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| **FOR DHSR USE ONLY:**   * Date DHSR Received Document From Training Program (mm/dd/yyyy): * Status Determination of Document (Approved or Denied): * Date Status Determination Communicated to Training Program (mm/dd/yyyy): * Review Completed By:   **INSTRUCTIONS:**   * Complete the form if you are establishing a new state-approved training program. * You may type your response in the space provided. * Approval from the Division of Health Service Regulation (DHSR) is required prior to being implemented in a program. * The Program Coordinator must sign the document. * Email or fax completed documents to the DHSR. Incomplete forms will be denied. You must submit all pages of this form for review. * Email: [DHSR.EducationConsultant@dhhs.nc.gov](mailto:DHSR.EducationConsultant@dhhs.nc.gov) * Fax: 919-733-9764 * Contact your [Education Consultant](https://info.ncdhhs.gov/dhsr/hcpr/consultants.html) with any questions or concerns.   **PROGRAM INFORMATION:**   1. **Date Submitted to DHSR for Review (mm/dd/yyyy):** |
| 1. **Name of Training Program:** |
| 1. **Mailing Address:**  * Street: * City: * Zip Code: * County: |

1. **Site Address:**

* Street:
* City:
* Zip Code:
* County:

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| 1. **Program Coordinator:**  * Name: * Phone (include area code and extension): |
| * E-mail: |

1. **Equipment and Supplies:**

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

* Supply #1:
* Supply #2:
* Supply #3:
* Supply #4:
* Supply #5:
* Supply #6:

1. **Minimum Basic Equipment and Supply List:**

Definitions –

* As Needed: defined as having sufficient quantity of supplies appropriate to the number of students that will permit class objectives to be met by instructor demonstration, student practice, and proficiency demonstration by students.
* Various: defined as having at least two types of an item. For example, two different types of canes (quad cane/stick cane) or two different types of enemas (bag enema/bulb enema).
* Per Student: defined as having enough supplies for the maximum approved number of students. For example, if a program is approved for 20 students, then the program is required to have enough supplies in each lab for 20 students.

| **SIMULATED RESIDENT LAB** | | | | | | **SIMULATED RESIDENT AREA (Per Bed)** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bedside commode | 1 per lab | | | | | Bedside chair | | | 1 per bed | |
| Hand rub/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 | |
| Alcohol-based hand rub/sanitizer | 1 per sink | | | | | Wastebasket | | | 1 per bed | |
| Sink with hot & cold running water | | | 1 per lab | | |  | | |  | |
| Wastebasket with liner | 1 per sink | | | | |  | | | | |
| **BEDDING** | | | | | | | | | | |
| Dirty laundry container | 1 per lab | | | | | Bedspread or blanket | | | 2 per bed | |
|  | | | | | | Bottom sheet (flat or fitted) | | | 2 per bed | |
|  | | | | | | Turning sheet | | | 2 per bed | |
|  | | | | | | Incontinence pads | | | 2 per bed | |
|  | | | | | | Pillows | | | 4 per bed | |
|  | | | | | | Pillowcases | | 2 per pillow | | |
|  | | | | | | Top sheets | | | 2 per bed | |
| **PERSONAL CARE SUPPLIES** | | | | | | | | | | |
| 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 | | | | |  | | | | |
| **ORAL CARE SUPPLIES** | | | | | | | | | | |
| 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 | | | |  | | | | |
| **NUTRITIONAL SUPPLIES** | | | | | | | | | | |
| Eating utensils & napkins | | | | As needed | | Clothing protector or equivalent for meals | | | | 1 per bed |
| Food (two 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 | |  | | | | |

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| **SIMULATED RESIDENT LAB** | | | | | | | | **SIMULATED RESIDENT AREA (Per Bed)** | | | |
| **ELIMINATION** | | | | | | | | | | | |
| 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 | | | 1 per 5 students | | | |  | | | | |
| Syringe for catheter | | | | 1 per catheter | | |  | | | | |
| Water soluble lubricant  (disposable packets) | | | | As needed | | |  | | | | |
| **CLOTHING** | | | | | | | | | | | |
| 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 |  | | | | |
| **ASSISTIVE DEVICES** | | | | | | | | | | | |
| Assistive dining devices | Various types per lab | | | | | | Gait belt | | 2 per bed | | |
| Canes | Various types per lab | | | | | |  | | | | |
| Crutches | | | | | 1 pair per lab | |  | | | | |
| Eyeglasses | | | | | 1 per lab | |  | | | | |
| Hearing aid | | | | | 1 per lab | |  | | | | |
| Restraints (various types & sizes) | | | | | As needed | |  | | | | |
| Walker | | | | | 1 per lab | |  | | | | |
| Wheelchair (adult)  (with removable footrests) | | | | | 1 per lab | |  | | | | |
| **TRAINING MANIKIN** | | | | | | | | | | | |
| Adult male/female full bodied (functionally & anatomically correct) | | | | 1 per 10 students | | |  | | | | |
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| **SIMULATED RESIDENT LAB** | | | | | | | **SIMULATED RESIDENT AREA (Per Bed)** |
| **VITAL SIGNS EQUIPMENT** | | | | | | | |
| Blood pressure: manual (aneroid) adult size | | | | 1 per 2 students | |  | |
| Blood pressure: manual (aneroid) Large adult size | | | | 1 per 2 students | |  | |
| Electronic sphygmomanometer (optional) | | | | 1 per lab | |  | |
| Stethoscope | | | | 1 per 2 students | |  | |
| Stethoscope (teaching) | | | | 1 per instructor | |  | |
| Electronic thermometer of choice | | | | 2 per 5 students | |  | |
| Oral, non-mercury liquid-filled glass thermometer | | | | 1 per 5 students | |  | |
| Rectal, non-mercury liquid-filled glass thermometer | | | | 1 per5 students | |  | |
| Thermometer sheaths  (as appropriate) | | | | As needed | |  | |
| Swim noodles (3” diameter & 9.5” circumference size) cut in 1½ foot sections | | | | 1 section per  2 students | |  | |
| **STANDARD PRECAUTIONS / ISOLATION SUPPLIES** | | | | | | | |
| 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 | | |  | | |
| **MISCELLANEOUS EQUIPMENT** | | | | | | | |
| Fire extinguisher | 1 per lab | | | |  | | |
| Geri chair (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 | |  | | |
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| **SIMULATED RESIDENT LAB** | | | | **SIMULATED RESIDENT AREA (Per Bed)** | |
| **MISCELLANEOUS SUPPLIES** | | | | | |
| Cold pack & warm pack of choice | | 1 per instructor  & as needed |  | | |
| Elastic bandage | | 1 per 5 students |  | | |
| Non-sterile dressings | | As needed |  | | |
| Tape (various sizes) | | As needed |  | | |
| Anti-embolism stockings  (various sizes) | | 1 per student |  | | |
| **SUPPLIES FOR CLASSROOM ACTIVITIES** | | | | | |
| Cellophane tape | | As needed | Index cards | | As needed |
| Chocolate pudding | | As needed | Magazines | | As needed |
| Colored straws | At least 2 straws per class | | Magic Markers (color variety) | | As needed |
| Cord/rope – 28 feet | | 1 per lab | Paper (construction/plain/poster) | | As needed |
| Food coloring | | As needed | Petroleum jelly | | As needed |
| Glitter | | 1 per lab | Scissors | | As needed |
| Glue sticks | | As needed |  | | |

**Continued Next Page**

1. **Statement of Understanding:**

I certify that the information in the document accurately represents the training program for which the North Carolina Division of Health Service Regulation approval is being requested.

I certify that the training program meets the requirements set forth by the State and/or federal rules, regulations and requirements. I understand that the North Carolina Division of Health Service Regulation may withdraw approval of the training program if it determines that the program does not meet federal or state regulations and requirements or does not adhere to the program information and documentation approved by the North Carolina Division of Health Service Regulation.

I understand that approval is based on our program using the most current version of the North Carolina state-approved curriculum.

I understand that modifications which are required by the North Carolina Division of Health Service Regulation will be incorporated into the training program in a timely manner.

1. **Electronic Signature Agreement:**

You acknowledge and agree to the following statements:

* I certify that I have reviewed the entire document before signing.
* Your electronic signature will have the same legal effect and enforceability as your manual signature.
* No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

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| **Program Coordinator:**  Place an X beside the correct response.  I have read and agree to the Statement of Understanding and to the Electronic Signature Agreement.  Yes:       No: |

First and Last Name:

Signature:

Date (mm/dd/yyyy):