

Idaho Nursing Assistant Curriculum

2021

This curriculum is to be used by Idaho nursing assistant educators for course design and implementation.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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AUTHORITY FOR CURRICULUM CREATION, REVISION, APPROVAL AND USE

Authority to initiate both curriculum development and major revisions rests ultimately with Idaho Division of Career Technical Education. The health program manager of Idaho Division of Career Technical Education has responsibility for all required coordination being accomplished prior to approval and is designated as the approving authority for minor revisions to the curriculum.

The curriculum has a technical committee responsible for identifying the purpose, prerequisites, length, resources, intended outcomes, and content of the course in relationship to state law, federal law, and industry-wide standards. Oversight of the technical committee process rests with the respective program manager of Idaho Division of Career Technical Education. Besides technical committee members, many others eventually participate in the creation and on-going maintenance and revision of the statewide curriculum.

Additionally, appropriate portions of this curriculum were presented to administrators of all associated governing boards for review and correction.

INTERPRETIVE STATEMENTS OF THE GOVERNING BOARDS

There are two governing bodies involved with CNA training and practice: the Idaho Department of Health and Welfare (IDHW) and the Idaho Division of Career Technical Education (IDCTE). Each was asked to provide an interpretive statement defining its role in training and/or practice.

Idaho Department of Health and Welfare

In 1987, Congress passed the Omnibus Budget Reconciliation Act (OBRA '87) which included extensive nursing home reform. States were charged with ensuring that all aspects of OBRA '87 were implemented. In Idaho, the Department of Health and Welfare's Bureau of Facility Standards is responsible for oversight of this implementation.

OBRA '87 (42 CFR §483.150 through §483.158) requires:

1. Statewide CNA training curriculum must meet the content requirements as specifically outlined.
2. The State must review and approve or disapprove nurse aide training programs.
3. The State must develop and implement both a skills test and a written test that meet the requirements as specifically outlined.
4. The State must maintain a Nurse Aide Registry.
5. Nursing homes who receive Medicare or Medicaid funding must employ nurse aides who have successfully completed State-approved CNA training and testing.

Idaho Division of Career Technical Education

The Idaho Division of Career Technical Education is responsible for the certification of all teachers in Career Technical Education (CTE) programs both secondary and postsecondary, including Health Professions teachers. Secondary teachers and postsecondary instructors must hold an Occupational Specialist Certificate in order to teach the CNA curriculum in CTE approved and funded programs. IDCTE houses a Program Quality Manager for Health Professions who is responsible for providing statewide leadership, technical assistance, and advocacy for Health Professions/CNA education. IDCTE funding provides added-cost funds for secondary programs and funding for programs and faculty positions at the postsecondary level in technical college programs. IDCTE also provides resources for curriculum development, professional development, and program review and approval. The Health Professions Program Quality Manager works cooperatively with health professionals statewide to ensure that programs meet state and federal guidelines.

ACKNOWLEDGEMENTS

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GOVERNING BOARDS OVER NURSING ASSISTANT TRAINING

The technical committee members would like to express deep gratitude to the directors and associate directors of the governing boards over nursing assistant training and practice for their assistance and knowledge sharing throughout the revision process.

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ABOUT THIS REVISION

See the appendices for the history of the Idaho CNA curriculum and revisions.

Technical Committee Creation

In March 2019, based on the recommendations of the Idaho Health Chairs Committee, IDCTE formed a technical committee to address the need to revise the 2013 Idaho Nursing Assistant Curriculum to better meet industry needs. The committee began meeting in in December 2019 under the direction of Stephanie Mai, Health Professions and Public Safety Program Quality Manager for IDCTE.

Compliance and the Remaining Timeline

In December 2019, committee members were invited to participate in a web conference to determine pertinent curriculum updates with directors of the governing bodies involved in CNA training and practice. The goals were to assure the committee was staying within allowed guidelines, to clarify understanding of certain rules and to seek guidance from the Idaho Department of Health and Welfare. Between December 2019 and July 2021, the committee continued the task of revising and fine tuning via virtual meetings, e-mail, and in-person meetings.

Content Experts, Research and Goals

The committee was comprised of content experts who are currently involved with CNA training in Idaho. All levels of nursing assistant education and industry were represented; including colleges/universities, high schools, nursing facilities, and the IDHW. Members prepared for the revision by researching the 2013 Idaho CNA Curriculum, OBRA, current CNA textbooks, best practice literature and a state-by-state analysis. The committee developed the following goals:

1. Create a generic curriculum that applies to all healthcare settings, but with a primary focus on Nursing Facilities.
2. Maintain Omnibus Budget Reconciliation Act (OBRA) alignment, which is the foundational federal legislation leading to state-mandated nursing assistant curricula.
3. Update/note the 2019 deletion of oversight of Unlicensed Assistive Personnel from the administrative rules of the Idaho Board of Nursing.
4. Update curriculum, emphasizing emerging issues in healthcare and recognizing national movement toward evidence-based standards.
5. Revise the Final Skills Checklist.
6. Revise and update Primary Instructor qualifications and application.
7. Revise and update Supply List for CNA Labs.
8. Revise and update Procedure List for Testable Skills to match industry requirements.
9. Revise Manual Skills Charting Sheet.
10. Revise and update Candidate Letter.
11. Revise and update Testing Scenarios.
12. Revise and update Rater Guidelines.

Title of the Healthcare Consumer

Throughout this curriculum, the terms person or people are used to identify the healthcare consumer. It is recognized that client, resident, or other term may be appropriate in various practice settings, but the goal was to underscore the need to look at consumers as individuals, regardless of setting.

BASIC COMPETENCIES FOR NURSING ASSISTANTS

The Idaho CNA Curriculum revision meets the requirements for preparing nursing assistants by providing instructors learning objectives for students.

Minimal Requirements

Minimal requirements to successfully complete this CNA training program include the ability to read, speak, and write English and demonstrate basic math skills.

High School Pre-Requisites

High school students must pass the IDCTE Health Occupation Program pre-requisites with 80% accuracy or they cannot take the CNA capstone course. (NOTE: Exceptions may be made at the discretion of the program primary instructor.)

Document Format

The Idaho Nursing Assistant Curriculum is divided into three large areas: Front Matter, the rules surrounding CNA educational programs; Core Curriculum, the concepts to teach; and Appendices, resources for instructors who teach in CNA training programs.

The Core Curriculum is divided into seventeen modules. Each module lists student-learning objectives related to content area, followed by a vocabulary list, then associated manual skills.

Vocabulary lists are not exhaustive. The committee omitted vocabulary if it was encompassed by an objective or manual skill and would be found in any CNA textbook.

Additional Resources for Instructors

A list of textbooks, websites, and media resources is available on the Educator Portal of the IDCTE website (cte.idaho.gov). Instructors should check the portal (portal.cte.idaho.gov) for these additions.

NOTE: Instructors are advised to supplement learning materials if their textbook of choice excludes concepts included in the core curriculum. The resources available on the IDCTE website include avenues for locating supplements.

Goals of the Instructional Program

1. Introduce learners to concepts related to nursing assisting.
2. Provide learners with experiences in the classroom and in the clinical area that result in development and practice of basic competencies required for nursing assistants.

Nursing Assistant Learning and Performance Expectations

The curriculum is based on entry level nursing assistant learning and performance expectations. A student is considered competent when he or she can safely demonstrate the objectives and skills included in this curriculum.

Evaluation

The learner is required to pass the course with 80% accuracy. To facilitate successful student outcomes, retakes of quizzes or tests may be permitted up to three attempts, with remediation as needed.

Course Completion Certificate

The sponsoring college/university/school or high school must either maintain a non-expiring transcript system for each student successfully completing the CNA training program or must distribute course completion certificates.

If certificates are distributed, students should be informed this certificate means only that the learner has successfully completed the nursing assistant course of study. Students are required to pass the state skill and written exam components to be placed on the CNA registry and thus become a CNA.

NURSING ASSISTANT TRAINING PROGRAM STANDARDS

Administration

1. Testing competency evaluation programs shall be administered through one of the six Idaho regional career-technical colleges/universities, or an NA Registry contractor approved by IDHW.
2. Nursing assistant training in high schools will be approved by the IDCTE Health Professions Program Quality Manager.
3. Training programs must be administered through an Idaho career-technical college/university, a participating high school, or an approved long-term care facility.
4. The sponsoring college/university/high school/facility must designate a qualified Registered Nurse to oversee the training programs.
5. Clinical facilities used for clinical training must be approved by IDHW. Survey results determine facility participation. Centers for Medicare and Medicaid Services (CMS) may grant waivers to the regulatory requirement.

Applicable Federal Laws Enforced by the Idaho Department of Health and Welfare (OBRA, 42 CFR; www.gpo.gov/)

Title 42 § 483.150-423.158 – State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.

Faculty Qualifications

- I. Primary instructors must:
 - A. Meet minimal requirements for CTE occupational specialist certificate in Idaho, although postsecondary instructors are not required to obtain the certificate unless the position is funded by IDCTE.
 - B. Be a Registered Nurse (RN) with an unencumbered, current Idaho license.
 - C. Have evidence of two years' experience working as an RN.
 - D. Have evidence of one year of experience caring for the elderly in a nursing home or hospital as an RN.
 - E. Have evidence of completion of a course in methods of instruction or a train-the-trainer type program, or have documentation of experience teaching adults.
- II. For facility-based programs, the training of nurse aides may be performed under the general supervision of the Director of Nursing.
- III. Registered Nurses (RN), Licensed Practical Nurses (LPN), who have a minimum of one year of experience in caring for the elderly or chronically ill of any age, may assist with training under the supervision of an approved primary instructor. Other licensed health professionals may assist in specialized training.
- IV. All primary instructors must be approved by IDHW.

Applicable Federal Laws Enforced by the Idaho Department of Health and Welfare (OBRA, 42 CFR; www.gpo.gov/)

Title 42 § 483.150- 483.158 – Requirements for approval of a nurse aide training and competency evaluation program.

Faculty Responsibilities

Programs must have enough qualified instructors to meet the objectives and purpose of the training program in an ever-changing health care environment. In the clinical setting a sufficient number of instructors are required to assure learning objectives are met and ensure patient safety. No more than ten students per instructor are allowed in the clinical setting. Deviation from this ratio requires the instructor to provide feedback in the annual report about strategies taken to assure learning objectives were met and ensure patient safety.

Continued Faculty Competence

IDCTE recommends that the regional career-technical college/university offer eight (8) hours of annual continuing education related to nursing assistant education or practice for instructors needing to maintain a CTE occupational specialist teaching certificate.

Curriculum Requirements

I. Applicable Federal Laws Enforced by the Idaho Department of Health and Welfare (OBRA – 42 CFR; www.gpo.gov/)

§ 483.151 – State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.

§ 483.152 – Requirements for approval of a nurse aide training and competency evaluation program.

§ 483.154 – Nurse aide competency evaluation.

II. Basic Requirements

The Omnibus Budget Reconciliation Act (OBRA) supports the following basic requirements:

A. All programs must use State approved curriculum.

1. This curriculum must be used for all nursing assistant training in Idaho.
2. Textbooks must be a current edition or not more than five years old.

B. Hour requirements: The minimum total completion time for nursing assistant training in Idaho is **one hundred twenty (120) hours**. Of this:

1. The minimum time for classroom and laboratory work in the basic curriculum is eighty (80) hours.
 - a. A minimum of forty (40) hours is required for laboratory/skills training.
2. The minimum amount of time required in a clinical facility is thirty-two (32) hours.
 - a. A minimum of sixteen (16) hours must be completed at a nursing home, where an RN is on duty. An LPN may provide student supervision.
 - b. Remaining sixteen (16) hours may be completed in a nursing home or hospital setting, where an RN is on duty. An LPN may provide student supervision.
3. The additional eight (8) hours may be classroom, laboratory or clinical setting, such as home health or hospice where an RN is on duty. An LPN may provide student supervision.
4. Assisted living facilities may NOT be used for clinical training.

C. Clinical requirements

1. **Matching experience to course objectives:** Clinical experience shall be selected to facilitate accomplishment of course objectives.

2. **Required learning before direct care:** At least **sixteen (16) hours** of classroom instruction shall be provided before direct involvement with a facility resident. The concepts and skills must include the following topics: communication, interpersonal skills, infection control, safety-emergency procedures, promoting residents' independence and respecting residents' rights.
3. **Competence before direct care:** Learners must not provide any services to residents for which they have not trained and been found proficient by the instructor.
4. **Nursing supervision required in clinical:** Learners who are providing services to residents must be under the general supervision of a licensed nurse.

III. Final Skills Checklist

Training programs must use a skills checklist to document students' performance of all skills taught in the program. A copy of the Final Skills Checklist can be found in the Appendix section in the Curriculum. Upon program completion, a copy of that performance record must be given to the student.

IV. Teaching Facilities

- A. A classroom must be provided that has the following:
 1. Adequate space for the number of students.
 2. Adequate lighting and ventilation.
 3. Comfortable temperature.
 4. Appropriate audio-visual equipment.
 5. Skills lab equipment to simulate a facility unit – see appendices for list.
 6. Clean and safe environment.
 7. Appropriate textbooks (current revision or not more than five years old) and reference materials.
- B. Office space must be provided for the primary instructor's use during program operation, to include a desk, chair, and secure storage space for student records and other sensitive, training-related documents.

V. Program Approval, Re-Approval, and Discontinuance

Training programs must be approved and re-approved using procedures defined by IDHW and IDCTE. When programs are discontinued, an exact plan must be disclosed to these governing boards regarding record disposition and how training standards will be maintained until the final group has completed the training program.

VI. Competency Evaluation

OBRA requires a two-part examination for individuals to be placed on the State Registry: a written and a skills component. OBRA establishes minimum criteria for examination content, rater qualifications, and number of attempts at each exam.

A. Manual Skills Testing

1. Testing of skills competency should occur following completion of the **one hundred twenty (120) hour** training program.
2. Approved procedures must be used, per the current Rater Guidelines available from regional career-technical college/university.
3. Career-technical colleges/universities that administer the Manual Skills Test must assure:

- a. Each student who successfully completes a state-approved nursing assistant training program is allowed **three (3)** opportunities to pass the manual skills test.
 - b. Each student who successfully completes a state-approved nursing assistant training program is allowed **six (6) months** from program completion to pass the manual skills test.
 - c. A student trained in another area of the state must provide evidence of a passing grade in the course, did not use more than the **three (3)** attempts allowed, and has not exceeded the **six (6) month** deadline.
 - d. Security of the test is maintained through a visual check of a valid government issued picture ID at the testing site, by the exam rater, upon entry to the exam area.
4. Only those who meet primary instructor requirements and who have completed annual rater training may conduct the skills competency test.
 5. The person evaluating the manual skills test cannot have been involved with any portion of the didactic lab or clinical components of the training program. This includes the course instructor, a nurse employed by a facility if the training took place in that facility, or a nurse employed in the same facility as the nurse aide.
 6. Evaluation must be conducted at the career-technical college/university, or an approved IDHW NA Registry contractor site. (NOTE: A Registry contractor is defined as an independent vendor contracted to oversee the operation and management of the Idaho Nurse Aid Registry.

*If the manual skills test candidate is unsuccessful after **three (3)** attempts at the examination, he or she must successfully complete another nursing assistant program and successfully pass state testing to be placed on the Idaho Registry.

If the candidate has not exhausted all **three (3)** opportunities to test at **six (6) months**, he or she may request an extension from IDHW. The extension request must have cause why he or she has not completed the testing and when he or she plans to test. The extension will not apply to the written exam.

B. Written Test

1. All nursing assistants who wish to be placed on the Idaho CNA Registry must pass the IDHW-approved test.
2. The written test should occur following completion of the **one hundred twenty (120) hour** training program and the manual skills evaluation.
3. Career-technical college/universities that administer the written test must assure:
 - a. Students have passed the manual skills test prior to taking the written test.
 - b. Each student who successfully completes a state-approved nursing assistant training program is allowed **three (3)** opportunities to pass the written test.

- c. Each student who successfully completes a state-approved nursing assistant training program is allowed **one (1) year** from program completion to pass the written test.
- d. A student trained in another area of the state must provide evidence of a passing grade in the course, has passed the manual test, did not use more than the **three (3)** attempts allowed, and has not exceeded the **one (1) year** deadline.
- e. Security of the test is maintained through a visual check of a valid government issued picture ID at the testing site, by the exam proctor, upon entry to the exam area.
- f. All students are provided an oral option for testing.

*If the written test candidate is unsuccessful after **three (3)** attempts at the examination, he or she must successfully complete another nursing assistant program and successfully pass state testing to be placed on the Idaho Registry. If the candidate has not exhausted all **three (3)** opportunities to test at **one (1) year**, he or she may request an extension from the Idaho Department of Health and Welfare.

The extension request must have cause why he or she has not completed the testing and when he or she plans to take the test.

C. Rater Guidelines

The *Rater Guidelines for Evaluating the Clinical Skills Competency of Nursing Assistants in Idaho* is associated with the state manual skills test. It is distributed only to the career-technical colleges/universities, which have the responsibility of providing rater training and assuring the document is kept secure. Qualified RNs who are interested in becoming a rater should contact their regional career-technical college/university.

Because there are items associated with both testing and training in that manual, but not all instructors choose to be raters, the following can be found in the Appendices of both the Rater Guidelines and this Curriculum. See Table of Contents.

1. Manual Skills Charting Sheet
2. Candidate Letter
3. Procedure Lists for Testable Skills

IDAHO CNA RE-CERTIFICATION REQUIREMENTS

Instructors and students can locate information on re-certification requirements via the following avenue(s):

Idaho CNA Registry

P.O. Box 83720

Boise, Idaho 83720-0036

Phone: 208-334-6620

Fax: 208-334-6629

Email: IDNAP@dhw.idaho.gov

Website: [About the Certified Nurse Assistant Registry](#) | [Idaho Department of Health and Welfare](#)

IDAHO NURSING ASSISTANT CORE CURRICULUM

Module 1: The Nursing Assistant in Holistic Care

The student will be able to:

- Define the vocabulary listed.
- Describe the role of the certified nursing assistant within the nursing and health care team and across the continuum of health care delivery systems.
- Define nursing assistant standards of practice.
- List the personal characteristics and behaviors needed to function effectively as a nursing assistant.
- Describe a basic overview of the health care system structure: services, providers, payers, regulators, and vendors.
- Identify the influences (e.g. culture change) driving change within long-term care environments and their impact on nursing assistants.

<u>Vocabulary to Know</u>		
ACUTE	HOME HEALTH	REGISTERED NURSE (RN)
ADULT FAMILY HOME	HOSPICE	RESIDENT
ASSISTED LIVING FACILITY	INTERDISCIPLINARY TEAM	SELF-DETERMINATION
CERTIFIED NURSING ASSISTANT (CNA)	LICENSED PRACTICAL NURSE (LPN)	
CHRONIC	LONG-TERM CARE	
COMPETENCY TESTING	MANAGED CARE	
DELEGATE/DELEGATION	MEDICAID	
DIAGNOSIS	MEDICARE	
EVIDENCE BASED CARE	NURSING ASSISTANT (NA)	
FACILITY SURVEY	PATIENT POLICY & PROCEDURE MANUAL	
HOLISM/HOLISTIC CARE	POST-ACUTE CARE CONTINUUM (PAC)	

Manual Skills Related to This Unit

- None

Module 2: Legalities and Ethics

The student will be able to:

- Define the vocabulary listed.
- Describe the ethical behavior and legal responsibility of the nursing assistant, including practices that could result in malpractice, liability, and/or negligence.
- Describe the nursing assistant role in maintaining standards of the Health Insurance Portability and Accountability Act (HIPAA), including security of medical records.
- Explain the rights of health care consumers in nursing homes and why rights are important in promoting quality of life and quality of care.
- Describe the role of OBRA and how it applies to nursing assistant practice.
- Describe signs and symptoms of elder, child, and domestic abuse or neglect and responsibility of the nursing assistant in reporting.
- Describe the nursing assistant role in incident reporting, investigation, and recording.

<u>Vocabulary to Know</u>	
ABUSE	MALPRACTICE
ASSAULT	MISAPPROPRIATION
BATTERY	MISTREATMENT
CODE OF ETHICS	NEGLECT/NEGLIGENCE
CONFIDENTIALITY	OMBUDSMAN
ETHICS	OMNIBUS BUDGET RECONCILIATION ACT (OBRA)
EXPLOITATION	PATIENT'S BILL OF RIGHTS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	QUALITY OF LIFE
INCIDENT REPORT	RESIDENT RIGHTS
INFORMED CONSENT	VULNERABLE ADULT
LAW	
LIABILITY	

Manual Skills Related to This Unit

- None

Module 3: Communication

The student will be able to:

- Define the vocabulary listed.
- Describe principles and specific techniques for effective communication (verbal/non-verbal communication), active listening, and relationship building.
- Identify barriers to and implementation of effective communication and relationship building (e.g. cultural differences, sensory changes, body language, and dementia).
- Identify communication alternatives for persons with impaired verbal communication, including sign language, assistive devices, letter/communication boards and TDD/TTY.
- Describe the appropriate use of the call light and accessibility to the resident.
- Define the nursing assistant role in developing and implementing a person-centered nursing care plan.
- Describe how the nursing assistant can build community among residents and staff in long-term care environments.
- Distinguish objective (sign) from subjective (symptom) observations as it relates to documentation.
- Recognize common documents found in a medical record.
- Explain general guidelines for documentation, including computerized charting, medical terminology, and correct documentation of abbreviations, directional terms, and military time.
- Verbalize when to report/inform the licensed nurse if there is a change in resident condition/baseline.
- Explain proper procedure for answering the telephone and use of a consumer call system, pagers, and two-way radio.

Vocabulary to Know

AGGRESSIVE	MILITARY TIME
ASSERTIVE	MINIMUM DATA SET (MDS)
ASSIGNMENT SHEET	NON-VERBAL COMMUNICATION
CARE CONFERENCE	NURSES NOTES
CARE PLAN/PLAN OF CARE	NURSING PROCESS
CHANGE OF SHIFT REPORT	OBJECTIVE
CHART/CHARTING	PARAPHRASE
DOCUMENTATION	PASSIVE
ELECTRONIC HEALTH RECORD (EHR)	PASSIVE-AGGRESSIVE
ELECTRONIC MEDICAL RECORD (EMR)	RECORD/RECORDING
FLOW SHEET	REPORT/REPORTING
GRAPHIC SHEET	RESPECT
KARDEX	SUBJECTIVE

Manual Skills Related to This Unit

- Charting
- Reporting

Module 4: Diversity, Human Needs, Growth and Development

The student will be able to:

- Define the vocabulary listed.
- Describe the impact of religious and cultural values on behaviors of self and others.
- Demonstrate respectful and empathetic interactions with diverse age, cultural, economic, ethnic, sexual orientation, and religious individuals and groups.
- Discuss strategies for applying Maslow's Hierarchy of Needs to nursing assistant care
- Describe growth and development principles when caring for people through the life span (expected growth, Erikson's Developmental Stages, risk factors, and information processing).

Vocabulary to Know

BIAS
COMPASSION/COMPASSIONATE
CULTURE
CULTURALLY COMPETENT
DEVELOPMENT
DISCRIMINATION
EMPATHY/EMPATHETIC
ETHNICITY
GROWTH

GERIATRICS
PATIENCE
PEDIATRICS
PREJUDICE
RACISM
RELIGION
STEREOTYPE

Manual Skills Related to This Unit

- None

Module 5: Infection Control

The student will be able to:

- Define the vocabulary listed.
- Diagram and explain the chain of infection.
- Explain the differences between medical asepsis, surgical asepsis, and disinfection and sterilization, including the CNA role in each.
- Describe standard precautions.
- Describe the Bloodborne Pathogens Standard.
- Identify the rationale for transmission-based (isolation) precautions and the impact of isolation and Personal Protective Equipment (PPE) on basic human needs.
- Describe when you would use reverse/protective isolation.
- Identify common health care associated infections, causes, and at-risk persons.
- Describe multi-drug resistant organisms (MDROs) and the diseases with which they are most often associated.
- List the signs and symptoms of localized and systemic infection.
- Prevention of transmission of communicable diseases: PPE, hand hygiene, TB testing, vaccinations, and immunizations.
- Demonstrate how to manage items that touch the floor; e.g., pillow call light, oxygen tubing, bedside mat, clothing, catheter bag cover, soiled trash/linen bags, positioning devices, call light, etc.

Vocabulary to Know

ALCOHOL-BASED HAND RUB	
ANTIBIOTIC	INFECTION
BACTERIA	INFECTION CONTROL
BIOHAZARD	ISOLATION
BODY FLUIDS	MICROORGANISM
CARRIER	MULTIDRUG-RESISTANT ORGANISMS (MDRO)
CENTER FOR DISEASE CONTROL AND PREVENTION (CDC)	NOSOCOMIAL
CONTACT PRECAUTIONS	PATHOGEN
CONTAMINATED/CONTAMINATION	PERSONAL PROTECTIVE EQUIPMENT (PPE)
DISINFECTANT/DISINFECTION	REVERSE/PROTECTIVE ISOLATION
FLORA	SEPSIS
HAND HYGIENE	SPORE
HEPATITIS	VIRUS

Manual Skills Related to This Unit

- Donning and doffing Personal Protective Equipment (PPE):
 - Gloves
 - Goggles/face shield
 - Gown
 - Mask
- Hand hygiene:
 - Hand washing
 - How to use alcohol-based hand rub
 - When to use these options, such as after removing gloves and after contact with objects and surfaces in the resident's room

Module 6: Safety and Emergency Care

The student will be able to:

- Define the vocabulary listed.
- List general rules of safety and accident prevention in health care settings for residents and staff.
- Identify major causes of fire in any setting and list prevention guidelines.
- List guidelines for safe oxygen use.
- Describe safe smoking practices by residents.
- Describe unsafe smoking practices by residents.
- Demonstrate how to recognize and respond to medical emergencies and disasters.
- Describe use, rationales, potential problems, and federal guidelines related to physical and chemical restraint.
- Describe alternatives to restraint use (distraction, meeting needs, 1:1 care).

Vocabulary to Know

ANAPHYLAXIS
BODY MECHANICS
CPR
DISASTER
EVACUATION
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)
POINT, AIM, SQUEEZE, SWEEP (PASS)
WORKPLACE VIOLENCE
SAFETY DATA SHEETS (SDS)

Manual Skills Related to This Unit

- Health care provider cardiopulmonary resuscitation (CPR)
- Abdominal thrusts
- Using correct body mechanics
- Working with restraints: wheelchair brakes, recliners, beds against the wall, and overalls
- Use of eye wash station

Module 7: Admission, Discharge, Transfer, and Unit Care

The student will be able to:

- Define the vocabulary listed.
- Describe a standard patient or resident unit.
- Define the admission process, including unit orientation and the significance of meeting a new resident or patient for the first time.
- Describe the CNA's responsibility in following the plan of care for a new resident.
- Discuss considerations for transferring a person to another unit or room within a facility.
- Define the CNA role in discharging a person from a care facility.
- Describe the nursing assistant's role in providing and maintaining a safe, private, comfortable home-like environment within a resident's individual unit.
- Identify how temperature, odors, noise, and lighting affect comfort level.
- Explain the importance of sleep and environmental factors impacting sleep.
- Describe the CNA's role in promoting comfort, rest, and sleep.
- Discuss types of specialty beds, bed controls, bed brakes, and bed making techniques

Vocabulary to Know

BEDSIDE TABLE
CLEAN UTILITY ROOM
DRAW SHEET (TRANSFER SHEET, LIFT SHEET, SUP/TURN SHEET)
INVENTORY LIST/BELONGINGS LIST
OVERBED TABLE

PATIENT IDENTIFICATION
SOILED UTILITY ROOM

Manual Skills Related to This Unit

- Bedmaking: Occupied bed

Module 8: Vital Measurements

The student will be able to:

- Define the vocabulary listed.
- Define normal and abnormal vital signs values, characteristics for different age groups, and reporting criteria.
- Explain the rationale for vital sign measurement.
- Discuss sites and rationale for site selection, when measuring temperature, pulse, and blood pressure.
- Identify causes of inaccurate vital sign readings and contraindications for temperature, pulse, or blood pressure site selection.
- Discuss the importance of establishing a baseline height and weight and strategies for measurement in the ambulatory, bedfast, or wheelchair bound person.
- List common observations related to pain and pain character and verbal and non-verbal.
- Describe the nursing assistant's role in caring for a person in pain.

Vocabulary to Know

APNEA
AXILLARY TEMPERATURE
BRACHIAL ARTERY
CELSIUS
CHEYNE-STOKES
DIASTOLIC
DYSPNEA
EXPIRATION
FAHRENHEIT
HYPERTENSION (HTN)
HYPOTENSION

HYPOTHERMIA
INSPIRATION
IRREGULAR PULSE
ORTHOSTATIC HYPOTENSION
PAIN SCALE
PHANTOM LIMB PAIN
SPHYGMOMANOMETER
STETHOSCOPE
SYSTOLIC
TYMPANIC MEMBRANE

Manual Skills Related to This Unit

- Measuring temperature
 - Electronic/disposable thermometer
 - Axillary, oral, tympanic, rectal, and temporal
- Taking a radial pulse (using analog clock)
- Counting respirations (using analog clock)
- Measuring blood pressure
 - Orthostatic Blood Pressure
- Measuring weight
- Measuring height

Module 9: Moving, Lifting, Positioning, and Transfers

The student will be able to:

- Define the vocabulary listed.
- Discuss the benefits of exercise and activity.
- Discuss complications that can occur because of partial or complete immobility.
- Define the responsibility for monitoring and implementing skin at risk precautions: turning, repositioning, splint use, sock removal, tight shoes, etc.
- Explain nursing assistant care guidelines related to moving and positioning.
- Describe use of various positioning aids.
- Describe principles of transfer safety as it relates to wheelchairs, beds, rails/trapeze, gurneys, lifts, attached lines, tubes, and devices.

Vocabulary to Know

ABDUCTION PILLOW
AMBULATE/AMBULATION
BODY ALIGNMENT
DANGLE
FOOTBOARD

HAND ROLL
LOG ROLL
ORTHOTIC
PIVOT
TROCANTER ROLL

Manual Skills Related to This Unit

- Moving in bed, using a lift sheet:
 - Moving up in bed
 - Moving to side of bed
- Positioning:
 - Supine
 - Prone
 - Side lying/semi side lying
 - Sims'
 - Fowler's (Low, Semi, High)
 - Lithotomy in bed
- Transferring a person:
 - Transferring to/from bed and chair or wheelchair
 - Transferring to/from wheelchair and toilet
 - Transfer to/from bed or wheelchair and commode
 - Transfer using a mechanical lift (total/sit-to-stand)
- Assisting a falling person safely to the floor
- Do NOT put yourself in harm's way

Module 10: Personal Care

The student will be able to:

- Define the vocabulary listed.
- Discuss methods for bathing, including tub bath, bed bath, showers, partial bath, and perineal care.
- Describe methods for maintaining personal hygiene (bathing, oral care, denture care, nail care, hair care, shaving, and dressing).
- List observations to report and record during and after bathing and grooming.
- Explain the benefits of bathing and grooming.
- Discuss guidelines, safety measures and special care considerations involved with bathing and grooming the conscious or unconscious person.

Vocabulary to Know

CATHETER CARE
HYGIENE
PERINEAL/PERINEUM
PODIATRIST
SAFETY RAZOR

TOWEL BATH
WATERLESS BATHING

Manual Skills Related to This Unit

- Performing denture care
- Assisting with oral care (brushing, flossing, rinsing, swabbing)
- Nail care (fingernails, toenails, unless contraindicated)
- Bath (tub bath, bed bath)
- Showering
- Perineal care (male and female)
- Catheter care (indwelling, suprapubic, and condom)
- Brushing/combing hair
- Shampooing hair
- Shaving (face, axilla, and legs)
- General dressing assistance (including IV gown)
- Eye glass care
- Hearing aid care

Module 11: Nutrition and Hydration

The student will be able to:

- Define the vocabulary listed.
- Describe the food guide pyramid and list basic nutrients.
- Describe the importance of good nutrition and signs and symptoms of poor nutrition.
- State importance of proper hydration and signs of dehydration and over-hydration.
- Describe special diets used in health care settings.
- Visualize and describe the different food textures and fluid consistency variations.
- List culturally significant dietary practices.
- Describe preparing, serving, and feeding of persons who require assistance.
- Verbalize observations to make while feeding a person and what to report to the supervising nurse.
- Describe safety precautions to use when feeding a person with swallowing difficulties.
- Describe nursing assistant observations and limitations in caring for a person with an intravenous or tube feeding, and what to report to the nurse.

Vocabulary to Know

CALORIE COUNT	MILLILITER (ML)
CUBIC CENTIMETER (CC)	NAUSEA
DEHYDRATION	NOTHING BY MOUTH (NPO)
DIETICIAN	OBESITY
DYSPHAGIA	OUNCE
ENCOURAGE FLUIDS	SUPPLEMENT
FLUID CONSISTENCY	TUBE FEEDING
INTAKE AND OUTPUT (I & O)	
INTERNATIONAL DYSPHAGIA DIET	

Manual Skills Related to This Unit

- Calculating dietary intake (meal percentage)
- Measuring intake and output (I&O), including ounce to milliliter conversion
- Preparing a person for a meal
- Serving meal trays
- Feeding assistance
- Hand hygiene during meals
- Preparing thickened liquids

Module 12: Mental Health & Illness

The student will be able to:

- Define the vocabulary listed.
- Define mental health and illness.
- Describe causes of mental illness.
- Distinguish between dementia, developmental disability, and mental illness.
- Explain contributors to anger and/or aggression in residents, visitors, and/or family members and key methods of de-escalation as related to mental health and illness.
- Describe the connection between mental and physical wellness.
- Explain the nursing assistant role in caring for people with mental illness, including reporting guidelines.
- Understand trauma-informed care (TIC) techniques.
- Discuss indicators of suicide risk, immediate interventions, and reporting guidelines.
- Describe how staff actions can result in resident behaviors and how to mitigate.

Vocabulary to Know

APATHY	PARANOIA
DELUSION	POST TRAUMATIC STRESS DISORDER (PTSD)
DEPENDENCE	PROFESSIONAL BOUNDARIES
DEPRESSION/DEPRESSED	PSYCHIATRIST
HALLUCINATION	PSYCHOSIS
HOARDING	REFLECTON
ILLUSION	STRESS/STRESSOR
MANIA	TRAUMA-INFORMED CARE (TIC)
PANIC ATTACK	WITHDRAWAL

Manual Skills Related to This Unit

- Demonstrate de-escalation techniques.

Module 13: Dementia

The student will be able to:

- Define the vocabulary listed.
- Discuss signs and symptoms of dementia, depression, and delirium.
- Identify the types, stages, characteristics, and behaviors of a person with dementia.
- Explain behavioral symptom triggers for residents, visitors, and/or family members, and key methods of de-escalation as related to dementia.
- Describe the importance of understanding the person's history and remaining capacities when planning person-directed care.
- Describe basic techniques for communicating effectively with people who have dementia.
- List interventions for behaviors common to dementia: wandering, hoarding, sun downing, and hallucinations.
- Describe the impact of dementia on family members and how the nursing assistant can provide support.
- Describe how reality orientation, validation therapy, and reminiscence are effectively employed in caregiving.
- List observations nursing assistants should report when caring for people with dementia.
- Identify appropriate therapeutic recreation/activities for people with dementia, including both structured and spontaneous activities.
- Describe the nursing assistant's role in implementing the patient's behavioral care plan.
- Demonstrate empathetic strategies of care.

Vocabulary to Know

AGITATION	AGGRESSION	HOARDING
ALZHEIMERS		REALITY ORIENTATION
CATASTROPHIC REACTION		REFLECTION
COMBATIVE		REMINISCE/ REMINISCENCE
DELIRIUM		SUN DOWNING
DELUSION		VALIDATION THERAPY
DEMENTIA		WANDERING
DISORIENTED/ DISORIENTATION		
HALLUCINATE/ HALLUCINATION		

Manual Skills Related to This Unit

- Demonstrate de-escalation techniques.
- Demonstrate empathetic strategies of care.

Module 14: Rehabilitation and Restorative Care

The student will be able to:

- Define the vocabulary listed.
- Define the difference between rehabilitation and restorative care.
- Discuss nursing assistant responsibilities for promoting independence while avoiding frustration.
- Describe risks and benefits associated with range of motion.
- List safety considerations for ambulating a person with or without the use of assistive devices, including canes, crutches, walkers, and gait belts.
- Describe application and removal of established prosthetics, orthotics, immobilizers, braces, and postural support.
- Describe how physical and mental deficits (disability) may impact a person's ability to perform Activities of Daily Living (ADL).
- Discuss actions nursing assistants can use to help a person who has difficulty communicating.
- Describe appropriate adaptations and considerations for people with sensory, motor, and cognitive limitation.
- Identify adaptive equipment.
- Describe the role of family in the rehabilitation team.

Vocabulary to Know

ACTIVITIES OF DAILY LIVING (ADL)	DYSPHAGIA
ADAPTIVE EQUIPMENT	FOOT DROP
APHASIA	INDEPENDENT/ INDEPENDENCE
ASSISTIVE DEVICES	OCCUPATIONAL THERAPY (OT)
BOWEL AND BLADDER PROGRAM	PHYSICAL THERAPY (PT)
DEFICIT	SAFE SWALLOWING TECHNIQUES
DEPENDENT	SPEECH THERAPY (ST)

Manual Skills Related to This Unit

- Performing range of motion (ROM)
- Dressing/undressing a person with sensory, motor, and/or cognitive limitations
- Use of adaptive equipment such as built-up toothbrush, swivel spoon, rocker knife, dysphagia cups, scoop plate.
- Ambulating – gait belt
- Ambulating –walker

Module 15: End of Life Care

The student will be able to:

- Define the vocabulary listed.
- Explain factors affecting attitudes about death (age, culture, religion, degree of illness).
- List and describe the stages of grief.
- Describe strategies for meeting the physical, psychological, social, and spiritual needs of a dying person.
- List the rights of the dying person.
- Describe needs unique to family of the dying person.
- Identify the goal of hospice care.
- Describe the difference between palliative care and hospice care.

Vocabulary to Know

ADVANCED DIRECTIVE	HOSPICE
APNEA	LIVING WILL
AUTOPSY	MOTTLED SKIN (MOTTLING)
BEREAVEMENT	PALLIATIVE CARE
CHEYNE-STOKES RESPIRATION	PATIENT SELF-DETERMINATION ACT
CORONER	POSTMORTEM
DO NOT RESUSCITATE (DNR)	RIGOR MORTIS
DURABLE POWER OF ATTORNEY	QUALITY OF LIFE
EUTHANASIA	TERMINAL ILLNESS
GRIEF	

Manual Skills Related to This Unit

- Postmortem care

Module 16: Professional Development

The student will be able to:

- Define the vocabulary listed.
- Describe Idaho state requirements to work as a certified nursing assistant.
 - Initial certification:
- Training
- Testing
 - Certification renewal
- Define the purpose of the Idaho CNA Registry.
- Describe health and hygiene practices and guidelines for professional appearance.
- Describe how to effectively conduct a brief job search, complete an employment application, participate in a successful employment interview, and appropriately terminate employment.
- Identify potential employment criteria, including criminal history background check, drug screen, and credit check.
- List common reasons for losing a job.
- List skills necessary to maintain employment, including:
 - Professionalism
 - Competence (including continuing education and in-service training)
 - Decision-making, problem solving, and time management (organization and prioritizing)
 - Effective teamwork and communication
 - Effective management of workplace challenges:
 - Conflict resolution
 - Stress management
 - Criticism vs. constructive feedback
 - Effectively giving and receiving constructive feedback
 - Planning for childcare and transportation

Vocabulary to Know

CERTIFICATION	PERFORMANCE EVALUATION
COMPETENCE	PRIORITIZING
CONTINUING EDUCATION	PROFESSIONALISM
EMPLOYMENT APPLICATION	SEXUAL HARASSMENT
INTERVIEW	TIME MANAGEMENT
IN-SERVICE TRAINING	
JOB DESCRIPTION	

Manual Skills Related to This Unit

- None

Module 17: Body Systems

List of body systems:

- The cardiovascular system
- The respiratory system
- The nervous system
- The gastrointestinal system
- The urinary system
- The reproductive system
- The integumentary system
- The musculoskeletal system
- The endocrine system
- Cancer and the immune system

For each body system, the student will be able to:

- Define the vocabulary listed for the body system.
- Identify basic structure and function of the system.
- Discuss age-related changes to the system.
- Identify common disorders of the system.
- Compare and contrast disease and disorder of the system and normal age-related changes to the system.
- Describe nursing assistant observations related to the body system and when to report to the supervising nurse.
- Discuss nursing assistant measures to prevent or care for persons with diseases or disorders of that body system.
- Discuss safety measures related to nursing assistant care procedures and appropriate care of.

Vocabulary to Know for All Body Systems

<u>Cardiovascular System</u>		
ANGINA	CORONARY ARTERY DISEASE (CAD)	MYOCARDIAL INFARCTION
ANTI-EMBOLIC/ ANTI-EMBOLISM	CYANOSIS/CYANOTIC	PERIPHERAL VASCULAR
APICAL	DIAPHORESIS/DIAPHORETIC	DISEASE (PVD)
ARTERIOSCLEROSIS	EDEMA	PHLEBITIS
CARDIAC ARREST	ELECTROCARDIOGRAM (ECG)	PULMONARY EDEMA
CARDIAC CATHETERIZATION	EMBOLISM	SEQUENTIAL COMPRESSION
CARDIAC REHABILITATION	HYPERTENSION (HTN)	DEVICE (SCD)
CONGESTIVE HEART FAILURE (CHF)	HYPOTENSION	THROMBOSIS/THROMBUS

Respiratory System

ASPIRATION	EXPECTORATE	PNEUMONIA
ASTHMA	INCENTIVE SPIROMETRY	POSTURAL DRAINAGE
CHEST TUBE	INTUBATION	RESPIRATOR
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	NASAL CANNULA	SPUTUM
CYANOSIS	NEBULIZER	SUCTION/ SUCTIONING
DYSPNEA	ORTHOPNEA	TRACHEOSTOMY
EMPHYSEMA	OXYGEN (O2)	TUBERCULOSIS
	OXYGEN SATURATION	VENTILATOR

Nervous System

ALERT	LETHARGY	SEIZURE
ALZHEIMER'S	LEVEL OF CONSCIOUSNESS	STROKE
BLINDNESS	MULTIPLE SCLEROSIS	TOURETTE SYNDROME
CATARACT	ORIENTATION	TRAUMATIC BRAIN DISORDER
CEREBROVASCULAR ACCIDENT (CVA)	PARALYSIS	TREMOR
CLOSED HEAD INJURY (CHI)	PARAPLEGIA	UNCONSCIOUS
COGNITIVE	PARKINSON'S DISEASE	
COMA/COMATOSE	QUADRAPLEGIA	
EQUILIBRIUM	REFLEXES	

Gastrointestinal System

ANAL INCONTINENCE	FECAL IMPACTION	NAUSEA
BOWEL MOVEMENT (BM)	FECAL INCONTINENCE	OCCULT BLOOD
COLOSTOMY	FECES	OSTOMY
CONSTIPATION	FLATUS, FLATULENCE	PERISTALSIS
CROHN'S DISEASE	GASTROESOPHAGEAL REFLUX DISEASE (GERD)	STOMA
DEFECATION	HEMORRHOIDS	STOOL
DIARRHEA	ILEOSTOMY	SUPPOSITORY
DIVERTICULITIS	IRRITABLE BOWEL SYNDROME	
ENEMA		

Urinary System

BLADDER PROLAPSE	HEMATURIA	URINATION
CATHETER	MICTURITION	UROSTOMY
DIALYSIS	NOCTURIA	VOIDING
DYSURIA	POLYURIA	
END-STAGE RENAL FAILURE (ESRF)	URINARY INCONTINENCE	
FREQUENCY	URINARY TRACT INFECTION (UTI)	

Reproductive System

BENIGN PROSTATIC HYPERTROPHY(BPH)	MENOPAUSE
GENDER IDENTITY	PUBERTY
HETEROSEXUAL	SEXUAL INTERCOURSE
HOMOSEXUAL	SEXUALITY
HYSTERECTOMY	SEXUALLY TRANSMITTED DISEASE (STD)
IMPOTENCE	VAGINAL PROLAPSE

Integumentary System

AQUATHERMIA	EAR INJURIES	MOLE	SKIN TEARS
ATHLETE'S FOOT	ECZEMA	NECROSIS	STASIS ULCER
BLISTERS	EDEMA	PEDICULOSIS	SWELLING/SWOLLEN
BONY PROMINENCES	ELASTICITY	PODIATRIST	TURGOR
CALLUSES	ERYTHEMA	PRESSURE POINT	WOUND VAC
CLAMMY	EXCORIATION	PSORIASIS	
CORNS	FRICTION	RINGWORM	
CYANOSIS	FUNGUS	SCABIES	
DECUBITUS ULCER	GANGRENE	SECRETIONS	
(PRESSURE SORE, PRESSURE ULCER)	LESION	SHINGLES	
	LICE MITE	SITZ BATH	

Musculoskeletal System

AMPUTATION	OSTEOARTHRITIS (OA)
ATROPHY	OSTEOPOROSIS
CAST	RHEUMATOID ARTHRITIS (RA)
CONTINUOUS PASSIVE MOTION (CPM)	TOTAL HIP REPLACEMENT (THR)
CONTRACTURE	TOTAL KNEE REPLACEMENT (TKR)
DISLOCATION	TRACTION
FRACTURE	WEIGHT BEARING (FULL, PARTIAL, NON)
HEMI-ARTHROPLASTY	
HIP PRECAUTIONS	
OPEN REDUCTION INTERNAL FIXATION (ORIF)	

Endocrine System

BLOOD GLUCOSE	INSULIN
DIABETES	INSULIN RESISTANCE
EXCRETE	KETONES
HYPERGLYCEMIA	METABOLISM
HYPOGLYCEMIA	SECRETE
HYPOTHYROIDISM	

Cancer and the Immune System

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)	HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ALLERGY	IMMUNITY
AUTOIMMUNE DISEASE	MALIGNANT
BENIGN	METASTASIS
BIOPSY	RADIATION THERAPY
CANCER	REMISSION
CHEMOTHERAPY	TUMOR
HOMOPHOBIA	

Manual Skills Related to Body Systems

Cardiovascular:

- Auscultate and palpate pulses
- Radial, pedal, femoral, and carotid pulses
- Application and removal of anti-embolism stockings

Respiratory:

- Collecting a sputum sample
- Assisting with coughing and deep breathing exercises
- Assisting with Incentive Spirometry
- Assisting with oxygen with close supervision
- Refilling portable oxygen tanks
- Measuring pulse oximetry

Gastrointestinal*:

- Assisting with a bedpan
- Performing ostomy care
- Applying/ removing incontinence briefs
- Collecting a stool specimen

Urinary*:

- Assisting with a urinal
- Care for suprapubic catheter
- Performing catheter care: male and female
- Bladder scanning
- Emptying and measuring output from a urinary drainage bag
- Removing/ applying a condom catheter
- Collecting a urine specimen

Endocrine:

- Measuring blood glucose

Nervous, Reproductive, Integumentary*, Musculoskeletal, Cancer and the Immune System:

- None

*The following manual skills are purposely omitted from the curriculum as they are nursing responsibilities requiring nursing knowledge and judgement:

- Enema administration
- Preparing the occult blood testing slide
- Removing an indwelling catheter
- Changing from a bedside drainage bag to a leg bag (and vice versa)
- Dressing change

Student's Name: _____

APPENDIX I

Final Skills Checklist

Directions: The skills listed below are included in the Idaho Nursing Assistant Curriculum. Each student should demonstrate competency of every task in the laboratory/classroom setting before performing in the clinical setting. Simulation or checking for competency of concepts via written exam may be necessary for some skills due to limitations of a classroom. CPR competency is checked in a Healthcare Provider CPR class, but a student may perform it in clinical, so it is included.

The instructor should indicate competency by dating/initialing the Laboratory/Classroom Setting box once a student demonstrates competence. The instructor or licensed nurses/CNAs the student is working with should date/initial the Clinical Setting column indicating the student had an opportunity to perform the task in the clinical setting. Upon course completion, the instructor should sign the document and provide the student a copy.

#	Skill	Lab/Class Setting	Clinical Setting
1.	Charting		
2.	Reporting		
3.	Donning and doffing an isolation gown		
4.	Donning and doffing gloves		
5.	Donning and doffing a mask		
6.	Donning and doffing goggles/face shield		
7.	Hand hygiene - Hand washing		
8.	Hand hygiene - Alcohol-based hand rub (ABHR)		
9.	Performing cardiopulmonary resuscitation (CPR)		
10.	Abdominal Thrusts		
11.	Working with restraints		
12.	Using correct body mechanics		
13.	Use of eye wash station		
14.	Making an occupied bed		
15.	Measuring temperature:		
	Using electronic/disposable thermometer		
	Temperature: Axillary		
	Temperature: Oral		
	Temperature: Tympanic		
	Temperature: Rectal		
	Temperature: Temporal		
16.	Taking a radial pulse (using analog clock)		
17.	Measuring pulse oximetry		
18.	Measuring oxygen saturation		
19.	Auscultating the apical pulse		
20.	Palpating pedal pulses		
21.	Counting respirations (using analog clock)		
22.	Measuring blood pressure		
	Measure Orthostatic blood pressure		
23.	Measuring weight		
24.	Measuring weight for a wheelchair-bound person		

#	Skill	Lab/Class Setting	Clinical Setting
25.	Measuring height		
26.	Moving person in bed using a lift sheet (up, to side)		
27.	Positioning – Supine		
28.	Positioning – Prone		
29.	Positioning – Side lying/semi-side lying		
30.	Positioning – Sims’		
31.	Positioning – Fowler’s (low, semi, high)		
32.	Positioning – Lithotomy in bed		
33.	Transferring to/from bed and chair to wheelchair		
34.	Transferring to/from wheelchair to toilet		
35.	Transferring to/from bed to commode		
36.	Transferring using a mechanical lift – total and sit to stand		
37.	Assisting a falling person safely to the floor		
38.	Positioning float heels		
39.	Performing denture/partial care		
40.	Assisting with oral care (brushing, flossing, rinsing, swabbing)		
41.	Assisting with nail care (fingernails; toenails, unless contraindicated)		
42.	Bathing (tub bath and bed bath)		
43.	Showering		
44.	Assisting with perineal Care- Male		
45.	Assisting with perineal Care- Female		
46.	Brushing/combing hair		
47.	Shampooing hair		
48.	Shaving (face, axilla, or legs)		
49.	General dressing assistance (including IV gown)		
50.	Dressing/undressing – Sensory, motor and/or cognitive limitations		
51.	Eye glass care		
52.	Hearing aid care		
53.	Calculating dietary intake (meal percentage)		
54.	Measuring intake and output (I&O): ounce to milliliter conversion		
55.	Preparing a person for a meal		
56.	Serving meal trays		
57.	Feeding assistance		
58.	Preparing thickened liquids		
59.	Demonstrate de-escalation techniques		
60.	Demonstrate empathetic approaches		
61.	Performing Range of Motion		
62.	Demonstrate adaptive equipment		
63.	Ambulating - gait belt		
64.	Ambulating - walker		
65.	Slide/transfer board		
66.	Postmortem care		
67.	Application and removal of anti-embolism stockings		
68.	Application and removal of splint/braces		
69.	Collecting a sputum sample		
70.	Assisting with coughing and deep breathing exercises		
71.	Assisting with incentive spirometry		
72.	Assisting with oxygen with close supervision		
73.	Refilling portable oxygen tanks		

#	Skill	Lab/Class Setting	Clinical Setting
74.	Assisting with a bedpan		
75.	Performing ostomy care		
76.	Assisting with incontinent briefs		
77.	Collecting a stool specimen		
78.	Assisting with a urinal		
79.	Care for suprapubic catheter		
80.	Performing catheter care - Male		
81.	Performing catheter care - Female		
82.	Bladder scanning		
83.	Emptying and measuring output from a urinary drainage bag		
84.	Removing/applying an external catheter		
85.	Collecting a urine specimen		
86.	Measuring blood glucose		

Instructor Comments:

Instructor Signature: _____

Name of Institution _____ Location _____ Dates Employed _____ Hrs/Wk _____

Position Held _____ Supervisor _____ Population focus _____

Note: Please attach additional pages if necessary, to document work history.

Preparation for Teaching *(Only one required)*

Methods of Instruction Course

Educational Institution _____

Name of class _____

Number of Credits _____

Date completed _____

Train-the-Trainer Course

Educational Institution _____

Name of class _____

Number of Hours _____

Date completed _____

Previous Experience Teaching Nurse Assistant Courses *(If any, not required)*

Name of Institution _____

Location _____

Dates Taught _____

I attest all information included on this form is true and correct.

Applicant Signature _____

Date _____

Sponsoring Educational Institution
Program Director Signature _____

Date _____

Completed applications can be sent to the Idaho Department of Health & Welfare – Bureau of Facility Standards via:

- Mail to: PO Box 83720, Boise, ID. 83720
- Scan and email to FSB@dhw.idaho.gov Attn: NATCEP Program
- Fax to 208-364-1888 Attn: NATCEP Program

Note: The Bureau of Facility Standards decision will be mailed to both the applicant and the sponsoring institution 10-15 business days after receiving the application.

FOR OFFICE USE ONLY			
Date:		Approved	Not Approved
Initials:			
Comments:			

APPENDIX III SUPPLY LIST FOR A CNA LAB

Note: Medical equipment can be very expensive. Costs can be reduced by partnering with a local health agency (donations), rotating students through stations so fewer of the items are required for the group, or partnering with another training program.

Supplies with an asterisk (*) are for testable skills.

NON-DISPOSABLE ITEMS	
1.	Hospital bed (In good repair with bed/head/feet raising capacity and side rails) *
2.	Teaching stethoscope*
3.	Stethoscope*
4.	B/P cuff*
5.	Analog Clock with a second hand*
6.	Gait belt*
7.	Wash basin*
8.	Towel*
9.	Wash cloth*
10.	Bath blanket*
11.	Under pad*
12.	Pillows (a variety of flat and thick) *
13.	Pillow cases*
14.	Fitted sheet*
15.	Top sheet*
16.	Dirty linen disposal bag or basket*
17.	Medical grade blanket or bedspread (without rounded corners to facilitate learning mitered corners) *
18.	Mock dietary card*
19.	Manikin (with male and female perineum) *
20.	Wig*
21.	Wheel chair or chair, with wheelchair cushion (wheelchair in good repair with removable legs) *
22.	Commode*
23.	Something to imitate a call light*
24.	Accessible sink with soap, paper towel dispenser, and garbage can*
25.	Ten-pound box*
26.	Draw or turn sheet
27.	Hospital gown
28.	IV gown
29.	Serving tray
30.	Walker
31.	Medical grade electronic thermometer and probe covers
32.	Nail clippers (student may bring from home)
33.	Pulse oximeter

34.	Blood glucose meter (add row for lancet, test strips, sharps container, and approved disinfecting
35.	Medical grade scale
36.	Mechanical lift
37.	Overhead frame with trapeze
38.	Hand towels
39.	Electric razor
40.	Warm and cold applications (disposable or non-disposable available)
41.	Shower chair (commode without bucket can simulate)
42.	CPR equipment, if training occurs onsite
NON-DISPOSABLE ONLY IN TRAINING (assigned to each resident in agency)	
43.	Urinary catheter (small enough for instructor to cannulate manikin urethra) *
44.	Bedside drainage bag*
45.	Leg strap or other catheter-securing device*
46.	Syringes for urinary catheter balloon (Leur Lok tip; for instructor to place catheter) *
47.	Manual skills charting sheet*
48.	Denture brush*
49.	Dentures (upper, lower, and/or partial plate) *
50.	Denture cup*
51.	Anti-embolic stockings – Thigh high (preferably open toed) *
52.	Non-slip footwear. (Ambulation requires a human. For infection control students should
53.	Appropriate clothing (ambulating requires, but student clothing is sufficient if stated) *
54.	Clothes for manikin* <ul style="list-style-type: none"> • Pants • Shirt – Open front • Shirt – Over head • Socks
55.	Urinal – Male
56.	Bed pan – Regular
57.	Bed pan – Fracture
58.	Measuring container (e.g. graduate)
59.	Elbow/heel /skin protectors
60.	Sample charting forms (flow sheets, I&O sheets, assignment sheets, Kardex, etc.)
61.	Isolation gown disposable or reusable
62.	Shoe covers
63.	Adult incontinent briefs
64.	Ostomy supplies: <ul style="list-style-type: none"> • Ostomy (manikin option or can simulate) • Wafer • Bag with clip or closing device • Measuring device • Small scissors • Paste • Deodorant
65.	Kidney basin
66.	Sponge or glycerin swabs
67.	N-95 masks for demonstration

68.	Pick style comb
69.	Specimen containers (urine, sputum)
70.	Incentive spirometer
71.	Glasses
72.	Hearing aids
73.	Sample contact lenses, lens solution and carrying case
74.	Abduction pillow/wedge
75.	Splints and braces (hand splints, support braces, foot boards, etc.)
76.	Shampoo
77.	Mouthwash
78.	Bedpan cover
79.	Condom catheter
80.	Catheter bag cover
81.	Thickener, to thicken liquids
DISPOSABLE ITEMS (frequent replacement necessary)	
82.	Alcohol swabs*
83.	Gloves* <ul style="list-style-type: none"> • Small, medium and large – perhaps XS, XL • Powdered or non-powdered • Latex or non-latex
84.	Food for feeding with a spoon, if not brought by students*
85.	Plastic spoons, knives, and forks*
86.	Paper or plastic plates*
87.	Paper or plastic cups*
88.	Napkins*
89.	Soap*
90.	Toilet paper*
91.	Lotion
92.	Denture paste*
93.	Tooth brushes – If used on self, have each student bring own
94.	Toothpaste
95.	Floss
96.	Procedure face masks*
97.	Denture tablets
98.	Single-use razors
99.	Balloons (for shaving)
100.	Orange sticks, emery board (student may bring from home)
101.	2 x 2 gauze
102.	Alcohol-based hand rub*
103.	Bathing Wipes
104.	Peri-wipes

Appendix IV

Manual Skills Charting Sheet

Be sure to mark all cares that you have performed. Sign, initial, and date where appropriate.

Client/Resident/Patient Name: _____

VITAL SIGNS			
Blood Pressure	Pulse	Respiration	NA Initials
Daily Care		Initials	Comments
Dressing/Undressing			
Donning/ Doffing PPE			
Body Mechanics			
Anti-Emboloc Stocking Application			
Meal Feeding Assistance: % of meal eaten: _____ ml's of intake: _____			
Oral Care/Denture Care			
Bed Bath			
Indwelling Catheter Care			
Perineal Care			
Positioning in bed			
Range of Motion			
Ambulation			
Toileting			
Transfer			
Groom Hair			
Linen Change- Occupied Bed			

Initials

Nurse's Assistant Signature

Title

Date

Time

Appendix V

Candidate Letter

Dear Candidate:

Congratulations on completing 120 hours of coursework, skills, and clinical education required for the Idaho nursing assistant certification. You are now ready to take the Manual Skills Test.

The Manual Skills Test consists of several possible scenarios. Each candidate will randomly pick a scenario for their test. All candidates taking this test are scored on vital signs, handwashing, charting, and random skills that are all included in the **“Procedure Lists for Testable Skills”** packet, as well as pre and post-care skills. **In order to pass the Manual Skills Test, candidates cannot miss any critical steps. Each candidate must also successfully complete at least 80% of the non-critical steps.**

When appropriate, the skills may be done in any order. A cohort is preferred during testing, however, if testing only one candidate, a manikin may be used. All steps are outlined in the **“Procedure Lists for Testable Skills”** packet. During the Manual Skills Test, candidates can assume they are performing the skills on one person/manikin and will not be moving from person to person as one would in a nursing home setting. Please be familiar with all skills as well as the pre and post-care skills included in your packet.

Candidates are not allowed to take any electronics (e.g., phone, smartwatches, etc.) into the testing room. When called into the testing room, candidates are required to show a government photo identification (school, state, or federal issued). The photo identification must have your current legal full first and last name. All candidates will be given a tour of the testing room, including the location of equipment and supplies. A list of the equipment needed for the skills will also be provided. It is the candidate’s responsibility to assemble the equipment for ease of use. No more than five (5) minutes to assemble equipment will be allowed. This time is **NOT** included in the thirty (30) minutes allowed for the test. While completing the Manual Skills Test, candidates are required to demonstrate all skills in the scenario. The Rater is not allowed to answer any questions about how skills are performed.

Below is a sample scenario to give you an idea of what to expect during your manual skills testing:

You are working in a nursing home and will be caring for Mr. Taylor who is an 88-year old gentleman with right sided weakness. You will need to wash your hands, take his vital signs, give him a partial bath, dress him, and get him to the commode and back. When completed, you will chart the cares given.

As was mentioned earlier, be very familiar with the **“Procedure Lists for Testable Skills”**, and you will do well.

Good luck!!!

P.S. Don’t forget to bring a photo identification and a pen.

Nursing Assistant General Manual Skills Testing Guidelines
(This will also be posted at the testing center)

Please refer to these generic guidelines as you test:

- Remember to communicate with the person you are working with even if it is a manikin. Communication means introducing yourself and explaining the procedures, which is part of the skills test.
- Collect and organize your equipment in the way that is most efficient for you.
- Once the test begins, you have a maximum of thirty (30) minutes to complete all the assigned tasks.
- You are required to wash your hands at the beginning of the testing scenario. You will be expected to use hand sanitizer at other times during the test as needed.
- The person's privacy and safety as well as adherence to infection control procedures must be maintained throughout the entire testing scenario.
- You must physically perform each step. Once you start, if you make an error, stop and say so. You may correct yourself, but you will not be given additional time and will be expected to perform the step you missed.
- For this test, side rails are used only for safety during appropriate procedures. Otherwise, they should be in the low position.
- Raise and lower bed as appropriate for body mechanics. All scenarios will end with bed in lowest position.
- Please note that this test should demonstrate you caring for a real person and performing care for that person.

Appendix VI

Procedures List for Testable Skills

The following procedure lists should be used by the instructor to prepare students for the state manual skills test. Only testable skills are included. While recognizing there are numerous, acceptable ways to perform these tasks, each of these individual procedures are used for the manual skills exam to allow a consistent and objective test result. Textbooks should be consulted for untested skills.

Key Points to Remember:

- The manual skills test will be performed in front of a qualified evaluator, called a Rater. Candidates will demonstrate the skills for the Rater, making sure to correctly show the critical steps of each skill being demonstrated.
- Critical steps are **bolded and asterisked (*)**.
- During testing, 100% of critical steps must be demonstrated, 80% of non-critical steps must be demonstrated.
- Performing hand hygiene immediately before and after gloving is an important infection control issue.
- The person's privacy and safety, as well as infection control must be maintained throughout the entire procedure. These are always critical steps.
- Testing is done as one (1) scenario.
- Pre-steps are to be done once at the beginning of the scenario.
- Post-steps are done one (1) time following completion of the scenario.
- You are required to wash your hands as a skill at the beginning of testing. You will be expected to use hand sanitizer at other appropriate times throughout the test.
- Respirations and pulse must be checked using an analog clock.
- Please note: Bedrails in nursing homes are not common, however, you are required to know how to provide care with, and without, the use of bedrails.
- Raise and lower bed as appropriate for body mechanics. All scenarios will end with bed in lowest position.

Pre-steps:

- a) **Knock ***
- b) **Introduce self ***
- c) **Identify the person***
- d) **Provide Privacy by pulling curtain and closing door. ***
- e) **Explain procedure***
- f) **Hand hygiene - demonstrate handwashing* (Must be done before care is started)**

Post-steps:

- a) **Place call light within reach***
- b) **Ensure comfort***
- c) **Lower bed***
- d) **Lower side rails per care plan***
- e) **Open privacy curtain***
- f) **Hand hygiene – demonstrate alcohol-based rub***
- g) **Document***

Hand Hygiene using Soap and Water:

1. **Wet your hands with clean, running water (warm or cold) with fingertips pointing downward. ***
2. **Apply soap to hands and wrists, enough to produce a soapy lather. ***
3. **Lather your hands by rubbing them together with the soap. ***
 - a) Rub hands together in a circular motion.
 - b) Interlace fingers and rub back and forth.
 - c) Rub back of hands and wrists.
 - d) Clean nails by running them over soap lathered palm of opposite hand.
4. **Scrub your hands for at least 20 seconds. ***
5. **Rinse your hands well under clean, running water. ***
6. **Dry hands with a clean, dry paper towel keeping finger tips pointed up. ***
7. **Turn off faucet (if not automated) with a new, clean, dry paper towel. ***
8. **Discard towel without contaminating clean hands. ***

Hand Hygiene using Alcohol-based Hand Rub:

1. **Apply the gel product to the palm of one hand (read the label to learn the correct amount). ***
2. **Rub your hands together. ***
3. **Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds. ***

Vital Signs:

1. **Assemble equipment***
 - a. Analog clock with synchronized start will be used by student and rater.
2. Pre-steps
3. Communicate with person throughout skill.

Checking a Radial Pulse:

- a) Place the person in comfortable position with arm well supported.
- b) **Place tips of first two or three fingers (not thumb) over radial artery on thumb side of the person's wrist. ***
- c) When pulse is felt, count for 1 minute (or 30 seconds and multiply by 2).
- d) **Pulse must be within 4 beats per minute of the rater. ***

Counting Respirations:

- a) Do not indicate to the person that you are counting respirations.
- b) Visualize rise and fall of the person's chest and count respirations in one minute (or 30 seconds and multiply by 2).
- c) **Respirations must be within 2 respirations of the rater. ***

Measuring Blood Pressure:

- a) Clean ear pieces and diaphragm of stethoscope with alcohol.
- b) Place person in comfortable position with arm well supported.
- c) **Wrap cuff around arm, position 1-2 inches above elbow. ***
- d) **Center arrow of cuff over brachial artery. ***
- e) **Place stethoscope in ears and place diaphragm over brachial artery. ***
- f) Pump cuff up.
- g) **Open valve slowly and release pressure in cuff steadily and gradually. ***
 1. (Note: If beat is heard immediately, release all the air and let the arm rest for 30 seconds. Then, re-pump to 20mmHg higher. Again, listen for the first and last beat).
- h) **Readings must be within 6 mmHg of the /rater. ***
 - i) Record your findings.
 - j) Remove the cuff and make the person comfortable.
4. Clean and put equipment away.
5. Post-steps

Donning and Doffing Personal Protective Equipment (PPE):

1. Perform hand hygiene using alcohol-based hand rub. *
2. Put on gown by slipping arms into sleeves. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. *
3. Fasten in back of neck and waist. *
4. Put on face mask. *
 - a) Secure ties or elastic bands at middle of head and neck.
 - b) Fit flexible band to nose bridge.
 - c) Fit snug to face and below chin.
 - d) Fit-check respirator.
5. Put on face shield/goggles: *
 - a) Adjust face shield/goggles to fit. Be careful not to touch your face with your hands.
 - b) Place over face and eyes and adjust to fit.
6. Perform hand hygiene, and put on clean gloves. Extend to cover wrist of isolation gown, making sure cuffs of gloves overlap gown. *
7. Removing contaminated gloves: *
 - a) Grasp outside of glove with opposite gloved hand; peel off.
 - b) Hold removed glove in gloved hand.
 - c) Slide fingers of ungloved hand under remaining glove at wrist.
 - d) Peel glove off over first glove.
 - e) Discard gloves in waste container.
8. Remove face shield/goggles: *
 - a) To remove, handle by head band or ear pieces.
 - b) Place in designated receptacle for reprocessing or in waste container.
9. Remove gown: *
 - a) Unfasten ties.
 - b) Pull away from neck and shoulders, touching inside of gown only.
 - c) Turn gown inside out.
 - d) Fold or roll into a bundle and discard.
10. Perform hand hygiene. *
11. Remove mask: *
 - a) Do not touch the front of mask/respirator because it is contaminated.
 - b) Grasp bottom, then top ties or elastics and remove.
 - c) Discard in waste container.
12. Perform hand hygiene. *

Undressing and Dressing a Person Who Has Limited Use of Limbs

1. Pre-steps
2. Communicate with person throughout skill.
3. Provide clothing or assist with selection.
4. Assist person to a supine or sitting position.
5. If in supine position, raise side rails or have two care givers to provide person's safety, and raise bed to a level for best body mechanics.
6. If used, lower side rail on the side you are working on.
7. **If person has affected side, begin undressing on strong side first. ***
8. Remove person's upper clothing by pulling off one arm sleeve at a time.
9. Remove person's lower clothing by lowering pants to the knees, then pulling off one pant leg at a time.
10. Place removed clothing properly for reuse or place in laundry receptacle.
11. **If person has affected side, begin dressing with affected side first. ***
12. Assist with underclothing as needed.
13. Undo all fasteners of clothing to be put on.
14. Assist person to put on pants:
 - a) Gather one pant leg on affected side. Lift person's leg at ankle and pull pant leg over person's foot and ankle.
 - b) Repeat for other leg.
 - c) Pull pants up legs as far as possible.
 - d) Have the person lift buttocks or roll to the side to pull pants up to waist.
 - e) Fasten pants as needed.
15. Assist the person to put on top (opening at front):
 - a) Gather sleeve, grasp person's affected arm at wrist and slide sleeve over arm.
 - b) Have the person roll away from you and tuck garment beneath person's back.
 - c) Have the person roll towards you and pull garment out from under arm.
 - d) Gather next sleeve, grasp person's strong arm at wrist and slide sleeve over arm.
 - e) Adjust garment and fasten as needed.
16. Assist the person to put on top (pullover):
 - a) **Place the person's hands in sleeves, starting with weak side. ***
 - b) Pull garment up arms
 - c) Carefully pull neck opening over the person's head.
 - d) Pull garment down over trunk, adjust and fasten.
17. Assist the person to put on footwear:
 - a) Carefully put stockings onto feet.
 - b) Put on shoes or slippers.
18. Post-steps.

Making an Occupied Bed

1. Pre-steps.
2. Communicate with person throughout skill.
3. Assemble linen and place it in a clean, convenient location.
4. **Raise side rails or have two care givers to provide person's safety. ***
5. Raise bed to a level for best body mechanics.
6. Lower head of bed to make bed as flat as the person can tolerate.
7. If used, lower side rail on the side you are working on.
8. **Do not shake linens at any time throughout the procedure. ***
9. **Perform hand hygiene and put on gloves. ***
10. Loosen top linens from foot of bed and place spread in laundry receptacle or in clean location if it will be reused.
11. Provide privacy with top sheet or bath blanket
12. **Position the person on his/her side facing away from you and toward raised side rail or second care giver. ***
13. Place pillow under head for comfort.
14. Loosen the bottom linens, roll soiled linens toward the person and tuck under them.
15. **Remove gloves, perform hand hygiene, and put on gloves. ***
16. Place clean bottom sheet on mattress so that stitching is away from the person, pull nearest corners into place and tuck remaining sheet under person. Smooth any wrinkles.
17. If used, place the cotton turn/lift sheet on the middle portion of the bed, tuck under the person and smooth any wrinkles.
18. **Raise side rail. Go to other side of bed and lower side rail, or trade places with other caregiver. ***
(Note: In a facility, the other care giver would typically perform the rest of the steps.)
19. Assist the person to roll toward the opposite side of the bed maintaining privacy
20. Adjust pillow for comfort.
21. Remove bottom linen
22. **Remove gloves, perform hand hygiene, and put on new gloves. ***
23. Pull clean bottom sheet toward you, pull corners into place and smooth any wrinkles.
24. Pull turn/lift sheet toward you and tuck under mattress.
25. Smooth any wrinkles.
26. Position the person in supine position in the middle of the bed and adjust pillow.
27. Unfold clean top sheet without shaking it and place it on top of the used sheet so that the center is in middle of the bed, but do not tuck in.
28. The hemstitching should be to the outside and even with the top of the mattress without covering the person's face.
29. Have the person hold top sheet or tuck it under the person's shoulders.
30. **Remove privacy cover without exposing the person. ***
31. Place bedspread evenly on bed and unfold to cover the person, the other linen, and is even on both sides of bed.
32. Avoid covering the face and pull the top linen up to the shoulder/chin (as the person desires) then fold the excess back down, making a smooth cuff.
33. Tuck top linens together at the bottom of the bed and make a mitered corner.
34. Raise side rail.
35. Repeat process on the other side of the bed.
 - a) Adjust the top linens over the person.
 - b) Tuck top linens together at the bottom of the bed
 - c) Make a mitered corner.
36. Ensure the linens are loose enough so that the person's feet have room to move.
37. **Ensure there are no wrinkles. ***
38. Change the pillowcases without shaking or contaminating them.

39. Place the pillow at the head of the bed so that the open end is away from the door and the seam is toward the head of the bed.
40. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
41. Clean and put equipment away.
42. **Remove gloves and perform hand hygiene. ***
43. Post-steps.

Application of Anti-embolic Stocking

Note: During testing you will apply only one stocking on a weak leg.

1. Obtain stocking.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Raise side rails or have two caregivers to provide person's safety.
5. Raise bed to a level for best body mechanics.
6. Lower side rail on the side you are working on.
7. Have the person lying supine in bed.
8. **Expose only the leg used for placement of the stocking. ***
9. Grasp stocking from top and turn inside out to the ankle or bunch with right side out.
10. Slide stocking over toes, foot, and heel.
11. **Ensure the stocking is seam side out and the heel is positioned correctly. ***
12. Re-grasp remaining portion of stocking and pull stocking up to knee or thigh, depending on the length of the stocking.
13. Release stocking gently. Do not snap.
14. **Ensure stockings are smooth and wrinkle free. ***
15. Post-steps.

Assisting a Person with Eating

1. Pre-steps.
2. Communicate with person throughout skill.
3. **Before delivery, check tray with dietary card to make sure meal is correct. ***
4. Ensure the person is sitting in a chair.
5. Assist the person with hand hygiene.
6. Place food on table in front of the person.
7. Offer napkin for lap.
8. Use clothing protector only if included in care plan.
9. Open containers and prepare food. Avoid touching food with fingers unless gloves are worn.
10. Inform the person about food.
11. Caregiver should sit facing person.
12. Serve food as required/requested by the person.
13. Make eating as pleasant as possible by:
 - a) Checking with the person about food temperature.
 - b) Serving small amounts from tip of spoon.
 - c) Offering straws for fluids.
 - d) Alternating solids and liquids.
 - e) Not rushing.
 - f) Communicating.
14. **Observe the person for signs of choking. * If choking, respond: ***
 - a) **Stop offering food or fluid. ***
 - b) **Ask if they are OK. ***
 - c) **Encourage hard coughing. ***
 - d) **Offer sips of fluid when the airway is clear. ***
 - e) **Report choking to the nurse. ***
15. Encourage food intake.
16. Be sure the person's mouth is clear of food and face is clean during and after feeding.
17. Remove napkin or, if used, clothing protector and assist the person with hand hygiene.
18. **Record intake of fluid and percent of meal eaten. ***
19. Clean and put equipment away.
20. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
21. Post-steps.

Body Mechanics

Note: When performing this skill, you will be lifting a 10 lb. box.

1. Assess weight of load and need for assistive device.
2. **Demonstrate proper body alignment, including: ***
 - a) **Wide base of support, feet shoulder width apart. ***
 - b) **Back straight – do not bend at the waist. ***
3. Position body close to and facing object to be moved.
4. **Bend from hips and knees, keeping back in alignment. ***
5. Use large muscles (gluteal, shoulders, upper arms and thighs) to lift the object.
6. Use both hands and arms to lift, move, or carry heavy items.
7. **Carry item close to body. ***
8. Do not lift object higher than chest level.
9. **Move feet and turn the whole body when changing direction (NO TWISTING). ***
10. Work with smooth movements, no jerky or sudden moves.
11. Set objects on edge of table and push to center.

Cleaning Dentures

Note: During testing you will clean upper denture only.

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. **Ensure the person is in a safe, comfortable sitting position. ***
5. **Perform hand hygiene and put on gloves. ***
6. Spread towel across the person's chest.
7. Ask the person to remove his/her dentures. Assist if needed.
8. Place dentures in a safe sanitary container.
9. Transport them to the sink.
10. Line bottom of the sink with wash cloth/paper towel.
11. Turn faucet on with paper towel.
12. **Rinse each denture under cool running water. ***
13. Use toothpaste or denture cleanser to clean the dentures.
14. **With dentures in your hand, brush all surfaces until they are clean. ***
15. **Rinse dentures thoroughly under cool running water. ***
16. Place dentures in a clean denture cup, labeled with the person's name and filled with cool water.
17. Turn faucet off with new paper towel.
18. Cover the cup to transport back to the person.
19. Assist the person with oral hygiene. Provide oral hygiene by:
 - a) Cleaning upper and lower gums using moistened foam-tipped applicator.
 - b) Offering the person a cup of water to rinse mouth.
 - c) Providing emesis basin or disposable cup to use for spitting.
20. Have the person replace the dentures in his/her mouth, if desired. If not, store in person's nightstand or sink countertop. Dentures must be in water or in a denture soaking solution.
21. Leave the area around the person's mouth clean and dry when care is completed.
22. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
23. Clean and put equipment away.
24. **Remove gloves and perform hand hygiene. ***
25. Post-steps.

Perineal Care-Female

Note: Some facilities may use pre-moistened cloths or special solutions. For testing purposes, soap and water will be used.

1. Assemble equipment.
2. Pre-steps
3. Communicate with person throughout skill.
4. Fill the washbasin with water, making sure the temperature is comfortable.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. If used, lower side rail on the side you are working on.
8. **Perform hand hygiene and put on gloves. ***
9. Assist the person to a supine position and cover the person with bath blanket/sheet.
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. Position the person on her back, with knees bent. (Lithotomy Position.)
12. Place waterproof pad or towel under her buttocks.
13. **Drape the person so as to provide privacy.**
14. **Apply soap to washcloth**
15. **Uncover just enough of the perineal area to provide care. *** Note: Covering lower legs is optional.
16. **Separate labia with thumb and forefinger,**
 - a) **With moist soaped washcloth, gently wash down one side of the labia, from front to back (urinary meatus to vagina),**
 - b) **Change to clean area of wash cloth and wash down other side of the labia,**
 - c) **Wash pubic and groin area. ***
17. Rinse and pat dry.
18. Help lower person's legs.
19. **While maintaining privacy turn the person onto her side; facing away from you (toward a raised side rail or the other care giver). ***
20. **Clean the buttocks and rectal area from front to back (vagina to anus). Change to clean area of washcloth with each stroke. ***
21. Rinse and pat dry the buttocks and rectal area.
22. Remove waterproof pad/towel.
23. **Remove gloves and perform hand hygiene. ***
24. Place incontinent pad per care plan.
25. Return person to position of comfort.
26. **Replace linens and remove drape while maintaining privacy. ***
27. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
28. Clean and put equipment away.
29. Post-steps.

Side-lying Position

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. **Raise side rails or have two care givers to provide person's safety. ***
5. Raise bed to a level for best body mechanics.
6. If used, lower side rail on the side you are working on.
7. Ensure person is in supine position and head of bed is lowered.
8. Assist the person to move to the edge of the bed closest to you.
9. Turn the person onto side (facing side rail or the other care giver).
10. Place support pillow behind person's back and tuck underneath.
11. Raise side rail. Go to other side of bed and lower side rail, or trade places with other caregiver.
12. Position pillow to support head and neck in level position.
13. **Adjust lower shoulder to prevent direct body pressure upon it. ***
14. Straighten lower leg.
15. Flex upper leg and place in alignment with body.
16. **Use pillow or pillows to prevent direct body pressure on knees and ankles to ensure leg is level from hip to foot. ***
17. Position lower arm with elbow flexed and palm up, or with elbow straight and arm alongside of body.
18. **Support upper arm with pillow, in front of body. ***
 - a) Use pillow or pillows to prevent direct body pressure on elbow and wrist.
19. Adjust linens as needed.
20. Post-steps.

Range of Motion Exercises

Note: During testing you will do Range of Motion on one side only.

1. Pre-steps.
2. Communicate with person throughout skill.
3. **Raise side rails or have two care givers to provide person's safety. ***
4. Raise bed to a level for best body mechanics.
5. If used, lower side rail on the side you are working on.
6. **Place person in a supine position in the middle of the bed to provide for their safety. ***
7. **Move each joint slowly, always supporting the part being exercised. Never go beyond the person's joint resistance. ***
8. **Monitor persons tolerance to activity. If at any time the person shows verbal or non-verbal signs of new discomfort/pain, stop and report to the nurse to receive further directives. ***
9. **Cover person to maintain their privacy throughout procedure, exposing only the area being worked on. ***
10. Shoulder Flexion and Extension – Holding the person's wrist and elbow, raise the arm straight in front and overhead, then bring arm down to side-repeat 3 times.
11. Shoulder Abduction and Adduction – Holding the person's wrist and elbow, move straight arm away from the side of the body then back to the side-repeat 3 times.
12. Elbow Flexion and Extension – Holding the person's wrist and elbow alongside the body, bend elbow so hand touches shoulder, straighten the arm-repeat 3 times.
13. Forearm Supination and Pronation – With arm alongside body, bend elbow to 90 degrees. Turn forearm so palm faces head of bed, then so palm faces foot of bed-repeat 3 times.
14. Wrist Flexion and Extension –hold the person's wrist and hand, bend the persons hand up and down at the wrist- repeat 3 times.
15. Ulnar and Radial Deviation - bend the person's hand at wrist from side to side-repeat 3 times.
16. Straight Leg Raises – Supporting the lower calf and back of knee, keep knee straight and raise leg off bed, then return to bed-repeat 3 times.
17. Hip Abduction and Adduction – Supporting leg at ankle and knee, with knee pointing up, draw leg out to side, then back to touch other leg—repeat 3 times.
18. Hip/Knee Flexion and Extension – Supporting leg at foot/heel and calf bend knee to chest and then straighten leg back onto bed-repeat 3 times.
19. Ankle Dorsiflexion and Plantar Flexion – Supporting heel, bend foot so that toes point to head then down towards foot of bed-repeat 3 times.
20. Foot Supination and Pronation – Turn sole of foot inward, then sole of foot outward- repeat 3 times.
21. Repeat on other side as directed by care plan.
22. Cover the person with top linens.
23. Post-steps.

Ambulation of a Person Using a Transfer Belt

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Know the distance to be walked.
5. Ensure bed wheels are locked.
6. Assist the person to a sitting position on the edge of the bed.
7. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
8. **With person seated, apply gait belt snugly around person's waist. ***
9. Position the person's feet shoulder width apart, flat on the floor with slightly bent knees.
10. Have the person prepare to push up by placing their hands on the bed.
11. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
12. **Position self slightly behind and to the person's side, holding the belt at the side and back. ***
13. Allow the person to begin walking. Ambulate in step with him/her.
14. Cue the person to use good posture, looking ahead and to walk without shuffling.
15. Monitor the person's tolerance.
16. Assist the person to a comfortable position when ambulation is completed.
17. Remove gait belt.
18. Put equipment away.
19. Post-steps.

Assisting a Person with an Affected Side into a Wheelchair

1. Assemble equipment.
2. Ensure wheelchair is in good repair, with cushion or as per care plan.
3. Pre-steps.
4. Communicate with person throughout skill.
5. **Place foot pedals in up position and to the side, or remove from wheelchair. ***
6. **Ensure Bed wheels are locked***
7. Assist the person to a sitting position on the edge of the bed.
8. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
9. **With the person seated, apply gait belt snugly around the person's waist. ***
10. **Position wheelchair/chair near and parallel, or slightly angled, to the bed on person's strongest side.**
*
11. **Lock the wheelchair brakes. ***
12. Position the person's feet shoulder width apart, flat on floor with slightly bent knees.
13. Position affected arm for protection.
14. Have the person prepare to push up with their strong hand by placing that hand on the bed.
15. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
16. When balanced, adjust your footing and assist the person to pivot (ball of foot remains stationary) until aligned with the wheelchair/ chair.
17. Have the person reach back and grasp the arm of the chair.
18. Assist the person to slowly lower self to a comfortable sitting position.
19. Replace foot pedals on wheel chair if the person requests and unlock wheelchair brakes.
20. Remove gait belt.
21. Post-steps.

Indwelling Catheter Care - Female

Note: Some facilities may use pre-moistened cloths or special solutions. For testing purposes, soap and water will be used

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Fill the wash basin with water, making sure the temperature is comfortable.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. If used, lower side rail on the side you are working on.
8. **Perform hand hygiene and put on gloves. ***
9. Assist the person to a supine position and cover the person with bath blanket/sheet.
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. Position the person on her back, with knees bent. (Lithotomy Position.)
12. Place waterproof pad or towel under buttocks.
13. **Drape the person so as to provide privacy. ***
14. **Apply soap to washcloth. ***
15. **Uncover just enough of the perineal area to provide care. *** Note: Covering lower legs is optional.
16. **Separate labia with thumb and forefinger,**
 - a) **With moist soaped washcloth, gently wash down one side of the labia, from front to back (urinary meatus to vagina), ***
 - b) **Change to clean area of wash cloth and wash down other side of the labia, ***
 - c) **Anchoring catheter between two fingers, wash from meatus down catheter tubing four inches, with clean part of washcloth. ***
 - d) **Wash pubic and groin area. ***
17. Rinse and pat dry.
18. Dry catheter with clean area of towel.
19. Help lower person's legs.
20. Ensure catheter tubing is secured to upper thigh by appropriate means, positioned for drainage and attached to the bed frame.
21. **While maintaining privacy turn the person onto side; facing away from you (toward a raised side rail or the other care giver). ***
22. **Clean the rectal area from front to back (vagina to anus). Change to clean area of wash cloth with each stroke. ***
23. Rinse and pat dry the buttocks and rectal area in the same manner.
24. Remove waterproof pad/towel.
25. **Remove gloves and perform hand hygiene. ***
26. Place incontinent pad per care plan.
27. Return person to position of comfort.
28. **Replace linens and remove drape while maintaining privacy. ***
29. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
30. Clean and put equipment away.
31. Post-steps.

Giving a Bed Bath

Note: Sequence of washing is not important as long as eyes are cleaned first and perineum is cleaned last.

Note: During testing you will be expected to give a modified bed bath and follow care plan that states to wash face, ears, neck, chest, one hand, arm, and axilla area, including assisting person to dress in clean gown.

1. Assemble equipment (water should be appropriate temperature).
2. Pre-steps.
3. Communicate with person throughout skill.
4. Fill basin with warm water. Change water if it becomes cool.
5. **Raise side rails or have two care givers to provide person's safety. ***
6. Raise bed to a level for best body mechanics.
7. Adjust the bed to a comfortable position.
8. Lower side rail on the side you are working on.
9. **Perform hand hygiene. Don gloves according to standard precautions. ***
10. Place bath blanket over bedspread and remove bedspread and top sheet from under the bath blanket.
11. **Remove the person's gown while maintaining privacy. ***
12. Place a towel over the person's chest.
13. **Wash the eyes (no soap) from the nose toward the ear, using a different area of the washcloth for each stroke. ***
14. Wash and rinse the face, ears, and neck. (Do not use soap on face area unless requested).
15. Pat all areas dry.
16. Leaving the towel on the chest, reach under the towel and fold the bath blanket to the waist.
17. Lifting the towel one part at a time, wash with soap chest, abdomen, and navel (observe under person's breasts or skin folds for redness).
18. Rinse and pat dry the chest, abdomen, and navel.
19. **Cover the chest and abdomen with bath blanket and remove the towel from the chest without exposing the person. ***
20. Place a towel lengthwise under the arm nearest you.
21. Wash and rinse the hand, arm, axilla and shoulder.
22. Pat dry and remove towel from under the arm and replace bath blanket.
23. Turn the person on their side, facing away from you and towards the raised side rail or the other care giver.
24. Place a towel on the bed against their back.
25. Wash and rinse the back and back of the neck.
26. Pat dry and remove towel.
27. Reposition the person on their back.
28. Place bath towel lengthwise under leg nearest you.
29. Wash and rinse leg and foot.
30. Pat dry and remove towel.
31. **Raise the side rail or trade places with other care giver. ***
32. Rinse bath basin and refill with clean water.
33. Go to other side of bed and lower side rail, or trade places with other care giver.
34. Repeat steps for cleaning arm and leg on other side.
35. Provide perineal care. (See Perineal Care skill)
36. **Remove gloves and perform hand hygiene. ***
37. Assist the person to dress and groom.
38. **Replace linen and remove drape while maintaining privacy. ***
39. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
40. Clean and put equipment away.
41. Post-steps.

Helping a Person to the Commode

1. Assemble equipment.
2. Pre-steps.
3. Communicate with person throughout skill.
4. Ensure bed wheels are locked.
5. **Perform hand hygiene and put on gloves. ***
6. Prepare commode and position commode near and parallel, or slightly angled, to the bed. Lock wheels of commode.
7. **Remove gloves, perform hand hygiene, and replace gloves. ***
8. Assist the person to a sitting position on the edge of the bed.
9. **Ensure the person is wearing non-slip footwear and appropriate clothing. ***
10. **With the person seated, apply gait belt snugly around the person's waist. ***
11. Position the person's feet shoulder width apart, flat on floor with slightly bent knees.
12. Have the person prepare to push up with their hands by placing them on the bed.
13. **Using good body mechanics, facing the person, grasp gait belt with both hands, equal distance apart, and assist the person to stand. ***
14. When balanced, adjust your footing and assist the person until aligned with the commode.
15. Have the person reach back and grasp the arm of the commode.
16. Move clothing out of the way (pull down pants).
17. Assist the person to lower self slowly to comfortable seated position.
18. Ensure warmth with robe or blanket.
19. Place toilet tissue within reach.
20. **Place call light within reach. Ask the person to call when ready or if assistance is needed. ***
21. **Remove gloves and perform hand hygiene. ***
22. Leave room if the person's condition allows.
23. When person signals, return promptly to assist.
24. **Perform hand hygiene and put on gloves. ***
25. Assist the person with hand hygiene.
26. **With person standing, provide perineal/anal care (clean from urinary meatus to anus). ***
27. **Make sure the person is safe, then remove gloves and perform hand hygiene. ***
28. Reposition clothing.
29. Assist the person to the bed.
30. Remove footwear and transfer belt.
31. Position person comfortably in bed.
32. **Perform hand hygiene and put on gloves. ***
33. Cover and remove container from commode.
34. Note contents and measure output per care plan.
35. Empty it into the toilet.
36. Clean/disinfect container per policy.
37. Replace container in commode.
38. Clean commode.
39. **Remove gloves and perform hand hygiene. ***
40. Return commode and other supplies to appropriate area.
41. Post-steps.

Hair Brushing/Combing

1. Pre-steps.
2. Communicate with person throughout skill.
3. Assemble the person's brush or comb.
4. Assist the person to sitting or Fowler's position.
5. Place towel around person's shoulders.
6. If hair is tangled, separate small lock of hair and grasp it firmly with one hand to prevent pulling on scalp. Begin brushing or combing from bottom of lock toward scalp as tangles are removed.
7. After tangles are out, or if hair is not tangled, brush or comb from scalp to hair ends.
8. If hair is kinky or curly, a pic style comb may be used to gently comb hair.
9. Arrange hair in style preferred by the person.
10. Remove towel.
11. **Ensure linens are placed in a laundry receptacle, not thrown or placed on the floor. ***
12. Clean and put equipment away.
13. Post-steps.

Charting

1. Use black/blue ink in all charting. *
2. Chart person's name at the top of the charting sheet. *
3. Mark vital signs in appropriate space. *
4. If required mark intake and output in % and cc or ml.*
5. Initial all skills you performed. *
6. Chart that you informed the nurse if you noticed any areas of concern or change in the person's condition and what those areas were. Be specific.
7. If error occurs, use one line to cross out and then initial the change.
8. **Initial, sign the bottom of the form with your full first name, last name, title (NA), date, and time. ***
9. Use electronic documentation per facility policy.

APPENDIX VII

HISTORY OF THE IDAHO NURSING ASSISTANT CURRICULUM

The 2013 Revision:

Compiling the Technical Committee and Getting Started: In the April 2008 Idaho Professional Technical Education (IPTE) Health Professions Council meeting, members determined the 2001 Idaho Nursing Assistant Curriculum was in need of updating, so compiled the Idaho Nursing Assistant Curriculum Technical Committee. The committee first met via phone conference in October 2008. Analysis and design occurred electronically; in May 2009 the committee met at North Idaho College to inform committee members, determine goals and set up an outline of the new curriculum.

Compliance and the Remaining Timeline: In July 2009 committee members were invited to participate in a phone conference with directors of the three governing bodies involved in CNA training and practice. The goals were to assure the committee was staying within allowed guidelines, to clarify understanding of certain rules and to seek guidance. Between July 2009 and June 2010, the committee continued the task of revising and fine tuning via meetings, e-mail and phone. In July 2010 the curriculum was put before the Idaho Board of Nursing for approval.

1. Content Experts, Research and Goals: The committee was comprised of content experts who are currently involved with CNA training in Idaho. All levels of nursing assistant education were represented; including college/university and high school. The committee consulted members of the healthcare industry. Members prepared for the revision by researching the 2001 Idaho CNA curriculum, OBRA, the Administrative Rules of the Idaho Board of Nursing, current CNA textbooks, best practice literature and a state-by-state analysis. The committee developed the following goals:
2. Create a generic curriculum that applies to all healthcare settings.
3. Maintain Omnibus Budget Reconciliation Act (OBRA) alignment, which is the foundational federal legislation leading to state-mandated nursing assistant curricula, and assure compliance with the Rules of the Idaho Board of Nursing.
4. Update curriculum, emphasizing emerging issues in healthcare and recognizing national movement toward evidence-based standards.
5. Evaluate curriculum content hour distribution: Didactic, lab and clinical.
6. Revise the Final Skills Checklist

Years 2001 and Prior Revisions:

1. History and personnel:

In August 1999 the Idaho Division of Professional-Technical Education formed a technical committee to address the need to revise the Idaho Nursing Assistant Curriculum. The committee began meeting in December 1999 under the supervision of Dr. Gary Lauer, Health Professions Program Manager for IDPTE. All members of the committee were registered nurses with experience in the Idaho Nursing Assistant Training Program.

Members were:

Randy Goss RN, MS – Chair

Jolene Tucker RN, BSN Lewis Clark State College, Lewiston High School

Linda Stricklin RN, MHS

Jennifer Zimmerman RN, BSN Boise State University, Boise Samaritan Village

The committee worked closely with Sandy Evans, Executive Director, and Vicky Goettsche, Associate Director, of the Idaho Board of Nursing and their assistance is greatly appreciated.

2. Rationale:

The initial focus of the committee was to define a model by which the Nursing Assistant Curriculum could be offered on the Internet. Having at least some portions of the course on the Internet would greatly enhance accessibility and cost effectiveness in underserved areas. After the initial meeting, the committee recognized that the extent of modification required to convert the existing curriculum to an internet compatible format would have the effect of creating a separate curriculum. In addition, the existing curriculum was five years old and in need of updating to reflect changes in the healthcare environment. As a consequence, the committee refocused its efforts on revising the generic Nursing Assistant Curriculum.

3. Goals:

- Create a generic Nursing Assistant Curriculum that reflects the contemporary health care environment and is compatible with classroom delivery as well as alternative models of delivery.
- Gain approval of the curriculum by the Idaho Board of Nursing.
- Upon approval of the curriculum, create an Internet based version of the theory portions of the course and a model by which the skills and clinical portions can be accomplished.
- Based on the Internet course, develop instructor and student resources that can be used regardless of the model of course delivery.

4. Guiding philosophy for curriculum revision

- The primary requirement of the curriculum is to address OBRA guidelines and the administrative rules of the Idaho Board of Nursing.
- There will continue to be only one approved version of the curriculum.
- The curriculum includes content that nursing assistants must know. Additional content can be included at the instructors' discretion.
- Content that nursing assistants must know is developed to the fullest extent possible.
- Board of Nursing approval pertains to the content, regulations, and objectives.
- Instructor and student resources are educational documents that do not require board approval.
- The curriculum must be compatible with secondary and post-secondary environments as well as classroom and alternative delivery models.

5. Process:

- The existing curriculum was reviewed task by task by committee members. The “need to

know vs. nice to know” philosophy was applied.

- Based on mutual agreement by the committee, each member revised assigned sections to reflect decisions made as a group.
- The committee met periodically to review and revise.
- The Board of Nursing was informed of our process and provided input.
- The initial full draft of the document was reviewed and the language standardized.
- A draft was provided to a group of peer reviewers who geographically represented the entire state and who represented various educational and employment settings.
- The committee considered input from the peer group and made needed changes.
- The curriculum was submitted to the Board of Nursing for approval.

6. Substantive changes from the 1996 curriculum

- Theory objectives, skill objectives and the skills exam were separated into three distinct sections. Rationale – Alternative delivery requires the capacity to teach theory separate from skills. Classroom offerings can mingle theory and skills easily.
- Some objectives were “built out” more completely. Rationale – If an objective is included, it is important to fully present it.
- Overall, the sections are similar to existing curriculum, but some subsections have been relocated. Rationale – Some of the revisions led to subsections fitting better in different places.
- Several skills were eliminated. Rationale – The skills that were eliminated were not required by OBRA nor Board of Nursing, no longer applicable to the workplace, or more practical to be taught in the workplace on the specific equipment available. The “theory” aspects of skills are still in the curriculum and instructors who deem it necessary to teach them as skills are welcome to do so.
- Skills check sheets were replaced by skills objectives. Rationale – A final check sheet for all skills is included in the appendix. Student progress in skill performance can be tracked with this sheet.
- The Acute Care and Home Care modules were not changed. Rationale – The scope of the technical committee
- was to revise the basic curriculum.
- The history of the Idaho CNA curriculum before 1996 was not found in the 2001 curriculum. The committee is grateful to the Sandra Evans, Executive Director of the Idaho Board of Nursing, for her verbal review of the history of the curriculum between 1987, the year of OBRA creation, and 1996.