Providing CNA testing solutions throughout South Dakota!

South Dakota Nursing Assistant Candidate Handbook

EFFECTIVE: February 26, 2024

Version 28

Updates to the Nurse Aide Candidate Handbook - Effective: 2-26-2024

Updated for transition to TestMaster Universe (TMU©) software.

www.sdhca.org/cna

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Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term healthcare facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

The South Dakota Department of Health monitors approved OBRA nurse aide training programs, which provide specific standards for nurse aide-related knowledge, skills, and abilities. Their purpose is to make sure that Candidates who are seeking nurse aide certification understand these standards, can competently and safely perform the job of an entry-level nurse aide, and are prepared to test.

The South Dakota Health Care Association has contracted with D&S Diversified Technologies-Headmaster, LLP, to provide tests and scoring services for the Certified Nurse Aide Test. This handbook is designed to help prepare Candidates for the South Dakota-approved Certified Nurse Aide Test. There are two parts to the Certified Nurse Aide Test—a multiple-choice Knowledge/Oral Test and a Skill Test. Candidates must pass both parts of the test to be certified and listed on the Nurse Aide Registry.

To learn how to apply to take the Certified Nurse Aide Test, please contact the South Dakota Health Care Association at (800)952-3052 or visit www.sdhca.org/cna. This handbook should be kept for future reference.

Americans with Disabilities Act (ADA)

Requests for Special Test Accommodations (ADA)

If you have a qualified disability, you may request special accommodations for your examination. The South Dakota Health Care Association must approve accommodations in advance of your examination. Please contact the SDHCA office to request an ACCOMMODATION FORM or download it from the www.sdhca.org/cna website and submit it to SDHCA along with the rest of your application materials. If the ADA is not approved before testing, the candidate will not receive the accommodations on testing day.

Candidates with Temporary Disabilities

Please note that the Test Observer has the authority to deny testing to any candidate who expresses or has a noticeable temporary disability. The Skill Test includes some strenuous physical tasks. If the candidate cannot perform even one of the skill tasks due to a temporary disability, they should not come to the test site. Temporary disabilities such as knee injury, back injury, pregnancy, recent surgery, etc., which would preclude the candidate from safely performing even one of the skill tasks, are all reasons for denying testing unless the candidate has a specific doctor's okay. The South Dakota Health Care Association, Headmaster, the Test Observer, and the Actor do not cover personal bodily or physical injury. Therefore, you will not be allowed to test if you have a temporary disability.

If you are experiencing a temporary disability and do not test within four months from your date of hire, document the specifics of the situation and file the documentation in the candidate's personnel file. You may call Diana Weiland at the South Dakota Department of Health, phone number (605)995-8057, and obtain further information. Please remember, if a Test Observer denies testing to a candidate because of a temporary disability, they are acting in the best interests of the candidate.

Candidates with Permanent Disabilities

If you have a permanent disability and need an ADA accommodation, the South Dakota Health Care Association must be informed, and the ADA Accommodations form(s) must be submitted with the regular application to the South Dakota Health Care Association.

The Registry

The South Dakota Board of Nursing maintains information regarding the certification/registry of nurse aides in South Dakota. Your CNA Verification Card can be obtained by visiting the SD Board of Nursing's website and looking under the Certified Nurse Aide section. The Registry operates according to federal and state requirements and guidelines. Anyone may contact the Registry to inquire about his or her status as a nurse aide. Contact the South Dakota State Board of Nursing at (605)362-2760 with questions about lapsed certification and certification transfer to or from another state.

The South Dakota Nurse Aide Competency Exam

Knowledge/Skill Testing Fees

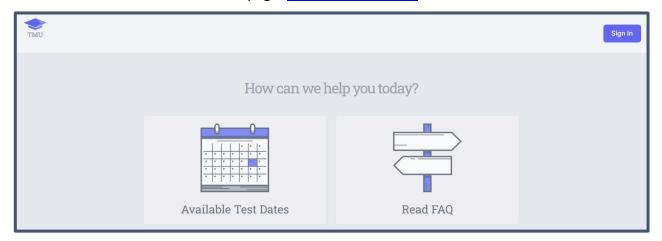
The costs for an organization and/or individual to take the above exams are as follows:

Exam Description	Price
Knowledge Exam or Retake	\$78.50
Audio Version of the Knowledge Exam or Retake (test is computer read)	\$89.00
Skill Exam or Retake	\$99.00

NOTE: Individuals must take a Knowledge Test and Skill Test.

South Dakota TMU©

This is the South Dakota TMU© main webpage- www.sdhca.org/cna



Completing your TMU© Account

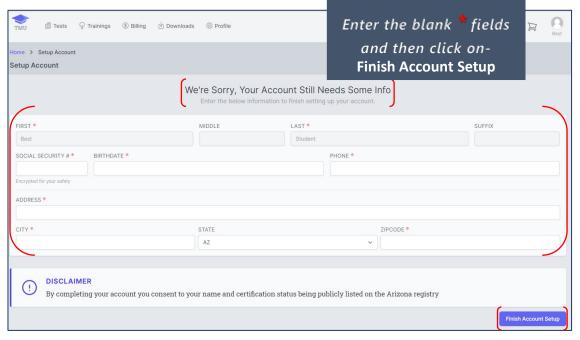
Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

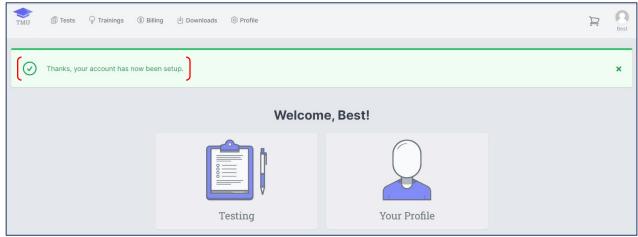
<u>IMPORTANT</u>: Before you can test, you must sign in to the South Dakota TMU© main page, <u>www.sdhca.org/cna</u>, using your secure Email or Username and Password and complete your demographic information.

• It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, you sign in to your record, update your password, and complete your demographic information.

If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you cannot sign in for any reason, contact D&SDT-Headmaster at (800)393-8664.

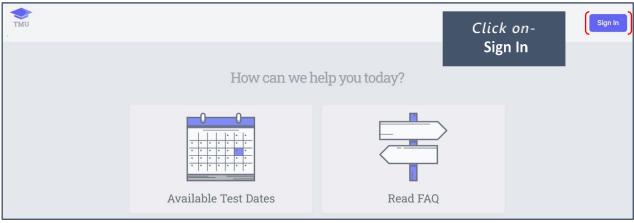
Screen you will see the first time you sign in to your TMU© record with the demographic information you need to enter to complete your account:

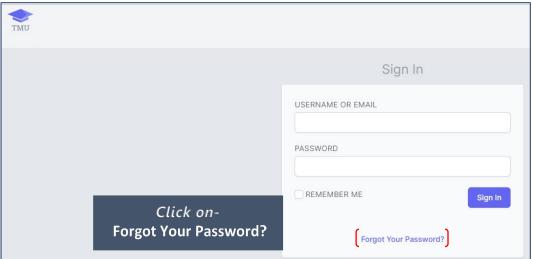


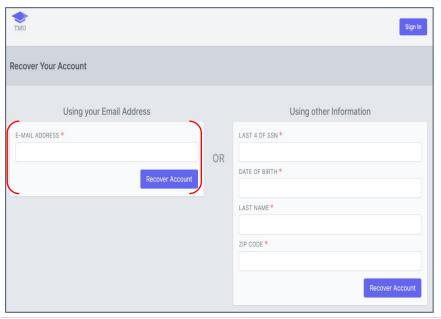


If you have forgotten or do not know your Password, follow the instructions in the next section 'Forgot Your Password and Recover your Account' to Reset your Password and Recover your Account.

Forgot your Password and Recover your Account







Type in your Email Address

Click on – Recover Account

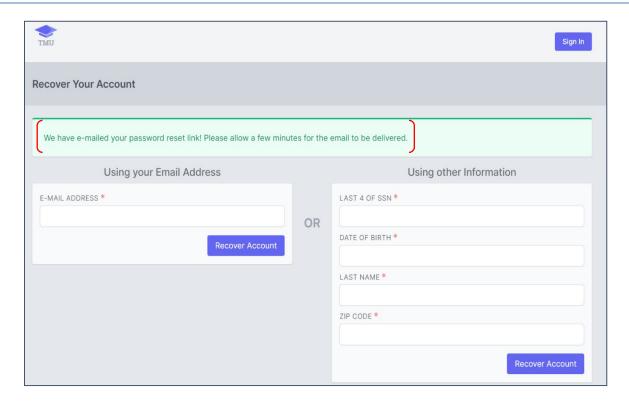
An email with the reset link will be emailed to you.

Click on the reset link in your email to reset your password.

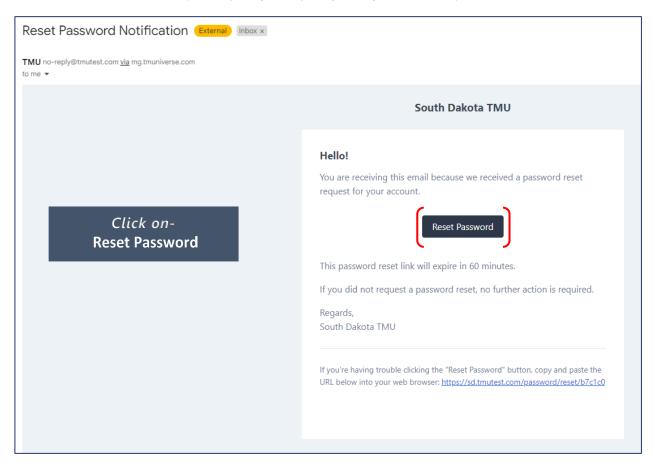
-OR- You can type in the requested data under Using other Information

Click on - Recover Account

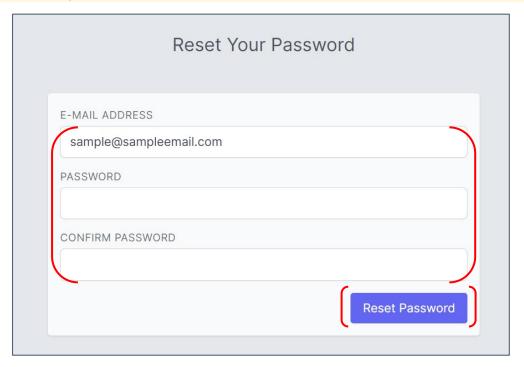
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This is what the email will look like (check your junk/spam folder for the email):



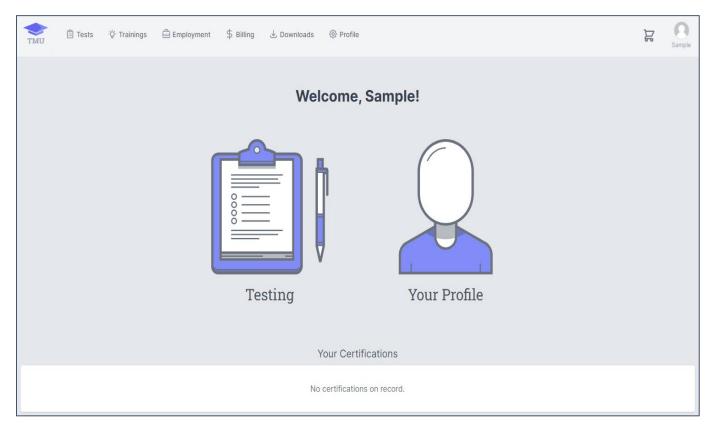
Note: If you do not reset your password right away, the link will expire in 60 minutes, and after that time, you will need to request a new link.



Type in your
Password and
Confirm Password,

then click on – Reset Password

This is the home screen you will see once you have reset your password:



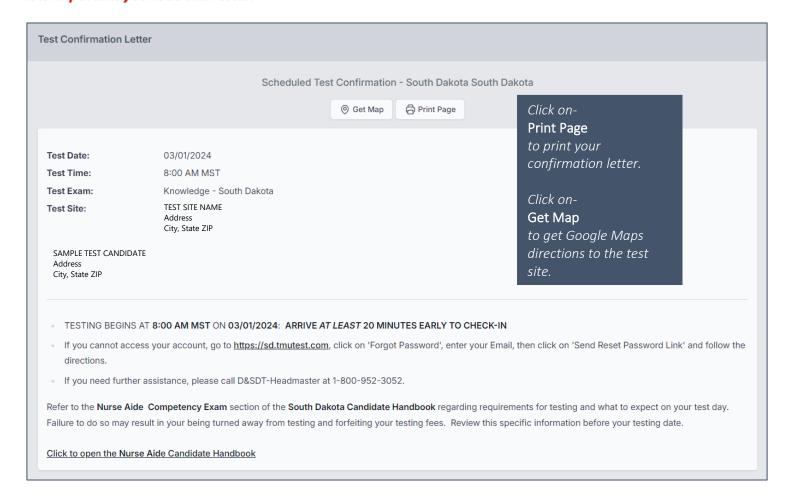
Test Confirmation Letter

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time. (See example below.)

The body of the test confirmation letter will refer you to the candidate handbook that will give you state-specific instructions on what time to arrive, ID requirements, dress code, etc.

Note: Failure to read the candidate handbook could result in No Show for your test event for not adhering to the testing policies, etc.

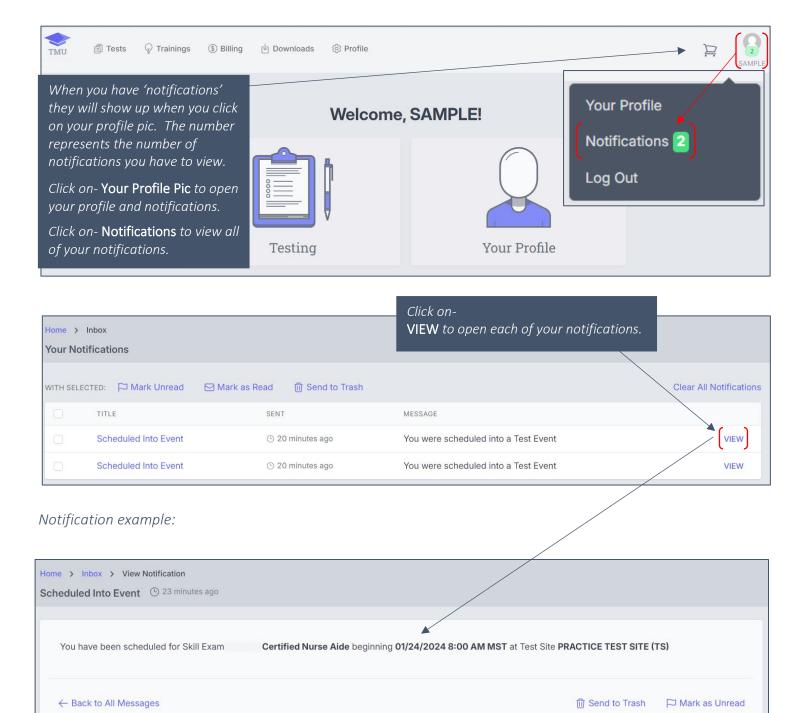
It is important you read this letter!



Note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

Checking/Viewing your TMU© Notifications

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



Exam Check-In

You should arrive at your confirmed test site twenty (20) minutes before the test starts.

Required Identification

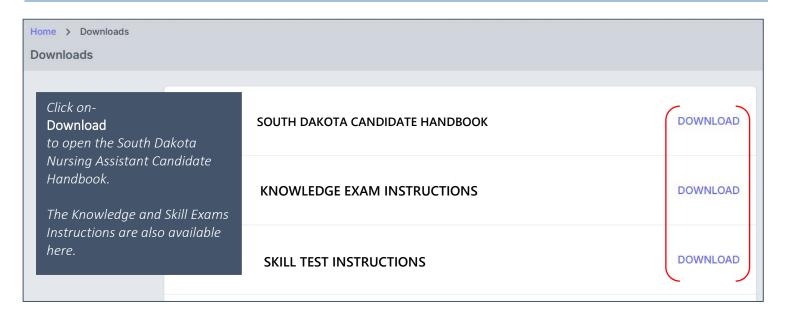
You must bring a photo ID or a South Dakota Health Care Association-approved substitute ID form.

Testing Policies

- Make sure you have signed in to your TMU© account at www.sdhca.org/cna before your test date to update your password and complete your demographic information. Refer to this handbook's 'Complete Your TMU© Account' section for instructions and information.
- If you arrive late for your confirmed test appointment, you will not be admitted.
- **ELECTRONIC DEVICES**: Cell phones, smart watches, fitness monitors, electronic recording devices, and Bluetooth-connected devices are not permitted to be on or near you during testing. The testing team will inform you of the designated area to place your electronic devices, and you are to collect these items when you have completed testing.
 - All electronic devices must be **turned off**. Smartwatches, fitness monitors, and Bluetooth-connected devices must be removed from your wrist/body.
- You are not permitted to bring personal belongings such as water bottles, briefcases, large bags, study
 materials, extra books, or papers into the testing room. Should any such materials be brought into the
 testing room, the testing team will inform you of the designated area to place your personal items, and
 you are to collect these items when you have completed testing.
- You may bring a basic calculator.
- You may not take or remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the exam.
- If you are discovered causing a disturbance of any kind, engaging in any misconduct, are visibly impaired, or trying to take any notes or testing materials from the testing room, you will be dismissed from the exam, your exam will be scored as a failed attempt, and you will be reported to your state licensing agency. Decisions regarding disciplinary measures are the responsibility of your state licensing agency.
- No visitors, guests, pets (including companion animals), or children are allowed.
 - Service animals with an approved ADA accommodation in place are allowed.
- Please review this South Dakota Nursing Assistant Candidate Handbook before your test day for any testing and/or policy updates.
- The Candidate Handbook can also be accessed within your TMU© account under your 'Downloads' tab.

Accessing the Candidate Handbook and Testing Instructions in your TMU© Account





Security

If you refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. Anyone who removes or tries to remove test material or information from the test site will be prosecuted. Study materials may not be brought to the test or used during testing. If you give or receive help from anyone during testing, the test will be stopped, your test will be scored as a failed attempt, you will be dismissed from the testing room, and your name will be reported to the appropriate agency.

Test Results

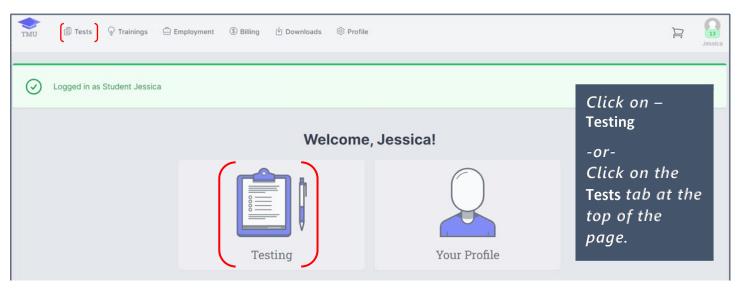
Your test results are located at www.sdhca.org/cna. Follow the instructions below.

After you have completed both the Knowledge Exam and Skill Test components of the competency exam, your test results will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 7:00PM CST the business day after your test event.

The report will indicate whether you have passed or failed the Knowledge/Audio Test and/or Skill Test. If you fail, the report will indicate the areas you need improvement. If you fail a test (Knowledge/Skill Test), you will need to retake the test you failed. After successfully passing both the Knowledge/Audio Test and Skill Test, you will be placed on the South Dakota Nurse Aide Registry.

To view your test results, sign in to your TMU© account.

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-Example Test Results are on the next page-

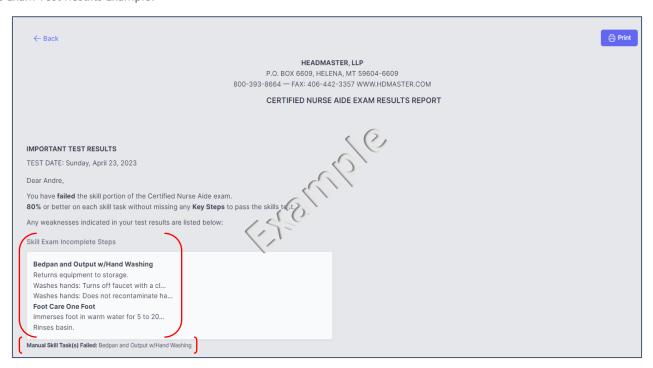
print your results.

Click on Print Test Results to

Knowledge Exam Test Results Example:



Skills Exam Test Results Example:



Reporting Irregularities

You may report any irregularity that may or may not have had a bearing on the outcome of your Certified Nurse Aide Test by requesting and completing a Reporting Irregularities Form. Contact the SDHCA office within 24 hours of the test at (800)952-3052.

The Knowledge/Audio Exam

The Test Observer will hand out materials and give instructions for the Knowledge/Audio Exam.

You will have a maximum of **ninety (90) minutes** to complete the 80-question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?"). You must have a 75% or better score to pass the knowledge portion of the exam.

Electronic testing using TMU© internet-connected computers is utilized at all sites in South Dakota. The knowledge exam portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge test. Please see the information under 'Complete Your TMU© Account' to sign in to your TMU© account.

NOTE: The Knowledge Test Proctor will provide you with a code at the test event to start your test.

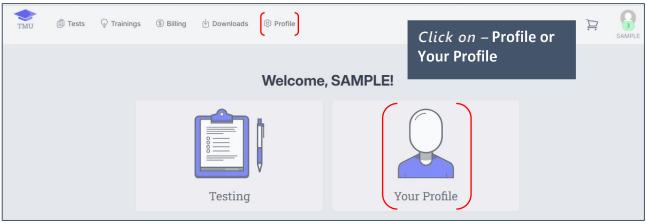
Audio Version of the Knowledge Exam

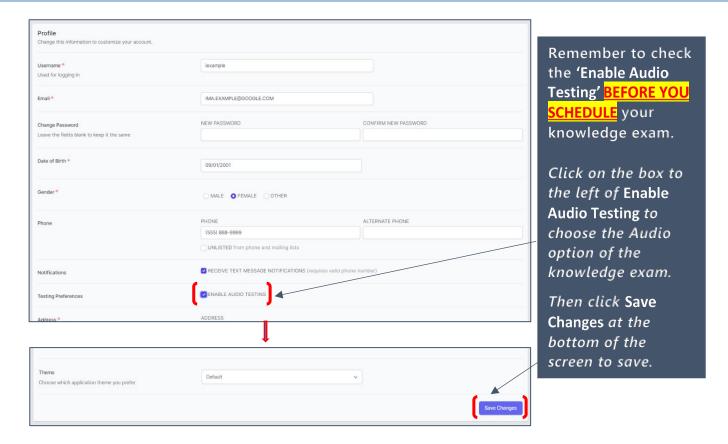
An audio (oral) version of the knowledge exam is available if you have difficulty reading English. However, you must request an Audio exam before you submit your application. The questions are read to you neutrally and can be heard through wired headphones/earbuds (Bluetooth-connected devices are not allowed) plugged into the computer. When taking an electronic Audio version of the knowledge exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow.

Enabling an Audio Version

Checking the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:





Knowledge Exam Content

The knowledge test consists of 80 questions SELECTED from the nine (9) subject areas listed below:

1) Safety—7 questions

Safety of residents, CNAs, organization safety issues, and safety of organization personnel in general.

2) Communication and Interpersonal Skills—6 questions

 Any verbal and nonverbal communication, written and spoken; any communication related to hearing, seeing, feeling, tasting, or smelling.

3) Infection Control — 7 questions

 Relating to the nature of infections, causes, and prevention, correct methods and procedures for dealing with infection.

4) Basic Rights — 6 questions

• The rights residents are legally entitled to; organization and CNA roles in ensuring those rights to include the promotion of residents' independence.

5) Basic Nursing Skills, Data Collection, and Personal Care— 24 questions

 Broad subject area, including any act or activity that would be considered a basic skill necessary to perform the job of a CNA, includes data acquisition, handling, and routing.

6) Role and Responsibility—8 questions

 Broad subject area, including any act or activity or restorative services that would be considered part of the basic role or responsibility of a CNA in the workplace.

7) Physical Health and Illness— 10 questions

 Activities or acts performed by a CNA for or to residents that are personal in nature and accommodations necessary for functionally impaired residents.

8) Mental Health and Illness—7 questions

• Mental processes of residents, signs, and stages of mental states of residents, both normal and care impaired; mental well-being and interaction of a CNA and co-workers.

9) Aging Process—5 questions

Awareness of developmental tasks associated with the aging process.

The Skill Test

The Skill Test aims to assess your performance of nurse aide skills. You must score at least 75% on each skill task without missing key steps to pass the Skill Test. A complete list of skill tasks is printed later in this handbook. You will be assigned one of the following mandatory tasks as your first task:

- Emptying a Urinary Drainage Bag
- Toileting Using a Bedpan

You will also receive an additional two (2) or three (3) randomly selected tasks from the following list to perform on your Skill test. The steps listed for each skill are required for a nursing assistant to demonstrate the skill task completely. You will be scored on these steps. If you fail the skill test, you will have to take another skill test with three or four tasks, one of which will be one of the tasks you failed, one of the two mandatory tasks, and 1 or 2 others that will be randomly chosen.

Latex / Powder Allergies

If you have an allergic reaction to latex or the powder in latex gloves, please bring latex/powder-free gloves with you to the test site to use during your skill test.

What to Expect

- Each of the three or four scenarios associated with your three or four assigned tasks will be read to you immediately before you do each task.
- Listen carefully to all instructions given by the Test Observer. You may have the scenario repeated.
- Be sure you understand all instructions before you begin because you may not ask questions after the test begins.
- You will be given **thirty (30) minutes** to complete the three (3) or four (4) tasks. You must correctly perform all three (3) or four (4) tasks in order to pass the Skill Test. You will be told when 15 minutes remain.
- If you make a mistake while performing a task, say so and then repeat the required task. Once the Skill Test begins, the Tester Observer may not answer questions.
- If you fail one skill task, you will have to retest with three or four new skill tasks, one of which will be a task you failed.

Skill Test Instructions

Please read through the following instructions before taking your skills test:

The Test Observer (TO) does not decide whether or not you pass or fail. The TO only observes and records the steps they see you demonstrate. D&SDT-HEADMASTER staff scores your test when the TO submits it for scoring.

- The first thing the TO will do when you enter the skill test area is show you where to place your personal belongings, cell phone (turned off), etc.
- Then, the TO will show you where the relaxation area is.
- You will be asked to show your ID as a double check to ensure the TO has your personalized skill test.
- The TO will sit beside you and ask you if you have any questions about these instructions.

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- The next thing the TO will do is tell you the tasks you will demonstrate.
- Then, the TO will show you the location of the supplies you will need for your tasks and demonstrate the equipment you will use for your assigned tasks. You will have an opportunity to ask the TO any questions you may have during the equipment demonstration.
- The TO will read your first scenario and start the timers when you begin your first demonstration.
- You will have **30 minutes** to complete your assigned skill tasks.
- Each of your skill tasks has a scenario. The TO will read **one scenario at a time** to you.
- Please perform and demonstrate the task as soon as you understand the scenario.
- At the beginning of your first task, you may use hand sanitizer.
- When appropriate, toward the end of your first task, you must actually correctly wash your hands with soap and water.
- During the demonstration of your other tasks, when appropriate, you may use hand sanitizer instead of actually washing your hands with soap and water.
- Steps that are only verbalized <u>do not count</u>.

Exception: There are steps in certain tasks that require you to verbalize while demonstrating.

- At any time, before you run out of time, you may:
 - Ask the TO to **reread** any scenario.
 - Correct any step on any task you believe you did incorrectly.
 - * To make a correction, you must tell the TO the specific task and what step(s) you will re-demonstrate.
- You may use any equipment necessary. You may move equipment as needed to accomplish your tasks.
- When finished with each task, verbally tell the TO you are finished and return to the relaxation area.
- Two timers will be set when you begin your skill test. The first timer will sound when 15 minutes remain, and the second will sound when all 30 minutes have elapsed.
- The Test Observer will read your first scenario and start the timers when you begin your first demonstration.

Skill Tasks Listing

Note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the South Dakota nurse aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

ABDOMINAL THRUST

- 1. The candidate is able to identify symptoms of choking. Evaluate choking by asking the resident, "Are you choking?"
- 2. Get the resident up out of the wheelchair.
- 3. Stand behind the resident and wrap arms around the resident's waist.
- 4. Makes a fist with one hand.
- 5. Place the thumb side of the fist against the resident's abdomen.
- 6. Positions fist slightly above the navel and below the xiphoid process.
- 7. Grasp the fist with other hand, press fist and hand lightly into the resident's abdomen, and verbalize an inward, upward thrust that is to be repeated at least 3-5 times.

- 8. The candidate stops and asks the resident, "Are you still choking?" Resident says, "I'm fine now."
- 9. The candidate should verbalize to the TO that they would repeat this procedure until it is successful or until the victim loses consciousness.
- 10. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

AMBULATION WITH A CANE OR WALKER

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer.
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Assemble equipment as required.
- 6. Ensure the chair is easily accessible.
- 7. Bring the resident to a sitting position.
- 8. Put non-skid footwear on the resident.
- 9. Place a gait belt around the resident below the lower ribs and above the waist to stabilize the trunk.
- 10. Tighten the gait belt so that the fingers of the candidate's hand can be comfortably slipped up and under between the gait belt and the resident.
- 11. Ensures safety by properly securing the gait belt.
- 12. Position the cane or walker correctly.
- 13. Position yourself appropriately to help the resident stand, always being aware of using correct body mechanics.
- 14. Assist the resident to stand.
- 15. Stabilize cane or walker. (Ensure resident stabilizes cane or walker.)
- 16. Position yourself behind and slightly to the side of the resident.
- 17. Safely ambulate resident at least 10 steps.
- 18. Assist the resident in pivoting and sitting in the chair.
- 19. Remove the gait belt.
- 20. Return the walker/cane to the appropriate storage area.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave the call light or signal calling device within easy reach of the resident.
- 23. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

AMBULATION WITH THE USE OF A GAIT BELT

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Obtain a gait belt.
- 5. Explain the procedure to the resident.
- 6. Lower bed to the lowest position.
- 7. Put non-skid footwear on the resident.
- 8. Place the gait belt around the resident below the lower ribs and above the waist to stabilize the trunk.
- 9. Tighten the gait belt so that the fingers of the candidate's hand can be comfortably slipped up and under between the gait belt and the resident.
- 10. Bring the resident to a standing position using proper body mechanics.
- 11. With one hand grasping the gait belt that stays in the proper position and the other stabilizing the resident by holding the forearm, shoulder, or using another appropriate method to stabilize, ambulate the resident 10 steps.
- 12. Assist the resident in sitting in the chair: Pivot and sit the resident using proper mechanics.
- 13. Remove gait belt.
- 14. Properly store the gait belt.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Leave the call light or signal calling device within easy reach of the resident.
- 17. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

APPLYING AN ANTI-EMBOLIC STOCKING

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Elevate the bed to the appropriate working height.
- 6. Provide for resident's privacy by only exposing one leg.
- 7. Roll, gather, or turn the stocking down inside out to the heel.
- 8. Place stocking over the toes, foot, and heel.
- 9. Roll or pull up the leg.
- 10. Ensure the stocking is placed with the heel properly aligned.
- 11. Adjust stocking as needed.
- 12. Lower bed.
- 13. The applied stocking is smooth and wrinkle-free.

- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Leave the call light or signal calling device within easy reach of the resident.
- 16. Treated resident gently during the entire procedure.
- 17. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

BLOOD PRESSURE

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Assist the resident in a comfortable sitting or recumbent position with the forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
- 7. Roll the resident's sleeve about 5 inches above the elbow and apply the appropriate size cuff around the upper arm just above the elbow.
- 8. Clean the stethoscope's earpieces appropriately and place them in the ears.
- 9. Locate the brachial artery by feeling the brachial pulse above the elbow bend.
- 10. Place the stethoscope over the brachial artery and hold it snugly in place.
- 11. Inflate cuff.
- 12. Attempt blood pressure reading no more than two times on an arm.
- 13. Slowly release air from the cuff to disappearance pulsations.
- 14. Remove cuff.
- 15. Record reading on the recording form provided.
- 16. The candidate's recorded systolic blood pressure is within 4 mmHg of the Test Observers.
- 17. The candidate's recorded diastolic blood pressure is within 4 mmHg of the Test Observers.
- 18. Utilize appropriate equipment:
 - a. Correct size cuff
 - b. Two alcohol swabs
 - c. Recording form and pencil
- 19. Maintain respectful, courteous interpersonal interactions at all times.
- 20. Leave the call light or signal calling device within easy reach of the resident.
- 21. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

BRUSHING TEETH

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- Drape the chest/bed to protect it from soiling.
- 7. Put on disposable gloves.
- 8. Apply toothpaste to toothbrush.
- 9. Gently brush the resident's teeth, including the *inner surfaces* of all upper and lower teeth. If available, toothettes may be utilized instead of the toothbrush as long as all the surfaces listed above are cleaned.
- 10. Gently brush the resident's teeth, including the *outer surfaces* of all upper and lower teeth.
- 11. Gently brush the resident's teeth, including the *chewing surfaces* of all upper and lower teeth.
- 12. Clean tongue and gums.
- 13. Assist resident in rinsing mouth.
- 14. Wipe the resident's mouth as needed.
- 15. Remove the soiled drape.
- 16. Place the soiled drape in an appropriate container.
- 17. Leave the resident in a position of comfort and safety.
- 18. Empty emesis basin.
- 19. Clean the emesis basin.
- 20. Rinse toothbrush.
- 21. Return all equipment to storage.
- 22. Place towel in linen hamper.
- 23. Remove gloves, turning gloves inside out as they are removed.
- 24. Dispose of gloves in an appropriate container.
- 25. Utilize appropriate equipment:
 - a. Toothbrush or toothette
 - b. Emesis basin
 - c. Glass of water
- 26. Maintain respectful, courteous interpersonal interactions at all times.
- 27. Leave the call light or signal calling within easy reach of the resident.
- 28. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

CHANGING AN OCCUPIED BED

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Gather clean linen and transport it correctly away from the body.
- 5. Place clean linen on a barrier in the room or over the back of the chair.
 - a. One bottom fitted sheet
 - b. One top flat sheet
 - c. One pillowcase
 - d. One blanket
 - e. One bedspread
 - f. One dirty linen hamper provided in the room
- 6. Explain the procedure to the resident.
- 7. Provide for resident's privacy.
- 8. Elevate the bed to the appropriate working height.
- 9. The resident must always remain covered with the sheet.
- 10. Raise the side rail/ assist bar opposite the working side of the bed or ask the Test Observer to stand on the opposite side of the bed.
- 11. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 12. Place a clean bottom sheet along the center of the bed, roll or fanfold linen against the resident's back, and unfold the remaining half. Pull corners tightly in place and tuck the sheet securely under the mattress as necessary.
- 13. Raise the second side rail/ assist bar or ask the Test Observer to stand opposite the working side of the bed and assist the resident in rolling over the bottom linen, preventing trauma and avoidable pain to the resident.
- 14. Remove soiled linen without shaking. Avoid placing clean or dirty linen on the overbed table. Avoid touching linen to uniform.
- 15. Place soiled linen in the linen hamper.
- 16. Pull through and smooth out the clean bottom linen.
- 17. Place clean top linen over the covered resident. Remove used linen, keeping resident unexposed at all times.
- 18. Tuck in top linen.
- 19. Make toe pleats.
- 20. Apply a clean pillowcase with zippers and/or tags to the inside.
- 21. Gently lift the resident's head to replace the pillow.
- 22. Leave the resident in a position of comfort and safety.
- 23. Leave the resident in a neatly made bed.
- 24. Maintain respectful, courteous interpersonal interactions at all times.

- 25. Leave the call light or signal calling device within easy reach of the resident.
- 26. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer.
 - c. Rub hands together until completely dry.

DENTURE CARE

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer.
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Put on disposable gloves.
- 7. Line the sink with a washcloth.
- 8. Remove dentures from the cup while handling dentures carefully to avoid damage.
- 9. Thoroughly brush dentures, *including the inner, outer, and chewing surfaces* of upper and lower dentures. Toothettes may be utilized instead of a toothbrush if all the surfaces listed above are cleaned.
- 10. Rinse dentures using clean, cool water.
- 11. Place dentures in rinsed cup.
- 12. Add cool, clean water to the cup.
- 13. Drape the resident with a towel.
- 14. Clean and rinse the resident's mouth.
- 15. Brush gums/tongue with toothbrush and toothpaste.
- 16. Rinse thoroughly with water or mouthwash.
- 17. Wipe residue from the resident's face.
- 18. Return the resident to a position of comfort and safety.
- 19. Clean equipment and return to storage.
- 20. Remove towels and place used linen in the linen hamper.
- 21. Remove gloves, turning gloves inside out as they are removed.
- 22. Dispose of gloves in an appropriate container.
- 23. Maintain respectful, courteous interpersonal interactions at all times.
- 24. Utilize appropriate equipment:
 - a. Denture container/emesis basin
 - b. Denture brush or toothettes
 - c. Toothpaste
 - d. Glass of water or mouthwash
- 25. Leave the call light or signal calling device within reach of the resident.
- 26. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

EMPTYING A URINARY DRAINAGE BAG

(one of the possible first mandatory tasks)

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Put on disposable gloves.
- 7. Place a barrier on the floor under the drainage bag.
- 8. Place the graduate on the barrier.
- 9. Ensure the bag is below the bladder at all times.
- 10. Ensure the drainage tube is not kinked.
- 11. Open the drain to allow the urine to flow into the graduate.
- 12. Allow all the urine to flow into the graduate.
- 13. Avoid touching the tip of the tubing to the graduate.
- 14. Clamp tubing.
- 15. Wipe the drain with alcohol.
- 16. Insert a plug or protective cap into the tubing or into the holder.
- 17. Measure output.
- 18. Empty and clean receptacle.
- 19. Remove gloves, turning gloves inside out as they are removed.
- 20. Dispose of gloves in an appropriate container.
- 21. Turn on clean running water.
- 22. Wet hands.
- 23. Apply soap to hands.
- 24. Rub hands together using friction.
- 25. Lather all surfaces of hands:
 - a. i.e., palms, back of hands, and between fingers
- 26. Rub hands together, using friction, for at least 15 seconds
- 27. Clean under fingernails
- 28. Interlace fingers pointing downward.
- 29. Rinse your hands thoroughly under running water with fingers pointed downward.
- 30. Dry hands with a clean paper towel(s).
- 31. Turn off the faucet with a clean, dry paper towel.
- 32. Discard paper towel(s) to trash container as used.
- 33. Do not recontaminate hands at any time during the handwashing procedure.
- 34. Record the output on the recording form provided.
- 35. The candidate's measurement is within 25 cc/ml of the Test Observer's measurement.
- 36. Leave the resident in a position of safety and comfort.
- 37. Leave the call light or signal calling device within reach of the resident.
- 38. Maintain respectful, courteous interpersonal interactions.

FLUID INTAKE

- 1. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 2. The candidate observes the dinner tray. Use a recording form, pencil, and/or calculator to estimate the number of cc or ml consumed.
- 3. The candidate decides on cc or ml of fluid 'consumed' from each container.
- 4. The candidate calculates the grand total cc/ml 'consumed' from all containers.
- 5. The candidate obtains the total fluid 'consumed' in cc or ml.
- 6. The candidate records the total cc or ml 'consumed' from the tray on the recording form provided.
- 7. Pre-measured total and the candidate's calculated total are within the required range.
- 8. Equipment utilized:
 - a. Two clear 8oz (240cc or ml) glasses: one clear 4oz (120cc or ml) placed on a tray
 - b. Calculator optional (candidate may bring if desired).
 - c. Recording form and pencil for candidate
- 9. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

GOWN AND GLOVES

- 1. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 2. Face the back opening of the gown.
- 3. Unfold the gown.
- 4. Place arms through each sleeve.
- 5. Secure the neck opening.
- 6. Secure the waist, ensuring the back flaps completely cover the clothing.
- 7. Put on disposable gloves.
- 8. Wrists are covered by either the gown or the gloves.
- 9. Remove gloves before removing the gown.
- 10. Remove gloves, turning gloves inside out as they are removed.
- 11. Dispose of the gloves in an appropriate container.
- 12. Unfasten the gown at the neck.
- 13. Unfasten the gown at the waist.
- 14. Remove the gown by folding the soiled area to the soiled area.
- 15. Dispose of the gown in an appropriate container.
- 16. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

HAIR CARE

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Utilize appropriate equipment:
 - a. Brush, comb or hair pick
- 5. Explain the procedure to the resident.
- 6. Ask the resident how they would like their hair combed.
- 7. Comb/brush the resident's hair gently and completely.
- 8. Leave hair neatly brushed, combed, and/or styled.
- 9. Ensure that clothing is free of dandruff and hair.
- 10. Maintain respectful, courteous interpersonal interactions at all times.
- 11. Leave the call light or signal calling device within easy reach of the resident.
- 12. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

MOUTH CARE FOR A COMATOSE RESIDENT

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Ensure resident's safety.
- 7. Position resident upright with head turned well to one side, as appropriate, to avoid choking or aspiration.

 -OR- Position resident on the side, as appropriate, to avoid choking or aspiration.
- 8. Drape chest/bed as needed to protect from soiling.
- 9. Put on disposable gloves.
- 10. Use toothettes.
- 11. Use diluted mouthwash.
- 12. Gently and thoroughly clean the mouth, including the gums.
- 13. Gently and thoroughly clean the inside of the mouth, including the tongue.
- 14. Gently and thoroughly clean the inside of the mouth, including the *inner surfaces of all upper and lower teeth*.
- 15. Gently and thoroughly clean the inside of the mouth, including the *outer surfaces of all upper and lower* teeth.
- 16. Gently and thoroughly clean the inside of the mouth, including the *chewing surfaces of all upper and lower teeth*.

- 17. Use water or diluted mouthwash with a clean toothette to rinse.
- 18. Clean and dry face.
- 19. Return the resident to a position of comfort and safety.
- 20. Clean and return equipment to storage.
- 21. Discard disposable items in the waste can.
- 22. Remove drape.
- 23. Place towel(s) and washcloth(s) in linen hamper.
- 24. Remove gloves, turning gloves inside out as they are removed.
- 25. Dispose of gloves in an appropriate container.
- 26. Maintain respectful, courteous interpersonal interactions at all times.
- 27. Leave the call light or signal calling device within easy reach of the resident.
- 28. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

NAIL CARE

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Ensure resident's safety. Lock wheelchair brakes.
- 6. Obtain a basin with warm water.
- 7. Immerse the resident's nails in comfortably warm water and soak them for at least five (5) minutes. The five minutes may be verbalized after the nails have been placed in warm water.
- 8. Gently clean under the resident's nails with a file or nailbrush. Nails may be cleaned as they soak.
- 9. Dry the resident's hands thoroughly, being careful to dry between fingers.
- 10. Gently push the cuticle back with a towel or orange stick.
- 11. Offer to cut the resident's nails.
- 12. Clean equipment and return to storage.
- 13. Place the towel in the linen hamper.
- 14. Utilize appropriate equipment:
 - a. Basin with warm water
 - b. Nail file
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Leave the call light or signal calling device within easy reach of the resident.
- 17. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

MODIFIED PARTIAL BED BATH

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Ensure resident safety as appropriate.
- 7. Elevate the bed to the appropriate working height.
- 8. Cover the resident with a bath blanket. Removes top bed linens. Fanfolds to the bottom of the bed or place aside.
- 9. Remove the resident's gown.
- 10. Fill a basin with comfortably warm water.
- 11. Put on disposable gloves.
- 12. Wash the resident's face first WITHOUT SOAP.
- 13. Dry face.
- 14. Wash the resident's hands using soap.
- 15. Rinse hands.
- 16. Dry hands.
- 17. Wash the resident's underarm with soap.
- 18. Rinse underarm.
- 19. Dry underarm.
- 20. Assist the resident in putting on a clean gown.
- 21. Properly clean and return all equipment used.
- 22. Place dirty laundry in the linen hamper.
- 23. Remove gloves, turning gloves inside out as they are removed.
- 24. Dispose of gloves in an appropriate container.
- 25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Utilize appropriate equipment:
 - a. Washcloth
 - b. Bath towel
 - c. Basin of warm water
- 27. Leave the call light or signal calling device within easy reach of the resident.
- 28. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

PARTIAL DRESSING OF RESIDENT

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. While removing the gown, provide for the resident's privacy by appropriately keeping the resident covered.
- 6. Remove the gown from the strong (unaffected) side first.
- 7. Place the soiled gown in the laundry hamper.
- 8. When dressing the resident in a shirt or sweater, the candidate inserts their hand through the sleeve of the shirt or sweater and grasps the hand of the resident, dressing from the weak (affected) side first.
- 9. Leave the resident comfortably and properly dressed.
- 10. Leave the call light or signaling device within easy reach of the resident.
- 11. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

PASSING FRESH WATER

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Assemble equipment as required:
 - a. Ice (marbles used as simulated ice)
 - b. Scoop
 - c. Pitcher, other appropriate equipment
- 5. Scoop ice (marbles used as simulated ice) into a water pitcher.
- 6. Properly use and store ice scoop:
 - a. Do not allow ice to touch your hand and fall back into the container.
 - b. Scoop placed in the appropriate receptacle after each use.
 - c. Or use an ice dispenser without contaminating water.
- 7. Add water to the pitcher.
- 8. Return pitcher to resident.
- 9. Do not bring ice/water source into the resident's room.
- 10. Ensure that no contamination occurs at any time during the task.

- 11. Maintain respectful, courteous interpersonal interactions at all times.
- 12. Leave the call light or signal calling device within easy reach of the resident.
- 13. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

POSITION RESIDENT ON THEIR SIDE IN BED

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident and how the resident may help.
- 5. Provide for resident's privacy.
- 6. Elevate the bed to the appropriate working height.
- 7. Position the bed flat.
- 8. Remove the pillow from under the resident's head.
- 9. Ensure resident safety as appropriate by checking that the bed brakes are locked.
- 10. Raise the side rail/assist bar on side of the bed if the bed has a side rail/assist bar.
- 11. From the working side of the bed, move the resident's upper body toward yourself.
- 12. From the working side of the bed, move the resident's hips toward yourself.
- 13. From the working side of the bed, move the resident's legs toward yourself.
- 14. Cross the resident's upper leg over the lower leg.
- 15. Assist/turn the resident on their side, either toward the raised side rail /assist bar or physically move to the opposite side of the bed and turn the resident toward yourself.
- 16. The resident is placed on the correct side that was read to the candidate in the scenario.
- 17. Place support devices (examples: pillows, wedges, blankets, etc.) to maintain correct body alignment and protect bony prominences.
- 18. Support devices should be placed under the resident's head.
- 19. Support devices should be placed under the resident's upside arm.
- 20. Support devices should be placed behind the resident's back.
- 21. Support devices should be placed between the resident's knees.
- 22. Lower the bed.
- 23. Maintain respectful, courteous interpersonal interactions at all times.
- 24. Leave the call light or signal calling device within easy reach of the resident.
- 25. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

RANGE OF MOTION EXERCISE

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Position resident supine and in good body alignment.
- 7. Correctly support the extremity/joint being exercised.
- 8. Move the shoulder joint through flexion, extension, rotation, abduction, and adduction as appropriate for each joint.
- Move the shoulder joint through flexion, extension, rotation, abduction, and adduction at least three times.
- 10. Move the elbow joint through flexion and extension as appropriate for each joint.
- 11. Move the elbow joint through flexion and extension at least three times.
- 12. Move the wrist joint through flexion, extension, and rotation as appropriate for each joint.
- 13. Move the wrist joint through flexion, extension, and rotation at least three times.
- 14. Move the hip joint through flexion, extension, rotation, abduction, and adduction as appropriate for each joint.
- 15. Move the hip joint through flexion, extension, rotation, abduction, and adduction at least three times.
- 16. Move the knee joint through flexion and extension as appropriate for each joint.
- 17. Move the knee joint through flexion and extension at least three times.
- 18. Move the ankle joint through flexion and extension as appropriate for each joint.
- 19. Move the ankle joint through flexion and extension at least three times.
- 20. Do not cause discomfort or pain or force any joint beyond the point of free movement.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave the call light within easy reach of the resident.
- 23. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

RESIDENT REQUIRING DINING ASSISTANCE

- 1. Knock on the door.
- 2. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 3. Explain the procedure to the resident.
- 4. Look at the diet card to check that the resident has received the correct tray.
- 5. Position the resident in an upright position, at least 45 degrees.
- 6. Protect clothing from soiling by using a napkin or clothing protector.

- 7. Provide hand hygiene for resident BEFORE feeding.
 - a. The candidate may use hand sanitizer by covering all surfaces of the resident's hand and rubbing until completely dry.

-or-

- b. The candidate may wash the resident's hands using a wet, soapy washcloth.
- 8. Dry the resident's hands BEFORE feeding if a wet washcloth was used.
- 9. Sit down facing the resident while feeding the resident or assume another posture so the candidate is at eye level with the resident.
- 10. Describe the foods being offered to the resident.
- 11. Offer fluid frequently.
- 12. Offer small amounts of food at a reasonable rate.
- 13. Allow resident time to chew and swallow.
- 14. Wipe the resident's hands and face during the meal utilizing a napkin, not the clothing protector.
- 15. Provide hand hygiene for the resident AFTER feeding.
 - a. The candidate may use hand sanitizer by covering all surfaces of the resident's hands and rubbing them until completely dry.

-or-

- b. The candidate may wash the resident's hands using a wet, soapy washcloth.
- 16. Dries resident's hands AFTER feeding if a wet washcloth was used.
- 17. Leave the resident clean and in a position of comfort.
- 18. Discard soiled linens correctly.
- 19. Record intake in the percentage of total solid food eaten on the recording form provided.
- 20. The candidate's calculation must be within 25 percentage points of the Test Observers.
- 21. The candidate records fluid intake in cc/ml on the recording form provided.
- 22. The candidate's calculation must be within 40cc/ml of the Test Observers.
- 23. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 24. Maintain respectful, courteous interpersonal interactions at all times.
- 25. Leave the call light or signaling device within easy reach of the resident.

TOILETING USING A BEDPAN

(one of the possible first mandatory tasks)

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Ensure resident safety at all times.
- 6. Provide for resident's privacy.
- 7. Do not contaminate or cross-contaminate at any point during the task.
 - a. Such as touching the bedrail, call light, or over-bed table.
- 8. Put on disposable gloves.

- 9. Position resident on bedpan correctly.
- 10. Uses correct body mechanics when placing resident on the bedpan.
- 11. Leave the call light and tissue within reach of the resident and move to a pre-designated area in the room.
- 12. When signaled, the candidate returns.
- 13. Verbalize the procedure for perineal care. Verbalization MUST include wiping from front to back.
- 14. Safely remove the bedpan from under the resident.
- 15. Empty bedpan into a graduate.
- 16. Wash/assist resident to wash and dry their hands.
- 17. Measure output.
- 18. Empty and clean receptacle. Flush the toilet if used.
- 19. Remove gloves, turning gloves inside out as they are removed.
- 20. Dispose of gloves in an appropriate container.
- 21. Turn on clean running water
- 22. Wet hands.
- 23. Apply soap to hands.
- 24. Rub hands together using friction.
- 25. Lather all surfaces of hands:
 - a. i.e., palms, back of hands, and between fingers
- 26. Lather wrists using soap.
- 27. Rub hands together for at least 15 seconds.
- 28. Clean under fingernails.
- 29. Interlace fingers pointing downward.
- 30. Rinse hands thoroughly under running water with fingers pointed downward.
- 31. Dry hands with a clean paper towel(s).
- 32. Turn off the faucet with a clean, dry paper towel.
- 33. Discard paper towel(s) to trash container as used.
- 34. Do not re-contaminate hands at any point during the procedure.
- 35. Record output on the recording form provided.
- 36. The candidate's measurement reading is within 25cc/ml of the Test Observer's reading.
- 37. Maintain respectful, courteous interpersonal interactions at all times.
- 38. Leave the call light or signal calling device within reach of the resident.
- 39. Utilize appropriate equipment:
 - a. Washcloth or disposable peri-cloth
 - b. Graduated cylinder

Transfer from Bed to Wheelchair using a Gait Belt

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Obtain a gait belt.
- 5. Explain the procedure to the resident.
- 6. Position the wheelchair next to the bed.

- 7. Ensure the resident's safety. Lock wheelchair brakes.
- 8. Ensure residents' safety. Lock bed brakes.
- 9. Ensure the resident's feet are flat on the floor.
- 10. Bring the resident to a sitting position using proper body mechanics.
- 11. Assist the resident in putting on non-skid footwear.
- 12. Place a gait belt around the resident below the lower ribs and above the waist to stabilize the trunk.
- 13. Tighten the gait belt so that four fingers of the candidate's hand can be slipped up and under between the gait belt and the resident.
- 14. Bring the resident to a standing position using proper mechanics.
- 15. Grasp the gait belt that stays in the proper position, with one hand placed up and under the gait belt and the other hand stabilizing the resident by holding the forearm or shoulder or using another appropriate method to stabilize the resident.
- 16. Transfer the resident from the bed to the wheelchair.
- 17. Assist the resident to pivot and sit in a controlled manner that ensures safety.
- 18. Do not ambulate the resident.
- 19. Remove the gait belt.
- 20. Maintain respectful, courteous interpersonal interactions at all times.
- 21. Leave the call light or signal calling device within easy reach of the resident.
- 22. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

TRANSFER FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Obtain a gait belt.
- 5. Explain the procedure to the resident.
- 6. Position the wheelchair next to the bed.
- 7. Ensure resident's safety. Lock wheelchair brakes.
- 8. Ensure resident's safety. Lock bed brakes.
- 9. Assist the resident in putting on non-skid footwear.
- 10. Place a gait belt around the resident below the lower ribs and above the waist to stabilize the trunk.
- 11. Tighten the gait belt so that four fingers of the candidate's hand can be slipped up and under between the gait belt and the resident.
- 12. Bring the resident to a standing position using proper body mechanics.
- 13. Grasp the gait belt that stays in the proper position, with one hand placed up and under the gait belt and the other hand stabilizing the resident by holding the forearm or shoulder or using another appropriate method to stabilize the resident.
- 14. Transfer the resident from the bed to the wheelchair.
- 15. Assist the resident to pivot and sit on the bed in a controlled manner that ensures safety.

- 16. Do not ambulate the resident.
- 17. Remove the gait belt.
- 18. Assist the resident in removing non-skid footwear. (slippers or socks)
- 19. Assist the resident in moving to the center of the bed and lying, supporting extremities as necessary.
- 20. Make sure the resident is comfortable and in good body alignment.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave the call light or signal calling device within easy reach of the resident.
- 23. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

VITAL SIGNS – PULSE AND RESPIRATIONS

- 1. Knock on the door.
- 2. Introduce yourself appropriately to the resident.
- 3. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.
- 4. Explain the procedure to the resident.
- 5. Ensure resident's safety.
- 6. Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
- 7. Count the pulse for 60 seconds.
- 8. Record the pulse on the recording form provided.
- 9. The candidate's recorded pulse rate is within 4 beats of the Test Observer's recorded rate.
- 10. Count the respirations for 60 seconds.
- 11. Record the respirations on the recording form provided.
- 12. The candidate's recorded respiratory rate is within 2 breaths of the Test Observer's recorded rate.
- 13. Utilize appropriate equipment:
 - a. Recording form and pen
- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Leave the call light or signal calling device within easy reach of the resident.
- 16. Perform hand hygiene.
 - a. Apply hand sanitizer to palm of one hand.
 - b. Cover all surfaces of hands with hand sanitizer
 - c. Rub hands together until completely dry.

Sample Questions

The following questions are samples of the kinds that you will find on the Knowledge/Audio Exam. Check your answers to these questions in the box below. Also, see practice tests online at www.sdhca.org/cna.

1. Linen from an isolated room should be placed:

- (a) in a wastepaper basket lined with a red bag
- (b) with all other linens
- (c) in a laundry hamper at least two doors away
- (d) in a hamper lined with a yellow biohazard laundry bag

2. Before giving a back rub, the bottle of lotion can be placed in a basin of warm water for several minutes so that:

- (a) the bottle is sanitary
- (b) the lotion will not be cold
- (c) the lotion will be easier to apply
- (d) the lotion will relieve itching

3. Clean linens that touch the floor should be:

- (a) picked up quickly and placed back on the clean linen cart
- (b) used immediately on the next resident's bed
- (c) considered dirty and placed in the soiled linen hamper
- (d) used only in the room whose floor the linen fell on

4. A soft, synthetic fleece pad placed beneath the client:

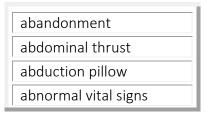
- (a) takes the pressure off the back
- (b) provides warmth for the client
- (c) gives the client a sense of security
- (d) should only be used with bedridden clients

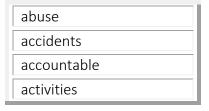
5. A client's psychological needs:

- (a) should be given minor consideration
- (b) make the client withdrawn and secretive
- (c) are nurtured by doing everything for the client
- (d) are nurtured when clients are treated like individuals

Answers: 1D | 2B | 3C | 4A | 5D

Knowledge Exam Vocabulary Study List





adaptive
adaptive devices
adduction
ADLs
admission
admitting resident
advance directives
affected side
aging process
agitation
AIDS
alarms
Alzheimer's
ambulation
amputees
anatomy
anger
antibacterial
anti-embolitic stocking
anxiety
aphasia
apical
apnea
applying gloves
appropriate response
arteries
arthritis
aspiration
assistive device
atrophy
authorized duty
axillary temperature
bacteria
bargaining
basic needs
bath water temperature

bathing
bed cradle
bed height
bed making
bed position
bedpan
bedrails
bedrest
behavior
behavioral care plan
beliefs
biohazard
bipolar
bipolar disorder
bladder training
blindness
blood borne pathogen
blood pressure
body alignment
body fluids
body mechanics
body systems
body temperature
bowel program
ВР
breathing
broken equipment
burnout
burns
call light
cancer
cane
cardiac arrest
cardiovascular system
care impaired
care plan

care planning cares cast cataracts catastrophic reactions catheter catheter care cc's in an ounce central nervous system cerebral vascular accident certification suspension chain of command charge nurse charting chemical restraint chemical safety choking chronic circulation clarification clarification cleaning spills clear liquid diet clergy cold application cold compress cold pack colostomy bag colostomy care coma combative resident communicable communication compensation		
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certification suspension chain of command charge nurse charting chemical restraint chemical safety choking chronic circulation clarification cleaning spills clear liquid diet clergy cold application cold compress cold pack colostomy bag colostomy care coma combative resident comfort care communicable communication	cerebral vascular	
chain of command charge nurse charting chemical restraint chemical safety choking chronic circulation clarification cleaning spills clear liquid diet clergy cold application cold compress cold pack colostomy bag colostomy care coma combative resident comfort care communicable communication	accident	
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clear liquid diet clergy cold application cold compress cold pack colostomy bag colostomy care coma combative resident comfort care communicable communication	clarification	
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cold compress cold pack colostomy bag colostomy care coma combative resident comfort care communicable communication	clergy	
cold pack colostomy bag colostomy care coma combative resident comfort care communicable communication	cold application	
colostomy bag colostomy care coma combative resident comfort care communicable communication	cold compress	
colostomy care coma combative resident comfort care communicable communication	cold pack	
coma combative resident comfort care communicable communication	colostomy bag	
combative resident comfort care communicable communication	colostomy care	
comfort care communicable communication	coma	
communicable communication	combative resident	
communication	comfort care	
	communicable	
compensation	communication	
	compensation	

competency evaluation
program
conduct
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contaminated equipment
contamination
continuity
contracture
converting measures
COPD
Coronary Artery Disease
cueing
cultural
CVA
data collection
death & dying
decubitus ulcer
de-escalation
dehydration
delegation
dementia
denial
denture care
dentures
depression
development
developmental disability
diabetes
dialysis
diastolic

diet
digestion
dilate
disability
discharging resident
disease
disease process
disinfection
disoriented
disposing of
contaminated materials
disrespect
dizziness
DNR
documentation
domestic abuse
draw sheet
dressing
droplets
drowsy
drug tolerance
dry skin
dying
dysphagia
edema
elastic stockings
elderly
elevate head
elimination
emergency
emesis
emesis basin
emotional abuse
emotional stress
emotional support
empathy

emphysema
end of life care
epilepsy
ethics
etiquette
evacuation
exercise
extremity
eye glasses
falls
fasting
fecal impaction
feces
feeding
financial abuse
fire
fire safety
first aid
flexed
fluid
Foley catheter
foot board
foot care
foot drop
Fowler's
fractures
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatrics
germ transmission
gerontology

gestures
gifts
gloves
grand mal seizure
grieving process
guardian
hair care
hallucination
hand care
hand washing
hazardous substance
hazardous waste
health-care team
hearing aid
hearing impaired
hearing loss
heart
heart muscle
heat application
height
Heimlich maneuver
helping residents
hepatitis A
hepatitis B
hip prosthesis
HIPAA
HIV
hoarding
holistic care
hormones
hospice
hydration
hyperventilation
1&0
immune system
impaired

impairment
incident report
incontinence
indwelling catheter
infection
infection control
infection prevention
infectious disease
informed consent
initial observations
in-service programs
insomnia
intake
intake and output
integumentary system
inter-generational care
interpersonal skills
intoxicated resident
invasion of privacy
isolation
IV care
jaundice
kidney failure
legal ethics
liability
life support
lift/draw sheet
linen
liquid diet
listening
living will
log roll
loose teeth
low sodium diet
making occupied bed
male perineal care
male perineal care

1	_
mandatory reporting o allegations	Ť
Maslow	
masturbation	
material safety data sheets	
MDS	
measuring height	
mechanical lift	
mechanical soft diet	
medication	
administration	
medications	
memory	
memory loss	
mental health	
mental retardation	
mentally impaired	
metastasis	
microorganism	
military time	
minerals	
misappropriation of	
property	
mistreatment	
mobility	
mouth care	
moving	
MSDS	
multiple sclerosis	
muscle spasms	
musculoskeletal	
nail care	
needles	
neglect	
negligence	
	_

nonverbal communication nosocomial NPO
nosocomial NPO
NPO
nurse's station
nursing assistant's role
nutrition
objective
OBRA
obsessive compulsive
official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
oxygen
pain
pain management
palliative care
paralysis
paranoia
Parkinson's
partial assistance
partial bath
passive
pathogens
patience
perineal care
personal belongings
personal care

personal items
personal protective
equipment
personal values
pet therapy
phantom pain
phone etiquette
physical change
physical needs
physiology
pillaging
pill-rolling
plaque
plate rim
policy book
positioning
positioning devices
positioning resident
post mortem care
post-operative
pneumonia
post-surgical care
PPE
pressure ulcer
preventing falls
preventing injury
privacy
progressive
prone
prosthesis
prothesis
psychological needs
pulmonary disease
pulse
quadrant
quality of life

RACE (acronym)
RACE (acronym)
radial
ramps
range of motion
rationalization
reality orientation
rectal
refusal
regulation
rehabilitation
religious service
reminiscence therapy
reminiscing
renewal
renewal of certification
reporting
reporting abuse
repositioning
resident abuse
resident belongings
resident identification
resident independence
resident pictures
resident right
residents
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respiration
respiratory symptoms
respiratory system
responding to resident behavior
responsibility

restorative restorative care restraint restraint alternative
restraint
restraint alternative
resume
rights
safety
safety procedures
sanitizer
scale
scope of practice
seclusion
security
seizure
self-esteem
semi fowlers
sensory system
sexual harassment
sexual needs
sexuality
sharps container
shaving
shearing of skin
side rails
skin
skin integrity
slander
smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum
stages of pressure ulcer

standard precautions
stealing
stereotypes
stethoscope
stool specimen
stress
stroke
strong side
subjective
substance abuse
suicide
sundowning
supine
supplemental feedings
survey
swelling
systolic
task
telephone etiquette
temperature
terminal illness
terminology
threatening resident
tips
toenails
trachea
transfers
transport bag
transporting
transporting food
treating residents with
respect
tub bath
tube feeding
tubing
twice daily

South Dakota Nursing Assistant Candidate Handbook

tympanic
types of care
unaffected
unconscious
unethical behavior
unsteady
urinary catheter bag
urinary system
urine
violent behavior
vision change
vital signs
vitamins
vocabulary

vomitus
walker
wandering resident
warm application
water faucets
water intake
water temperature
weighing
weight
wheelchair safety
white blood cells
withdrawn resident
workplace violence