

NURSE ASSISTANT ORIENTATION PROGRAM CONTENT
(To be completed by ALL skilled nursing and intermediate care facilities)
See page two for instructions

Facility name and address:

Provider identification training number: **F**

Phone: () _____

County: _____

Required Signatures

All Parties Must Sign

Administrator	Signature
Director of Nursing	Signature
Director of Staff Development	Signature

The following topics must be presented in the orientation program. Please indicate the time, day, and length of presentation for all topics listed below. How many days of orientation are given by the facility? _____

Orientation related to the following facility-specific subjects shall be provided at the facility where the certified or noncertified nurse assistant is employed. These topics must be presented prior to direct patient care.

The remaining 8 hours shall be presented within the next 32 hours of employment. Facilities which are under common ownership or belong to one corporation may provide this portion of the orientation in a central location.

Group A (First 8 hours of employment) Title 22, Division 5, Section 71833(e)(1)	Length of Presentation Hours/ Minutes	Day	Time of Day	Group B (Next 32 hours of employment) Title 22, Division 5, Section 71833(e)(1)(c)(2)	Length of Presentation Hours/ Minutes	Day	Time of Day
Tour of the nursing facility				Administrative structure			
Description of patient population				Facility's philosophy of patient care			
Description of daily routine of the patients				Organization of staff			
Demonstration of the use of equipment including call-cord and intercommunication system				Services offered			
				Personnel policies			
Instruction in the prevention and management of catastrophe and other unusual occurrences, to include emergency procedures related to fire and disaster preparedness and instructions in the relief of choking				Job description			
				Patients' rights			
				Legal and ethical considerations of health care			
				Role of federal and state regulations in the provisions of care			
Introduction to basic patient care which includes supervised clinical training prior to a direct care assignment (3 hours minimum skills), taught by licensed staff, who have no other responsibilities while teaching				Dementia specific training (minimum 2 hours)			
				Nursing policies and procedures			
				Patient comfort and patient environment			
Total number of hours				Total number of hours			

1. Submit a ***patient care skill*** lesson plan taught during supervised clinical training. The lesson plan must include the following:
 - a. Student behavioral objectives.
 - b. Descriptive topic content.
 - c. Method of teaching (technique, procedure).
 - d. Method of evaluation that indicates that learning has occurred.
2. Submit a copy of your orientation skills return demonstration record done during three hours of basic patient training.
3. Indicate who supervises clinical training: _____

I certify that:

1. All **Group A** topics listed under the first column will be offered prior to direct patient care; and
2. All licensed personnel, while supervising clinical training, shall have no other responsibilities.

Director of Staff Development signature	Date
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Before sending to CDPH for review and approval, check the following:

- Did you get all required signatures?
- Did you include one lesson plan?
- Did you include orientation skills record?
- Did you fill in all information on the front of this form?

Original signatures must be submitted. A faxed or scanned copy will not be accepted. Keep copies for your records.

<i>California Department of Public Health Use Only</i>	
<input type="checkbox"/> Approved By: _____ <small>Program Consultant</small>	_____ <small>Date</small>