



Office of Health Facility
Licensure & Certification

Nurse Aide Program
Policy Manual

Contents

How to Use this Manual.....	4
Purpose	4
Administration	4
Requirements.....	4
Instructional Program	5
Program Approval	5
Application	5
Action by the OHFLAC-NAP.....	6
Program Identifier.....	6
Post-Approval Review and Monitoring.....	6
Enforcement	7
Federal Prohibition of Program Approval.....	7
Federal Waiver of Prohibition of Nurse Aide Training Program	8
Withdrawal of Approval.....	8
Program Monitoring	9
On-Site Reviews and Surveys.....	9
Suspension and Revocation	9
Program Operation	9
Class Setting and Size	10
Clinical Setting.....	10
Clock Hour Requirements	13
Expectations for Record Retention	13
Skills Performance Record	13
Student Absenteeism.....	14
Instructor Absenteeism.....	14
Textbooks.....	14
Grades	14
Classroom Laboratory Requirements	15
Documentation	15
Clinical Requirements	16
Complaint File	16

Instructor Availability and Accessibility	16
Facility-Based Programs	17
Notification of Substantial Changes in the Program.....	17
Student Clinical Orientation.....	17
Class Orientation.....	18
Charging For Nurse Aide Education and Testing.....	18
Program Faculty	19
Program Director	19
Primary or Program Instructor.....	19
Coordinator Instructor	20
Resource Instructors	20
Clinical Instructor	20
Refresher Instructor.....	21
Faculty Active Status	21
Application Requirements for Faculty	21
Educate-the-Educator Workshop	21
Reporting Program Changes	22
Student Nurses.....	22
Eligibility Requirements	22
Nurse Aide Registry.....	23
Establishment of the Registry	23
Registry Content	24
Inclusion on the Registry.....	24
Transfer to Other States	25
Reporting a Change.....	25
Reportable Nurse Aide Employment	25
Renewal or Reregistration Application Requirements	26
Competency Examination (Testing)	26
Refresher Course.....	27
Alternative Sanction.....	28
Facility Employment Requirements	28
Nurse Aide Retraining	29

Facility In-Service Requirement	29
West Virginia Clearance for Access: Registry and Employment Screening (WV CARES)	29
What is WV CARES?	29
Nurse Aide Competency Evaluation	30
Testing Vendor	30
Demonstration of Skills	30
Administration of the Competency Evaluation.....	30
Oral Competency Evaluation	30
Successful Completion of the Competency Evaluation Program.....	30
Unsuccessful Completion of the Competency Evaluation Program	31
Evaluator Qualifications	31
Testing Site Criteria	31
Regional Test Site.....	31
In-Facility Test Site	32
Appendix A: Commonly Used Acronyms	33
Appendix B: Glossary of Terms	34
Appendix D: Contact	37
Appendix E: Minimum Curriculum Requirements	38
Orientation.....	38
Communication and Social Interaction.....	38
Basic Nursing Skills	39
Personal Care Skills	40
Basic Restorative Services.....	41
Rights of Residents.....	41
Dementia.....	42
Appendix F: Skills Performance Tasks	43

How to Use this Manual

This manual incorporates and replaces all manuals, program instructions, memorandums, and other printed materials about the Nurse Aide Program previously issued by the Office of Health Facility Licensure and Certification.

- **Appendix A** contains a list of frequently used acronyms.
- **Appendix B** contains a glossary of terms.
- **Appendix C** contains a list of resources.
- **Appendix D** contains specific contact information for the West Virginia Nurse Aide Program. Please refer to this to direct your questions and general inquiries.
- **Appendix E** contains the minimum curriculum requirements for a nurse aide training and competency program.
- **Appendix F** contains the skills performance list.

Forms referenced in this manual can be found at: ohflac.wv.gov

Purpose

The purpose of this manual is to provide detailed information about the nurse aide training and competency evaluation program (NATCEP) regulations, and the Nurse Aide Abuse and Neglect Registry in West Virginia. This manual is intended to assist nurse aide training program instructors, competency evaluation program examiners, and nurse aides in understanding their roles and responsibilities.

Administration

The NATCEP was established under the federal Omnibus Reconciliation Act (OBRA) of 1987, 1990, and 1999. This Act requires states to establish a NATCEP and maintain a long-term care nurse aide registry by coordinating the following activities:

1. Approve and monitor the nurse aide training programs;
2. Oversee the nurse aide competency evaluation program;
3. Manage the Nurse Aide Abuse and Neglect Registry; and
4. Authorize the renewal process for nurse aides.

The NATCEP is managed by the Office of Health Facility Licensure and Certification (OHFLAC) Nurse Aide Program (NAP) within the West Virginia Department of Health and Human Resources (WVDHHR).

Requirements

1. All providers conducting nurse aide training programs must be approved by the OHFLAC-NAP;
2. All Medicare and/or Medicaid certified nursing facilities have the potential to serve as clinical sites and/or offer the instructional training program. Nursing homes that are not Medicare/Medicaid certified are not eligible.

3. Each area vocational center, community college, or nursing facility conducting nurse aide training programs must designate a qualified registered professional nurse (RN) to oversee training and instruction and a program director.
4. Each program must have a primary instructor and clinical instructor. The program director and the primary instructor cannot be the same person. The responsibilities related to the program are distinctively different.
5. There must be valid contact phone number, mailing address, email and fax number for the program director and instructors provided.

Instructional Program

An instructional program is a training program for nurse aides approved by the OHFLAC-NAP. The purpose of an instructional program is to provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing-related services to residents in the nursing home setting, and who are not licensed health professionals or volunteers who provide services without monetary compensation.

Each nurse aide training program must be competency based. The program must contain behavioral objectives for each unit of instruction. Each objective must state performance criteria which are measureable and which will serve as the basis for the competency evaluation. The objectives must be reviewed at the beginning of each unit so the students have an understanding of what is expected.

The goal of each educational program must be to prepare an entry-level nurse aide who will provide quality care to the residents of nursing facilities.

In West Virginia, the OHFLAC-NAP approves nurse aide training programs that satisfy standards outlined in federal and state laws and regulations.

The OHFLAC-NAP reviews the curriculum of each approved training program sporadically following the initial approval date to determine whether the program continues to satisfy the required standards.

The OHFLAC-NAP may suspend, revoke, or impose a plan of correction (POC) on a training program that does not meet the required state and federal standards or does not operate under the conditions of the approved application.

Program Approval

Application

In order for a facility-based or non-facility based program to be approved, the following documents must be completed and submitted.

1. The OHFLAC-NATCEP Microsoft Excel Calendar Workbook;
2. A faculty data and/or resource instructor form; and
3. For non-facility based programs, copies of the contracts with the nursing facilities where the clinical experience requirement will be met.

The program shall provide any additional information requested by the OHFLAC-NAP during the review of the application. The program shall designate a director who will be responsible for the operation and compliance of the program. All aspects of the program shall be in compliance with all applicable federal, state and local laws.

Action by the OHFLAC-NAP

1. Upon receiving a training program application, the OHFLAC-NAP will determine whether it meets federal and state compliance requirements, including the following:
 - a. Program content, length and ratio of classroom instruction to skills training;
 - b. Qualifications of instructors;
 - c. Clinical setting and type of clinical supervision;
 - d. Provision for written evaluation of the program;
 - e. Reasonable accommodations for prospective students with disabilities;
 - f. Criteria for successful completion; and
 - g. Appropriate furnishing of physical facilities to meet classroom instruction and skills training needs.
2. Within 30 days after receiving a training program application, the OHFLAC-NAP shall either issue a preliminary approval or deny the application. Preliminary approval is only granted for a period of six months to allow the qualified RN to attend the educate-the-educator session. If the application is denied, the OHFLAC-NAP shall provide the applicant written notice detailing the reasons for the denial.

Program Identifier

At start-up, each training program will be issued a program identification number. The program number and the program's full name shall be placed on each correspondence submitted into the OHFLAC-NAP for review, including emails. The NATCEP faculty staff members will be assigned or linked to their approved training program.

Post-Approval Review and Monitoring

1. The OHFLAC-NAP shall conduct a review of the program every two years after the date of the initial program approval. The department may conduct an announced or an unannounced on-site review of the program at any time to verify that the program remains in compliance with the requirements.
2. If the program is found out of compliance with the requirements, the program director shall submit a POC to the OHFLAC-NAP. The POC shall be submitted on the form provided by the OHFLAC-NAP, and shall include any additional information requested during the review of the program. The primary instructor shall provide reasonable means for the OHFLAC-NAP to examine records and gather requested information.

3. The primary instructor or program coordinator shall submit for approval any substantial change in the program to the OHFLAC-NAP in writing. A program may not implement the proposed change without written approval of the OHFLAC-NAP. "Substantial change" means a change in the program's faculty staff members, including the director, curriculum, course hours, or program site.
4. If training has not been conducted within 24 consecutive months, the approved program may be deemed "inactive status."
5. If at any time the OHFLAC-NAP determines a program has failed to comply with the requirements, written notice will be provided to impose a POC on the program, or suspend or revoke approval of the program.

Enforcement

The department may deny or withdraw approval of a training program for one or more of the following reasons:

1. The program cannot provide evidence they meet the program standards and requirements as outlined in the approval;
2. The program did not conduct any training classes within the previous 24 consecutive months; and
3. The program fails to allow the department to conduct an on-site visit of the training program.

The OHFLAC-NAP may withdraw program approval immediately or prescribe the timeframe the deficiencies identified during an onsite review shall be corrected. All written notices of deficient practices shall be provided to the Program Director. With the assistance of the primary instructor, the program director shall submit a POC to the OHFLAC-NAP. If the program fails to correct the deficient practice within the specified time, the approval may be withdrawn.

When a program is withdrawn for any reason, the program shall submit a plan to allow for the enrolled students to continue the training and competency program through another approved NATCEP program.

Federal Prohibition of Program Approval

The OHFLAC-NAP shall not approve a NATCEP offered by or in a facility, if in the prior two years the facility was:

1. Operated under a waiver because the facility was unable to provide nursing care for a period in excess of 48 hours per week;
2. Subjected to an extended (or partial extended) health recertification or complaint investigation survey;
3. Terminated as a provider under Medicare or Medicaid;
4. Subjected to the penalty of denial of payment under Medicare or Medicaid;
5. Assessed a civil money penalty of more than \$5,000;
6. Subjected to penalty of an appointment of a temporary manager to oversee operations;

7. Operated under a waiver of the requirement of a registered nurse for at least eight consecutive hours, seven days a week; and
8. Closed or had its residents transferred due to state action.

Federal Waiver of Prohibition of Nurse Aide Training Program

Pursuant to 42 USC 1396r(f)(2), a facility-based program (nursing home) may request a waiver of the two (2) year prohibition when the facility has been assessed a civil money penalty of less than \$5000, and the deficiency was not related to the “quality of care furnished to residents.” To request a waiver, the facility must make the request in writing to the Long-Term Care Program at OHFLAC. Requests will only be considered if:

1. There is no such program offered in that area or region;
2. Assures, through an oversight effort, that an adequate environment exists for operating the program in the facility, and
3. Provides notice of such determination and assurances to the state long-term care ombudsman.

The Long-Term Care (LTC) Program within OHFLAC will review each waiver request and make a recommendation to the Centers for Medicare and Medicaid Services (CMS). The CMS will make the final determination whether to approve or deny the waiver request. Each determination will be made on a case by case basis.

A federal waiver of disapproval may not exceed two (2) years, but will be withdrawn earlier if the facility is subsequently found to no longer meet the waiver criteria. When two (2) periods of program disapproval overlap, the programs will not be restored until the second two year disapproval period has been completed.

If a federal waiver of disapproval is requested and granted by the OHFLAC Long-Term Care Program and/or CMS, the program must re-apply as a new program with the OHFLAC-NAP.

Withdrawal of Approval

The OHFLAC-NAP shall withdraw approval of any program if any of the following identified requirements are not met:

1. Refusing to permit visits, investigations, or inspections by state survey agency officials;
2. Operating outside the minimum standards as identified in the approval;
3. Operating without an approved POC following an on-site review;
4. Using faculty who do not meet the required qualifications;
5. Failing to submit required documents in a timely manner; and/or
6. Failing to have a pass rate in any class of 40 percent or higher and/or a pattern of frequent failures.

When withdrawing approval from a NATCEP, the OHFLAC-NAP will:

1. Notify the program in writing, indicating the reason(s) for withdrawal of approval; and

2. Permit students who have already started a program to finish. (However, these students are not eligible to take the competency evaluation, unless they transfer and complete the program with an approved NATCEP.)

Program Monitoring

On-Site Reviews and Surveys

Federal regulations require on-site reviews of all approved programs be conducted by the NATCEP office. These reviews will be unannounced.

The OHFLAC-NAP will conduct a review of the program within one (1) year of the date of the initial approval of the program. One year after the initial approval, the training program will be scheduled for a survey; subsequently ever two years thereafter.

Surveyors may conduct an on-site review of the program at any time to verify compliance. The on-site survey will include a visit to the clinical site, as well as the classroom site. During the review the surveyor may request time during the pre- and post- conference to interact with the students to educate the students about their role in the evaluation process and the purpose for the nurse aide registry.

Surveyors will conduct observation of the program implementation, including student performance and the expected outcomes of the curriculum. As part of the survey, the surveyor will review program records to ensure documents are maintained within the guidelines. The surveyor also has the authority to remove the students from the clinical setting if the safety of the residents is jeopardized.

The program shall provide any additional information requested by the surveyor during its review of the program. If documents related to the program are kept electronically, the instructor must have the ability to print the documents immediately upon requests.

Suspension and Revocation

The OHFLAC may suspend or revoke approval of a NATCEP when the program:

1. Fails to comply with any of the nurse aide training program requirements;
2. Violates federal or state requirements;
3. Refuses to permit an on-site visit by surveyors; and
4. Obstructs or interferes with the survey process during the on-site visit.

The OHFLAC will notify the program in writing of the reasons for suspending or revoking approval of the nurse aide training program. Students enrolled in a course that began before the date of the suspension or revocation will be permitted to finish the session; however, they will not be eligible to take the competency examination as long as the program remains in noncompliance.

Program Operation

To meet the federal and state approval requirements, a training program must provide all of the following:

1. Access to an approved clinical setting;

2. Qualified faculty members for both the classroom and skills portions of the training;
3. An adequate number of clinical instructors in the clinical session to provide safe and effective supervision and assistance; and
4. Classroom space that is adequate to meet the needs of the program.

The training program must present their policies and class syllabus for review to OHFLAC-NAP regarding class attendance, grades, uniform and badges, confidentiality, how complaints will be handled, and other pertinent topic areas.

Students, who are also employees of the certified Medicare/Medicaid nursing homes, are not responsible for any costs associated with this training, including deposits for textbooks, supplies or testing. The instructor shall communicate this clearly to the students.

Class Setting and Size

If residents are doing activities in an area, it cannot be designated as a classroom or laboratory in a program.

The size of the classroom is not specified; however, the instructor must ensure that the classroom and lab facilities are adequate to meet the needs of the program based on the number of students enrolled and how the space is utilized.

The instructor must ensure the classroom and skills labs have adequate temperature controls, clean and safe conditions, adequate space and lighting, and all the required training equipment.

The program shall make reasonable accommodations for students and prospective students with disabilities.

Clinical Setting

Supervised practical training is defined as training in a laboratory or other setting in which the student demonstrates knowledge while performing tasks for individuals under the direct supervision of a qualified registered professional nurse (RN). Before a student performs any resident-related services, the RN primary instructor shall determine that the student has been trained and found proficient in providing the services listed on the skills performance record.

The training program shall ensure all of the following are included:

1. Access to a clinical setting approved by the department that is adequate to meet the needs of the program.
2. Clinical settings shall be in compliance with state and federal law. The program director or primary instructor and the health care provider with whom the program has contracted are responsible for verifying that the clinical facility is in compliance with state and federal law. Compliance is based on the most recent nursing home survey. This nursing home's verification of compliance shall be documented in the training program's files and shall be available during the evaluation process.

3. Any contractual agreement between the program and the clinical setting shall be renewed annually and upon any change of facility or administration change. A copy of the agreement and any amendments shall be submitted to the OHFLAC.
4. During classroom and lab instructions, students shall be oriented to the various forms used to document resident information. Instructors shall supervise documentation on the appropriate flow sheets and forms during the clinical rotation.
5. Before a student begins a clinical rotation, the primary and clinical instructor shall evaluate and document that the student successfully demonstrated the ability to perform a skill.
6. The hours allotted for orientation and pre- and post- conference are not included in the total hours approved for the training program.
7. Within the minimum 120 hours of training, at least 55 hours must be devoted to supervise practical training in the clinical setting where the student demonstrates knowledge while performing tasks on an individual under the direct supervision of an RN.
8. At least a total of 55 hours of training of the minimum required curriculum must be completed prior to any direct contact with the resident.
9. Students may not give hands-on care to a resident who is not assigned to the student unless the student is under the direct supervision of the clinical instructor.
10. Students who are under the general supervision of the clinical instructor may not be paired, during the student's clinical rotation, with nurse aides who are employed by the health care provider.
11. Students shall maintain safe practices, infection control precautions and respect resident rights at all times.
12. Student shall not be assigned to perform a task independently until he or she has received instruction and has been determined capable of performing the task without direct supervision.
13. Students shall demonstrate knowledge regarding their assigned residents' diagnoses and identified needs.
14. Students and instructors shall wear clothing that is in compliance with program policy and that is appropriate for performing resident care. The clothing shall include a nametag that designates the name of the nurse aide training program and the person's status as a student or instructor. The name tag must also list individual's legal first and last name. Nick names or initials are prohibited.
15. The scheduled clinical hours shall provide experiences that meet expected outcomes outlined in the program curriculum.
16. The length of the clinical day may not exceed 10 hours. Clinical hours of eight (8) hours or greater must allow the students break periods.

17. A nursing home may serve as the site of clinical instruction for up to two nurse aide training programs at the same time. This decision shall be made by the OHFLAC-NAP in conjunction with the facility's administrative staff on a case-by-case basis.
18. The training program shall not be used as a substitute for staff orientation or staff education programs.
19. There must be an adequate number of instructors in the clinical setting to provide safe and effective supervision and assistance to students.
20. Clinical or the primary instructor shall not function in any other role while supervising students in the clinical or classroom setting.
21. A ratio of 20 students per one instructor (20:1) in the classroom and 10 students per one instructor (10:1) in the clinical setting is considered to be adequate in most circumstances.
22. The primary instructor shall evaluate and document a student has demonstrated the ability to correctly perform a skill before the student begins a clinical rotation.
23. The instructor shall make all student clinical assignments with the approval of the director of nursing. The instructor shall complete a review of each resident's chart to retrieve pertinent information needed by the students to provide the required care. Care plan information shall be reviewed at the beginning of each clinical experience, including new orders or changes in each resident's status.
24. A student's assignment shall be shared with the clinical setting to which the student is assigned before the student arrives at the clinical setting.
25. Each student shall be given an individual assignment. More than two students shall not be assigned to the same resident at the same time.
26. Clinical assignments shall include the care of residents with varied levels of care needs, and the opportunity to be evaluated on organizational skills and time management.
27. The primary instructor is responsible for supervising the clinical performance of each clinical instructor and resource staff.
28. The class training calendar must be sent to the OHFLAC-NAP at least two weeks before the beginning of each new class.
29. The calendar must show dates and times the students will be in class and clinical, the program name, program number and list the names of all of the instructors that will be involved with training that class.
30. At the end of the first day of class, the initial class roster with all of the student signatures must be submitted to OHFLAC-NAP.
31. The instructor must provide each student with a copy of the class syllabus and lesson plans. In the syllabus the instructor shall discuss classroom conduct, learning objectives, activities and outcomes, student/teacher ratio, dress code and badge, minimum passing score for classroom

and clinical performance, method used for evaluation of skills lab practice and clinical performance, the nurse aide's role as a caregiver and what part they play in the health care team, their responsibilities, and why they are a mandatory reporter.

Clock Hour Requirements

The minimum time required for a nurse aide training program is 120 clock hours. At least 55 of the 120 hours must be instructor supervised clinical practice. The remaining hours must be classroom instruction and skills development in the classroom laboratory. The length of a training course must be, at a minimum, four weeks.

Expectations for Record Retention

A training program must maintain a master copy of the Skills Performance Record and summary of the knowledge that a student is expected to have upon completion of the training program.

The primary instructor must individually record when a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. The instructor will document this with the date of completion and place his or her initial in the appropriate box. When a student has satisfactorily completed all required skills and competencies, attained the necessary knowledge, and achieved the stated course completion criteria, the student qualifies to take the state competency test.

The training program must retain all required records for at least three years, including the student's:

1. Legal name;
2. Social Security Number;
3. Attendance record (dates and hours);
4. Skills checklist;
5. Course evaluations; and
6. All documents related to training.

The program must provide all students who successfully complete the training course with a certificate of completion. The certificate must have the student's full name, name of the program and program identification number, instructor's name and title, number of hours completed and the completion date.

Skills Performance Record

The training program shall maintain a skills performance record, or a list of competency skills a student must demonstrate.

The primary instructor shall verify the student has satisfactorily performed each skill by placing his or her initials and date on the skills performance record. Upon the satisfactory completion of all the required skills and competencies in the course completion criteria, the trainee qualifies to enter a competency evaluation program.

The primary instructor shall provide a copy of the skills performance record to the student at the conclusion of the training.

Student Absenteeism

Student absences shall be monitored by the instructor. At the instructor's discretion, a student may be given the opportunity to make up missed assignments and clinical rotations. The number of absences allowed and how to make up days of missed instruction must be clearly outlined in the program's policy. If students are allowed to miss clinical or classroom days, there must be enough makeup days scheduled on the calendar for both clinical and classroom for the same amount of days missed. Individuals that miss greater than one week of class must be dis-enrolled and encouraged to join the next scheduled training class session.

Instructor Absenteeism

If a primary or clinical instructor becomes ill during a session and is unable to continue instruction, another approved NATCEP instructor may substitute and complete the assignment. In order for the substitute NATCEP instructor to fulfill this obligation, the prospective NATCEP instructor/coordinator will need to notify the OHFLAC-NAP office of this faculty change, unless the prospective instructor's name was already listed on the calendar when the initial approval was issued.

Textbooks

The use of up-to-date textbooks is an important learning resource for students and it is important that the faculty staff select the most appropriate textbook to meet their students learning needs. Supplemental reference tools are permitted; for example, videos and printed materials. Textbooks shall be replaced five (5) years after the publishing date.

Grades

Each training program must decide the grading scale method used for its nurse aide training and competency program (NATCEP). This information is to be included in the class syllabus.

Grading may be based on a combination of the following components: quizzes, tests, projects, homework assignments, worksheets, and/or a final examination.

Competency education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery. To pass the practical (laboratory and clinical) portion of the NATCEP, the individual must be proficient in demonstrating all skills.

Proficiency is defined as the ability to perform a skill in a competent and safe manner. Students must be evaluated and deemed proficient in a skill prior to performing that skill in the clinical setting for a resident.

Pursuant to the child labor laws issued by the Department of Labor, individuals under 18 years of age cannot operate mechanical lifts/hoists in the long-term care setting. These individuals must have clear identification of their age limitations in their documentation and record. When the students go to clinical, the students who are younger than 18 will observe the other students perform this particular skill(s).

Classroom Laboratory Requirements

The laboratory portion of the training is completed in the classroom setting where the student is able to practice the skills demonstrated and taught by the primary instructor. Guided student practice is best performed right after skill demonstration. During this type of student practice, the educator observes the practice sessions and provides descriptive feedback. The educator must be astute and correct errors during guided practice to prevent the repetition of errors.

Proficiency check-offs, also known as skills check-offs, are held after demonstration and student practice has taken place. At a minimum, students must be evaluated and deemed by the instructor to be proficient in each of the skills listed on the Skills Performance Record in order to pass the laboratory requirement, as well as clinical. At this time, the instructor's role changes and the instructor becomes an evaluator. The evaluator observes a student's performance of the skill, and then actively checks-off each skill step on the sheet. The evaluator does not prompt, cue, or assist the student.

Based on the instructor's definition of proficiency, the student either passes the skill and is evaluated as proficient, or does not pass the skill. Students who pass the skill must continue to independently practice the skill correctly in order to achieve long-term retention of skill performance. Students who fail proficiency check-offs should repeat guided practice and independent practice, and then be checked-off again. Per federal regulations, students may not perform a skill with a resident in the clinical setting until the student is deemed proficient by the RN instructor in that specific skill.

Documentation

Calendar and Roster Submission

Each approved NATCEP is required to submit a calendar to OHFLAC-NAP for review two (2) weeks prior to actually starting its class session, except for the High School Career Technical Schools (HS-CTC). High School Career Technical Schools may submit their calendars two weeks prior to the start of their clinical rotation.

Class rosters are due at the end of the first day of class (orientation day), except for the HS-CTC. The HS-CTC initial class roster is due prior to the class going to clinical or nursing home rotation. Adult Career and Technical Programs (A-CTC) calendars and rosters are to follow the same guidelines as the facility-based programs when it comes to calendar and roster submission.

Skills Performance Record Documentation

The instructor is responsible for maintaining the Skills Performance Record. A copy may be given to the student, but the instructor is responsible for maintaining the master copy.

The instructor completes this document for each student, as directed, and maintains the completed document in the student's record for a minimum of three years. A completed Skills Performance Record documents proficiency of skills demonstration both, in the laboratory and in the clinical settings.

The instructor shall keep the master copy updated and current at all times. All skills must be checked off at the time the student demonstrates the task and not at the end of the day.

When a skill is introduced in class and/or laboratory, then demonstrated in laboratory by the instructor, the skills check sheet will serve as a valuable resource for the student. The skills check sheet also serves as a reference for the student during practice.

The instructor must use the skills sheet to evaluate proficiency of skills demonstration by the student. When the instructor evaluates a student as proficient in a particular skill using the skill check sheet, they date and initial the Skills Performance Record. The skills performance record must be maintained in the student's individual file.

Each student must receive copies of all course documents at the beginning of the course.

Rosters

There are three types of rosters:

1. Class roster, often referred to as the initial class roster;
2. Completion roster; and
3. Refresher roster.

All rosters must be typed. The initial class roster must be submitted to the OHFLAC-NAP office by the end of the first day of class (orientation day) or within 24 hours after the first day of class. Orientation day is considered the first day of class for both the facility-based and the non-facility programs. The completion roster and refresher roster must be submitted to OHFLAC-NAP no more than 30 days following the last day of class. Program completion roster will not be accepted if a calendar has not been submitted for that class. This means that the students will not be eligible to take the state test.

Clinical Requirements

In order to successfully complete the classroom requirement, the primary instructor first must document on the skills performance list that the skill was demonstrated and taught in the classroom setting, and that the student performed all skills listed on the Skills Performance Record in a proficient manner, while under the RN's supervision prior to clinical rotation.

Then, in the clinical setting the clinical instructor will allow the student first to practice their skills independently without coming into contact with the residents. Once proficient, students may be issued an assignment and allow them to deliver care to the resident.

Complaint File

Each training program is responsible for developing its own process in which the student have the opportunity to communicate anonymously any concerns or complaints they might have related to the NATCEP. Documentation of complaint resolution must be part of the file. The location of the complaint file or box must be accessible to all during the entire class and clinical session.

Instructor Availability and Accessibility

While students are in the clinical setting, the instructor must be easily accessible and within visual range. Students cannot provide care in different parts of a facility without an instructor. For example, if the students are assisting resident with eating in the dining room, the instructor should be physically present

in the dining room or have the student within his or her visual range. Students should not be in a separate wing, floor or part of the building or out of the view of the instructor. There are times when the building floor plan will hinder the “visual range” requirement, in that case the instructor must still be accessible to the student.

If for any reason the instructor must leave the clinical area, the students must also leave the clinical area. The instructor is responsible and accountable for his or her students behavior while in the nursing home setting.

Facility-Based Programs

Training of nurse aides may be performed under the general supervision of the director of nursing (DON) for a facility; however, the DON is prohibited from acting as the primary instructor or as a clinical instructor.

Notification of Substantial Changes in the Program

An approved nurse aide training program must report all substantial changes within 24 hours to the OHFLAC-NAP prior to implementation. A substantial change means any changes in the program designee or faculty staff member, curriculum, clinical site, classroom and program site.

The program must report this change to the OHFLAC-NAP in writing prior to the implementation of the change. Failure to provide this notification of a substantial change may result in suspension or revocation of approval of the training program or faculty.

Student Clinical Orientation

The goal of the nurse aide student orientation at a clinical facility is to provide the student and faculty with important information about the facility and any other information related to the facility day- to- day functions prior to a student getting involved in resident care.

All students will receive an orientation program which includes, but is not limited to, an explanation of the organizational structure and policies and procedures of the facility.

The facility policies and procedures must include:

1. The philosophy of care of the facility;
2. Tour of the facility;
3. Fire and safety plan;
4. Daily routines and organizational structure;
5. The description of the resident populations and the general requirements of the facility; and
6. Employee rules and legal and ethical aspects.

All students must attend a two hour facility orientation prior to the clinical rotation. This two hour facility orientation is not included in the total hours for the program.

Class Orientation

Orientation day is considered the first day of class. On this day the instructor communicates the class introduction and expectations. The instructor will also:

1. Introduce textbooks, policy, copy of calendar, skills check list, course outline, lesson plans with goals and objectives;
2. Explain dress code for class and clinical instruction;
3. Discuss behavioral expectations, including absences and tardiness;
4. Explain the purpose and procedures for filing classroom and state-level complaints;
5. Discuss the student to instructor ratio, and that the students cannot be in the facility without an RN Instructor;
6. Explain the nurse aide's roles and the responsibilities;
7. Explain the reregistration every two years with the OHFLAC-NAP;
8. Explain the purpose for the Nurse Aide Abuse and Neglect Registry;
9. Explain how to report a change in the student's contact information, such as, name, mailing address, and marital status.
10. Introduce the federal and state laws and regulations related to abuse, mistreatment, neglect and misappropriation of property;
11. Facility in-service requirements (12 hours); and
12. State testing requirements.

Charging For Nurse Aide Education and Testing

According to federal regulation, "No nurse aide who is employed by, or who has an offer of employment from a facility on the date the nurse aide begins a NATCEP may be charged for any portion of the program (including any fees for textbooks or other required course materials).

Facility-based programs cannot charge their employees, or those individuals offered employment, prior to the beginning of the NATCEP. Nor can the facility offer contingency plans prior to the start of the NATCEP class where the applicant must work for the company for a specified number of days, or enforce a stipulation where the applicant must pass the test in order to get a refund.

If an employee is attending class at a non-facility-based program which charges a fee, the facility, not the employee, must pay that fee.

At the discretion of the nursing home sponsor, if an employee is classified as a "no show" by the vendor for testing, the facility may elect not to pay for any future testing for that individual.

If an individual becomes employed by, or receives an offer of employment from, a facility within 12 months after completing a NATCEP, Medicaid will reimburse the first facility that employs the nurse aide on a pro rata basis during the period in which the individual is employed as a nurse aide.

Program Faculty

Only approved NATCEP instructors assigned to the training program can teach the minimum curriculum requirements. If an organization has multiple programs or satellite offices, an instructor cannot switch between those programs without first being assigned to the program. In the technical career center, a substitute teacher within the school system cannot teach the nurse aide class.

Program Director

The program director shall be an individual who is responsible for the operation and compliance of the program and is generally not involved in the day-to-day function of the program. During the application process the program shall note the director on the application for approval.

The director may be the principal or vice principal of a school, the administrator or assistant administrator, or the DON or assistant DON of the nursing facility. Only one program director is allowed per program. This person cannot share the role of instructor or coordinator, unless this person is also a registered nurse.

Primary or Program Instructor

The primary instructor for a training program shall be a registered nurse licensed to practice in West Virginia, who has at least two years of continuous or equivalent experience working as a registered nurse. At least one year of full time status or equivalent (2080 hours) experience shall be actual work experience in a certified nursing home, or distinct part of a hospital that meets the requirements of Sections 1919(a), (b), (c) and (d) of the Social Security Act. The program shall maintain documented evidence of the instructor's education, license, and work requirements in their files.

The primary instructor, sometimes referred to as the program instructor, must have completed a course in teaching adults or completed the "Educate-the-Educator" training course for instructors approved by the OHFLAC-NAP, or must have a vocational certificate from the West Virginia Department of Education. The department may waive this requirement for an instructor who has at least one year of experience as an instructor in a college or university nursing program accredited by the West Virginia Board of Nursing or any other state and has had clinical teaching experience of at least six months in a nursing home setting.

The number of primary instructors required is determined by the needs of the program.

Instructors must not be involved in more than one role while supervising students in the classroom or clinical area.

The primary instructor is responsible for:

1. Maintaining the day-to-day class and clinical activities related to the program;
2. Supervising all faculty staff, except the program director;
3. Planning and evaluation of each segment of the curriculum;
4. Monitoring the resource instructor(s) during initial job duties;
5. Maintaining his or her availability to the clinical instructor during the entire clinical teaching time;
6. Teaching the theory portion of the class; and

7. Demonstrating the skills listed on the performance skills record and evaluating the return demonstration.

Coordinator Instructor

The program coordinator, under the general supervision of the primary instructor, shall assist with all planning and coordination activities for the NATCEP. This individual may also share roles with the primary instructor and clinical instructor.

The coordinator's responsibilities are:

1. Plan and coordinate the class and clinical portion of the course;
2. Complete all of the required paperwork needed for the program and submit to OHFLAC for review;
3. Report program changes; and
4. Submit the rosters to the OHFLAC office.

Resource Instructors

Resource instructors are persons with specialized knowledge and information in a specific area who provide expertise to enhance learning. Resources instructors may be, but are not limited to: licensed registered nurses, licensed practical nurses, pharmacists, dietitians, social workers, registered sanitarians, fire safety experts, health care administrators, gerontologists, psychologists, physical and occupational therapists, activity therapists, speech and language pathologists, audiologists, and ombudsmen.

A resource instructor shall have at least one year of work experience in the area of training he or she will provide.

A resource instructor shall work under the general supervision of the primary instructor. The resource instructor shall not be used as a substitute instructor.

The resource instructor may not verify demonstrated competency in a task/skill through the Skills Performance Record.

Clinical Instructor

The clinical instructor qualifications are the same as those for the primary instructor. However, he or she is exempt from the Educate the Educator requirement. This individual is under the general supervision of the primary instructor.

Clinical Instructor Duties

The clinical instructor is responsible for supervising the performance of the students while in the clinical environment.

The clinical instructor is responsible for providing communication between the facility staff and the students. At no time shall a student receive instruction from the facility staff. The clinical instructor can only be involved in one role at a time while supervising students in the clinical area. The ratio of instructors

to students in skills training must be adequate to ensure that each student receives safe and effective assistance and supervision. A ratio of 10 students per one instructor is required in the clinical setting.

The clinical instructor makes all student clinical assignments with the approval of the DON or assistant DON of the facility. The instructor must complete a review of the resident's medical record to retrieve pertinent information needed by the student to provide the required care. The instructor should provide the information on a worksheet for each student. Care plan information is to be reviewed at the beginning of each clinical experience and should include new orders or changes in resident status.

Student assignments should be shared with the appropriate professional clinical staff prior to the students arrival at the clinical setting. During at least one clinical experience, it is recommended that each student care for a minimum of two, but not more than four, residents during a specified clinical day. Students should be given individual assignments. More than two students should not be assigned to the same resident at the same time.

Clinical assignments shall include the following:

1. Care of residents with special care needs, such as aphasia or dementia;
2. The opportunity to practice organizational and time management skills; and
3. The opportunity to demonstrate skills, safety and infection control precautions.

Refresher Instructor

Instructors affiliated with an approved NATCEP shall have the privilege to teach the refresher course. Once an instructor disassociates himself/herself from an approved program, he or she is no longer eligible to teach the class.

Faculty Active Status

The status of a faculty member is considered active as long as the member remains affiliated with an approved program. If the faculty member leaves the program, that individual's status will be deactivated. The coordinator shall complete the bottom of the Faculty Data form, with the deactivation date and submit to the OHFLAC-NAP. This form shall be submitted within one week after the date of deactivation.

Application Requirements for Faculty

To be approved as instructor or director an individual must submit the Faculty Data or Resource form, and include all of the following:

1. WV RN license number;
2. Copy of train-the-trainer certificate or equivalent; and
3. Work experience as an RN in the long-term care setting, listing start and end dates formatted month/date/year.

Educate-the-Educator Workshop

The primary instructor, sometimes referred to as the program instructor, must have completed a course in teaching adults or completed the "Educate-the-Educator" training course for instructors approved by

the OHFLAC-NAP; or must have a vocational certificate from the West Virginia Department of Education. The department may waive this requirement for an instructor who has at least one year of experience as an instructor in a college or university nursing program accredited by the West Virginia Board of Nursing or any other state and has had clinical teaching experience of at least six months in a nursing home setting.

This is a three day course, and shall include the following areas:

1. Principles in adult learning and training techniques;
2. Formulating training objectives, including behavioral objectives which state measurable performance criteria for competency evaluation;
3. Designing the curriculum to provide a logical organization of the material;
4. Developing a lesson plan;
5. Choosing appropriate teaching strategies and methodologies;
6. Developing learning materials;
7. Providing a mechanism for evaluating trainee learning;
8. Effectively supervising trainees' clinical experience;
9. Defining criteria for successful achievement of training program objectives;
10. Developing a record-keeping system; and
11. Step-by-step instructions on how to seek calendar approval and how to use the NATCEP Microsoft Excel Workbook and required documents from OHFLAC-NAP.

Participants who successfully complete the Educate-the-Educator workshop will receive a certificate of completion.

Reporting Program Changes

When the program has faculty staffing changes, the program shall report these changes to the OHFLAC-NAP in writing 10 days prior to starting a new class or within 24 hours prior to continuing an existing class. The program must apply for approval of a new faculty staff member on the designated form and submit the required materials to the OHFLAC-NAP as soon as the identity of the replacement faculty member is known.

Once received, the OHFLAC-NAP will issue a written response of approval or denial of the replacement faculty staff member. A new faculty staff member may not begin instruction until the program receives written approval from the OHFLAC-NAP.

Student Nurses

Eligibility Requirements

A student nurse who is currently enrolled in a school for professional nurses or a school for licensed practical nurses, or who has successfully completed the fundamentals of nursing course of a school but has not successfully completed the examination, falls within the federal definition of a nurse aide.

A federally certified nursing home, when allowing a student nurse to perform the services of a nurse aide, must verify the student nurse:

1. Is included on the Nurse Aide Registry as a result of completing an approved nurse aide training and testing program; or
2. Has successfully completed an approved nurse aide competency test.

A student nurse may be allowed to provide direct nursing-related duties for which the student nurse has been trained. The employer must ensure that the student nurse does not perform services for which he or she has not been trained and found competent to perform. The student nurse can only be permitted to perform nurse aide duties.

Student nurses are **NOT** eligible to work as a nurse aide in a nursing home the four months prior to passing the competency evaluation.

Student nurses may request to challenge the registry, but first the individual must be enrolled in an approved higher education nursing program, or have successfully completed the fundamentals of nursing courses within the last two (2) years,

A student nurse may challenge the registry, but he or she must first:

1. Be enrolled in an approved higher education nursing program; or
2. Successfully complete the fundamentals of nursing within the last two (2) years with a "C" average, or higher and successfully complete a minimum of 32 hours of clinical experience in a certified Medicare/Medicaid nursing facility.

Student nurses must submit the following to OHFLAC-NAP for review:

1. A sealed, certified copy of candidate/student transcripts from the educational institution;
2. Letter of recommendation from the instructor, including verification that the candidate/student has completed at least the minimum clinical requirements and the names and addresses of each certified nursing facility at which the clinical experience was obtained; and
3. Letter from the candidate/student challenging the registered nurse aide competency evaluation, including his or her full name, current mailing address, telephone number, date of birth, and social security number.

Nurse Aide Registry

Establishment of the Registry

This registry includes identification of individuals who have successfully completed and passed the nurse aide training and/or completed competency evaluation program with a passing score.

The registry also documents substantiated allegations of resident abuse, neglect or misappropriation of resident property by a nurse aide in a nursing facility, including an accurate summary of the findings. If the nurse aide disputes the findings, this information will also be entered into the registry.

The OHFLAC-NAP shall investigate such complaints. Before a substantiated claim can be entered against the nurse aide, he or she may choose to request a hearing to be conducted through the Board of Review.

Individuals whose names are listed on the Nurse Aide Abuse and Neglect Registry are no longer eligible to work in skilled nursing facilities, nursing facilities, home health agencies, hospice care providers, long-term care hospitals, personal care services providers, adult day care providers, assisted living facilities, intermediate care facilities for individuals with intellectual disabilities, and certain other health care facilities.

Registry Content

The registry contains at least the following information on each individual who has successfully completed the nurse aide training and competency evaluation program or a competency evaluation and has been found to be competent to function as a nurse aide:

1. The individual's full legal name, and other identifying information about the individual.
2. The date the individual became eligible for placement in the registry through successfully completing a nurse aide training and competency evaluation program.
3. The following information on any findings by the department of abuse, neglect, or misappropriation of property by the individual:
 - a. Documentation of the department's investigation, including the nature of the allegation and the evidence that led the department to conclude that the allegation was valid;
 - b. The date of the hearing, if the individual chose to have one, and its outcome;
 - c. A statement by the individual disputing the allegation, if he or she chooses to make one; and
 - d. This information must be included in the registry within 10 working days of the findings and must remain in the registry permanently, unless the findings were made in error, the individual was found not guilty in a court of law, or the Nurse Aide Abuse and Neglect Registry is notified of the individual's death.

The registry will remove entries for individuals who have performed no nurse aide duties or nursing related services for a period of 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect, or misappropriation of property.

Inclusion on the Registry

An individual can become eligible for inclusion on the registry by 1) successful completion of the competency evaluation; 2) RN/LPN challenge; or 3) by reciprocity from another state. All training must be done in the United States.

Individuals who are listed on other states' registries must be in good standing and the other states' requirements must be substantially the same as the West Virginia requirements for education and competency evaluation in order to apply for inclusion on the Nurse Aide Registry. To request a transfer

or reciprocity to West Virginia from another state, the Application by Reciprocity must be completed and submitted with the required attachment(s) to the OHFLAC-NAP for review.

Transfer to Other States

If a nurse aide listed on the West Virginia Nurse Aide Registry wishes to be included on another state's nurse aide registry, the nurse aide must complete the following steps:

1. Make sure his or her employment eligibility status to work in a federally certified nursing facility is current on the West Virginia Nurse Aide Registry;
2. Contact the transferring state's registry and inquire about that state's requirements; and
3. Complete that state's application, following the directions from the state where they wish to transfer.

A nurse aide may maintain employment eligibility to work in West Virginia by reporting their out-of-state employment to the OHFLAC-NAP.

Reporting a Change

For the Registry to maintain current information, nurse aides must provide updated information to the Registry whenever a name or address change occurs. A nurse aide can report a change to the OHFLAC-NAP in writing to explain what changes need to be made.

Name

A photocopy of the legal document that changed the nurse aide's name must be provided (e.g., marriage certificate, court order or divorce decree). Do not send the original document.

Address and Contact Number

Address changes may be reported either by indicating the change on the renewal application, email, fax or by telephoning the OHFLAC-NAP.

Social Security Number

A photocopy of the document that verifies the correct Social Security Number must be provided in order to process the change. Do not send the original document.

Reportable Nurse Aide Employment

Paid employment as a nurse aide under RN supervision in a direct care setting can be reported to renew the nurse aide's employment status on the Nurse Aide Registry. Only direct care settings that provide RN supervision are acceptable. Direct care settings include the following:

1. Clinics;
2. Community-based residential facilities;
3. Emergency centers (immediate care centers, trauma centers);
4. Home Health Agencies;

5. Hospitals;
6. Intermediate care facilities for individuals with intellectual disabilities; and
7. Nursing homes.

Other supervised paid nursing-related services may be considered on a case-by-case basis. Independent private duty work is not considered reportable employment. Nurse aides who work for a staffing agency must submit a letter from their employer validating eight hours of employment as a nurse aide or performing nurse aide-related duties with their renewal application.

Renewal or Reregistration Application Requirements

Completion of the re-registration application is the responsibility of the applicant and not the facility or employer. The following is required:

1. Re-registration of the nurse aide status on the registry is required every two (2) years.
2. The minimum amount of paid employment as a nurse aide is eight hours within the previous two year period.

The following policy will be adhered to for nurse aide reregistration:

1. At least 60 days before the nurse aide's registration expiration date, the OHFLAC-NAP will send either an electronic notice or a reregistration application with instructions to the nurse aide through the U.S. mail to his or her last known address.
2. The nurse aide must complete the reregistration application (hard copy or online) and return the application prior to the expiration date.
3. For employers other than nursing homes such as staffing agencies or in-home care, the nurse aide must complete the renewal application and have the non-facility based employer verify the nurse aide worked at least eight hours performing paid nurse aide duties within the two years since the last renewal.
4. When all requirements are met, the OHFLAC-NAP will send a letter to the nurse aide informing him or her of renewal for another two years.

Employers are encouraged to validate the nurse aide's status online using the OHFLAC web site prior to hiring.

Competency Examination (Testing)

The competency evaluation will consist of both written (computer-based) and skills performance components. Successful completion of both components is required. The written test is a computer-based examination.

Each candidate will have three (3) opportunities to pass the competency evaluation. If a candidate is unable to pass the competency evaluation after three (3) attempts, the candidate will be required to complete another full nurse aide training program. Upon completion, the candidate is eligible for three (3) more opportunities to pass the competency evaluation.

Candidates are expected to test during the first available competency evaluation following completion of the education program.

All individuals must successfully complete the competency evaluation within 24 months of graduation from an approved education program, unless that individual challenges the training program (RN/LPN Challenge). In that instance, the individual has six (6) months to complete the competency evaluation.

If more than 24 months has elapsed since completion of a program, the individual must complete another full nurse aide training program to be test-eligible.

Refresher Course

This is a condensed course that will allow the student to review the curriculum and performance skills taught in the full course prior to taking the competency examination. The curriculum includes:

1. The health care delivery system
 - a. Role of the long-term care nurse aide
 - b. Ethical and legal considerations
 - i. Abuse and neglect
 - ii. Abuse definitions
 - iii. W.Va. Code of State Rules Title 69, Series 6
 - iv. Identifying and Reporting
 - c. Investigation process
 - d. Adult protective services
 - e. Ombudsman
 - f. Resident rights
2. Providing a secure environment
 - a. Infection control
 - b. Communicable diseases and OSHA requirements
 - c. Safety and accident prevention
 - d. Using good body mechanics
3. Communication skills
 - a. Observation, reporting and recording
 - b. Basic medical terminology
 - c. Communicating with residents and families
4. Special needs
 - a. Aging process
 - b. Confusion and behavior problems
 - c. Alzheimer's disease
 - d. Care of the dying resident
5. Providing basic care
 - a. Moving and positioning
 - b. Ambulation
 - c. Personal care and hygiene
 - d. Vital signs

- e. Nutrition and fluids
- f. Elimination
- g. Restorative care
- 6. Time and stress management
- 7. Resident's chart review
- 8. Skills performance record
- 9. Nurse aide handbook or manual
- 10. Frequently asked questions and answers

The refresher course shall be offered by the contracted vendor or any approved NATCEP instructor that is affiliated with an approved training program. The course is a minimum of 16 hours, but may be longer.

Nurse aides are eligible to take the refresher course if the following applies when he/she:

- 1. Has lost registry status due to the lack of, or inability, to fulfill federal requirements;
- 2. Has failed to reregister within the allowed time frame; and/or
- 3. Has been mandated to retrain in certain areas; and
- 4. Has been issued an alternative sanction by the OHFLAC-NAP instead of a stricter penalty.

Nurse aides who qualify under #3 or #4 of the above list must complete the refresher course and pass the competency evaluation within 120 days from the issue date of the letter, or the time span listed in the letter issued by the OHFLAC-NAP.

All nurse aides who qualify to take the refresher course have three (3) opportunities to successfully pass the competency evaluation. After exhausting the three (3) testing attempts, the applicant shall be required to complete another full nurse aide training course and competency evaluation. All testing attempts following a refresher course must be completed six (6) months after class completion.

Alternative Sanction

The OHFLAC may require that the nurse aide receive retraining on a specific minimum curriculum topic or task and/or successfully pass the competency exam. The facility may opt to assist the nurse aide with the assigned task, but it is not required. However, the NATCEP faculty shall assist the nurse aide with retraining, if approached. All expenses related to the retraining are solely the responsibility of the nurse aide.

Facility Employment Requirements

A nursing facility shall not use any individual as a nurse aide for more than four months on a full time basis unless the individual:

- 1. Has completed a training and competency evaluation program, or a competency evaluation program approved by the state; and
- 2. Is competent to provide nursing or nursing-related services.

Nurse Aide Retraining

Retraining may consist of taking a refresher or a full course. Completion of the competency exam is required for both the refresher course and the full course. Applicants are eligible to take a refresher course and test based on the following:

1. The **refresher course** when there is no reportable work history between two to four years or since the most recent completion of NATCEP; or
2. The **full course** when there is no reportable paid work in nurse aide-related employment in the past five years.

In order to be eligible to test, the applicant must complete the course and exhaust all three testing attempts within the allotted time listed above. In case of a refresher, the applicant must complete the test within six months after class completion.

Facility In-Service Requirement

There are no in-service or continuing education requirements related to maintaining an aide's status on the Nurse Aide Registry. However, facilities and agencies that employ nurse aides must comply with any applicable in-service requirements under federal regulations.

Facilities are required to provide and document at least 12 hours of completed nurse aide in-service per year. In-service requirements are not tracked by the Registry, but are enforced through the OHFLAC Nursing Home Program.

West Virginia Clearance for Access: Registry and Employment Screening (WV CARES)

What is WV CARES?

WV Clearance for Access: Registry and Employment Screening is administered by the Department of Health and Human Resources and the WV State Police Criminal Investigation Bureau (CIB) in consultation with the Centers for Medicare and Medicaid Services (CMS), the Department of Justice (DOJ), and the Federal Bureau of Investigation (FBI).

The program uses web-based technologies to provide employers a single portal for checking state and national abuse registries and the state and national sex offender registries. The web-based system also provide employers with access to Nurse Aide Registries for all 50 states and professional licensure registries where available.

The web-based system provides an efficient and effective means for an employer to check an applicant's status prior to paying the cost of a fingerprint-based criminal background check.

Through fingerprinting, this program provides a comprehensive search of federal and state criminal history records that was not available under the previous reliance on name-based records searches.

The program relies on new technology to monitor criminal histories and alert officials when a subsequent criminal event occurs.

A monitored criminal history record means the cost of re-fingerprinting is not required for employees who change employers in this industry (or apply for work at more than one employer) within the timeframe of a valid background check.

The laws governing this program are found in W.Va. Code § 16-49-1 et seq. and 69CSR10.

Nurse Aide Competency Evaluation

Testing Vendor

The contracted vendor will administer the services as outlined in the contractual agreement with the OHFLAC.

Demonstration of Skills

The skills demonstration must consist of randomly-selected items drawn from a pool of tasks generally performed by nurse aides. The pool of tasks must include all of the personal care skills listed on the performance skills list.

Administration of the Competency Evaluation

The competency examination (both written and skills demonstration) must be administered and evaluated only by an approved entity which is neither the skilled nursing facility that participates in Medicare nor a nursing facility that participates in Medicaid. The written competency examination is computer-based. If an oral examination is provided, the competency evaluation will be read from a prepared text in a neutral manner, or in a computer-based format.

The skills demonstration part of the evaluation must be:

1. Performed in a facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and
2. Administered and evaluated by a registered nurse with at least one year of experience in providing care for the elderly or the chronically ill.

Oral Competency Evaluation

Oral testing must be made available to any prospective nurse aide for completion of the written, computer-based portion of the examination. This may be at the request of the test taker, or to accommodate a disability covered by the Americans with Disabilities Act.

An oral version of the written knowledge-based evaluation shall be provided. A proctor (human reader or electronic recorded voice) shall administer the oral version. The oral version shall include a written section to determine the ability of the candidate to read and understand job-related duties and information.

Successful Completion of the Competency Evaluation Program

To complete the competency evaluation successfully an individual must pass both the written or oral examination and skills demonstration. The written portion has 100 points possible with a minimum

passing score of 70 points. The skills portion has a possibility of 300 points with a minimum passing score of 225.

There are certain steps in each skill that are marked as critical steps and each skill has a point value that corresponds with each step to be performed.

1. Cannot perform any part of the skill;
2. Tells the rater they did not learn the skill;
3. Does not perform the critical steps in one or more skills; or
4. Puts the resident at risk for injury.

Each scenario mentioned above will be reviewed on an individual basis. The vendor may consult with the OHFLAC-NAP for a final determination.

A record of successful completion of the competency evaluation must be included in the nurse aide registry within 30 days if the individual is found to be competent.

Unsuccessful Completion of the Competency Evaluation Program

If the individual does not complete the evaluation satisfactorily, the individual must be advised of the areas which he or she did not pass and be allowed to retest. The individual has three opportunities to successfully pass the test then they will be required to retrain.

Evaluator Qualifications

The evaluator who conducts the competency evaluation of a student must be a registered nurse licensed to practice in WV and have a minimum of two years of experience working as a registered nurse, one year of which must be in the provision of long-term care.

Evaluators are employed or contracted by the vendor according to the specifications in the contract with OHFLAC.

Testing Site Criteria

Nurse aide testing may be conducted at either a regional testing site or an in-facility testing site. All testing sites must be approved by OHFLAC.

Regional Test Site

Regional testing sites are established throughout WV and used to test nurse aide candidates when in-facility testing is not available. The vendor contracts with the organization and pays a fee for the use of its facility to conduct nurse aide testing. The facility must:

1. Have all equipment and supplies,
2. Meet the requirements established, and
3. Be approved by OHFLAC.

In-Facility Test Site

An in-facility test site is generally a facility that sponsors a nurse aide training program and has been approved for competency test administration. An in-facility test site is used for testing a training program's nurse aide candidates only. The department does not contract with the organization and does not pay a fee for the use of the facility. The vendor will contact the training program and arrange a mutually acceptable date and time for testing. The in-facility test site must be in compliance with state and federal laws in order to be eligible to qualify as a testing site.

Appendix A: Commonly Used Acronyms

CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
CPR	Cardiopulmonary Resuscitation
CSR	Code of State Rules
DON	Director of Nursing
GED	General Education Diploma
LTC	Long-Term Care
LPN	Licensed Practical Nurse
NA	Nurse Aide
NAP	Nurse Aide Program
NATCEP	Nurse Aide Training and Competency Evaluation Program
OBRA	Omnibus Budget Reconciliation Act
OHFLAC	Office of Health Facility Licensure and Certification
OIG	Office of Inspector General
POC	Plan of Correction
RN	Registered Nurse
RNA	Registered Nurse Aide or Long-term Care Nurse Aide
SOD	Statement of Deficiency
USC	United States Code
WV CARES	West Virginia Clearance for Access: Registry and Employment Screening
WVDHHR	West Virginia Department of Health and Human Resources
WVDOE	West Virginia Department of Education

Appendix B: Glossary of Terms

Abuse. The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those unaware that harm has occurred or those in a coma, cause physical harm, or pain or mental anguish. Abuse includes emotional abuse, physical abuse, sexual abuse, verbal abuse and involuntary seclusion.

Board of Review. Means the board of review organized in the Department pursuant to W.Va. Code § 9-2-6(12).

Class Rosters. The purposes for the rosters are for informational purposes only. Each roster provides the students' demographics and contact information needed for inclusion on the registries. There are three types of rosters: class roster, completion roster, and the refresher roster.

Department. West Virginia Department of Health and Human Resources.

Emotional Abuse. Subjecting or exposing a resident to behavior that may result in psychological trauma or injury. Emotional abuse includes: humiliating, harassing, teasing or threatening; unreasonably restricting a resident's contact with family, friends or other residents; unreasonably ignoring a resident's requests; threats of punishment or deprivation; or willfully violating a resident's rights, including confidentiality. Emotional abuse may also be referred to as psychological abuse, mental abuse, or psychosocial abuse.

Facility. A nursing home as defined in W. Va. Code § 16-5C-1 et seq. or an extended care facility operated in connection with a hospital as defined in W. Va. Code § 16-5B-1 et seq.

Involuntary Seclusion. Separation of a resident against the resident's will, or the will of the resident's legal representative. Seclusion includes separation of the resident from other residents, separation of the resident from his or her room, or confinement of a resident to his or her room, with or without roommates.

Misappropriation of Property. The deliberate misplacement, exploitation or wrongful use of a resident's belongings or money.

Neglect. The failure to provide goods and services necessary to avoid physical harm, or the significant threat of physical harm, mental anguish or mental illness unless such actions are beyond the nurse aide's control. Failure to report an incident or failure to appear in response to a subpoena, or both shall be considered neglect.

Nurse Aide or Nursing Assistant. Any individual who is not a licensed health care provider or registered dietitian or volunteer who provides nursing or nursing related services for hire to residents in a facility after successfully completing a state-approved training and competency evaluation program. The terms nurse aide and nursing assistant are considered interchangeable and have the same meaning.

Nurse Aide Abuse and Neglect Registry. A list of names of nurse aides who have been found by the Nurse Aide Program to have abused, neglected, or misappropriated the property of residents of a facility, along with any additional information such as documentation of the state’s investigation, the hearing date and the results, as well as any written comments by the nurse aide.

Nurse Aide Program (NAP). The program within the Office of Health Facility Licensure and Certification (OHFLAC) responsible for oversight of the nurse aide training and competency evaluation programs throughout the state and maintenance of the nurse aide registries including the Nurse Aide Abuse and Neglect Registry.

Office of Health Facility Licensure and Certification (OHFLAC). The agency within the West Virginia Department of Health and Human Resources, responsible for oversight of the Nurse Aide Program.

Physical Abuse. Abuse resulting from nurse aide-to-resident contact, including but not limited to, striking the resident with a part of the body or with an object; shoving, pushing, pulling, pinching, tugging or twisting any part of the resident’s body with fingers or nails; burning or sticking the resident with an object; engaging in physical contact that is knowing, intentional, reckless or careless that causes or is likely to cause death, physical injury, pain or psychological harm to the resident; inappropriate or improper use of restraints or isolation; acts of retaliation; even in response to a physical attack. Physical abuse also includes controlling behavior through corporal punishment.

Secretary. The Secretary of the Department of Health and Human Resources, or his or her designee.

Sexual Abuse. Sexual harassment, sexual coercion, sexual exploitation, or sexual assault, sexual contact, or graphic images of a resident’s body, including but not limited to, private areas.

Supervised practical training. The training in a laboratory or other setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse. The nurse must ensure that the students do not perform any services for which they have not trained and been found proficient by the instructor.

Test-Eligible Nurse Aide. Any individual who is not a licensed health care provider or registered dietitian or volunteer, who provides nursing or nursing related services for hire to residents in a nursing home after successfully completing a state-approved nurse aide training program, but who has not yet successfully completed the state-approved competency test. An individual may not work as a nurse aide or nursing assistant on a full-time basis for more than four months, unless the individual has passed the state-approved competency test.

Verbal Abuse. The use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to, threats of harm; saying things to frighten a resident, such as telling a resident that he or she will never be able to see his or her family again; intimidation; humiliation; threats of hostility, or vulgarity.

Appendix C: Resources

Frequently Asked Questions:

<http://ohflac.wv.gov/Programs/NA.html>

Office of Health Facility Licensure and Certification

ohflac.wv.gov

West Virginia Nurse Aide Program

ohflac.wv.gov/Programs/NA.html

Code of Federal Regulations – Requirements for Long-Term Care Facilities 42 § 483

<http://www.ecfr.gov>

West Virginia Secretary of State, 69CSR6, Legislative Rule, Nurse Aide Abuse and Neglect Registry

apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=9544

Nurse Aide Educational Training Search

ohflac.wv.gov/Lookup/FacilitySearch

Under facility type, select “*Nurse Aide Educational Programs*” in the drop down box

Nurse Aide Verification

ohflac.wv.gov/NA/NALookup.aspx

West Virginia Clearance for Access: Registry and Employment Screening Legislative Rule

apps.sos.wv.gov/adlaw/csr/

West Virginia Clearance for Access: Registry and Employment Screening State Code

www.legis.state.wv.us/WVCODE/Code.cfm?chap=16&art=49#49

Appendix D: Contact

Office of Health Facility Licensure and Certification (OHFLAC)

Nurse Aide Program (NAP)
408 Leon Sullivan Way
Charleston, West Virginia 25301
Phone: 304-558-0050
In-State Toll Free Phone: 800-442-2888
Fax: (304) 558-1442
Email: dhhr.ohflac.nap@wv.gov

To verify employment eligibility of a Nurse Aide: ohflac.wv.gov

To obtain an electronic version of the calendar, contact the NAP by emailing your request to the Nurse Aide General Mailbox: dhhr.ohflac.nap@wv.gov, or fax your request to: 304-558-1442.

To submit your calendar for approval email: dhhr.ohflac.nap@wv.gov

To request a waiver of a loss of a NATCEP due to the findings of a nursing home survey email: tina.e.maher@wv.gov

Professional Healthcare Development (PHD)

Phone: (304) 733-6145
Fax: (304) 733-6146
Email: info@profhd.com
Website: www.profhd.com

Bureau for Medical Services (BMS)

Attn: Kelley Johnson
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 558-1700 Toll Free: (888)483-0797
Website: www.dhhr.wv.gov/bms

Questions related to nurse aide training reimbursement, contact the Nursing Home Program.

West Virginia Clearance for Access: Registry and Employment Screening (WV CARES)

Attn: Meghan Shears
Contact Information: Phone: (304) 558-2018
Website: www.wvdhhr.org/oig/wvcares.html

Appendix E: Minimum Curriculum Requirements

A program shall include theory and practical component in all of the care areas listed under the minimum curriculum requirements. The orientation section will not be part of the written competency evaluation. This section only provides a set of standards for providing nurse aide trainees with orientation to the program.

Orientation

1. Identify the textbooks, policies, class calendar, skills checklist, course outline, lesson plans with goals and objectives;
2. Identify the appropriate dress wear for class and clinical rotation;
3. Demonstrate and comply with the behavioral expectations, including absences and tardiness;
4. Explain the purpose and procedures for filing a complaints at the state level;
5. Identify the student to instructor ratio and when not be in the facility without an RN Instructor;
6. Describe the skills performance tasks and the role and responsibilities of the nurse aide;
7. Identify guidelines for maintaining certification and explain purpose of the Nurse Aide Abuse and Neglect Registry;
8. Describe how to report changes in name, mailing address or marital status to the NAR;
9. Identify the federal law related to Nurse Aide Registry, and abuse, mistreatment, neglect and misappropriation of property;
10. Describe the yearly facility in-service requirements (12 hours);
11. Describe the State's testing requirements and how to contact the testing vendor; and
12. Understand the facility day-to-day functions, safety precautions, and chain of command hierarchy with-in the facility prior to getting involved in resident care.

Communication and Social Interaction

The program shall include the theory of and practice in communicating and interacting:

1. On a one-to-one basis with a resident;
2. As part of a team implementing resident care objectives;
3. Demonstrating sensitivity to a resident's emotional social and psychological needs through directed interactions; and
4. Skills that enable expressions of age-appropriate behavior by allowing a resident to make personal choices and by reinforcing behavior that supports a resident's sense of dignity.

After completion of this portion of the training program, a nurse aide shall do all of the following:

1. Identify the components of a caregiver-resident relationship and be able to recognize and demonstrate understanding of:
 - a. The uniqueness of each resident, in terms of that person's age, disability, family status, financial status, gender, marital status, race, and sexual orientation, cultural, generational, social, ethnic, religious or other background, values or characteristics;
 - b. The needs of a resident with Alzheimer's disease, dementia, mental illness, intellectual disability or other cognitive or developmental disabilities or impairments;

- c. Ways both nurse aides and residents can cope with stress;
 - d. What constitutes abuse, neglect and misappropriation of resident's property; and
 - e. The messages conveyed by body language, speech and facial expressions.
- 2. Demonstrate an ability to establish effective relationships with residents and be able to:
 - a. Communicate with residents in a respectful manner that affords residents dignity;
 - b. Explain procedures and activities to residents before carrying out those procedures or beginning those activities;
 - c. Demonstrate concern for residents who have long-term or disabling illnesses or who are dying; and
 - d. Identify developmental tasks associated with the aging process.
- 3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with residents and be able to:
 - a. Recognize effective listening techniques;
 - b. Distinguish assertive from aggressive responses;
 - c. Identify the difference between unacceptable and acceptable touching during job performance; and
 - d. Identify therapeutic interventions and specialized techniques for responding to resident's wandering and confusion.
- 4. Recognize common barriers to communication, including language, vision changes, hearing loss, speech problems, memory loss, disorientation and pain.
- 5. Demonstrate an ability to promote the independence of residents within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to residents' attempts to provide self-care, including recognizing residents' level of ability in self-care activities.
- 6. Identify the role of the family and other persons of importance to the resident in the resident's care and as resources for resident emotional support.

Basic Nursing Skills

The program shall include the theory of and practice in basic nursing skills. A nurse aide shall be able to:

- 1. Use acceptable personal hygiene;
- 2. Recognize the components of working relationships;
- 3. Time management and organizational skills;
- 4. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency;
- 5. Use proper body mechanics;
- 6. Demonstrate an understanding of the meaning of common medical terms and abbreviations;
- 7. Observe and report changes in resident behavior and physical status, including signs and symptoms of common diseases and conditions;
- 8. Recognize when a resident may be choking and respond appropriately;
- 9. Define infection prevention and discuss types of infections and communicable diseases;
- 10. Recognize the normal physical and psychological changes associated with aging;

11. Identify the basic principles of nutrition and hydration;
12. Recognize and report deviations from a resident's normal food and fluid intake and output;
13. Recognize the basic requirements of commonly prescribed therapeutic diets;
14. Use common measures to promote a resident's skin integrity, considering the resident's ethnicity, race and age;
15. Demonstrate appropriate techniques in walking, transferring, positioning and transporting residents;
16. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails;
17. Recognize and respond appropriately to emergency situations including following emergency evacuation procedures;
18. Demonstrate appropriate hand washing techniques;
19. Understand and use commonly used alternatives to restraints in accordance with current professional standards;
20. Maintain the safety and cleanliness of resident care areas;
21. Make use of proper isolation technique;
22. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions;
23. Make occupied and unoccupied beds;
24. Measure temperature, pulse and respiration;
25. Measure a resident's weight and height;
26. Record objective information;
27. Apply nonprescription ointments to unbroken skin areas;
28. Recognize the general effects of prescribed routine medications;
29. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions;
30. Assist with care of residents when death is imminent;
31. Assist with post-mortem care; and
32. Maintain the safety and cleanliness of areas where food is stored.

Personal Care Skills

The program shall include the theory of and practice in basic personal care skills. A nurse aide shall demonstrate the ability to:

1. Give a complete or partial bed bath to a resident and assist a resident in taking a bath or a shower;
2. Provide care of the resident's perineal area;
3. Apply appropriate oral hygiene practices when assisting a resident with oral hygiene, including caring for the resident's dentures;
4. Care for a resident's nails, hair and skin;
5. Shave and shampoo a resident, including applying nonprescription medicated shampoos;
6. Dress and undress a resident;
7. Prepare a resident for meals;

8. Assist in feeding a resident, including helping a resident use adaptive devices and feeding utensils and encouraging a resident to eat nutritionally balanced meals; and
9. Assist a resident with bowel and bladder elimination.

Basic Restorative Services

The program shall include the theory of and practice in providing restorative services. A nurse aide shall demonstrate the ability to:

1. Recognize the importance of bowel and bladder programs;
2. Recognize the method for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to do all of the following:
 - a. Position residents by use of pillows, towel rolls, padding and footboards;
 - b. Perform simple range of motion exercises; and
 - c. Assist residents in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.
3. Transfer residents safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer residents;
4. Reinforce breathing exercises, including coughing and deep breathing; and
5. Help residents use hearing aids and visual aids.

Rights of Residents

1. The program shall provide instruction on the principles of and requirements relating to residents' rights. The nurse aide shall demonstrate an understanding of:
 - a. Providing privacy for residents in treatment, living arrangements and personal care needs;
 - b. Maintaining the confidentiality of resident health and personal records;
 - c. Allowing residents to make personal choices to accommodate the residents' needs;
 - d. Providing help residents need in getting to and participating in activities, including resident and family group meetings;
 - e. Maintaining the personal possessions of residents in good and secure condition;
 - f. Interacting with residents without abusing or neglecting the residents;
 - g. Interacting with residents without misappropriating the residents' property; and
 - h. Reporting immediately to appropriate facility or agency staff every instance of abuse or neglect of a resident or misappropriation of a resident's property as defined in federal and state regulations.
2. The nurse aide shall demonstrate behavior that recognizes that residents have rights and that the aide respects those rights. The nurse aide shall be able to:
 - a. Demonstrate respect and concern for each resident's rights, preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational and religious differences;
 - b. Show respect for cultural, ethnic and religious food preferences;

- c. Recognize what constitutes abuse of residents and demonstrate an understanding of how to interact with residents without abusing them or without appearing to abuse them;
- d. Demonstrate prevention and intervention skills with combative residents that balance appropriate resident care with a need to minimize the potential for injury to the aide and others;
- e. Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating complaints of abuse of resident property;
- f. Demonstrate an understanding of the process by which a resident or staff member may file a complaint on behalf of a resident and seek redress for a perceived violation of resident rights;
- g. Recognize the role of resident advocacy groups (i.e., Ombudsman, Adult Protective Services) as resident resources;
- h. Demonstrate awareness of how to file a complaint with the department regarding operations within the provider setting.

Dementia

The program shall include instruction about dementia and specific techniques for meeting the basic needs of residents with dementia. The nurse aide shall demonstrate an understanding of the:

1. Nature of dementia, including the cause, course and symptoms of the impairment;
2. Effect that brain changes have on the person's moods, abilities and functioning;
3. Effect on the resident of staff verbal and nonverbal communication with the resident and means of modifying these communications and approaches to facilitate effective interaction between residents and staff;
4. Feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems;
5. Effect of the environment on residents with dementia, and the appropriate environmental stimuli to use with those residents to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability;
6. Possible causes of dementia related symptomatic behavior changes, specifically focusing on understanding behavior as an attempt to communicate unmet needs and then how to address the unmet need including an understanding of how pain impacts behavior;
7. Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine and the incorporation of the person's life story and past interests, routines, tastes, values and background; and
8. Stress involved for the resident, family and nurse aide in caring for a resident with dementia and techniques for coping with this stress and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

Appendix F: Skills Performance Tasks

Nurse aide candidates in the state of West Virginia must be able to perform five of the listed performance skills to successfully complete the skills performance portion of the state-approved exam. Each skill has a point value corresponding to each step to be performed.

The procedure for testing will require the student to perform:

- Initial steps
- Hand washing
- Four additional skills
- Completion steps

The student may also fail if he/she:

- Cannot perform any part of a skill;
- Tell the rater they did not learn the skill;
- Do not perform the critical steps in one or more skills; or
- Put the resident at risk for injury.

Each scenario mentioned above will be reviewed on an individual basis and the Nurse Aide Registry will make the final decision.

Preparing to take the competency test:

Two forms of identification (ID) must be presented at the test site. One must be a photo ID (e.g., driver's license, government issued ID, employment badge) with a current photo and the other must be a Social Security card. Photocopies will not be accepted.

Common Skill Requirements

All candidates will be required to perform "initial steps" at the beginning of each exam, and will not need to perform those steps again during testing. At the end of all five procedures, "completion steps" will be required. Throughout each procedure, the candidate **must** observe the resident's privacy and safety as well as provide for effective communication, proper infection control, and comfort.

Initial Steps are as follows:

1. Obtain instructions from the nurse about the resident's needs, limitations, and abilities. This information will be provided to each candidate prior to the exam.
2. Knock before entering the room.
3. Greet each resident by name and verify the resident's identity.
4. Identify yourself and your job title.
5. Explain the procedure and encourage the resident to help when possible.
6. Get all needed supplies prior to beginning.
7. Wash your hands. For exam purposes, you will only have to wash your hands once unless they become soiled.
8. Provide privacy.

9. Raise side rails prior to raising the bed to a working height. Lower side rails on side that care is being given. For exam purposes, assume that all residents have the necessary order for side rails.
10. Wear gloves as needed per standard precautions.
11. Use good body mechanics.

Completion Steps are as follows:

1. Use good body mechanics.
2. Position resident for comfort and in good body alignment.
3. Adjust side rails as ordered and lower bed.
4. Make sure the resident has everything he/she needs, and thank them.
5. Clean up the area according to facility policy.
6. Remove gloves and wash your hands when applicable.
7. Open drapes, curtains, etc. according to resident's wishes.
8. Check safety of the environment, including ensuring call light is within the resident's reach.
9. Report any unusual findings to the nurse.
10. Document procedures according to policy.

Skill 1: Hand Washing

1. Turn on water at sink
2. Wet hands and wrists thoroughly
3. Apply soap to hands
4. Lather all surfaces of fingers and hands, including above the wrists, producing friction, for at least 10 seconds
5. Rinse all surfaces of hands and wrists without contaminating hands
6. Use a new, clean, dry paper towel to dry all surfaces of hands, wrists, and fingers, without contaminating hands
7. Use a new, clean, dry paper towel, or knee (if knee handle is available) to turn off faucet, without contaminating hands
8. Dispose of used paper towel in waste basket immediately after shutting off faucet

Skill 2: Don and Remove Isolation Gown and Gloves

Perform initial steps

1. Wash hands
2. Unfold the clean gown so the opening is in the back. Do not shake the gown or allow it to touch an unclean surface
3. Slide hands and arms through the sleeves of the gown
4. Make sure the gown is snug at the neck and covers uniform
5. Tie the ties at the neck of the gown, overlap the back of the gown to cover entire uniform
6. Fasten the ties at the waist of the gown
7. Gloves should be pulled up over the cuffs of the gown

Removing gown and gloves:

8. Remove gloves
9. Untie the ties at the waist and neck of the gown without touching your neck or the outside of the gown
10. Pull each sleeve off by grasping each shoulder on the inside of the gown, at the neckline. Do not touch the outside of the gown. Turn the sleeves and gown inside out as your arms are sliding through them

11. Holding the gown away from your body by the inside of the shoulder seams, fold it inside out, bringing the shoulders together
12. Roll the gown up with the soiled side inside and do not let it touch your uniform
13. Discard in appropriate container

Perform completion steps

Student must declare when they would wash hands in addition to the initial steps for skills 2 and 3.

Skill 3: Applying and Removing Face Mask

Perform initial steps

1. Wash hands
2. Gather mask
3. Remove jewelry, watch and eyeglasses, place in clean paper towel. If wearing long sleeves, push or roll them up
4. Pick up the mask by the top strings or the elastic strap. Be careful not to touch the mask where it touches your face
5. Adjust the mask over your nose and mouth. Tie top strings first, and then bottom strings. Never wear a mask hanging from the bottom strings
6. Pinch the metal strip at the top of the mask (if part of the mask) tightly around your nose so that it feels snug
7. Replace glasses, if worn

Removing mask:

8. Wash hands
9. Untie lower tie of the mask first
10. Untie the upper tie of the mask last
11. Pull off face mask, using only the ties and drop into facility approved container
12. Wash hands

Perform completion steps

Student must declare when they would wash hands in addition to the initial steps for skills 2 and 3.

Skill 4: Make Occupied Bed

Perform initial steps

1. Place clean linen, in order of usage, on clean surface within easy reach
2. Lower head of bed before moving resident
3. Loosen top linen from end of bed or working side
4. Raise side rail, assist client to turn onto side, moving away from self toward raised side rail
5. Loosen bottom soiled linen on working side
6. Move bottom soiled linen toward center of the bed
7. Place and tuck in clean bottom linen or fitted bottom sheet on working side (if flat sheet is used, tuck in at top and working side)
8. Raise side rail and assist resident to turn onto clean bottom sheet
9. Remove soiled bottom linen, avoiding contact with uniform, place it in an appropriate location within the room
10. Pull and tuck in clean bottom linen, finishing with bottom sheet free of wrinkles
11. Cover client with clean top sheet and appropriately remove soiled top sheet
12. Finish with the clean linen anchored and centered
13. Replace pillowcase

14. Avoid contamination of clean linen throughout procedure

Perform completion steps

Skill 5: Measure Oral Temperature with Electronic Thermometer

Perform initial steps

1. Make sure the oral probe is attached to the electronic thermometer
2. Insert the electronic probe firmly into the probe cover
3. Ask the resident to wet the lips, lower the tongue, and close the lips around the thermometer
4. Place the probe under the patient's tongue, on one side of the mouth
5. Leave the probe in place until the thermometer signals
6. Remove the probe and read the temperature on the digital display
7. Discard the cover and return the probe to its holder
8. Make note of the resident's name and temperature measurement
9. Return the electronic thermometer to the charging or storage unit

Perform completion steps

Skill 6: Taking a Tympanic Temperature

Perform initial steps

1. Pick up tympanic thermometer and insert in plastic cover. Make sure cover locks into place
2. Stand to the front of the resident's head. Make sure hearing aid is carefully removed and that wax does not block ear canal
3. Turn on thermometer. Wait until "ready" sign appears
4. Pull on ear following guidelines: Adults: pull up/back on pinna or outer edge of ear; Children and Infants: pull ear straight back
5. Gently insert covered thermometer tip into ear, pointing the thermometer toward the front of the resident's head. Make sure you have a good seal
6. To take the temperature, press the button and hold for one full second (to make sure you wait one second, say the words "one one-thousand")
7. Remove from ear and read temperature on display screen
8. If facility policy is to take reading in both ears, repeat procedure using clean plastic cover for the other ear
9. Turn thermometer off (Some have an auto-off.)
10. Replace tympanic thermometer into holder, if available

Perform completion steps

Skill 7: Measure Axillary Temperature Using Electric Thermometer

Perform initial steps

1. Make sure the oral probe is attached to the electronic thermometer
2. Insert the electronic probe firmly into the probe cover
3. Expose the axilla (underarm)
4. Place the probe into the center of the axilla. Place the residents arm over the chest
5. Hold the resident's arm and the probe in place until the electronic thermometer signals
6. Remove the probe from under the arm, and discard the probe cover; straighten the resident's clothes
7. Make a note of the resident's name and temperature
8. Return the electronic thermometer to the charging or storage unit

Perform completion steps

Skill 8: Measure Apical Pulse

Perform initial steps

1. Place resident in comfortable position, lying down on back
2. Clean both earpieces, the diaphragm and bell sides of stethoscope
3. Place diaphragm of stethoscope under clothing on apical pulse site (on the left side of the chest, just below the nipple). You may have to move the stethoscope to locate loudest pulse sound
4. Hold diaphragm or bell with two fingers firmly on the chest
5. Look at your watch and wait until the second hand gets to the 12 or 6
6. Count pulse (lub-dub) for one full minute
7. Replace clothing and move resident to a comfortable position

Perform completion steps

Skill 9: Measure Radial Pulse

Perform initial steps

1. Place fingertips on thumb side of resident's wrist to locate pulse
2. Count beats for one full minute, noting the rhythm and strength of the pulse
3. Remove fingers from the pulse site and make a note of the residents name and the pulse rate
4. Report pulse within plus or minus 4 beats of evaluator's reading

Perform completion steps

Skill 10: Measure Respiration

Perform initial steps

1. Count one each time the chest rises
2. Count the respirations for one full minute* to determine the rate
3. Reports rate plus or minus 2 breaths of evaluator's reading

Perform completion steps

** For testing purposes, the student must count for one full minute.*

Skill 11: Give Back Rub Using Lotion

Perform initial steps

1. Position resident so back is exposed, on side or prone
2. Place towel lengthwise on bed next to resident's back
3. Pour small amount of lotion into hands, rubbing hands together to warm lotion and hands
4. Apply lotion in long, firm strokes upward from buttocks to back of neck and shoulders
5. Use firm pressure stroking upward and gentle pressure as downward motions. Use circular motion, as hands should never leave the back. Strokes should be one continuous flowing motion
6. Repeat for at least 3 – 5 minutes
7. Pat the resident's back with towel to remove excess lotion

Perform completion steps

Skill 12: Range of Motion (Active)

Perform initial steps

1. Position resident in good body alignment
2. Check joints. If swelling, redness or warmth is present, or if resident complains of pain, notify nurse. Continue procedure only if instructed
3. Support limb above and below joint
4. Begin range of motion at shoulders and include the shoulders elbows, wrists, thumbs, fingers, hips, knees, ankles, and toes*
5. Slowly move joint in all directions it normally moves
6. Repeat movement at least five times
7. Encourage resident to participate as much as possible
8. Stop procedure at any sign of pain and report to nurse immediately

Perform completion steps

* For testing purposes, the joint to be manipulated will be designated.

Skill 13: Shave with Safety Razor

Perform initial steps

1. Fill bath basin halfway with warm water
2. Drape towel under resident's chin
3. Put on gloves
4. Moisten beard with washcloth and apply shaving cream over area in a circular motion
5. Wet razor and shave in the direction of hair growth. Hold skin taut and shave beard in downward strokes on face and upward strokes on neck
6. Rinse resident's face and neck
7. Apply after-shave lotion as requested
8. Remove towel
9. Remove gloves

Perform completion steps

Skill 14: Denture Care

Perform initial steps

1. Place towel on resident's chest and emesis basin under the resident's chin
2. Place paper towel/wash cloth in sink bottom to protect dentures
3. If resident is able, ask to remove own dentures—if not appropriate, remove upper dentures by pushing down on upper plate to break suction and lift lower dentures out of bottom of mouth
4. Place dentures in basin and take to sink
5. Brush dentures with toothpaste and rinse under running water
6. Place dentures in clean, rinsed denture cup with cold water for storage

Perform completion steps

Skill 15: Administer Oral Hygiene

Perform initial steps

1. Raise head of bed so resident is sitting up
2. Put on gloves
3. Drape towel below resident's chin

4. Wet toothbrush and put on small amount of toothpaste
5. Brush the upper teeth first and then the lower teeth
6. Hold emesis basin under resident's chin
7. Have resident rinse mouth with water and spit into emesis basin
8. If requested, give resident mouthwash diluted half with water
9. Check teeth, mouth, tongue, and lips for odor, cracking, sores, bleeding, discoloration and loose teeth.
Report any unusual findings to the nurse
10. Remove towel and wipe resident's mouth
11. Remove gloves

Perform completion steps

Skill 16: Give Mouth Care to Unconscious Resident

Perform initial steps

1. Drape towel over pillow
2. Turn resident onto unaffected side
3. Put on gloves
4. Place emesis basin under resident's chin
5. Hold mouth open with padded tooth blade
6. Dip swab in cleaning solution and wipe teeth, gums, tongue and inside surfaces of mouth, changing swab frequently
7. Rinse with clean swab dipped in water
8. Swab with lemon glycerin swabs if available
9. Check teeth, mouth, tongue, and lips for odor, cracking, sores, bleeding, discoloration, and loose teeth.
Report unusual findings to nurse
10. Cover lips with available lubricant
11. Remove gloves

Perform completion steps

Skill 17: Eye Care for Unconscious Resident

Perform initial steps

1. Position resident in comfortable position, using pillows if needed
2. Obtain basin of clean warm water
3. Put on gloves
4. Place towel and emesis basin under the resident's chin
5. Using either a washcloth or cotton balls, whichever is used in your facility, dip into water and clean eyes, moving from the inner canthus (corner) of the eye to the outer canthus of the eye
6. When using a washcloth, use a clean washcloth for each eye. When using cotton balls, use clean cotton ball for each eye
7. If there is an increased amount of dried secretions, you may be asked by the nurse to apply warm compresses to loosen
8. Dry the eye area completely using a clean towel
9. Add lubricant to the eye if ordered by the physician or directed by the nurse

Perform completion steps

Skill 18: Clean/File Fingernails

Perform initial steps

1. Place basin with warm water on over-bed table

2. Ask resident to soak hands in basin 3 – 5 minutes
3. Wash, rinse, dry, and place the resident's hands on a clean, dry towel
4. Clean under the nails with the orangewood stick
5. Inspect the hands
6. Trim the fingernails using the nail clipper, clipping straight across and removing sharp edges with an emery board
7. Apply lotion to the hands, gently massaging from fingertips to wrists to stimulate circulation

Perform completion steps

Skill 19: Care of Eyeglasses

Perform initial steps

1. Carefully remove eyeglasses and place in emesis basin
2. Secure the resident. Raise the side rails if necessary and lower the bed
3. Line the sink with a towel
4. Wash eyeglasses in lukewarm water, rinse and place inside emesis basin. While washing observe for loose screws, or broken or loose lenses
5. Dry with soft 100 percent cotton cloth or lens cleaning tissue. Do not dry with tissues as they may scratch eyeglasses
6. Store eyeglasses in special eyeglass case or prepare to replace on the resident
7. Return to bedside
8. Replacing eyeglasses on resident: Place gently over the ears and position comfortably. Observe for proper fit

Perform completion steps

Skill 20: Hair Care

Perform initial steps

1. Raise head of bed so resident is sitting up
2. Drape towel over pillow if resident is confined to the bed. If resident is sitting in a chair, place the towel around the resident's shoulders
3. Remove resident's glasses and any objects in hair
4. Brush hair by separating into small sections and gently combing or brushing two inch sections at a time from the ends of hair to scalp
5. If the hair is tangled, use a small amount of detangler or leave-in conditioner if available. Hold the lock of hair just above the tangle and gently comb or brush through the tangle
6. Use any personal items that residents request and style as requested
7. Offer mirror

Perform completion steps

Skill 21: Dress and Undress a Dependent Resident

Perform initial steps

1. Help resident to choose clothes
2. Help resident move to his/her back
3. Remove garments resident is wearing, always beginning with the unaffected limb
4. Assist resident to dress, always beginning with the affected side first. Residents should always wear undergarments
5. If resident can stand, put shoes on before resident stands up to prevent falls. Protect linen from shoes by putting a towel under feet
6. If resident cannot stand, roll resident from side to side to eliminate wrinkles caused by clothing

Perform completion steps

Skill 22: Move Resident Up in Bed with Lift Sheet (Two co-workers)

Perform initial steps

1. Ask for help from another health care worker
2. Place pillow upright at head of bed to protect resident's head from headboard
3. Position one worker on each side of resident and roll sheet toward resident's body
4. Using good body mechanics, with hands and fingers facing upwards grasp the sheet at the resident's shoulders and hip
5. Ask the resident to raise his/her head, place hands across chest and bend knees, push with heels, if possible, on the count of three
6. Count one, two, three, and then lift
7. Replace pillow under resident's head
8. Straighten bed linens

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 23: Move Resident Up in Bed if Resident Can Assist

Perform initial steps

1. Move pillow against the headboard. If resident can tolerate, lay bed flat
2. Assist resident to bend knees up and place his/her feet flat on the bed. Place one arm under the resident's shoulders and the other under the resident's upper thighs
3. On the count of three, have resident push down with the feet and lift up the buttocks (called bridging) while you help the resident move toward the head of the bed

Perform completion steps

Note: If possible, the resident may use the side rails of the bed to assist.

All positioning skills are for a one-person technique unless otherwise designated

Skill 24: Turn Resident Toward You

Perform initial steps

1. Cross the resident's arms over the chest
2. Cross the resident's leg farthest away over the leg closest to you
3. Place one hand on resident's far shoulder, place the other hand on resident's farthest hip and gently roll the resident toward you
4. Move arm on the side that the resident is being turned to out of the way
5. Support the resident's back with a pillow

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 25: Sit on Edge of Bed (Dangling)

Perform initial steps

1. Adjust bed height to lowest position
2. Move resident to side of bed closest to you

3. Raise head of bed to sitting position, if necessary
4. Place one arm under resident's shoulder blades and the other arm under resident's thighs
5. On count of three, slowly turn resident into sitting position with legs dangling over side of bed
6. Support for 10 to 15 seconds, check for dizziness
7. Assist resident to put on shoes or slippers
8. Move resident to edge of bed so feet are flat on floor

Perform completion steps

All positioning skills are for a one person technique unless otherwise designated

Skill 26: Move Resident to the Side of Bed

Perform initial steps

1. Place pillow at the head of the bed against headboard
2. Stand on the same side of the bed to which you are moving the resident
3. Spread your feet apart and slightly bend your knees to protect your back
4. Gently slide hands under the head and shoulders of the resident and move toward you
5. Gently slide hands under the midsection and move toward you
6. Gently slide your hand under the hips and legs and move them toward you

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 27: Turn Resident Away from You

Perform initial steps

1. Stand on side of bed opposite to where resident will be turned
2. Move resident to side of bed nearest you using steps in Skill 26
3. Cross the resident's arms over his or her chest. Move arm on the side that the resident is being turned to out of the way
4. Cross resident's legs. (If possible, bend the resident's knee nearest you. If the knee cannot bend, cross the near leg over the far leg)
5. Place one hand on resident's shoulder and other hand on the hip. Roll the resident over as one unit toward the other side of bed (toward the raised bed rail)
6. Support the resident's back with a pillow

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 28: Pivot Transfer of Hemiplegic Resident

Perform initial steps

1. Make sure the resident is wearing non-skid shoes and the bed is in the low position
2. Position the chair/wheelchair on the resident's unaffected side at a 45 degree angle to the bed. If transfer is to a wheelchair, lock both brakes and put up foot pedals
3. Assist the resident to sit on the edge of the bed with legs and feet hanging over the edge. Put gait belt on resident
4. Stand in front of the resident and firmly grasp the gait belt. Have the resident put his/her arms around your waist
5. Using good body mechanics, stand so that the affected leg of the resident is between your knees
6. Help the resident stand, supporting the affected leg with your knees

7. Have the resident use the unaffected hand to grasp the armrest of the chair/wheelchair
8. Pivot your body, helping the resident to pivot toward the non-affected leg
9. Using good body mechanics (bending knees, keeping back straight) help the resident sit in the chair, adjusting as needed

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 29: Transfer Resident From Bed To Chair/Wheelchair

Perform initial steps

1. Position the chair with the back even with the head of the bed. If wheelchair is used, make sure brakes are locked and pedals are up
2. Make sure resident has nonskid shoes on
3. Assist the resident to dangle at the edge of the bed
4. Brace your knees against the resident's knees and block his feet with your feet
5. Bring the resident to a standing position by putting your arms around resident's underarms or using a gait belt
6. Ask the resident to grasp the chair arms as you support him/her
7. Using good body mechanics, bend your knees as you lower the resident to the chair
8. Use pillows as necessary for positioning the resident in correct body alignment

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 30: Pull Resident Up in Chair/Wheelchair

Perform initial steps

1. Lock the wheels on the wheelchair and move the footrests aside
2. Stand behind the chair, placing your arms around the resident's upper body under the arms and lift. Do not lift by the arms. If possible, ask the resident to place feet on floor and use hands on arm rests to assist in repositioning
3. Replace footrests if applicable and place positioning devices as necessary

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 31: Position Resident on Side in Bed in Proper Alignment

Perform initial steps

1. Lower head of bed and raise side rail toward you
2. Move resident's body toward you
3. Slowly roll resident onto side toward raised side rail while supporting resident's body
4. Proper alignment: head supported by pillow, shoulder adjusted so resident is not lying on arm, top arm supported, back supported by pillow/wedge, top knee flexed and supported by supportive device (pillow) with hip in proper alignment
5. Cover resident with top linen

Perform completion steps

All positioning skills are for a one-person technique unless otherwise designated

Skill 32: Assist Resident to Ambulate Using Gait Belt

Perform initial steps

1. Make sure resident has on nonskid shoes
2. Place gait belt snugly around resident's waist
3. Assist the resident to stand, standing to the resident's side until balance is regained, keeping hold of the gait belt
4. While holding onto the gait belt, change the position of your hands. One hand should be holding the belt at the side nearest you and the other holding the belt in the back
5. Assist the resident to walk, staying slightly behind and to the side of the resident, holding firmly to the gait belt
6. Encourage the resident to stand straight and walk as normally as possible
7. Return resident to chair or bed

Perform completion steps

Skill 33: Measure and Record Input and Output

Perform initial steps

Input

1. Measure the fluid left in the container before the dishes are removed from the resident's bedside/table
2. Subtract the amount left in the container from the amount offered
3. Record immediately on appropriate document

Output without a catheter

4. Put on disposable gloves
5. Pour the urine into a measuring graduate
6. Set the graduate on a flat surface at eye level to read amount
7. Observe for any signs of blood, dark color, mucus, sediment, and/or change in odor
8. Empty urine into the toilet and flush
9. Rinse container used for urination (bedpan, urinal, etc.) and store appropriately
10. Remove gloves
11. Record immediately on appropriate document, reporting any abnormalities to registered nurse

Output with a catheter

1. Put on disposable gloves
2. Place the graduate container below the collection container
3. Carefully open the drain outlet from the collection container, making sure the drain outlet does not touch the container or the floor
4. Allow the container to drain completely
5. Reattach the drainage outlet to the collection container
6. Follow steps 3 – 8 as above

Perform completion steps

Skill 34: Empty Urinary Drainage Bag

Perform initial steps

1. Put on disposable gloves
2. Place the graduate container below the collection container
3. Open the drain outlet from the collection container, maintaining sterility
4. Allow the container to drain completely
5. Reattach the drainage outlet to the collection container
6. Dispose of urine and rinse container

Perform completion steps

Skill 35: Assist Resident Bedpan/Fracture Pan

Perform initial steps

1. Raise the side rails, raise the bed to a correct working height, and lock the brakes. Adjust bed to as flat a position as possible
2. Lower the side rail on the side nearer you
3. Assist the resident to a supine position (on the back) moving the top linens aside
4. Put on gloves
5. Position the resident on the bedpan, using one of these two methods:
Method 1:
 - a. Ask the resident to raise the hips (bending at the knees and pushing with the feet may make this easier)
 - b. Slide the bedpan under the resident's buttocksMethod 2:
 - a. Turn the resident onto the side facing away from you
 - b. Place the bedpan against the resident's buttocks
 - c. Roll the resident back onto the bedpan
6. Adjust the head of the bed so that the resident is in a sitting position and cover for privacy
7. Place toilet tissue and the call signal within the resident's reach
8. Raise the side rail and tell the resident to signal when finished
9. Remove gloves and wash hands
10. Leave the room only if the resident can be left alone. Lower the bed if you leave
11. If you leave, check back frequently and answer the call signal promptly
12. To remove the bedpan, lower the side rail and head of the bed
13. Put on gloves and ask the resident to raise the hips or turn the resident onto the side facing away from you. Cover the bedpan immediately
14. Assist as needed to clean the perineal area
15. Raise the side rail and dispose of the bedpan contents according to facility policy
16. Measure input and output or obtain stool sample if needed. Observe contents for abnormalities
17. Remove gloves and wash your hands
18. Assist resident to wash his/her hands

Perform completion steps

Skill 36: Demonstrate Proper Use of a Gait Belt

Perform initial steps

1. Place the belt around the resident's waist, over clothing
2. Fasten buckle snug, leaving enough room for your fingers to slip under the belt, and leaving the buckle slightly off-center, in the front
3. Remove immediately after activity is complete

Perform completion steps

Skill 37: Change Gown

Perform initial steps

1. Untie soiled gown
2. Draw top sheet over resident's chest
3. Remove resident's arms from gown, unaffected arm first
4. Roll soiled gown from neck down and remove from beneath sheet
5. Slide resident's arms into clean gown, affected arm first
6. Tie gown
7. Remove top sheet from beneath clean gown and cover resident

Perform completion steps

Skill 38: Supine Position

Perform initial steps

1. Lower head of bed
2. Move resident to head of bed if necessary
3. Position resident flat on back with legs slightly apart
4. Align resident's shoulders and hips
5. Use supportive padding if necessary

Perform completion steps

Skill 39: Fowler's Position

Perform initial steps

1. Move resident to supine position (Skill 38)
2. Elevate bed 45 to 60 degrees
3. Use supportive padding if necessary

Perform completion steps

Skill 40: Lateral Position

Perform initial steps

1. Place resident in supine position (Skill 38)
2. Move resident to side of bed closest to you
3. Cross resident's arms over chest
4. Slightly bend knee of the leg nearest to you or cross nearest leg over farthest leg at ankle
5. Place your hands under resident's shoulder blade and buttock. Turn resident away from you onto side
6. Place supportive padding behind back, between knees and ankles, and under top arm

Perform completion steps

Skill 41: Semi-Fowler's Position

Perform initial steps

1. Move resident to supine position (Skill 38)
2. Elevate head of bed 30 to 45 degrees
3. Use supportive padding if necessary

Perform completion steps

Skill 42: Assist to Bathroom

Perform initial steps

1. Walk with resident into bathroom
2. Assist resident to lower garments and sit
3. Give resident call light and toilet paper
4. If resident is able to be left alone, step out of bathroom and return when called
5. Put on gloves
6. Assist resident to wipe from front to back
7. Remove gloves and wash hands
8. Assist resident to raise garments
9. Assist resident to wash hands
10. Walk with resident back to bed or chair

Perform completion steps

Skill 43: Bedside Commode

Perform initial steps

1. Place commode next to bed on resident's unaffected side
2. Assist resident to commode
3. Give resident call light and toilet paper
4. If resident is able to be left alone, step behind curtain and return when called
5. Put on gloves
6. Assist resident to wipe from front to back
7. Help resident into bed
8. Remove and cover pan and take to restroom
9. Check urine and/or feces for color, odor, amount and character and report unusual findings to nurse
10. Dispose of urine and/or feces, sanitize pan and return pan according to current nursing practices
11. Remove gloves and wash hands
12. Assist resident to wash hands

Perform completion steps

Skill 44: Ambulation with a Walker

Perform initial steps

1. Assist resident to sit on edge of bed
2. Place walker in front of resident
3. Assist resident to standing position
4. Have resident grasp both arms of walker
5. Brace leg of walker with your foot and place your hand on top of walker
6. Assist resident to stand on count of three
7. Stand to side and slightly behind resident
8. Have resident move walker ahead six to 10 inches, then step up to walker

Perform completion steps

Skill 45: Ambulation with a Cane

Perform initial steps

1. Instruct the resident to hold the cane close to his or her body on the unaffected side

2. Have the resident move the cane and the involved leg at the same time, and then move the uninvolved leg
3. Encourage the resident to keep the stride length of each leg and the timing of each step equal
4. Demonstrate correct technique if necessary
5. Observe carefully and assist resident to learn the technique

Perform completion steps

Skill 46: Sitting in a Chair Using a Cane

Perform initial steps

1. Have resident sit by placing backs of his or her legs against the edge of the chair seat, moving the cane out from his or her side, and reaching back with both hands to grasp the chair's armrests
2. Have the resident get up by unhooking the cane, holding it in his or her stronger hand while grasping the armrests, and pushing against the armrests while raising himself or herself upright
3. Demonstrate the technique if necessary
4. Observe the resident's technique and assist him/her in learning the technique

Perform completion steps

Skill 47: Providing Foot Care

Perform initial steps

1. Test water temperature and ensure it is safe and comfortable before placing resident's foot in water, and adjust if necessary
2. Completely submerge foot in water
3. Remove foot from water, washing entire foot, including between toes, with soapy washcloth
4. Rinse entire foot, including between toes
5. Dry entire foot, including between toes
6. Put lotion in hand and warm lotion by rubbing hands together
7. Massage lotion into entire foot (top and bottom), removing excess (if any) with towel
8. Assist resident to replace sock
9. Support foot and ankle properly throughout procedure

Perform completion steps

Skill 48: Put One Knee-High Elastic Stocking on Resident

Perform initial steps

1. Turn stocking inside-out at least to heel area
2. While supporting the heel, bring the stocking over the toes, then foot and ankle. The opening in the stocking should be either on top or bottom of the toe area depending upon the manufacturer
3. Slowly bring the stocking up the leg of the resident, smoothing out any wrinkles. This should be done gently and naturally, avoiding force and overextension of limb and joints throughout the procedure
4. Straighten all of the lines and make sure resident is comfortable

Perform completion steps

Skill 49: Give Partial Bed Bath (Face, one arm, hand and underarm)

Perform initial steps

1. Remove or fold back top bedding keeping resident covered with bath blanket (or top sheet)
2. Remove resident's gown
3. Test water temperature and adjust if necessary
4. Wash face with wet washcloth (no soap) beginning with the eyes, using a different area of the washcloth for each eye, washing inner aspect to outer aspect
5. Dry face with towel, using a blotting motion

6. Expose one arm
7. Place towel underneath arm
8. Using washcloth and towel, wash with soap, rinse and dry arm, hand, and underarm
9. Put clean gown on resident (will verbalize for testing procedure)
10. Remove bath blanket and pull up bedcovers

Perform completion steps

Skill 50: Changing Adult Incontinent Brief or Pad

Perform initial steps

1. Apply gloves
2. Ensure privacy, remove bed linen, lift gown or pull down pajamas
3. Turn resident to side, place bed protector under the resident
4. Undo incontinent brief, carefully remove it by turning the resident from side to side
5. Place in disposable bag
6. Clean resident with disposable wipe or washcloth. Place disposable wipe in disposable bag or return washcloth to collection container
7. Replace with fresh brief by turning resident side to side. Take care not to pull so hard that the brief is torn
8. Replace adhesive protector from back of brief and attach to strips on the front of brief. Do not wrap too tightly
9. Replace pajamas or gown and secure resident
10. Remove gloves, wash hands

Perform completion steps

Skill 51: Measure and Record Weight of Ambulatory Resident

Perform initial steps

1. Start with scale balanced at zero before weighing resident
2. Assist resident to step up onto center of the scale
3. Determine resident's weight
4. Assist resident off scale before recording weight
5. Report weight within plus or minus two pounds of evaluator's reading

Perform completion steps

Skill 52: Measuring Height of a Bedridden Resident

Perform initial steps

1. Turn linen down so it is off the resident
2. Position resident comfortably in the supine (back) position
3. Using a pencil, make a small mark on the bottom sheet at the top of the resident's head
4. Go to the foot of the bed and make another small pencil mark at the resident's heels
5. Using a tape measure, measure the area between the pencil marks. This is the height of the resident
6. Note the number on your paper to report to the nurse and/or document
7. Position resident comfortably and replace linen over resident

Perform completion steps

Skill 53: Measuring Abdominal Girth

Perform initial steps

1. Turn linen down and raise resident gown or pajamas just enough that abdomen can be measured. Keep all areas covered that do not need to be exposed
2. Carefully wrap measuring tape around the resident's abdomen at the level of the navel (umbilicus)
3. Read the number where the ends of the tape meet

4. Carefully remove the tape measure. Write down the abdominal girth measurement on your paper
5. Replace resident clothing and position comfortably

Perform completion steps

Skill 54: Care of the Artificial Eye

Perform initial steps

1. Position resident in the supine position with a towel over the chest
2. Position eyecup on flat surface
3. Ask resident to close both eyes and cleanse eyes with moistened cotton balls. Wipe gently from inner corner (canthus) of each eye outward. Use clean cotton ball for each eye
4. Remove eye:
 - a. Hold hand under eye area so that the eye will move out into your hand
 - b. Pull lower eyelid down with the thumb and lift the upper lid gently with the first finger
 - c. Eye should come out into the hand
5. Place eye carefully in eye cup on gauze
6. Secure the resident
7. Bring the eye cup to the sink and place on flat surface
8. Line the sink with towel
9. Empty and rinse eye cup, place new gauze inside of it and replace cup on a flat surface
10. Wash eye in lukewarm water, rinse and place on clean gauze inside eye cup. Do not dry the eye (Eye may be washed in other solution, such as antibacterial soap if ordered by physician or recommended by the manufacturer)
11. Store eye in water or soft contact saline solution or prepare to replace inside the socket
12. Replace eye:
 - a. Return to bedside
 - b. Clean the eye socket, if needed with moistened cotton balls and dry (or as ordered by physician)
 - c. Hold the notched edge of eye toward the nose
 - d. Lift upper lid with first finger and using other hand, gently insert the eye
 - e. Press down on the lower lid until the eye slips into its place. It is held in place by suction

Perform completion steps

Skill 55: Stump Prosthesis Care and Application

Perform initial steps

1. To care for the plastic prosthesis:
 - a. Wipe the plastic socket of the prosthesis with a damp cloth and mild soap or alcohol
 - b. Wipe the insert with a dry cloth
 - c. Dry the prosthesis thoroughly
 - d. Maintain and lubricate the prosthesis as advised by the manufacturer
 - e. Check for malfunctions and adjust or repair if necessary
 - f. Check the condition of the shoe on the foot prosthesis
2. To apply the prosthesis:
 - a. Apply the stump sock
 - b. Remove the insert from the prosthesis and place it over the stump
 - c. Insert the stump into the prosthesis
 - d. Secure the prosthesis onto the stump according to the manufacturer's instructions

Perform completion steps

Skill 56: Care of the Limb After Amputation

Perform initial steps

1. Wash limb at least once daily, preferably in the evening as the limb should always be dry when putting on the prosthesis
2. Prepare basin with water at proper temperature for bathing
3. Wash limb using mild soap, rinse and pat dry
4. If ordered by physician, the limb should be massaged to decrease discomfort and increase circulation. Always observe for any changes or problems with the stump, such as open wounds, redness, signs of injury or infection
5. Never use lotion or hand cream on a residual limb. The lotion will soften the skin and the goal is to have the skin toughened so it will not break down inside the prosthesis
6. The stump shrinker or ace wrap should be replaced if the resident has one. This will be done by the nurse
7. Empty basin

Perform completion steps