

CENTRAL NEW MEXICO COMMUNITY COLLEGE

NA/PCT PROGRAM HANDBOOK AND POLICIES

NA/PCT COURSE INSTRUCTORS

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**The Nursing Assistant Program at CNM is Certified by the
New Mexico Department of Health**

CNM and THE SCHOOL OF HEALTH WELLNESS AND PUBLIC SAFETY

POLICY AND PROCEDURES

The School of Health Wellness and Public Safety students are expected to be familiar with and adhere to each of the Student Policies and Codes found in the CNM course catalog and with the School of Health Wellness and Public Safety policies found in the Department Policies Manual online. The School of Health Wellness and Public Safety has specific policies with regard to confidentiality, contagious diseases, blood borne pathogens, latex allergies, and suspected impairment. The details of each policy are available in the Health Occupations office, with the director of your program and online.

E-mail

E-mail is the primary means of communication in the Nursing Assistant Program. Students are required to access and maintain their CNM e-mail accounts. The CNM email address is the only email address that the Nursing Assistant Program will use to communicate with enrolled students. Students should check their e-mail daily, but absolutely must check their e-mail at least twice a week. While it is possible to forward email from the CNM account to other accounts, it is not recommended because it often results in message failure, which is not considered a valid excuse for missing information. Students are held responsible for the information within the e-mails, whether they read them or not. Students are responsible for contacting the CNM Information Technologies help desk via telephone at 224-4357 or at servicedesk@cnm.edu to resolve any e-mail problems.

Announcements/Handouts

Students are responsible for the content of all classroom announcements and handouts, even if they are absent. Important notices will also be posted on Blackboard.

EXTERNAL COMPLIANCE

Credentialing

Students are expected to complete all credentialing requirements by the deadlines provided. While CNM has specific requirements of students (e.g. CPR certification, health requirements, background checks, etc) students are further expected to complete any site-specific requirements set forth by the clinical partners. This includes, but may not be limited to attending computer training sessions, completing required computer modules, and attending face-to-face training/orientation sessions. These requirements will be clearly communicated, but be aware that the communication may come directly from the clinical partner and not from CNM.

Failure to credential will result in an inability to place the student at the assigned clinical location and subsequently to be dropped from the clinical course.

HLTH 1001 is a pre or co-requisite requirement for our courses. **This course must be completed prior to the start date of the clinical course, NA 1190.** If you have completed the course within the last year or prior, **check the dates** on your certification cards. All certifications must be current through the end date of the clinical course, NA 1190. Failure to meet this requirement by the deadline as stated will result in the student being ineligible to attend clinical rotation and the student will be dropped from the clinical course.

Students that are dropped from any course for any reason, including noncompliance, will have to repeat all three courses to successfully complete the program.

PLEASE NOTE: Students in health programs are required to undergo routine drug screenings and a criminal background check screening; which includes fingerprinting. For further information, go to:

<http://www.cnm.edu/depts/office-of-verification-and-compliance/documents/approved-hwps-drug-testing-policy-051716.pdf>

<http://www.cnm.edu/depts/office-of-verification-and-compliance/documents/caregivers-criminal-history-screening-required-information-policy.pdf>

or call the Health Wellness and Public Safety Department on Campus.

Program Description

http://catalog.cnm.edu/preview_program.php?catoid=27&poid=6220&returnto=2865

NA Program Outcomes

- Employ therapeutic communication skills when practicing with peers and applies this communication technique while performing client care in the clinical setting.
- Apply basic mathematical concepts to measure body functions such as patient height, weight, intake and output.
- Demonstrate understanding of basic medical terminology and abbreviations.
- Perform safe, competent basic nursing care during role play and of residents/patients in clinical rotation while demonstrating proper infection control techniques and respect of resident/patient rights.
- Exhibit professional behaviors both in the class and lab rooms and while performing client care in clinical setting. These behaviors include (but are not limited to): attendance, attention, appearance, following policy regarding cell phone usage, respect, communication, participation and team work.

PCT Program Outcomes

- Communicate effectively using verbal, non-verbal, electronic and written techniques.
- Describe the scope of practice for a patient care tech.
- Demonstrate positive attitude and maintains ethical standards.
- Perform patient care technician skills and procedures using learned techniques in a proficient manner.

Advisory Boards

The CNM Nursing Assistant and Patient Care Technician programs have an advisory boards made up of members of the community and the program including clinical affiliates' department directors, clinical preceptors, student representatives from each cohort within the program, program director, program clinical coordinator, HWPS dean and associate deans, and other support CNM employees as required. The board meets annually at minimum to get input and feedback from the community.

Program Completion

Upon successful completion of the NA program students eligible to take the state nursing assistant (CNA) certification exam. [Link to more information](#)

[Credit For Prior Learning \(Course Credit for Current CNA's\) Link](#)

Attendance Policy

(Please see your course Syllabus)

Clinical Policies (Beyond Those Published in the [HWPS Student Handbook](#))

Functional Abilities for Nursing Assistants

Please click on the site below. Read the document and Sign on the Acknowledgement Page.
[Functional Abilities \(link to O*Net\)](#)

Uniform Policy

Students will be expected to be in **full uniform** on the **first day of the second week** of class. Nursing assistant uniform includes hunter green scrub top and pants (see below), white closed toe leather/vinyl shoes, CNM ID badge and hygiene per the HWPS Handbook. Patient Care Technician uniform includes seal blue scrub top and black scrub pants (see below), white closed toe leather/vinyl shoes, CNM ID badge and hygiene per the HWPS Handbook.

Nursing Assistant/Patient Care Technician students are to follow the guidelines to dress in a manner that is professional and dignified. Students will wear the CNM uniform:

- in the classroom and lab settings
- at the clinical site during clinical hours
- while functioning as a CNM nursing assistant / patient care technician student at any other time. (i.e. Community Project)

Students who fail to meet dress code guidelines will be sent home and not permitted to participate in learning activities and will accrue an absence. While students need to be in uniform when commuting to and from CNM activities, students will not be in uniform during off-duty hours. A professional appearance should be conveyed at all times, faculty may address dress code concerns to the class or to individuals as necessary.

Scrub tops/pants & Stethoscope

NA Student course fees include a stethoscope and two sets hunter green scrub tops and pants. PCT Student course fees include two sets teal blue scrub tops and black scrub pants. Please go to the bookstore on MAIN campus as soon as possible to be fitted for your scrubs. The tops will have a CNM patch sewn on the sleeve, identifying you as a student in our program. You will need to show proof of registration for class and fees paid in full to pick up these items.

Latex/Powder Allergy

Reaction to latex or powder by allergic persons can range from mild contact dermatitis to

wheezing, anaphylaxis and death. Because equipment and supplies may contain latex or powder, it is important that all students are familiar with procedures and follow safety precautions when performing lab or clinical activities.

If a student has a suspected/documented latex or powder allergy it is the student's responsibility to notify the Instructor as soon as possible. CNM can provide a latex/powder-safe environment by providing you with latex free/powder-free gloves. At this time CNM cannot provide a totally latex/powder-free environment. If a student is highly sensitive to latex/powder, certain clinical environments may not be available.

Clinical Attendance

Please see your course syllabus.

- **Internet Social Networking Sites:** Students must be mindful that HIPAA guidelines and confidentiality policy prohibit students from discussing or sharing private or personal information of peers or patients obtained during this course. Pictures of classmates and or patients is strictly prohibited as well.
- **Reporting Policy:** CNM NA student concerns regarding resident care issues must first be discussed with the on-site NA clinical Instructor. The CNM NA Instructor will then contact the facility charge nurse and/or DON (Director of Nursing) based on the nature of the concern and as determined necessary per the Instructor. CNM NA students and Instructors will follow facility policy as provided and directed.
- **Legal Witness** – Students are not to act as legal witnesses for consent forms, or permits of any kind.

STUDENT CONDUCT IN COURSE SETTINGS

Please refer to the CNM Student Code of Conduct, the HWPS Handbook and see below:

CNM NA & PCT Program students are taking courses to prepare them to be a part of the health care team which are placed in a position of great responsibility by the public. As such, they are expected to model the behavior expected of those professionals and the behavior you'd like to see from somebody who is potentially going to be caring for your loved ones. Among the behaviors expected are:

- **Punctuality**
- **Respect for the facilities, faculty, staff and other students**
- **Patient advocacy**
- **Accountability**
- **Responsibility**
- **Maturity**
- **Empathy/Sympathy**
- **Preparedness**
- **Professional Appearance**
- **Professional tone when speaking to others**
- **Professional body language**
- **Ability to listen to constructive feedback**

Student Acknowledgement Document

Name

Date

By my signature below I certify that I am familiar with and will adhere to each of the **Student Policies and Codes** found in the CNM HWPS Student Handbook and the NA/PCT Student Handbook (found in your course Blackboard site). <https://www.cnm.edu/programs-of-study/health-wellness-public-safety/hwps-student-handbook>.

1. _____

By my signature below I certify that I have read and acknowledge **the O*Net Functional Abilities for a Nursing Assistant [Functional Abilities \(link to O*Net\)](#)** and I am capable of meeting those functionalities.

2. _____

By my signature below I certify that I have been informed about **Contagious Diseases** as listed in the HWPS Student Handbook, and have had the chance to ask any questions I might have, understand the information, and agree to follow the guidelines.

3.. _____

By my signature below I certify that I have been informed about the **Blood borne Pathogens/Student Injury** policy as listed in the HWPS Student Handbook, and have had the chance to ask any questions I might have, understand the policy, and agree to be bound by its terms.

4. _____

By my signature below I certify that I have read about **Latex/Powder Allergies** listed in the HWPS Student Handbook, and have had the chance to ask any questions I might have.

5. _____

By my signature below I certify that I have been informed about the **Suspected Impairment** policy as listed in the HWPS Student Handbook, have had the chance to ask any questions I might have, understand the policy, and agree to be bound by its terms.

6. _____

By my signature below I certify that I have been informed that the **Family Education Rights and Privacy Act of 1974** as listed on the CNM website, which prohibits the release of any portion of a student's educational records to individuals without the student's consent. <https://www.cnm.edu/student-resources/academic-records/academic-records-list/FERPA>. I therefore allow CNM to release information to a clinical site or testing site if it is determined to have a "legitimate educational need to know."

7. _____

By my signature below I certify that I have been informed of and read the Nursing Assistant Program Syllabi or Patient Care Technician Program Syllabi, CNM Course Catalog and Health Wellness and Public Safety policies found on the CNM HWPS website <https://www.cnm.edu/programs-of-study/health-wellness-public-safety>. I have had the chance to ask any questions I might have and agree to be bound by its terms.

8. _____

CENTRAL NEW MEXICO COMMUNITY COLLEGE

School of Health, Wellness and Public Safety (HWPS)

Confidentiality Agreement

Any individual requiring access to patient or business information at any clinical site must sign this agreement in order to receive access. This includes access to written as well as electronically stored information. The terms of this agreement apply to oral, written and electronic information. Violations of the terms of this agreement are grounds for immediate legal and/or disciplinary action. This agreement supersedes all prior agreements related to confidentiality or proprietary information. **Please read the terms of this agreement carefully.**

I agree to and understand the following conditions:

- 1) I will not disclose, release, or discuss any patient information, including clinical information of any kind, such as treatment protocols, medical conditions, financial/social information or patient demographic information, for any purpose except to complete duties assigned. I understand that this includes *all* patients--even ones that I may know personally. In addition, I understand that state and federal law also require me to keep all patient information confidential.
- 2) I will not disclose, release, or discuss business (e.g., financial, legal, operational, marketing) or employee information with any third party without first receiving written authorization from an appropriate clinical site manager who has authority to grant such authorization.
- 3) I will not seek information about patients, employees, or business operations *for my own personal use* by accessing electronic or written records or through oral communications. I understand that my access to such information is strictly limited to only ~~to~~ that information that I need to know in order to carry out duties assigned.
- 4) I will not transmit confidential information about patients, employees, or business operations via unsecured networks. I understand that this includes sending unencrypted clinical information on the Internet and the utilization of unsecured cellular phone networks.
- 5) I will not at any time, share or disclose USERNAMES, PASSWORDS, or other authorizations that I use to access information. I understand that this includes posting or writing this information where other individuals can view it. I accept responsibility for all activities undertaken using my access codes or other authorizations.
- 6) I will not attempt to gain unauthorized access to computer hardware/software/firmware that is owned by owned by any clinical_site or disclose procedures (in whole or in part) to others so that they might do so.
- 7) I will take reasonable care to prevent the unauthorized use, disclosure, or availability of confidential and/or proprietary information including through unattended screen displays and/or unsecured written documents. I understand that business and employee information is confidential and proprietary and should not be made available to persons or entities outside of the clinical site. I further agree, upon the conclusion of my clinical rotation, to return all business, patient information in my possession or control to my clinical preceptor/instructor.
- 8) I acknowledge that the clinical site retains the right to monitor and/or review my access to information at any time for evidence of tampering or misuse, and may, at its own discretion, suspend or terminate my access privileges pending administrative review.
- 9) I will immediately report any violations of these rules that I know of or suspect to the appropriate authorities.
- 10) The rules of confidentiality and ethical behavior at the clinical site are available to me for review. I agree to follow these rules and behave in a professional, ethical manner at all times.

I understand that misconduct and/or breaches of confidentiality will be grounds for legal and/or disciplinary action.

Student Signature

Date: _____

Individual's Full Name (Printed)