

Certified Nursing Aide Program 2022–2023

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> Program Instructor: Yvonne Blair, LPN

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY – KNOXVILLE NURSING AIDE 1100 LIBERTY STREET

<u>REQUIREMENTS:</u> Applicants must be a minimum of 18 years of age to be considered for the Nursing/Allied Health Programs

- Negative 10-panel DRUG SCREEN from a facility of your choosing. (Net Gain Mobile Diagnostics or Truescreen are suggested, but not required)
- Criminal BACKGROUND CHECK or proof (receipt) that you have started the online process. You must use Truescreen online screening.
- PHYSICAL EXAMINATION. Please attach immunization record to your physical form.
- IMMUNIZATION RECORD or proof of antibody titer from a health care provider including:
 - MMR Booster (Measles, Mumps, Rubella) or positive titer. (Mandatory)
 - Hepatitis B series (series may be started, completed, or declined).
 - \circ Tuberculin skin test or chest x-ray with negative results (Mandatory yearly requirement).
 - 2 Varicella vaccines or positive titer (Mandatory).
 - o Seasonal Flu vaccination (Mandatory annual requirement each year during October)
 - COVID-19 vaccination (medical or religious exemptions should be provided if applicable) are required by clinical facilities. All students must complete clinical to satisfy the board of health's requirements to be certified as a nurse aide.

Submission of your medical records and screenings is <u>mandatory</u> by first week of class.

In the event that you have registered for a Nursing class and are unable to enter the program, and wish to be considered for a later class, please notify Linda Hafley or one of the student advisors at the college.

Ten Panel Drug Screen for CNA Students TCAT Knoxville

- Health care facilities require persons who will have patient care contact to have a clear result of a ten panel urine drug screen. Test is required prior to classes starting. Ten Panel Drug Screens can be done at most clinics and medical offices where physical exams are conducted. Ten Panel Drug Screens can be done as part of a physical exam visit. Results can be included with the physical exam report or as an attachment. Results are reported with cutoff level values.
- 2. Urine Ten Panel Drug Screens are conducted with health information related to medications that could affect the results. Please have prescriptions for any medications and report them on the pretesting questionnaire.
- 3. Ten Panel Drug Screens require approximately 35mL of urine. Candidates must be able to void within 4 hours of arriving at a facility for testing.
- 4. An official copy of the results of the drug screen must be received by the program by 1st day of class.
- 5. Facilities reserve the right to request or require a random drug screen for cause. This would be done in accordance with the facility policy. It might be done at the facility or could be required at the expense of the student. Faculty would be involved in this process.
- 6. Drug screens can be obtained from **any laboratory or physician's office or clinic as long as it is a 10-panel drug screen** process being used to test the urine. Some companies are listed below.

Mobile Diagnostics Inc.

46050 Papermill Dr, Suite One Knoxville, TN 37909 865-584-3645 Estimated cost between \$30.00 - \$35.00 for the Ten Panel Drug Screen Results will be submitted through a secure website access to the Practical Nursing program.



Student Background Investigation & Drug Screen Instructions

By my signature above, I acknowledge that I have received and read the information provided regarding the background check and drug screen. I am aware that if I have questions about the material herein, it is my responsibility to seek assistance from any NA Program faculty member or Program Director.

A background investigation is a requirement of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

STEP 1: What to do if you need a Background Investigation?

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

- 1. Click the link or past it into your browser: http://applicationstation.truescreen.com
- 2. Click the "SIGN UP NOW" button to create an account.
- 3. Enter the Code: TCATKNOXCNA263-CBC in the Application Station Code field.
- 4. Follow the instructions on the Application Station web site.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or <u>itsupport@truescreen.com</u>

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, <u>studentedition@truescreen.com</u>. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search all counties of residence lived in the past 7 years.
- National Sexual Offender Registry Search
- SanctionsBase Search includes TN Abuse Registry
- OIG/SAM

The cost of the Background Investigation is \$24.50. Truescreen accepts credit cards and PayPal. Payment is collected within Application Station: Student Edition.

Background Checks for students accepted in the Nursing Aide program must be through Truescreen

STEP 2: What to do if you need a Drug Screen?

(Drug Screens may be done at Truescreen or your Primary Care Physician or at any accredited Lab)

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a drug screen.

- 1. Click the link or paste it into your browser: http://applicationstation.truescreen.com
- 2. Enter the Code: TCATKNOXCNA263-DS in the Application Station Code field.
- 3. Click the "SIGN UP NOW" button to create an account.
- 4. Follow the instructions on the Application Station web site.

Note – Please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your drug screen report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or <u>itsupport@truescreen.com</u>.

If the initial drug screen is reported as positive/non-reactive, you will receive a call from Truescreen's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are taking any form of prescription medicine, it is wise to proactively proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.

All drug screens conducted for TCAT Knoxville are 10-panel and tests for:

- Amphetamines
- Cocaine Metabolites
- Marijuana Metabolites
- Opiates
- Phencyclidine
- Barbiturates
- Benzodiazepines
- Methadone
- Propoxyphene
- Methaqualone

You will receive an email from Truescreen, <u>studentedition@truescreen.com</u>, once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is \$31.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

If the student receives a "REVIEW" (red X) on the background investigation, the Program Director will communicate this information to the Clinical Education Director at the respective clinical facility. The Clinical Education Director will then determine if the student can enter clinical rotations. The student is to schedule an appointment with the Clinical Education Director at the appropriate facility. During the scheduled appointment, the student will provide the original background check documentation to the Director of Clinical Education for verification and review. The Director of Clinical Education will review the conviction record and determine "clearing/not clearing" of the student based on approved criteria.

If permitted, an electronic copy of the background investigation can be forwarded to the Director of Clinical Education via Report Delivery Manager.

Report Delivery Manager

Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for clinical rotations. RDM can be found in Application Station: Student Edition. Reports are available to student for 36 months. If reports are needed beyond 36 months, student must print a copy to be distributed as needed.

- 1. Click the link below or past it into your browser: http://applicationstation.truescreen.com
- 2. To access the Report Delivery Manager, choose the "Returning user login" option on the right side of the home page and click "Log in".
- 3. Enter the username and password created at the time of submitting your background investigation and/or drug screen.
- 4. Click "View Report Delivery Manager" at the bottom of the ApplicationStation code for the program/application you need to deliver. This can be found after you completely log in and provide your ApplicationStation code.
- 5. A new screen will appear. To authorize a new third party to view a background check, click "Create a New Delivery"
- 6. Read the "Important Notice", type your name and click "Agree"
- 7. Supply the third party's contact information: Last Name, First Name and Organization. Report Access Keys are generated, including an ApplicationStation Code and Access PIN.

Truescreen recommends that the student contact the third party and provide the ApplicationStation website address, code and PIN to their contact verbally. This method provides the highest level of security. However, the student can also authorize that an email containing this information be sent to the contact at the clinical facility. If you wish to have an email containing the Access Keys to be sent directly to the clinical facility, follow steps 8 and 9.

- 8. To authorize an email, locate "Other Delivery Options, Option 2" and click "here to send an email."
- 9. Provide and confirm the recipient's email address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via email.

The system provides confirmation that an email has been sent, along with the ApplicationStation Code and Access PIN for future reference.

Nurse Aide Tuition, Fees, and Approximate Costs Associated with the Program

Tuition and Fees

Tuition and Technology Access Fee	\$444.00	
Liability Insurance	\$15.00	
Student Activity Fee	<u>\$10.00</u>	
Total	\$469.00	\$469.00

\$72.00

ISBN 978-1-60425-137-1
ISBN 978-1-60425-138-8

Off-Campus Expenses, Estimated

White scrubs (must be worn first day)	\$30.00	
Pair of rubber soled shoes (must be worn first day)	\$30.00	
Stethoscope & blood pressure cuff	\$35.00	
Criminal Background Check (Truescreen)	\$24.50	
TB Skin Test	\$10.00	
Physical examination (forms provided by the school) Pri	<u>ce will vary</u>	
Total	\$160.50	\$160.50
State Board Examination	\$98.00	\$98.00
Total Estimated* Cost of Program		\$768.50

*Tuition and fees are subject to change without notice; off campus costs are estimated and will vary. Lamberts offers a discount to TCATK students; they have a packaged deal on blood pressure cuffs, stethoscopes, and watches. You will need to present your school issues student ID to receive the discount.

HEALTH EVALUATION FOR NA STUDENTS

ALL APPLICANTS MUST SUBMIT A HEALTH STATEMENT FROM THEIR PHYSICIAN <u>BEFORE THEIR</u> <u>CLINICALS</u>. ALL STUDENTS AND INSTRUCTORS WILL MEET ALL HEALTH REQUIREMENTS OF THE LONG TERM CARE FACILITIES WHERE THEY ARE ENGAGED IN CLINICAL FIELD PRACTICUMS.

If you have had a physical and TB Test within the last 12 months, we need only a copy of your physical and TB test results from your physician.

The above statement is the Health Policy of Tennessee College of Applied Technology Knoxville.

TO BE FILLED OUT BY STUDENT:

1. Are you present	ly in good health?if n	ot, explain	
2. Have you had a	ny serious illness or injury during the pa	ast year?	if yes, please explain
3. Are you current	ly taking any medications?	What and for wha	it reason?
4. Have you ever had a back injury?		What happened and when?	
I certify that the ab	ove statements are true and correct		
Date	Signature of Student/Applicant		Printed Name of Student

TO BE FILLED OUT BY PHYSICIAN: INDICATING THEY ARE IN GOOD HEALTH AND ABLE TO SAFELY ENGAGE IN WORK THAT WILL INVOLVE LIFTING. ALL STUDENTS MUST HAVE A NEGATIVE TB TEST OR CHEST X-RAY.

Temperature	
Blood Pressure	
Height	
Weight	

TB Test Result	Date	
Chest X-Ray only if TB test is positive	Date	

Date

EPIDEMIOLOGY AND MODES OF TRANSMISSION OF HBV AND HIV

Certain pathogens microorganisms found in the blood of infected individuals can be transmitted to other individuals by blood or other body fluids. Health-care workers, whose occupational duties expose them to blood and other potentially infectious materials are at risk of contracting one of these blood borne pathogens. Hepatitis B and HIV are two of the most significant of these diseases. Hepatitis C, Delta Hepatitis, Syphilis and Malaria are the others.

Blood borne pathogens are spread via several routes: parenteral, mucous membranes, sexual, and perinatal, with sexual transmission (both homosexual and heterosexual) being by far the most prevalent means of transmission. In health care settings, the most commonly reported methods of transmission are cuts or sticks from contaminated sharps and needles, contacts between blood and pre-existing skin lesions, and infectious body fluid contamination of the eyes, nose and mouth.

HEPATITIS B

Hepatitis B is the major infectious occupational health hazard in the health care industry. The CDC believes that as many as 18,000 health acre workers per year may be infected by HBV. Nearly 10% of these become long-term carriers of the virus and may have to give up their profession. Several hundred health care workers will become actively ill or jaundiced from Hepatitis B. Approximately 300 workers may die annually as a result (directly or indirectly) of Hepatitis B.

Health care workers are at a much higher risk for HBV infection than the general public due to their frequent occupational exposure to blood and other body fluids. Studies have shown that approximately 30% of health care workers show evidence of past or present HBV infection. Strong concentrations of HBV in body fluids and feces make it highly contagious and easily spread. Thus, unsanitary water supplies can easily allow the spread of HBV. Infected persons should be isolated or follow careful infection prevention procedures, especially during home care. Infected individuals should use disposable eating utensils and not share food or drink with family members. These precautionary measures should be followed until the person tests negative for HbsAg and shows the appearance of anti-HBs.

Some HBV infections are asymptomatic, especially in children. Symptoms of HBV may include: jaundice, anorexia, nausea, arthritis, rash, and fever. Chronic carriers of HBV who may be asymptomatic but still infectious to others, are at risk of chronic liver disease and liver cancer later in life.

EMPLOYEE REFUSAL TO ACCEPT HEPATITIS B

STATEMENT

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the information on the hazards of blood borne pathogens and it is my decision to elect not to receive this vaccination at this time.

Name

Date

Witness

Date