

NURSE AIDE PROGRAM

INFORMATION BOOKLET

FOR BPSS-REGULATED SCHOOLS

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PART I: ORIENTATION

Ia. INTRODUCTION

The information in this document pertains to the approval and administration of non-facility based nurse aide training programs under the jurisdiction of the State Education Department, Bureau of Proprietary Supervision. It contains guidelines to assist career schools to prepare an application for approval of a program to train nurse aides for employment in residential health care facilities (RHCF) participating in Medicare and Medicaid programs.

The Nursing Home Reform Law of the Omnibus Budget Reconciliation Act of 1987 (OBRA), PL 100-203, was signed by President Reagan in December 1987. OBRA mandated new federal Medicare and Medicaid requirements for residential health care facilities. One of the requirements pertains to the training and qualifications of RHCF nurse aides. Specifically, OBRA mandates that all individuals employed by RHCF as nurse aides must successfully complete a state-approved nurse aide training program and pass a two-part competency evaluation test to help ensure that all nurse aides have the knowledge and skills to provide safe and appropriate hands-on supervised nursing care to residents.

OBRA mandated that states establish a nurse aide registry by October 1, 1990, containing specific information on all RHCF nurse aides who successfully complete a state-approved nurse aide training program and pass the competency evaluation. OBRA further requires that all nurse aide training programs offered by facility-based and non facility-based sites must be approved by the state. Sections 1819 (e) and 1919 (e) of OBRA directed states to specify training programs that they approved to prepare nurse aides for employment in RHCF on or after January 1, 1990. New York State achieved compliance with this regulation as of July 1, 1989.

OBRA identified the Department of Health as the primary agency in New York State responsible for the implementation of the new federal regulations. In June 1989, a memorandum of agreement was drawn up between the New York State Department of Health and the New York State Education Department to establish guidelines by which programs under the jurisdiction of the State Education Department would be approved. These included, but were not limited to, minimum training hours; qualifications of nurse aide instructors and program coordinators; minimum curriculum requirements; methodology for state review; and the competency evaluation program (written and performance skills).

Nurse aide training programs offered in New York State may be approved by either the New York State Department of Health or by several bureaus within the State Education Department. The Department of Health (DOH) approves those programs provided by nursing homes as well as training programs provided by other health care entities or community-based organizations free of charge to the student or trainee. All nurse aide training programs provided by entities under the jurisdiction of the State Education Department (SED) such as secondary or vocational schools, community colleges, proprietary schools, post-secondary schools, or any nurse aide training program that will charge the student or trainee tuition or fees must be approved by SED. Each nursing home nurse aide training program taught in New York State, regardless of sponsor, must include all DOH nursing home nurse aide training program curriculum requirements to obtain state-approval. This is necessary to ensure that all New York State nursing home nurse aides are instructed in the skills and knowledge necessary to provide safe and effective care and services to nursing home residents.

To facilitate teaching the new DOH curriculum in career schools, BPSS issued its first approved Nurse Aide curriculum in 1993. In January 2006, DOH issued new regulations which became effective for testing after July 1, 2006, and this booklet was revised. The 2016 revisions

pertains notably to the changes created for curriculum approvals by the new BPSS computer system on <https://my.ny.gov/>

Ib. TERMINOLOGY

The following terms related to the nurse aide training program are used throughout this document:

Client, Patient, Resident: The individual to whom health care services are provided.

Competency-based Education: An educational process planned and managed by the teacher that shares with the student the specific objective, including the level of achievement of observable actions or behaviors, that the students will be expected to consistently demonstrate. The student should know beforehand what the student is expected to know and demonstrate in order to graduate.

Certified Nurse Aide/Nurse Assistant: An unlicensed individual, who has successfully completed a state-approved nurse aide training program, passed the state written and practical exams, is on the State Registry, and performs appropriate tasks in support of a professional plan of care as delegated by a licensed nurse.

Laboratory: The skills lab is an extension of the classroom that provides adequate equipment, supplies and work stations for the number of students assigned to the site to practice skills on mannequin, and then live on fellow students or volunteers, before demonstrating competency in a clinical setting during the internship. The standard curriculum has 35 Skills hours, excluding internship. At least 16 hours of the hours in the skills lab must involve live practice.

Non-facility Based Training Program: Training that takes place in a school or community setting, as opposed to training done by a residential health care facility.

Nurse Aide Addendum: Besides your curriculum, you must also receive approval for your Enrollment Agreement, which must include the “Addendum,” found in the BPSS Policy Guidelines 20-0301. The Addendum notifies students that there is a fee for the state test not included in the tuition, and that employers are required to conduct a criminal background check. Thus prior criminal convictions may bar the student from working in that field. Do not sign up students who are disqualified from working as Nurse Aides. Students can ask the Department of Health if their specific past will affect their career.

Nurse Aide Instructor: After obtaining a BPSS teacher license, a RN without the experience needed to be a Primary Instructor (PI) can teach theory and skills in the classroom, but can supervise the internship only under the supervision of the PI. A LPN with 2 years of Direct Care experience may only supervise interns during the internship under the direction of the PI.*
*Per DOH this was revised from earlier BPSS versions, where the LPN could teach theory only.

Prerequisites: Students signing up for a Nurse Aide curriculum must have either a high school diploma/GED/TASC, or pass a standard Ability-to-benefit test in English and Math equivalent to 6th grade. The list of such tests is found in the BPSS Policy Guideline 6-0201. You cannot use a self-created entrance test. An allied health credential such as a Personal Care Aide certificate may serve in lieu of a High School Diploma or ATB test if you ask for it during curriculum approval.

Primary Instructor: Also called Primary Care Instructor. Every program must identify a PI, who in a BPSS-regulated school must also be the Program Coordinator (PC) required by

DOH. As PI oversees lesson planning and implements the curriculum; coordinates theory and clinical experience; maintains program standards. As PC, also has administrative responsibility and accountability for the program. The PI must be a registered professional nurse with at least two years practical (not supervisory) experience caring for the elderly and/or chronically ill, and must provide documentation of licensure as career school teacher for Nurse Aide.

Residential Health Care Facility (RHCF): Skilled nursing homes and health-related nursing agencies licensed as such.

Skills Checklist: The Department of Health skills checklist, with 61 mandated skills, must be filled out for each student. BPSS schools must use the BPSS format, which was adapted to include information needed from non-facility based programs. The student must receive a copy after graduation. Not all skills must be demonstrated during the internship, some can during live training in the skills lab.

Standard NATP Curriculum: All BPSS Nurse Aide training programs must use the DOH curriculum, in its BPSS format. The BPSS format sets the training at 125 hours, of which 30 are internship, 60 theory, 35 skills lab. The 85% BPSS attendance rule does not apply here. The student must complete, in class or through make-up hours, all 125 hours of this curriculum. Schools must track attendance daily, not only for the overall hours, but also by subject, to document that students completed the hours allotted to each unit and subunit.

Internship (Also, referred to as an Externship, and in the Department of Health curriculum as, the Supervised Clinical Experience): An internship of 30 hours in a licensed long-term care nursing (RHCF) facility in order to teach the application of skills for direct patient care. The SCE must be supervised by the nurse aide instructor licensed as “primary instructor.” LPNs licensed as teachers can supervise interns under the PI’s direction. Career schools must follow and use the standard affiliation agreement, a copy of which is under IId in this booklet, and can also be found on the BPSS website.

Ic. FEDERAL PROGRAM REQUIREMENTS

The Omnibus Budget Reconciliation Act of 1987 in sections 1818 (f) (2) (A) (i) and 1918 (f) (2) (A) (i) requires that the minimum areas to be covered in a nurse aide program are basic nursing skills, personal care skills, cognitive, behavioral and social care, basic restorative services and residents’ rights. *These requirements are met by the NYSDOH created curriculum and its BPSS version.*

Federal Curriculum Requirements

The Health Care Financing Administration (HCFA) states in its State Operations Manual that there shall be a nurse aide training and competency evaluation program developed and approved for individuals who provide nursing or nursing-related services to residents of a residential health care facility, who are not licensed health professionals or volunteers providing services without monetary compensation.

Minimum curriculum requirements were designed by the HCFA to assist states, residential health care facilities, health care agencies and educational facilities in developing training and competency evaluation programs for nurse aides. The goal of such a program is to provide quality services to residents of residential health care facilities by training nurse aides to be able to:

(a) form a relationship, communicate and interact on a one-to-one basis with the resident;

- (b) demonstrate sensitivity to the resident's emotional, social and mental health needs through skillful direct interactions;
- (c) assist residents in attaining and maintaining functional independence;
- (d) exhibit behavior in support and promotion of an individual's rights; and
- (e) demonstrate observational and documenting skills in the assessment of a resident's physical and emotional well-being.

The program must address the psychosocial, physical and environmental needs of residents; as well as their nursing and medical needs. It must teach trainees the attitudes and behavior they need to promote the healthy and independent functioning of the resident.

During the supervised clinical experience component of the training program, a performance record shall be kept for each trainee which consists of, at minimum:

- (a) a listing of the duties/skills expected to be learned in the program;
- (b) space to record when the aide performs duty/skill;
- (c) space to note satisfactory or unsatisfactory performance;
- (d) date of the performance; and
- (e) initials of the instructor who supervised the performance.

Nurse Aide Student Identification

Each nurse aide student shall be clearly identified as a student during the clinical education portion of the program. Identification as such must be recognizable to residents, family members, visitors and staff members.

Nursing Program Students Requiring Nurse Aide Certification

Nursing students, who have successfully completed the content and competencies included in the New York State Nurse's Aide syllabus, after a minimum of 95 hours of nursing theory and 30 hours of supervised clinical experience, will be eligible to take the performance and written nurse aide competency evaluation.

The students' eligibility is contingent upon the status of the nurse aide program. After approval by BPSS, all paperwork needed by the Nurse Aide Training Program must have been completed and approved by Prometric for its students to be eligible to take the tests.

Id. RECORD KEEPING AND REPORTING OBLIGATIONS

Federal requirements are: The school delivering the program must develop a record keeping system in which the following will be kept on file by program:

1. A record of all students admitted to the program, dates of attendance and a record of the skills the students mastered, i.e., the BPSS skills checklist.
2. The names of the primary instructor-program coordinator, and nurse aide instructors, and a record of their credentials.

BPSS-supervised schools must follow all BPSS attendance and other record-keeping regulations, which go beyond federal requirements, and use the BPSS Nurse Aide skills checklist

Reporting Changes in Approved Programs

The New York State Education Department-BPSS must be notified of any major changes in a BPSS-approved nurse aide training program. Changes that NYSED considers major, and the information it requires if such changes occur, are as follows:

- The school, including new ownership or school move: Submit a new school or school move application if the school moves or if there is a change of ownership of more than 25percent. Check the BPSS website for additional details: <http://www.acces.nysed.gov/bpss/welcome-career-training-proprietary-schools>
- The classroom site: If you switch classrooms, especially skills lab, notify your field associate at BPSS to get permission to do so. An onsite visit may be required.
- The clinical site: For a new internship site, submit a mutually signed affiliation agreement, using the standard BPSS agreement for nurse aides.
- The primary instructor-program coordinator: You always must have an instructor licensed as PI (which includes PC). Notify the curriculum unit when you do not.

PART II: APPLICATIONS

IIa. General Application Instructions for a School

This section discusses how to apply for Approval of a Nurse Aide Training Program by schools under BPSS-regulation. Please read the directions carefully.

In order to apply for a career school license, you must create a personal account at <https://my.ny.gov/> and then apply for a school license through the BPSS portal.

For more information, check our webpage at <http://www.acces.nysed.gov/bpss/non-degree-granting-school-licensing-process> or contact BPSS at 518-474-3969 or bpss@nysed.gov

Always retain a copy of your records, along with a copy of all other licensing documents! Also, be careful not to rent a facility too early in the process, as the application process can take longer than expected.

Schools without a current career school license should contact BPSS to begin the school licensing process, during which they will submit the curriculum application and other required documents, as per the directions provided on the website.

Upon approval by the State Education Department-BPSS, the nurse aide training program will be issued a letter of approval and a seven-digit Department of Health registration number (OBRA Number) for each site, and then work with Prometric to implement testing.

For curriculum applications, BPSS uses the web-based system. Schools must also provide a copy of affiliation agreement and operating license of the nursing home; of the addendum; and of Nurse Aide Instructor and Primary Instructor license.

A BPSS Nurse Aide curriculum approval is valid for two years. The curriculum reappraisal should be submitted electronically 120 days before the expiration date.

Multiple Locations: Unlike agencies which train nurse aides under a DOH license, BPSS-regulated schools cannot have multiple training locations under the same school license. Each location must have its own license and curriculum approval, including a separate OBRA number.

Iib. Instructions for Completing the Curriculum Application/Teaching Tips:

There will be a series of screens, beginning with the Curriculum Information page.

Curriculum Application: Information Page

After clicking Curriculum Selection: “Allied Health Program,” click - “Curriculum Subtype” CNA” – and complete the rest of the information field, including the title (name) of the curriculum (Nurse Aide or Nurse Assistant). The required hours will come up automatically (125 hours). If you have more hours because you added some VESL, or another unit, put these hours under “additional hours.” The Instructional hour must be “60 minutes.” The method of Instruction must be “classroom,” the language of instruction “English,” (because the nurse aide exam is given only in English, the curriculum must be taught in English). If needed, you can augment a curriculum with Vocational English for Healthcare Workers. The Entrance Requirements must be High School Diploma (HSD) or a high school diploma equivalency, i.e., GED or the TASC (both of which are on the form). If the school will enable students without a HSD or its equivalency to attend, an Ability to Benefit test must be administered and students must receive an acceptable score, such as Wonderlic Basic Skills Test, verbal 200/quantitative 210, and/or an allied health credential, such as a Personal Care Aide certificate.

The “Curriculum specific graduation requirements” refers to unusual requirements, for Nurse Aide, leave this blank or write “Completion of 125 hours.”

A nurse aide training program is not NYS TAP-eligible.

The ESL requirements are relevant if students have non-English speaking backgrounds. It needs to be determined that they can follow the program instruction in English. In addition to meeting the prerequisite for the entrance requirement - through a HSD, its equivalency or an ATB test (some exist in Spanish and other foreign languages) - students would need to take an ESL test and score at an intermediate level.

Then click “next.” You can always revise an application. If you do, click “next” so the new information is saved.

Books:

List the book(s) you will use. DOH and BPSS do not mandate the use of a specific textbook. You can select a textbook of your choice, but it must cover the New York State Department of Health mandated curriculum. If minor parts are not covered by the textbook, handouts can be added. Handouts should be uploaded under “coursework details.”

Besides the textbook, you must also list the DOH 2006 curriculum. Your teacher must use the DOH curriculum and regulations, and this BPSS handbook to prepare for classes. The online 2006 NYSDOH NATP is at:

http://www.nyhealth.gov/professionals/nursing_home_administrator/docs/dal_05-21_nurse_aide_training_programs_certification_and_renewal_attachment_nys_natp_2006-01.pdf
The regulations that govern NYS nurse aide training programs are in Title 10 NYCRR 415.26(d), at the DOH website at <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>

Coursework Details (Curriculum):

The BPSS curriculum is identical in content to the latest version issued by DOH in 2006. The only difference is that the subunits have been grouped for easier teaching in the classroom, rather than in a nursing home, as with a DOH training program. Schools must use the standard 125 hour curriculum (60 hours theory, 35 hours skills training in the classroom skills lab, 30

hours internship) in the BPSS Nurse Aide Information Booklet and the BPSS-adapted skills checklist, in conjunction with the DOH curriculum, for further details of the subjects to be covered. The only exceptions are combinations, such as Nurse Aide Advanced (formerly called Nurse Technician), which starts with the standard Nurse Aide and then teaches EKG and Phlebotomy. Upload this booklet (both parts) under “Coursework Details,” as well as the addendum form and the BPSS skills checklist. By uploading this information, BPSS is aware that schools are using the proper documents.

The 7 units of this curriculum are:

Unit I: Introductory Curriculum and Resident’s Rights: 25 hours, including 4 hours skills training
Unit II: Basic Nursing Skills: 11 hours, including 5 hours skills training
Unit III: Personal Care Skills: 41.5 hours, including 21.5 hours skills training
Unit IV: Mental Health & Social Service Needs: 2.5 hours, all theory, no skills training
Unit V: Care of Residents with Special Needs: 7 hours, all theory, no skills training
Unit VI: Basic Restorative Services: 8 hours, including 5 hours skills training
Unit VII: Internship in a RHCF: 30 hours

Theory does not preclude roleplay and other exercises in the theory classroom.

Equipment: The equipment list on page 14 of this booklet is required for testing, and thus for teaching. It is pre-set and will upload automatically after checking “nurse aide” as the category. Do not add or change anything. However, if you want a Nurse Aide plus EKG program, for example, then add the EKG equipment under “additional equipment.”

Student: Teacher Ratio:

If the curriculum is approvable, the default maximum teacher to student ratio is 1:15 for both theory and skills lab classes, and 1:10 for the clinical experience, referred to as the internship. Under specific circumstances, theory may be taught with a ratio of 1 teacher to for 30 students. The school must document to its field associate how it will schedule two skills classes to accommodate a larger theory class. See Policy Guideline 18-0301 <http://www.acces.nysed.gov/bpss/schools/student-teacher-instructional-ratios>

Teacher Licenses:

In order to apply for a career school license, you must create a personal account at <https://my.ny.gov/> and then apply through the BPSS portal. For more information, check our webpage <http://www.acces.nysed.gov/bpss/licensed-private-career-school-teacher-applicants> or contact BPSS at 518-474-3969 or bpss@nysed.gov. The teacher codes used on curriculum, since 2012, are 02-003 (RN), 02-005 (RN-Primary Instructor), 02-004 (LPN*).

Individual teacher licenses have not been tied to individually licensed BPSS schools since December 2012. However, new schools will have to document - before licensure - that they have licensed instructors, including at least one Primary Instructor (PI)-Program Coordinator (PC). The PI-PC must be a New York State registered professional nurse (RN) with specific experience. The qualification for the PC and PI are specified in the Department of Health regulations, Title 10 NYCRR 415.26(1), at <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>

For qualifications, see also under Ib. Terminology.

Teaching Methods:

In addition to passing written and oral quizzes - to show mastery of the subject matter - and the ability to pass the written part of the state test, students must satisfactorily demonstrate 61 practical skills. These skills must be evaluated according to the DOH guidelines. The school should document this information on the BPSS Skills checklist. The checklist must be kept in the student file, and the student must, per Department of Health regulation, receive a copy. During

the skills training, per federal requirements, students must practice on living subjects - that is on each other or volunteers - before beginning their required, formal internship.

IIc. Affiliation Agreements:

After finishing their classroom training, students must complete a 30-hour supervised internship at a licensed Residential Health Care Facility (RHCF). A school can have multiple internship sites, depending on the number of students it must place. The school must submit, with their curriculum, an affiliation agreement for each proposed internship site.

An Affiliation Agreement is a legal contract between the educational institution and the nursing facility in which the clinical experience portion of the program is being conducted. The agreement must be written and duly signed by both parties. If the school affiliates with more than one agency, an agreement with each agency must be submitted with the application. You are expected to use the BPSS standard contract. If the host refuses to use it, you may ask for a variance, as long as the facility's version covers the BPSS requirements. When you submit your affiliation agreement, it must include a copy of the current operating license of the RHCF. It is your responsibility to check that the RCHF currently has the right to have Nurse Aide interns, as DOH may suspend a RCHF's right to have interns. In such cases, interns must finish their internship at another facility.

NURSE AIDE AFFILIATION AGREEMENT REQUIREMENTS

An affiliation agreement must be submitted and approved for each Nurse Aide curriculum. The following information/conditions must be identified in the agreement.

1. Specific name and location of the proprietary school.
2. Specific name and location of the Residential Healthcare Facility (RHCF) AND a photocopy of its operating certificate.
3. Exact dates/or length, of the affiliation experience.
4. Number of students to be supervised during one affiliation period.
5. Who is responsible for taking attendance at the affiliation site?
6. Statement that students will not displace or replace regular employees.
7. The school agrees to maintain sufficient affiliation sites to accommodate all qualified students
8. The school is responsible for ensuring that the student has had a physical exam within six months before starting the internship, and has had all recommended inoculations
9. School or Internship Site (usually the school) is responsible for insuring the student against injuries resulting from their participation at the internship site. If the school insurance does not cover the internship site, then the school either buys insurance for interns and rolls the cost of that insurance into the tuition, or makes available to interns the purchase of such insurance coverage. In the latter case, in addition to the name of the company, and the extent of the coverage, the cost to students must be noted in the Internship Agreement.
10. Students and instructors will be covered by liability insurance against liability towards third parties arising from the internship. The insurance carrier, cost and exact insurance coverage must be identified.
11. The school is responsible for providing all theory/practice instruction.
12. The school will use the Department of Health SKILLS checklist at the internship site
13. Students will be supervised at ALL times during affiliation.
14. Include how often the nurse aide program coordinator will visit the affiliation site.
15. The school is responsible for the conduct of the students at the affiliation site.
16. Specific conditions and procedures for terminating a student.
17. How much notice is required - by either party - to terminate the agreement?
18. A newly signed agreement must be sent with the curriculum reapproval.

Sample Nurse Aide Affiliation Agreement

Name of School: _____

Address of School: _____

AGREEMENT OF AFFILIATION WITH

Name of Facility: _____

Address of Facility: _____

The (name of school) has been approved to conduct a NURSE AIDE training program which requires clinical experience in a nursing facility that is licensed as a “Residential Health Care Facility.” The (name of nursing facility), located at (location of nursing facility) has agreed to provide this supervised clinical experience. Therefore the nursing facility, now referred to as the affiliating institution, and the school, enter into the following agreement:

The school will arrange for a maximum of ? students at a time to affiliate at (name of affiliating institution) for a total of 30 hours. The specific hours/days will be agreed upon by a designee of each party and each will keep a copy of the schedule. There will be no more than 10 students assigned to one clinical instructor.

Taking attendance at the internship site will be the responsibility of the school. Students will not displace or replace regular employees at the affiliating facility. The school agrees to maintain sufficient affiliation sites to accommodate all qualified students.

Before the student begins the supervised clinical experience, he or she will show evidence of physical requirements deemed necessary, by agreement of both parties. The school is responsible for ensuring that the student has had a physical exam with six months before starting, and all recommended inoculations before the internship.

(School/Affiliating Institution) is responsible for any student injury acquired at the affiliation site. Students and instructors will also carry liability insurance and a signed statement indicating that they have a policy covering liability towards third parties resulting from this internship.

During the internship hours, students will be under the supervision of the clinical instructor(s) employed by the school, but at other times may be supervised by the professional staff of the affiliating institution. The school is responsible for providing all theory/practice instruction. Students will have received the necessary classroom and clinical instruction from the school before being authorized to perform patient care. The clinical instructor(s) will make assignments and, with the help of the professional staff of the institution, will evaluate each student’s performance using the evaluation instruments provided by the school and the Department of Health’s Nurse Aide Training Program skills checklist. Not all skills must be demonstrated during the internship, some can be demonstrated during skills classes.

The clinical instructor will be present at all times that students are present. The school’s Nurse Aide program coordinator will make (frequency) visits to the internship site while students are present.

The school is responsible for the conduct/dress requirements of the students at the affiliation site. A student who does not satisfactorily meet the requirements of this internship may

be terminated. Prior to termination, the student will be notified of these deficiencies and will be given one day to correct these deficiencies. The school recognizes that the affiliating institution has a service responsibility to its residents. If a student jeopardizes this responsibility in any way, the affiliating institution has the right to demand that the student be removed from the clinical experience immediately.

The agreement will begin on (month/day/year) and will be reviewed annually by both parties before the agreement is renewed. A (Length of time) notice will be given by either party if the agreement will not be renewed. Both parties agree to contact the Bureau of Proprietary School Supervision immediately upon requesting termination of the contract.

The affiliating institution and the school will not discriminate in any way in regard to student learners, according to state and federal laws.

A newly signed copy of the agreement must be included with the application for curriculum reapproval.

Phone number: _____

The name and title must be written in print letters after the signature.

12/2011

IId. NURSE AIDE EQUIPMENT: Clinical Skills Test Materials, Equipment and Supplies

The following equipment is needed for the practical test, and thus must be used for teaching. In order to ensure the examinations are administered in a standardized manner throughout New York State, it is essential that all the required space, equipment and supplies be provided. In the event that a facility fails to provide for these, testing of scheduled candidates may be jeopardized. Facilities and training programs failing to provide the required space, equipment or supplies will be reported to the NYS Department of Health by the test-givers. To avoid interruptions and potential delays in testing caused by needing additional supplies, it may be prudent to overstock. The rooms should be set up with supplies and equipment stored to simulate a resident's unit. The facility may want to provide a table or cart in the room on which to place extra items and linens.

The candidate is entitled to privacy when testing and access to the testing room will be restricted during test administration. The facility should identify a waiting area for candidates waiting to test. The testing room should be well lit, of a size that allows the candidate and nurse aide evaluator to move freely around the bed and have temperature controls and adequate ventilation. An additional over-the-bed table should be available for the Nurse Aide Evaluator's use.

General Preparation:

The Clinical Skills Test is administered in a setting prepared as a resident's room. The room should include these 15 items:

- Hospital bed with regular mattress (manual or electric that provides for raising and lowering the height of the bed and the head of the bed)
- Signaling device (does not need to be operational – may be simulated)
- Over-the-bed table
- Bedside chair
- Bedside table (night stand)
- Privacy curtain or screen
- Trash can
- Soiled linen hamper
- Sink with hot and cold running water and hand controls
- Toilet or commode chair
- Paper towel dispenser at the sink (filled)
- Soap dispenser at the sink (filled)
- Female mannequin (whole body)
- Wheelchair with removable footrests and working brakes
- Standing scale with height bar (manual)

BASIC SUPPLIES (23 items)

- Bath basin
- Emesis basin
- Bedpan with cover
- Brushes
- Combs
- Cups (drinking cup)
- Facial tissues
- Gloves (latex and non-latex)
- Lotion
- Paper towels
- Soap (for bathing)
- Toilet tissue

- Underpads/incontinent pads (disposable or reusable) [4-6]
- Water pitcher
- Alcohol swabs
- Napkins
- Dining – meal tray
- Clothing protectors (bibs)
- Toothbrushes
- Toothpaste
- Mouthwash
- Orangewood sticks
- Emery boards

LINENS (9 items)

- Bath blankets or similar item
- Flat sheets (also top sheet)
- Fitted bottom sheets
- Hospital gowns
- Covered pillows (minimum of 4)
- Pillow cases
- Blanket (2)
- Towels
- Washcloths

ADDITIONAL ITEMS (12 items)

- Disinfectant for cleaning basins, etc.
- Clock with second hand in the room
- Gait belt
- Dentures (set) in denture cup
- Urinary indwelling catheter
- Urinary drainage bag
- Leg band for securing urinary drainage bag
- Complete set of clothing in large sizes: underwear shirt, two button front shirts, two elastic-waist pants, socks, underpants
- Applesauce and pudding snacks (for feeding skill)
- Individual sized cups or cartons or juice
- Plastic spoons
- Nail clippers

Part III: After Licensing: Testing with Prometric

After BPSS has approved your NATP program and issued your OBRA-Number, BPSS will notify Prometric and the NYS Department of Health. Prometric will then contact you to set up practical and written testing for your students. After receiving BPSS licensure, it is important to allow enough time for this part of the process - before teaching can begin - as the process cannot start before actual licensure. The link to Prometric is at:

<https://www.prometric.com/en-us/clients/nurseaide/pages/ny.aspx>

Schools can give the written test at their own school, provided that they meet DOH technical requirements as outlined in this DOH Advisory:

[DOH Advisory - February 22, 2012 - Changes to Nurse Aide Training Programs
http://www.health.ny.gov/professionals/nursing_home_administrator/advisory_02-12_changes_to_nurse_aide_training.htm](http://www.health.ny.gov/professionals/nursing_home_administrator/advisory_02-12_changes_to_nurse_aide_training.htm)

February 22, 2012

This Advisory concerns all nursing homes with nurse aide training programs (NATPs). Please bring it to the attention of the director of your NATP.

Over the past year, the Department of Health has collaborated with Prometric and key stakeholders to identify and implement improvements to the New York State certified nurse aide (CNA) competency evaluation. These changes focus primarily on exam content and administration and will promote greater standardization, fairness and efficiencies in the program.

The last scheduled improvement was the launching of an updated knowledge/written competency exam on July 9, 2012. (NOTE: The curriculum did not change.) Nurses and CNAs from New York State participated in the development of the new exams, ensuring that they determine the minimum competency for nurse aides trained in New York State. The new exam will be delivered on computers through Prometric's secure internet-based testing (IBT) system at both in-facility testing (IFT) and regional testing site (RTS) locations throughout the State. IBT will not be used for the clinical exam, which will continue to be administered in person by nurse aide evaluators.

IBT has many advantages over the current paper-based testing model, including immediate results, access to online score reporting and a quicker path onto the NYS Nurse Aide Registry for qualified candidates. It has proven to be extremely easy to use for similar exams in other states, and we expect the same for New York's candidates.

Immediately after implementation on July 9, 2012, there was a brief one-time delay in providing score reports to candidates as the system changes to electronic communications and Prometric reminded schools of the delay.

All RTS locations will use IBT effective July 9, 2012. IFT sites are strongly encouraged to start using IBT then as well. For IFT sites that cannot acquire computers for testing by July, the paper version of the exam will continue to be available through the end of 2012. Effective January 1, 2013, all knowledge/written exams will be administered via IBT. On and after this date, computers and internet access will be required in order to remain an approved IFT.

The minimum specifications for each computer and station are:

- Pentium 166+ with at least 32 megs of RAM;
- Windows 95/98 or higher;
- Microsoft Internet Explorer 5.0 or higher;
- 56K/v90 or higher speed modem;
- T-1 cable connection preferred;
- 100 megabytes free disk space (hard drive);
- Monitor;
- Mouse;

Keyboard;
Audio card; and
Headset.

Approved IFT sites must have a minimum of four computer stations that meet the above specifications and that are separated from each other a minimum of three feet in all directions. Accommodations such as computer station arrangement, lighting or screens should be made to reduce potential monitor glare.

If your facility is interested in becoming a RTS location, please email Prometric at NYCNA@prometric.com with the following information:

Contact name and phone number;
Training program name or facility name;
Training program code;
Address;
Indication of interest in being a RTS; and
Date you will be transitioning to IBT.

As progress is made in the transition, Prometric will provide updates using email, postings on www.prometric.com/nurseaide/ny and through informational webinars. Detailed information about any changes, as well as general instructions for candidates, clinical skills checklists, and any other important information will be shared by Prometric.

Thank you for your patience and support as we make these important updates to New York's nursing home nurse aide competency evaluation program. Questions regarding these changes can be directed to the Bureau of Credentialing at (518) 408-1297 or by email to profcred@health.state.ny.us

PART IV: ATTACHMENTS for Your Information

- a. NYS Department of Health Core Value Requirements
- b. Appendix C from Title 10, Section 415.26(d) Curriculum Requirements
- c. Policy Guideline 20-0301 concerning Addendum to Enrollment Agreement (testing fee, criminal history check)

The BPSS curriculum includes these requirements. Your teacher's instruction should reflect these core values.

IVa. New York State Department of Health Core Values Requirements (from NYS DOH NATP, p. 5)

Incorporated throughout the nursing home nurse aide training program (NATP) is the underlying concept of "core values". These core values have been identified as the foundation for all aspects of care. They are not unique to the care provided in nursing homes but are universal, regardless of the care setting.

The core values influence the effectiveness and resident satisfaction. They must be incorporated into the provision of all care and services beginning with the NATP to teach and reinforce these concepts to entry level nurse aides that they may implement them throughout their careers in health care. The core values that the care and services provided in the facility must demonstrate are:

- (1) the dignity and worth of each resident as an individual;

(2) a respect for the range of diversity of individuals;

(3) a demonstration of a therapeutic relationship. A therapeutic relationship between the care giver and the care receiver is defined as the value of autonomy and control, adapting to resident's preferences and routines and limits, maintaining privacy and confidentiality, and encouraging individuals to be as independent as possible. The impact of the actual setting/environment on the resident and the resident's adjustment to care must be understood and responded to throughout the program.

APPENDIX C

New York State Department of Health Curriculum Requirements
NYCRR (Codes, Rules and Regulations) Title 10, Section 415.26(d) effective
01/23/2002, at <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>

(3) Nurse aide training program. The training program shall be supervised by a Program Coordinator who meets the definition specified in subparagraph (i) of paragraph (1) of this subdivision and conducted by the Primary Instructor who meets the definition specified in subparagraph (ii) of paragraph (1) of this subdivision. The program coordinator may be the director of nursing services provided that the director of nursing services does not perform the actual training. Additional health care personnel may supplement the instructor to provide specialized training provided that such supplemental trainers have at least one year of experience in their field of expertise.

(i) The nurse aide training program shall include classroom and clinical training which enhances both skills and knowledge and, when combined, shall be of at least 100 hours' duration. The clinical training shall as a minimum include at least 30 hours of supervised practical experience in a nursing home. The nurse aide training program shall include stated goals, objectives, and measurable performance criteria specific to the curriculum subject material, the resident population and the purpose of the facility, and shall be consistent with the curriculum outlined below. This curriculum shall be taught at a fourth (4th) to sixth (6th) grade English literacy level. Facilities with special populations shall supplement the curriculum to address the needs of such populations accordingly. The curriculum shall otherwise include but not be limited to the following:

(a) Normal aging:

- (1) anatomical changes;
- (2) physiological changes;
- (3) psychosocial aspects:
 - (i) role changes;
 - (ii) cultural changes;
 - (iii) spiritual needs; and
 - (iv) psychological and cognitive changes; and
- (4) concept of wellness and rehabilitation.

(b) Psychological needs of the resident:

- (1) adjustment to institutional living;
- (2) working with resident and family during admission/transfer/discharge;
- (3) residents' rights:
 - (i) respect and dignity;
 - (ii) confidentiality;
 - (iii) privacy; and
 - (iv) self-determination; and
- (4) sexual adjustments in relation to illness, physical handicaps and institutional living.

- (c) Communication in health care facilities:
 - (1) relating to residents, families, visitors, and staff;
 - (2) methods of communication in overcoming the barriers of language and cultural differences; and
 - (3) communicating with residents who have sensory loss, memory, cognitive or perceptual impairment.

- (d) Personal care needs:
 - (1) care of the skin, mouth, hair, ears and nails; and
 - (2) dressing and grooming.

- (e) Resident unit and equipment:
 - (1) bed-making; and
 - (2) care of personal belongings such as clothing, dentures, eyeglasses, hearing aids and prostheses.

- (f) Nutritional needs:
 - (1) basic nutritional requirements for foods and fluids;
 - (2) special diets;
 - (3) meal services;
 - (4) assistance with eating:
 - (i) use of adaptive equipment; and
 - (ii) feeding the resident who needs assistance; and

 - (5) measuring and recording fluid and food intake.

- (g) Elimination needs:
 - (1) physiology of bowel and bladder continence:
 - (i) maintaining bowel regularity; and
 - (ii) physical, psychosocial and environmental causes of incontinence;
 - (2) nursing care for the resident with urinary and/or bowel incontinence:
 - (i) toileting programs;
 - (ii) care of urinary drainage equipment;
 - (iii) use of protective clothing; and
 - (iv) enemas;
 - (3) measuring urinary output;
 - (4) bowel and bladder training programs; and
 - (5) care of ostomies, including but not limited to colostomy and ileostomy.

- (h) Mobility needs:
 - (1) effects of immobility; and
 - (2) ambulation and transfer techniques:
 - (i) use of assistive devices;
 - (ii) use of wheelchairs; and
 - (iii) use of mechanical lifters.

- (i) Sleep and rest needs:
 - (1) activity, exercise and rest; and
 - (2) sleep patterns and disturbances.

- (j) Nursing care programs for the prevention of contractures and decubitus ulcers (pressure sores);
 - (1) body alignment, turning and positioning;

- (2) individualized exercise programs;
- (3) special skin care procedures;
- (4) use of special aids; and
- (5) maintenance of individualized range of motion.

(k) Observing and reporting signs and symptoms of disability and illness:

- (1) physical signs and symptoms:
 - (i) determination of temperature, pulse, respiration;
 - (ii) testing urine;
 - (iii) measuring height and weight;
- (2) behavioral changes; and
- (3) recognizing and reporting abnormal signs and symptoms of common diseases and conditions, including but not limited to:
 - (i) shortness of breath;
 - (ii) rapid respirations;
 - (iii) coughs;
 - (iv) chills;
 - (v) pain and pains in chest or abdomen;
 - (vi) blue color to lips;
 - (vii) nausea;
 - (viii) vomiting;
 - (ix) drowsiness;
 - (x) excessive thirst;
 - (xi) sweating;
 - (xii) pus;
 - (xiii) blood or sediment in urine;
 - (xiv) difficult or painful urination;
 - (xv) foul-smelling or concentrated urine; and
 - (xvi) urinary frequency.

(l) Infection control:

- (1) medical asepsis;
- (2) handwashing; and
- (3) care of residents in isolation.

(m) Resident safety:

- (1) environmental hazards;
- (2) smoking;
- (3) oxygen safety; and
- (4) use of restraints.

(n) Nursing care needs of resident with special needs due to medical conditions such as but not limited to:

- (1) stroke;
- (2) respiratory problems;
- (3) seizure disorders;
- (4) cardiovascular disorders;
- (5) sensory loss and deficits;
- (6) pain management;
- (7) mentally impairing conditions:
 - (i) associated behavior disorders; and
 - (ii) characteristics of residents such as wandering, agitation, physical and verbal abuse, sleep disorders, and appetite changes.

- (o) Mental health and social service needs:
 - (1) self care according to the resident's capabilities;
 - (2) modifying behavior in response to the behavior of others;
 - (3) developmental tasks associated with the aging process; and
 - (4) utilizing the resident's family as a source of emotional support.

(p) Resident rights;

(q) Care of the dying resident including care of the body and personal effects after death; and

(r) Care of cognitively impaired residents:

- (1) techniques for addressing the unique needs and behaviors of individuals with dementia;
- (2) communicating with cognitively impaired residents;
- (3) understanding the behaviors of cognitively impaired residents;
- (4) appropriate responses to the behaviors of cognitively impaired residents; and
- (5) methods of reducing the effects of cognitive impairments.

BPSS Addendum for Nurse Aide Training Programs

<http://www.acces.nysed.gov/bpss/schools/addendum-nurse-aide-training-programs>

Number: 20-0301; Date Issued: 03/26/2001; Updated: 10/04/2013

The following Policy Guideline is designed to replace Informational Policy Memorandum (IPM) 55, issued May 27, 1993.

Section 5002.1(b) of the Education Law states in part that "the commissioner shall set forth in regulation standards governing...(5) the form and content of the student enrollment agreement or contract[.]" Section 5005 of the Education requires that "The school shall disseminate to all prospective and enrolled students through an enrollment contract or agreement or other appropriate publications or documents ... (a) information concerning the school, including but not limited to ... (2) program objectives and the length of the program..."

One of the program objectives of Nurse Aide Training Programs is that the student take and pass the Nurse Aide Competency Exam and be able to be employed as a Certified Nurse Aide in a nursing home or home care agency.

Section 126.7 of the Commissioner's Regulations sets forth the standards for enrollment agreements. Section 126.7(a) states, in part, that "All conditions for enrollment in or completion of a curriculum or course shall be set forth in an enrollment agreement..."

Pursuant to Section 5005.2(a) of the Education Law and Part 126.7(a) of the Commissioner's Regulations, students must be informed of the following requirements for enrollment in Nurse Aide training programs by way of the Nurse Aide Training Program Addendum:

1. There is a fee associated with the Nurse Aide Competency Exam, which is not part of the tuition set forth in the enrollment agreement.

2. New procedures implemented by the New York State Department of Health require nursing homes and home care agencies to obtain the criminal history of all prospective

employees. An employee is defined as any person employed by the facility or program, including those persons employed by a temporary employment agency.

In order to ensure that all students are fully informed of this requirement and in order for them to be aware that there is a fee associated with this test which is not part of the tuition set forth on the enrollment agreement, we are providing you with a Nurse Aide Training Program Addendum that is to be included with all Nurse Aide/Nurse Assistant enrollment agreements.

To further ensure that all students are aware of the criminal background check prior to enrollment so that a student may opt out of the training due to possible lack of employability, an additional acknowledgement will now be required to be included on all Nurse Aide enrollment agreements. It is as follows:

As a student of a Nurse Aide Training Program, I acknowledge the following:

1. I have been informed that in order to work in a nursing home and/or a home care agency, I must submit to a criminal background check. A criminal record may prevent me from working as a Nurse Aide.

2. I have received a copy of the Nurse Aide Training Program addendum

Student Signature _____ Date _____

Any changes to the enrollment agreement itself will necessitate standard enrollment agreement review procedures by the Bureau of Proprietary School Supervision.

PART V – THE APPROVED CURRICULUM

This revised content outline for BPSS-licensed Nurse Aide training programs provides an easy to read outline of the units, topics and lessons required to be taught for the BPSS -approved nursing home nurse aide training program. It follows the revised January 2006 New York State Department of Health (DOH) Nurse Aide Training Program (NATP), used for testing since July 1, 2006. Any school still having the obsolete 1993 BPSS curriculum booklet should not use it.

The regulations found in NYCRR 10 Part 415.26(d) are the basis of the new NATP developed by the Department of Health. The new DOH curriculum then added more material, especially on patient rights.

BPSS adopted the new DOH curriculum but with minor changes in the organization of the new curriculum to avoid duplication, and because BPSS nurse aide students, trained outside RCHFs, needed additional topics. The main change was merging the DOH NATP Units I and VII into the BPSS unit I, as they share subject matter and reflect the old (1993) BPSS Unit I. DOH Unit VI E, Bowel/Bladder training, was moved to Unit III E where the rest of bowel and bladder training was conducted. Some topics from the previous BPSS curriculum were either added or received additional time. Though mentioned in III J, Caring for Residents with Special Needs was kept in Unit V B, as BPSS has always required more hours in learning to care for residents with strokes and respiratory diseases. Likewise, parts of the old BPSS curriculum on safety techniques when caring for Alzheimer patients, was kept in Unit V. It overlaps with the DOH NATP, but had more material; Ear care was kept (III C) and Sleep & Rest Needs (III K). For these parts, marked # in the outline, no minimum teaching time has been established. They can be combined with related topics, but must be covered.

The 2006 DOH curriculum also set the minimum amount of training required, per lesson, and developed a checklist of 61 mandated skills. Because BPSS schools teach larger classes than typical nursing home trainee programs, BPSS has set a minimum period of time by topic and not by lesson. In the BPSS outline for each topic, a minimum teaching time for Theory (T) and Skill (S) is provided in minutes, for example T 100 S 50. This minimum time per topic must be kept because the DOH established it. If you are unsure about how much time to allocate to each lesson within a topic, consult the DOH NATP, p. 12 to 20, for minimum time required for each lesson.

DOH set 70 hours of instruction as the minimum for nurse aide students trained in nursing homes, for teacher presentation and demonstration only. To allow for student questions - as BPSS schools generally have larger classes than DOH-regulated programs - and to allow for students to practice the 61 mandated skills on the DOH skills checklist (which the student should do live in skills class at least once before starting the internship and testing) each unit has been allotted additional time. These times were carefully calculated. As a result, the curriculum has been increased by five hours to 125 hours. School with full classes - up to 30 students for theory classes and 15 for skill classes - will need to set aside additional time for testing or should test students in two or more groups, in order to cover everything yet remain within the number of hours approved for this curriculum. In the performance objectives, which were taken from the DOH NATP, when the word “resident” is used for practice in classroom-based instruction, it means practicing with the mannequin or a fellow student/volunteer, as appropriate.

During the internship, students demonstrate their final successful performance of most of the 61 skills in the attached Department of Health checklist. Each individual’s nurse aide trainee

training record must clearly document the trainee's competence in each lesson and required clinical skill of the State-approved nursing home nurse aide curriculum prior to the individual taking the state nurse aide certification examination.

Certain units were identified as Basic Core in the DOH NATP, with a * in the BPSS curriculum. The Basic Core designation refers to those units that are required curriculum in the revised DOH Personal Care Aide/Home Health Aide training program as well as the nursing home nurse aide training program. Upon verification of a trainee's successful completion of a Personal Care Aide (PCA) or Home Health Aide (HHA) training program on or after January 1, 2006, and demonstration of competency in the BASIC CORE material, the NATP trainee would not have to repeat training in these units. However, all NATP trainees, even those with previous Home Health Aide training, must successfully demonstrate all skills listed on the Clinical Skills Performance Record Evaluation Checklist, regardless of previous training.

UNIT I: BASICS OF BEING A RCHF NURSE AIDE/ASSISTANT 25 Hours

This unit includes 4 hours of skills (170 minutes scheduled and 70 minutes of practice, to be distributed as needed) with 95 minutes for additional instruction in theory.

This unit must be taught in its entirety before the student progresses to any other unit. If a school uses a modular approach, students must enter at this unit and complete this unit before beginning any other unit. Students must complete this material and skills material of Unit II and III prior to beginning internship

DOH-NATP Minimum Teaching Time for T(heory) and S(kill) in minutes per Topic
* Part of Basic Core #Additional to BPSS-NATP

A. Communication and Interpersonal Skills (Core Values) T 180 S 35

1. Theories of basic human needs*
2. Diversity*
3. The resident, resident's family, visitors(others)*
 - (i) types of communication
 - (ii) effective communication
 - (iii) active listening
 - (iv) residents are people too
4. The health care team
 - (i) multidiscipline - comprehensive care planning
 - (ii) the resident record/chart
 - (iii) Caregiver observation/reporting*

B. Infection Control T 215 S 15

1. Micro organisms
 - (i) types
 - (ii) environment
2. The process of infection
 - (i) chain of infection
 - (ii) nosocomial infection
 - (iii) risk factors

- (iv) types of infection
- (v) infection control program

3. Medical asepsis

- (i) hand washing*
- (ii) concept of clean and dirty*
- (iii) care of supplies and equipment above

4. Universal Precautions

5. Blood borne pathogens

- (i) blood borne diseases
- (ii) Hepatitis B virus
- (iii) Hepatitis C virus
- (iv) HIV above

6. Exposure control

[student practice skill No. 1: hand washing]

C. Safety and Emergency Procedures, incl. Heimlich manouvre T 315 S 80

1. OSHA

2. environmental

- (i) floors
- (ii) equipment
- (iii) building structure

3. Resident risk factors

- (i) impaired judgment
- (ii) impaired vision and hearing senses
- (iii) impaired mobility
- (iv) medications

4. Accidents and incidents

- (i) introduction and definitions
- (ii) common types - falls, burns, misidentification restraints, missing residents, choking/suffocation
- (iii) reporting

5. Disaster plan

6. Responding to emergency codes

7. Fire safety

- (i) causes of fire and prevention
- (ii) response to fire
- (iii) response to alarms
- (iv) how to use fire extinguisher
- (v) evacuating residents

8. Choking and Heimlich maneuver

[student practice skill No. 2: using an ABC fire extinguisher; No. 3: Heimlich Maneuver]

D. Promoting Residents' Independence T 90

1. Physical effects of aging process
2. Emotional/Social effects of aging
3. Methods to promote independence
 - (i) choice above
 - (ii) patient vs. Resident above
 - (iii) self care above
4. Quality of Life, Quality of Care

E. Respecting Residents' Rights T 285

1. Abuse.
 - a. Basic human rights*
 - b. Understand and recognize all forms of abuse
 - c. Patient abuse reporting law
 - (i) kinds of abuse
 - (ii) requirements of law
 - (iii) effects of law
 2. Providing privacy and maintenance of confidentiality
 - a. Dignity
 - b. Personal privacy
 - c. Confidentiality*
 - (i) conversations
 - (ii) information and records
 3. Promoting resident's Rights
 - a. Basic rights of residents
 - (i) methods to promote
 - (ii) how rights are violated
 - b. The importance of religious belief
 - c. Human sexuality
 4. Giving assistance in resolving grievances and disputes
 - a. Problem solving
 - b. Facility policy
 - c. Resident council
 - d. DOH
 - e. Ombudsman program
 5. Providing needed assistance in getting to and participating in resident and family groups and other activities
 - a. Choice
 - b. Religious/spiritual
 - c. Community including religious
 - d. Privacy
 - e. Consenting adults
 - f. Importance of activities

F. Maintaining care & security of resident's personal possessions T 30

1. Respect of all personal belongings

2. Misappropriation of resident property

G. Avoiding the need for restraints T 50 S 40

1. Restraints
2. Restraint safety
 - (i) application of waist restraints
 - (ii) monitoring and release policy
3. Restraint free environment
 - (i) alternative to restraints

[student practice skill No. 61: applies waist restraint]

UNIT II. BASIC NURSING SKILLS 11 Hours

This unit includes 5 hours of skills (160 minutes scheduled and 140 minutes of practice, to be distributed, as needed, with 60 minutes for additional instruction in theory).

*Part of Basic Core

Additional to BPSS-NATP

A. Taking and recording vital signs T 85 S 55

1. The Respiratory and Circulatory Systems
2. Overview
3. Taking and recording respirations
4. Taking and recording temperatures
5. Taking and recording radial pulse

[student practice skill No. 4: measure and record respiration; No. 5: measure and record oral temperature using a non-digital thermometer; No. 6: measure and record rectal temperature using a non-digital thermometer; No. 7 measure and record radial pulse]

B. Measuring and recording height and weight T 20 S 20

1. Measuring/recording height
2. Measuring/recording weight

[student practice skill No. 8: measure and record height; No. 9: measure and record weight using balance scale and chair scale]

C. Caring for the resident's environment T 55 S 75

1. Components and care of the resident's environment
Incl. during admission, discharge, transfer
2. Isolation Precautions
 - (i) Types of Patient/Resident Isolation#
 - Strict
 - Reverse
 - Wound & Skin
 - Enteric

Respiratory

3. Bedmaking (unoccupied bed: closed bed/open bed; occupied bed)

[student practice skill No. 10: makes an unoccupied bed; No. 11: make an occupied bed; No. 12: use of personal protective equipment (PPE) - disposable gloves, gown, goggles and mask; No. 13: follows isolation procedures in disposal of soiled linen]

D. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor, including, but not limited to, T 60

1. Shortness of breath
2. Rapid respirations
3. Coughs
4. Chills
5. Pain in chest or abdomen
6. Blue color to lips
7. Nausea
8. Vomiting
9. Drowsiness
10. Excessive thirst
11. Sweating
12. Pus
13. Blood or sediment in urine
14. Difficult or painful urination
15. Foul smelling or concentrated urine
16. Urinary frequency

E. Freedom from pain * T 30

1. Pain management
2. Recognizing and reporting pain

F. Care of the Dying Patient/Resident T 50 S 10

1. Care of dying patient/resident & significant others
2. Care of the body and personal effects after death
[student practice skill No. 14: provides post mortem care]

UNIT III: PERSONAL CARE SKILLS 41.5 Hours

This unit includes 21.5 hours of skills (695 minutes scheduled, 600 minutes for practice, to be distributed as needed, and 185 minutes for additional instruction in theory.

A. Overview for personal care T 60

1. Core Concepts/Values and Indirect Care Skills
2. Organizing, prioritizing, flexibility

B. Bathing. T 105 S 100

1. Overview
2. Complete bed bath
3. Partial bed bath*
4. AM and PM care*
5. Shower*
6. Tub/whirlpool*

[student practice skill No. 15: give a complete bed bath; No. 16: give a partial bed bath; and No. 17: provide AM and PM care to resident; No. 18: give a resident a shower; and No. 19: give a resident a tub/whirlpool bath]

C. Grooming/Care of Hair, Mouth & Teeth, Nails, Ears T 95 S 110

1. Overview
2. Hair Care*
 - (i) Bed shampooing
 - (ii) brushing and combing
3. Mouth & Teeth Care
 - (i) conscious resident*
 - (ii) unconscious resident
 - (iii) dentures*
 - (iv) edentulous*
4. Shaving a Resident*
5. Hand and Nail Care*
6. Foot Care*
7. Ear Care #

[student practice skill No. 20: provide hair care - shampoo and grooming; provides mouth care – No. 21: natural teeth; No. 22: no teeth; No. 23: unconscious; No. 24: dentures – No. 25: shave a resident with a safety razor; No. 26: provide hand and nail care; No. 27: provides foot care]

D. Dressing T 40 S 65

1. Overview
2. Assisting the resident*
 - (i) dependent dresser
 - (ii) independent dresser/minimal assistance
3. Adaptive equipment*

- (i) Glasses above
- (ii) hearing aides
- (iii) artificial limbs

[student practice skill No. 28: dress a resident – dependent resident, independent resident, resident with adaptive devices – hearing aid and glasses; and provide hearing aid care]

E. Toileting T 230 S 150

1. The Urinary system
2. The Reproductive System
3. Perineal care
 - (i) male resident
 - (ii) female resident
4. Assisting w. bedpan/urinal *
5. Using the bedside commode *
6. The incontinent resident
 - (i) bladder
 - (ii) bowel
7. Urinary catheter care (cysto/indwelling/external)
 - (i) catheter care
 - (ii) emptying urinary drainage bag
8. Measuring / reporting intake and output
9. Digestive system
10. Colostomy care
11. Collecting specimens
 12. Bowel and bladder training
 - a. Bowel training
 - b. Bladder training

[student practice skill No. 29: provide perineal care - female resident; No. 30: male resident; No. 31 incontinent resident; No. 32: toilets a resident - offers/removes and cleans the bed pan; No. 33: offers/removes and cleans the urinal; No. 34: toilets a resident - using the commode; No. 35: provide care for an indwelling catheter; No. 36: caring for urinary drainage apparatus - leg bag;

No. 37: measure and record intake, No. 38: measure and record urinary output;

No. 39: provide routine ostomy care; No. 40: collect routine urine specimen, No. 41: collect stool specimen]

F. Assisting with eating and hydration T 115 S 10

1. The Endocrine System
 - a. Overview
 - b. Diabetes

2. Nutrition and balanced diet *
 3. Fluid balance
 4. Therapeutic diets
 5. Nutritional supplements
 6. The dining experience
- G. Proper feeding techniques T 80 S 90

1. Adaptive devices for feeding
2. Assisting residents with dysphagia
3. Assistance for independent eaters *
4. Partial assistance with feeding [included with independent eaters]
5. Total assistance with feeding
6. Other methods of providing food/fluids

[student practice skill No. 42a to f: provide assistance when eating -partial feeding resident, dependent feeding resident, self feeding resident]

H. Skin care and Alternations in Skin T 100 S 25

1. The integumentary system
2. Healthy skin *
3. Alterations in skin *
4. Protective Devices
5. The Back rub

[student practice skill No. 43a: use of protective devises; No. 43b: give a resident a back rub]

I. Transfers, positioning, and turning T 135 S 135

1. The Musculoskeletal system
2. The Musculoskeletal system - abnormalities and age-related changes
3. Residents with fractures
4. Body mechanics *
5. Positioning the resident in bed and chair *

6. Transfer with one assist *
7. Transfer with two assist
8. Mechanical lift: chair to bed and bed to chair
9. Transfer with a transfer belt
10. Lift sheets

[student practice skill No. 44: Position resident in chair; No. 45: assist resident to move up in bed; No. 46: position the resident in bed on side; positioning the resident in bed using trapeze, side rails and other positioning devices; 47a: transfer resident with one person – pivoting, transfer resident from bed to wheelchair; 47b: transfer resident with two persons – pivoting, lifting; 47c: using the mechanical lift; 47d: using a transfer belt to transfer resident; 47e: using lift sheet to position or move resident.]

J. Ambulation T 50 S 10

1. The Nervous System
 - a. Overview
 - b. Seizure
 - c. CVA/Stroke
2. One assist*
3. Assistive devices including transfer belt
4. Safety principles

K. Sleep and Rest Needs

1. Activity, Rest and Exercise
2. Sleep Patterns and Disturbances

UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEED 2.5 hours

All theory.

A. Developmental tasks that occur with the aging Process T 30

1. Changes in behavior and body, concept of loss

B. How to respond to resident behaviors T 20

1. Human behavior
 - (i) negative behavior
 - (ii) appropriate interventions

[student practice skill No. 48: Response with abusive resident]

C. Modifying aide's behavior in response to resident's behavior T 20

1. Therapeutic intervention

- (i) verbally and/or physically aggressive behavior
- (ii) inappropriate or self-destructive behavior

D. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity. T 20

- 1. Personal choice and a sense of control
 - (i) cultural diversity
 - (ii) resident dignity
 - (iii) resident confidentiality

E. Family as a source of emotional support T 30

- 1. Who is family
 - (i) family reaction to placement
 - (ii) family adjustment to placement
 - (iii) family dynamics

UNIT V: CARE of RESIDENTS with SPECIAL NEEDS 7 Hours

All theory.

A. Dealing with the Cognitively Impaired Resident T 285

1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others)

- a. Understanding cognitively impairment and dementia-causes and symptoms
- b. Alzheimer's disease
 - 1. Alzheimer's, Stage I

- a. Some memory loss
- b. Moody
- c. Poor judgment
- d. Disoriented to time

2. Alzheimer's, Stage II

- a. Restlessness at night
- b. Increased memory loss
- c. Problems with movement & gait
- d. Inability to recognize things in environment

3. Alzheimer's, Stage III

- a. Seizures
- b. Disorientation to person, place, time
- c. Communication is difficult to understand
- d. Coma and death may occur

c. Techniques for addressing the needs and behaviors of people with Alzheimer's disease
#

1. Safety
 - a. Sharp objects
 - b. Electrical plugs & appliances
 - c. Poisoning
 - d. Falls
 - e. Burns

2. Wandering
 - a. Windows and doors
 - b. ID bracelet
 - c. Exercise
 - e. Restrictive restraints
 - d. Enclosed area

3. Sundowning
 - a. Quiet environment late in day
 - b. Early exercise
 - c. Proper diet

4. Hallucination and delusions
 - a. Do not argue
 - b. Reassurance
 - c. Touch

5. Comfort, rest & sleep
 - a. Reduce caffeine
 - b. Quiet, Restful, Environmental
 - c. Personal hygiene

2. Communicating with cognitively impaired residents
Verbal and non-verbal communication

T 30

- a. Do not argue
- b. Use touch
- c. Respect resident
- d. Avoid use of medical terminology
- e. Logical and orderly manner
- f. Simple, direct statements
- g. Barriers:

1. Changing subject
2. Giving your opinion
3. Talking excessively
4. Not listening
5. Giving pat answers

3. Understanding behaviors of cognitively impaired residents
 - a. Identifying behaviors and causes
 - (i) common behaviors –
 - Wandering
 - Agitation
 - Depression
 - Combativeness
 - Sundowner syndrome

Confusion
Sexual aggression
(ii) causes of behaviors
(iii) family and staff reactions and behaviors

4. Appropriate responses to the behavior of cognitively impaired

Residents

- a. Behavior management techniques
- b. Accommodating and redirecting behaviors
 - (i) Consistent behavior
 - (ii) Safety
 - (iii) Comfort
 - (iv) Calm, quiet environment
 - (v) ADL at same time

5. Methods of reducing the effects of cognitive impairments

1. Environmental methods
2. Interpersonal methods
3. Systematic methods
 - (i) reality orientation
 - (ii) reminiscence therapy
 - (iii) validation therapy
- a. Activity as tolerated during the day
- b. Encouragement and assistance in ADL
- c. Reality Orientation
- d. Care routines are established and followed up by all caregivers
- e. Resident spoken to in short clear sentences

[student practice skill No. 49: Communication Skills]

B. Care of Patients/Residents with Special Needs Due to Medical Conditions such as but not limited to: #

1. Stroke
2. Respiratory problems
3. Seizure disorders
 2. Cardiovascular disorders
 3. Sensory loss and deficits

UNIT VI: BASIC RESTORATIVE SERVICES 8 Hours

This unit includes 5 hours of skills (145 minutes scheduled, 155 minutes of practice, to be distributed as needed, and 55 minutes are for additional instruction in theory).

A. Training the resident in self care according to the resident's abilities T 20

1. Introduction to restorative nursing care

B. Use of assistive devices in transferring, ambulating, eating and dressing T 35 S 60

1. Understanding the role of PT, OT and the use of assistive devices in restorative nursing care

2. Use of assistive devices in eating

3. Use of assistive devices in dressing

[student practice skill No. 50: assist resident to ambulate using gait belt; No. 51: easing Resident about to fall to floor, No. 52: ambulative assisting devices; No. 53: assist with adaptive equipment for ambulating – cane, walker, No. 54: assist with adaptive equipment for feeding – cup, utensils, plate and vision impaired set-up]

C. Maintenance of range of motion T 30 S 30

1. Maintenance of ROM*

(i) Upper Extremities

(ii) Lower Extremities

[student practice skills: No. 56: perform ROM lower extremities - hip, knee, ankle, toes; No. 55: perform ROM upper extremities – shoulder, elbow, wrist, fingers]

D. Proper turning and positioning in bed and chairs T 25 S 40

1. Turning and positioning in bed

2. Proper positioning and re-positioning in a chair/wheelchair

[student practice skill No. 57: assist resident to move up in bed; position resident in bed on side; No. 58: position and reposition a resident in chair with a positioning devise; for both, using positioning devices – pillow; blankets]

E. Care and use of prosthetic and orthodontic devices T 15 S 15

1. Care and use of prosthetic and orthodontic devices used in a restorative nursing environment

[student practice skill: No. 59: use of prosthetic/orthotic devices; No. 60: applies hand splint]

UNIT VII: SUPERVISED CLINICAL EXPERIENCE IN RHCF 30 HOURS

Practice skills learned in classroom/lab in a clinical setting under the supervision of a registered nurse instructor. Student's overall evaluation of clinical performance will be at least at a "C" level to receive a certificate.

Students will demonstrate skills previously taught in class to a school instructor during their clinical at a residential health care facility.

Skills will be performed in a manner which is safe for clients.

Skills will be performed according to previously set standards.

All 61 skills in the DOH-NATP Clinical Skills Performance Record Evaluation Checklist must be performed and recorded by clinical instructor.

PART V B – THE APPROVED BPSS CURRICULUM WITH PERFORMANCE OBJECTIVES

UNIT I: BASICS OF BEING A RCHF NURSE AIDE/ASSISTANT 25 Hours

This unit includes 4 hours of skills (170 minutes scheduled, 70 minutes of practice, to be distributed per subunit as needed, and 95 minutes for additional instruction in theory).

This unit must be taught in its entirety before the student may progress to any other unit. Students must complete this material and the skills material of Unit II and III prior to beginning their internship.

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or do certain actions “in the facility” would be done initially on a mannequin, or in a mock training/role play in class, as appropriate, but actions involving touching individuals must be practiced live.

DOH-NATP Minimum Teaching Time for T(heory) and scheduled S(kill) in minutes per Topic
 * Part of Basic Core #Additional to BPSS-NATP

Content Outline

Performance Objectives

<p>A. Communication and Interpersonal Skills (Core Values) T 180 S 35</p> <p>1. Theories of basic human needs*</p> <p>2. Diversity*</p> <p>3. The resident, resident's family, visitors(others)* (i) types of communication</p> <p>(ii) effective communication</p>	<p>1. State different levels of BASICS Hierarchy of Residents' Needs in Long Term Care.</p> <p>2. Demonstrate example how the nurse aide can provide assistance to meet resident needs at each level of the hierarchy.</p> <p>3. Demonstrate through scenarios how nurse aide recognizes the dignity and worth of each resident and demonstrates respect and compassion in relating to them as total persons.</p> <p>4. State three ways the nurse aide can assist the resident to meet/achieve their needs in the nursing home.</p> <p>5. State three behaviors of residents which may be caused by their unmet needs.</p> <p>6. Demonstrate how to meet the resident’s unmet needs.</p> <p>1. Name three factors that contribute to a person's individuality.</p> <p>2. Give two examples of how the following factors impact behavior and lifestyle: race, spiritual/ religious beliefs, national origin, sexual orientation and age.</p> <p>1. Verbalize the definitions of communication and feedback.</p>
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<p>(iii) active listening</p> <p>(iv) residents are people too</p> <p>4. The health care team (i) multidiscipline - comprehensive care planning</p> <p>(ii) the resident record/chart</p> <p>(iii) Caregiver observation/reporting*</p>	<ol style="list-style-type: none"> 2. List three types of communication. 3. List two examples of non-verbal Communications. 4. List two examples of verbal communications. <ol style="list-style-type: none"> 1. List three principles of effective communication with a fellow student. 2. List three barriers to effective communication. 3. State three ways the CNA can communicate with a hearing impaired person. 4. State three ways the CNA can effectively communicate with a cognitively impaired resident. 5. List three ways the CNA can enhance communication with an aphasic resident. 6. Identify three cultural differences in communication and interpersonal interactions. 7. Demonstrate how elements of diversity affect care giving including examples of verbal and non-verbal communications, health-related beliefs, family relating and systems of support. <ol style="list-style-type: none"> 1. State three ways the CNA can be a good listener. 2. Demonstrate active listening skills while providing care to residents. <ol style="list-style-type: none"> 1. Differentiate between resident/patient. 2. Name three resident losses attributed to nursing home placement. 3. Describe three behaviors a CNA can exhibit that will assist the resident in this transition to the nursing home setting. 4. State three things CNA's have to do to get to know the resident. 5. Demonstrate how to establish a therapeutic relationship using scenarios/role playing. Include valuing individual autonomy and control by showing how to work with residents in providing care, taking into account their desire to be as independent as possible. 6. Identify three examples of how to establish a therapeutic relationship. 7. Demonstrate two ways the nurse aide can foster independence for or in the care of the resident. <ol style="list-style-type: none"> 1. State three (3) characteristics of the nurse aide. 2. State three responsibilities of the nurse aide
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	<p>in his/her role in the healthcare team.</p> <ol style="list-style-type: none"> 3. Name all the members of health care team and the service they provide toward quality resident care. 4. List three reasons a team approach helps to provide for the highest quality of resident care. <ol style="list-style-type: none"> 1. List two major records that relate to the care of a resident in a long term care facility. 2. Identify and state that the MDS+ is the universal assessment tool used in long term care. 3. State the sole purpose of the resident record. 4. List all components of a well written care plan. 5. State 3 ways CNA will utilize resident records in daily work. <ol style="list-style-type: none"> 1. List the components necessary for accurate observations. 2. Identify situations that should be reported. 3. Demonstrate the ability to report effectively by writing legibly, using correct terminology, and describing an observation using factual information.
<p>B. Infection Control T 215 S 15</p> <ol style="list-style-type: none"> 1. Micro organisms <ol style="list-style-type: none"> (i) types (ii) environment 2. The process of infection <ol style="list-style-type: none"> (i) chain of infection (ii) nosocomial infection (iii) risk factors (iv) types of infection (v) infection control program 3. Medical asepsis <ol style="list-style-type: none"> (i) hand washing* 	<ol style="list-style-type: none"> 1. State the meaning of microorganism in own words. 2. Define and differentiate bacteria, virus and multidrug resistant organisms. 3. Name three ways microorganisms can be spread. 4. Identify three means of preventing the spread of bacteria. 5. Identify three means of preventing the spread of viruses. <ol style="list-style-type: none"> 1. Diagram the chain of infection. 2. State three common ways common types of infections spread. 3. State the meaning of nosocomial infection. 4. List three reasons the geriatric resident is susceptible to infection. 5. List the three most common infections found in the nursing home resident. 6. List three diseases that make the elderly more infection prone. 7. State the purpose of an Infection Control Program. <ol style="list-style-type: none"> 1. State definition of medical asepsis. 2. List two ways hand washing aids in preventing infections. 3. List three instances from the time the CNA

<p>(ii) concept of clean and dirty* (iii) care of supplies and equipment above</p> <p>4. Universal Precautions</p> <p>5. Blood borne pathogens (i) blood borne diseases</p> <p>(ii) Hepatitis B virus (iii) Hepatitis C virus (iv) HIV above</p> <p>6. exposure control</p>	<p>comes to work in the nursing home until the time the CNA leaves at the end of his/her shift when they should wash their hands</p> <p>4. Wash hands with soap and water utilizing principles of infection control (for at least 15 seconds)</p> <p>5. Name two alternate sources of hand washing when soap and water is not available [student practice skill No. 1: hand washing]</p> <p>1. State the concept of clean and dirty and give an example of the clean vs. dirty theory. 2. State the procedure for care and disposal of contaminated equipment. 3. State the difference between sterilization and disinfection. 4. List three benefits of disposable vs. reusable supplies. 5. State three problems associated with borrowing equipment.</p> <p>1. State the purpose of Standard/Universal Precautions is to treat all blood or items contaminated with blood as if they were infectious. 2. Name three body fluids that must be handled with standard or universal precautions. 3. State the goal of infection control procedures.</p> <p>1. Name four blood borne diseases. 2. State the two most significant blood borne diseases that can be acquired in a long term care setting.</p> <p>1. Recite five body fluids that can transmit HIV, HBV and HCV. 2. Identify the most common blood borne disease acquired on the job. 3. Identify three means to prevent transmission of blood borne pathogens.</p> <p>1. State the purpose of an Exposure Control Plan. 2. State the location of Exposure Control Plan. 3. Identify three components of this facility's Exposure Control Plan. 4. Identify the staff person responsible for this facility's Exposure Control.</p>
<p>C. Safety and Emergency Procedures, incl. Heimlich maneuver</p>	<p>1. Identify the who, what, why of OSHA</p>

<p>T 315 S 80</p> <p>1. OSHA</p> <p>2. environmental</p> <p style="padding-left: 40px;">(i) floors</p> <p style="padding-left: 40px;">(ii) equipment</p> <p style="padding-left: 40px;">(iii) building structure</p> <p>3. Resident risk factors</p> <p style="padding-left: 40px;">(i) impaired judgment</p> <p style="padding-left: 40px;">(ii) impaired vision and hearing senses</p> <p style="padding-left: 40px;">(iii) impaired mobility</p> <p style="padding-left: 40px;">(iv) medications</p> <p>4. Accidents and incidents</p> <p style="padding-left: 40px;">(i) introduction and definitions</p> <p style="padding-left: 40px;">(ii) common types - falls, burns, misidentification restraints, missing residents, choking/suffocation</p>	<p>regulations.</p> <p>2. State the basic purpose of the Right to Know Law.</p> <p>3. State the purpose and locations of the MSDS in this nursing home.</p> <p>4. Name three types of PPE and their function.</p> <p>1. List three potential safety hazards.</p> <p>2. State one corrective action technique for each potential hazard.</p> <p>1. List three equipment safety hazards to check before equipment is used.</p> <p>2. State reporting procedure for faulty equipment.</p> <p>3. Identify two potential hazards when transporting/using oxygen.</p> <p>4. State the importance of following all policy and procedures regarding the use of equipment.</p> <p>1. List three potential building structure safety hazards.</p> <p>2. State one safety care technique for each potential hazard.</p> <p>3. Identify the proper use of three devices used to prevent elopement.</p> <p>1. State the relationship between each of the following risk factors and increased resident accidents/incidents.</p> <p>a. Impaired judgment</p> <p>b. Impaired vision and hearing senses</p> <p>c. Impaired mobility</p> <p>d. Medications</p> <p>2. List one example of the accident or incident that each risk factor may cause.</p> <p>3. State one NA care technique/intervention for each stated risk factor that will help decrease accidents/incidents.</p> <p>1. Define "accident" and "incident".</p> <p>2. Demonstrate safety and accident prevention when providing care in the clinical settings.</p> <p>1. Name three scenarios where a resident is at an increased risk of falling.</p> <p>2. Name three measures the facility could implement to reduce the risk of falls.</p> <p>3. Name three measures the nurse aide could implement to reduce the risk of falls.</p>
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<p>(iii) reporting</p> <p>5. Disaster plan</p> <p>6. Responding to emergency codes</p> <p>7. Fire safety (i)causes of fire and prevention</p> <p>(ii)response to fire</p>	<p>4. Name two measures the nurse aide should take when a resident begins to fall during ambulation or transfer.</p> <ol style="list-style-type: none"> 1. Name two common causes of burns. 2. Name two measures to reduce the risk of burns to Residents. 3. Name two measures to reduce the risk of burns to staff <ol style="list-style-type: none"> 1. Name two common causes for the mis-identification of residents. 2. Name three ways to properly identify a resident. 3. Correctly identify residents during care while training. <ol style="list-style-type: none"> 1. Describe three examples of accidents and incidents that can be caused by restraints. 2. Restate one preventive care technique for each named cause. <ol style="list-style-type: none"> 1. State two common causes of missing residents. 2. Name three methods to reduce the risk of having a missing resident. 3. State the steps to follow when it is known that a resident is missing. <ol style="list-style-type: none"> 1. Define "suffocation" and "choking". 2. List three possible causes of suffocation and choking. 3. List three preventive care techniques for suffocation and choking. <ol style="list-style-type: none"> 1. State purpose of accident incident report. 2. Define subjective and objective reporting and give two examples of each. 3. Critique a mock (sample) A/I reporting form. <ol style="list-style-type: none"> 1. Locate the Disaster Plan or Emergency and Disaster Manual on his/her unit. 2. Select from a preprinted list the duties a CNA will perform during a specific disaster, as presented in a scenario to the class. <ol style="list-style-type: none"> 1. Identify the meaning of each emergency code. 2. Identify CNA's tasks during each emergency code. 3. Demonstrate the proper use of PA system.
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<p>(iii) response to alarms</p> <p>(iv) how to use fire extinguisher</p> <p>(v) evacuating residents</p> <p>8. Choking and Heimlich maneuver</p>	<ol style="list-style-type: none"> 1. State three ways smoking can cause fires in the LTC facility. 2. State the facility's smoking policy. 3. State two ways electrical equipment/wiring can cause a fire. 4. State two other potential causes of fire in the facility. 5. Name 3 fire prevention care techniques for smoking. 6. Name 3 fire prevention care techniques for electrical equipment 7. Name 3 fire prevention care techniques for other cited causes. 8. State three responsibilities of a CNA in fire prevention. 9. State that oxygen will feed a fire and make it worse. 10. State three fire prevention care techniques that must be used when oxygen is in use in a resident's room. <ol style="list-style-type: none"> 1. Name facility code word for fire. 2. State the procedure/protocol (ALARM, RESCUE) that will be performed when a fire is discovered. 3. Demonstrate proper decorum and role performance during a role play fire emergency situation. <ol style="list-style-type: none"> 1. Interpret alarm bells and correctly identify location of a fire. 2. Recite the facility procedure for fire emergency when responding to the bells. 3. State two CNA tasks during a fire emergency. <ol style="list-style-type: none"> 1. Name two types of fire extinguishers and state for which type(s) of fire each may be used 2. Verbalize steps to activate a fire extinguisher using a model. 3. Demonstrate pointing the nozzle at the base of a simulated fire and restate why this is essential. 4. Locate the fire extinguisher(s), fire pull station(s), and exit(s) in own work area. [student practice skill No. 2: using an ABC fire extinguisher] <ol style="list-style-type: none"> 1. State the nurse aide's role in facility evacuation procedures. 2. Give one example of horizontal evacuation.
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	<p>3. Give one example of vertical evacuation. 4. Correctly demonstrate two lifting/moving techniques used during an evacuation.</p> <p>1. List three possible causes of choking. 2. List three preventive care techniques. 3. State the definition for aspirate, partial and complete airway obstruction, cyanosis, and Heimlich maneuver. 4. Name three signs of an obstructed airway. 5. Demonstrate the universal signs for choking. 6. State that the Heimlich maneuver is to be used when the airway is completely obstructed (unable to pass air). 7. Demonstrate the proper Heimlich maneuver on a mannequin. [student practice skill No. 3: Heimlich Maneuver]</p>
<p>D. Promoting Residents' Independence T 90</p> <p>1. Physical effects of aging process</p> <p>2. Emotional/Social effects of aging</p> <p>3. Methods to promote independence (i) choice above (ii) patient vs. Resident above (iii) self care above</p> <p>4. Quality of Life, Quality of Care</p>	<p>1. List five specific physical effects of aging, by body systems. 2. List five general physical effects of aging that may hinder resident independence. 3. List five care techniques that will facilitate resident independence.</p> <p>1. List four emotional/social changes people experience with aging. 2. State how aging's emotional/social changes may affect a resident's level of independence. 3. List three emotional/social losses that may result from aging and relate how each impacts the resident. 4. State three CNA care techniques that will promote resident's adjustment to changes in their lives.</p> <p>1. Utilize the term resident in all verbal communications. 2. State three ways to promote LTC setting as Resident's home. 3. Promote resident independence by offering choices during care routines. 4. List four nurse aide care techniques or interventions that facilitate resident choice and independence. 5. Promote resident independence by encouraging self care/maximum level of activities of daily living function. 6. Name three nurse aide care techniques that promote self care and maximum level of ADL</p>

	<p>function.</p> <p>7. Adjust care techniques when promoting independence to accommodate individual resident needs.</p> <ol style="list-style-type: none"> 1. State the definition of quality of care. 2. State two standards that are used by survey agencies to measure quality of care. 3. State the definition of quality of life. 4. State two benefits of the "whole person" approach to resident care. 5. Demonstrate how to respond to a situation involving diversity in different aspects of a resident's care: same gender consenting residents wanting a place to be intimate or a resident desire to practice a religion not commonly practiced. 6. State four CNA care techniques that will assist each resident to fulfill their basic needs. 7. Give two examples of how care standards are used to evaluate a resident's quality of life. 8. Identify agencies surveying nursing homes for quality.
<p>E. Respecting Residents' Rights T 285</p> <ol style="list-style-type: none"> 1. Abuse. <ol style="list-style-type: none"> a. Basic human rights* b. Understand and recognize all forms of abuse c. Patient abuse reporting law <ol style="list-style-type: none"> (i) kinds of abuse (ii) requirements of law (iii) effects of law 2. Providing privacy and maintenance of confidentiality <ol style="list-style-type: none"> a. Dignity b. Personal privacy 	<ol style="list-style-type: none"> 1. State the four basic rights of all persons protected under the U.S. Constitution. 2. Name three acceptable behaviors that promote basic rights. 3. Name three unacceptable behaviors that infringe on basic rights 1. State the requirements of Public Health Law Section 2803-d (Patient Abuse Reporting Law). 2. Name three examples of resident physical abuse. 3. Name three examples of resident mistreatment. 4. Name three examples of resident neglect. 5. State the nurse aide's responsibility to report incidents or suspicions of abuse, mistreatment or neglect. 6. State procedure (how and when) to follow to make a report. 7. State the penalties for failure to report incidents or suspicions of abuse, mistreatment or neglect. 8. List the timeframes and steps that occur after a report is made, including the investigation, findings and due process. 9. State the ramifications faced by a nurse aide if an incident of abuse, mistreatment or neglect is sustained, after due process, and listed on the Nurse Aide Registry.

<p>c. Confidentiality*</p> <p>(i) conversations</p> <p>(ii) information and records</p> <p>3. Promoting resident's Rights</p> <p>a. Basic rights of residents</p> <p>(i) methods to promote</p> <p>(ii) how rights are violated</p> <p>b. The importance of religious belief</p> <p>c. Human sexuality</p> <p>4. Giving assistance in resolving grievances and disputes</p> <p>a. Problem solving</p> <p>b. Facility policy</p>	<p>10. State 2 purposes of the Nurse Aide Registry</p> <p>11. State the facility policy and procedure for implementing the Patient Abuse Reporting Law.</p> <p>1. Define dignity as the basic right of any nursing home resident.</p> <p>2. List three ways to provide dignified care.</p> <p>1. Discuss resident privacy.</p> <p>2. State definition of confidentiality.</p> <p>3. Identify the purposes of confidentiality.</p> <p>4. Articulate NA responsibilities in regard to the confidentiality of personal and medical records and identify with whom the NA may discuss this information.</p> <p>5. Identify one rule mandated by HIPAA.</p> <p>1. State three types of information covered by confidentiality.</p> <p>2. Identify three reasons confidentiality is important.</p> <p>3. List three ways the caregiver can preserve confidentiality of personal information.</p> <p>4. List three ways medical information is protected.</p> <p>5. Demonstrate awareness of and maintenance of confidentiality during personal conduct. (e.g. conversations with co-workers, other residents, supervisors, etc.).</p> <p>1. Name four important residents' rights.</p> <p>2. Give two examples of each.</p> <p>3. Observe normal unit activities during a typical shift. Identify staff behaviors that do not promote/respect residents' rights.</p> <p>4. Describe how these behaviors can be changed.</p> <p>5. Complete Crossword Puzzle-Resident Rights.</p> <p>1. Identify three methods the NA could use to help residents express their religious beliefs.</p> <p>2. Identify three ways to help meet the resident's religious and spiritual needs.</p> <p>3. Identify three ways to care for residents who do not have religious beliefs to support them.</p> <p>1. State three major reasons residents may not be sexually active.</p> <p>2. State two important considerations for a</p>
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<p>c. Resident council</p> <p>d. DOH</p> <p>e. Ombudsman program</p> <p>5. Providing needed assistance in getting to and participating in resident and family groups and other activities</p> <p>a. Choice</p> <p>b. Religious/spiritual</p> <p>c. Community including religious</p> <p>d. Privacy</p> <p>e. Consenting adults</p> <p>f. Importance of activities</p>	<p>sexual relationship between residents.</p> <p>3. Identify the nurse aide's role in supporting a resident's sexual activity.</p> <p>4. Give two examples of statements the nurse aide could make if a resident makes a sexual advance to the nurse aide.</p> <p>1. Give the definition of problem solving.</p> <p>2. List four steps to use for problem solving.</p> <p>3. Teacher demonstrates problem-solving skills during a role-play situation, and students practice.</p> <p>4. Identify nurse aide's role and abilities in assisting residents to resolve grievances and disputes.</p> <p>5. Identify nurse aide's limitations in assisting residents to resolve grievances and disputes.</p> <p>6. List three specific grievance/dispute situations where team leader/charge nurse need to be involved.</p> <p>1. Describe the facility policy for resolution of residents' grievances and disputes.</p> <p>2. State the nurse aide's responsibility in providing residents assistance in resolving grievances and disputes.</p> <p>1. Describe two purposes of the Resident Council.</p> <p>2. State when the Resident Council meets as indicated on the activity calendar.</p> <p>1. Restate the purpose of the Resident Care Hotline.</p> <p>2. Locate the poster publicizing the NYSDOH address and telephone number.</p> <p>1. State one example of when a resident would benefit from involvement in the Ombudsman Program.</p> <p>2. Restate how a resident can access the Ombudsman Program.</p> <p>1. Identify three ways cultural diversity may impact the decisions and choices made by residents in their choice of activities.</p> <p>1. Identify how religion/spirituality/culture relates to residents' basic needs.</p> <p>2. Identify two CNA care techniques that will</p>
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	<p>facilitate the religious/spiritual/cultural needs of the residents.</p> <p>3. Locate religious/spiritual/cultural events on the activity calendar</p> <p>1. Identify three ways residents benefit from continuing or beginning involvement in community activities/events.</p> <p>2. List two CNA care techniques that will facilitate resident involvement in community activities/events.</p> <p>1. Identify three ways privacy relates to resident's rights.</p> <p>2. List four CNA care techniques that will ensure resident privacy.</p> <p>1. Restate residents have the right to knowingly and willfully participate in activities of their choice.</p> <p>2. Define what the term consenting adults means.</p> <p>3. State an awareness of their own comfort level.</p> <p>4. List two ways the CNA can facilitate resident requests.</p> <p>1. List four ways residents benefit from attending activities.</p> <p>2. State two CNA care techniques that will assist the residents in attending activities.</p>
<p>F. Maintaining care & security of resident's personal possessions T 30</p> <p>1. Respect of all personal belongings</p> <p>2. Misappropriation of resident property</p>	<p>1. List five personal possessions a resident might have in the facility.</p> <p>2. Give three examples of steps taken by staff in a facility to provide security of resident's personal possessions.</p> <p>1. State the definition of misappropriation.</p> <p>2. Identify four examples of misappropriation of resident's property.</p> <p>3. Restate the consequences to the CNA and the resident when a nurse aide misappropriates resident's property.</p> <p>4. Participate in a role-play situation involving misappropriation of a resident's personal property, and demonstrate facility reporting procedure.</p>
<p>G. Avoiding the need for restraints T 50 S 40</p> <p>1. Restraints</p>	<p>1. Define physical restraints and list three</p>

<p>2. Restraint safety</p> <p>(i) application of waist restraints</p> <p>(ii) monitoring and release policy</p> <p>3. Restraint free environment</p> <p>(i) alternative to restraints</p>	<p>examples.</p> <p>2. Define chemical restraints and list three examples.</p> <p>3. Provide two examples of when a restraint may be necessary.</p> <p>1. Identify 3 do's and 3 don'ts when restraints are used.</p> <p>2. Demonstrate the proper application of a waist restraint.</p> <p>3. Apply a waist restraint to a classmate so that each student can experience how it feels to be restrained.</p> <p>1. Demonstrate how to check a resident who is restrained to ensure the resident's safety.</p> <p>2. List 3 examples of how a restrained resident's safety could be jeopardized.</p> <p>3. State the frequency of restraint release and at least 3 types of activities that could be done during release time.</p> <p>1. Restate understanding of a restraint free environment.</p> <p>2. Identify four alternatives to restraints and when each may be used.</p> <p>3. Demonstrate two methods of intervention that provide alternatives to use of restraints, such as redirecting activity, modifying environment, etc.</p> <p>[student practice skill No. 61: applies waist restraint]</p>
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UNIT II:

BASIC NURSING SKILLS

11 Hours

This unit includes 5 hours of skills (160 minutes scheduled, 140 minutes of practice, to be distributed as needed, and 60 minutes for additional instruction in theory.

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or to take certain actions “in the facility” would be done on a mannequin, or in a mock training/role play in class, as appropriate.

DOH-NATP Minimum Teaching Time for T(heory) and S(kill) in minutes per Topic

* Part of Basic Core

#Additional to BPSS-NATP

Content Outline

Performance Objectives

<p>A. Taking and recording vital signs T 85 S 55</p> <p>1. The Respiratory and Circulatory Systems</p> <p>2. Overview</p> <p>3. Taking and recording respirations</p> <p>4. Taking and recording temperatures</p> <p>5. Taking and recording radial pulse</p>	<p>1. Identify two organs of the circulatory system and two organs of the respiratory system and list their functions.</p> <p>2. Identify and describe three diseases of circulatory system and three diseases of respiratory systems.</p> <p>3. Identify correct use of two different methods to provide oxygen to residents.</p> <p>4. Identify three observations when the resident is on oxygen that must be reported to the charge nurse.</p> <p>1. State the definition of vital signs.</p> <p>2. List 4 reasons vital signs are important in assessing resident's condition.</p> <p>3. State the normal parameters for temperatures, pulse and respirations.</p> <p>1. Correctly demonstrate proper method measuring respirations.</p> <p>2. Correctly demonstrate how to report and record respirations.</p> <p>3. Identify at least two issues or concerns that should be reported to the nurse regarding abnormal respirations. [student practice skill No. 4: measure and record respiration]</p> <p>1. Correctly demonstrate oral and rectal methods of taking a temperature with a non-electronic thermometer.</p> <p>2. Correctly demonstrate how to accurately report and record residents' temperatures.</p> <p>3. Correctly identify at least two issues or concerns that should be reported to the nurse regarding abnormal temperatures. [student practice skill No. 5: measure and record oral temperature using a non-digital thermometer; No. 6: measure and record rectal temperature using a non-digital thermometer, using mannequin]</p> <p>1. Correctly demonstrate proper method for taking residents' radial pulse.</p> <p>2. Correctly demonstrate how to accurately report and record residents' pulse.</p>
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	<p>3. Identify at least three issues or concerns that should be reported to the nurse regarding abnormal pulse. [student practice skill No. 7 measure and record radial pulse]</p>
<p>B. Measuring and recording height and weight T 20 S 20</p> <p>1. Measuring/recording height</p> <p>2. Measuring/recording weight</p>	<p>1. Correctly demonstrate method for measuring residents' height. 2. Correctly record residents' height.</p> <p>1. Correctly demonstrate maintaining principles of safety while weighing residents on a balance scale and on a chair scale. 2. Correctly report and record residents' weight. [student practice skill No. 8: measure and record height; No. 9: measure and record weight using balance scale and chair scale]</p>
<p>C. Caring for the resident's environment T 55 S 75</p> <p>1. Components and care of the resident's environment, including during admission, transfer, discharge</p> <p>2. Isolation Precautions (i) Types of Patient/Resident Isolation Strict Reverse Wound & Skin Enteric Respiratory</p> <p>3. Occupied Bedmaking</p>	<p>1. List 5 components of the residents' environment. 2. State 3 ways to promote residents' rights related to their environment. 3. Correctly demonstrate proper infection control techniques in disposing of soiled linen. 4. Correctly demonstrate making an unoccupied bed. 5. List 5 duties performed by a CNA when admitting, transferring and discharging a resident.</p> <p>1. Describe briefly the purpose of isolation for some residents who have infection. 2. Give two examples of when a resident with an infection would be on some form of isolation. 3. Identify two important measures you can take when caring for a resident in isolation. 4. Demonstrate one (1) method to dispose of soiled linen of a resident on isolation precautions. 5. Correctly demonstrate proper infection control measures in disposing of soiled infectious linens. 6. Correctly demonstrate proper use of gloves, gowns, face mask/goggles in resident room posted with infection precautions.</p> <p>1. State the reasons why the resident's bed is made with care. 2. Identify the steps of making an occupied bed. 3. Correctly demonstrate making an occupied bed.</p>

	[student practice skill No. 10: makes an unoccupied bed; No. 11: make an occupied bed; No. 12: use of personal protective equipment (PPE) - disposable gloves, gown, goggles and mask; No. 13: follows isolation procedures in disposal of soiled linen]
<p>D. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor, including, but not limited to, T 60</p> <ol style="list-style-type: none"> 1. Shortness of breath 2. Rapid respirations 3. Coughs 4. Chills 5. Pain in chest or abdomen 6. Blue color to lips 7. Nausea 8. Vomiting 9. Drowsiness 10. Excessive thirst 11. Sweating 12. Pus 13. Blood or sediment in urine 14. Difficult or painful urination 15. Foul smelling or concentrated urine 16. Urinary frequency 	<ol style="list-style-type: none"> 1. List 5 signs and symptoms of normal body functioning relating to aging. 2. List 5 signs and symptoms of abnormal body functioning relating to aging. 3. List 5 signs and symptoms of abnormal body functioning relating to disease process. 4. Demonstrate how to observe, report and record abnormal resident findings. 5. Use the Multidisciplinary Care Plan of a resident to define 3 potential deviations from normal functioning for that resident.
<p>E. Freedom from pain * T 30</p> <ol style="list-style-type: none"> 1. Pain management 2. Recognizing and reporting pain 	<ol style="list-style-type: none"> 1. Name three ways individuals indicate s/he is in pain. 2. Name three effects of pain on the resident behavior and functionality. 3. Demonstrate two methods to obtain information from the resident about their pain. 4. Identify at least four ways cultural diversity impacts the resident's perception and/or reporting of pain. 5. Name three characteristics of pain. 6. Demonstrate how to report pain effectively.
<p>F. Care of the Dying Patient/Resident T 50 S 10</p> <ol style="list-style-type: none"> 1. Care of dying patient/resident & significant others 	<ol style="list-style-type: none"> 1. List 3 signs and symptoms of imminent death. 2. List 3 activities to perform in supporting physical, emotional, cultural and spiritual needs while providing care to a dying resident. 3. List the stages of death and dying.

2. Care of the body and personal effects after death	<p>4. List 3 behaviors exhibited by staff when confronted with a resident's death.</p> <p>5. List 3 services that hospice provides to nursing home residents and their families.</p> <p>1. Describe postmortem care.</p> <p>2. Demonstrate proper postmortem care.</p> <p>[student performance skill No. 14: provides post mortem care</p>
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UNIT III: PERSONAL CARE SKILLS 41.5 Hours

This unit includes 21.5 hours of skills (695 minutes scheduled and 600 minutes of practice, to be distributed per subunit as needed, and 185 minutes for additional instruction in theory).

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or do certain actions “in the facility” would be done on a mannequin, or in a mock training/role play in class, as appropriate.

DOH-NATP Minimum Teaching Time for T(heory) and S(kill) in minutes per Topic
 * Part of Basic Core #Additional to BPSS-NATP

Content Outline	Performance Objectives
<p>A. Overview for personal care T 60</p> <p>1. Core Concepts/Values and Indirect Care Skills</p> <p>2. Organizing, prioritizing, flexibility</p>	<p>1. Define the component of a therapeutic relationship in care giving.</p> <p>2. Identify the common procedures that must be followed each and every time when rendering personal care to the resident.</p> <p>3. Demonstrate all of the above procedures integrating core concepts and indirect care skills routinely when providing care to the resident.</p> <p>1. Restate definition for organizing, prioritizing, flexibility and evaluation.</p> <p>2. List four steps to facilitate work organization.</p> <p>3. Demonstrate good organization, prioritizing, flexibility and evaluation skills in a role play and while providing resident care.</p> <p>4. Describe the Nurse Aide’s role in the unit work flow.</p>
<p>B. Bathing. T 105 S 100</p> <p>1. Overview</p>	<p>1. State 3 reasons for bathing a resident.</p> <p>2. Determine bath schedule by reviewing assignment sheets.</p> <p>3. Identify three reasons and three ways to provide the resident with privacy during bathing.</p>

<p>2. Complete bed bath</p> <p>3. Partial bed bath*</p> <p>4. AM and PM care*</p> <p>5. Shower*</p>	<p>4. Identify three reasons to regulate water temperature to a safe temperature before resident enters water.</p> <p>5. Identify three observations of the resident's skin that could be observed during bathing that should be reported to the nurse.</p> <p>1. Give 2 examples of when it is appropriate to give a resident a complete bed bath.</p> <p>2. Gather basin, soap, two washcloths, bath towels, lotion, clean clothes and clean linens.</p> <p>3. Demonstrate how to regulate the bath/bathing water temperature to ensure safety.</p> <p>4. Demonstrate all steps for a complete bed bath in a clinical setting.</p> <p>5. Wash and dry basin, put away equipment and dispose of soiled linen utilizing principles of infection control.</p> <p>[student practice skill No. 15: give a complete bed bath]</p> <p>1. Give 2 examples of when it is appropriate to give a partial bed bath.</p> <p>2. Gather basin, soap, 2 washcloths, towel, lotion, clean clothes.</p> <p>3. Administer a partial bed bath in the clinical setting.</p> <p>4. Wash and dry basin, put away supplies and disposes of soiled linen utilizing principles of infection control.</p> <p>[student practice skill No. 16: give a partial bed bath]</p> <p>1. Assist the resident with AM care prior to dressing.</p> <p>2. State personal care provided prior to going to bed at night.</p> <p>3. Demonstrate proper AM and PM care.</p> <p>[student practice skill No. 17: provide AM and PM care to resident].</p> <p>1. Give 2 examples of when a resident would be showered.</p> <p>2. Gather soap, washcloth, towel, bath mat, shower chair and bath sheet.</p> <p>3. Administer a shower to a resident in the clinical setting.</p> <p>4. Dispose of soiled linen utilizing principles of infection control and disinfect shower chair</p> <p>[student practice skill No. 18: give a resident a shower]</p>
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<p>6. Tub/whirlpool*</p>	<ol style="list-style-type: none"> 1. Give an example of when a resident would receive a whirlpool bath. 2. Operate the lift and whirlpool accurately and safely when giving a whirlpool bath. 3. Administer a whirlpool bath in the clinical setting. 4. Disinfect the whirlpool following use. <p>[student practice skill No. 19: give resident a tub/whirlpool bath]</p>
<p>C. Grooming/Care of Hair, Mouth & Teeth, Nails, Ears T 95 S 110</p> <ol style="list-style-type: none"> 1. Overview 2. Hair Care* <ul style="list-style-type: none"> (i) Bed shampooing (ii) brushing and combing 3. Mouth & Teeth Care <ul style="list-style-type: none"> (i) conscious resident* <ol style="list-style-type: none"> (ii) unconscious resident (iii) dentures* 	<ol style="list-style-type: none"> 1. Name three components of grooming. 2. Identify three ways to foster resident choice when providing personal care. <ol style="list-style-type: none"> 1. Provide hair care so that the resident has a neat appearance. 2. Use the resident's own brush or comb to provide hair care. 3. Shampoo the hair when bathing a resident. 4. Report sores, crusts, dandruff or hair loss to the nurse <p>[student practice skill No. 20: provide hair care - shampoo and grooming]</p> <ol style="list-style-type: none"> 1. State 2 reasons for providing mouth care/denture care to a resident. 2. Gather towel, toothbrush, toothpaste, cup, emesis basin and mouthwash. 3. Set up, apply toothpaste and clean up to assist the resident who requires partial assistance. 4. Set up, apply toothpaste, brush teeth, gently brush tongue without stimulating gag reflex, rinse mouth and clean up to assist the resident who requires total assistance. 5. Identify when mouth care is to be provided. 6. Name 3 conditions that would require a resident to receive mouth care every two hours. 7. Inspect mouth and report to nurse any signs of sores, caries, and irritations, bleeding gums, broken or loose teeth. <ol style="list-style-type: none"> 1. Gather towel, lemon glycerin swabs and protective jelly. 2. Position resident on side, clean mouth with lemon glycerin swabs and lubricate lips with protective jelly. <ol style="list-style-type: none"> 1. Correctly demonstrate technique used to remove dentures from a resident's mouth. 2. Correctly demonstrate how to protect dentures

<p>(iv) edentulous*</p> <p>4. Shaving a Resident*</p> <p>5. Hand and Nail Care*</p> <p>6. Foot Care*</p> <p>7. Ear Care #</p>	<p>while out of resident's mouth and during cleaning.</p> <p>3. Correctly demonstrate how to clean the resident's mouth and dentures.</p> <p>4. Correctly demonstrate how to insert dentures into resident's mouth.</p> <p>5. Correctly demonstrate how to care for dentures when not in use.</p> <p>1. Demonstrate the correct method to clean and massage a resident's mouth and gums for a resident with no teeth or with dentures removed. [student practice skills: provides mouth care – No. 21: natural teeth; No. 22: no teeth; No. 23: unconscious; No. 24: dentures]</p> <p>1. Gather basin, warm water, mirror, wash cloth, towel, shaving cream and safety razor or electric razor.</p> <p>2. Shave a resident in the clinical setting using a safety razor.</p> <p>3. Shave a resident in the clinical setting using an electric razor.</p> <p>4. Report any skin irritation, redness or scaling to the nurse. [student practice skills No. 25: shave resident with a safety razor]</p> <p>1. Gather the basin, soap, water, towel, orange stick and nail file or clipper.</p> <p>2. Soak hands, clean under nails with orange stick, trim nails straight across, apply lotion when providing hand and nail care. [student practice skills No. 26: provide hand and nail care]</p> <p>1. Describe and identify healthy feet.</p> <p>2. Gather basin, warm water, soap and towel.</p> <p>3. Provide competent foot care on a resident.</p> <p>4. Report any redness, sores or cracks in the skin of the feet to the nurse. [student practice skills No. 27: provides foot care]</p> <p>1. Identify necessary equipment.</p> <p>2. Identify guidelines for ear care.</p> <p>3. Use principles of medical asepsis.</p> <p>4. Demonstrate safety precautions.</p>
<p>D. Dressing T 40 S 65</p> <p>1. Overview</p>	<p>1. State 3 residents who may need assistance in dressing/undressing.</p> <p>2. Assemble clothing appropriate for the age and sex of the resident as well as appropriate for the</p>

<p>2. Assisting the resident* (i) dependent dresser</p> <p>(ii) independent dresser/minimal assistance</p> <p>3. Adaptive equipment* (i) Glasses above (ii) hearing aides (iii) artificial limbs</p>	<p>weather and time of day. 3. Offer resident choices in the selection of clothing. 4. Encourage resident to participate in dressing. 5. Place dirty clothes in hamper, hang clean clothes in closet and observes condition and availability of clothes and footwear.</p> <p>1. Dress residents in complete set of clothes in proper sequence. 2. Undress resident in proper sequence. 3. Put shirt/pants on weak side first. 4. Remove shirt/pants from strong side first. 5. Utilize adapted clothing or devices when part of resident’s care plan.</p> <p>1. Name 2 benefits of being appropriately and neatly dressed. 2. Encourage and compliment residents who can dress themselves as independently as possible. 3. Name two (2) situations where a resident may need minimal assistance. 4. Utilize adapted clothing or devices when part of resident’s care plan.</p> <p>1. List 4 types of prostheses/adaptive equipment. 2. Demonstrate how to care for the above named prosthesis/adaptive equipment. 3. Monitor/check that the resident’s belongings are properly identified and report any malfunctions to the nurse. 4. Demonstrate how to correctly apply prosthesis and adaptive equipment when dressing a resident.</p> <p>[student practice skill No. 28: dress a resident – dependent resident, independent resident, resident with adaptive devices – hearing aide and glasses; and provide hearing aid care]</p>
<p>E. Toileting T 230 S 150</p> <p>1. The Urinary System</p> <p>2. The Reproductive System</p>	<p>1. Label a diagram with the name of the organs comprising the urinary system. 2. State the function of each organ. 3. Name 2 changes to the urinary system which occur with aging. 4. Name three specific urinary problems that can occur with disease, injury or aging.</p> <p>1. Label a diagram with the name of the parts comprising the male and female reproductive systems. 2. Name two diseases related to the reproductive system. 3. Name 2 changes to the reproductive system</p>

<p>3. Perineal care (i) male resident (ii) female resident</p> <p>4. Assisting w. bedpan/urinal *</p> <p>5. Using the bedside commode *</p> <p>6. The incontinent resident (i) bladder (ii) bowel</p> <p>7. Urinary catheter care (cysto/indwelling/external) (i) catheter care</p>	<p>which occur with aging.</p> <p>4. Demonstrate how to maintain dignity, privacy and confidentiality when caring for an individual with diseases and disorders of the reproductive system.</p> <ol style="list-style-type: none"> 1. Label a diagram identifying the parts of the body that comprise the male perineum. 2. Label a diagram identifying the parts of the body that comprise the female perineum. 3. Provide perineal care to the male resident. 4. Provide perineal care to the female resident. 5. Identify 3 situations when perineal care should be rendered. <ol style="list-style-type: none"> 1. Give 2 examples of when a bedpan/urinal is indicated for use. 2. Gather bedpan/urinal, cover, and toilet tissue/wipes. 3. Assist a resident to use a bedpan. 4. Assist a resident to use a urinal. 5. Clean, dry and put away bedpan after use. 6. Provide perineal care and wash resident's hands <ol style="list-style-type: none"> 1. Assemble and disassemble a commode. 2. Toilet a resident on a commode. 3. Rinse bucket utilizing infection control principles and reassemble commode. 4. Wash resident's hands after toileting. <ol style="list-style-type: none"> 1. Identify 3 common factors that may affect bowel and bladder incontinence. 2. Identify 2 types of enemas and purpose of each. 3. Demonstrate how to administer an enema 4. Name 3 causes of bladder incontinence. 5. Name 2 causes of bowel incontinence. 6. Give 1 example of a problem caused by bladder incontinence. 7. Give 1 example of a problem caused by bowel incontinence. 8. Demonstrate proper application and then proper removal of an incontinent product, cleansing of resident, and dispose of fecal material and dispose of incontinent product in soiled utility room. 9. Identify 4 incontinent related observations of the resident that should be reported. <ol style="list-style-type: none"> 1. Name the catheter, drainage connecting tubing and drainage bag as the parts of a closed urinary system.
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<p>(ii) emptying urinary drainage bag</p>	<ol style="list-style-type: none"> 2. Name 3 types of urinary catheters. 3. Name 4 portals of entry for germs and bacteria. 4. Clean urethral opening first, then clean catheter using downward strokes with a fresh pad for each stroke. 5. Position drainage bag lower than the level of the bladder and off the floor while in bed and in a chair. 6. Open clamp, empty drainage bag into graduate, close clamp and clean tube with alcohol wipe when emptying drainage bag. 7. Empty urine in toilet and disinfect graduate. 8. Apply external urinary catheter to a mannequin.
<p>8. Measuring / reporting intake and output</p>	<ol style="list-style-type: none"> 1. State normal range of fluid intake for a 24 hour period. 2. State normal range of urinary output for a 24 hour period. 3. State volume of fluid containers and record input on Input & Output (I&O) sheet. 4. Pour urine into graduate, measure accurately w/i 5 cc, record on I&O sheet utilizing infection control measures incl. barriers.
<p>9. Digestive system</p>	<ol style="list-style-type: none"> 1. Label a diagram of the digestive system, identifying the following organs: tongue; teeth; salivary glands; esophagus; stomach; small intestine; pancreas; liver; gallbladder; large intestine; rectum. 2. State the function of each organ. 3. Name 3 changes to digestive system with normal aging. 4. Name 3 common digestive problems experienced by residents and give an example of how to assist the resident for each problem. 5. Identify how the functional and age related changes impact a resident's dignity and independence.
<p>10. Colostomy care</p>	<ol style="list-style-type: none"> 1. Monitor bowel function, and identify stoma. 2. Demonstrate proper peristomal skin care, change appliance. 3. Identify 4 ways the nurse aide can promote the comfort, safety, independence and dignity of a resident throughout ostomy care.
<p>11. Collecting specimens</p>	<ol style="list-style-type: none"> 1. Name 3 types of body material that can be tested for abnormalities. 2. Collect urine (routine, clean catch midstream, and catheter) and stool specimen. 3. Label and store specimen in lab refrigerator.

<p>4. Therapeutic diets</p> <p>5. Nutritional supplements</p> <p>6. The dining experience</p>	<p>1. Give examples of therapeutic diets, i.e. calorie restricted diets; Sodium restricted diets; Fat and/or Cholesterol restricted diets; ADA diets; Protein restricted diets.</p> <p>2. Identify types of mechanical diets, i.e. Ground; Pureed; Soft; Clear/Full/Thickened liquids.</p> <p>1. Name two types of nutritional supplements.</p> <p>2. Identify two types of residents who benefit from nutritional supplements.</p> <p>1. Identify three ways to prepare a resident for mealtime.</p> <p>2. Demonstrate correct tray pass and set-up when serving residents meals.</p> <p>3. Describe three ways to enhance the dining experience.</p>
<p>G. Proper feeding techniques T 80 S 90</p> <p>1. Adaptive devices for feeding</p> <p>2. Assisting residents with dysphagia</p> <p>3. Assistance for independent eaters *</p> <p>4. Partial assistance with feeding [included with independent eaters]</p> <p>5. Total assistance with feeding</p> <p>6. Other methods of providing food/fluids</p>	<p>1. Demonstrate the correct use of adaptive equipment when feeding a resident.</p> <p>2. List three ways to promote resident participation/independence during feeding.</p> <p>1. Identify two changes that occur in swallowing with normal aging.</p> <p>2. Define and list two causes of dysphagia.</p> <p>3. Describe two symptoms of dysphagia that should be reported.</p> <p>1. Demonstrate tray set-up, with necessary adaptive equipment, if applicable, for independent eaters.</p> <p>2. Describe the use of the clock method for preparing the visually-impaired resident for meals.</p> <p>1. Demonstrate how to correctly feed a resident requiring partial assistance.</p> <p>1. Describe one special feeding technique used when feeding a totally dependent resident.</p> <p>2. Demonstrate how to feed a resident requiring total assistance.</p> <p>1. List three alternative methods (NG tube, G tube, IV, hyperal) of providing nutrition/hydration to resident.</p> <p>2. Demonstrate safe positioning for residents with alternative methods of feeding.</p> <p>[student practice skill No. 42a to f: provide</p>

	assistance when eating -partial feeding resident, dependent feeding resident, self feeding resident]
H. Skin care and Alternations in Skin T 100 S 25	
1. The integumentary system	1. List two components of the integumentary system. 2. Identify two functions of the skin.
2. Healthy skin *	1. List two characteristics of healthy skin in the elderly. 2. Name three risk factors that affect healthy skin. 3. Identify four daily measures to promote healthy skin.
3. Alterations in skin *	1. Identify two contributing factors for each of the following alterations in skin: a. Skin tears; b. Moisture related problems; c. Pressure related problems; d. Circulatory problems. 2. Describe two preventive measures that the Nurse Aide can provide for each of the following: a. Skin tears; b. Moisture related problems; c. Pressure related problems; d. Circulatory problems. 3. Locate four pressure points on the body.
4. Protective Devices	1. List two protective devices and identify the reason for their use. 2. Demonstrate the proper use of two protective devices.
5. The Back rub	1. Explain three benefits of a back rub. 2. Demonstrate proper procedure for giving a back rub. [student practice skill No. 43a: use of protective devices; No. 43b: give a resident a back rub]
I. Transfers, positioning, and turning T 135 S 135	
1. The Musculoskeletal system	1. Name three parts of the Musculoskeletal system. 2. Explain how the Musculoskeletal system allows the body to move.
2. The Musculoskeletal system - abnormalities and age-related changes	1. Describe two common abnormalities of the Musculoskeletal system in the elderly. 2. Name one age related change that occurs in the Musculo-skeletal system.
3. Residents with fractures	1. Describe the special care needs of a resident with a fracture. 2. Describe the special care needs of a resident

4. Body mechanics *	with a cast or in traction. 1. State four basic rules of body mechanics. 2. Demonstrate use of correct body mechanics during a transfer.
5. Positioning the resident in bed and chair *	1. Name two reasons why a resident would be placed in a Fowlers position. 2. Demonstrate how to assist a resident into the following positions: a. Fowlers position b. Supine position c. Prone position d. Lateral Position e. Sims position.
6. Transfer with one assist *	1. Explain the safety, body mechanics and resident positioning guidelines for the following one assist transfers: a. Stand and pivot; b. Bed to chair; c. Chair to bed; d. On/off toilet/commode 2. Demonstrate safe transfers using one assist as per guidelines for the following: a. Stand and pivot; b. Bed to chair; c. Chair to bed; d. On/off toilet/commode.
7. Transfer with two assist	1. Explain the safety, body mechanics and resident positioning guidelines for the following two assist transfers: a. Stand and pivot; b. Bed to chair; c. Chair to bed; d. On/off toilet/commode 2. Demonstrate safe transfers using two assist as per guidelines for the following: a. Stand and pivot; b. Bed to chair; c. Chair to bed; d. On/off toilet/commode.
8. Mechanical lift: chair to bed and bed to chair	1. Explain the clinical indications for using a mechanical lift. 2. Explain how to safely use a mechanical lift to transfer from: a. Bed to chair; b. Chair to bed. 3. Demonstrate a safe transfer utilizing a mechanical lift to transfer from: a. Bed to chair; b. Chair to Bed.
9. Transfer with a transfer belt	1. List three advantages of using a gait/transfer belt. 2. Demonstrate a safe transfer using a gait/transfer belt.
10. Lift sheets	1. State the clinical situations in which a lift sheet is indicated for safety, comfort and to prevent shearing and friction. 2. Use a lift sheet to reposition a resident in bed. [student practice skill No. No. 44: Position resident in chair; No. 45: assist resident to move up in bed; No. 46: position the resident in bed on side; positioning the resident in bed using trapeze, side rails and other positioning devices; 47a: transfer resident with one person – pivoting,

	transfer resident from bed to wheelchair; 47b: transfer resident with two persons – pivoting, lifting; 47c: using the mechanical lift; 47d: using a transfer belt to transfer resident; 47e: using lift sheet to position or move resident.]
<p>J. Ambulation T 50 S 10</p> <p>1. The Nervous System</p> <p> a. Overview</p> <p> b. Seizure</p> <p> c. CVA/Stroke</p> <p>2. One assist*</p> <p>3. Assistive devices including transfer belt</p> <p>4. Safety principles</p>	<p>1. List two organs and their function within the nervous system.</p> <p>2. Identify and name two diseases of the nervous system.</p> <p>3. Identify two senses.</p> <p>4. Identify three age related changes related to senses.</p> <p>1. List one type of seizure.</p> <p>2. Name two safety measures for a resident having a seizure.</p> <p>3. Demonstrate two techniques the nurse aide can do to preserve privacy and dignity when a resident is having a seizure.</p> <p>1. List two signs of stroke.</p> <p>2. Name two safety measures for a resident who has had a stroke.</p> <p>3. List three ways to promote safety, privacy, independence and dignity with a resident who has had a stroke.</p> <p>4. Demonstrate two communication techniques the nurse aide can use with a resident with aphasia.</p> <p>1. Name how ambulation increases self-esteem and well-being, prevents complications of immobility, and improves ones strength and endurance.</p> <p>2. Name the components of safe ambulation and the differences between minimal and maximum assistance.</p> <p>3. Name 3 devices and their purposes.</p> <p>4. Articulate safety guidelines for ambulation.</p>
<p>K. Sleep and Rest Needs #</p> <p>1. Activity, Rest and Exercise</p> <p>2. Sleep Patterns and Disturbances</p>	<p>1. Define Activity; Rest; Exercise</p> <p>2. Explain how to achieve a balance of all the above</p> <p>3. List actions the CNA can do to encourage all three</p> <p>4. Identify common disturbances in sleep patterns</p> <p>5. List steps that can be taken to lessen these disturbances</p>

UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS 2.5 hours (All theory)

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content, orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or do certain actions “in the facility” would be done on a mannequin, or in a mock training/role play in class, as appropriate.

Content Outline	Performance Objectives
<p>A. Developmental tasks that occur with the aging Process T 30</p> <p>1. Changes in behavior and body, concept of loss</p>	<p>1. State 2 factors that may change how a resident behaves.</p> <p>2. State 3 losses that a nursing home resident may experience.</p> <p>3. Give one example for each, why a resident may feel dependent, helpless or useless.</p> <p>4. Describe at least one way to assist a resident to feel independent, hopeful and useful.</p> <p>5. State 2 changes a resident may want to manage.</p> <p>6. Describe 2 ways to assist a resident to manage change.</p>
<p>B. How to respond to resident behaviors T 20</p> <p>1. Human behavior (i) negative behavior (ii) appropriate Interventions</p>	<p>1. List 2 factors that influence resident behavior.</p> <p>2. List 3 types of negative behavior.</p> <p>3. Describe a therapeutic response for each behavior listed above.</p> <p>4. Name 2 interventions to problem behaviors. [student performance skill No. 48: Response with abusive resident]</p>
<p>C. Modifying aide’s behavior in response to resident’s behavior T 20</p> <p>1. Therapeutic intervention (i) verbally and/or physically aggressive behavior (ii) inappropriate or self-destructive behavior</p>	<p>1. Define therapeutic interaction.</p> <p>2. Demonstrate therapeutic responses when confronted with an abusive resident.</p> <p>3. Demonstrate therapeutic responses when encountering a resident exhibiting inappropriate or self-destructive behavior.</p>
<p>D. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident’s dignity. T 20</p>	

<p>1. Personal choice and a sense of control (i) cultural diversity (ii) resident dignity (iii) resident confidentiality</p>	<p>1. Give 3 examples of how/when residents can be encouraged to make personal choices. 2. Give 3 examples of how/when residents are unable to be accommodated by the facility in fulfilling personal choices. 3. List 4 cultural differences of the residents that the nurse aide has observed and give one example of how the nurse aide can support such diversity. 4. Give 2 examples of how the nurse aide can assist in maintaining resident confidentiality.</p>
<p>E. Family as a source of emotional support T 30</p> <p>1. Who is family (i) family reaction to placement (ii) family adjustment to placement (iii) family dynamics</p>	<p>1. Name 2 family structures that differ from the traditional family unit. 2. State 2 reactions a family member may experience. 3. State 2 ways how to assist a family member to adjust. 4. Name 2 ways how to encourage families to visit. 5. Name 2 ways of including family members in providing care.</p>

UNIT V: CARE of COGNITIVELY IMPAIRED RESIDENTS 7 Hours (All theory)

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or do certain actions “in the facility” would be done on a mannequin, or in a mock training/role play in class, as appropriate.

Content Outline

Performance Objectives

<p>A. Dealing with the Cognitively Impaired Resident T 285</p> <p>1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer’s and others) a. Understanding cognitively impairment and dementia-causes and symptoms</p> <p>b. Alzheimer's disease 1. Alzheimer’s, Stage I</p>	<p>1. Correctly state the meaning of cognitive impairment and dementia. 2. List three causes of cognitive impairment. 3. List three symptoms of cognitive impairment/dementia.</p> <p>1. Correctly state the meaning of Alzheimer’s disease.</p>
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<ul style="list-style-type: none"> a. Some memory loss b. Moody c. Poor judgment d. Disoriented to time <p>2. Alzheimer's, Stage II</p> <ul style="list-style-type: none"> a. Restlessness at night b. Increased memory loss c. Problems with movement & gait d. Inability to recognize things in environment <p>3. Alzheimer's, Stage III</p> <ul style="list-style-type: none"> a. Seizures b. Disorientation to person, place, time c. Communication is difficult to understand d. Coma and death may occur <p>c. Techniques for addressing the needs and behaviors of people with Alzheimer's disease</p> <ul style="list-style-type: none"> 1. Apply Safety Considerations for <ul style="list-style-type: none"> a. Sharp objects b. Electrical plugs & appliances c. Poisoning d. Falls e. Burns 2. Wandering <ul style="list-style-type: none"> a. Windows and doors b. ID bracelet c. Exercise e. Restrictive restraints d. Enclosed area 3. Sundowning <ul style="list-style-type: none"> a. Quiet environment late in day b. Early exercise c. Proper diet 4. Hallucination and delusions <ul style="list-style-type: none"> a. Do not argue b. Reassurance c. Touch 5. Comfort, rest & sleep <ul style="list-style-type: none"> a. Reduce caffeine b. Quiet, Restful, Environmental c. Personal hygiene 	<p>2. Name and explain two stages of Alzheimer's disease.</p>
<p>2. Communicating with cognitively impaired residents T 30 Verbal and non-verbal communication</p> <ul style="list-style-type: none"> a. Do not argue b. Use touch c. Respect resident d. Avoid use of medical terminology 	<ul style="list-style-type: none"> 1. Describe one non-verbal communication technique useful in caring for a resident who is cognitively impaired. 2. Describe one verbal communication technique useful in caring for a resident who is

<p>e. Logical and orderly manner f. Simple, direct statements</p> <p>g. Barriers to Communication:</p> <ol style="list-style-type: none"> 1. Changing subject 2. Giving your opinion 3. Talking excessively 4. Not listening 5. Giving pat answers <p>3. Understanding behaviors of cognitively impaired residents</p> <p>a. Identifying behaviors and causes</p> <p>(i) common behaviors –</p> <ul style="list-style-type: none"> Wandering Agitation Depression Combativeness Sundowner syndrome Confusion Sexual aggression <p>(ii) causes of behaviors</p> <p>(iii) family and staff reactions and behaviors</p> <p>4. Appropriate responses to the behavior of cognitively impaired Residents</p> <p>a. Behavior management techniques</p> <p>b. Accommodating and redirecting behaviors</p> <ol style="list-style-type: none"> (i) Consistent behavior (ii) Safety (iii) Comfort (iv) Calm, quiet environment (v) ADL at same time 	<p>cognitively impaired.</p> <p>3. Demonstrate effective communication skills (both verbal and non-verbal) when caring for a cognitively impaired resident.</p> <ol style="list-style-type: none"> 1. List and describe three behaviors exhibited by the cognitively impaired resident. 2. Describe two possible causes of behaviors exhibited by the cognitively impaired resident. 3. List and describe three common behaviors of family and staff in reaction to the behaviors of cognitively impaired residents. 4. Cite two reasons why family input is important in planning individual care for the cognitively impaired resident. <ol style="list-style-type: none"> 1. Identify one behavior management technique useful when caring for the cognitively impaired resident exhibiting the following behavior: <ol style="list-style-type: none"> a. Wandering b. Agitation c. Depression d. Combativeness e. Sundowner’s Syndrome f. Confusion g. Sexual Aggression 1. State two ways in which the environment can be modified to accommodate the behavior of the cognitively impaired resident. 2. State two ways in which the environment can be modified to redirect problematic behavior of the
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<p>5. Methods of reducing the effects of cognitive impairments</p> <ol style="list-style-type: none"> 1. Environmental methods 2. Interpersonal methods 3. Systematic methods <ol style="list-style-type: none"> (i) reality orientation (ii) reminiscence therapy (iii) validation therapy <ol style="list-style-type: none"> a. Activity as tolerated during the day b. Encouragement and assistance in ADL c. Reality Orientation d. Care routines are established and followed up by all caregivers e. Resident spoken to in short clear sentences 	<p>cognitively impaired resident.</p> <ol style="list-style-type: none"> 3. State two ways in which resident care techniques and considerations can be modified to accommodate the behavior of the cognitively impaired resident. 4. State two ways in which resident care techniques and considerations can be modified to redirect the problematic behavior of the cognitively impaired resident. <ol style="list-style-type: none"> 1. Describe one environmental strategy utilized in caring for the resident with deficits in judgment, memory and/or orientation. 1. Describe one way to maintain/promote socialization of a cognitively impaired resident. 2. Describe one way the interpersonal skills of staff impact on the behavior of the cognitively impaired resident. 1. Define reminiscence therapy, state one example, and explain one benefit of this technique. 2. Define reality orientation and state one way it may be beneficial to the cognitively impaired resident. 3. Define validation therapy and state one way it may be beneficial to the cognitively impaired resident. <p>[student performance skill No. 49: Communication Skills]</p>
<p>B. Care of Patients/Residents with Special Needs Due to Medical Conditions such as but not limited to: #</p> <ol style="list-style-type: none"> 1. Stroke 2. Respiratory problems 3. Seizure disorders <ol style="list-style-type: none"> 1. Cardiovascular disorders 2. Sensory loss and deficits <p>This Topic can be taught together with III J</p>	<p>Explain the care given to a resident with these indicated conditions, including:</p> <ol style="list-style-type: none"> a. Safety precautions (also in III J) b. Modifications of Care c. Signs and Symptoms to observe and report, to be checked either orally or on a written test, with 70% accuracy

UNIT VI:

BASIC RESTORATIVE SERVICES

8 Hours

This unit includes 5 hours of skills (145 minutes scheduled and 155 minutes of practice to be distributed, as needed with 55 minutes required for additional instruction in theory).

At the conclusion of this unit, students will be able to demonstrate their understanding of all instructional content orally and/or on a written test with 70% accuracy. However, all skills must be demonstrated with 100% accuracy. The student must incorporate, and demonstrate, their understanding of the core values required for the successful performance of all tasks and their integration into the ongoing practices of a CNA.

The performance objectives follow the DOH curriculum. Skills asking to recognize certain items or do certain actions “in the facility” would be done on a mannequin, or in a mock training/role play in class, as appropriate.

Content Outline

Performance Objectives

<p>A. Training the resident in self care according to the resident's abilities T 20</p> <p>1. Introduction to restorative nursing care</p>	<p>1. List 3 ways to promote resident participation in task segmentation programs.</p> <p>2. List 3 psychosocial benefits of a restorative nursing program.</p> <p>3. List 3 ways the nurse aide can encourage the resident to progress toward self care goals.</p>
<p>B. Use of assistive devices in transferring, ambulating, eating and dressing T 35 S 60</p> <p>1. Understanding the role of PT, OT and the use of assistive devices in restorative nursing care</p> <p>2. Use of assistive devices in eating</p> <p>3. Use of assistive devices in dressing</p>	<p>1. Correctly demonstrate ambulation of a resident without the use of assistive devices.</p> <p>2. Correctly demonstrate the use and care of assistive devices used in ambulation, locomotion and transfer of a resident (cane, walker, wheelchair, braces, transfer belts).</p> <p>3. Demonstrate teaching and assisting a resident to transfer independently.</p> <p>4. Demonstrate how to ease a resident to the floor during ambulation.</p> <p>1. Be able to list all eating techniques used in the facility.</p> <p>2. Be able to demonstrate each eating technique and the correct use of assistive devices used during these eating techniques.</p> <p>3. Be able to demonstrate the use of proper body mechanics during all eating techniques.</p> <p>1. Be able to list all dressing techniques used in the facility.</p> <p>2. Be able to demonstrate each dressing technique and the correct use of assistive devices used during these dressing techniques.</p> <p>3. Be able to demonstrate the use of proper body mechanics during all dressing techniques.</p> <p>[student practice skill No. 50: assist resident to ambulate using gait belt; No. 51: easing Resident about to fall to floor, No. 52: ambulative assisting devices; No. 53: assist with adaptive equipment for ambulating – cane, walker, No. 54: assist with adaptive equipment for feeding – cup, utensils, plate and vision impaired set-up]</p>

<p>C. Maintenance of range of motion T 30 S 30</p> <p>1. Maintenance of ROM* (i) Upper Extremities (ii) Lower Extremities</p>	<ol style="list-style-type: none"> 1. Define disuse syndrome and related terms of paralysis, contracture, and atrophy. 2. Correctly demonstrate active and passive Range of Motion to upper extremities including shoulders, elbows, wrists and fingers. 3. Correctly demonstrate active and passive Range of Motion to lower extremities including hip, knee, ankle, and toes. 4. Correctly demonstrate leading a resident through Range of Motion exercises of upper and lower extremities. 5. Describe the progression from dependence to independence related to Range of Motion. <p>[student practice skills: No. 56: perform ROM lower extremities - hip, knee, ankle, toes; No. 55: perform ROM upper extremities – shoulder, elbow, wrist, fingers]</p>
<p>D. Proper turning and positioning in bed and chairs T 25 S 40</p> <p>1. Turning and positioning in bed</p> <p>2. Proper positioning and re-positioning in a chair/wheelchair</p>	<ol style="list-style-type: none"> 1. Correctly demonstrate turning a resident on side (turning toward caregiver, away from caregiver, and log rolling) and positioning the resident on his/her side in bed utilizing positioning assistive devices. 2. Correctly demonstrate moving a resident up in bed with and without the use of an assistive device. <ol style="list-style-type: none"> 1. Be able to describe the proper positioning of a resident while in a chair. 2. Demonstrate the use of assistive devices used when positioning and re-positioning a resident in a chair. 3. Demonstrate the use of proper body mechanics while positioning and re-positioning a resident in a chair. <p>[student practice skill No. 57: assist resident to move up in bed; position resident in bed on side; No. 58: position and reposition a resident in chair with a positioning device; for both, using positioning devices – pillow; blankets]</p>
<p>E. Care and use of prosthetic and orthodontic devices T 15 S 15</p> <p>1. Care and use of prosthetic and orthodontic devices used in a restorative nursing environment</p>	<ol style="list-style-type: none"> 1. List the prosthetic and orthotic devices used in the facility. 2. State the goals for the use of prosthetic and orthotic devices used in restorative care. 3. Correctly demonstrate the application of a splint, orthotic shoe, artificial limb and supportive neck collar.

	[student practice skill: No. 59: use of prosthetic/orthotic devices; No. 60: applies hand splint]
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UNIT VII – SUPERVISED CLINICAL EXPERIENCE IN RCHF, 30 HOURS

Practice skills learned in classroom/lab in a clinical setting, that is a RCHF, under the supervision of a registered nurse instructor. Student’s overall evaluation of clinical performance will be at least at a “C” level to receive a certificate.

Students will demonstrate skills previously taught in class to a school instructor during their clinical at a residential health care facility.

Skills will be performed in a manner which is safe for clients.

Skills will be performed according to previously set standards.

All 61 skills in the DOH-NATP Clinical Skills Performance Record Evaluation Checklist must be performed and recorded by clinical instructor.