

Curriculum Content for Nursing Assistant Level One Training Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a Nursing Assistant Level One Training Program. It is understood that a nursing assistant assists a nurse in the provision of nursing care. The nursing assistant is always under nurse supervision or monitoring. It is understood that all skills and tasks are to be performed only at the direction of the licensed nurse.

It shall be the policy of the Oregon State Board of Nursing that all approved nursing assistant training programs shall consist of the following curriculum content and competency evaluation.

Curriculum

At least 24 hours of classroom instruction prior to students' care of a person that includes:

I. Domain: Communication and Interpersonal Skills

- (A) Ethical practice and standards of behavior in relation to self, healthcare team members, clients, families and employer.
- (B) Responsibility for reporting to facility management or the appropriate agency:
 - (1) Abuse;
 - (2) Mistreatment; and
 - (3) Neglect.
- (C) Communication and interpersonal skills:
 - (1) Addressing conflict with role and authorized duties;
 - (2) Advocating for self;
 - (3) Asking open-ended, clarifying questions to gain further information and insight;
 - (4) Avoiding factors which block communication;
 - (5) Coaching and mentoring other nursing assistants;
 - (6) Communication techniques:
 - (a) Active listening;
 - (b) Reflecting; and
 - (c) Rephrasing.
 - (7) Communicating with others when English is a second language;
 - (8) Communicating with team members including end of shift reporting;
 - (9) Communicating with the angry or potentially violent person including de-escalation techniques:
 - (a) Five "R's": Remain calm; Reassure; Redirect; Remove yourself; and Reapproach.
 - (b) De-escalation phase:
 - (i) With decreasing intensity of event, muscles become more relaxed and serious physical behaviors become less frequent (body seeking baseline);
 - (ii) Individual is not yet stable and is vulnerable to re-escalation, especially if trigger events are still a factor;
 - (iii) During de-escalation phase, crisis communication should be maintained to ensure that the person does not re-escalate (not time for discussing consequences/intense dialogue);
 - (iv) Voluntary quiet and increased personal space is helpful in recovery; and

- (v) During de-escalation, close personal supervision should be provided.
- (10) Communicating with the person's family and friends;
- (11) Communicating with the confused or cognitively impaired person;
- (12) Communicating with the visually/hearing/speech impaired person;
- (13) Giving examples of appropriate/inappropriate communication and how to respond to communication;
- (14) Maintaining confidentiality of communication;
- (15) Modifying behavior in response to another person's behavior;
- (16) Placing and answering call signals;
- (17) Providing assistance in resolving grievances and disputes through proper channels;
- (18) Understanding verbal/non-verbal communication;
- (19) Using the person's preferred name; and
- (20) Validating the person's feelings.

II. Domain: Person-Centered Care

- (A) Protecting a person's rights including at least:
 - (1) Right to assistance getting to and participating in-group and family activities;
 - (2) Right to assistance in resolving grievances and disputes;
 - (3) Right to avoid the need for restraints;
 - (4) Right to care and security of personal possessions;
 - (5) Right to considerate and respectful care;
 - (6) Right to control finances;
 - (7) Right to freedom from physical or psychological abuse, mistreatment, and neglect;
 - (8) Right to have information about the facility's compliance with regulations, planned changes in living arrangements, and available services including the fees for those services.
 - (9) Right to have information about their diagnosis, treatment, and prognosis;
 - (10) Right to maintenance of confidentiality with personal and medical records: Health Insurance Portability and Accountability Act of 1996 (HIPAA);
 - (11) Right to make healthcare wishes known through advance directives and durable powers of attorney;
 - (12) Right to make personal choices to accommodate their needs and make health care decisions about their plan of care including the right to refuse a recommended treatment;
 - (13) Right to privacy, including privacy while receiving treatments and nursing care, making and receiving telephone calls, sending and receiving mail, and receiving visitors;
 - (14) Right to review the records related to their medical care and have the information explained or interpreted as necessary;
- (B) Promoting a person's independence; and
- (C) Providing holistic care.

III. Domain: Infection Control and Standard or Transmission Based Precautions

- (A) Assisting with coughing and deep breathing;
- (B) Bedmaking/handling of linen;
- (C) Caring for the person's environment;
- (D) Communicable and infectious diseases and associated precautions;
- (E) Handling and disposal of hazardous wastes;
- (F) Handling of contaminated materials;
- (G) Implementing neutropenic precautions;

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- (H) Maintaining the person's cleanliness and grooming;
- (I) Performing hand hygiene and understanding its importance; and
- (J) Utilizing personal protective equipment.

IV. Domain: Safety and Emergency Procedures

- (A) Safe Person Transfer and Movement:
 - (1) Implementing cervical, hip, and sternal precautions;
 - (2) Moving and transferring, including seated transfer;
 - (3) Providing for individualized safety needs;
 - (4) Transporting in wheelchairs and specialized chairs;
 - (5) Turning and positioning in bed and wheelchair;
 - (6) Using lifts and safe resident handling devices: Friction-reducing devices, mechanical lifts including sit to stand lifts, and bariatric equipment; and
 - (7) Using principles of body mechanics.
- (B) Environmental:
 - (1) Applying fire safety concepts;
 - (2) Applying oxygen safety concepts including turning oxygen on and off or transferring between wall and tank at pre-established flow rate for stable clients;
 - (3) Avoiding and managing hazards in the workplace;
 - (4) An introduction to Occupational Safety and Health Administration (OSHA) standards including, but not limited to: Bloodborne Pathogens, Hazard Communication, and OSHA Guidelines for Nursing Homes;
 - (5) Preventing burns;
 - (6) Preventing falls; and
 - (7) Using siderails.
- (C) Emergency Procedures:
 - (1) Implementing bleeding precautions; and
 - (2) The Board approved Cardiopulmonary Resuscitation (CPR) certification:
 - (a) Shall meet the following criteria for the purpose of completing a nursing assistant training program:
 - (i) Conform to the most recent International Liaison Committee on Resuscitation (ILOR) or American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care;
 - (ii) Include instruction in adult, child, and infant CPR and automated external defibrillator (AED); and
 - (iii) Include in-person, hands on skill practice and verification of skill competency of adult, child, and infant CPR and AED by qualified and authorized instructor.
 - (b) May be:
 - (i) A condition of admission into the Nursing Assistant Training Program; or
 - (ii) A condition of completion of the Nursing Assistant Training Program; or
 - (iii) Part of the curriculum of the Nursing Assistant Training Program.
 - (c) Required record-keeping:
 - (i) The Nursing Assistant Training Program must determine that each student who completes the program has current CPR certification; and

- (ii) The Nursing Assistant Training Program must keep this information as part of the individual student records.

V. Domain: Activities of Daily Living (ADL)

- (A) Nutrition and hydration:
 - (1) Acknowledging a person's right to refuse nourishment;
 - (2) Administering Abdominal Thrust (Heimlich maneuver);
 - (3) Assisting with eating techniques;
 - (4) Following common therapeutic diets and textural requirements;
 - (5) Measuring and recording height and weight;
 - (6) Measuring and recording intake and output;
 - (7) Positioning clients for nutritional and fluid intake;
 - (8) Preventing choking and aspiration; and
 - (9) Preventing dehydration.
- (B) Elimination:
 - (1) Perineal/Incontinence Care; and
 - (2) Toileting.

The balance of the classroom and clinical hours needed for completion of the training requirements shall consist of:

VI. Domain: Person-Centered Care

- (A) Understanding and relating to clients:
 - (1) Description of human needs:
 - (a) Cultural/ethnic needs;
 - (b) Family involvement;
 - (c) Religious/Spiritual needs;
 - (d) Respecting client sexuality;
 - (e) Safety; and
 - (f) Socialization.
 - (2) Cultural Responsiveness: Cultural responsiveness is a process that involves the integration of knowledge, attitudes, and skills that enhance cross-cultural communication and foster meaningful, respectful interactions with others. Two components of cultural responsiveness are:
 - (a) Cultural awareness: A conscious learning process in which an individual becomes sensitive and appreciative to other cultures by including but not limited to:
 - (i) Identifying one's own cultural background, values, and beliefs; and
 - (ii) Examining one's own cultural biases toward people whose cultures are different than our own.
 - (b) Cultural Knowledge: The process of understanding the key aspects of a group's culture including but not limited to:
 - (i) Avoiding making assumptions based on cultural background;
 - (ii) Learning basic general information about predominant cultural groups in one's geographic area;
 - (iii) Reading ethnic newspaper articles and novels; and
 - (iv) Viewing documentaries about cultural groups.
 - (3) Individualized care planning; and
 - (4) Human development:
 - (a) Basic anatomy and physiological changes across the life span;

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- (b) Basic developmental tasks through the life cycle including an awareness of developmental tasks associated with the aging process; and
 - (c) Process of aging including the physiological and psychological.
- (B) How to organize client care for a group of people according to the individuals' preferences and the care plans.

VII. Domain: Activities of Daily Living (ADL)

- (A) Personal Care of another person:
- (1) Bathing;
 - (2) Comfort Care;
 - (3) Dressing/undressing;
 - (4) Grooming:
 - (a) Application and care of dentures;
 - (b) Application and care of eye glasses; and
 - (c) Application and care of hearing aids.
 - (5) Nail care for fingernails and toenails of persons with uncompromised circulation;
 - (6) Oral hygiene;
 - (7) Personal care considerations for persons who have tubes or special equipment;
 - (8) Shampooing and caring for hair;
 - (9) Shaving; and
 - (10) Skin Care:
 - (a) Applying non-prescription pediculicides;
 - (b) Applying topical, barrier creams and ointments for skin care;
 - (c) Maintaining skin integrity;
 - (d) Preventing pressure, friction, and shearing; and
 - (e) Using anti-pressure devices.
- (B) Positioning devices and restraints:
- (1) Dangers and hazards related to use;
 - (2) Maintaining choice and mobility; and
 - (3) Using least restrictive form of intervention.
- (C) Elimination:
- (1) Bowel evacuation suppositories available without a prescription;
 - (2) Catheter care including the application of and removal of external urinary catheters;
 - (3) Enema types and administration;
 - (4) Ostomy care for established, healthy ostomy:
 - (a) Clean ostomy site and empty ostomy bag; and
 - (b) Change dressing or ostomy appliance or bag.
 - (5) Specimen collection (stool, urine including collecting clean catch urine specimens, and sputum.)
- (D) Restorative care:
- (1) Approaches to restoring independence at the person's highest level of functioning:
 - (a) Encouraging and maintaining optimal independence and function by:
 - (i) Reinforcement versus teaching;
 - (ii) Motivational techniques;
 - (iii) Positive reinforcement versus negative reinforcement;
 - (iv) Stressing ability versus disability;

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- (v) Providing structured environment; and
- (vi) Reinforcing task segmentation by breaking down tasks into small, doable steps;
- (b) Promoting physical activity; and
- (c) Training the client in self care according to the person's abilities.
- (2) Measures for restorative care:
 - (a) Ambulation;
 - (b) Antiembolus stockings;
 - (c) Body alignment/positioning;
 - (d) Bowel/bladder training;
 - (e) Extremity elevation;
 - (f) Eating assistance and other ADL programs;
 - (g) Range of Motion (ROM);
 - (h) Reinforce use of an incentive spirometer; and
 - (i) Warm and cold therapies.
- (3) Assistive devices for all ages to include:
 - (a) Care for, application and removal of prosthetic and orthotic devices and braces;
 - (b) Use of assistive devices in ambulation, dressing, eating, grooming, positioning, and transferring:
 - (i) Abductor wedges;
 - (ii) Arm troughs;
 - (iii) Built up eating utensils;
 - (iv) Canes;
 - (v) Crutches;
 - (vi) Electric toothbrushes;
 - (vii) Footboards;
 - (viii) Half trays;
 - (ix) Hand rolls;
 - (x) Long handled bath sponges;
 - (xi) Long handled brush and combs;
 - (xii) Long handled shoehorns;
 - (xiii) Nosey cups;
 - (xiv) Plate guards;
 - (xv) Plates with lips;
 - (xvi) Raised toilet seats;
 - (xvii) Siderails on beds;
 - (xviii) Sock aids;
 - (xvix) Toilet paper holders;
 - (xx) Walkers; and
 - (xxi) Wheelchairs.
 - (c) Use of sequential compression devices.

VIII. Domain: Collaboration with Health Care Team

- (A) The role of the CNA as a member of a health care team:
 - (1) Legal aspects of working as a CNA in relation to self, health care team members, clients, and families;
 - (2) The facility accreditation survey process;
 - (3) Who a CNA can accept direction from:
 - (a) LPN;
 - (b) RN;
 - (c) Nurse Practitioner; and
 - (d) Other licensed health care professionals.
 - (4) Working with other health care workers and their roles; and

- (5) Working in settings where there is not a RN regularly scheduled.
- (B) Federal/State/Local Rules that relate to client care:
 - (1) Authorized duties of the CNA 1; and
 - (2) Conduct unbecoming a CNA in the performance of duties.

IX. Domain: Observation and Reporting

- (A) How to observe:
 - (1) Establish normal baseline of the person; and
 - (2) Comparison of subsequent observations to previous observations.
- (B) What to observe:
 - (1) Changes in appetite, eating habits, and bowel changes;
 - (2) Changes in breathing (increased/decreased);
 - (3) Changes in functional ability (e.g. ability to self-transfer);
 - (4) Chest pain;
 - (5) Chills;
 - (6) Cough;
 - (7) Cyanosis/changes in skin color;
 - (8) Dehydration;
 - (9) Diarrhea;
 - (10) Edema;
 - (11) Excessive thirst;
 - (12) Fever;
 - (13) Level of consciousness;
 - (14) Mood and behavior;
 - (15) Nausea/vomiting;
 - (16) Pain/location/intensity/onset;
 - (17) Pus/drainage; and
 - (18) Urine/sediment/color/odor/frequency/burning.
- (C) When and how to report observations:
 - (1) Deviations in client conditions that must be reported immediately versus deviations that could be reported later;
 - (2) Observations requested by licensed nurse;
 - (3) How to report observations; and
 - (4) Who to report observations to.
- (D) Vital signs taking and recording manual and electronic:
 - (1) Blood pressures: forearm, lower leg, thigh, upper arm and orthostatic blood pressure readings;
 - (2) Pain level;
 - (3) Pulse oximetry;
 - (4) Radial and apical pulses;
 - (5) Respirations; and
 - (6) Temperatures.
- (E) Introduction to:
 - (1) Cancer;
 - (2) Cardiovascular System:
 - (a) Congestive Heart Failure;
 - (b) Coronary Artery Disease;
 - (c) Hypertension; and
 - (d) Myocardial Infarction.
 - (3) Endocrine System: Diabetes Mellitus.
 - (4) Gastrointestinal System;
 - (5) Integumentary System: Cellulitis.
 - (6) Musculoskeletal System:
 - (a) Arthritis;

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- (b) Fractures; and
- (c) Osteoporosis.
- (7) Nervous System:
 - (a) Alzheimer's Disease including techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
 - (b) Cerebrovascular accident (CVA, stroke);
 - (c) Cognitive Impairment including communicating with the cognitively impaired persons, understanding the behavior of cognitively impaired persons, appropriate responses to the behavior of cognitively impaired persons, safe handling and movement of the cognitively impaired person, and methods of reducing the effects of cognitive impairments;
 - (d) Epilepsy/Seizures;
 - (e) Multiple Sclerosis; and
 - (f) Parkinson's Disease.
- (8) Respiratory System:
 - (a) Chronic Obstructive Pulmonary Disease; and
 - (b) Pneumonia including assisting with coughing and deep breathing.
- (9) Substance Abuse; and
- (10) Urinary System:
 - (a) Urinary retention; and
 - (b) Urinary tract infections.

X. Domain: Documentation

- (A) How to record observations with common medical terminology; and
- (B) Principles of documentation.

XI. Domain: End of Life Care

- (A) Care for the deceased;
- (B) Comfort care of the dying person;
- (C) Family involvement/support; and
- (D) Role of hospice/palliative care.

XII. Domain: Caregiver Self-Care

- (A) Benefits of self-care;
- (B) How to manage self-care;
 - (1) Take responsibility for personal well-being;
 - (2) Have realistic expectations;
 - (3) Promote positive changes;
 - (4) Use effective communication techniques; and
 - (5) Ask for help when needed.
- (C) Develop a personal action plan;
- (D) Decrease personal stress;
- (E) Understand own emotions; and
- (F) Identify what can and cannot be changed.

In addition, prior to being permitted to give direct client care, the nursing assistant student must successfully complete a skills checklist. Each student must practice each skill on the skills checklist prior to any clinical experience/client contact.

Competency Evaluation

(A) Lab:

- (1) This practice must be under the supervision of a Board-approved instructor/preceptor in the skills lab on a mannequin or another person;

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- (2) The student must demonstrate basic competence in the following skill areas:
- (a) Communication and Interpersonal Skills;
 - (b) Person-centered Care;
 - (c) Infection Control and Standard or Transmission Based Precautions:
 - (i) Wash hands/hand hygiene;
 - (ii) Follow standard precautions according to the Centers for Disease Control and Prevention;
 - (iii) Assist with coughing and deep breathing;
 - (iv) Handle linen;
 - (v) Implement neutropenic precautions;
 - (vi) Make an occupied bed;
 - (vii) Make an unoccupied bed;
 - (viii) Put on and remove personal protective equipment: gloves;
 - (ix) Put on and remove personal protective equipment: gown;
 - (x) Put on and remove personal protective equipment: mask;
 - (xi) Collect a clean catch urine specimen;
 - (xii) Collect a sputum specimen; and
 - (xiii) Collect a stool specimen.
 - (d) Safety and Emergency Procedures:
 - (i) Administer abdominal thrust (Heimlich Maneuver);
 - (ii) Ambulate using a gait belt;
 - (iii) Ambulate with a cane;
 - (iv) Ambulate with a walker;
 - (v) Apply a wrist restraint;
 - (vi) Apply position/alignment techniques for persons in bed using safe client handling devices;
 - (vii) Implement bleeding, cervical, hip, and sternal precautions;
 - (viii) Position/alignment techniques for persons in chairs and wheelchairs using safe client handling devices;
 - (ix) Transfer a person from bed to wheelchair;
 - (x) Transfer a person from wheelchair to bed;
 - (xi) Turn oxygen on and off at pre-established flow rate for stable client;
 - (xii) Use safe client transfer and handling techniques with lift equipment; and
 - (xiii) Use safe client transfer and handling techniques with seated transfers.
 - (e) Activities of daily living (ADL):
 - (i) Nutrition and Hydration:
 - 1) Assist with maintaining hydration;
 - 2) Thicken liquids; and
 - 3) Utilize techniques for assisting with eating.
 - (ii) Elimination:
 - 1) Assist with the use of a fracture pan;
 - 2) Assist with the use of a regular bedpan;
 - 3) Assist with use of a toilet;
 - 4) Assist with use of a urinal;
 - 5) Change of a disposable brief;
 - 6) Change from a drainage bag to a leg bag;
 - 7) Change from a leg bag to a drainage bag;
 - 8) Clean ostomy site for established, non-acute ostomy;
 - 9) Empty ostomy bag or change ostomy bag;
 - 10) Give an enema;
 - 11) Insert a bowel evacuation suppository; and
 - 12) Provide catheter care including the application of and removal of external urinary catheters.
 - (iii) Personal Care:

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- 1) Put on and care for eyeglasses;
 - 2) Put in and care for hearing aids;
 - 3) Apply anti-embolism elastic stockings;
 - 4) Apply non-prescription pediculicides;
 - 5) Apply topical barrier creams and ointments for skin care;
 - 6) Assist with hair care/shampoo;
 - 7) Dress/undress;
 - 8) Give a bed bath;
 - 9) Give shower bath;
 - 10) Provide denture care;
 - 11) Provide fingernail care;
 - 12) Provide foot care;
 - 13) Provide mouth care;
 - 14) Provide mouth care for a comatose client;
 - 15) Provide perineal/incontinence care;
 - 16) Provide skin care;
 - 17) Shave face with electric razor; and
 - 18) Shave face with safety razor.
- (iv) Restorative Care:
- 1) Apply, turn on and off, sequential compression devices;
 - 2) Apply warm therapy;
 - 3) Apply cold therapy;
 - 4) Assist with lower extremity range of motion;
 - 5) Assist with upper extremity range of motion; and
 - 6) Reinforce use of an incentive spirometer.
- (f) Observation and Reporting:
- (i) Measure and Record:
- 1) Height;
 - 2) Weight;
 - 3) Input;
 - 4) Output;
 - 5) Pain level;
 - 6) Temperature;
 - 7) Apical pulse;
 - 8) Radial pulse;
 - 9) Respirations;
 - 10) Electronic blood pressure;
 - 11) Manual blood pressure (forearm, lower leg, thigh, and upper arm);
 - 12) Orthostatic blood pressure readings; and
 - 13) Pulse oximetry.

(B) Clinical:

- (1) During the course of clinical training, the student must successfully demonstrate the following skills to a Board approved clinical instructor/preceptor:
 - (a) Communication and Interpersonal Skills;
 - (b) Person-centered Care;
 - (c) Infection Control and Standard or Transmission Based Precautions:
 - (i) Wash hands/hand hygiene;
 - (ii) Follow standard precautions according to the Centers for Disease Control and Prevention;
 - (iii) Handle linen;
 - (iv) Make an occupied bed;

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- (v) Make an unoccupied bed; and
- (vi) Put on and remove personal protective equipment: gloves.
- (d) Safety and Emergency Procedures:
 - (i) Ambulation using a gait belt;
 - (ii) Ambulation with a walker;
 - (iii) Position/alignment techniques for persons in bed using safe client handling devices;
 - (iv) Position/alignment techniques for persons in chairs and wheelchairs using safe client handling devices;
 - (v) Transfer person from bed to wheelchair;
 - (vi) Transfer person from wheelchair to bed; and
 - (vii) Use safe transfer and handling techniques with lift equipment.
- (e) Activities of daily living (ADL):
 - (i) Nutrition and Hydration:
 - 1) Assistance with a meal; and
 - 2) Maintain hydration.
 - (ii) Elimination:
 - 1) Assistance with use of toilet; and
 - 2) Change of a disposable brief;
 - (iii) Personal Care:
 - 1) Apply topical barrier creams and ointments for skin care;
 - 2) Dress/undress;
 - 3) Give a bed bath;
 - 4) Give shower bath;
 - 5) Provide denture care;
 - 6) Provide fingernail care;
 - 7) Provide foot care;
 - 8) Provide mouth care;
 - 9) Provide perineal/incontinence care; and
 - 10) Skin care.
 - (iv) Restorative Care:
 - 1) Assist with lower extremity range of motion; and
 - 2) Assist with upper extremity range of motion.
- (f) Observation and Reporting:
 - (i) Measure and Record:
 - 1) Weight;
 - 2) Input;
 - 3) Output;
 - 4) Pain level;
 - 5) Temperature;
 - 6) Radial pulse;
 - 7) Respirations;
 - 8) Manual upper arm blood pressure; and
 - 9) Pulse oximetry.