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ARIZONA NURSING ASSISTANT CANDIDATE HANDBOOK

VERSION 12 – UPDATED 10-1-2016

EFFECTIVE 6-13-2016

UPDATES ARE IN REGARDS TO: 6-2016: PROOF OF LEGAL PRESENCE IN THE UNITED STATES AND CNA (CERTIFIED NURSING ASSISTANT) AND LNA (LICENSED NURSING ASSISTANT) 10-2016: Added Americans with Disabilities Act Compliance - ADA Accommodation Information

CONTACT INFORMATION

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

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(Mountain Time)

Fax: (406) 442-3357

QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

ARIZONA STATE BOARD OF NURSING ... 8:00 am to 5:00 pm M-F (602) 771-7800 4747 N. 7th St., Suite 200 Phoenix, AZ 85014-3653

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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 health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistant related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

This handbook describes the process of taking the Nursing Assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant competency examination—a multiple-choice, knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Arizona Board of Nursing (AZBN) for certification in Arizona.

Arizona has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Nursing Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

PROOF OF LEGAL PRESENCE IN THE UNITED STATES

Starting June 13, 2016, every Arizona Nursing Assistant student will need to have proof of legal presence in the United States on file with D&S Diversified Technologies - Headmaster, LLP in order for the instructor/training program staff to enter a completion of training date in the student's WebETest© record and thus for the student to be scheduled for the Arizona knowledge and manual skills CNA exams. All NA training programs will need to collect the documentation, photo or scan the document, attach it to an email and send it to Headmaster upon registration before a training completion date can be entered. This identification document should be the same as the ID document(s) the student is going to use for state testing, e.g. AZ Driver's License issued after 1996 or a US Passport. The FIRST and LAST names on the document must exactly match the FIRST and LAST names entered in the system. A comprehensive list of documents acceptable for proof of legal presence is available on our website at www.hdmaster.com and on the Arizona State Board of Nursing website at: www.azbn.gov.

CNA (CERTIFIED NURSING ASSISTANT) & LNA (LICENSED NURSING ASSISTANT)

The Arizona State Board of Nursing (Board) has 2 levels of nursing assistant:

- Certified Nursing Assistant (CNA): Upon passing the required exams and providing proof of legal residence, all qualified persons testing after July 1, 2016 will be listed on the CNA Registry without an additional application to AZBN and can use the initials "CNA".
- Licensed Nursing Assistant (LNA): In addition to the requirements to be on the CNA Registry, • an LNA applicant must submit a separate application to the AZBN with fingerprints and pay a \$100 fee (\$50 for the application and \$50 for a one-time fingerprint background check). If the applicant meets Board requirements, the Board will license the applicant as an LNA and the applicant can use the initials "LNA". Applications for LNA are available on the Board's website: www.azbn.gov

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

If you have a qualified disability, you may request special accommodations for your examination. Accommodations must be approved by the Arizona State Board of Nursing in advance of your examination. The request for ADA Accommodation Form 1404AZ is available on the Arizona page of the Headmaster website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation. If you are scheduling to take your exam online or AZ Nursing Assistant Candidate Handbook: Effective 6-13-2016 (Updated 10/1/2016) 1

through your training program, please make sure you or your training program has submitted the ADA Accommodation Form(s) to Headmaster and also indicated in your online registration that an accommodation has been requested.

SCHEDULING YOUR NURSING ASSISTANT EXAM_

In order to schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved, nursing assistant (NA) training program or have an AZBN-approved NA Education Waiver. In addition, all nursing assistant certification exam candidates must be registered with D&S Diversified Technologies – Headmaster LLP by their training program, unless a waiver is granted by the AZBN. Your registration information will be transmitted to the AZBN upon passing both portions of the CNA exam.

If your training program has completed your CNA registration information online, you may schedule your exam date online at <u>www.hdmaster.com</u> (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at 800-393-8664. Securely processed VISA or MASTERCARD credit card or debit card information is required first. You will then be able to schedule your test date and receive your test confirmation letter online (Headmaster does not send test confirmation letters to candidates who self schedule or who are scheduled by their training program). If you wish, you may schedule a test date by mailing to Headmaster a Scheduling and Payment Form 1402 indicating your test date choices along with your payment (money order, cashier's check, facility check, Visa or MasterCard – no personal checks or cash.)

If you have an AZBN-approved NA Education Waiver, Headmaster will complete your registration and scheduling upon receipt of your application. Complete the Headmaster NA Application Form 1101, and the Headmaster Scheduling and Payment Form 1402, and mail these forms to Headmaster at the address shown on the forms along with:

- Payment: money order, cashier's check, facility check made out to Headmaster; Visa or MasterCard – no personal checks or cash.
- A <u>copy</u> of your AZBN NA Education Waiver or your Certificate of Completion of Training (your name on your Certificate of Completion of Training must exactly match the FIRST AND LAST names on your application or your forms will be returned).
- You must also submit a copy of proof of legal presence in the United States. This identification
 document should be the same as the ID document(s) that you will use for state testing, e.g. AZ
 Driver's License issued after 1996 or US Passport. The FIRST and LAST names on the
 document must exactly match the FIRST and LAST names on your application. A comprehensive
 list of documents acceptable for proof of legal presence in the United States is available on our
 website at www.hdmaster.com and on the AZBN website at www.azbn.gov.

Please print neatly, double-check your address, phone number, email address and social security number before signing the Headmaster testing application. Unsigned applications will be returned to you, which will delay testing.

The Headmaster application, scheduling and payment forms and three month regional test site schedule are available from the Arizona NA page of the Headmaster website, <u>www.hdmaster.com</u>. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm mountain time if you have questions or problems. For information on NA Education Waivers visit the AZBN website <u>www.azbn.gov</u> then click on Applications & Forms and scroll down to "Other Form Downloads".

Many training programs host and pre-schedule test dates for their graduating students. Check with your instructor to see if this is the case before you request an exam date. Regional test sites are open to all candidates. Regional test dates are posted on the AZ NA page of our website, <u>www.hdmaster.com</u> under the "Candidate Forms" column. Click on the button "Three Month Test Schedule". Be sure to read the important notes at the top of the first calendar.

Complete your Scheduling and Payment Form 1402 by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days.

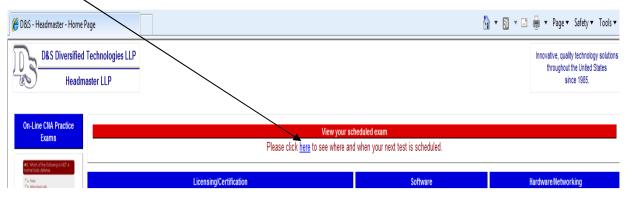
Please note:

- 1. Forms with missing information, payment or signatures will be returned to the candidate.
- 2. For AZBN approved NA Education Waivers, your name on your Certificate of Completion of Training must exactly match the FIRST AND LAST names on your application or your forms will be returned. You must also submit a copy of proof of legal presence in the United States. This identification document should be the same as the ID document(s) that you will use for state testing, e.g. AZ Driver's License issued after 1996 or US Passport. The FIRST and LAST names on the document must exactly match the FIRST and LAST names entered in the system. A comprehensive list of documents acceptable for proof of legal presence in the United States is available on our website at www.hdmaster.com and on the AZBN website at www.azbn.gov.
- 3. If you fax your Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies.
- 4. If we are able to schedule you to test within 8 business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply.
- 5. We do not accept personal checks or cash for testing fees.
- 6. We accept Money Orders, Cashiers Checks, Facility Checks, MasterCard or Visa cards.
- 7. You will be scheduled to take your knowledge and skill tests on the same day.
- 8. If you must reschedule, call us or leave us a message immediately at 800-393-8664!

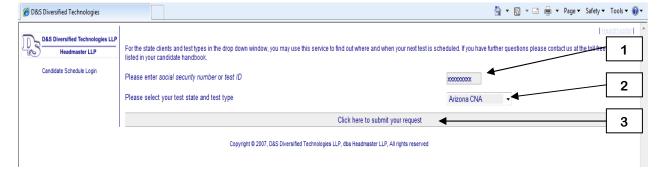
Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation letter at the time they are scheduled online.

When a candidate is scheduled by Headmaster, we will notify the candidate via mail or email of their test date and time. If you do not hear from Headmaster within 5 business days of sending us your scheduling request and payment, call us immediately or leave us a message on the answering machine at 1-800-393-8664.

You may also verify your test date on-line by going to our home page at <u>www.hdmaster.com</u> and clicking <u>here:</u>



- 1. Type in your social security number
- 2. Choose Arizona CNA from the drop down box
- 3. Click on "Click here to submit your request"



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TEST DAY

- You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start. (*For example*: if your test start time is 8:00 a.m. you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)
- <u>SCRUBS</u> (which consists of: a scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting) *AND* CLOSED-TOED, SOFT-SOLED SHOES ARE THE REQUIRED DRESS CODE FOR TESTING. *You will NOT BE ADMITTED FOR TESTING IF YOU ARE NOT WEARING SCRUBS ATTIRE AND THE APPROPRIATE SHOES. YOU WILL BE CONSIDERED A NO SHOW. YOU WILL HAVE TO PAY FOR ANOTHER TEST AND DATE.*
- You must bring a US GOVERNMENT ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION. Examples of the forms of US government issued, photo ID's that are acceptable are:
 A DRIVER'S LICENSE OR STATE-ISSUED ID CARD THAT HAS A HOLE PUNCHED IN IT IS NOT VALID AND WILL NOT BE ACCEPTED AS AN ACCEPTABLE FORM OF ID
 - Driver's License (Arizona Driver's License must be issued January 1, 1997 and later)
 - State issued Identification Card (Arizona State ID must be issued <u>January 1, 1997</u> and later)
 - US Passport (Foreign Passports *are not* acceptable)
 - Military Identification
 - Alien Registration Card
 - Tribal Identification Card
 - Work Authorization Card
- Your FIRST and LAST printed names on your ID that you will present to the RN Test Observer during sign-in at your test event <u>MUST EXACTLY MATCH</u> your FIRST and LAST names that were entered in the AZ nursing assistant database by your training program. You may call Headmaster at 1-800-393-8664 to confirm that your name of record is matching your US government issued ID.
- You will not be admitted for testing if you do not bring proper ID, your ID is invalid (*see note above) or if your FIRST and LAST printed names on your ID do not match your current name of record. You will be considered a NO SHOW. You will have to pay for another test and date.
- We recommend that you read and bring your test notification letter with you on your test day although it is not required for test admission.
- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. DO NOT BRING or USE INK PENS. The scanner cannot read ink marks on your answer sheet.

TESTING POLICY

The following policies are observed at each test site—

- PLAN TO BE AT THE TEST SITE UP TO 5 HOURS.
- If you arrive late for your confirmed test, if you do not bring appropriate US government issued ID, your ID is invalid or your FIRST and LAST printed names on your ID do not match your current name of record, or you do not wear scrubs and the appropriate shoes, you will not be admitted to the test and any test fees paid *will NOT be refunded*.

- If you NO SHOW for your testing day you must re-pay your testing fees on-line in your own record using your ID and PIN#'s or submit Form 1402 (Scheduling and Payment Form) to schedule another test date. If your test is paid for by a US government funded facility, that facility will be charged a No Show fee.
- Cell phones, electronic devices and personal items are not permitted in the testing room and there is no place for storage of personal belongings. Anyone caught using these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. You may, however, use them during your free time.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- You are not permitted to bring personal belongings such as briefcases, large bags, study
 materials, extra books, or papers into the testing room. Any such materials brought into the testing
 room will be collected and returned to you when you have completed the test. The only exception
 is a word-for-word only language translation dictionary that you must show to the RN Test
 Observer at check-in and the knowledge test proctor before you start the knowledge test. Only
 paper back or hard back is permitted. NO ELECTRONIC TRANSLATION DICTIONARIES or any
 electronic devices are allowed.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the test.
- If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and the Arizona State Board of Nursing.
- No visitors, guests, pets or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a CNA. (examples: Cast, Braces, Crutches, etc.) Call Headmaster immediately if you are on doctor's orders and you **must fax a doctor's** order within 5 working days of your scheduled testing day to qualify for a free reschedule.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES

Reschedules - All candidates are entitled to <u>one</u> free reschedule any time up until **1 business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.**

<u>Cancellations</u> – Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel a test any time up until 1 business day preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$28 cancellation fee. We accept faxed or emailed requests for cancellation.

<u>No Shows</u>- If you are scheduled for your test and do not show up without notifying Headmaster at least 1 business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, you will be considered a **NO SHOW** and must submit a new application (with payment) to be scheduled for a new test date.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received within 1 business day preceding a scheduled test date, excluding Saturdays, Sundays, and Holidays, a NO SHOW status will exist and your Re-test Request Form with payment must be submitted to Headmaster to secure a new test date.

If you No Show for any of the following reasons please provide the following documentation:

<u>Car breakdown</u>: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the test date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.

<u>Medical emergency</u>: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.

<u>Death in the family</u>: Headmaster must be contacted and an obituary for <u>immediate</u> family only submitted within 14 business days from a missed test date.

Test Result Review Requests: You may request a review of your test results. There is a \$25 test review fee. To request a review submit \$25 (cashier's check, money order, credit or debit card with expiration date) along with a detailed explanation of why you feel your results are incorrect. Since one qualification for certification as a nursing assistant in Arizona is demonstration by examination of minimum nursing assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. You must submit your request for a review, the payment and a detailed explanation via email, fax or mail within 10 business days of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Arizona Board of Nursing.

SECURITY_

Anyone who removes or tries to remove test material, takes notes or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials, other than this candidate handbook, may not be brought to the test site. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a NO SHOW status in our computer scoring system, and your name will be reported to the appropriate agency.

THE KNOWLEDGE/ORAL TEST

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. Only the first 63 questions will be read orally, the remaining questions will have to be answered without oral assistance to assess English reading comprehension. 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?") For paper tests, fill in only one (1) oval on the answer sheet for each question. **DO NOT** mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 75% or better to pass the knowledge portion of the exam.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Arizona. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test when you submit your application. There is an additional charge for an Oral Test. The questions are read to you, in a neutral manner, from a cassette tape in addition to having the knowledge test and scan form for the paper test. For WebETest© you will hear the questions on the computer headphones and have control buttons on the computer screen. (play, rewind, pause etc.)

ESL (English as a second language) students are allowed to utilize a word-for-word only translation dictionary for the knowledge portion of the test. The translations must be word-for-word translations only. *NO DEFINITIONS ARE ALLOWED.* The translation dictionary must be in print format. Electronic dictionaries are prohibited. The translation dictionary must be shown to the RN Test Observer at check in and the Knowledge Test Proctor before starting the Knowledge test.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

KNOWLEDGE TEST CONTENT_

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the approved Arizona test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- 1) Safety (7)
- 2) Infection Control (8)
- 3) Personal Care (9)
- 4) Mental Health (4)
- 5) Care Impaired (4)
- 6) Resident Rights (5)

- 7) Communication (7)
- 8) Data Collection (7)
- 9) Basic Nursing Skills (9)
- 10) Role and Responsibility (7)
- 11) Disease Process (4)
- 12) Older Adult Growth & Development (4)

THE MANUAL SKILL TEST_

The purpose of the Skill Test is to evaluate your Nursing Assistant skills. You will find a complete list of skill tasks in this handbook. You will be assigned one of the following mandatory tasks as your first task:

- Perineal Care of a Female
- Bedpan and Output
- Perineal Care of a Male with Changing a Soiled Brief

You will also receive an additional two (2) or three (3) randomly selected tasks from the following list for you to perform on your Skill test. The steps that are listed for each skill are the steps required for a Nursing Assistant to completely demonstrate the skill task. You will be scored on these steps. You must have a score of 80% on each task *without missing any key steps* (the **Bolded** steps) to pass the skill portion of the test. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated. If you fail the skill test you will have to take another skill test with three or four tasks on it, one of which will be one of the tasks you failed, one of the three mandatory tasks and 1 or 2 others that will be randomly chosen.

MANUAL SKILLS 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 RN Test Observer. You may request to have any of the scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin because you may not ask questions once the Skill Test begins.
- You will be given **forty (40) 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 believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 40 minutes or until you tell the RN Test Observer you are finished with the Skill Test. Once the Skill Test has begun the RN Test Observer may not answer questions.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- All steps must actually be done, steps that are only verbalized WILL NOT COUNT.

****THE SKILL TASK STEPS INCLUDED IN THIS HANDBOOK ARE FOR DISCRETE SKILL TASK STEPS USED FOR OBJECTIVE TESTING PURPOSES ONLY 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****

MANUAL SKILLS LISTING

Every step must actually be performed and demonstrated during testing to receive credit.

AMBULATION WITH GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to be performed to the resident and obtains gait belt.
- 4) Locks bed brakes to ensure resident's safety.
- 5) Locks wheelchair brakes to ensure resident's safety.
- 6) Brings resident to sitting position and places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 7) Adjust bed so that resident's feet are comfortably flat on the floor when resident is sitting on the bed.
- 8) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 9) Brings resident to standing position, using proper body mechanics.
- 10) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates resident at least 10 steps to the wheelchair.
- 11) Assists resident to turn and sit in the wheelchair in a controlled manner that ensures safety.
- 12) Removes gait belt.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Places resident within easy reach of the call light or signaling device and water.

AMBULATION WITH WALKER

- 1) Greets resident by name and performs hand hygiene
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Locks bed brakes to ensure resident's safety.
- 5) Locks wheelchair brakes to ensure resident's safety.
- 6) Brings resident to sitting position. Places gait belt around waist to stabilize trunk.
- 7) Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 8) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 9) Positions walker in front of resident.
- 10) Assists resident to stand and ensures resident has stabilized walker.
- 11) Positions self behind and slightly to side of resident.
- 12) Safely ambulates resident at least 10 steps to wheelchair.
- 13) Assists resident to turn and sit in wheelchair, using correct body mechanics.
- 14) Removes gait belt.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Places resident within easy reach of the call light or signaling device and water.

APPLYING AN ANTIEMBOLIC STOCKING

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Provides for resident's privacy by only exposing one leg.
- 5) Gathers or turns stocking down inside out to the heel.
- 6) Places stocking over the toes, foot, and heel and rolls OR pulls up the leg.
- 7) Checks toes for possible pressure from stocking and adjusts as needed. (*)
- 8) Leaves resident with stocking that is smooth and wrinkle free. (*)
- 9) Leaves resident with stocking that is properly placed without restriction.
- 10) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 11) Maintains respectful, courteous interpersonal interactions at all times.
- 12) Leaves call light or signal calling device and water within easy reach of the resident.

BEDPAN AND OUTPUT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Raises bed to a comfortable working height.
- 6) Candidate puts on gloves and positions resident on bedpan correctly using correct body mechanics.
- 7) Raises head of bed to comfortable level.
- 8) Leaves call light and tissue within reach of resident.
- 9) Lowers bed.
- 10) Candidate steps away to a private area of room away from resident.
- 11) When signaled by the RN Test Observer the candidate returns.
- 12) Raises bed to a comfortable working height.
- 13) Washes/assists resident to wash hands using a wet wash cloth with soap.
- 14) Assists resident to dry hands.
- 15) Lowers head of the bed.
- 16) Discards soiled linen in appropriate container.
- 17) Candidate gently removes bedpan and holds while the Observer adds a known quantity of fluid.
- 18) Candidate measures output.
- 19) Lowers bed if raised.
- 20) Empties, rinses and dries bedpan and graduate.
- 21) Removes and disposes of gloves.
- 22) Records output on provided recording form.
- 23) Candidate's recorded output is within 30ml of RN Test Observer's reading.
- 24) Washes Hands: Begins by wetting hands.
- 25) Applies liquid soap to hands.
- 26) Rubs hands together using friction for at least 20 seconds.
- 27) Interlaces fingers pointing downward.
- 28) Washes all surfaces of hands and wrists with liquid soap.
- 29) Rinses hands thoroughly under running water with fingers pointed downward.
- 30) Dries hands on clean paper towel(s).
- 31) Turns off faucet with a clean dry paper towel(s).
- 32) Discards paper towels into trash container.
- 33) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 34) Maintains respectful, courteous interpersonal interactions at all times.
- 35) Leaves call light or signaling device and water within easy reach of the resident.

BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain. Raises bed to appropriate working level.
- 5) Prepares resident for a complete bath, even though will be demonstrating a partial bed bath.
- 6) Covers resident with a bath blanket.
- 7) Removes top bed linens to foot of bed.
- 8) Removes resident's gown without exposing resident.
- 9) Fills basin with comfortably warm water.
- 10) Washes and dries face WITHOUT SOAP.
- 11) Uses clean portion of wash cloth and wipes eyes gently from the inner to the outer using a clean portion of the wash cloth with each stroke.
- 12) Places towel under arm, only expose one arm.
- 13) Washes arm, hand and underarm using soap and water.
- 14) Rinses arm, hand, and underarm and dries entire area.
- 15) Assists resident to put on a clean gown.
- 16) Lowers bed if it was raised.
- 17) Empties rinses and dries equipment and returns to storage.
- 18) Disposes of soiled linen in appropriate container.
- 19) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 20) Maintains respectful, courteous interpersonal interactions at all times.
- 21) Leaves call light or signaling device and water within easy reach of the resident.

BLOOD PRESSURE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident. Provides privacy for resident, pulls privacy curtain.
- 4) Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 5) Rolls resident's sleeve up about 5 inches above the elbow.
- 6) Applies the cuff around the upper arm just above the elbow and lines cuff arrows up with brachial artery.
- 7) Cleans earpieces of stethoscope appropriately and places in ears.
- 8) Cleans diaphragm of the stethoscope.
- 9) Places stethoscope over brachial artery.
- 10) Holds stethoscope snugly in place.
- 11) Inflates cuff to 30mmHG above RN Test Observer provided loss of pulse number.
- 12) Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
- 13) Candidate has 2 attempts to take blood pressure (additional attempts will count against the candidate's score).
- 14) Records reading on provided recording form.
- 15) Candidate's recorded systolic blood pressure is within 6mmHg of the test observer's and diastolic is within 8mmHg.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

DENTURE CARE

-) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Lines sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or washcloth, do not use paper towels.)
- 5) Puts on gloves and removes dentures from cup.
- 6) Places dirty dentures in emesis basin.
- 7) Handles dentures carefully to avoid damage. Never places dentures in/on a contaminated surface.
- 8) Rinses denture cup.
- 9) Applies denture cleanser and thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper and lower dentures as well as the denture groove and/or plate that will touch any gum surface. (Only one plate is used during testing.)
- 10) Rinses dentures using clean cool water.
- 11) Places dentures in denture cup.
- 12) Adds cool clean water to denture cup.
- 13) Empties, rinses and dries equipment and returns to storage.
- 14) Discards protective lining in an appropriate container.
- 15) Removes gloves and disposes of gloves in an appropriate container.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

DRESSING BEDRIDDEN RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Keeps resident covered while removing gown.
- 6) Resident always remains lying in bed.
- 7) Removes gown from unaffected side first.
- 8) Places used gown in laundry hamper.
- 9) From the weak side first, dress the resident in a shirt or blouse, the candidate inserts their hand through the sleeve of the shirt or blouse and grasps the weak hand of the resident. (*) Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.
- 10) <u>From the weak side first</u>, dress the resident in pants, the candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist. (*)
- 11) When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
- 12) Leaves the resident in correct body alignment and comfortably dressed.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Leaves call light or signaling device and water within easy reach of the resident.

FEEDING THE DEPENDENT RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Candidate looks at diet card and indicates that resident has received the correct tray.
- 5) Positions the resident in an upright position. <u>At least 45 degrees</u>.
- 6) Provides hand hygiene for the resident before feeding. (Candidate may use hand sanitizer on the resident –or- wash the resident's hands using a wet wash cloth with soap for providing hand hygiene.)
- 7) Protects clothing from soiling by using napkin, clothing protector, or towel.
- 8) Discards soiled linen appropriately.
- 9) Remains at eye level or below while feeding resident.
- 10) Describes the foods being offered to the resident.
- 11) Offers water or other fluid frequently.
- 12) Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 13) Wipes resident's hands and face during meal as needed.
- 14) Leaves resident clean and in a position of comfort.
- 15) Records intake in percentage of total solid food eaten on provided recording form.
- 16) Records intake of fluid in mI on provided recording form.
- 17) Candidate is within 25% of the solids and within 30ml of the fluids consumed.
- 18) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device and water within easy reach of the resident.

FLUID INTAKE

- 1) Candidate observes dinner tray. Three known capacity containers will have varying fluid levels.
- 2) Candidate may use supplied paper and pencil or calculator, if needed, to arrive at the number of ml consumed.
- 3) Candidate decides on ml of fluid consumed from each container.
- 4) Candidate obtains total fluid consumed in ml.
- 5) Candidate records total fluid consumed on provided recording form.
- 6) Candidate's total recorded fluid must be within 30ml of correct total.

ISOLATION GOWN AND GLOVES

- 1) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Candidate faces back opening of gown.
- 3) Candidate unfolds the gown.
- 4) Candidate places arms through each sleeve.
- 5) Candidate fastens the neck opening.
- 6) Candidate fastens the waist, making sure that the back flaps cover clothing as completely as possible.
- 7) Candidate puts on gloves overlapping gown sleeves at the wrist.
- 8) When directed the candidate will remove the gloves, turning inside out and disposes in the biohazard container before removing the gown.
- 9) Unfastens gown at the waist.
- 10) Unfastens gown at the neck.
- 11) Remove gown starting by slipping hands underneath gown at the neck and shoulder and folding the gown soiled area to soiled area.
- 12) Disposes of gown in the provided biohazard container.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.

MOUTH CARE—BRUSHING TEETH

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Drapes the chest with towel to prevent soiling.
- 6) Candidate puts on gloves.
- 7) Applies toothpaste to toothbrush.
- 8) Brushes resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Cleans tongue.
- 10) Assists resident in rinsing mouth.
- 11) Wipes resident's mouth.
- 12) Removes soiled linen.
- 13) Places soiled linen in hamper or equivalent.
- 14) Empties emesis basin.
- 15) Rinses and dries emesis basin.
- 16) Rinses toothbrush.
- 17) Returns emesis basin and toothbrush to storage.
- 18) Disposes of gloves properly in the appropriate container.
- 19) Leaves resident in position of comfort.
- 20) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 21) Leaves call light or signaling device and water within easy reach of the resident.
- 22) Maintains respectful, courteous interpersonal interactions at all times.

MOUTH CARE OF COMATOSE RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) **Turns resident to a side lying position to avoid choking or aspiration.** (If the resident is too large for the candidate to turn on his/her own, the candidate may ask the RN Test Observer for assistance with turning the resident.)
- 5) Drapes chest/bed as needed to protect from soiling.
- 6) Puts on gloves, uses swabs and cleaning solution. (May not use toothbrush or toothpaste.)
- 7) Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth.
- 8) Gently and thoroughly cleans the gums and tongue.
- 9) Wipes resident's mouth.
- 10) Returns resident to position of comfort and safety.
- 11) Discards towel and/or washcloth in linen hamper. Removes gloves and disposes properly.
- 12) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 13) Maintains respectful courteous, interpersonal interactions at all times.
- 14) Leaves call light or signaling device and water within easy reach of the resident.

MAKING AN OCCUPIED BED

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Gathers linen.
- 4) Transports linen correctly without touching uniform.

- 5) Places linen on a clean barrier, such as a cloth towel or chux pad. May place linen on the over-bed table, seat of the chair, on night stand or over the end of the bed.
- 6) Explains procedure to resident.
- 7) Provides privacy for resident, pulls privacy curtain.
- 8) Directs observer to stand on opposite side of bed to provide for safety. (*)
- 9) Raises bed to a comfortable working height.
- 10) Resident is to remain covered at all times.
- 11) Assists resident to roll onto side toward observer. Candidate instructs observer to remain standing on opposite side of the bed.
- 12) Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
- 13) Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half.
- 14) Secures two fitted corners.
- 15) Candidate directs the observer to stand on the opposite side of bed. (*)
- 16) Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.
- 17) Removes soiled linen without shaking.
- 18) Avoids placing dirty linen on the over bed table, chair or floor.
- 19) Avoids touching linen to uniform.
- 20) Disposes of soiled linen in hamper or equivalent.
- 21) Pulls through and smoothes out the clean bottom linen.
- 22) Secures the other two fitted corners.
- 23) Resident's body never touches the bare mattress. (*)
- 24) Places clean top linen and blanket or bed spread over covered resident.
- 25) Removes used linen keeping resident unexposed at all times.
- 26) Tucks in top linen and blanket or bedspread at the foot of bed.
- 27) Makes mitered corners at the foot of the bed.
- 28) Applies clean pillow case, with zippers and/or tags to inside.
- 29) Gently lifts resident's head while replacing the pillow.
- 30) Lowers bed if it was raised.
- 31) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 32) Maintains respectful, courteous interpersonal interactions at all times.
- 33) Leaves call light or signaling device and water within easy reach of the resident.

PERINEAL CARE FEMALE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Removes covers from resident.
- 5) Explains procedure to the resident/mannequin.
- 6) Fills basin with comfortably warm water.
- 7) Raises the bed to a comfortable working height.
- 8) Directs RN Test Observer to stand on the opposite side of the bed to provide for safety. (*)
- 9) Turns resident toward observer or raises resident's hips and places water proof pad under buttocks.
- 10) Puts on gloves.
- 11) Lifts resident's gown to expose perineum only.
- 12) Separates labia. (Candidate must also verbalize separating.)
- 13) Uses water and soapy wash cloth.
- 14) Cleans one side of labia from top to bottom. (*)
- 15) Using a clean portion of a wash cloth, cleans other side of labia from top to bottom.
- 16) Using a clean portion of a wash cloth, cleans the vaginal area from top to bottom.
- 17) Using a clean portion of a wash cloth, rinses one side of labia from top to bottom.
- 18) Using a clean portion of a wash cloth, rinses the other side of labia from top to bottom.
- 19) Using a clean portion of a wash cloth, rinses the vaginal area from top to bottom.
- 20) Dries the area.
- 21) Covers the exposed area with the resident's gown.
- 22) Assists resident to turn onto side away from the candidate.

- 23) With a clean wash cloth, cleans the rectal area.
- 24) Uses water, wash cloth and soap.
- 25) Cleans area from vagina to rectal area. (*)
- 26) Uses a clean portion of a wash cloth with any stroke.
- 27) Using a clean portion of a wash cloth, rinses the rectal area from vagina to rectal area.
- 28) Uses a clean portion of a wash cloth with any stroke.
- 29) Dries area.
- 30) Turns resident toward observer or raises hips and removes water proof pad from under buttocks.
- 31) Positions resident (mannequin) on their back.
- 32) Disposes of soiled linen in an appropriate container.
- 33) Lowers bed, if it was raised.
- 34) Empties, rinses and dries equipment.
- 35) Returns equipment to storage.
- 36) Removes gloves and disposes of gloves in appropriate container.
- 37) Washes Hands: Begins by wetting hands.
- 38) Applies liquid soap to hands.
- 39) Rubs hands together using friction for at least 20 seconds.
- 40) Interlaces fingers pointing downward.
- 41) Washes all surfaces of hands and wrists with liquid soap.
- 42) Rinses hands thoroughly under running water with fingers pointed downward.
- 43) Dries hands on clean paper towel(s).
- 44) Turns off faucet with a clean dry paper towel(s).
- 45) Discards paper towels into trash container.
- 46) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 47) Maintains respectful, courteous interpersonal interactions at all times.
- 48) Leaves call light or signaling device and water within easy reach of the resident.

PERINEAL CARE MALE WITH CHANGING A SOILED BRIEF

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Removes covers from resident.
- 5) Explains procedure to the resident/mannequin.
- 6) Obtains new brief.
- 7) Fills basin with comfortably warm water.
- 8) Raises the bed to a comfortable working height.
- 9) Directs RN Test Observer to stand on the opposite side of the bed to provide for safety.
- 10) Puts on gloves.
- 11) Turns resident toward observer or raises resident's hips and places water proof pad under buttocks.
- 12) Lifts resident's gown to expose perineum only.
- 13) Removes soiled brief from front to back.
- 14) Dispose of soiled brief by placing soiled brief into plastic bag ties/seals bag and places in trash.
- 15) Gently grasps penis.
- 16) Uses water and soapy wash cloth.
- 17) Using a clean portion of a wash cloth, cleans tip of penis starting at the urethral opening working away with a circular motion.
- 18) Using a clean portion of a wash cloth for each stroke, cleans the shaft of the penis with firm downward motion.
- 19) Using a clean portion of a wash cloth, cleans scrotum.
- 20) Using a clean wash cloth, rinses.
- 21) Using a clean portion of wash cloth for each stroke, rinses penis.
- 22) Using a clean portion of wash cloth with each stroke, rinses scrotum.
- 23) Dries area.
- 24) Covers the exposed area with the resident's gown.

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- 25) Assists resident (mannequin) to turn onto side away from the candidate.
- 26) Uses a clean wash cloth with water and soap to clean the rectal area.
- 27) Using a clean portion of the wash cloth for each stroke, cleans area from scrotum to rectal area.
- 28) Using a clean portion of the wash cloth for each stroke rinses area from scrotum to rectal area.
- 29) Dries the area.
- 30) Turns resident (mannequin) toward observer or raises hips and removes water proof pad from under buttocks.
- 31) Positions resident (mannequin) on his back.
- 32) Marks date and time on brief.
- 33) Initials brief.
- 34) Applies brief.
- 35) Disposes of soiled linen in an appropriate container.
- 36) Lowers bed, if it was raised.
- 37) Empties, rinses and dries equipment.
- 38) Returns equipment to storage.
- 39) Removes gloves and disposes of gloves in appropriate container.
- 40) Washes Hands: Begin by wetting hands.
- 41) Applies liquid soap to hands.
- 42) Rubs hands together using friction for at least 20 seconds.
- 43) Interlaces fingers pointing downward.
- 44) Washes all surfaces of hands and wrists with liquid soap.
- 45) Rinses hands thoroughly under running water with fingers pointed downward.
- 46) Dries hands on clean paper towel(s).
- 47) Turns off faucet with a clean dry paper towel.
- 48) Discards paper towels into trash container.
- 49) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 50) Maintains respectful courteous interpersonal interactions at all times.
- 51) Leaves call light or signaling device and water within easy reach of resident.

POSITIONING RESIDENT ON SIDE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains what is to be done.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Positions bed flat. Raises bed to a comfortable working height.
- 6) Ensures that the resident's face never becomes obstructed by the pillow. (*)
- 7) Candidate directs RN Test Observer to stand on the opposite side of the bed to provide for safety, or always turns resident towards self. (*)
- 8) Candidate moves head, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 9) Candidate may remain on the working side of the bed and turns the resident toward the previously positioned observer, or if the observer wasn't directed to side opposite the working side of the bed, candidate moves to opposite side of the bed and turns the resident toward self.
- 10) Assists/turns resident on his/her side.
- 11) Resident is placed on the correct RN Test Observer stated side.
- 12) Check to be sure resident is not lying on his/her arm.
- 13) Maintains correct body alignment.
- 14) Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head, the upside arm, behind the back and between the knees. (*)
- 15) Lowers bed if it was raised.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION HIP & KNEE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Positions bed flat.
- 6) Positions resident supine.
- 7) Positions resident in good body alignment.
- 8) Correctly supports joints at all times by placing one hand under the knee and the other hand under the ankle.
- 9) Moves the entire leg away from the body. (abduction)
- 10) Moves the entire leg back toward the body. (adduction)
- 11) Completes abduction and adduction of the hip three times.
- 12) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle. Bends the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
- 13) Straighten the knee and hip. (extension of knee and hip at the same time)
- 14) Complete flexion and extension of knee and hip three times.
- 15) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate <u>must ask</u> if they are causing any pain or discomfort.
- 16) Leaves resident in a comfortable position.
- 17) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION SHOULDER

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to the resident.
- 4) Provides privacy for resident, pulls privacy curtain.
- 5) Positions resident on back.
- 6) Positions resident in good body alignment.
- 7) Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
- 8) Raises resident's arm up and over the resident's head. (flexion)
- 9) Brings the resident's arm back down to the resident's side. (extension)
- 10) Completes full range of motion for shoulder through flexion and extension three times.
- 11) Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
- 12) Return the resident's arm to the middle of the resident's body. (adduction)
- 13) Complete full range of motion for shoulder through abduction and adduction three times.
- 14) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate <u>must ask</u> if they are causing any pain or discomfort.
- 15) Leaves resident in a comfortable position.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains the procedure to be performed to the resident and obtains a gait belt.
- 4) Positions wheelchair at the foot or head of the bed.
- 5) Locks wheelchair brakes to ensure resident's safety.
- 6) Locks bed brakes to ensure resident's safety.
- 7) Assists resident to sitting position using proper body mechanics and places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk. Tightens gait belt.
- 8) Checks gait belt by slipping fingers between gait belt and resident.
- 9) Assist in putting on non-skid slippers/shoes. (No non-skid socks)
- 10) Adjust bed so that resident's feet are comfortably flat on the floor.
- 11) Grasps the gait belt with both hands to stabilize the resident.
- 12) Brings resident to a standing position using proper body mechanics.
- 13) Does not attempt to ambulate resident.
- 14) Assist resident to pivot and sit in a controlled manner that ensures safety.
- 15) Removes gait belt.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Places resident within easy reach of the call light or signaling device and water.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to be performed to the resident.
- 4) Positions wheelchair at foot or head of bed.
- 5) Adjust bed so that resident's feet will be comfortably flat on the floor when sitting on the bed.
- 6) Ensures resident's safety. Locks wheelchair brakes.
- 7) Ensures resident's safety. Locks bed brakes.
- 8) Places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
- 9) Tightens gait belt so that fingers of candidate's hand can be comfortably slipped between gait belt and resident.
- 10) Grasps the gait belt with both hands to stabilize the resident.
- 11) Brings resident to standing position using proper body mechanics.

12) Does not attempt to ambulate resident.

- 13) Assists resident to pivot and sit on bed in a controlled manner that ensures safety.
- 14) Removes gait belt.
- 15) Assists resident in removing non-skid slippers.
- 16) Assists resident to move to center of bed, supporting extremities as necessary.
- 17) Makes sure resident is comfortable and in good body alignment.
- 18) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device and water within easy reach of the resident.

VITAL SIGNS - TEMPERATURE, PULSE AND RESPIRATION

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Introduces self by name.
- 3) Explains procedure to resident.
- 4) Correctly turns on digital oral thermometer and places sheath on thermometer.
- 5) Gently inserts bulb end of thermometer in mouth under tongue.
- 6) Leaves thermometer in place for appropriate length of time.
- 7) Removes thermometer and candidate <u>reads</u> and <u>records the temperature reading</u> on provided recording form.
- 8) Candidate's recorded temperature varies no more than .1 degree from RN Test Observer's.
- 9) Candidate discards sheath appropriately.
- 10) Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 11) Counts pulse for 60 seconds or 30x2 and records results on the provided recording form.
- 12) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
- 13) Candidate counts <u>respirations</u> for 60 seconds or 30x2 and <u>records results</u> on provided recording form.
- 14) The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device and water within easy reach of the resident.

TEST RESULTS

After you have completed both the Knowledge Test and Skill Test components your test results will be sent to the Arizona Board of Nursing. You will be certified by the Board only after you meet all Board requirements including passing both the knowledge and skill test components. If you fail either test component, you must reapply to retake the one component that you failed. Procedures for reapplying and detailed test results are included in a failure notification letter mailed or emailed to your address on record.

Test results will be available the same day that they are graded on our website at <u>www.hdmaster.com</u> (4-6 days after a paper testing event). If you tested at a WebETest© facility your test results will be available 24 to 48 hours after an electronic test event (**Excluding** Saturdays, Sundays and Holidays).

You are eligible to test as many times as needed within 2 years of the date of training program completion. After two years, you must complete an AZBN approved training program in order to be eligible to re-test.

You may check your test results on-line by going to <u>www.hdmaster.com</u>, click on ARIZONA and click on <u>On-Line Test Results</u>.

D&S Diversified Technologies LLP Headmaster LLP	Arizona CNA Teating and Certification		Innovative, quality technology solutions throughout the United States since 1985.
Candidate Forma	The servicing of the Arizona NA and MA contracts will be migrate tox 6609, Helena, MT 99604-6609 beginning May 1st. The Mo contr Test Ster forms	ng to the Montana D&SDT office on May 14, 2011. All pap tana phone number is 1-800-393-8664 and the fax number act beginning 4-16-2011, refer to new forms 1101 & 1402. Observer forms	er applications should be mailed to Headmaster LLP, PO is 1405-442-3357. Notice of PRICE INCREASE for the new Contexts
Three Month Test Schedule	Test Site Agreement Form 1502	Test Observer Application Form 1500	Please feel free to contact us if you have guestions.
			concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizona NA training, testing, and certification process.
Printer Friendly Test Schedule	Test Site Equipment List Form 1503	Confidentiality/Nondisclosure Agreement Form 1501	
Arizona CNA Application Form 1101	WebETest © On-line Testing	Test Observer Equipment List Form 1503	Headmaster
Arizona CNA Scheduling & Payment Form 1402	WebETest @ Start Page	Test Observer Agreement Form 1505	Teresa Whitney
2-2-11 Candidate Handbook Message from AZBN		Recording Form	Program Manager PO Box 6609
Candidate Handbook	Instructors	Training Affidavit Form 1511	Helena, MT 59604-6609
Nursing Studen Waiver Request	On-line Training Program Reports	Written Test Instructions	Phone (800) 393-8664 Fax (406) 442-3357
Military-Foreign Nursin Graduate Waiver Request	WebETest @ Instructions	Electronic Written Test Instructions	hdmaster@hdmaster.com
ADA Accommodation 1404	On-line reports include: • Written Exam Details	Skill Test Instructions	Visitors
	Pass/Fail Report	WebETest @ Observers View Scheduled Exams	027621
Now Available	Skill Exam Details Retake Summary		You will need a reader to view and print most of these documents You may download it here
Sche de / Re-Schedule	Relace Summary		Get Acrobat.
		1	Reader
On-Ine Test RESULTS	Instructor Handbook		40004

--continued on next page--

- 1. Type in your social security number
- 2. Type in your test date
- 3. Type in your birth date
- 4. Click on Submit Score Report Request

D&S Diversified Technologies LLP	Headmaster	^
Headmaster LLP	Directions	
PO Box 6609 Helena, MT 59604-6609	To receive your online score report you must complete the fields as indicated below using the required formats. If you are certain that you have completed the fields correctly, and you do not receive a score report, it is likely that your tests have not been scored. Electronic tests require 1 day for official scoring, while paper tests require 1 to 4 days depending on mail service. If you do not receive a score report, please return at a later date and submit your request.	
Phone: (800)393-8664	Important Note: Scores will be available after 6.00 PM mountain time on the day they are scored. (electronic tests are scored the next business day and paper tests scored within 3-5 business days after testing.)	1
Fax: (406)442-3357	Required Login Fields	
Arizona CNA	Please enter your social security # or test ID 000000000	2
Score Report Login	Please enter the test date 1231/2012 (mm/dd/yyyy)	
	Please enter your birthdate 01101/1970 (mm/dd/yyyy)	3
	Submit Score Report Request	
	Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved	4

RETAKING THE NURSING ASSISTANT TEST

- 1. Make address corrections to the top portion of your failure results letter Re-Test Request Form (Form 1301).
- 2. Choose test dates from the test schedule (Form 1700) and write them on the Re-Test Request Form.
- 3. Check the Exam type and Method of Payment and sign the bottom of your Re-Test Request Form and mail or fax to Headmaster. If faxed, be sure to include credit card information on your Re-Test Request Form.
- 4. If you lost your failure letter (Form 1301), you may print your results on-line at <u>www.hdmaster.com</u> or complete a Scheduling and Payment Form (1402):
 - a. Fill out Exam types and Fee payment on a new Scheduling and Payment Form (Form1402) and choose test dates from the test schedule (Form 1700) and write them on the Scheduling and Payment Form (1402) under Option 1. (Regional Test Site Schedule.)
- 5. Headmaster is unable to schedule you over the telephone for your retest. You will need to submit your Re-Test Request Form (Form 1301) or Scheduling and Payment Form (1402) to Headmaster either by fax (\$5.00 extra fax fee) or by mail.
- 6. You can schedule a test or re-test on-line at <u>www.hdmaster.com</u> with a VISA or MASTERCARD (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# located on your test results letter, you will need to pay with a VISA or MASTERCARD first and then will be able to schedule. Call Headmaster at 800-393-8664 if assistance is needed or to get your ID# and Pin#.)
- 7. <u>Per the Arizona Board of Nursing</u>, a failing candidate may only take the skill test twice with the same observer to reduce the perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of choice you have the option of testing with the same test observer for a third attempt by letting Headmaster know that is your wish, or you may choose another facility to test at.
- 8. <u>Per the Arizona Board of Nursing</u>, any candidate who fails their knowledge exam for the third time, or any subsequent knowledge exam, will be required to wait 45 days before scheduling a retest. This does not apply to failed attempts on the manual skill test.

KNOWLEDGE PRACTICE TEST

Available on our web site at www.hdmaster.com we offer a free knowledge test question of the day and a ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on the State test plan, and each practice test taken will be unique. A mastery learning testing method is used. This means candidates must get the guestion they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Knowledge/Oral test. 1. 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 bed (C) Considered dirty and placed in the soiled linen hamper (D) Used only in the room with the floor the linen fell on 2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- Are nurtured when residents are treated like individuals (D)

KNOWLEDGE TEST VOCABULARY LIST

abandonment	anterior	bed making	
abdominal thrust	antibacterial	bed position	
abduction	antibiotics	bedrest	
abduction pillow	antiembolitic	behavior	
abductor wedge	anxiety	beliefs	
absorption	aphasia	biohazard	
abuse	apical	bladder training	
accidents	apnea	bleeding	
activities	appropriate response	blindness	
acute	arteries	blood pressure	
adaptive devices	arthritis	bodily fluids	
adduction	aseptic	body fluids	
ADL	aspiration	body mechanics	
admission	assistive device	body temperature	
admitting resident	assistive devices	bowel program	
afebrile	atrophy	breathing	
affected side	autoclave	broken equipment	
aging process	axillary temperature	burnout	
AIDS	back strain	burns	
alarms	bacteria	call light	
alternating pressure mattress	bargaining	cancer	
Alzheimer's	basic needs	cardiac arrest	
ambulation	bath water temperature	cardiopulmonary resuscitation	
amputees	bathing	cardiovascular system	
anger	bed cradle	care impaired	
angina	bed height	care plan	
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ANSWERS: 1-C 2-A 3-D

care planning cast cataracts catheter catheter care cc's in an ounce central nervous system cerebral vascular accident charge nurse chemical disinfection chemotherapy choking chronic circulation circulatory system clarification cleaning cleaning spills clear liquid diet clergy cognitively impaired cold application colostomy combative resident comfort care communication confidentiality confused resident congestive heart failure constipation constrict contact isolation contamination contracture converting measures COPD cultural CVA cvanosis cyanotic dangling death and dying decubitus ulcer deeper tissue defense mechanism dehydration delusions dementia denial denture care dentures dependability depression diabetes dialysis diarrhea

diastolic dietitian diets digestion discharging resident disease disease process disinfection disoriented disrespect disrespectful treatment dizziness DNR documentation dorsiflexion dressing droplets drowsy dying dysphagia dyspnea edema elastic elastic stockings elevate head elimination emesis emesis basin emotional needs emotional stress emotional support emphysema epilepsy essential behaviors ethics evacuation extension extremity eye glasses falls fecal impaction feces feeding fire first aid flatus flexed flexion fluid intake Folev catheter foot board foot care foot drop Fowler's position fractures fraud

frayed cord gait belt gastrostomy tube geriatrics germ transmission gerontology gloves grieving process hair care hallucination hand tremors hand washing hazardous substance health-care team hearing aid hearing impaired hearing loss heart muscle heat application heiaht helping residents hemiplegia hepatitis B HIPAA HIV holistic care hospice hospice care hydration hyperglycemia hypertension hyperventilation hypoglycemia 1&O ileostomy immobility immune incontinence indwelling catheter infection infection control in-house transfer initial observations input and output in-service programs insomnia insulin intake intake and output integumentary system interpersonal skills isolation isolation precautions IV care job application job description

kidney failure laxatives life support lift/draw sheet linen listening living will log roll loose teeth low sodium diet making occupied bed Maslow masturbation material safety data sheets measuring height measuring temperature mechanical lift medical asepsis medical record medications memory loss mental health mentally impaired microorganisms military time mouth care moving mucous membrane muscle spasms musculoskeletal nail care nasal cannula needles neglect negligence new resident non-contagious disease nonverbal communication nosocomial NPO nurse's station nursing assistant's role nutrition objective objective data OBRA ombudsman open-ended questions oral care oral hygiene oral temperature orientation oriented orthopneic osteoarthritis osteoporosis

ostomy bag output overbed table oxygen oxygen use pain palliative care paralysis paranoia Parkinson's Parkinson's disease partial assistance passive pathogens perineal care peristalsis personal care personal items personal stress pet therapy petit mal seizure phantom pain physical needs physician's authority plaque policy book positioning post mortem care post-operative pneumonia PPE pressure ulcers preventing injury privacy progressive pronation prone prosthesis psychological needs pulse pureed diet quadrant quadriplegia quality of life radial ramps range of motion reality orientation rectal refusal regulation regulations rehabilitation religious service reminiscing reporting reporting abuse

reposition resident belongings resident centered care resident identification resident independence resident rights resident trust resident unit Resident's Bill of Rights resident's chart resident's environment resident's families resident's rights respectful treatment respiration respirations respiratory symptoms respiratory system responding to resident behavior responsibilities restorative care restraint restraints resuscitation rights risk factor rotation safety safety and security need sanitizer scabies scale seclusion security seizure self-esteem semi fowlers sensory system sexual needs sharps container shaving shearing of skin side rails Sitz bath skin skin integrity skin observation slander smoking social needs soiled linen specimen spills spiritual needs sputum sputum test

standard precautions state tested stealing sterilization stethoscope stress stroke strong side sub acute care subjective subjective data sundowning supine supplemental feedings suprapubic survey swelling systolic tachycardia TED hose telephone etiquette temperature tendons terminal illness thermometers

thick fluids thickened liquids threatening resident tips toenails toileting schedule trachea transfers transport bag transporting transporting food transporting linens tub bath tube feeding tubing twice daily tympanic unaffected unconscious unethical behavior unsteady urethral urinary catheter bag urinary elimination urinary system

urinary tract urination urine UTI validation varicose veins violent behavior vision change vital signs vomitus walker wandering resident water faucets water pitcher water temperature weak side weighing weight well balanced meal wheelchair safety white blood cells withdrawn resident workplace violence

NOTES: