

2026–2027
75-Hour Nursing Assistant
Handbook

Admissions Information Specific Program
Requirements

Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, gender identity, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; equity@witcc.edu or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; equity@witcc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: OCR.Chicago@ed.gov.

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at webmaster@witcc.edu. The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

**READ THIS BOOKLET
CAREFULLY
AND BRING IT WITH YOU
THE FIRST DAY OF CLASS.**

Attention

Important Financial Information

From the State of Iowa Division I General Policies

Chapter 81 Nursing Facilities

Ch 81, pg 46

c. Prohibition of charges.

- (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program or competency evaluation program may be charged for any portion of the program including any fees for textbooks or other required evaluation or course materials.
- (2) If a person who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program or competency evaluation program, the facility shall reimburse the nurse aide for costs incurred in completing the program or competency evaluation on a pro rata basis during the period in which the person is employed as a nurse aide. The formula for paying the nurse aides on a pro rata basis shall be as follows:
 1. Add all costs incurred by the aides for the course, books, and tests.
 2. Divide the total arrived at in No. 1 above by 12 to prorate the costs over a one-year period and establish a monthly rate.

Important Information

State Mandated Attendance Policy

The 75-hour nurse aide training attendance policy is mandated by DIAL (Department of Iowa Appeals and Licensing).

Students enrolling and attending any Iowa 75-hour nurse aide training must attend 100% of the total number of training hours.

At Western Iowa Tech Community College, the theory portion of the course is typically 45 training hours in length. The clinical training typically involves 30 training hours.

Directory

Admissions Office

Western Iowa Tech Community College
4647 Stone Avenue
P.O. Box 5199
Sioux City, Iowa 51102-5199
Phone: 712-274-6404 or
800-352-4649
Fax: 712-274-6412
E-mail: info@witcc.edu
Website: www2.witcc.edu

Financial Aid Office

712-274-6402 or
800-352-4649

Program Coordinator

Sydnee Sanchez, RN

Administrative Program Coordinator – Health Sciences
712-317-3400
Email: Sydnee.Sanchez@witcc.edu
Office: Advanced Sciences Building, Room L314

Kerry Patchin, MA, BSN, RN

Division Chair of Allied Health
712-317-8657
E-mail: Kerry.Patchin@witcc.edu
Office: Advanced Sciences Building, Room L314

To schedule CNA Skills Testing, contact: Health Sciences Department Assistants

319-254-6772
E-mail: healthsciences@witcc.edu
Office: Advanced Sciences Building, Room L314

Nurse Aide Costs

Western Iowa Tech Community College

ESTIMATED COST

HSC-173 (Nurse Aide Theory)

Course is designed to provide the student with the fundamentals of patient care in the health care environment. Students will learn basic anatomy, physiology, medical terminology, meeting human needs, safety measures, infection control, and physical care.

Prerequisite: None Co-requisite: HSC 174 Credits: 3

E-book Available through Cengage Unlimited = Included

Hard Copy Book Purchase (Optional) = \$185

Book Rental (Optional) = \$7.99

Tuition/fees = approx. \$552.00

Administration fees = approx. \$50

US Student fees = \$29

Education Resources fees = \$97

Total = \$728.00

HSC-174 (Nurse Aide Clinical)

Course expands the student's knowledge of tasks, assessments, and observations of patients in the health care environment. Students will develop technical skills specific to complex needs of the patient.

Prerequisite: None Co-requisite: HSC-173 Credits: 1

No books

Tuition = \$184.00

Course fees = \$175.00 (includes state testing \$125.00 fees one attempt at skills)

Total = \$359.00

Additional Variable Costs

Uniform:

Ceil blue scrub top and pants, shoes, watch

Cost of TB screening

Health Forms Needed

TB Screening: 2 step TB skin test OR TB blood test OR chest X-ray

Important Information

1. Students successfully completing both the nurse aide theory and nurse aide clinical courses will receive a certificate of completion.
2. To legally practice in long-term care facilities (LTC) in the state of Iowa, participants must take and pass the state written and skills exams. Once this is accomplished, the participant will then be added to the Iowa Department of Inspections, Appeals, and Licensing (DIAL) state direct care workers registry. You will need to access the DIAL Website and print your registry card to provide to your employer. It will not be mailed to you. Instructions to access this website are located on the next page of this booklet.
3. The state CNA skills test is held at the Sioux City WITCC campus and is typically offered once or twice per month. For current offerings, visit the WITCC website.

<https://www.witcc.edu/corporate/health/nursing-assistant-cna-testing/>

4. The state CNA written (competency) exam is held through an external testing agency. Below is the website to register for your competency test through the DIAL webpage.

<https://dial.iowa.gov/how-do-i-cna-training>

5. Textbooks are offered through Cengage Unlimited in the course.

Nurse Aide Testing Information

Written Exam

The written CNA exam is administered through Headmaster or Credentia. To register, please visit the DIAL (Department of Inspections, Appeals, & Licensing) website and use the appropriate link to sign up for the written exam. DIAL Written Testing:

<https://dial.iowa.gov/how-do-i-cna-training>

- Test at an Iowa community college: As of January 2026, Iowa community colleges serve only as testing sites and proctors. Registration, payment, and exam records are managed through TestMaster Universe/Headmaster. The cost is \$50 for a proctored written exam taken at an Iowa community college.
- Test remotely online: Candidates may also take the written exam online through Headmaster (\$50) or Credentia (\$70).

Skills Exam

The skills exam is taken at an Iowa community college. Skills testing is administered by the individual colleges and is **not** managed through Headmaster or Credentia.

- The cost to take the skills exam at an Iowa Community College is \$125.
- To register for skills testing at Western Iowa Tech Community College (WITCC), please contact the Health Sciences Department at 319-254-6772, or register online <https://www.witcc.edu/corporate/health/nursing-assistant-cna-testing/>

Upon passing state tests (both skills and written portions), you may access the Direct Care Workers Registry to ensure you are active. It can take up to 1 week to become active on the DCW Registry.

Link to Iowa DCW Registry:

<https://dia-hfd.iowa.gov>

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> • Retrieve and document patient information using a variety of methods • Employ communication technologies • to coordinate confidential patient care

Reviewed and Approved April 2018

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> Position patients/clients Reach, manipulate, and operate equipment, instruments and supplies Electronic documentation/ keyboarding Lift, carry, push and pull Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> Observes patient/client responses Discriminates color changes Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> Performs palpation Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> Move quickly and/or continuously Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> Adapt to rotating shifts Work with chemicals and detergents Tolerate exposure to fumes and odors Work in areas that are close and crowded Work in areas of potential physical violence Work with patients with communicable diseases or conditions

Reviewed and Approved April 2018

College Policies

Please refer to the student handbook and the college catalog for information or policies related to:

- Discrimination, Sexual Harassment, Americans With Disabilities Act Compliance
- Sexual and Gender Harassment
- Discrimination
- Discipline
- Disability
- Release of Student Information
- Drug-Free College Community
- Transfer Students
- Financial Aid and Payment Options
- Code of Conduct

The college handbook and the college catalog information may be acquired on-line at witcc.edu and then click on student services; or, a printed copy can be requested or acquired at the main Sioux City Campus Enrollment Services Office.

Student Injury Statement

A student who incurs an injury during clinical or practicum should report it to the clinical site immediately and then notify their supervising instructor as soon as possible.

Injury Incident

A student who incurs an injury during clinical or preceptor should report it to the clinical facility immediately and then notify their WITCC supervisor as soon as possible.

Weather Guidelines

In case of severe weather, consult your local broadcasting media. Both television and radio stations will announce when classes are cancelled. Students may sign up for weather alerts on MyWIT. See Inclement Weather Policy.

Excused Absences

Military duty, jury duty, or if you are subpoenaed are considered excused absences. It is the student's responsibility to make sure they communicate with the instructor about make-up activities, as designated by the course instructor.

Nursing Assistant Clinical Program Requirements

1. All students must submit to a criminal and abuse background check and be cleared before starting the program.
2. All students must submit all health screening paperwork and be cleared by Program Coordinator.
3. All students must sign a confidentiality agreement before beginning their clinical experience.
4. All students must purchase a uniform before beginning their clinical experience. The uniform will consist of light blue scrub shirt and pants, and a pair of predominantly white leather shoes.

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

Students may be required to provide the following information to external affiliated agencies:

- Clinical Health Evaluation & Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.
- HIPAA and Bloodborne Pathogen (OSHA) trainings completed through Vector

The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

Upload documents to health compliance tracker.

Revised December 2025



NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____ Student ID: _____

Student's Name

Program

Date



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number _____
(if applicable):

Mail or Fax completed forms to:
Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:
Name _____
 Western Iowa Tech Community College
Address _____
 4647 Stone Ave. PO BOX 5199

 Sioux City, IA 51106
Phone _____
 712-274-6400 EXT. 1405
Fax _____
 712-274-6471

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.
 This form (DCI-77) is the only approved release authorization form for this purpose.

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

<h2 style="margin: 0;"><u>Iowa Criminal History Record Check Results</u></h2> <p style="margin-top: 20px;">As of _____, a search of the provided name and date of birth revealed:</p> <p style="margin-top: 10px;"><input type="radio"/> No Iowa Criminal History Record found with DCI</p> <p style="margin-top: 10px;"><input type="radio"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="margin-top: 10px; text-align: center;">DCI initials _____</p>	(DCI use only)
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Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



Iowa Department of Human Services
**Authorization for Release of
 Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last	Sanchez	First	Sydnee	Agency Name	WITCC	Telephone Number	712-317-3400
Address	4647 Stone Avenue					Fax Number	712-274-6444
City	Sioux City	State	IA	Zip Code	51106	Email	Sydnee.Sanchez@witcc.edu
List the name and address of the person whose information is being requested:							
Name (last, first, middle)				Birth Date		Social Security Number	
Address			City		County	State	Zip Code
List maiden name, previous married names, and any alias:							
What is the purpose of your request for child or dependent adult abuse information?							
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.							
Signature of Requestor						Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
 The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
 The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
 The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
 This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

Legal Provisions For Handling Child and Dependent Adult Abuse Information

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not retransmit (release) this information, except that retransmission is permitted when **ALL** of the following conditions apply:

- ◆ The retransmission is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be retransmitted would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the retransmission, including the name of the recipient and the date and purpose of the retransmission.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the retransmission.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

WITCC Nursing Assistant Program Clinical Attendance Policy

1. Students arriving more than 15 minutes late to clinical or leaving early from clinical are considered absent.
2. Students who are absent from clinical/simulation day must contact the course instructor within 24 hours to schedule a meeting.
3. Clinical make-up days will be scheduled at the end of clinical and may be on Fridays and Saturdays. There will be a limited number of make-up clinical days available.
4. It is the student's responsibility to make sure they are scheduled for and have completed all clinical make-up activities, as designated by the course instructor.
5. Failure to make up missed clinical within the scheduled times will result in failure of the course.
6. A "no-call no-show" to clinical will result in failure of the course.
7. Unprofessional conduct, unsafe practice, breach of confidentiality, or performing duties beyond academic preparation is grounds for immediate removal from clinical. Removal will result in failure of clinical and may include disciplinary action as per the College Student Handbook.

Clinical Nursing Dress Code

Students in the clinical nursing assistant courses will be required to adhere to the following dress code while caring for clients. Students may be required to follow a site-specific dress code if it is more detailed or restrictive than the WITCC policy.

1. Students are required to wear the WITCC ceil blue scrub top and scrub pants.
2. A white or black shirt, short-or long-sleeved, may be worn under the scrub top.
3. Shoes must be mostly solid colored, with minimal design, nonporous, clean, and closed-toed, and be worn only for nursing duties. No heels or hiking boots are permitted.
4. Students must wear a WITCC clinical name badge and facility badge, as required.
5. A watch, Skills Checklist book, notepad, and a black or blue pen are required.
6. Hair must be clean, pulled back, off the collar, and secure. Beards, mustaches, and sideburns need to be clean, well-manicured, and closely trimmed to the face.
7. Fingernails must be clean, short, and neatly filed. No artificial or colored nails. Makeup should be minimal.
8. Ear and facial piercing are allowed in any number, but only studs – no hoops or dangling jewelry. Gauges must be clear or skin colored. No necklaces or bracelets, and no more than one ring is allowed.
9. Tattoos do not need to be covered unless they are inappropriate or offensive.
10. Eating and drinking are not acceptable in client areas.
11. Students may not use tobacco products at any time during their work shift; this includes meal periods and rest breaks, on or off campus. Clothing worn during the student's shift must be free of the odor of tobacco. No vaping.
12. No offensive body odor, bad breath. Do not wear perfume or cologne.
13. Cell phones and other electronic devices are restricted to professional use only and/or according to agency policy.
14. PPE: Follow the facility policy. Students are responsible for inquiring about the facility policy prior to the first day of clinical and on a needed basis.

I have read and understand the Clinical Attendance Policy and Dress Code.

Name: _____ Date: _____

Student ID: _____

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WITCC Nursing Department Inclement Weather Policy

To ensure the safety of students, faculty, and clinical partners, the WITCC Nursing Department follows the college's decisions regarding weather-related delays and closures. Clinical scheduling will be adjusted as outlined below:

College Late Start

- Day Clinical: Canceled
- Long Day Clinical: May begin at the start of the second shift
- Evening Clinical: Not affected and will proceed as scheduled
- Simulation: Depends on start time, instructor will notify students

College Closure

- If any WITCC campus cancels classes for the day, the clinicals/simulations for that site are also canceled.

Early College Closure

- If WITCC closes early due to weather, instructors must dismiss clinical and send students home at the time of closure.

Make-Up of Clinical Hours

- All clinical/simulation days missed for weather must be made up to meet course and accreditation requirements.
- When a clinical ends early due to weather, course instructors will determine whether make-up time is required.
- If make-up is needed, instructors may choose one or a combination of the following:
 - Make-up simulation
 - Make-up clinical day

Faculty will communicate all schedule changes and make-up requirements to students as soon as possible via email.

Adopted for 26/SP

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Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Student ID: _____

Print name: _____

Student Signature: _____

Date: _____

Reviewed 2/2022

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: _____

Print name: _____

Signature: _____

Date: _____

Reviewed 2/2022

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Simulated Learning Contract

Overview

Western Iowa Tech Community College (WITCC) Nursing Department utilizes simulation to augment the student learning experience throughout the curriculum. Students are expected to treat all simulations as if they were real-life scenarios and behave as such.

- ✓ All simulation manikins are to be treated as if they were real patients in all aspects – legal, moral, ethical
- ✓ All participants in the simulation are to be treated respectfully. This includes actors, faculty, fellow students, etc.
- ✓ Students will be assigned varying roles in simulation, up to and including direct participation roles, human simulator roles or acting roles such as family members or ancillary staff roles.
- ✓ Student performance in simulation may be used for formative or summative evaluation on the student record.

Confidentiality

Students will have access to patient care information throughout the simulation experience. This information is considered confidential.

- ✓ All information obtained during simulation is confidential and should be treated with the same discretion as patient information obtained in the clinical setting.
- ✓ Students are expected to uphold the requirements of the Health Insurance Portability and Accountability Act (HIPPA) and all other federal, state laws or institutional rules regarding confidentiality and academic authenticity.
- ✓ Students have an obligation to report any breach in confidentiality they are witness to.

Audio-visual recording

Reflective learning is an important component of simulation. In order to facilitate reflective learning audiovisual recording will be utilized in the simulation lab.

- ✓ Recorded sessions will be reviewed with students and faculty as a reflective learning activity.
- ✓ Debriefing is an essential part of simulation and all observations during debriefing are to be kept constructive.
- ✓ Faculty and staff at WITCC may use the recordings for purposes of evaluating simulation scenarios and student performance.
- ✓ I am not to remove, release or make publicly available any recordings or portions of recordings made during any simulation sessions.
- ✓ WITCC may ask permission to use images from simulation for scholarly and/or promotional use. I will be given a separate consent for this use of audiovisual recording and that I am not required to agree to this use of recordings.

By signing below, I agree to all of the terms stated above. I understand my participation in simulation is an important part of my professional development as a nursing student. If I have any questions regarding simulation or the contents of this agreement, I will discuss them with my course faculty, faculty advisor or the director. This contract is in effect for the entirety of my tenure as a nursing student at Western Iowa Tech Community College.

Print Name: _____ Student ID: _____

Signature: _____ Date: _____

Reviewed and Approved 4/23/2021-Simulation Subcommittee

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Health Evaluation

To provide a safe and healthy environment for yourself and those you will come into contact with, you must complete a TB screening **prior** to entering the clinical phase of your education. **If these requirements are not completed, you will not be allowed to participate in the clinical rotation.**

Tuberculin Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical. If you have had a past positive TST, you will need to provide documentation of a negative blood test or chest x-ray. If the negative test is more than one year old, you will also need to turn in a TB Symptom Assessment form.

Because of the increased incidence of tuberculosis, each student is required to have a current TB test. The TB test is valid for **one year**.

Completed Records:

Please complete the TB form and submit to your instructor or program coordinator.

**Please make sure that you keep a copy of your TB records!!
In the future, a copy will not be made available to you!**



NAME: _____

Student ID# _____

CERTIFIED NURSE AIDE TWO STEP TUBERCULOSIS SCREENING

A Two Step Tuberculosis screening (PPD) shall be completed, the Mantoux (5Tu) PPD shall be given to all individuals including those with a history of vaccination with Bacille Calmette – Guerin (BCG). Pregnancy and breastfeeding shall **not** exclude a student from being skin tested.

Please complete EACH of the following questions:

1. Yes ___ No ___ I understand the tuberculosis skin test involves the injection of PPD antigen (0.1 cc. Tubersol) by small gauge needle between layers of the skin on the inside forearm
2. Yes ___ No ___ I have had a positive skin test before.
3. Yes ___ No ___ I have taken TB preventative medications before.
4. Yes ___ No ___ I am allergic to Tubersol, the PPD antigen used. I had this reaction in the year of: _____
5. Yes ___ No ___ I have had a vaccination for measles, mumps rubella or another “live” vaccine product in the past Two months.
6. Yes ___ No ___ I have recently (within 2 months) had a viral infection of rubeola, influenza or mumps.
7. Yes ___ No ___ I am receiving corticosteroids or immunosuppressant medications presently.
8. Yes ___ No ___ I understand I must have the skin test read at (this) location in 48-72 hours.
9. Yes ___ No ___ I understand failure to have the skin test read during appropriate time interval will result in an incomplete test and/or post offer physical.
10. Yes ___ No ___ I understand that this is only a screening procedure and in the event the test should be “positive,” I understand that a chest x-ray may be requested.
11. Yes ___ No ___ I am allergic to Latex.

Step		Circle	Signature
1	I validate that I have answered the above questions accurately and request Step 1 be given to me today.	Y / N	
2	I agree to the above 11 questions and that they are accurate and request Step 2 today.	Y / N	

Step	Date	Time	Site	Tubersol		Administered By	Read			Adverse effect present	Read By
				Lot #	Expiration Date		Date	Time	Results		
1			L / R FOREARM						____mm	N / Y	
2			L / R FOREARM						____mm	N / Y	

RETURN to Instructor

Signature Sheet of Understanding

I have reviewed and understand the Nursing Assistant Program Admission Information Booklet and agree to abide by these policies.

I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.

Print name: _____

Signature: _____

Student ID: _____

Date: _____

