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Nursing Assistant Certified Program Summary

The Nursing Assistant Program prepares students for a career as a Certified Nursing Assistant (CNA). Nursing assistants must complete a state-approved education program that includes both instruction on the principles of nursing and supervised clinical work. Upon completion of training, students are eligible to take their state examination to become a Nursing Assistant, Certified. The Nursing Assistant Program at Tacoma Community College (TCC) is approved by the State of Washington, Department of Health, and Nursing Care Quality Assurance Commission.

Nursing Assistants work under the direction and supervision of licensed nursing staff, have a great deal of contact with patients, and provide personal care such as bathing, feeding, and dressing. They also perform support functions such as taking vital signs, making beds, helping patients become ambulatory, and answering patient calls. Nursing Assistants are responsible for documenting care given, observing, and reporting how patients respond to the care that is being given. Nursing Assistants have far more contact with residents than any other staff and are expected to develop ongoing relationships with the patients/residents and treat them in a positive, caring way. To be a successful Nursing Assistant, they will work in a multidisciplinary team, be able to follow directions, and have a great deal of patience.

The knowledge and skills gained in the Nursing Assistant program are highly valued by healthcare industry employers such as hospitals, assisted living facilities, nursing homes, and home health agencies. The training can also serve to meet requirements for patient care when applying to other health care education programs, such as nursing, sonography, respiratory care, and radiology.

The Nursing Assistant Program (NAC 198, 110, 120) is 10 credits, is 5 weeks, and includes CPR certification. Prerequisite: None.

The nursing assistant student must be able to meet the Technical Standards independently, with or without reasonable accommodation. Information can be found here: https://www.tacomacc.edu/academics-programs/programs/nursing/nac/

Students who successfully complete the classroom, skills lab, and clinical requirements will be eligible to take the NNAAP Nurse Aide Exam.

Nursing Assistant Certified Program Additional Information

Career Coach
Job prospects for Nursing Assistants look very good for the near future. There is an expected growth in the jobmarket over the next decade. This exceptional growth is attributed to the rapidly growing older population that will demand more emphasis on rehabilitation and long-term care. As a result, a major employer in this sector will be nursinghomes and long-term care facilities for people with chronic illnesses and disabling conditions. The average hourly wage for Nursing Assistants in Washington State is $18.72. Please see Career Coach for updated career information.

Accommodations for Students with Disabilities
TCC complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student accommodations may be obtained by emailing access@tacomacc.edu or call or text 360.504.6357.

Equal Opportunity Statement
Tacoma Community College values diversity and is an Equal Opportunity Employer and Educator. Tacoma Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, genetic information, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Provides reasonable accommodations for qualified students, employees, and applicants with disabilities in accordance with the Americans with Disabilities Act and Federal Rehabilitation Act. The following persons have been designated to handle inquiries regarding non-discrimination policies: Stephen Smith, Title II and Title IX, Building 14, 253.566.5055; Dr. Davi Kallman, Section 504 Officer, Building 7, 253.566.5157.

Reasonable Accommodations for Religion/Conscience
Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made within the first two weeks of the quarter and should follow the procedures listed in the Leave for Faith & Conscience policy webpage.

Equity, Diversity & Inclusion Statement
At TCC, we celebrate our diverse community, and we believe our people are our greatest asset. We stand for social justice, implement best practices to advance equity, diversity and inclusion and collaborate to dismantle systemic racism.

Application Information
The program is on a first come, first serve basis, each quarter. You sign up for this course through the registration in your student ctclink account after submission and approval of immunizations and TCC criminal history disclosure statement. Please apply to be a student at TCC one month prior to the registration opening to help eliminate registration issues.

Nursing Assistant Certified Program Application Summary

Step 1: Apply to Tacoma Community College
If you have never attended Tacoma Community College, you must first apply to Tacoma Community College. You can apply on our website at https://www.tacomacc.edu/costs-admission/admission-process/or apply in person at the Enrollment in building 7. You must complete this step at least 48 hours before proceeding to Step 2.

Step 2: Activate your ctclink account
Instruction can be found here:
https://www.tacomacc.edu/academicsprograms/continuingeducation/activate-ctclink-account.

Note: If at any time, you need technical help you can call the student helpline at 253.566.5176.

Step 3: Complete the NAC application via the portal
The NAC application is found on the TCC NAC website. In the application you will complete steps 4.1 and 4.2. A link to the application portal can be found here: https://my.tacomacc.edu/tccapps/nursingapp/login.aspx

Step 3.1: Submit proof of all required vaccinations
Due to your contact with vulnerable patients and/or infectious material from patients, you are at risk for exposing patients and being exposed to vaccine-preventable diseases. Maintenance of immunity is therefore an essential part of prevention for health care workers. It is important to recognize that most infectious diseases are contagious before a person is symptomatic.

You will need to make electronic copies of your immunizations and upload them to your application. Here are the immunization records that will be required.

Note: You can utilize the Information Commons at TCC which has staff and computer resources to help you upload or complete documents. Information can be found here: https://www.tacomacc.edu/academics-programs/academic-support/elearning/information_commons

- Your name must be visible on your medical document.
- All uploads must be official documents with your provider's name/clinic name on it.
- If uploading a titer, the results must be reactive or positive with the exception of the TB Quantiferon titer, which should be negative.
- Uploads must show relevant vaccination dates or titer collection dates.

Immunizations may be obtained from your doctor or at a variety of pharmacies in your local area. If you're having trouble finding records, you may be able to access them here:
https://doh.wa.gov/you-and-your-family/immunization/access-your-familys-immunization-information

Note: See Nursing Assistant Certified Vaccination Summary on page 5. There is a detailed list of required vaccinations. This can also be found on the website here:https://www.tacomacc.edu/academics-programs/programs/nursing/nac/.
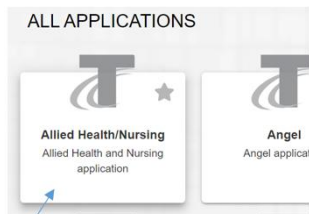
Step 4: Apply to the Program
A. Sign into the TCC student portal.

B. Click on the square waffle icon in the upper right corner to expand options.

C. Select "All Applications"
D. Select Allied Health/Nursing Link

E. Select NAC gig Harbor Program
    a. Fill out the application. Requested documents must be uploaded or your application will not be successfully submitted.
F. Click Submit

Note: Please check your TCC student email for a confirmation e-mail notifying you that your application was submitted successfully.

Step 5: Register for classes
When the nursing program has all immunization records, TCC criminal history disclaimer statement, and TCC clinical release form.

Each cohort is filled on a first come first serve basis, with the applicants that have submitted a complete application. Upon receipt of an application, the program reviews the application to ensure all items are complete. If incomplete application received, the applicant will be notified of what is needed to complete the application. If complete, the applicant will be given permission to register. Note that only complete applications will be placed into the queue for permission to register. All communication from the program occurs using only the TCC student e-mail. Be sure to check your TCC e-mail frequently after you have applied.

Nursing Assistant Certified Vaccination Summary

Tuberculosis (TB) - Screening
This test is done annually. There are two options to fulfill the TB requirement.

First option 2 Step PPD
Do a 1-step TB PPD (Purified Protein Derivative: The PPD test is completed by administration of a small amount of Tuberculin units (PPD) into the top layers of the skin of the forearm. The skin test is read in 48-72 hours after the injection to make sure it's negative.

To complete a 2-step, you must first complete a 1-step PPD. If it is negative, then you obtain a second PPD within 1-3 weeks. Yearly annual PPDs are required after your 2-step PPD. If you already completed a 2-step within the last year, please submit that.

If you complete a PPD test and have a new positive result or have a history of "positive" TB results from the BCG vaccine. You must provide the following:
- positive TB test and;
- proof of chest x-ray within the past five years and;
- If your chest x-ray was over one year ago you will need an updated annual symptom check letter from your provider.

Second option – Blood Titer
The tuberculosis (TB) blood Quantiferon Gold test, also called an Interferon Gamma Release Assay or IGRA, is a way to find out if you have TB infection in your body. The TB blood test can be done instead of a PPD skin test.

The IGRA needs to have been completed in the last 12 months. If results are a new positive, then it would require follow up with your provider.

Chicken Pox (Varicella) Immunity
Documentation needs to include administration of two doses of a Varicella vaccine and/or a positive titer. If the titer level is low may require a booster varicella vaccination.

> **Get the 2-dose Varicella Vaccine if;**
- You have never been vaccinated and you have never had chicken pox.

> **Get a Varicella Titer If;**
- You have been vaccinated but you do not have your previous records.
- You have had chicken pox.

Tetanus, Diphtheria, Pertussis
It is important for you to inform your health care provider to administer Tdap and not Td, unless you have had a Tdap injection over the age of 11. If this is the case, you can choose either Tdap or Td. Remember that Tdap protects you from pertussis outbreaks when working with susceptible patients.

> **Get a Tdap Immunization if;**
- You have never had one.
- You haven't had one in over ten years.
- You don't have your previous records.

Hepatitis B Immunity

To meet this requirement, you must upload a positive Hepatitis B Surface Antibody Titer or be willing to sign and submit a Hepatitis B waiver. Hepatitis B vaccinations protect you so this is not required but we feel it is important for you to become immune to Hepatitis B. Please talk to your doctor about this. It is a 3 step series and then a blood draw. (There is a new 2 dose product available, please discuss details with your provider if interested in this option).

> **Have a Titer Drawn to prove immunity if;**
> - If you don't have your previous records or don't know if you've been immunized. You can test for immunity by getting a blood draw.
> - If your Hepatitis B titer is negative or you wish not to get this titer, you will be asked to upload a Hepatitis B waiver (Appendix A).

Influenza Vaccination

Applicants need to show proof of immunity by vaccination. The influenza season is from 8/31 to 6/30 each year. If you are entering the program between 6/30 – 8/31 this vaccination is not required, all other times it is required.

Note: the clinical site might not accept you if you have not had the influenza vaccination. The college is under no obligation to identify alternative sites that will accept a student's vaccination exemption request.

If you obtain an exemption waiver, you will be required to wear a mask at all times during all clinical rotations. Also, by declining this vaccine, you would continue to be at risk of acquiring influenza, a serious disease, or of transmitting this disease to others. You may be restricted from clinical practice during an influenza outbreak and may need to follow additional clinical requirements.

Mumps, Measles & Rubella Immunity

You need to show proof of a 2 dose vaccination series for MMR. If you wish, you can have blood titers drawn for all three (Measles, Mumps, and Rubella).

> **Get the Two-Dose Vaccination If;**
> - You've never been vaccinated.
> - You have a titer drawn and it comes back negative.

> **Have Titers Drawn to Show Immunity for Measles, Mumps, and Rubella If;**
> - You don't have your previous records or don't know if you've been immunized.

Varicella Immunity

You need to show proof of a 2 dose vaccination series for Varicella. If you wish, you can have a blood titer drawn.

> **Get the Two-Dose Vaccination If;**
> - You've never been vaccinated.
> - You have a titer drawn and it comes back negative.

> **Have A Titer Drawn to Show Immunity for Varicella If;**
> - You don't have your previous records or don't know if you've been immunized.

COVID-19

Healthcare partners are requiring students to be fully vaccinated prior to participation in a clinical placement at their sites.
> **The most common are as follows:**

- 2 dose series of Moderna or Pfizer vaccination or;
- 1 dose of Janssen.

Note: your provider may offer other approved COVID-19 vaccinations.

Note: healthcare partners may require a student to request an exemption following their own procedures or using their own form, and their decision of acceptance or denial of the exemption for clinical placement at their facility will be final. The college is under no obligation to identify alternative sites that will accept a student's vaccination exemption request.

Appendix A
Hepatitis B Vaccination Declination

Applicant Name: _____   Date of Birth: _____

I understand that due to my participation at clinical sites as part of a health sciences program, I am at risk for exposure to blood or other potentially infectious material. As such, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised that receiving the Hepatitis B vaccine is highly recommended due to the continuous exposure to blood and body fluids associated with the health care profession I am pursuing.

I understand that if I choose to receive the Hepatitis B vaccine, I may not be protected if I miss an immunization step or until I have completed the entire immunization series. I further understand that I am responsible for ensuring I complete the immunization series as recommended by the CDC.

I have reviewed the CDC website and am aware the immunization series may not result in a positive titer which means I may be a vaccine non responder, and I am not protected from exposure to infected blood and other materials.

If I choose not to receive the Hepatitis B vaccine I understand that I may be at risk of being exposed to and acquiring Hepatitis B, a serious disease. I can start the immunization process at a later date if I so choose.

Please check one box:
- ☐ I decline to receive the vaccine
- ☐ I am receiving the Hepatitis B vaccination series and have received doses on the following dates:
     1. _____
     2. _____
     3. _____

     Or
     1. _____
     2. _____
- ☐ I have completed the Hepatitis B vaccine series. My Anti-HB/HepB Sab titer on (____Date_____) was negative and am I receiving a second series of vaccines.
- ☐ I have completed the Hepatitis B vaccine series. My Anti-HB/HepB Sab titer was negative and I have chosen NOT to receive further immunizations/boosters at this time.
- ☐ I have a history of the disease diagnosed on (____Date_____)
- ☐ I am a known non responder

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Appendix B
Declination of Influenza Vaccination

TCC Nursing program healthcare partners, recommends that I receive an influenza vaccination to protect myself, patients, staff, and others in the healthcare facility.

I acknowledge that I am aware of the following facts:
- ☐ Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- ☐ Influenza vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from influenza, its complications, and death.
- ☐ If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear.
- ☐ During the time I shed the virus, I can transmit influenza to patients and staff in this facility.
- ☐ If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- ☐ I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- ☐ I understand that it is impossible to get influenza from influenza vaccine.
- ☐ The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.
- ☐ Healthcare partners may require a student to request an exemption following its own procedures or using its own form, and their decision of acceptance or denial of the exemption for clinical placement at their facility will be final. The college is under no obligation to identify alternative sites that will accept a student's vaccination exemption request.

Despite these facts, I am choosing to decline influenza vaccination for the following reasons:

_____

_____

_____

- ☐ I understand that I can change my mind at any time and accept influenza vaccination.

I have read and fully understand the information on this declination form.

Signature: _____   Date: _____

Name (Print): _____

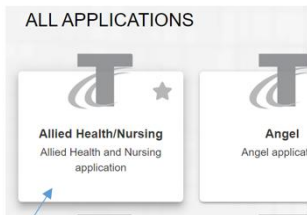Program: _____

Appendix C
How to apply to the NAC Program

Apply to the Program

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