## UNIVERSITY OF KENTUCKY COLLEGE OF NURSING

## STATEMENT OF UNDERSTANDING MEDICAID NURSE AIDE TRAINING

- I. The program requires a period of assigned, guided clinical experience either in the school or other appropriate facility.
- II. For educational purposes and practice on "live" models, I consent in allowing other students to practice procedures upon me as I will practice these same procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given by anyone as to any problem that might be incurred as a result of these procedures.
- III. The clinical expectations for a Medicaid nurse aide include:
  - A. Work Environment:
    - 1. Works in usually well maintained areas of various light intensities due to the 24 hour nature of the health care industry. The majority of the time is indoors.
    - 2. The health care industry is considered an OSHA-CDC Category I environment. This includes "tasks that involve exposure to blood, body fluids, or tissues. Includes all procedures or other job related tasks that involve an inherent potential for mucous membrane, or skin contact with blood, body fluids with visible blood, or other fluids or tissues, or a potential for spills or splashes. Protective barriers are required.
    - 3. Subject to frequent interruptions and long irregular hours in a stressful environment.
    - 4. Must be able to maintain concentration in fine detail while remaining alert to the environment. Attend to functions for more than 60 minutes at a time.
    - 5. Communicates effectively, in writing, electronically, and verbally, with a variety of individuals of diverse position, race, creed, color, national origin, religion, age, disability, and temperament. This includes physicians, health care facility management, patients and families, visitors, and other members of the health care team.
    - 6. May be exposed to hostile patients or other sources of violence in the workplace.
    - 7. May be exposed to infectious or communicable diseases such as
      - a) Hepatitis
      - b) AIDS
      - c) Tuberculosis
      - d) Herpes
    - 8. May be exposed to hazardous materials such as:
      - a) Various biological agents including blood, feces, urine or other identified or unknown body fluids.

- b) Various types of flammable agents and potential chemical hazards used in the health care industry.
- c) Various explosive hazards, both from known or unknown source.
- 9. May be exposed to internal or external disasters.
- 10. May be required to use ramps, stairs, or ladders for various job tasks.
- 11. May be periodically exposed to physical injury (burns, cuts, needle sticks, etc.)
- 12. May be exposed to electrical hazards.
- 13. May be subjected to a variety of noises, usually of a moderate level.

## B. Physical Requirements

- 1. Sit, bend, stand, stoop, crouch or crawl, reach overhead, turn, lift, and move, sometimes in tight spaces, intermittently throughout the clinical experience and program.
- 2. Seizing, grasping, holding, turning, twisting, or otherwise manipulating with the hand or hands, picking, pinching, and other fine motor skills with the fingers for equipment setup and operation, resuscitation, etc.
- 3. Physically able to work beyond normal working hours including overtime, evenings, nights, weekends, and/or various holidays as required by the situation.
- 4. Lift and move supplies, equipment, medical records, patients, etc. as needed. Depending on position must be able to lift up to 50 pounds without assistance, 100-250 pounds with assistance. Must be able to carry objects weighing 50 pounds or more in the duty area. Must be able to move by pulling or pushing up to 250 pounds by wheelchair device.
- 5. Retrieve supplies and equipment from the floor to elevated shelving which may require moving mobile access equipment (ladders, stools, carts, etc.).
- 6. Be able to perform the Heimlich maneuver and clear an obstructed airway for adults.
- 7. Possess excellent eye-hand coordination for palpation of landmarks, and maintenance of medical asepsis.
- 8. Perceive such attributes of objects and materials as size, shape, relative temperature, texture, motion, etc. by means of receptors in the skin as in measuring a patient's pulse or skin condition.
- 9. Ability to perceive or recognize similarities or subtle differences in colors, or in the shape or other values of the same color: to identify a particular color or its components in an individuals skin color as an assessment of wellness, etc.
- 10. See objects closely as in reading a glass clinical thermometer and patient observation.
- 11. Possess speech and hearing skills and abilities that permit effective use of a conventional telephone system. Additionally, must be able to perceive the nature of sound, including soft voice, by ear, to respond appropriately.
- 12. Remember task/assignment for full shift.
- IV. Clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will b earned or expected.

- V. It is understood I will be a student within the clinical facilities that affiliate with my school and will conduct myself accordingly. All required and published personnel policies, standards, philosophy, and procedures of these agencies will be followed. I also agree to obtain all tests and immunizations required by the affiliating agency.
- VI. I have read and agree to abide by the schools' policies, rules, and regulations related to my educational program.
- VII. I understand information regarding a patient or former patient is confidential and is to be used only for clinical purposes within the education setting.
- VIII. I understand the educational experiences and knowledge gained during the program do not necessarily entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.
  - IX. I understand any action on my part inconsistent with the above understandings may warrant suspension of my training.

I have had an opportunity to ask questions about the above and agree to abide by the above STATEMENT OF UNDERSTANDING.

Student's Signature	Date
Instructor/Witness	Date