

NURSE AIDE I TRAINING PROGRAM APPLICATION PACKET

This packet contains forms and general information needed for the Nurse Aide Training (NAT) initial approval. Also, at the bottom of this page you will find our Web site address for additional information and forms.

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Part I:

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Components of Part I to be returned: Numbers 1-4 – please submit the NAT Application, Signature Page, Statement of Understanding, Faculty Approval Request Form(s), Instructional Resources, and Course Schedule. Numbers 5-14 - please submit required philosophy, objectives, and policy statements along with attachments. Note: Once you have completed Part I, fax to the number listed above. Mailed copies will not be accepted. After your consultant completes the review of Part I, you will be notified.

Part II:

- Instructions for Completing Part II of the Nurse Aide I Training Program Proposal.....Page 17
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Components of Part II to be returned: Numbers 1-3 – Basic Equipment and Supply List, Physical Classroom and Laboratory – please submit policy statement and narratives with required attachments

The following information can be located on our Web site (www.ncnar.org):

- [N. C. State-Approved Nurse Aide I Curriculum](#)
- [Appendix A \(N. C. State-Approved Nurse Aide I Curriculum\)](#)
- [Clinical Site Approval Request Form](#)
- [Faculty Approval Request Form](#)
- [Faculty Removal Request Form](#)
- [Federal Regulations](#)
- [Nurse Aide I Frequently Asked Questions](#)

The following information can be located on the N. C. Board of Nursing Web site (www.ncbon.com):

- [Nurse Aide I Tasks](#)

Nurse Aide I Training Program Approval Requirements

General Instructions

Thank you for your interest in nurse aide training. Your application and proposal for a state-approved program is a two-part process. You will submit Part I for approval and upon notification of that approval, you will complete and submit Part II.

Part I is the portion of the proposal which contains information about how your program will function and how it will be administered. It consists of the following documents and statements:

- Application forms
- Program philosophy
- Policy statements
- Curriculum specifications
- Faculty approval requirements

Instructions for completing Part I of your proposal begin on the next page. Please read the instructions carefully and prior to submission, double check to make sure that all requested information is included in your documentation. If you decide to submit, **fax your completed Part I to 919-733-9764. Mailed copies will not be accepted.**

Once Part I of your proposal is received, your regional consultant will complete a review to ensure that your documents and policies are in compliance with the Federal Regulations governing nurse aides, the State Guidelines, and the N.C. Board of Nursing tasks for nurse aides. It will also be determined if your program proposal meets standards of educational excellence. You may contact your regional consultant at any point in your submission process for guidance and advice. View contact information for your regional consultant at <http://www.ncdhhs.gov/dhsr/hcpr/consultants.html#educonsult>.

Once Part I is approved by your regional consultant, you will be notified to submit Part II for approval. Please allow 90 days for Part I to be reviewed. You are strongly encouraged NOT to rent space, nor purchase equipment and supplies, until you have been notified that Part I is approved.

Part II is the portion of the application which contains information describing your planned classroom and lab, physical plant, equipment supplies and materials that you will use. It will contain your:

- Policy Statement for Basic Equipment and Supply List
- Narratives and Diagrams of classroom and laboratory

Please read the instructions carefully and double check to make sure prior to submission that all requested information is included in your documentation. Fax your completed Part II to 919-733-9764.

Once received, your regional consultant may request a site visit for review of your physical plant. Please note that both Part I and Part II must be finalized in order for your program to be approved.

NURSE AIDE I TRAINING PROGRAM APPLICATION

Note: Please complete all appropriate blanks. Incomplete forms will be returned.

Facility/School:	
Mailing Address:	
Site Address:	County:
Program Coordinator's Area Code/Phone #:	
Program Coordinator's Area Code/Fax #:	
Program Coordinator's E-mail Address:	

Note: If you are not a community college or long term care facility, please contact the N.C. Community College System Office (<http://www.nccommunitycolleges.edu/proprietary-schools>) to secure licensure information.

Specify Curriculum Type: <input type="checkbox"/> State <input type="checkbox"/> State Online <input type="checkbox"/> Other/Specify: _____		
No. of Classroom hours: _____	No. of Online Hours: _____	No. of Lab Hours: _____
No. of Clinical Hours: _____	Total Hours: _____	
Community Colleges only (check one):	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Curriculum
If a program number has been previously assigned by DHSR, please list here _____ (one program number per form).		

I certify that the information in this application, including attachments, accurately represents the Nurse Aide I Program for which the North Carolina Division of Health Service Regulation approval is being requested.

(Signature of Program Coordinator)

(Date)

(Printed Name of Program Coordinator)

(Signature of Administrator)

(Date)

(Printed Name of Administrator)

CLINICAL SITE #1

Name of Facility:

Address:

Area Code/Telephone Number:

CLINICAL SITE #2

Name of Facility:

Address:

Area Code/Telephone Number:

CLINICAL SITE #3

Name of Facility:

Address:

Area Code/Telephone Number:

CLINICAL SITE #4

Name of Facility:

Address:

Area Code/Telephone Number:

CLINICAL SITE #5

Name of Facility:

Address:

Area Code/Telephone Number:

CLINICAL SITE #6

Name of Facility:

Address:

Area Code/Telephone Number:

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal

Part I - Please review these instructions carefully and double check to make sure that what you submit for approval contains all requested information. Feel free to contact your regional consultant at any time during the process for guidance and advice. When required to write statements, please be brief and concise.

Each of the following sections is required to be completed and submitted with Part I. Where requested, appropriate attachments should be included. Incomplete submissions will be returned/denied.

1. Complete the forms listed below. Answers should be legible. Fill in all blanks as requested and check appropriate boxes on the following forms:
 - Nurse Aide I Training Program Proposal Form
 - Signature Page
 - Statement of Understanding
 - N.C. Community College System Office contact date (for proprietary schools)
2. Faculty Approval Request Form(s) – Specific requirements are in place for Nurse Aide I training faculty. These requirements are listed on the **Nurse Aide I Training Faculty Requirements Worksheet** page included in this packet. Carefully review the criteria specified, ensure that all faculty meets the stated criteria, and plan accordingly. Complete and attach a **Faculty Approval Request Form** (available at www.ncnar.org) for each planned faculty member.
3. Instructional Resources – On the form entitled **Instructional Resources**, list your audiovisuals, textbooks, and workbooks. Resources should be less than 5 years old. Examples of audiovisuals may include, but not be limited, to the following:
 - Videos, video clips, DVDs
 - Computer-assisted instruction
 - Online interactive programs
 - PowerPoint presentations
4. Course Schedule – Complete the chart labeled **Course Schedule** included in this packet of information. A sample of this chart is included for you to use as a guide when completing your course schedule. The information in this chart needs to include all of the following items listed below.
 - The module letter/name of the State-approved Nurse Aide I curriculum content for a given day for each course day
 - One hour equals 60 minutes
 - The number of class, lab, and clinical hours rounded to the nearest 15 minutes
 - The same class, lab, clinical, and total number of hours listed on the application page
 - Only the time spent in actual teaching (classroom, lab and clinical experiences) with no breaks and meals included
 - A minimum of 16 hours of training prior to any direct contact with a resident in the areas of communication and interpersonal skills, infection control, safety/emergency procedures (including relief of choking), promoting residents' independence, and respecting residents' rights. This information can be found in the State Curriculum in Modules A-G.
 - Tests or exams

Note: The modules can be taught in any educationally sound order which meets the guidelines stated above.

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal Con't.

5. Program Philosophy - Write a brief statement that addresses what your program plans to accomplish and why.
 6. Program Objectives – List objectives describing how you plan to implement your program philosophy. Write these objectives in measurable terms. Objectives should support your program philosophy statement.
 7. Supplemental Teaching Methodologies – List or briefly describe the teaching methodologies, or strategies, planned for use in addition to lecture. Examples may include types of audiovisuals, cooperative learning, individual or class projects, group presentations, games, etc.
 8. Faculty Orientation and Inservice - Describe your plan to orient and inservice your program faculty. This documentation must be maintained and available for review by DHSR. At a minimum, your plan should include orientation/inservice training for all three situations listed below.
 - Approved program policies upon hire and at least annually
 - State-approved curriculum upon hire and at least annually
 - New directives and program changes from DHSR as soon as they are released
 9. RN Supervision and Instructor/Student Ratios - Write a brief policy statement describing BOTH of the following:
 - Nurse aides be under the direct supervision of an approved RN instructor
 - Your planned instructor-to-student ratios for classroom, laboratory, and clinical.
- Note: The N.C. State Board of Nursing requires a ratio no more than 1 instructor to 10 students in the clinical setting.
10. Identification of a Trainee in the clinical setting – Write a brief policy statement stating that students will wear a nametag with the word “trainee” or “student” after the student’s name during the clinical experiences.
 11. Student Identification – Write a brief policy statement describing how each student’s identity will be verified and documented. Appropriate methods may include, but are not limited to:
 - School picture ID
 - Employee ID
 - Government Issued ID

Note: Two forms of official signature-bearing identification are required for nurse aide testing. One must be a photo ID and the other must be a U.S. government-issued Social Security card.

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal Con't.

12. Monitoring/Maintenance of Student Records - The Program Coordinator will continuously monitor student records for accuracy. Write a brief policy statement to describe your student record quality monitoring system AND where/how these records will be maintained. At a minimum, all of the following documents should be maintained in the student records:

- Completed Appendix A from the State-approved NAI curriculum
- Completed Skill Performance Checklists (optional)
- Attendance records to include dates of absences, material/clinical experience missed and dates of make-up
- Tests or answer sheets labeled with test version
- Test scores
- Verification of student identity and documentation

Note: Student records should be maintained for a minimum of three years in a locked area and must be available to DHSR upon request.

13. Attendance – Write a brief absentee policy statement which clearly states how many, if any, absences are allowed in your program. State absences in hours. Absences must be documented in the following manner: date absence occurred; content missed; date content made up.

Note: All missed classroom content, and laboratory and clinical experiences must be made up for the student to successfully complete your nurse aide program.

14. Student Grading/Proficiency Policy – Write a brief policy statement which describes the minimum theory passing grade, how it is derived, AND the passing grade for the lab and clinical components of the course. The following information will be helpful in the development of this policy:

- The class grading policy should include the minimum theory passing grade, and how it is derived.
- To pass the laboratory component of your nurse aide program, the student must be proficient in demonstrating skills prior to direct resident contact. Proficiency is defined as the ability to perform a skill in a competent and safe manner. Include how you plan to objectively determine student proficiency in each skill.
- Your proficiency statement should outline which steps in each skill must be performed to pass the skill and which steps might be missed and the student still pass the skill. These criteria should be written as a proficiency statement which is a part of the lab grading policy.
- The proficiency statement may be stated as a percentage of steps performed (*in order for a student to be deemed proficient, the student must correctly demonstrate ___ percentage of steps for each skill correctly*); or as critical steps (*in order for a student to be deemed proficient, the student must correctly demonstrate each predetermined critical step of the skill*); or as a combination of both (*in order for a student to be deemed proficient, the student must correctly demonstrate ___ percentage of steps for each skill correctly and the student must demonstrate each predetermined critical step of the skills*).
- In clinical, students must continue to demonstrate proficiency in the performance of nurse aide skills when working with residents.
- The laboratory and clinical grading policy should be pass/fail.
- You must develop your own skill performance steps/checksheets.
- One checklist per skill is required.
- A master copy of every skill checklist should be available to DHSR upon request.

SIGNATURE PAGE

(Name of College, School, or Agency)

(City)

Prepared By

(Signature and Title of Individual Preparing the Document)

(Printed Name and Title of Individual Preparing the Document)

Approved By

(Signature of Program Coordinator)

(Printed Name and Title of Program Coordinator)

(Signature of College/School/Agency Administrator)

(Printed Name and Title of College/School/Agency Administrator)

(Date)

STATEMENT OF UNDERSTANDING

I certify that this program meets the requirements set forth by federal regulations and will be implemented as described in this proposal. I understand that all substantive changes to the program, including curriculum, faculty, classroom, lab, and clinical sites, must be approved by the Division of Health Service Regulation (DHSR) prior to implementation.

I understand that approval to offer this program is based on our agency using the State-approved curriculum and adhering to the policies approved by DHSR as part of this approval. I further understand our agency may be required to make modifications to this program as requested by DHSR. Modifications made by the State to the State-approved curriculum and provided to our agency will be incorporated into the currently approved program under which our agency operates.

I understand DHSR may withdraw approval of this nurse aide training program if it determines that the program does not meet federal or state requirements. I further understand that DHSR will withdraw approval of this nurse aide training program if the entity administering the program refuses to permit unannounced visits by the State. I understand that announced and unannounced site visits may be made.

I certify that program files and student records will be kept in a secure location and made available to DHSR upon request.

(Signature of College/School/Agency Administrator)

(Date)

Proprietary School Programs Must Complete this Section:

I have obtained and read the Inquiry Packet from the N.C. Community College System, Office of Proprietary Schools. I submitted the Preliminary Application to that agency on (date submitted) _____ with the intent to obtain licensure.

(Signature of Administrator)

(Date)

INSTRUCTIONAL RESOURCES

The Videos/CDs/DVDs listed below will be used as instructional resources.

Name of Video/CD/DVD	Production Year	Name of Company	Run Time (minutes)

The instructors will use the following computer-assisted and/or online instruction as supplemental instructional resources:

Name of Program	Production Year	Name of Company	Run Time (minutes) (if applicable)

The students will use the following textbook(s) and workbook(s):

Text/Student Workbook	Author	Publisher	Edition/Year of Publication

SAMPLE COURSE SCHEDULE FORMAT

DO NOT RETURN THIS PAGE WITH YOUR APPLICATION

Day	State-approved Curriculum Module Letter and Name	Minutes for Audio/Visuals	Class Hours	Online Hours	Lab Hours	Clinical Hours
1	A The Nurse Aide I		1		0	0
	D Communication		1	3	0	0
	B Infection Prevention	"Standard Precautions" (15")		4	1	0
2	Test #1 & Test Review		0.5		0	0
	C The Resident's Environment: Safety and Emergency		0	3	1	0
	E Law and Ethics		0	2	0	0
9	Clinical Day 1		0		0	6
ETC. ↓	ETC. ↓	ETC. ↓	ETC. ↓		ETC. ↓	ETC. ↓
24	Final Exam & Review		2		0	0
TOTALS →						
			GRAND TOTAL =			

Include the total in hours for each column at the end of the schedule. These totals **MUST** be the same as those found on the Nurse Aide I Training Program Application (Page 3) of the program proposal.

Notes:

- This schedule is for Nurse Aide I Training only.
- Refer to #4 on **Instructions for Completing Part I of the Nurse Aide I Training Program Proposal**.
- Use day designations as noted in sample. Do not use actual dates (ex: not "October 1").
- One hour equals 60 minutes.
- Do not include days for vacation, breaks, book chapters or page numbers. This is a generic schedule.
- Check to see that a disproportionate amount of time is not taken up with audio/visuals. Audio/visuals should not replace instructor time.
- Document Totals and Grand Totals on the last page of the schedule.
- Include Online Hours only if the schedule is for a hybrid/online course.

SAMPLE SKILLS CHECKSHEET

Developing Your Skills Checksheets
Skills Checksheets Format Example

See example below for the format to use when developing your skills checksheets. One checksheet for each required skill should be developed. Once completed and approved by your faculty, students should have a copy readily available for study and practice. These checksheets should always be used when checking the students for proficiency in a given skill before the student goes to clinical to perform this skill. Faculty should decide which steps must be performed to pass the skills and which steps might be missed and the student still pass the skill. A statement as to this decision should be included in #14 found under Student Grading/Proficiency Policy - **Instructions for Completing Part I of the Nurse Aide I Training Program Proposal.**

DO NOT RETURN CHECKSHEETS WITH THE APPLICATION.

EXAMPLE

HAND HYGIENE (HAND WASHING)

- ____ 1. Address client by name and introduces self to client by name
- ____ 2. Turns on water at sink
- ____ 3. Wets hands and wrists thoroughly
- ____ 4. Applies soap to hands
- ____ 5. **Lathers all surfaces of wrists, hands, and fingers, producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
- ____ 6. Cleans fingernails by rubbing fingertips against palms of the opposite hand
- ____ 7. **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
- ____ 8. Uses clean, dry paper towel/towels to dry all surfaces of hands, wrists, and fingers then disposes of paper towel/towels into waste container
- ____ 9. Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
- ____ 10. Does not touch inside of sink at any time

Critical steps are in **bold** print.

RN Evaluator Signature:	Date:
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CIRCLE ONE: Pass or Fail

NURSE AIDE I TRAINING FACULTY REQUIREMENTS WORKSHEET

All Nurse Aide I Training Faculty must meet the requirements as specified below. Please use this worksheet to evaluate potential faculty. Complete a **Faculty Approval Request Form** for each member of your nurse aide faculty. Complete the **Faculty Approval Request Form** by including information that demonstrates the requirements below. This form can be found on our website: www.ncnar.org.

DO NOT RETURN THIS WORKSHEET WITH THE FACULTY APPROVAL REQUEST FORM

PROGRAM COORDINATOR

MEETS (✓)	REQUIREMENTS
	1. The applicant is a registered nurse with an unencumbered license.
	2. The applicant is licensed to practice in North Carolina.
	3. The applicant has at least two (2) years (4000 hours) of experience as a registered nurse in the United States.
	4. The applicant has at least one (1) year (2000 hours) of RN experience in the provision of long-term care facility services in the United States demonstrated by: <ul style="list-style-type: none"> a. working in a long-term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital, or b. supervising or teaching students in a long-term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital.

INSTRUCTOR

MEETS (✓)	REQUIREMENTS
	1. The applicant is a registered nurse with an unencumbered license.
	2. The applicant is licensed to practice in North Carolina.
	3. The applicant has at least two (2) years (4000 hours) of experience as a registered nurse in the United States.
	4. The applicant meets at least one of the following: <ul style="list-style-type: none"> a. completion of a course in teaching adults, b. experience in teaching adults, or c. experience in supervising nurse aides.

Instructions for Completing Part II of the Nurse Aide I Training Program Proposal

Part II—When you receive notification that Part I of your proposal is approved, you will be instructed to submit Part II of your Nurse Aide I Training Program Proposal.

1. Basic Equipment and Supply List – Write a brief policy statement which confirms that your program will supply the required equipment and supplies, and that these will be available in working order for student use. Please refer to the Basic Equipment and Supply List, included in this proposal packet. This list includes all equipment and supplies needed to successfully perform all required skills. Attach a copy of this list indicating it is the list you plan to use.

Note: If you attach a different equipment and supply list deleting some of the required equipment and supplies, please explain how students will be able to demonstrate proficiency in each skill without the necessary equipment and supplies.

2. Physical Classroom Environment – Write a brief narrative description of your planned classroom and attach a drawing/diagram. The narrative AND the diagram need to include, at minimum, all items in the list below.

- Room dimensions
- Square footage
- Physical layout of room
- Teaching equipment
- Student tables/chairs/desks

Note: The drawing/diagram can be pencil, ink, and/or computer-generated. Make sure that the items above are labeled on this diagram.

3. Physical Laboratory Environment - Write a brief narrative description of your planned laboratory and attach a drawing/diagram. The narrative AND the diagram need to include, at minimum, all the items in the list below.

- Room dimensions
- Square footage (at least 100 sq. feet for one bed or at least 80 sq. feet per bed for two or more beds)
- Physical layout of room
- Resident bed(s)
- Bedside table(s)
- Overbed table(s)
- Full suspended privacy curtains for each bed
- Call signal(s)
- Wastebasket
- Other furniture or materials
- Sink(s) with hot and cold running
- Chairs

Note: The drawing/diagram can be pencil, ink, and/or computer-generated. Make sure that the items above are labeled on this diagram.

Part II Nurse Aide I Training Program Proposal Form

Complete this page by following the corresponding directions from the preceding pages, entitled **Instructions for Completing Part II of the Nurse Aide I Training Program Proposal**. In the space provided, write your policy statement or narrative. Attach the necessary list/diagrams placing a checkmark (✓) in the corresponding box.

1. Equipment and Supplies

Equipment and Supplies List attached

2. Physical Classroom Environment

Diagram attached

3. Physical Laboratory Environment

Diagram attached

Signature:	Date:
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Basic Equipment and Supply List
Nurse Aide I Training Program
Revised February 2015

This is a minimum basic equipment/supply list, but your program may choose to have additional items for skills specific to your program. Please list additional supplies specific to your lab and resident area (such as dry shampoo): _____

*As needed is defined as having sufficient quantity of supplies appropriate to number of students that will permit class objectives to be met by instructor demonstration, student practice, and proficiency demonstration by students.

Simulated Resident Lab		Simulated Resident Area (per bed)	
Bedside commode	1 per lab	Bedside chair	1 per bed
Hand sanitizer	1 per lab	Bedside stand	1 per bed
Hand wipes	As needed*	Full privacy curtain, suspended (not screen)	1 per bed
IV pole with IV bag/tubing	1 per lab	Hospital bed with rails, functioning	1 per 10 students
Paper towel dispenser	1 per lab	Non-functioning call signal (attached to head of bed/wall)	1 per bed
Pump soap	1 per sink	Overbed table	1 per bed
Sink with hot & cold running water	1 per lab	Wastebasket	1 per bed
Wastebasket with liner	1 per sink		
<u>BEDDING</u>			
Dirty laundry container	1 per lab	Bedspread or blanket	2 per bed
		Bottom sheet (flat or fitted)	2 per bed
		Drawsheet	2 per bed
		Incontinence pads	2 per bed
		Pillows	4 per bed
		Pillowcases	2 per pillow
		Top sheets	2 per bed
<u>PERSONAL CARE SUPPLIES</u>			
Bath thermometer	1 per lab	Bath blanket (or equivalent)	2 per bed
Bath towel	1 per student	Bedpan (standard & fracture)	1 each per bed
Disposable razor (optional)	1 per student	Deodorant	1 per bed
Hairbrush or comb	1 per student	Liquid soap with pump dispenser	1 per bed
Hair dryer (optional)	1 per lab	Lotion (bottle)	1 per bed
Nail clippers	1 per student	Urinal	1 per bed
Nail file or emery board	1 per student	Wash basin	1 per bed
Orangewood sticks	1 per student	Water pitcher	1 per bed
Shaving cream (optional)	As needed*		
Washcloth	2 per student		

Simulated Resident Lab		Simulated Resident Area (per bed)	
<u>ORAL CARE SUPPLIES</u>			
Cotton-tipped applicators	As needed*	Denture cup with lid	1 per bed
Demonstration teeth with tongue (optional)	1 per lab	Mouthwash (bottle) (non-alcohol)	1 per bed
Dentures	1 set per lab	Tissues	1 box per bed
Denture brush or toothbrush labeled for denture care	1 per bed		
Denture cleaning tablets	1 box per lab		
Denture paste/cream	As needed*		
Disposable cups	As needed*		
Emesis basin	1 per student		
End tuft toothbrush	As needed*		
Gauze pads (4x4)	As needed*		
Inter-dental brush/go-between	As needed*		
Medication cups (30 ml plastic)	As needed*		
Prepared swabs/Toothettes	As needed*		
Straws	As needed*		
Tongue blades	As needed*		
Toothbrush (soft)	1 per student		
Toothpaste	As needed*		
<u>NUTRITIONAL SUPPLIES</u>			
Eating utensils & napkins	As needed*	Clothing protector or equivalent for meals	1 per bed
Food (three varieties) & beverage (water)	As needed*	Meal tray including plate cover & name card	1 per bed
Food thickening agents	As needed*		
Paper plates	As needed*		
Paper towels	As needed*		
<u>ELIMINATION</u>			
Adult briefs	As needed*	Graduated specimen container	1 per bed
Condom catheter	1 per instructor demonstration	Toilet tissue	1 roll per bed
Enemas (various types)	1 of each per instructor demonstration		
Foley catheter & urinary drainage bag	1 per manikin		
Stool & urine specimen containers	5 per 10 students		
Syringe for catheter	1 per catheter		
Water soluble lubricant (disposable packets)	As needed*		

Simulated Resident Lab		Simulated Resident Area (per bed)	
<u>CLOTHING</u>			
Extra-large clothing for men & women (assorted colors & designs with buttons or snaps; tops should open in front)	As needed*	Hospital gown	2 per bed
Non-skid footwear	As needed*		
Socks	As needed*		
<u>ASSISTIVE DEVICES</u>			
Assistive dining devices	Various types per lab	Gait belt	2 per bed
Canes	Various types per lab		
Crutches	1 pair per lab		
Eye glasses	1 per lab		
Hearing aid	1 per lab		
Restraints (various types & sizes)	As needed*		
Walker	1 per lab		
Wheelchair (with removable footrests)	1 per lab		
<u>TRAINING MANIKIN</u>			
Adult male/female full bodied manikin (functionally & anatomically correct)	1 per 10 students		
<u>VITAL SIGNS EQUIPMENT</u>			
Blood pressure: manual (aneroid)	5 per 10 students		
Electronic sphygmomanometer (optional)	1 per lab		
Stethoscope	5 per 10 students		
Stethoscope (teaching)	1 per instructor		
Thermometer of choice (non-mercury; oral & rectal)	1 per 5 students		
Thermometer sheaths (as appropriate)	As needed*		
<u>STANDARD PRECAUTIONS / ISOLATION SUPPLIES</u>			
Alcohol wipes	As needed*		
Antimicrobial spray/wipes for equipment/supplies	As needed*		
Disposable gloves (non-sterile, non-latex)	Various sizes as needed*		
Face mask	1 per student		
Goggles	1 per student		
Isolation gown	1 per student		
Trash/biohazard bags	As needed*		

Simulated Resident Lab		Simulated Resident Area (per bed)	
<u>MISCELLANEOUS EQUIPMENT</u>			
Fire extinguisher	1 per lab		
Gerichair (optional)	1 per lab		
Lift (mechanical) (optional)	1 per lab		
Scales (bed or chair) (optional)	1 per lab		
Scales, standing with height bar	1 per lab		
Sitz bath (built-in or disposable)	1 per lab		
Stool (medical step stool without handrail)	1 per lab		
<u>MISCELLANEOUS SUPPLIES</u>			
Cold pack & warm pack of choice	1 per instructor & as needed*		
Elastic bandage	2 per 10 students		
Non-sterile dressings	As needed*		
Tape (various sizes)	As needed*		
Anti-embolism stockings (various sizes)	1 per student		
<u>SUPPLIES FOR CLASSROOM ACTIVITIES</u>			
Cellophane tape	As needed*	Magazines	As needed*
Chocolate pudding	As needed*	Magic Markers (color variety)	As needed*
Colored straws	At least 2 straws per class	Paper (construction & plain)	As needed*
Cord/rope – 28 feet	1 per lab	Petroleum jelly	As needed*
Food coloring	As needed*	Plastic Ziploc bags	As needed*
Glitter	1 per lab	Scissors	As needed*
Glue sticks	As needed*		
Index cards	As needed*		