of the instructor (e.g., mechanical lift, pivot transfer, 2-man lift, etc.).
15. The student will complete documentation under the direction of the instructor.

16. The student may not perform invasive procedures (e.g., catheterization) or administer medication of any sort (e.g., oral or injection) under any circumstance without the supervision of the instructor for the Jefferson-Lewis BOCES.

17. Failure to comply with the clinical safety rules will be cause for immediate dismissal from the program.

18. Cell phones, iPods, MP3, etc., are NOT permitted in the clinical setting at anytime.

The instructor has reviewed the above clinical safety procedures and I understand that I must follow these clinical safety rules in this Health Occupations Program.

(Signature) ___________________________ (Date) __________

7/15:jw
CLINICAL REMINDERS

- We expect 100% attendance during clinical rotation.
- Do not leave your assigned unit without your instructor’s permission i.e.: gift shop, coffee break, etc.
- Maintain safety to prevent accidents or injury.
- Remember patient/client confidentiality.
- NO phone calls or cell phones in the clinical setting.
- NO visitors during clinical hours.
- NO smoking at any time.
- Do NOT perform invasive procedures i.e.: catheterization or administer any medication under any circumstance without the supervision of a BOCES Instructor.
- Adult students who drive must park in designated areas.
- Student uniforms must NOT be worn in public places, unless the top half is covered and remove your ID badge. Long hair must remain up until off hospital grounds while in uniform.
- Remember you are a guest in the clinical area, therefore you are required to dress and act accordingly.
- Failure to comply with the clinical performance policy will be cause for immediate dismissal from the program.
- IPODS or MP3 are not permitted in the clinical setting at any time.

I have read and understand the above procedures and I understand that I must follow these while in the clinical setting.

_____________________________   _____________________
Signature        Date

7/14:jw
JEFFERSON-LEWIS BOCES
HEALTH OCCUPATIONS PROGRAM

BLOODBORNE PATHOGEN ADVISORY FORM

Name________________________________  SS#____________________
Address_________________________________________________________________
Instructor_____________________________

I have been instructed as to what jobs, tasks or procedures may expose me to potentially hazardous blood and/or body fluids while I am a Health Occupations student.

I have been instructed and understand the following:

1. The epidemiology, ethiology, transmission, signs, and symptoms and treatment for HIV and HBV.
2. The jobs, tasks or procedures that could expose me to blood/body fluids.
3. The proper technique for using protective equipment such as gowns, masks, respirators, gloves, aprons, goggles, etc.
4. The proper method of disposal of protective equipment.
5. The proper handling and disposal of reusable/disposable contaminated sharps.
6. The availability and recommendation of Hepatitis B vaccine.
7. Where and when to report incidents of exposure to blood/body fluids.
8. Disciplinary actions may be taken if I fail to comply with established guidelines.

The instructor has reviewed the above clinical safety procedures and I understand that I must follow these clinical safety rules in this Health Occupations Program.

STUDENT’S SIGNATURE ________________________________
PRINT STUDENT’S NAME _______________________________
Date ________________________
jw: 7/13
JEFFERSON-LEWIS BOCES
HEALTH OCCUPATIONS PROGRAM

MANDATORY HEPATITIS B EDUCATION VERIFICATION

Name________________________________  SS#____________________

Print

Jefferson-Lewis BOCES Health Occupations Department has reviewed the Mandatory
Hepatitis B Education information. I understand that as a student in the Health Occupation
program, with any exposure to blood or other potentially infectious materials I may be at risk of
acquiring hepatitis B virus (HBV) infection. I understand the vaccinations may be obtained from
a clinic or my own physician.

_______________________________   ________________________
Student’s signature      Date

_______________________________                              ________________________
Print Student’s Name      Date

_______________________________   ________________________
Instructor’s signature             Date

_______________________________                              ________________________
Print Student’s Name      Date

jw: 7/13
Jefferson-Lewis-Hamilton-Herkimer-Oneida
Board of Cooperative Educational Services

Health Occupation Programs

Dear Dr. ________________________:

______________________________, a student in one of the Health Occupation courses has reported that she is pregnant. Since the curriculum includes clinical experience, could we have the following information?

EDC __________________________

Any restrictions on participation in class or clinical assignments?

If so, what are the restrictions?

______________________________  ______________________________
Date                                  Signature - Physician

Authorization for Release of Information

I hereby authorize Dr. ________________________ to release to the Health Occupations Department the above information.

______________________________  ______________________________
Date                                  Signature - Student or Parent/Guardian

6/03
Jefferson Lewis BOCES
Health Occupations Programs

Acknowledgement of HIPAA Privacy Protections

As a student of the Jefferson Lewis BOCES participating in the clinical education program with Samaritan Medical Center & Samaritan Keep Home, Carthage Area Hospital, River Hospital, Lewis County General Hospital and any other clinical/internship site I hereby acknowledge that I have an obligation to protect the privacy of protected health information of patients/residents and to only use such information for appropriate purposes related to the clinical education.

For purposes of this acknowledgement, “confidential information” includes patient information, employee information, business information, financial information, and other information relating to the patients/residents. In the course of my participation in the clinical educational program, I understand that I will come into contact with confidential information. By signing this document, I understand and acknowledge as follows:

1. I will not disclose confidential information to others who do not have a need-to-know, nor will I access any confidential information for any person who does not have a need-to-know. Need-to-know is defined as that which is necessary for one to adequately perform one’s specific responsibilities as they relate to the clinical education program.
2. I will not discuss confidential information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria, at restaurants, or at social events.
3. I will not access or attempt to access any information, or utilize equipment, other than what is required to participate in the clinical educational program.
4. I will not make any additions, modifications, or deletions to any confidential information without authorization, nor will I send or take any confidential information outside the clinical education program.
5. I understand that my user name and password are the equivalent of my signature and that I am accountable for all entries and actions recorded during their use. I will not disclose my user name and password to any person for any reason. I also understand that my access to all computer systems may be monitored and audited without notice to me.
6. I agree to notify the BOCES immediately of any unauthorized access or use of confidential information, or of violation by anyone of any of the rules listed above.
7. I understand that my obligation under this agreement will continue after my association with the clinical site terminates, and that my privileges are subject to periodic review, revision, renewal, and termination.
8. I understand that violation of this agreement may result in (a) disciplinary actions up to and including expulsion from the clinical education program; (b) penalties under state and federal laws and regulations; or (c) any combination of the above.

Signature: __________________________ Printed Name: __________________________
Date (Month/Date/Year): __________________________
Street Address: __________________________
City, State, Zip: __________________________ Phone Number: __________________________

7/14:jw
Trainee Name:  

NOTE: For students to qualify to take the Certification Exam for CNA, the Department of Health requires students to successfully demonstrate required skills along with successful completion of required theory and clinical hours. These required skills are shown in red and marked with an asterisk (*). The other skills are part of the CNA or HOE Core curriculum from the State Education Department and it is recommended that you maintain a record of these skills as you teach them.

Simulated clinical scenarios and/or simulated body fluids may be necessary to use in some situations.

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit: HOE Core/Overview of Human Body</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reads non-digital thermometer in degrees Fahrenheit Centigrade</td>
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<tr>
<td>2. Measures BP within 6 mm/Hg. of instructor’s reading</td>
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<tr>
<td>3. Writes three sets of vital signs</td>
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</tr>
<tr>
<td>a. BP written as a fraction</td>
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<tr>
<td>b. TPR written with temperature followed by pulse and respiration</td>
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<tr>
<td><strong>Unit: HOE Core/Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Provide first aid for shock</td>
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<tr>
<td>2. Apply roller bandage using figure 8, closed spiral, and a recurrent fingertip</td>
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<tr>
<td>3. Apply a triangular bandage to apply a cravat</td>
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<tr>
<td>4. Use splinting techniques for immobilization</td>
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<td></td>
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<tr>
<td>5. Apply arm sling</td>
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<tr>
<td>*6. Demonstrate the ways for clearing an obstructed airway of an adult, child and infant/Heimlich maneuver</td>
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<tr>
<td>7. Demonstrate CPR for adult, child and infant</td>
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</tr>
<tr>
<td><strong>Unit: HOE Core Maintaining and Promoting a Safe Environment</strong></td>
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<td></td>
</tr>
<tr>
<td>*1. Using an ABC fire extinguisher</td>
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</tbody>
</table>

1
<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Unit: CNA Infection Control**

*1. Hand-washing

2. Isolation—Strict Technique

3. Use of concurrent and terminal disinfection

*4. Use of personal protective equipment (PPE):
   a. gloves
   b. gown
   c. mask
   d. goggles

*5. Follow isolation procedures in the disposal of soiled linen

6. Consistently demonstrates principles of infection control

**Unit: CNA Personal Care**

1. Assisting the resident to sit up in bed (dangling)

*2. Making an unoccupied bed (closed and open)

*3. Making an occupied bed

4. Making a postoperative/surgical bed

*5. Provide mouth care (natural teeth)

*6. Provide mouth care (no teeth)

*7. Provide denture care

8. Provide oral care for the unconscious resident

*9. Giving a complete bed-bath
<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>*11. Giving a back rub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*12. Perineal Care (female)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*13. Perineal Care (male)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*14. Perineal Care/Incontinent patient</td>
<td></td>
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<tr>
<td>*15. Assisting with a tub bath/whirlpool and emollient bath</td>
<td></td>
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<tr>
<td>*16. Assisting with a shower</td>
<td></td>
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<tr>
<td><strong>17. Hair care:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. shampoo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. grooming</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. brushing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. combing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*18 Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Helping residents to dress and undress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. care of eyeglasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. care of hearing aids</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19. Sitz-bath</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*20. Shaving resident</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*21. Giving nail care (hand and foot care)</td>
<td></td>
<td></td>
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<tr>
<td>22. Care of resident with an artificial eye</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>23. Range of motion (upper and lower extremities)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>a. active</td>
<td></td>
<td></td>
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<tr>
<td>b. passive</td>
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</tbody>
</table>
### Clinical Skill

(Personal Care Unit continued)

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>*25. Provide AM and PM care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*26. Provide Skin Care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>a. protective devices</td>
<td></td>
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</tbody>
</table>

### Unit: CNA Nutrition and Diet Therapy

1. Serving tray/water/between-meal nourishment

| 2. Assisting with feeding the resident | | | |
| a. partial assistance | | | |
| b. total assistance | | | |
| c. adaptive devices | | | |
| d. residents with dysphasia/dysphagia | | | |
| e. utilizing adaptive devices | | | |

| 3. Measure/Record food and fluid intake | | | |

### Unit: CNA Elimination Procedures

| 1. Providing ostomy care | | | |
| 2. Urinary catheter care | | | |
| 3. Care of and emptying of urinary drainage bag | | | |
| 4. Assisting the resident with the bedpan, urinal, commode (offer/remove/clean) | | | |

5. Enemas

| a. SSE | | | |
| b. Prepackaged retention enema | | | |
State Education Nurse's Assistant Training Program
Clinical Skills Performance Record Evaluation Checklist

Trainee Name: ____________________________

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Elimination Procedures Unit continued)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Collect urine specimens:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. *U/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. C&amp;S</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. 24 hour</td>
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<td></td>
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<tr>
<td>d. fractional</td>
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<td></td>
<td></td>
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<tr>
<td>7. Collect stool specimen</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Straining urine</td>
<td></td>
<td></td>
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<tr>
<td>9. Measure/Record urinary output</td>
<td></td>
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</tbody>
</table>

| Unit: CNA Lifting, Moving, Transporting | | | |
|----------------------------------------| | | |
| *1. Transfer resident: bed to wheelchair to bed | | | |
|   a. one assist | | | |
|   b. two assist | | | |
|   c. mechanical lift | | | |
|   d. transfer belt | | | |
|   e. lift sheets | | | |
| 2. Bed to stretcher to bed transfer | | | |
| 3. Assisting with the use of crutches, walkers or canes | | | |
| 4. Ambulating a resident | | | |
| 5. Apply restraint | | | |
|   a. *waist | | | |
|   b. vest | | | |
|   c. limb | | | |
| 6. Consistently demonstrate proper body mechanics | | | |
## Clinical Skill

(Lifting Moving Transporting Unit continued)

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Date of Instructor's Initial Demonstration</th>
<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Demonstrate proper cast care</td>
<td></td>
<td></td>
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<tr>
<td>8. Demonstrate proper traction care</td>
<td></td>
<td></td>
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<tr>
<td>9. Ambulation adaptive equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Use of positioning devices in bed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. Use of positioning devices in chair</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. Use of prosthetic/orthotic devices</td>
<td></td>
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<tr>
<td>13. Apply hand splint</td>
<td></td>
<td></td>
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<tr>
<td>14. Move resident up in bed</td>
<td></td>
<td></td>
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<tr>
<td>15. Position resident in a chair</td>
<td></td>
<td></td>
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<tr>
<td>16. Position resident on side in bed</td>
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<td></td>
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</tr>
</tbody>
</table>

### Unit: CNA Assisting with Admissions, Transfers, Discharges and Physical Exams

<table>
<thead>
<tr>
<th>1. Assisting with admitting the resident</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Prepare room for client admission</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. care for client valuables and clothing</td>
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<tr>
<td>c. care for and handling of equipment for the physical exam</td>
<td></td>
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<tr>
<td>d. identify the physical exam equipment</td>
<td></td>
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<tr>
<td>2. Measure/Record height</td>
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<td></td>
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<tr>
<td>3. Measure/Record weight</td>
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<td></td>
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</tr>
<tr>
<td>Clinical Skill</td>
<td>Date of Instructor’s Initial Demonstration</td>
<td>Date of Final Successful Return Demonstration by Trainee</td>
<td>Instructor’s Initials</td>
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<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>(Assisting with Admissions, Transfers and Physical Exams Unit continued)</td>
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<tr>
<td>4. Cleaning/Collection of specimens following a physical exam</td>
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<tr>
<td>5. Positioning and draping the resident for physical examination</td>
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<tr>
<td>6. Discharge or transfer procedure</td>
<td></td>
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</tr>
<tr>
<td><strong>Unit: CNA Pre- and Postoperative Care</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Shaving a resident in preparation for surgery</td>
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<tr>
<td>2. Applying elastic stockings</td>
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<tr>
<td>3. Applying binders</td>
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<tr>
<td>4. Assisting resident to turn and deep breathe</td>
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<tr>
<td><strong>Unit: CNA Circulatory and Respiratory Care</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Warm and Cold applications</td>
<td></td>
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<tr>
<td>2. Measuring body temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. measure/record oral temp (non-digital thermometer)</td>
<td></td>
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<tr>
<td>b. measure/record rectal temp (non-digital thermometer)</td>
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<tr>
<td>c. measure/record axillary temp; measure/record tympanic temp</td>
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<tr>
<td>2. Taking and recording vital signs</td>
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<tr>
<td>a. *respiration</td>
<td></td>
<td></td>
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<tr>
<td>b. *radial pulse</td>
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<tr>
<td>c. apical pulse</td>
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<tr>
<td><strong>Unit: CNA Life changes and Adaptations</strong></td>
<td></td>
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</tr>
<tr>
<td>*1. Postmortem care</td>
<td></td>
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</tbody>
</table>
Trainee Name: ____________________________________________

<table>
<thead>
<tr>
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<th>Date of Final Successful Return Demonstration by Trainee</th>
<th>Instructor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate use of signal or call light, intercom and telephone</td>
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<tr>
<td>2. Report objective and subjective observation</td>
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<tr>
<td>3. Effectively communicates with residents having sensory loss</td>
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</table>

Unit: CNA Communication and the Client

Notes/Comments: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Trainee has successfully completed all skills identified. A copy of this completed evaluation checklist has been provided to the Nurse Aide trainee.

Signature of NATP Primary Instructor ____________________________ Date: __________

Signature of NATP Clinical Supervisor ____________________________ Date: __________

Signature of Trainee ____________________________________________ Date: __________
**Nursing Assistant Summary Record**

Name _________________________      Completion Date___________

Address           ____________________________

Length of Program   250  Theory Hours   200     Clinical Hours

_______ Theory Grade            Pass  Clinical Grade

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory Work</td>
<td>95-100</td>
<td>90-94</td>
<td>85-89</td>
<td>80-84</td>
<td>79 &amp; under</td>
</tr>
<tr>
<td>Clinical Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
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<td></td>
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<tr>
<td>Appearance</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>0-6</td>
<td>7-14</td>
<td>15-20</td>
<td>21-29</td>
<td>30+</td>
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<tr>
<td>Initiative</td>
<td></td>
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<tr>
<td>Social Skills</td>
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<tr>
<td>Leadership Skills</td>
<td></td>
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</table>

Recommendations:  

_____ Able to assume full responsibility for the role of the Nursing Assistant.  

_____ Able to assume full responsibility for the role of the Nursing Assistant, but will need some direction.  

_____ Functions best with simple nursing tasks, will need much supervision.

Certificate Issued:  Y or  N

______________________________  
Faculty Signature

Revised 7/14:jw
HEALTH OCCUPATIONS EXAMINATION RECORD

NAME__________________________        SOCIAL SECURITY #________________
ADDRESS_______________________       DATE OF BIRTH_____________________

Student’s Past-Present Illnesses. Please give dates where applicable.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Rheumatic Fever</th>
<th>Tonsillitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Pain</td>
<td>Diabetes</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Pneumonia</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>Measles</td>
<td>Pleurisy</td>
<td>Scarlet Fever</td>
</tr>
<tr>
<td>Mumps</td>
<td>Epilepsy</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>Habits: Alcohol</td>
<td>Drugs</td>
<td>Other</td>
</tr>
</tbody>
</table>

Family History of Illness
Current Medications or Treatments

___________________________
Student Signature

PHYSICAL EXAMINATION

General Appearance
Height________________ Weight_______________ Posture________________
TPR__________________ BP__________________ Skin____________________
Eyes__________________ Ears_________________ Nose___________________
Throat________________ Tonsils_______________ Cervical Glands________
Thyroid Gland__________ Heart________________ Lungs________________
Abdomen________________ Orthopedic Defects

COMMENTS:
Is this prospective student in suitable physical and emotional condition to enable full participation in the Health Occupations Program, and to safely give nursing care in the clinical experience area? ______yes.
If not why?___________________________________________________________

Date_______________________   ____________________________
Physician Signature
Must have shot records and/or hospital documentation for all of the following:

1. **MMR**
   
   Date administered
   1st dose_______________________       2nd dose_______________________

2. **VARICELLA TITER or VACCINES** (Hx of illness will not be accepted)
   
   Date administered
   1st dose_______________________       2nd dose________________________

3. **TDAP**
   
   Date of basic series_____________________
   Date of booster, every 10 years as indicated_____________________

4. **INFLUENZA**
   
   Date administered_____________________
   (PLEASE NOTE: if Influenza shot is not received, student will be required to wear a mask in the clinical setting)

SIGNATURE AND DATE REFLECT ABOVE DATES HAVE BEEN REVIEWED AND ARE CORRECT.

SIGNATURE____________________________________ DATE__________________

5. **TUBERCULIN TESTING**

   Students enrolled in Health Occupation Programs MUST have a tuberculin skin test every year. (proof required) If student is not receiving a yearly PPD, an initial 2-step is required.

<table>
<thead>
<tr>
<th>PPD TEST #1</th>
<th>PPD TEST #2</th>
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</thead>
<tbody>
<tr>
<td>Date Placed:</td>
<td>Date Placed:</td>
</tr>
<tr>
<td>Date Read:</td>
<td>Date Read:</td>
</tr>
<tr>
<td>Result: mm of induration</td>
<td>Result: mm of induration</td>
</tr>
<tr>
<td>Recommendations/Follow-up:</td>
<td>Recommendations/Follow-up:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

*If results are positive a chest x-ray is required. (Attach Copy)
NOTE: If additional days must be used for emergency closings, the first day taken will be April 29, April 28, then 27, 26, etc. In the event of long term emergency closings, the Board of Education reserves which makeup days will be used from any scheduled recess periods and/or holidays, consistent with any language that may exist in district labor agreements.
Jefferson-Lewis BOCES
Health Occupations-Secondary Nursing Assistant
STUDENT INITIAL FORM


Student Initial: ____________________

2. I have read the program handbook and accept, as stated, the policies of the Jefferson-Lewis BOCES Health Occupations program.

Student Initial: ____________________

3. I have read the “Agreement Between Student and Nursing Department” form and accept the terms of the agreement

Student Initial: ____________________

4. I give permission to Jefferson-Lewis BOCES to release my medical records to the designated clinical sites upon request.

Student Initial: ____________________

5. I give permission to Jefferson-Lewis BOCES to release information from my permanent records upon request i.e.: transcripts, references or copies of my file.

Student Initial: ____________________

6. I understand if I have ever been found guilty of a crime (felony or misdemeanor) in any court, the state may not issue a Nurse Assistant certification.

Student Initial: ____________________

7. My instructor has reviewed the Classroom & Clinical Safety Rules, Regulations and Policies. I understand that I must follow the rules, regulations and policies of this Health Occupations program.

Student Signature: ____________________________________________________________

Student Initial: ____________________ Date: __________________

Parent Signature: __________________________________ Date: __________________

jw:7/15