

Illinois Department of Public Health
Guidelines for Completing
Basic Nursing Assistant Training Program – Master Schedule

NOTE: A submitted Master Schedule for a Basic Nursing Assistant Training Program (BNATP) which does not contain all the required information in accordance with 77 Illinois Administrative Code Section 395 will be returned to the Program Sponsor. State regulations may be accessed on-line at www.idph.state.il.us → Laws and Rules → Current Laws and Rules → Health Care Facilities → Nursing Home Licensure.

These guidelines provide step-by-step directions for completing the Master Schedule of a Basic Nursing Assistant Training Program (BNATP) class offering. Additional information pertaining to program operation relative to the Master Schedule is also included.

1. GENERAL DIRECTIONS

- a. The Master Schedule must be received 10 working days prior to the start date of the class. Earlier submission of the Master Schedule is encouraged to allow time for corrections by the Program Sponsor if required. The Program Sponsor needs to be aware of holidays.
- b. The Clinical Site should have a copy of the Master Schedule on site during the scheduled class. The clinical instructor should also have access to a copy of the Master Schedule. This is for monitoring purposes.
- c. The Master Schedule can be completed and printed from the website www.nurseaidetesting.com. Page 1 must be printed in order to obtain required signatures by Clinical Site administration.
- d. Do not alter this form. Altered forms will be returned to the Program Sponsor for resubmission on the official Master Schedule form.
- e. All handwritten forms must be legible. Illegible forms will be returned to the Program Sponsor and the class offering will not be considered approved.
- f. All information including contact information must be complete or the Master Schedule will be returned to Program Sponsor.
- g. The returning of the Master Schedule to the Program Sponsor due to improper completion may result in the delay of the start date. If this occurs, a revised schedule with the new start date and end date would need to be submitted to the Illinois Department of Public Health (Department).

2. PROGRAM NUMBER

- a. Enter the PROGRAM NUMBER on the line. Only the approved Program Sponsor is authorized to use this number. Noncompliance may result in withdrawal of program approval.
- b. If a Program Sponsor has than one theory site, each theory site must have its own program number. In order to obtain a program number, the Program Sponsor must submit a new program proposal for each of the theory sites. New program proposal packets can be obtained via a request to the Department.

3. PROGRAM SPONSOR

- a. Do not abbreviate when entering the name of the Program Sponsor.
- b. Enter the Program Sponsor's complete contact information. This includes:
 - i. Address
 - ii. Phone number including area code
 - iii. Fax number including area code
- c. Enter the Program Coordinator name. The Program Coordinator is the person identified:
 - i. as the contact person responsible for responding to inquiries regarding any aspect of the sponsor's program.

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- ii. to receive correspondence from the Department and designated entities related to the program and its operation. This includes correspondence from the Illinois Nurse Assistant/Aide Training Competency Evaluation Program at Southern Illinois University Carbondale (SIUC).
 - iii. to disseminate information in a timely manner to the instructors affiliated with their program.
 - iv. to verify proper completion of and submission of forms and documentation related to the BNATP operation to the Department and its designated entities.
- d. A valid email address must be included for the Program Coordinator.

4. THEORY SITE

- a. Complete information must be provided.
- b. Theory Site must match the Program Number.
- c. Each theory site of a program must have its own program number if it has a different physical address than the original program. This is true even if the material being taught is the same at all sites. Refer to below examples.
 - i. Example #1: My Community College, 20 Main Campus Way, My Town, IL, which meets in room 1010 uses Program Number NA#1010. A second section/class at My Community College, 20 Main Campus Way, My Town, and IL, which meets in Room 1032, also uses Program Number NA# 1010. Both of these use the same program number because they are both at the same physical address for theory. They can meet in different rooms, have different instructors, and meet at different Clinical Sites.
 - ii. Example #2: My Community College, 34 Local Outlet, My Town, IL, uses Program Number NA# 2020 because it is located at a different physical address than Program Number NA# 1010 even though the same program materials are being taught by the same instructors on an alternating schedule.

5. CLINICAL SITE

- a. If a facility is restricted it may not be used as a clinical site. If a facility becomes restricted during a scheduled class, the clinical group may continue at the site with the approval of the Department. However, no further clinical group can be started at that site.
- b. Supportive Care, Assisted Living, and Sheltered Care facilities may not be used as clinical sites.
- c. Attach the required information for any additional clinical sites.
- d. Do not abbreviate the name of the clinical site.
- e. Provide complete address and phone information. This information is required to allow for site visits to be made for program monitoring purposes.
- f. A copy of the site agreement between the program and the Clinical Site must have been submitted to the Department. The site agreement question must be answered on the Master Schedule.
- g. The Administrator or Assistant Administrator of the facility must complete and sign the designated section.
 - i. Do not send the Master Schedule to the Department without the required signature. It will be returned to the Program Sponsor and may result in a delay in the start date of the class.
 - ii. The Administrator designee may be an Assistant Administrator. This is someone who has knowledge if restrictions exist.
 - iii. The instructor or Program Coordinator is not to sign this section.

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- iv. The posted facility licensure number must be written or typed legibly on the appropriate line.

6. CLINICAL GROUP #

- a. The 10:1 student to clinical instructor ratio limit must be observed in clinical.
- b. If there are more than 10 students per Clinical Instructor, it is the Program Sponsor's responsibility to either add a clinical group/section or reduce the class size in order to not exceed the allowable limit. This is an individual program's decision. If a clinical group/section is added, a revised Master Schedule must be submitted for the additional clinical group/section.
- c. Each clinical group/section must have its own Master Schedule designating the clinical instructor, location, and hours. This is for verification of hours and monitoring the student to instructor ratio.
- d. Page 1 of the Master Schedule can be the same for all of the groups if they share the same theory classroom. The different clinical groups are to be identified on the Day by Day Schedule. Examples of Master Schedules are attached to these guidelines.
- e. Assign each clinical group/section a number or a letter to identify it as a separate group.
- f. Enter the clinical/group number or letter in the designated area located in the upper right hand corner of all pages of the Master Schedule.
- g. When the official roster is submitted at the end of the class, the clinical group/section number is to be written in the designated area located in the upper right hand corner of the official roster form.

7. START DATE AND END DATE

- a. Clearly write these dates on the appropriate lines.
- b. These dates must match dates on day-by-day schedule (page 2+).
- c. These must match dates on the official roster when it is submitted within 30 days from end date of the scheduled class.
- d. If either the start or end dates of a class change, a revised schedule must be submitted in writing to the Department.

8. TYPE OF CLASS

- a. Check the appropriate box to identify the class as a morning, an afternoon, an evening, or a weekend class. This is determined by the days/times when theory is scheduled to meet.
- b. If the class meets only on Saturday and/or Sunday, mark the weekend option.

9. TYPE OF SUBMISSION

- a. Check the appropriate box to identify the submission as an original, a revision, or an additional revision. Include the date of the revision.
- b. A revised Master Schedule must be submitted to the Department, in writing, if there is a change. These changes could include addition of instructor, change in location of theory or clinical site, start date, end date, class meeting dates/times.
- c. If this is a revision, a reason must be stated and what is being revised must be identified.
- d. Notification must be submitted to the Department, in writing, if the scheduled class is cancelled.

10. HOURS

a. THEORY HOURS

- i. Must be a minimum of 80 hours in classroom and supervised lab excluding breaks, meals, field trips, time unrelated to the BNATP curriculum, or material presented by individuals not approved as instructors by the Department.

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- ii. Clinical pre- and post-conference hours count as theory time not as clinical time.
 - iii. Indicate actual hours as stated on day by day schedule.
 - iv. Must match hours as stated on day by day schedule.
 - v. Do not include time associated with field trips, travel, or other time unrelated to the Basic Nurse Assistant Training Program curriculum. The presentation time of a guest lecturer who has not been approved by the Department as a Special Content Instructor shall not be included in the theory hour computation.
 - vi. Use increments of quarter hours; may use either fractions or decimals.
- b. CLINICAL HOURS
- i. Must be a minimum of 40 hours in clinical setting in which the students are providing care to individuals. This excludes breaks and pre- and post-conference (report). Orientation to the facility serving as the clinical site, attending in-service training sessions required by the facility and other trainings at the clinical site are not to be counted as clinical hours.
 - ii. Indicate actual hours as stated on day by day schedule.
 - iii. Must match hours as stated on day by day schedule.
 - iv. NOTE: There is a 10:1 student to clinical instructor ratio limit in clinical.
- c. TOTAL HOURS
- i. Add Theory and Clinical hours to obtain Total Hours of the program.
 - ii. Must be a minimum of 120 hours.
 - iii. Must match hours as stated on day by day schedule.
 - iv. Must match hours as stated on Program as approved by the Department.

11. INSTRUCTORS

- a. Instructors must meet Instructor Requirements in accordance with 77 Illinois Administrative Code, Section 395.160 and **must be approved by Illinois Department of Public Health** for the portion(s) of the program which they will be teaching prior to the start date of the class. Approval is not retroactive.
- b. Additional information regarding instructor requirements can be found in the *Nursing Assistant Training Performance Skill Evaluation* manual dated May 2009. This manual can be downloaded: www.nurseaidetesting.com → General Information → scroll to the second table of documents.
- c. List all instructors teaching the class using the instructor's full legal name and instructor four-digit code. Do not use nicknames, i.e. Beth for Elizabeth. Classes with instructor listings of "To Be Announced" or "To Be Hired" cannot be approved and the class cannot be started until an approved instructor is identified. This may affect the start date of the class. If an instructor does not have an instructor code, this should be obtained from the Nurse Aide Testing Project (SIUC) per guidelines.
- d. Indicate the area(s) of Department approval by checking each section that the instructor is approved to teach even if he/she is not teaching that area in this class. Instructor approval is verified by Department personnel. If an instructor is not on the approved list, the program will be contacted and that instructor can not teach until approval is granted.
- e. Substitute instructor(s) can be listed. They must be approved to teach the areas indicated.
- f. Theory Instructor
 - i. The main theory instructor must be identified as the Lead Instructor.

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- ii. Since the Lead Instructor should have knowledge of the entire program/class, he/she should be approved to teach all portions of the course.
 - iii. The Lead Instructor will sign the Official Roster in the designated area at class completion verifying completion of the theory portion of the program.
- g. Clinical Instructor
- i. The Clinical Instructor supervises the students at the Clinical Site during the clinical experience.
 - ii. The Clinical Instructor may also function as a lab assistant in theory classroom but may not be the lone instructor at that time unless also approved as a Theory Instructor.
 - iii. The Clinical Instructor will sign the Official Roster in the designated area at class completion only for those students that were directly supervised by that Clinical Instructor.
 - iv. If more than one instructor was supervising a group of students, then each of those Clinical Instructors should sign the Roster.
 - v. There is a 10:1 student to clinical instructor ratio limit in clinical.
- h. Alzheimer's Instructor
- i. The Alzheimer's Instructor must be approved by the Department to teach the Alzheimer's portion of the class.
 - ii. A minimum of 12 hours of Alzheimer's content must be taught.
- i. CPR Instructor
- i. In order to teach the required minimum 4 hours of CPR content, the CPR Content Instructor shall be approved by the Department. This includes individuals who are certified as CPR Instructors with a nationally recognized organization.
 - ii. This individual must have a current and valid CPR card on file with Nurse Aide Testing Project to maintain Department approval to teach CPR content.
 - iii. Certification of the students is not required. However, all students are required to attend the minimum of 4 hours of CPR content. This includes those students who have already earned CPR certification.
- j. Special Content
- i. This is the guest speaker whose presentation will incorporate BNATP curriculum to the degree that the time should be considered as theory hour(s). Prior approval as a Special Content Instructor must have been obtained from the Department and this individual must also have an instructor code. For approval, documentation of at least one year of experience in the field of expertise is required.
 - ii. The specific topic to be taught by the Special Content Instructor shall be written on the instructor chart.
- k. Approved Evaluator
- i. Approved Evaluator with a four digit instructor code must be listed.
 - ii. If this is a facility-based program, the facility must employ an "outside" evaluator who has no fiduciary connection with the facility by which the student is employed or will be employed within 30 days of the evaluation.

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- iii. The Approved Evaluator will sign the Official Roster in the designated area at class completion only for those students who successfully passed the performance skills when they were evaluated by that Approved Evaluator.

12. DATE SENT TO IDPH

- a. Write the date the Original Master Schedule is mailed to IDPH.
- b. If Revised Master Schedule is being sent, write the date that it is sent to IDPH.
- c. If an additional revision is sent, write the date that it is sent to IDPH as well.

13. IDPH OFFICE USE ONLY

Do not write in this area. It will be utilized by IDPH personnel.

14. PAGE 2 – DAY BY DAY SCHEDULE

- a. Do not alter this portion of the document.
- b. Do not use ditto marks or arrows.
- c. Attach additional pages as necessary. Complete “Page ___ of ___” in bottom right hand corner of each Day by Day Schedule.
- d. Complete the identifying information:
 - i. Program Number
 - ii. Start Date
 - iii. End Date
 - iv. Clinical Group #
- e. Month – write in the name of the month on each appropriate line.
- f. Date – write the numerical date on each appropriate line.
- g. Hours (Time) – complete the columns with the time.
 - i. Start column for the scheduled starting time of the class on that day
 - ii. End column for the schedule dismissal time of the class on that day
- h. Day – already completed on form
- i. Instructor – Write the full name of the instructor the first time the instructor is listed, and then the first initial and last name may be used.
- j. Theory or Clinical Site
 - i. Theory location should include Theory Site name and room number. This is for monitoring purposes.
 - ii. Write the full name of the site the first time it is listed, and then its common abbreviated name may be used. Room number should be listed on each Theory site line especially if room changes during the class. This is for monitoring purposes.
 - iii. Clinical Site should include full name of Clinical Site the first time it is listed, and then its common abbreviated name may be used.
 - iv. Only one clinical site should be identified per Day by Day Schedule.
- k. Theory Hours
 - i. Total must be a minimum of 80 hours in classroom and lab excluding breaks.

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- ii. Indicate actual attendance hours.
 - iii. A minimum of 16 hours of training in the following areas must be conducted prior to any direct contact with a resident:
 - 1. Communication and interpersonal skills
 - 2. Infection Control
 - 3. Safety/emergency procedures, including the Heimlich maneuver
 - 4. promoting residents' independence
 - 5. promoting residents' rights
 - iv. Use increments of quarter hours ($\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or 0.25, 0.5, or 0.75) if portions of hours are to be indicated; may use either fractions or decimals. If minutes must be used, clearly identify as minutes, i.e. 50 min.
 - v. Scheduling of class times must provide time for break(s). Breaks and meal breaks should be scheduled as appropriate. Note: recommendation to schedule at least a 15 minute break for every 4 hours of scheduled class time.
 - vi. Do not include break time(s) when calculating hours of attendance.
 - vii. Must match hours as stated on page 1 of Master Schedule.
 - viii. Clinical pre- and post-conference hours count as theory time not as clinical time.
1. Clinical Hours
- i. Must be a minimum of 40 hours in clinical setting when providing care to individuals excluding breaks and pre- and post-conference (report time).
 - ii. Indicate actual attendance hours.
 - iii. Use increments of quarter hours ($\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or 0.25, 0.5, or .075) if portions of hours are to be indicated; may use either fractions or decimals. (See k. Theory Hours, section iv, regarding minutes.
 - iv. Scheduling of class times must provide adequate time for break(s). Breaks and meal breaks should be scheduled as appropriate depending on length of class meetings. For example, it is not acceptable to schedule an 8 hr class to be held from 7 am-3 pm; no breaks are being allowed. An 8 hr class could be scheduled from 7 am-3:45 pm; this allows for a 45 min. of break/lunch time during the scheduled class time.
 - v. Do not include time associated with field trips, travel, orientation, or other time unrelated to the Basic Nurse Assistant Training Program curriculum.
 - vi. Must match hours as stated on page 1 of Master Schedule as clinical hours.
 - vii. NOTE: There is a 10:1 student to clinical instructor ratio limit in clinical.