

Curriculum Content for Nursing Assistant Level One Education Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a Nursing Assistant Level One Education 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.

All Oregon State Board of Nursing approved nursing assistant education programs shall provide the following curriculum content and competency evaluation. Each content area has been awarded a relative evaluation weight.

Curriculum

All curriculum content including skill return demonstrations in lab will be taught and competency validated prior to starting the clinical experience:

I. Domain: Collaboration with Health Care Team

(A) Outcomes of teaching. By the end of the course, the student will be able to:

- (1) Identify the members of the health care team and describe how the team works together to provide care;
- (2) Demonstrate ability to share knowledge and skills with others;
- (3) Describe the licensing survey process and the CNA role in the survey process;
- (4) Articulate what type of employment counts towards the renewal of CNA certification; and
- (5) State the importance of following employer's policies and procedures.

(B) Clinical competencies. By the end of the course, the student will be able to:

- (1) Anticipate daily routine on a shift;
- (2) Identify roles of other members of the health care team and from whom the CNA takes direction;
- (3) Demonstrate working effectively with other members of the health care team; and
- (4) Show the ability to mentor another student while assisting with a task.

(C) Curriculum Content:

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, individuals, and families;
- (2) The facility accreditation survey process;
- (3) The purpose of facility policies and procedures;
- (4) Who a CNA can accept direction from:
 - (a) LPN;
 - (b) RN;
 - (c) Nurse Practitioner; and
 - (d) Other licensed health care professionals.
- (5) Working with other health care workers and their roles including:
 - (a) Accepting assignments and delegations;

- 1 (b) Handing off care to another individual;
- 2 (c) Coaching and mentoring nursing assistant students;
- 3 (d) Orienting other nursing assistants to workflow and
- 4 environment; and
- 5 (e) Reporting structure and function.
- 6 (6) Coaching and mentoring other nursing assistants:
- 7 (a) Model good care-giving skills;
- 8 (b) Demonstrate a person-centered focus;
- 9 (c) Help mentee develop problem-solving skills;
- 10 (d) Support mentees;
- 11 (e) Provide information about job responsibilities and the workplace
- 12 culture;
- 13 (f) Give constructive feedback that is specific, encouraging, and
- 14 focused on behavior, not personality, to help mentee succeed:
- 15 a. Feedback: Providing useful information about someone's
- 16 approach, skills, or actions, in order to encourage
- 17 professional development;
- 18 b. Constructive feedback: Talking about both what the
- 19 mentee is doing correctly and what the mentee needs to
- 20 improve. Providing constructive feedback:
- 21 i. Is one of the key roles of the peer mentor in
- 22 order to help the mentee succeed;
- 23 ii. Should be based on facts and observations (not
- 24 assumptions and opinions);
- 25 iii. Addresses what a mentee is doing well (mentee's
- 26 strengths) and what the mentee needs to
- 27 improve in order to provide quality care; and
- 28 iv. In a safe environment.
- 29 (7) Delegation process when working in settings where there is not an RN
- 30 regularly scheduled.
- 31 (8) Federal/State/Local Rules that relate to a CNA:
- 32 (a) Omnibus Reconciliation Act (OBRA);
- 33 (b) Division 63 authorized duties of the CNA 1;
- 34 (c) Division 63 conduct unbecoming a CNA in the performance of
- 35 duties; and
- 36 (d) Division 62 state certification and renewal process.
- 37 (D) Evaluation (Weight: 7%)
- 38 (1) Knowledge post-test;
- 39 (2) Return demonstration on new skills as evidenced by role-playing a
- 40 variety of scenarios in the classroom/lab setting; and
- 41 (3) Return demonstration on new skills as evidenced by observation of at
- 42 least three encounters with a variety of persons, family members, and
- 43 team members in the clinical setting.
- 44

45 II. Domain: Communication and Interpersonal Skills

- 46 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 47 (1) Describe ethical practice and standards of behavior;
- 48 (2) List examples of professionalism; and
- 49 (3) Explain types of abuse and neglect and how to report.
- 50 (B) Clinical competencies. By the end of the course, the student will be able to:

- 1 (1) Demonstrate ability to use preferred pronouns;
- 2 (2) Identify situations that present potential conflict;
- 3 (3) Exhibit the ability to use therapeutic communication skills to prevent
- 4 conflict; and
- 5 (4) Utilize active listening techniques.
- 6 (C) Curriculum Content:
- 7 (1) Ethical practice and standards of behavior in relation to self,
- 8 healthcare team members, individuals, families and employer.
- 9 (2) Professional attitude and work habits.
- 10 (3) Mandatory reporting and responsibility for reporting to facility
- 11 management or the appropriate agency:
- 12 (a) Abuse;
- 13 (b) Mistreatment; and
- 14 (c) Neglect.
- 15 (4) Therapeutic Communication and interpersonal skills:
- 16 (a) Effective communication including tone, eye contact, simple
- 17 language, and acknowledging feelings;
- 18 (b) Treating the person appropriate to age;
- 19 (c) Acknowledge own feelings;
- 20 (d) Maintaining professional boundaries;
- 21 (e) Managing the environment for effective communication;
- 22 (f) Assisting the person struggling to find the words only after
- 23 allowing them some time to find the words first;
- 24 (g) Reassure or distract if necessary;
- 25 (h) Replace the "don'ts" with positive language;
- 26 (i) Use the person's life story to build trust and a sense of
- 27 security;
- 28 (j) Realize that arguing, confronting, or correcting is not an
- 29 effective way of addressing the behavior;
- 30 (k) Avoid quizzing or asking questions that require too many facts
- 31 or give too many choices;
- 32 (l) Ask opinions and involve the person in daily decisions as much
- 33 as possible;
- 34 (m) Give compliments and praise;
- 35 (n) Use tools/skills of communication such as paraphrasing and
- 36 visual/written aids.
- 37 (o) Addressing conflict and clarify role with authorized duties;
- 38 (p) Advocating for your perspective, ideas, and needs;
- 39 (q) Asking open-ended, clarifying questions to gain further
- 40 information and insight;
- 41 (r) Avoiding factors which block communication;
- 42 (s) Communication techniques:
- 43 (i) Active listening;
- 44 (ii) Reflecting; and
- 45 (iii) Rephrasing.
- 46 (t) For English language learners;
- 47 (u) With team members including end of shift reporting;
- 48 (v) With the angry or potentially violent person including de-
- 49 escalation techniques:

- 1 (i) Five "R's": Remain calm; Reassure; Redirect; Remove
2 yourself; and Reapproach.
3 (ii) De-escalation phase:
4 a. With decreasing intensity of event, muscles
5 become more relaxed and serious physical
6 behaviors become less frequent (body seeking
7 baseline);
8 b. Individual is not yet stable and is vulnerable to
9 re-escalation, especially if trigger events are still
10 a factor;
11 c. During de-escalation phase, crisis communication
12 should be maintained to ensure that the person
13 does not re-escalate (not time for discussing
14 consequences/intense dialogue);
15 d. Voluntary quiet and increased personal space is
16 helpful in recovery; and
17 e. During de-escalation, close personal supervision
18 should be provided.
19 (iii) Personal protection skills.
20 (w) With the person's family and friends;
21 (x) With the confused or cognitively impaired person; and
22 (y) With the visually/hearing/speech impaired person.
23 (5) Placing and answering call signals;
24 (6) Using the person's preferred name, gender identification, and
25 pronouns;
26 (7) Validating the person's feelings;
27 (8) Understanding verbal/non-verbal communication;
28 (9) Understanding that behavior can be a form of communication of an
29 unmet need;
30 (10) Modifying behavior in response to another person's behavior;
31 (11) Responding to another person's behavior by finding reason for
32 behavior;
33 (12) Providing empathy and compassion versus sympathy;
34 (13) Giving examples of appropriate/inappropriate communication and how
35 to respond to communication;
36 (14) Aiding in resolving grievances and disputes through proper channels;
37 (15) Maintaining confidentiality of communication; and
38 (16) Providing privacy.
39 (D) Evaluation (Weight: 7%)
40 (1) Knowledge post-test;
41 (2) Return demonstration on new skills as evidenced by role-playing a
42 variety of scenarios in the lab setting; and
43 (3) Return demonstration on new skills as evidenced by observation of at
44 least three encounters with a variety of persons, family members, and
45 team members in the clinical setting.
46
47 III. Domain: Person-Centered Care
48 (A) Outcomes of teaching. By the end of the course, the student will be able to:
49 (1) Identify own cultural background, values, and beliefs and explain how
50 that may influence unconscious bias;

- 1 (2) Describe basic anatomy and physiological changes across the life span;
- 2 (3) Articulate the developmental tasks across the life cycle;
- 3 (4) Discuss an individual's rights and why they are important;
- 4 (5) Recognize the difference between person-centered and person-
- 5 directed care;
- 6 (6) Identify elements of safe, calm, stable, home-like environment for
- 7 persons with dementia;
- 8 (7) Summarize the goals for care for persons with dementia utilizing
- 9 various models/programs of care, e.g., Alzheimer's Association
- 10 Foundations of Dementia Care, Best Friends™ Approach, Making
- 11 Oregon Vital for Elders (MOVE), Pioneer Network, The Eden
- 12 Alternative™, and The Green House Project and how they relate to
- 13 caring for persons with dementia and incorporate culture change; and
- 14 (8) Articulate creative ways to encourage a person with dementia to
- 15 participate in their ADL care.
- 16 (B) Clinical competencies. By the end of the course, the student will be able to:
- 17 (1) Advocate for the protection of the individual's rights;
- 18 (2) Preserve a person's dignity by upholding the individual's choices;
- 19 (3) Follow the individual's care plan when providing person-centered care;
- 20 and
- 21 (4) Coordinate ADL approaches using the individual's own pattern /habits.
- 22 (C) Curriculum Content:
- 23 (1) Understanding, respecting, and relating to individuals:
- 24 (a) Description of human needs:
- 25 (i) Cultural/ethnic needs;
- 26 (ii) Family involvement;
- 27 (iii) Gender identity;
- 28 (iv) Physical needs;
- 29 (v) Psychological needs;
- 30 (vi) Religious/Spiritual needs;
- 31 (vii) Sexuality;
- 32 (viii) Safety; and
- 33 (ix) Socialization.
- 34 (2) Unconscious bias;
- 35 (3) Cultural Responsiveness:
- 36 (a) Cultural responsiveness is a process that involves the
- 37 integration of knowledge, attitudes, and skills that enhance
- 38 cross-cultural communication and foster meaningful, respectful
- 39 interactions with others.
- 40 (b) Two components of cultural responsiveness are cultural
- 41 awareness and cultural knowledge.
- 42 (4) Following the individual's plan of care and providing feedback to nurse
- 43 on care plan; and
- 44 (5) Human development:
- 45 (a) Basic anatomy and physiological changes across the life span;
- 46 (b) Basic developmental tasks through the life cycle including an
- 47 awareness of developmental tasks associated with the aging
- 48 process;
- 49 (c) Developmental disabilities; and
- 50 (d) Process of aging including the physiological and psychological.

- 1 (6) How to organize daily routines for a group of people according to the
- 2 individuals' preferences and the individual care plans.
- 3 (7) Protecting and respecting a person's rights including at least:
- 4 (a) Right to considerate and respectful care;
- 5 (b) Right to care and security of personal possessions;
- 6 (c) Right to assistance in resolving grievances and disputes;
- 7 (d) Right to freedom from physical, psychological, or sexual abuse,
- 8 mistreatment, and neglect;
- 9 (e) Right to avoid the need for restraints in accordance with current
- 10 professional standards;
- 11 (f) Right to assistance getting to and participating in-group and
- 12 family activities;
- 13 (g) Right to have information about their diagnosis, treatment, and
- 14 prognosis;
- 15 (h) Right to review the records related to their medical care and
- 16 have the information explained or interpreted as necessary;
- 17 (i) Right to make personal choices to accommodate their needs
- 18 and make health care decisions about their plan of care
- 19 including the right to refuse a recommended treatment;
- 20 (j) Right to make healthcare wishes known through advance
- 21 directives and durable powers of attorney;
- 22 (k) Right to have information about the facility's compliance with
- 23 regulations, planned changes in living arrangements, and
- 24 available services including the fees for those services.
- 25 (l) Right to control finances;
- 26 (m) Right to privacy, including privacy while receiving treatments
- 27 and nursing care, making and receiving telephone calls,
- 28 sending and receiving mail, and receiving visitors; and
- 29 (n) Right to maintenance of confidentiality with personal and
- 30 medical records: Health Insurance Portability and
- 31 Accountability Act of 1996 (HIPAA);
- 32 (8) Allowing a person to make personal choices;
- 33 (9) Assisting with perception of loss;
- 34 (10) Promoting a person's independence and strength-based care
- 35 approaches;
- 36 (11) Providing and reinforcing behavior consistent with a person's dignity;
- 37 (12) Providing holistic care;
- 38 (13) Utilizing a person's family as a source of emotional support;
- 39 (14) Recognizing signs of suicide risk;
- 40 (15) Understanding one-on-one attendant role;
- 41 (16) Dealing with challenges:
- 42 (a) Substance abusers; and
- 43 (b) Homelessness.
- 44 (17) Understanding the difference between person-centered and person-
- 45 directed care;
- 46 (18) Dementia:
- 47 (a) Current models/programs of care, e.g., Alzheimer's Association
- 48 Foundations of Dementia Care, Best Friends™ Approach,
- 49 Making Oregon Vital for Elders (MOVE), Pioneer Network, The
- 50 Eden Alternative™, The Green House Project and how they

- 1 relate to caring for persons with dementia and incorporate
2 culture change;
- 3 (b) Define life story including values, past goals, dreams and what
4 inspires them OR know the person's strengths and preferences;
5 including past and present occupations/interests, social
6 supports, and spiritual orientation;
- 7 (c) Embrace the friendship philosophy of care:
8 (i) Identify person's capabilities and set reasonable
9 expectations for a person;
10 (ii) Incorporate person's values and basic rights into
11 everyday care;
12 (iii) Put person before tasks;
13 (iv) Make activities meaningful;
14 (v) Understand and accept that disease impact on the
15 person is real;
16 (vi) Avoid labeling by diagnosis;
17 (vii) Explain the art of doing difficult things with ease;
18 (viii) Understand that all people are entitled to self-
19 determination wherever they live;
20 (ix) Shape and use the environment in all its aspects;
21 (x) Understand that care decisions need to take place
22 closest to the person; and
23 (xi) Recognize that person centered care empowers staff
24 participation in decision-making for each person;
25 improving person and staff satisfaction.
- 26 (d) Importance of the physical environment for the person with
27 dementia, (Coons) including but not limited to:
28 (i) Keeping areas illuminated at all times;
29 (ii) Using contrasting colors and textures for caregivers'
30 clothing, linens, plates, doors, steps, walls, and toilet
31 seats, etc.;
- 32 (iii) Keeping passage areas clearly marked and free from
33 obstructions;
34 (iv) Maintaining a comfortable temperature for the individual
35 person;
36 (v) Providing pleasant fragrances;
37 (vi) Maintaining ventilation;
38 (vii) Providing music according to a person's preference;
39 (viii) Preventing falls for a person with dementia; and
40 (ix) Maintaining security of hazardous substances and
41 medications.
- 42 (e) Social environment: The CNA is part of the environment. The
43 behavior, manner, attitude, personality, and methods of
44 communication of the CNA plays a role in the behavior and
45 functioning level of person's with dementia;
- 46 (f) Emotional environment: Importance of a sense of continuity
47 with the past for a person with dementia; and
- 48 (g) Cognitive environment: There is a need for increased
49 concreteness of cues as the disease progresses.
- 50 (D) Evaluation (Weight: 14%)

- 1 (1) Knowledge post-test;
- 2 (2) Return demonstration on new skills as evidenced by role-playing a
- 3 variety of scenarios in the lab setting; and
- 4 (3) Return demonstration on new skills as evidenced by observation of at
- 5 least three encounters with a variety of persons, family members, and
- 6 team members in the clinical setting.
- 7
- 8 IV. Domain: Infection Control and Prevention including Standard or Transmission Based
- 9 Precautions
- 10 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 11 (1) Describe the chain of infection.
- 12 (2) Identify when to use handwashing with soap and water versus when
- 13 it is okay to use hand sanitizer.
- 14 (3) Explain Standard or Transmission Based Precautions.
- 15 (B) Clinical competencies. By the end of the course, the student will be able to:
- 16 (1) Show proper care for person's environment.
- 17 (2) Handle and dispose of hazardous waste safely.
- 18 (3) Demonstrate using escalating levels of infection control.
- 19 (C) Curriculum Content:
- 20 (1) Performing handwashing and hand hygiene and understanding its
- 21 importance;
- 22 (2) Utilizing personal protective equipment;
- 23 (3) Maintaining the person's hygiene and grooming;
- 24 (4) Caring for the person's environment;
- 25 (5) Cleaning shared equipment;
- 26 (6) Bedmaking and handling of linen;
- 27 (7) Food and drink delivery concepts;
- 28 (8) Communicable and infectious diseases, types of transmission, and
- 29 associated precautions;
- 30 (9) Clipping hair in preparation for surgical procedure;
- 31 (10) Giving Chlorhexidine bath;
- 32 (11) Executing neutropenic precautions/reverse isolation;
- 33 (12) Assisting with coughing and deep breathing to prevent pneumonia;
- 34 (13) Handling of contaminated materials;
- 35 (14) Handling and disposal of hazardous wastes;
- 36 (15) Changing wound vacuum canister; and
- 37 (16) Applying a simple dressing to a dry, non-infected wound.
- 38 (D) Evaluation (Weight: 7%)
- 39 (1) Knowledge post-test;
- 40 (2) Return demonstration on new skills as evidenced by role-playing a
- 41 variety of scenarios in the lab setting; and
- 42 (3) Return demonstration on new skills as evidenced by observation of at
- 43 least three encounters with a variety of persons, family members, and
- 44 team members in the clinical setting.
- 45
- 46 V. Domain: Safety and Emergency Procedures
- 47 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 48 (1) Recite basic body mechanics principles;
- 49 (2) Recall fire safety concepts;
- 50 (3) List safety guidelines for oxygen use; and

- 1 (4) Demonstrate effective CPR if indicated.
2 (B) Clinical competencies. By the end of the course, the student will be able to:
3 (1) Identify individuals at risk for accidents and describe an accident
4 prevention strategy;
5 (2) Respond appropriately to a choking or obstructed airway incident;
6 (3) Provide safe transport assistance; and
7 (4) Utilize mechanical lift and safe handling devices to safely transfer a
8 person.
9 (C) Curriculum Content:
10 (1) Safe Person Transfer and Movement:
11 (a) Using principles of proper body mechanics;
12 (b) Moving and transferring a person, including slide board and
13 scoot/pivot squat transfers;
14 (c) Turning and positioning a person in bed and chair/wheelchair;
15 (d) Transporting a person in wheelchairs and specialized chairs;
16 (e) Using lifts and safe person handling devices: Friction-reducing
17 devices, mechanical lifts including sit to stand lifts, and bariatric
18 equipment;
19 (f) Providing for individualized safety needs; and
20 (g) Implementing cervical, hip, and sternal precautions.
21 (2) Environmental:
22 (a) Applying fire safety concepts;
23 (b) Applying oxygen safety concepts including turning oxygen on
24 and off or transferring oxygen between wall, concentrator, and
25 tank at pre-established flow rate for stable persons;
26 (c) Avoiding and managing hazards in the workplace;
27 (d) An introduction to Occupational Safety and Health
28 Administration (OSHA) standards including, but not limited to:
29 Bloodborne Pathogens, Hazard Communication, and OSHA
30 Guidelines for Nursing Homes;
31 (e) Preventing burns;
32 (f) Preventing falls; and
33 (g) Using alarms and fall mats.
34 (3) Emergency Procedures:
35 (a) Implementing bleeding precautions;
36 (b) POLST form and Do not resuscitate (DNR); and
37 (c) The Board approved Cardiopulmonary Resuscitation (CPR)
38 certification:
39 (i) Shall meet the following criteria for the purpose of
40 completing a nursing assistant training program:
41 (I) Conform to the most recent International Liaison
42 Committee on Resuscitation (ILOR) or American
43 Heart Association (AHA) Guidelines for
44 Cardiopulmonary Resuscitation and Emergency
45 Cardiovascular Care;
46 (II) Include instruction in adult, child, and infant CPR
47 and automated external defibrillator (AED); and
48 (III) Include in-person, hands on skill practice and
49 verification of skill competency of adult, child,

- 1 and infant CPR and AED by qualified and
2 authorized instructor.
- 3 (ii) May be:
- 4 (I) A condition of admission into the Nursing
5 Assistant Training Program; or
6 (II) A condition of completion prior to the clinical
7 experience in the Nursing Assistant Training
8 Program; or
9 (III) Part of the curriculum of the Nursing Assistant
10 Training Program.
- 11 (iii) Required record-keeping:
- 12 (I) The Nursing Assistant Training Program must
13 determine that each student who completes the
14 program has current CPR certification; and
15 (II) The Nursing Assistant Training Program must
16 keep this information as part of the individual
17 student records.
- 18 (D) Evaluation (Weight: 7%)
- 19 (1) Knowledge post-test; and
20 (2) Return demonstration on new skills as evidenced by observation of at
21 least three encounters with a variety of persons, family members, and
22 team members in the clinical setting.
- 23
- 24 VI. Domain: Activities of Daily Living (ADL)
- 25 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 26 (1) List the activities of daily living;
27 (2) Explain the importance of nutrition and hydration;
28 (3) Describe the common therapeutic diets;
29 (4) Describe specialized skills for assisting a person with eating;
30 (5) Identify ways to promote a person's independence; and
31 (6) Verbalize common sleep issues and how to deal with them.
- 32 (B) Clinical competencies. By the end of the course, the student will be able to:
- 33 (1) Assist a person with personal care without violating the principles of
34 identity, communication, confidentiality, infection control, privacy and
35 safety;
36 (2) Demonstrate ability to bathe a person without conflict;
37 (3) Identify three thickened fluid consistencies;
38 (4) Assist an individual with eating;
39 (5) Accurately measure and record food and fluid intake and output;
40 (6) Correctly provide catheter and ostomy care;
41 (7) Recognize and respond to a person's cues/patterns for toileting;
42 (8) Demonstrate helping a person use the bedpan, commode, toilet, or
43 urinal; and
44 (9) Prevent friction and shearing on skin when moving and turning a
45 person.
- 46 (C) Curriculum Content:
- 47 (1) Personal Care of another person:
48 (a) Bathing;
49 (b) Comfort Care;
50 (c) Dressing/undressing;

- 1 (d) Grooming:
 - 2 (i) Application and care of eye glasses; and
 - 3 (ii) Application and care of hearing aids;
 - 4 (e) Nail care for fingernails and toenails on person with no visually
 - 5 compromised skin or compromised circulation:
 - 6 (i) Soaking and washing;
 - 7 (ii) Trimming with standard clippers with a depth no greater
 - 8 than 6mm;
 - 9 (iii) Applying lotion; and
 - 10 (iv) Risk factors;
 - 11 (f) Oral hygiene:
 - 12 (i) Brushing and flossing teeth;
 - 13 (ii) Inserting, removing, and cleaning dentures;
 - 14 (iii) Caring for implants; and
 - 15 (iv) Performing mouth care on a comatose or non-responsive
 - 16 person.
 - 17 (g) Personal care considerations for person who has tubes or
 - 18 special equipment;
 - 19 (h) Caring for hair;
 - 20 (i) Shampooing hair;
 - 21 (j) Shaving:
 - 22 (i) Electric razor;
 - 23 (ii) Cartridge or disposable razor; and
 - 24 (iii) Risk factors.
 - 25 (k) Skin Care:
 - 26 (i) Applying pediculicides that can be obtained without a
 - 27 prescription;
 - 28 (ii) Applying topical barrier creams, ointments, and wipes
 - 29 for skin care;
 - 30 (iii) Applying anti-fungal ointments and powders;
 - 31 (iv) Maintaining skin integrity;
 - 32 (v) Preventing pressure, friction, and shearing; and
 - 33 (vi) Using pressure relieving devices.
 - 34 (l) Sleep:
 - 35 (i) Applying and removing delivery device and turn
 - 36 continuous positive airway pressure (CPAP) or bi-level
 - 37 positive airway (BiPAP) devices on and off; and
 - 38 (ii) Promoting sleep.
- 39 (2) Nutrition and hydration:
 - 40 (a) Acknowledging a person's right to refuse nourishment;
 - 41 (b) Administering Abdominal Thrust;
 - 42 (c) Assisting with eating and hydration techniques;
 - 43 (d) Following common therapeutic diets and textural requirements;
 - 44 (e) Measuring and recording height and weight;
 - 45 (f) Measuring and recording intake and output;
 - 46 (g) Positioning a person for nutritional and fluid intake;
 - 47 (h) Preventing choking and aspiration;
 - 48 (i) Preventing dehydration;
 - 49 (j) Thickening liquids; and
 - 50 (k) Utilizing techniques for assisting with eating.

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
- (3) Elimination:
 - (a) Assisting with the use of bedpan and urinal;
 - (b) Assisting with toileting;
 - (c) Providing perineal and incontinence care;
 - (d) Applying external catheters;
 - (e) Connecting external catheters to suction;
 - (f) Providing catheter care;
 - (g) Changing catheter bag;
 - (h) Removing external urinary catheter;
 - (i) Ostomy care for established, healthy ostomy:
 - (i) Clean ostomy site and empty ostomy bag; and
 - (ii) Change dressing or ostomy appliance or bag.
 - (j) Specimen collection (sputum, stool, urine including collecting clean catch urine specimens).
 - (4) Restorative care:
 - (a) Approaches to promoting and restoring independence at the person's highest level of functioning:
 - (i) Encouraging and maintaining optimal independence and function by:
 - (I) Positive reinforcement versus negative reinforcement and how it differs from teaching;
 - (II) Motivational techniques;
 - (III) Stressing ability versus disability;
 - (IV) Providing structured environment; and
 - (V) Reinforcing task segmentation by breaking down tasks into small, obtainable steps;
 - (ii) Promoting physical activity; and
 - (iii) Encouraging self care according to the person's abilities.
 - (b) Measures for restorative care:
 - (i) Ambulation;
 - (ii) Applying, turning on and off sequential compression devices;
 - (iii) Assisting a person in and out of continuous passive motion (CPM) machine;
 - (iv) Range of Motion (ROM);
 - (v) Body alignment/positioning;
 - (vi) Antiembolus stockings;
 - (vii) Extremity elevation;
 - (viii) Eating assistance and other ADL programs;
 - (ix) Bowel/bladder training;
 - (x) Reinforce use of an incentive spirometer; and
 - (xi) Warm and cold therapies.
 - (c) Assistive devices for all ages to include:
 - (i) Care for, application and removal of prosthetic and orthotic devices and braces;
 - (ii) Use of assistive devices in ambulation, dressing, eating, grooming, positioning, and transferring:
 - (I) Abductor wedges;
 - (II) Hand rolls;
 - (III) Arm troughs;

- 1 (IV) Half trays;
- 2 (V) Canes;
- 3 (VI) Crutches;
- 4 (VII) Walkers;
- 5 (VIII) Wheelchairs;
- 6 (IX) Siderails;
- 7 (X) Electric toothbrushes;
- 8 (XI) Long handled bath sponges;
- 9 (XII) Long handled brush and combs;
- 10 (XIII) Long handled shoehorns;
- 11 (XIV) Sock aids;
- 12 (XV) Footboards;
- 13 (XVI) Nosey cups;
- 14 (XVII) Built up eating utensils;
- 15 (XVIII) Plate guards and rimmed plates;
- 16 (XIX) Plates with lips;
- 17 (XX) Raised toilet seats and commodes;
- 18 (XXI) Bedpans; and
- 19 (XXII) Toilet paper holders.
- 20 (5) Positioning devices and restraints:
- 21 (a) Dangers and hazards related to use;
- 22 (b) Maintaining choice and mobility;
- 23 (c) Applying restraints including using siderails; and
- 24 (d) Utilizing least restrictive form of intervention.
- 25 (D) Evaluation (Weight: 14%)
- 26 (1) Knowledge post-test; and
- 27 (2) Return demonstration on new skills as evidenced by observation of at
- 28 least three encounters with a variety of persons, family members, and
- 29 team members in the clinical setting.
- 30
- 31 VII. Domain: Mental Health and Social Service Need
- 32 (A) Outcomes of teaching. By the end of the course, the student will be able
- 33 to:
- 34 (1) Identify characteristics of mental health;
- 35 (2) Identify causes of mental illness;
- 36 (3) List guidelines for interacting with an individual who is mentally ill;
- 37 (4) List the signs of substance abuse; and
- 38 (5) Recognize the signs of suicide risk.
- 39 (B) Clinical competencies. By the end of the course, the student will be able to:
- 40 (1) Appropriately utilize tools for behavioral management;
- 41 (2) Protect client, self, and other individuals when in a situation where an
- 42 individual's behavior is escalating out of control;
- 43 (3) Report relevant observations to licensed nurse; and
- 44 (4) Safely use appropriate harmless release techniques.
- 45 (C) Curriculum Content:
- 46 (1) Common condition/disorder(s) and related sign/symptom(s) to
- 47 observe and report:
- 48 (a) Addiction and substance abuse;
- 49 (b) Domestic violence;
- 50 (c) Depression including suicide risk and prevention; and

- 1 (d) Mental illness and personality disorders;
- 2 (2) Trauma-informed care;
- 3 (3) Communication and interaction with an individual with mental illness;
- 4 (4) Execution of appropriate tools for behavioral management;
- 5 (5) Protection of client, self, and other individuals when in a situation
- 6 where an individual's behavior is escalating out of control; and
- 7 (6) Appropriate harmless release techniques.
- 8 (D) Evaluation (Weight: 14%)
- 9 (1) Knowledge post-test;
- 10 (2) Return demonstration on new skills as evidenced by role-playing a
- 11 variety of scenarios in the lab setting; and
- 12 (3) Return demonstration on new skills as evidenced by observation of at
- 13 least three encounters with a variety of persons, family members, and
- 14 team members in the clinical setting.
- 15

16 VIII. Domain: Technical Skills

- 17 (A) Outcomes of teaching. By the end of the course, the student will be able to
- 18 (1) Demonstrate proficiency in skills and tasks which affect body system
- 19 functions and are assigned by the licensed nurse
- 20 (a) Data gathering skills; and
- 21 (b) Designated tasks.
- 22 (B) Curriculum Content:
- 23 (1) Data gathering skills:
- 24 (a) Measure, record, and empty output from drainage devices and
- 25 closed drainage systems;
- 26 (b) Perform fingerstick capillary blood test; and
- 27 (c) Scan glucometer sensor.
- 28 (2) Designated tasks:
- 29 (a) Change a suction canister; and
- 30 (b) Remove mask after nebulizer treatment.
- 31 (C) Evaluation (Weight: 7%)
- 32 (1) Knowledge post-test; and
- 33 (2) Return demonstration on data gathering skills and designated tasks in
- 34 the lab setting.
- 35

36 IX. Domain: Observation and Reporting

- 37 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 38 (1) List significant signs and symptoms to observe;
- 39 (2) Identify factors that affect vital signs; and
- 40 (3) Recognize normal ranges for vital signs.
- 41 (B) Clinical competencies. By the end of the course, the student will be able to:
- 42 (1) Accurately take and record vital signs;
- 43 (2) Recognize a person's baseline; and
- 44 (3) Identify change in a person's condition and know what to do when
- 45 change identified.
- 46 (C) Curriculum Content:
- 47 (1) How to observe:
- 48 (a) Establish normal baseline of the person; and
- 49 (b) Comparison of subsequent observations to previous
- 50 observations.

- 1 (2) What to observe:
2 (a) Appetite, eating habits, and bowel changes;
3 (b) Breathing (increased/decreased);
4 (c) Chills;
5 (d) Cough;
6 (e) Cyanosis;
7 (f) Dehydration;
8 (g) Diarrhea;
9 (h) Drowsiness;
10 (i) Edema;
11 (j) Excessive thirst;
12 (k) Fever;
13 (l) Functional ability (increased/decreased);
14 (m) Level of consciousness;
15 (n) Mood and behavior;
16 (o) Nausea/vomiting;
17 (p) Pain/location/intensity/onset;
18 (q) Pus/drainage;
19 (r) Skin changes;
20 (s) Sweating; and
21 (t) Urine/amount/burning/color/difficulty/frequency/odor/pain/sedi
22 ment.
- 23 (3) When and how to report observations:
24 (a) Deviations in a person's condition that must be reported
25 immediately versus deviations that could be reported later;
26 (b) Observations requested by licensed nurse;
27 (c) How to report observations; and
28 (d) Who to report observations to.
- 29 (4) Vital signs taking and recording manual and electronic:
30 (a) Blood pressures: forearm, lower leg, thigh, upper arm and
31 orthostatic blood pressure readings;
32 (b) Pain level using a pain scale;
33 (c) Pulse oximetry;
34 (d) Radial and apical pulses;
35 (e) Respirations; and
36 (f) Temperatures including use of no touch thermometers.
- 37 (5) Measuring and recording:
38 (a) Emesis;
39 (b) Liquid stool; and
40 (c) Urinary output, both voided and from urinary drainage systems.
- 41 (6) Relieving pain:
42 (a) Assisting with complementary therapies such as aromatherapy
43 and pre-recorded audio/visuals for guided imagery, deep
44 relaxation;
45 (b) Planning activities in relation to pain;
46 (c) Providing comfort measures;
47 (d) Repositioning; and
48 (e) Using touch to massage non-diseased tissue.
- 49 (7) Introduction to:
50 (a) Cancer;

- 1 (b) Cardiovascular System:
2 (i) Congestive Heart Failure;
3 (ii) Coronary Artery Disease;
4 (iii) Hypertension; and
5 (iv) Myocardial Infarction.
6 (c) Endocrine System: Diabetes Mellitus.
7 (d) Gastrointestinal System;
8 (e) Integumentary System: Cellulitis.
9 (f) Musculoskeletal System:
10 (i) Arthritis;
11 (ii) Fractures; and
12 (iii) Osteoporosis.
13 (g) Nervous System:
14 (i) Alzheimer’s Disease including techniques for addressing
15 the unique needs and behaviors of individual with
16 dementia (Alzheimer’s and others);
17 (ii) Cerebrovascular accident (CVA, stroke) including Facial
18 drooping, Arm weakness, Speech difficulties, and Time
19 to call emergency services (FAST);
20 (iii) Cognitive Impairment including communicating with the
21 cognitively impaired persons, understanding the
22 behavior of cognitively impaired persons, appropriate
23 responses to the behavior of cognitively impaired
24 persons, safe handling and movement of the cognitively
25 impaired person, and methods of reducing the effects of
26 cognitive impairments;
27 (iv) Delirium;
28 (v) Epilepsy/Seizures;
29 (vi) Multiple Sclerosis; and
30 (vii) Parkinson’s Disease.
31 (h) Respiratory System:
32 (i) Chronic Obstructive Pulmonary Disease; and
33 (ii) Pneumonia including assisting with coughing and deep
34 breathing.
35 (i) Substance Abuse; and
36 (j) Urinary System:
37 (i) Urinary retention; and
38 (ii) Urinary tract infections.
39 (D) Evaluation (Weight: 14%)
40 (1) Knowledge post-test;
41 (2) Return demonstration on new skills as evidenced by role-playing a
42 variety of scenarios in the lab setting; and
43 (3) Return demonstration on new skills as evidenced by observation of at
44 least three encounters with a variety of persons, family members, and
45 team members in the clinical setting.
46
47 X. Domain: Documentation
48 (A) Outcomes of teaching. By the end of the course, the student will be able to:
49 (1) Explain guidelines for documentation; and
50 (2) Describe SBARR.

- 1 (B) Clinical competencies. By the end of the course, the student will be able to:
2 (1) Record care provided; and
3 (2) Use terminology appropriately.
- 4 (C) Curriculum Content:
5 (1) How to record observations with common medical terminology;
6 (2) Principles of documentation;
7 (3) Concept of SBARR (Situation, Background, Assessment (Observation),
8 Recommendation, and Read-back/Review):
9 (a) Situation: What is happening now? Chief complaints, acute
10 changes;
11 (b) Background: What factors led to event? Vital signs, history;
12 (c) Assessment (Observation): What do you see? What do you
13 think is going on?;
14 (d) Recommendation: What action can be taken?; and
15 (e) Read-back/Review: Opportunity to ask clarifying questions 1:1,
16 What things do you want or need to know? (How often does the
17 nurse want vital signs?, When does the nurse want to be
18 notified?, What else does the nurse want you to be looking
19 for?); and
20 (4) Incident recording.
- 21 (D) Evaluation (Weight: 3%)
22 (1) Knowledge post-test;
23 (2) Return demonstration on new skills as evidenced by role-playing a
24 variety of scenarios in the lab setting; and
25 (3) Return demonstration on new skills as evidenced by observation of at
26 least three encounters with a variety of persons, family members, and
27 team members in the clinical setting.
- 28
- 29 XI. Domain: End-of-Life Care
30 (A) Outcomes of teaching. By the end of the course, the student will be able to:
31 (1) Discuss factors that influence an individual's feelings about death.
32 (2) Explain how to care for and support a person who is dying.
33 (3) Describe the stages of death and dying.
34 (4) List changes that may occur in the human body after death.
35 (5) Identify and discuss emotional challenges for caregivers associated
36 with end-of-life care.
- 37 (B) Clinical competencies. By the end of the course, the student will be able to:
38 (1) Show respect for an individual's customs and culture related to death
39 and dying.
40 (2) Provide comfort care for a person who is dying.
- 41 (C) Curriculum Content:
42 (1) Role of hospice/palliative care;
43 (2) Comfort care when death is imminent;
44 (3) Stages of death and dying;
45 (4) Family involvement and support;
46 (5) Potential stressors for caregiver from end-of-life care, including:
47 (a) Anxiety about death and contact with a dead body;
48 (b) Grief at death of the person; and
49 (c) Stressful interactions with family members around death and
50 end-of-life decisions.

- 1 (6) Changes that may occur in the human body after death;
- 2 (7) Care for the deceased including removing non-surgically inserted
- 3 tubes:
- 4 (a) Feeding tube;
- 5 (b) Rectal bag;
- 6 (c) Foley catheter;
- 7 (d) Nasogastric tube; and
- 8 (e) Saline lock.
- 9 (D) Evaluation (Weight: 3%)
- 10 (1) Knowledge post-test;
- 11 (2) Return demonstration on new skills as evidenced by role-playing a
- 12 variety of scenarios in the lab setting; and
- 13 (3) Return demonstration on new skills as evidenced by observation of at
- 14 least three encounters with a variety of persons, family members, and
- 15 team members in the clinical setting.
- 16
- 17 XII. Domain: Caregiver Self-Care
- 18 (A) Outcomes of teaching. By the end of the course, the student will be able to:
- 19 (1) Explain ways to manage stress.
- 20 (2) Identify appropriate self-advocacy.
- 21 (B) Curriculum Content:
- 22 (1) Benefits of self-care;
- 23 (2) How to manage self-care;
- 24 (a) Take responsibility for personal well-being;
- 25 (b) Have realistic expectations;
- 26 (c) Promote positive changes;
- 27 (d) Use effective communication techniques; and
- 28 (e) Ask for help when needed.
- 29 (3) Develop a personal action plan;
- 30 (4) Decrease personal stress;
- 31 (5) Understand own emotions;
- 32 (6) Identify what can and cannot be changed; and
- 33 (7) Caregiver rights:
- 34 (a) Right to considerate and respectful behavior from individuals
- 35 they serve;
- 36 (b) Right to considerate and respectful treatment from supervisors
- 37 and co-workers;
- 38 (c) Right to a workplace environment free from physical, sexual,
- 39 verbal or psychological intimidation, abuse, or harassment;
- 40 (d) Right to say no to assignments or delegations for which the
- 41 caregiver has not been adequately trained, or which pose a
- 42 health or safety risk for the caregiver; and
- 43 (e) Right to say no to participation in procedures (examples:
- 44 abortion, physician-assisted suicide) to which the caregiver has
- 45 a personal moral objection.
- 46 (C) Evaluation (Weight: 3%)
- 47 (1) Knowledge post-test;
- 48 (2) Return demonstration on new skills as evidenced by role-playing a
- 49 variety of scenarios in the lab setting; and

- 1 (3) Return demonstration on new skills as evidenced by observation of at
2 least three encounters with a variety of persons, family members, and
3 team members in the clinical setting.
4

5 In addition, prior to being permitted to give direct care to a person, the nursing assistant
6 student must successfully complete a skills checklist. Each student must practice each skill
7 on the skills checklist prior to any clinical experience/client contact.
8

9 Competency Evaluation

10 (A) Lab:

- 11 (1) This practice must be under the supervision, of a Board-approved
12 faculty member of the training program, in the skills lab on a
13 mannequin or another person;
14 (2) The student must demonstrate basic competence in the following skill
15 areas:
16 (a) Collaboration with Health Care Team:
17 (i) Take report;
18 (ii) Give report;
19 (iii) Anticipate daily routine on a shift;
20 (iv) Identify roles of other members of the health care team;
21 (v) Work effectively with other members of the health care
22 team; and
23 (vi) Mentor another student while assisting with a task.
24 (b) Communication and Interpersonal Skills:
25 (i) Use preferred pronouns;
26 (ii) Identify situations that present potential conflict;
27 (iii) Use therapeutic communication; and
28 (iv) Utilize active listening techniques.
29 (c) Person-centered Care:
30 (i) Advocate for the protection of the individual's rights;
31 (ii) Uphold the individual's choices;
32 (iii) Follow the individual's plan of care;
33 (iv) Coordinate ADL approaches using the individual's own
34 pattern/habits.
35 (d) Infection Control and Prevention including Standard or
36 Transmission Based
37 Precautions:
38 (i) Wash hands;
39 (ii) Hand hygiene;
40 (iii) Follow standard precautions according to the Centers for
41 Disease Control and Prevention;
42 (iv) Proper care for individual's environment;
43 (v) Assist with coughing and deep breathing;
44 (vi) Handle linen;
45 (vii) Implement neutropenic precautions;
46 (viii) Make an occupied bed;
47 (ix) Make an unoccupied bed;
48 (x) Put on and remove personal protective equipment:
49 gloves;

- 1 (xi) Put on and remove personal protective equipment:
2 gown;
- 3 (xii) Put on and remove personal protective equipment:
4 mask;
- 5 (xiii) Handle and dispose of hazardous waste safely;
- 6 (xiv) Demonstrate using escalating levels of infection control;
- 7 (xv) Change a wound vacuum canister;
- 8 (xvi) Apply a simple dressing to a dry, non-infected wound;
- 9 (xvii) Collect a clean catch urine specimen;
- 10 (xviii) Collect a sputum specimen; and
- 11 (xix) Collect a stool specimen.
- 12 (e) Safety and Emergency Procedures:
 - 13 (i) Administer abdominal thrust;
 - 14 (ii) Ambulate using a gait belt;
 - 15 (iii) Ambulate with a cane;
 - 16 (iv) Ambulate with a walker;
 - 17 (v) Apply a wrist restraint;
 - 18 (vi) Apply position/alignment techniques for persons in bed
19 using safe handling devices;
 - 20 (vii) Apply position/alignment techniques for persons in
21 chairs and wheelchairs using safe handling devices;
 - 22 (viii) Identify individual at risk for accident and describe an
23 accident prevention strategy;
 - 24 (ix) Implement bleeding, cervical, hip, and sternal
25 precautions;
 - 26 (x) Transfer a person from bed to wheelchair;
 - 27 (xi) Transfer a person from wheelchair to bed;
 - 28 (xii) Turn oxygen on and off at pre-established flow rate for
29 stable person;
 - 30 (xiii) Use safe transfer and handling techniques with lift
31 equipment; and
 - 32 (xiv) Use safe transfer and handling techniques with seated
33 transfers.
- 34 (f) Activities of daily living (ADL):
 - 35 (i) Personal Care:
 - 36 (I) Put on and care for eyeglasses;
 - 37 (II) Put in and care for hearing aids;
 - 38 (III) Apply anti-embolism elastic stockings;
 - 39 (IV) Apply non-prescription pediculicides;
 - 40 (V) Apply topical barrier creams, ointments, or wipes
41 for skin care;
 - 42 (VI) Assist with hair care
 - 43 (VII) Shampoo hair;
 - 44 (VIII) Dress;
 - 45 (IX) Undress;
 - 46 (X) Give a bed bath;
 - 47 (XI) Give shower bath;
 - 48 (XII) Provide denture care;
 - 49 (XIII) Provide fingernail care;
 - 50 (XIV) Provide foot care;

- 1 (XV) Provide mouth care;
- 2 (XVI) Provide mouth care for non-responsive person;
- 3 (XVII) Provide perineal/incontinence care;
- 4 (XVIII) Provide skin care;
- 5 (XIX) Shave face with electric razor;
- 6 (XX) Shave face with safety razor;
- 7 (XXI) Prevent friction and shearing on skin when
- 8 moving and turning a person; and
- 9 (XXII) Apply and remove delivery device and turn
- 10 continuous positive airway pressure (CPAP) or bi-
- 11 level positive airway (BiPAP) devices on and off.
- 12 (ii) Nutrition and Hydration:
- 13 (I) Assist with eating;
- 14 (II) Assist with maintaining hydration;
- 15 (III) Thicken liquids;
- 16 (IV) Measure and record intake;
- 17 (V) Measure and output;
- 18 (VI) Measure and record height; and
- 19 (VII) Measure and record weight.
- 20 (iii) Elimination:
- 21 (I) Assist with the use of a fracture pan;
- 22 (II) Assist with the use of a regular bedpan;
- 23 (III) Assist with use of a toilet;
- 24 (IV) Assist with use of a urinal;
- 25 (V) Change of a disposable brief;
- 26 (VI) Recognize and respond to cues/patterns for
- 27 toileting;
- 28 (VII) Apply and remove external urinary catheter;
- 29 (VIII) Change from a urinary drainage bag to a leg bag;
- 30 (IX) Change from a urinary leg bag to a drainage bag;
- 31 (X) Empty urinary drainage bag;
- 32 (XI) Provide catheter care;
- 33 (XII) Clean ostomy site for established, non-acute
- 34 ostomy;
- 35 (XIII) Empty ostomy bag; and
- 36 (XIV) Change ostomy bag.
- 37 (iv) Restorative Care:
- 38 (I) Apply, turn on and off, sequential compression
- 39 devices;
- 40 (II) Apply warm therapy;
- 41 (III) Apply cold therapy;
- 42 (IV) Assist with lower extremity range of motion;
- 43 (V) Assist with upper extremity range of motion;
- 44 (VI) Assist individual in and out of Continuous Passive
- 45 Motion (CPM) machine; and
- 46 (VII) Reinforce use of an incentive spirometer.
- 47 (g) Mental Health and Social Service Needs:
- 48 (i) Appropriately utilize tools for behavioral management;

- 1 (ii) Protect client, self, and other individuals when in a
- 2 situation where an individual's behavior is escalating
- 3 out of control;
- 4 (iii) Report relevant observations to licensed nurse; and
- 5 (iv) Use appropriate harmless release techniques.
- 6 (h) Technical Skills:
- 7 (i) Data gathering skills:
- 8 (I) Measure, record, and empty output from
- 9 drainage devices and closed drainage systems;
- 10 (II) Perform fingerstick capillary blood test;
- 11 (III) Scan glucometer sensor.
- 12 (ii) Designated tasks:
- 13 (I) Change a suction catheter; and
- 14 (II) Remove mask after nebulizer treatment.
- 15 (i) Observation and Reporting:
- 16 (i) Measure and Record:
- 17 (I) Pain level;
- 18 (II) Axillary temperature;
- 19 (III) Oral temperature;
- 20 (IV) Temporal temperature;
- 21 (V) Rectal temperature;
- 22 (VI) Apical pulse;
- 23 (VII) Radial pulse;
- 24 (VIII) Respirations;
- 25 (IX) Electronic blood pressure;
- 26 (X) Manual blood pressure (forearm, lower leg, thigh,
- 27 and upper arm;
- 28 (XI) Orthostatic blood pressure readings;
- 29 (XII) Pulse oximetry; and
- 30 (XIII) Urine output from urinary drainage system.
- 31 (ii) Recognize a person's baseline; and
- 32 (iii) Identify changes in a person's condition and know what
- 33 to do when change identified.
- 34 (j) Documentation:
- 35 (i) Record care provided; and
- 36 (ii) Use terminology appropriately.
- 37 (k) End-of-Life Care:
- 38 (i) Respect a person's customs and culture related to death
- 39 and dying; and
- 40 (ii) Provide comfort care for a person who is dying.
- 41 (l) Caregiver Self-Care.
- 42 (B) Clinical:
- 43 (1) During the course of clinical training, the student must successfully
- 44 demonstrate the following skills to a Board approved faculty member
- 45 of the training program:
- 46 (a) Collaboration with Health Care Team:
- 47 (i) Take report;
- 48 (ii) Give report;
- 49 (iii) Anticipate daily routine on a shift;
- 50 (iv) Identify roles of other members of the health care team;

- 1 (v) Work effectively with other members of the health care
- 2 team; and
- 3 (vi) Mentor another student while assisting with a task.
- 4 (b) Communication and Interpersonal Skills:
- 5 (i) Use preferred pronouns;
- 6 (ii) Identify situations that present potential conflict;
- 7 (iii) Use therapeutic communication; and
- 8 (iv) Utilize active listening techniques.
- 9 (c) Person-centered Care:
- 10 (i) Advocate for the protection of the individual's rights;
- 11 (ii) Uphold the individual's choices;
- 12 (iii) Follow the individual's plan of care;
- 13 (iv) Coordinate ADL approaches using the individual's own
- 14 pattern/habits.
- 15 (d) Infection Control and Prevention including Standard or
- 16 Transmission Based Precautions:
- 17 (i) Wash hands;
- 18 (ii) hand hygiene;
- 19 (iii) Follow standard precautions according to the Centers for
- 20 Disease Control and Prevention;
- 21 (iv) Proper care for individual's environment;
- 22 (v) Assist with coughing and deep breathing;
- 23 (vi) Handle linen;
- 24 (vii) Make an occupied bed;
- 25 (viii) Make an unoccupied bed;
- 26 (ix) Put on and remove personal protective equipment:
- 27 gloves;
- 28 (x) Put on and remove personal protective equipment:
- 29 gown;
- 30 (xi) Put on and remove personal protective equipment:
- 31 mask.
- 32 (xii) Handle and dispose of hazardous waste safely; and
- 33 (xiii) Demonstrate using escalating levels of infection control.
- 34 (e) Safety and Emergency Procedures:
- 35 (i) Ambulate using a gait belt;
- 36 (ii) Ambulate with a walker;
- 37 (iii) Apply position/alignment techniques for persons in bed
- 38 using safe handling devices;
- 39 (iv) Apply position/alignment techniques for persons in
- 40 chairs and wheelchairs using safe handling devices;
- 41 (v) Identify individual at risk for accident and describe an
- 42 accident prevention strategy;
- 43 (vi) Transfer a person from bed to wheelchair;
- 44 (vii) Transfer a person from wheelchair to bed;
- 45 (viii) Turn oxygen on and off at pre-established flow rate for
- 46 stable person; and
- 47 (ix) Use safe transfer and handling techniques with lift
- 48 equipment.
- 49 (f) Activities of daily living (ADL):
- 50 (i) Personal Care:

- 1 (I) Put on and care for eyeglasses;
- 2 (II) Put in and care for hearing aids;
- 3 (III) Apply anti-embolism elastic stockings;
- 4 (IV) Apply topical barrier creams, ointments, or wipes
- 5 for skin care;
- 6 (V) Assist with hair care;
- 7 (VI) Shampoo hair;
- 8 (VII) Dress;
- 9 (VIII) Undress;
- 10 (IX) Give shower bath;
- 11 (X) Provide denture care;
- 12 (XI) Provide fingernail care;
- 13 (XII) Provide foot care;
- 14 (XIII) Provide mouth care;
- 15 (XIV) Provide perineal/incontinence care;
- 16 (XV) Provide skin care; and
- 17 (XVI) Prevent friction and shearing on skin when
- 18 moving and turning a person.
- 19 (ii) Nutrition and Hydration:
- 20 (I) Assist with eating;
- 21 (II) Assist with maintaining hydration;
- 22 (III) Measure and record intake;
- 23 (IV) Measure and output; and
- 24 (V) Measure and record weight.
- 25 (iii) Elimination:
- 26 (I) Assist with use of a toilet;
- 27 (II) Assist with use of a urinal;
- 28 (III) Change of a disposable brief;
- 29 (IV) Recognize and respond to cues/patterns for
- 30 toileting.
- 31 (iv) Restorative Care:
- 32 (I) Assist with lower extremity range of motion; and
- 33 (II) Assist with upper extremity range of motion.
- 34 (v) Mental Health and Social Service Needs: Report relevant
- 35 observations to licensed nurse.
- 36 (g) Technical Skills;
- 37 (h) Observation and Reporting:
- 38 (i) Measure and Record:
- 39 (I) Pain level;
- 40 (II) Oral temperature;
- 41 (III) Temporal temperature;
- 42 (IV) Radial pulse;
- 43 (V) Respirations;
- 44 (VI) Electronic blood pressure;
- 45 (VII) Manual blood pressure (upper arm); and
- 46 (VIII) Pulse oximetry.
- 47 (ii) Recognize a person's baseline; and
- 48 (iii) Identify changes in a person's condition and know what
- 49 to do when change identified.
- 50 (i) Documentation:

- 1 (i) Record care provided; and
- 2 (ii) Use terminology appropriately.
- 3 (j) End-of-Life Care; and
- 4 (k) Caregiver Self-Care.
- 5