

ORIENTATION PROGRAM CONTENT FOR NURSE ASSISTANTS

(To be completed by ALL skilled nursing and intermediate care facilities) See page two (2) for instructions

Submit the completed packet to TPRU@cdph.ca.gov

Facility Name and Address:	Facility County:	Facility Identification Training Number: F - <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
Facility Email Address:	Facility Phone Number:					

Certified and noncertified nurse assistants shall receive sixteen (16) documented hours of orientation. The orientation shall be completed during the first forty (40) hours of employment, California Code of Regulations, Title 22 (22 CCR), §71833(e).

The first eight (8) hours of orientation shall be conducted prior to providing direct patient care. Orientation related to the following facility-specific subjects shall be provided at the facility where the certified or noncertified nurse assistant is to be employed, 22 CCR, §71833(e)(1) :	Day	Presentation	
		Time of Day Start-End Time	Length Hours/ Minutes
A tour of the nursing facility, including: (1) A description of the patient population. (2) Description of the daily routine of the patients. (3) Demonstration of the use of equipment including call cord and intercommunication system.			
Instruction in the prevention and management of catastrophe and other unusual occurrences, including but not limited to emergency procedures related to fire, disaster preparedness.			
Introduction to basic patient care, which includes supervised clinical training prior to a patient care assignment (3-4 hours recommended) .			

Total number of hours			
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The remaining eight (8) hours of the orientation program shall be presented within the next thirty-two (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 other than the one where the nurse assistant is employed. During this final eight (8) hours of orientation, the following topics must be included, 22 CCR, §71833(e)(2) :	Day	Presentation	
		Time of Day Start-End Time	Length Hours/ Minutes
Administrative structure: (1) Organization of staff. (2) Services offered. (3) The role of nurse assistants, including job description, team approach, attitudes and approaches to patients. (4) Personnel policies, including appearance and grooming.			
The facility's philosophy of patient care.			
Patients' rights.			
Legal and ethical considerations of health care.			
Patient care policies and procedures including but not limited to bathing, bed making, transfer techniques, positioning and turning.			
Patient comfort and patient environment.			
The role of federal and state regulations in the provision of care.			
Instruction in the relief of choking.			
Dementia specific training (Minimum 2 hours) .			

Total number of hours			
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1. Submit a lesson plan for a direct patient care skill that is taught during supervised clinical training included in the first 8 hours of the orientation. For example, direct patient care skills include oral hygiene, transfer of resident to chair to bed, vital signs etc. The lesson plan must include the following, **22 CCR §71833(a)(2)**:
 - a. Student performance standards (e.g., Course Objectives).
 - b. Detailed topic content (e.g., Method, Technique and Procedure(s)) to discern what is taught.
 - c. Method of teaching (e.g., Lecture, Skill Demonstration).
 - d. Describe the method of evaluating the student’s knowledge and clinical skills (e.g., Skill Return Demonstration).

2. Submit a copy of the orientation skills return demonstration record used to document the basic patient care clinical training from first 8 hours of the orientation.

3. List the job title of the person who supervises basic patient care clinical training included in the first 8 hours of the orientation: _____
Note: This training shall be the responsibility of the Director of Staff Development or other licensed nurse who is free of other responsibilities during the time he/she is providing the clinical training, **22 CCR, §71833(e)(1)(C)**.

By signing below, we certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Facility Administrator Name	Facility Administrator Signature
Facility Administrator Email Address	Date
Facility Director of Nursing (DON) Name	Facility DON Signature
Facility DON Email Address	Date
Facility Director of Staff Development (DSD) Name	Facility DSD Signature
Facility DSD Email Address	Date

California Department of Public Health Use Only

Approved By _____ Date: _____
 Training Program Review Unit Representative