

Congratulations on your acceptance into the CTE CNA program for the 2024-2025 school year!

Kalamazoo RESA Career and Technical Education (CTE) invite you and your parent/guardian to attend an orientation highlighting next year's CTE CNA experience. This orientation is important, and we encourage a parent/guardian to attend with the student. Please join us on **Tuesday, May 21st at 6:00 p.m.** at the KVCC Groves Campus (7107 Elm Valley Drive, Kalamazoo, MI 49009).

In this meeting, you will have the opportunity to:

- Meet the instructor
- Understand the requirements for CNA clinicals
- Learn about class expectations
- Learn how successful completion of the course can lead to future opportunities
- Ask questions

The attached program guidelines will be discussed in detail during the orientation, so please bring this packet with you.

Special Note: You are receiving this packet because your name was provided to us by your school counselor as enrolling in a CTE program. If in doubt, check with your counselor. We apologize if this packet was sent to you in error.

For more information, contact:

CTE Registrar

Nora Hafez

nora.hafez@kresa.org

269.250.9309

KVCC Program Coordinator

Katelyn Vinson

kvinson@kvcc.edu

269.353.1282

Notice of Non-discrimination: It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt, Mindy Miller, & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.

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Certified Nursing Assistant (CNA) 2024-2025

May 21, 2024 6:00 p.m.	<input type="checkbox"/> It is <i>strongly encouraged</i> that you and one parent/guardian attend the-orientation <i>and have this packet with you</i> . See details on the cover page.
By June 1, 2024	<input type="checkbox"/> Send guidelines acceptance form (page 9) to Nora Hafez, CTE Registrar (nora.hafez@kresa.org), or turn in at orientation.
By early summer	<input type="checkbox"/> Schedule a doctor's visit to complete the immunization requirements
1 st semester: August 27, 2024 2 nd semester: January 27, 2025	<input type="checkbox"/> Attend class at KVCC's Groves Campus. Bus hub transportation is available depending on school.
1 st semester: By August 30, 2024 2 nd semester: By January 27, 2025	<input type="checkbox"/> Submit pages 5-11 of this packet to your instructor (see page 2 for more details) <input type="checkbox"/> Drug screen form <input type="checkbox"/> Background screen authorization form <input type="checkbox"/> Physical examination form <input type="checkbox"/> TB Test form <input type="checkbox"/> Michigan Care Improvement Registry record
Before clinicals	<input type="checkbox"/> Take and successfully pass a <i>random</i> drug test, during class time, administered by a company approved by CTE. Students <u>do not</u> complete this on their own. <input type="checkbox"/> Complete a background check conducted by CTE
1 st semester: By October 31, 2024 2 nd semester: By January 27, 2025	<input type="checkbox"/> Submit proof of flu vaccine to instructor – must be the vaccine for the current year

CERTIFIED NURSING ASSISTANT (CNA)

OVERVIEW

This **seniors-only, semester long** course prepares the student to provide basic patient care under the supervision of a licensed registered nurse. It meets the requirements set by the Michigan Department of Licensing and Regulatory Affairs Bureau of Health Care Services and meets the minimum Federal/State Requirements for Nurse Aide Training Programs. Once completed the student is eligible to take the state exam to be certified as a Nursing Assistant (CNA). Employment opportunities for a CNA primarily include hospitals, home care, hospice care, and long-term care facilities

COURSE OBJECTIVES

The overall objective of this Nurse Aide Training Program is the provision of quality services to residents in long term care facilities by nurse aides who can:

- Form a relationship, communicate, and interact competently on a one-to-one basis with the residents
- Demonstrate sensitivity to residents' emotional, social, and mental health needs through skillfully directed interactions
- Assist residents in attaining and maintaining functional independence
- Exhibit behavior in support and promotion of residents' rights
- Demonstrate observational and documentation skills needed in the assessment of resident's health, physical condition, and well-being.

The program objectives meet federal requirements.

QUALIFICATIONS FOR COURSE

Qualifications to participate in the clinical experience include but are not limited to:

1. Vaccinations up to date with documentation (must be a copy of student's Michigan Care Improvement Registry [MCIR]) via

<https://mcir.org/2022/03/15/michigan-immunization-portal-for-citizens-18-years-and-older>

2. Clean drug screening
3. Clean criminal background screening
4. Current TB Test
5. Physical

NOTE: If a student does not meet the above requirements, they will not be able to participate in clinicals, and therefore will not be able to obtain their CNA license, per the State of Michigan. Impacted students will be provided an alternative CTE work-based learning opportunity.

CURRICULUM AND TRAINING REQUIREMENTS

The curriculum for this course includes meeting the needs of various populations, such as persons with dementia, Alzheimer's, mental illness, developmental disability, and non-elderly persons with other disabilities that are peculiar to the population of an individual facility.

The program meets the minimum requirement of **75 hours** of training, including at least **16 hours** of classroom instruction in the core curriculum prior to a student's direct involvement with a nursing home resident, and another 16 or more hours devoted to skills training. Beyond the state requirements, this course provides opportunities to the student to explore their people skills and develop methods of problem-solving while relating to the world around them.

The semester will include classroom instruction with theory and lecture, exams, workbook assignments, learning and practicing skills in a simulated long-term care facility (called lab), collaborating with mannequins as well as each other, and spending a month of class time at a long-term care facility in a clinical experience, putting into action the skills attained.

SKILLS ATTAINED

Skills attained through this course include:

- Communication and People Skills
- Infection Control
- Safety/Emergency Procedures
- Basic Life Support for the Healthcare Worker (BLS) Certification
- Promoting Resident's Independence
- Respecting Resident's Rights
- Basic Nursing Skills
 - Monitoring vital signs: blood pressure, pulse rate, respirations, and temperature
 - Measuring intake and output, weight, and height
 - Care guidelines for urinary catheters, oxygen therapy, and IV therapy
- Personal Care Skills including provision of assistance with:
 - Skin care
 - Bathing
 - Grooming
 - Dressing
 - Oral hygiene (brushing teeth, cleaning and caring for dentures)
 - Toileting and Changing Briefs for the Incontinent
 - Safely positioning and moving
- Mental Health and Social Services Needs
- Care of Cognitively Impaired Residents
- Basic Restorative Services
- Resident's Rights

ATTENDANCE

The structure of this course follows requirements from the State of Michigan for facilitating a nurse assistant program. We cannot deviate from this structure. **Excellent attendance is a requirement.** There are a specific number of hours required for lecture, lab, task training, and practicing clinical skills in a nursing facility. If you do not meet the minimum required hours for each area of focus, you will not be qualified to participate in clinical at a skilled nursing facility and will not qualify for certification with the State. Additionally, Kalamazoo Career and Technical Education believes that attendance should be treated as if students are in an employment situation.

STUDENT EXPECTATIONS AND RESPONSIBILITIES

1. Your best “*ability*” is your “*availability*”--
2. Show respect for the worth and dignity of all individuals in the school and community.
3. Show respect for school or other property.
4. Be punctual and attend daily
5. Complete assignments on time and to the best of their ability
6. Follow the rules/directions per instructor and CTE handbook
7. Be prepared with all books, assignments, proper dress, and writing equipment
8. Keep track of assignments, lessons, and due dates
9. Call on the instructor for help, when needed
10. Contribute to maintaining a peaceful and cooperative learning environment
11. Engage and take an active role in your learning and professional development
12. Assist and participate in all classroom activities assigned by the instructor
13. Report any concerns to the instructor

TO: Prospective CTE Student
FROM: Diane Fort, CTE Assistant Principal Student Services
Kalamazoo RESA Career and Technical Education
RE: Student Drug Testing and Criminal Background Checks



Contracts with local healthcare agencies require Career and Technical Education students in health occupational programs to successfully pass a drug test before participating in a workplace observation or clinical experience associated with their program. KRESA CTE will cover the fee for the drug screen. This test is administered on a **random date** during class time, administered by a company approved by KRESA CTE. If a student's initial drug test indicates further testing is necessary, the student may incur additional cost.

Another requirement from local healthcare agencies is students must complete a background check. Currently, the KRESA CTE office can conduct this check via the Internet Criminal History Access Tool (ICHAT). This method of investigation searches public records contained in the Michigan Criminal History Records maintained by the Michigan State Police Criminal Justice Information Center and fulfills the minimal requirement of the healthcare sites partnering with our programs.

If either of the above come back flawed, the student and their parent/guardian will be notified. Please read the following document and sign indicating your acceptance and agreement to KRESA CTE completing these program requirements. **Students DO NOT complete the drug test OR background check on their own!**

**Career and Technical Education Health Careers Programs
Kalamazoo RESA
Drug Test Authorization Form**

PLEASE PRINT CLEARLY

Student Name (Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/____/____

I authorize facilities approved by Kalamazoo RESA Career and Technical Education (CTE) to conduct a drug screen for any drug, alcohol or substance requested by KRESA CTE, and to release those results to KRESA CTE. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass or refuse to take a drug screen will not be placed into a workplace observation and/or clinical experience in any course and will be removed from any such opportunity if already placed.

I acknowledge that as a condition of workplace observation/clinical experiences w/agencies collaborating with KRESA CTE, all students enrolled in health career programs are required to participate in drug testing. As a student in such a program, I voluntarily subject myself to such drug testing to take place as required during my enrollment.

I also understand and agree that if I am arrested for, or convicted of any drug or alcohol related offense, I will immediately inform my instructor. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at KRESA CTE's discretion, not be placed into a workplace opportunity, or may be removed from any such rotation if already placed.

I authorize KRESA CTE to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements or assessing my qualifications for a workplace observation and/or clinical experiences.

Signature

Date

Parent/Guardian (print name)

Signature

Date

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NONEMPLOYMENT AND PRE-EMPLOYMENT BACKGROUND CHECK
Acknowledgment Form

Location: _____ Position: _____

In order to ensure the protection of children in the care of **Kalamazoo RESA**, school policy requires, prior to any and all persons providing a volunteer or paid service at the school or for any function conducted by the school; all potential volunteers or employees complete a State of Michigan ICHAT and sex offender registry check. Any applicant declining to complete a “Nonemployment or Pre-Employment Background Check” acknowledgment form will not be considered.

CANDIDATE INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Race/Ethnicity: _____
[mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered/worked at Kalamazoo RESA before? ☐ Yes ☐ No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

☐ Yes ☐ No

Date and State that the offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

☐ Yes ☐ No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction (use back if necessary): _____

4) Are you the subject of a current criminal investigation or have pending charges against you?

☐ Yes ☐ No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

Kalamazoo RESA reserves the right to “approve” or “deny” any volunteer service or employment upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____
Date Signed: _____

Please return the completed form to the school/site of service.

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied: _____

Determining Staff Member (initials): _____

Type of ID Checked: _____

ICHAT Date: _____ FP Date: _____

TCN: _____

Board Approved Yes No

Date: _____

HR Signature: _____

Supervisor Notified: _____

Comments: _____

Sex Offender Registry Ck: MI _____
U.S. _____

**Kalamazoo RESA Career and Technical Education
Physical Examination Form**

Student: _____
Last Name First Name Middle Name
High School: _____

V00 _____
Valley #

Physical Examination - Describe all abnormalities (To be completed by the examining Provider)

A CTE student may submit a copy of their high school sports physical, instead of having this form completed by a healthcare provider **PROVIDED** the sports physical is for the school year the student is enrolled in their CTE program.

THE TYPICAL DEMANDS PLACED ON A HEALTH CAREER STUDENT AND PRACTITIONER ARE:

STRENGTH - Frequently and repetitively, perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

MANUAL DEXTERITY - Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as calibration of equipment, drawing blood, endotracheal intubation, etc.

COORDINATION - Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking BPs, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.

MOBILITY - Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

VISUAL DISCRIMINATION - Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

HEARING - Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

CONCENTRATION - Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.

ATTENTION SPAN - Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

CONCEPTUALIZATION - Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

MEMORY - Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

CRITICAL THINKING - Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

COMMUNICATION - Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.

STRESS - Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Summary Assessment Circle appropriate responses. *(Attach a separate sheet if necessary)*

Considering this applicant's history and physical examination, are there any conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the CTE Health Science Educational Program), or limitations that could restrict the student's participation in a CTE Health Sciences educational program or limit subsequent employability?

Yes No Explain

Are there any accommodations necessary for this applicant?

Yes No Explain

Are there any special precautions, restrictions or conditions, which might result in an emergency (e.g., allergies, diabetes, seizure disorder, fainting, or other) in the classroom or during clinical practice?

Yes No Explain

Provider completed, conducted, reviewed and/or verified all sections of the physical exam form.

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

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2-STEP TB FAQ's

What is a 2-step TB skin test (TST)?

- Tuberculin Skin Test (TST) is a screening method developed to evaluate an individual's status for active Tuberculosis (TB) or Latent TB infection.
- A 2-Step TST is recommended for initial skin testing of adults who will be periodically retested, such as healthcare workers.
- A 2 step is defined as two TST's done within 1 month of each other.

What is the procedure for 2-step TB skin test?

Both step 1 and step 2 of the 2 step TB skin test must be completed within 28 days. See the description below.

STEP 1

Visit 1, Day 1

- Administer first TST following proper protocol
- A dose of PPD antigen is applied under the skin

Visit 2, Day 3 (or 48-72 hours after placement of PPD)

- The TST test is read
- Negative - a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.
- Positive - consider TB infected, no second TST needed; the following is needed:
 - A chest X-ray and medical evaluation by a physician is necessary.
 - If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual will be referred to the health department.

STEP 2

Visit 3, Day 7-21 (TST may be repeated 7-21 days after first TB skin test is read)

- A second TST is performed - another dose of PPD antigen is applied under the skin

Visit 4, 48-72 hours after the second TST placement

- The second test is read.
- Negative - consider person not infected.
- Positive - consider TB infection in the distant past.
 - The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease will be referred to the health department.

TB TEST FORM

(To be completed by the Examining Provider)

Name: _____
Last First Middle

Program: _____

TUBERCULOSIS: Check appropriate box and specify date(s) and findings. Absence of active Tuberculosis is required and may be documented in either one of four ways:

1. ☐ **PPD (Mantoux) 2-Step TB test**

Directions: Two PPD (Mantoux) skin tests need to be performed at least 7 days apart (and no more than 21 days apart) with documentation of each result. Each TB test requires two visits (**4 visits total**) as each test must be read 48-72 hours after it is placed.

Date read and test results: **Step 1** _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

Step 2 _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

2. ☐ **QuantiFERON Gold Blood Test**

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

3. ☐ **T-Spot Blood Test**

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

4. ☐ If PPD, QuantiFERON or T-Spot is positive, evidence of a **Chest X-Ray** is required within the past three years.

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

Provider completed, conducted, reviewed and/or verified all sections of the TB Test Form:

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

INFLUENZA VACCINE FORM
(To be completed by the Examining Provider)

Name: _____
Last First Middle

Valley ID #: V00 _____ Program: _____

INFLUENZA VACCINE: All Health Careers students are required to receive annual flu vaccination. Flu vaccination must be demonstrated by:

1. The completion of this form by your health care provider
OR
2. A copy of the flu vaccination pharmacy receipt showing the student name, vaccine and date
OR
3. By providing a copy of your [MCIR – Michigan Care Improvement Registry](#):

1. ☐ **Influenza Vaccine received:** _____/_____/_____
Month Day Year

Provider completed, conducted, reviewed and/or verified all sections of the Influenza Vaccine Form:

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

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2024-2025
KRESA CNA GUIDELINES
ACCEPTANCE FORM

Turn in this page at the orientation or by June 1, 2024, to Nora Hafez at nora.hafez@kresa.org.

I received a copy of the KRESA CTE CNA Student Orientation Packet/Guidelines and reviewed them. By signing below, I acknowledge understanding the requirements for successful completion of this program. I also understand the requirements of the immunizations, mandatory drug screen, physical, and background check to participate in the clinical experience, which is required to receive my CNA license.

Student name (printed): _____

Student signature: _____

Date: _____

By signing below, I acknowledge understanding the requirements for successful completion of this program for my child.

Parental/Legal Guardian name (printed): _____

Parental/Legal Guardian signature: _____

Date: _____

Mailing address: _____
Street Address City Zip Code

Student email: _____

Student cell number: _____

Parent/legal guardian email: _____

Parent/legal guardian number: _____

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