

NURS 100

Nursing Assistant: Basic Patient Care

Course Content

- The student must demonstrate competency of knowledge at a passing rate of 80% -- compiled score on exams, quizzes, clinical competency, and written skills/personal learning skills.
- The student must demonstrate competency of skills in the practice lab and in the clinical setting.
- *Attendance is mandatory* for successful completion of the course.
- CPR and First Aid training for healthcare providers is required. This training is part of the course curriculum, and the student must attend. A CPR card and First Aid card will be provided for completion of this training.
- A final grade will be recorded with the Registrar's Office. A certificate will be provided upon successful completion of this course.

Required Books

- "Nursing Assisting; A Foundation in Caregiving" Diana Dugan, RN Hartman Publishing Inc. 2015 4th edition
- ASHI, Health Providers CPR; these books will be "signed out" to students. Damage or loss of textbook will result in a \$20.00 replacement fee (damage will be determined by the instructor). Payment of damage/loss fee is mandatory. Grades will be held until full payment is received.
 - **First Aid books must be purchased through Barnes and Noble at Wenatchee Valley College <http://wvc.bncollege.com/> If you purchase the book through an outside source, you will not receive a first aid card.**

Course Supplies

- A "journal" type notebook is required for journal assignments. Loose leaf paper will not be accepted.
- Name badge, provided by college.
- Scrubs: The scrub top is provided by WVC. The student is responsible for laundering the top. Lost or damaged scrub tops will result in a \$75.00 fee to the student. White scrub pants and white washable shoes required.

Course Description

This ten (10) credit course introduces the basic skill and knowledge required for competency as a caregiver. It includes instruction in personal care skills, roles, and responsibilities of the nursing assistant, communication skills, and safety and emergency procedures. Successful completion of the course allows the student to take the licensure exam under OBRA, fulfilling requirements as set forth by the State of Washington for healthcare professionals. Nursing 100 meets the requirements as a prerequisite for entry into the Wenatchee Valley College Nursing Program.

Please Note: CPR and First Aid requirements included in the course must be successfully met prior to clinical rotation.

Immunization Documentation

Documentation of student immunization status is essential to ensure the health and safety of students and the patients/clients/residents in healthcare agencies that provide clinical learning experiences. Lack of compliance with any of these requirements will prevent you from entering the clinical area and completing your clinical training.

****Wenatchee Valley College reserves the right to add to or modify these requirements as needed.**

Attendance

Attendance is mandatory during both theory and clinical portions of the course, in order to comply with the requirements set by the State of Washington to meet the expectations for the Nursing Assistant Certified. This includes being punctual and remaining through the duration of the class. Any absences from the theory/clinical portion of Nursing 100 will be addressed with instructor on an individual basis. Failure to meet this requirement may result in non-completion of course. Exceptions may include illness. In event of illness or crisis situations, the student must contact instructor prior to the beginning of class.

Simulation Lab Information

While working or practicing in the Sim Lab, the student will:

- Wear closed-toed shoes (no open-toed shoes or sandals).
- Wear his/her name badge.
- Wear scrubs or professional dress with a lab jacket.

Additional Course Information/Expectations

- Scrubs or a lab coat are to be worn at all times by students while in the Sim Lab. Open-toed shoes or sandals are prohibited at all times when in the Sim Lab. Note: Clothing should allow student to engage in all lab/patient scenarios in a professional manner.
- Lab jackets will be available to the student when engaged in the lab setting. A \$20.00 fee will be assessed for any lost or damaged lab jacket (“damage” will be determined by the instructor.) Payment of damage/loss fee is mandatory; grades will be held until full payment is received.
- Use of electronic devices, including texting is not allowed during lecture or classroom activities. Students may not have cell phones on their persons during clinical rotation.



NURS 100– NURSING ASSISTANT APPLICATION

Quarter: _____ Year: _____

Incomplete applications will not be accepted. All course prerequisites must be completed and proof must be attached to application to be considered. Student initials: _____

Name: _____ Email Address: _____
First, Middle, Last

Mailing Address: _____
Street or P. O. Box City State Zip

Phone Numbers: _____
Telephone Cell Phone Alternate Telephone

WVC Student Identification Number: _____

Are you at least 18 years old? Yes No Birthdate: _____
Month/Day/Year

Are you a High School graduate? Yes No GED? Yes No

Year you received your diploma or certificate: _____

Do you plan to apply for an Allied Health program? If so, please identify which program:

- Nursing Program Radiologic Technology Program Medical Assistant Program
- Medical Laboratory Technology Program Pharmacy Technician Program Other: _____
(Please specify program)

In what year/quarter do you plan to enter the Allied Health program indicated above?

Completion of this application does not guarantee admission to the NURS 100 course. Applications will be accepted the first day of open registration for new students (generally three [3] days after the last day continuing students register), for the following quarter. Applications for the Wenatchee campus must be submitted in person to Administrative Assistant, Allied Health Department, Wenatchi Hall, Room 2221R. Applications for the Omak campus must be submitted in person to Program Assistant, Mary Henrie Friendship Hall, Room 210A.

Applications will be reviewed to assure that the requirements for enrollment in the course have been met. If requirements have been met, students will receive permission to register via CTCLink.

COURSE PREREQUISITES

By initialing in the below boxes students is stating that the prerequisite is complete.

Background Check/Negative Drug Screen (drug screen for Omak campus only)

National Background Check through Complio website:

- Washington State law (RCW 43.43.832) permits businesses or organizations that provide services to children, vulnerable adults, or developmentally disabled persons to request criminal history records. Facilities used for clinical work experience require clearance prior to the student being allowed to work in the facility. The background check cannot be dated more than 45 days before the start of the program.

Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field.

Create an account at <http://www.wenatcheevalleycompliance.com>. Students are required to purchase the criminal check through this Complio website before acceptance into the program. (and the drug screen if on Omak campus)

DSHS background through website:

- (use Chrome or Internet Explorer 11 for best results) <https://fortress.wa.gov/dshs/bcs/>

Applicant must go to above website and complete online form with DSHS. Once form is submitted online, print the document containing confirmation number.

Attach printed document with confirmation number to application.

Confirmation number will be forwarded to clinical facility by WVC to pull up DSHS background check through their website.

Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field. Confirmation Code:

Negative Drug Screen : **OMAK ONLY**

- Students attending on the Omak Campus only** must provide results of a standard, ten-panel drug screen, either urine-based or oral swab, dated not more than forty-five (45) days prior to the beginning of the Program. The drug screen can be completed at the Omak Clinic in Omak (916 Koala Drive, 826-1800).

Drug screens are required to be purchased through Complio. Purchase the drug screen along with the criminal check at <http://www.wenatcheevalleycompliance.com>.

Immunizations

Official documentation is required: Each record must be on the healthcare provider's letterhead, have the student's name, have the date of immunization, have the signature of the person administering the immunization, and the lot number of the vaccine administered.

Hepatitis B Vaccine (complete series of three [3] injections)

- Students must have the first injection prior to entering the Program. Adults getting Hepatitis B vaccine should get three (3) doses, with the second dose given four (4) weeks after the first and the third dose five (5) months after the second. Your healthcare provider can tell you about other dosing schedules that might be used in certain circumstances. Positive titer (blood test) is acceptable.

Two-Step PPD

- An initial negative two-step PPD is required, which means that two (2) separate tuberculin skin tests have been placed one to three weeks apart. Each test is read 48 to 72 hours after it has been placed. This is a four-visit procedure. Documentation must show the dates and results of the tests, as well as the lot numbers of the vaccine. Students should not get any other vaccination with the first PPD.

<u>Appointment with Healthcare Provider</u>	<u>Action</u>	<u>Time Interval</u>
First appointment	Initial injection	
Second appointment	Read results	48 to 72 hours from date/ time of injection; cannot be prior to 48 hours or later than 72 hours.
Third appointment	Second injection	One to three weeks after initial injection; cannot be less than one week or more than three weeks.
Fourth appointment	Read results	48 to 72 hours from date/ time of injection; cannot be prior to 48 hours or later than 72 hours.

Students with a positive PPD must provide documentation of a chest x-ray, treatment (if necessary), and a release to work in a healthcare setting from a doctor or healthcare provider.

Tuberculin skin tests are required each year (annual renewal) and must be placed and read within one year following the initial two-step PPD.

As some facilities now utilize the QuantiFERON® TB Gold Test in place of the PPD, WVC will accept this method. This does not require a two-step initial skin test; however, the test must be performed annually.

Flu Vaccine

Depending on the availability of flu vaccine, each student is required to be vaccinated. Flu vaccines will be required for Fall, Winter and Spring quarter.

Covid-19 Vaccines

Covid-19 vaccines are not required by Wenatchee Valley College or its clinical partners at this time. ****This is subject to change.** List below the dates you have received the Covid-19 vaccine.

- **Pfizer-BioNTech Covid-19 Vaccine:** 2 doses given 3 weeks apart

Date of 1st dose: _____ Date of 2nd dose: _____

- **Moderna COVID-19 Vaccine:** 2 doses given 1 month apart

Date of 1st dose: _____ Date of 2nd dose: _____

- **Johnson & Johnson Covid-19 Vaccine:** single dose

Date of single dose: _____

Documentation of student immunization status is essential to ensure the health and safety of students and the patients/clients/residents in healthcare agencies that provide clinical learning experiences. Lack of compliance with any of these requirements will prevent you from entering the clinical area and completing your clinical training.

****Wenatchee Valley College reserves the right to add to or modify these requirements as needed.**

This packet will be on file in the Allied Health Office.

I certify with my signature that I have read and understand the above requirements and that the information above and documentation submitted pertaining to me is complete and accurate.

Date: _____ Signature: _____

REMINDER: Keep your original documents for your personal records.

- | |
|--|
| <ul style="list-style-type: none"> ○ Did you purchase a background check through Complio? ○ Did you attach the confirmation number document from the DSHS website? ○ Did you purchase a drug screen through Complio if you are on the Omak campus? ○ Did you attach proof of the first Hep B vaccine? ○ Did you attach proof of the two step PPD or a Quantiferon? ○ Did you attach proof of flu vaccine for fall or winter quarter? |
|--|

Explanation of Interest

1. Why do you want to take the NURS 100 class?
2. How do you plan to use the training you receive in the NURS 100 class? Will you be working for an agency after you complete the class?
3. Do you plan to pursue a certificate/degree in another health related program?

Student Disclosure Form

1. Have you ever been convicted of a crime?
Yes _____ No _____ Student's Initials _____

If yes, please list the conviction(s) and the degree(s):

2. Do you have charges (pending) against you for any crime?
Yes _____ No _____ Student's Initials _____

If yes, please list the pending charge(s) and the degree(s):

3. Are you aware that you must provide a background check through Complio® and a DSHS background check?
If the DSHS background check has a disqualifying crime or pending crime students will not be able to go to the clinical site and will not receive a refund.

Yes _____ No _____ Student's Initials _____

4. Do you understand that some criminal convictions may prevent you from completing a program of study?

Yes _____ No _____

5. Do you understand that you need to provide documentation of specified immunizations or evidence of immunity to specified diseases in order to participate in most programs in Allied Health?

Yes _____ No _____

6. Are you aware that you must provide a negative drug screen for most Allied Health programs?

Yes _____ No _____

7. Do you understand that your behavior during the time of training for a particular occupation needs to comply with both the Wenatchee Valley College Student Code of Conduct (see the WVC Student Handbook) and the code of conduct/ethics/standards that regulate the occupation for which you will be trained?

Yes _____ No _____

8. Do you understand that by breaking the code of conduct for an occupation or the WVC Student Code of Conduct you may be subjected to disciplinary action, including suspension from the program?

Yes _____ No _____

9. Do you understand that there are procedures and policies at Wenatchee Valley College that govern student grievances and disciplinary actions?

Yes _____ No _____

Signature _____ Date _____ Name (printed legibly) _____

Child and Adult Abuse Information Act Disclosure Pursuant to RCW 43.43.834

Answer each item. If the answer is YES to any item, indicate the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping, first, second, or third degree assault; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution? ANSWER _____

If YES, explain

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree theft; first or second degree robbery; forgery? ANSWER _____

If YES, explain

3. Have you ever been found guilty in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? ANSWER _____

If YES, explain

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? ANSWER _____

If YES, explain

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER _____

If YES, explain

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? ANSWER _____

If YES, explain

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

NURSING ASSISTANT PROGRAM (please check one):

Omak

Wenatchee

***Your signature must be witnessed by a non-family member. Not WVC staff or faculty.**

Name (Please print)

Signature

Date

*Witness Signature

Address

Personal Medical Record

Part I: General Information

Full Name: _____ Program: _____
(Please print)

DOB: _____ Academic Year: _____

Current Address/Phone Number:

Address: _____
Address City State Zip

Phone Numbers: _____
Telephone Cell Phone Alternate Telephone

In case of emergency please notify:

Name: _____ Phone: _____

Part II: Health History

Date of last health examination: _____

Name of health care provider *(optional)*: _____

Please identify any health conditions/illnesses or injuries that required medical treatment (please check all those that apply):

- | | |
|--|--|
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Musculoskeletal problem/condition |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Any infection within last year |
| <input type="checkbox"/> Asthma or other respiratory condition | <input type="checkbox"/> Any traumatic injury within last year |
| <input type="checkbox"/> Diabetes or other endocrine condition | <input type="checkbox"/> Mental and/or emotional condition |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Neurological problem | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bleeding or clotting disorder | |

Further explanation of any items that are checked: _____

Personal Medical Record (Cont'd.)

Do you have any allergies? If yes, please specify: _____

Please list all medications that you take regularly: _____

Part III: Statement of Ability to Function as a Student in an Allied Health Program:

	<u>Yes</u>	<u>No</u>
Do you have a visual impairment?	<input type="radio"/>	<input type="radio"/>
If so, is it corrected?	<input type="radio"/>	<input type="radio"/>
Do you have a hearing impairment?	<input type="radio"/>	<input type="radio"/>
If so, is it corrected?	<input type="radio"/>	<input type="radio"/>
Can you lift up to fifty (50) pounds?	<input type="radio"/>	<input type="radio"/>
Can you carry up to twenty (20) pounds?	<input type="radio"/>	<input type="radio"/>
Can you sit for four (4) hours?	<input type="radio"/>	<input type="radio"/>
Can you stand and/or walk unassisted for up to twelve (12) hours?	<input type="radio"/>	<input type="radio"/>
Can you use both hands?	<input type="radio"/>	<input type="radio"/>

	<u>Always</u>	<u>Usually</u>	<u>Not Always</u>	<u>Seldom</u>
Please rate your ability to cope with stressful situations: I am able to cope with stress:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Release Form

The clinical facilities you will be working in may require copies of your abuse statement, background check and immunization records. Please sign and return this form to the WVC Allied Health Department as your approval for releasing this information.

If requested by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check, and immunization records to that clinical facility.

Student Name: _____ Program: _____
(Please print)

Student Signature: _____ Date: _____

Student Confidentiality

Student Name: _____ Program: _____
(Please print)

Address: _____
(Street or P. O. Box) City State Zip

Confidentiality Statement: I understand that, as an Allied Health student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards, and regulations that guide my conduct. I understand and agree that, in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

(Student signature)

(Date)



Community Relations
P: 509.682.6420 / F: 509.682.6401
1300 Fifth Street
Wenatchee, WA 98801

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: _____ E-mail: _____
(Please print)

Address: _____
(Street or P. O. Box) City State Zip

Telephone Numbers: _____
Telephone Cell phone Alternative phone

Signature: _____ Date _____