

TRAINING PROGRAM FOR ICF/DD-N ATTENDANT

DS 1853 (Rev. 6/2003)

DIRECTIONS: Complete this form and mail the original and one copy to the address to the right. The signed, returned copy is your authorization to initiate and conduct your Attendant Training Program. Retain this signed and dated copy with your training manual. Proposed changes must be submitted to the Department at the address to the right, and approval must be received by you before changes are initiated.

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street, Room 320
Sacramento, CA 95814
Phone: (916) 654-1965

Name of Facility		Address	City
Age of Clients Served	Telephone	Director of Staff Development (<i>attach copy of current license</i>)	
		RN / LVN (<i>circle one</i>)	

MODULE/TOPIC	Theory/Class (minimum hours required)	Clinical (hours required)
MODULE 1 INTRODUCTION TO		
Attendant responsibilities		
Philosophy of client care	5	3
Nursing policies/procedures		
Special needs of developmentally disabled persons		
Individual Service Plan		
Special incidents, unusual occurrences		
Legal issues, Confidentiality		
Fire prevention, reporting procedures		
Accident prevention		
Disaster prevention		
Activities of daily living		
MODULE 2 HEALTH CARE SKILLS		
Nursing policies and procedures	25	50
Attendant responsibilities		
Basic anatomy and physiology		
Basic nursing care		
Activities of daily living		
Signs and symptoms of illness		
Prevention of disease, infection control		
Personal hygiene and grooming		
Skin care, prevention of decubiti		
Care of the incontinent patient, perineal care		
Nutrition, diets, fluid needs		
First aid and immediate or temporary health concerns		
CPR and relief from choking		
Assistive devices, braces and splints		
MODULE 3 DEVELOPMENTAL DISABILITIES AND TRAINING MODALITIES FOR THE DISABLED		
The I.D. team, its process		
The individual service plan, its development	15	32
Causes of developmental disabilities		
Normal growth and development		
Disruptions of normal growth, development		
Principles of behavior intervention		
Behavior shaping, behavior modification		
Training techniques, positive and negative reinforcement		
Socialization and recreational needs		
Developmental programming; active treatment		
Special services: occupation, physical, speech therapies		
Assistive devices, braces and splints		
Communication needs: devices, signs, sounds		
MODULE 4 RECORDING, ASSESSING		
Observation, documentation		
Evaluation and assessments	5	15
Data collection		
Data interpretation		
TOTAL HOURS REQUIRED		
	50	100

ATTENDANT TRAINING PROGRAM FOR ICF/DD-N

Student population:

_____ = projected number of students in the classroom/theory portion of the program
(maximum 15)

Supervised clinical hours in an ICF/DD-N facility will be from _____ a.m. to _____ a.m./p.m.
(must be between 6:00 a.m. and 8:00 p.m.)

_____ = number of instructors who will supervise clinical portion of the program

Note: Submit your proposed lesson plan for any one of the topics within each module. The lesson plan must include the course content and document the manner of determining the student's proficiency in that topic.

Clinical practice shall take place in an intermediate care facility/developmentally disabled-nursing and shall be conducted concurrently with classroom instruction. During clinical practice there shall be no more than five (5) students to each instructor at any time.

If the facility has contracted for a training program to be administered by another provider (e.g. another facility, public educational institution or agency), indicate below the name of the provider of that program. Enclose a copy of the complete attendant care training plan, the prior program Approval Notice for the submitted plan and a copy of the training agreement/contract.

Name _____

Street Address _____ Telephone Number () _____

City _____

Name of Contact Person _____

Date Program Was Submitted _____ By _____

I affirm the foregoing information is true and correct



Signature of Director of Staff Development

Date

Authorization for the ICF/DD-N Attendant Training Program shall be given by the Department of Developmental Services, pursuant to Section 73874. This authorization shall remain in effect unless changes are submitted by the facility or unless cancelled in writing by the Department of Developmental Services.

FOR OFFICE USE ONLY

Following modules approved by: _____

Date: _____

FOR OFFICE USE ONLY

Following modules approved by: _____

Date: _____