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WEB PAGE: www.hdmaster.com
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Providing STNA testing solutions for Ohio

**SOCIAL SECURITY CARDS ARE REQUIRED ALONG WITH YOUR GOVERNMENT ISSUED NON EXPIRED PHOTO ID FOR

EFFECTIVE AUGUST 2016, VERSION 14.b (Skill Corrections in vellow)

Updates are highlighted in yellow and red
14.b correction on skills 18, 19,21,23

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Contact Information	
Questions regarding test applications-test scheduling-eligibility to test:	
Diversified Technologies8:00 am to 6:00 pm M-F	(877) 851-2355
333 Oakland Avenue 8:00 am to 2:00 pm Sat	
Findlay, OH 45840	
Questions about registry status:	
Ohio Department of Health	
Ohio Nurse Aide Registry 8:00 am to 5:00 pm M-F	(800) 582-5908 (in-state)
246 North High Street	
Columbus, OH 43215	
Questions about training programs:	(,
Ohio Department of Health	
Nurse Aide Training and Competency Evaluation Program (NATCEP)	8:00 am to 5:00 pm M-F
246 North High Street	
Columbus, OH 43215	
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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 nurse aides who work in such facilities. Each state is responsible for following this federal law.

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

This handbook describes the process for taking the nurse aide competency test and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency test—a multiple-choice knowledge/oral test and a skill test. Candidates must pass both parts of the test to be identified as state tested and listed on the Ohio Nurse Aide Registry.

Ohio has approved D&S Diversified Technologies to provide tests and scoring services for nurse aide testing. To learn how to apply to take nurse aide tests, please use this handbook or contact D&SDT at **www.hdmaster.com** or call local (419) 420-1605 or toll free 877-851-2355.

CHECK THE WEBSITE, <u>www.hdmaster.com</u>, for the most recent version of the candidate handbook and any updated information prior to testing.

Nurse Aide Registry Requirements to maintain your active status after testing

Ohio Administrative Code (OAC) rule 3701-17-07.3, describes the maintenance for all individuals who have met the competency requirements of division (A) of section 3721.32 of the Ohio Revised Code and are on the Nurse Aide Registry.

The Ohio Department of Health (ODH) will not continue to list an individual on the registry as eligible to work in a long-term care facility unless the department has received verification in accordance with paragraph (C) of this rule that the individual provided at least seven and one-half consecutive hours or eight hours in a forty-eight hour period of nursing and nursing-related services for compensation during the twenty-four month period immediately following either the date that the individual was placed on the registry or the most recent date of verified work.

If an individual desires to remain on the registry as eligible to work as a nurse aide but is not eligible because more than twenty-four consecutive months have passed since the last date of verified work, the individual must do one of the following:

- 1. Submit documentation showing that he or she has provided at least seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing and nursing-related services for compensation during that twenty-four month period; or
- 2. Successfully complete additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of rule 3701-17-07.1 of the Administrative Code.

The documentation required in paragraph (C)(1) of this rule shall include either of the following:

- 1. In the case of a facility, agency or any other health care provider that is authorized under applicable law to provide services that include implementation of portions of a nursing regimen, as defined by section 4723.01 of the Revised Code, a statement verifying the dates that the individual performed nursing and nursing-related services for compensation; or
- 2. A statement by a physician or nurse verifying that he or she has personal knowledge that the individual provided nursing and nursing-related services to a patient under the physician's or nurse's care. The statement shall further verify:
- -The name of the individual that provided nursing and nursing-related services for such patient;
- -The nature of the nursing and nursing-related services and the date or dates the individual last provided seven and one-half consecutive hours or eight hours in a forty-eight hour period of nursing and nursing related services;

-That the individual received compensation for the services specified in paragraph (D)(2)(b) of this rule. If the physician or nurse is unable to verify that the individual was compensated for those services, the individual must provide further proof that he or she received compensation for the specified services.

Additional questions regarding these rules may be addressed to either the Nurse Aide Registry at (800) 582–5908 (in state) or (614) 752–9500 (out of state). If you have questions regarding the location of nurse aide training classes you may call (614) 752–8285.

Active Duty and Veteran GI Bill Benefits

D&S Diversified Technologies has been approved by the Department of Veterans Affairs (VA) as a testing vendor for the Ohio STNA exam. If you are an active duty service member, retired service member, or veteran reimbursement of exam fees may be available through your GI Bill if funds are available. You must pay the STNA testing fees and you will be provided with a receipt that you can submit to the VA with a completed form, VA Form 22-0803, for reimbursement (http://www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf). VA Form 22-0803 can also be found on our website at www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf). VA Form 22-0803 can also be found on our website at www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf). Va Form 22-0803 can also be found on our website at www.vba.va.gov/pubs/forms/vBA-22-0803-ARE.pdf). Va Form 22-0803 can also be found on our Website at www.vba.va.gov/pubs/forms/vBA-22-0803-ARE.pdf). Va Form 22-0803 can also be found on our Website at www.vba.va.gov/pubs/forms/vBA-22-0803-ARE.pdf). Va Form 22-0803 can also be found on our Website at www.vba.va.gov/pubs/forms/vBA-22-0803-ARE.pdf). Va Form 22-0803 can also be found on our Website at www.vba.va.gov/pubs/forms/vBA-22-0803-ARE.pdf).

If you are an active duty service member, retired service member, veteran, or spouse of a veteran you may be eligible to receive priority of service on testing day if you have completed service in the United States Armed Forces, including the National Guard of any state or a reserve component of the United States Armed Forces, or have been discharged under honorable conditions and the required documentation is presented. The following forms of proof of service must be presented on testing day to the Test Observer in order to qualify for priority of service:

- 1. Department of Defense Identification Card (Active, retired, TDRL).
- 2. DD214 Military Discharge Certificate indicating disposition of discharge.
- 3. Report of Separation from the National Archives National Personnel Records Center in St. Louis, Missouri.
- 4. Veterans Identification Card from the Department of Veterans Affairs.

This documentation must be presented in addition to the required original Social Security card and the government issued non-expired, photo ID.

Military: Healthcare and Medical Occupations:

Per the Ohio Administrative code 3701-18-23 an individual who has the equivalent of twelve months or more of full-time employment in the preceding five years in a position that includes the provision of direct patient care involving the performance of daily living activities such as toileting, bathing, feeding, dressing, etc. may submit documentation for approval and written verification to waive the Nurse Aide Training requirement to sit for the Ohio Nurse Aide exam. Those individuals with military occupational training and experience in the United States Armed Forces in positions including, but not limited to, Medical Specialist, Healthcare Specialist, and Hospital Corpsman, may qualify for this waiver if they can provide documentation of at least sixteen hundred (1600) hours of providing direct patient care involving the performance of daily living activities. The documentation can include official training documents and/or a letter on official letterhead that identifies each exact job task that meets the direct care/performance of daily living requirement, time totaling a minimum of 1600 hours and is signed by a supervisor.

What to Expect on testing day

Please check the website, WWW.HDMASTER.COM, to ensure you are using the most current list of skill task check lists. Each of the five scenarios associated with your five (5) assigned skill tasks will be read to you before you begin each task. Listen carefully to all instructions given by the test observer. You may request to have any of the five skill task scenarios repeated anytime during your skill test.

- Be sure you understand all instructions before you begin your skill test. You may not ask questions once the skill test begins. REMEMBER! You must actually perform each step to get credit for that step. For example, you must actually pull the privacy curtain or actually give the resident the call light. Verbalizing the step will not get you credit for that task.
- Expect to spend about 6 hours at the test site on your testing day.

You will be given thirty-five (35) minutes to complete the five (5) skill tasks. You must correctly perform all five (5) tasks in order to pass the skill test. You will be told when fifteen (15) minutes remain for completion. If during the skill task you believe you made a mistake **SAY SO**, and then **physically perform the steps** on the task you believe you performed incorrectly to get credit for those steps. You may repeat **any** steps you believe you have performed

incorrectly any time during your allotted 35 minutes or until you tell the test observer you are finished with the skill test. Once the skill test has begun, the test observer may not answer questions.

Knowledge (Written) Test Content Outline_

The Knowledge Test consists of seventy-nine (79) multiple-choice items/questions. Questions are selected from subject areas based on the Ohio Department of Health curriculum and include questions from all the required categories as defined in the OBRA regulations. The subject areas and number of items are as follows:

- 1) Safety (8 items)
- 2) Infection Control (7 items)
- 3) Personal Care (9 items)
- 4) Mental Health (4 items)
- 5) Care Impaired (6 items)
- 6) Resident Rights (7 items)
- 7) Communication (7 items)
- 8) Data Collection (4 items)
- 9) Basic Nursing Skills (11 items)
- 10) Role and Responsibility (8 items)
- 11) Disease Process (4 items)
- 12) Older Adult Growth (4 items)

A 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 seventy-nine (79) 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?"). 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 if you are taking a paper test. For WEBETEST©, electronic testing, you will use either the mouse or keyboard to choose your correct answers.

You must have a score of 80% or better on the knowledge portion of the test to pass the knowledge portion. Your knowledge test proctor will have scrap paper and a calculator available for math related questions. The scrap paper and the calculator must be returned to the test proctor when your test is ended. Failure to return these items may result in disciplinary action.

The knowledge test may be taken orally if you have difficulty reading English. The oral test MUST be requested at the time of registration and there is an additional fee. The knowledge test will be provided along with an audio recording of the questions. Your answers will be recorded on the scan form just as with the knowledge test. You will hear the WebETest© questions on the computer.

The last 17 questions MUST be read and answered by the student without aide of the recording. These seventeen (17) questions serve as the reading comprehension requirement required by the Ohio Department of Health.

The Skill Test

The purpose of the skill test is to evaluate your nurse aide skills. You will find a complete list of skill tasks printed in this handbook beginning on page 17. All students will be tested on Hand Washing, and four (4) additional skill tasks will be randomly selected from the list for you to perform on your skill test. The steps that are listed for each skill task are the steps required for a nurse aide to competently perform the task. You will be scored on each of these steps. You must have a score of 80% on each task without missing any of the BOLDED key steps to pass the skill portion of the test. If you fail a skill task you will have to take another skill test with five (5) tasks, at least one of which will be one that you failed, if you fail one skill. If you fail 2 or more skills you will be given a randomly generated new skill set for your next skill test.

ADA Accommodations

The Ohio Department of Health and D & S Diversified Technologies nurse aide testing program provide reasonable accommodations for applicants with disabilities or limitations that may affect their ability to take the nurse aide competency exam. Accommodations are granted in accordance with the Americans with Disabilities Act. If you are a candidate with a disability or limitation for which you wish to request an accommodation, please complete forms 14040H located on our web site at www.hdmaster.com and return completed forms to D & S Diversified Technologies along with supporting documentation ie-copy of IEP, 504 and/or letter from a learning specialist with your <u>initial application</u>, or call 877-851-2355 for information. Please allow an additional two weeks to your normal testing time frames if requesting an ADA accommodation.

rest Day	/	
	PRIOR TO YOUR TEST DAY BE SURE TO CHECK THE WEBSITE	WWW.HDMASTER.COM

FOR POSSIBLE UPDATES TO SKILLS OR TESING PROTOCOLS.

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start. You must bring a GOVERNMENT ISSUED-SIGNED, NON-EXPIRED, PHOTO ID (IE-Drivers License, State ID, Military ID, passport) and your original social security card. You will not be admitted for testing if you do not bring proper ID's and you will have to reapply for a new test date and repay all required testing fees. You must be in full Clinical Attire including clinical shoes (no flip flops or sandals) and hair pulled back. If you do not have appropriate required attire you will not be able to test, viewed as a no show and forfeit your testing fee. Your test notification letter and map should be with you, although they are not required. Prior to your testing day you should check our web site to ensure that no changes have occurred in the skills and/or testing protocols since your training class completion at hdmaster.com Ohio STNA. Full Clinical

occurred in the skills and/or testing protocols since your training class completion at hdmaster.com Ohio STNA. Full Clinical Attire is mandatory for both knowledge and/or skill test and you will be turned away as a no show if you do not have full clinical attire, clinical shoes and long hair tied back.

It is your responsibility to bring several sharpened Number 2 pencils with erasers if you are taking a paper written test. DO NOT BRING or USE INK PENS. Ink will not allow your scan form to be processed by the scanner.

Testing Policy_____

- CR Late arrivals will not be admitted to the test. Late arrivals and No Shows forfeit testing fees and will need to reschedule the test.
- NO ELECTRONIC DEVICE OF ANY KIND WILL BE PERMITTED IN THE TESTING AREAS! Cellular phones, beepers, blue tooth phones or any other electronic devices are not permitted on your testing day. If you are found to have an electronic device on your person you will be ask to exit the test and you will forfeit all testing fees. You will be required to reschedule your test.
- With the exception of religious/cultural head coverings, candidates may not have their head covered during the test for security reasons.
- ca You are not permitted to bring personal belongings, such as briefcases, large bags, study materials, extra books, or papers into the testing area. Any such materials brought into the testing area will be collected and returned to you when you have completed the test. Test Proctors and testing sites cannot be responsible for personal items of students.
- Foreign language translation dictionaries must be shown to the Test Proctor before you start the knowledge test. No electronic dictionaries are allowed. No definitions or writing can appear in the book If any documentation or writing is in the translation dictionary you will not be permitted to use it.
- You may not take any notes or other materials from the testing room.
- ${\ensuremath{\bowtie}}$ 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 Ohio Department of Health.
- No children, visitors, guests, or pets are allowed at the testing site for security reasons. If you use a service animal please discuss this need with D&S prior to registering.
- coa 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 an STNA. For example, casts, braces, crutches or weight restrictions. Call D&S immediately (877-851-2355) if you are determined to be unable to test due to illness or injury. You must fax a signed doctor's excuse within **five (5) days** of your testing date to allow you to reschedule without repayment of fees and to ensure you are not determined to be a NO SHOW.

BE IN: FULL CLINICL ATTIRE for both written and skill testing. This includes clinical shoes (no flip flops or sandals) and hair pulled back and away. Full clinical attire consists of scrub tops and scrub pants/skirts. T-shirts with facility logo are not acceptable. Full clinical attire is mandatory for both the knowledge and skill task portions of the test.

- ② ALL of the above requirements must be met on testing day. If not, you will be turned away and entered as a NO SHOW. No refund of testing fees will be given.
- If you are taking a paper test it is your responsibility to bring 2 sharpened Number 2 pencils with erasers. Test Proctors will not provide pencils. Ink pens are not allowed.
- It is the student's responsibility to notify the Test Proctor if any of their personal information is incorrect at sign in on testing day. There is a \$25.00 replacement fee for cards with incorrect information.

Reschedule/Cancellation Policy
An individual may reschedule one time during the three attempt testing cycle to a new mutually agreed upon test date and site for no charge up to 24 hours from the actual testing time (excluding Sundays and holidays). Sample if your test starts at 8:30am on Friday you must call no later than 8:30am on Thursday to qualify. -Reschedules must occur within 60 days of the actual testing date. If reschedules are not made within the 60 days you will be charged a \$35 reschedule fee. Any further reschedules will be charged at the rate of \$35 which must be paid before the reschedule can occur. No refunds or free reschedules will be granted after 120 calendar days from the last reschedule date.
** <u>Cancellations</u> -
Cancellations MUST be faxed or emailed PRIOR TO 24 HOURS OF THE ACTUAL TESTING DATE excluding Sundays and holidays, no phone calls will be accepted to qualify for a full refund minus a \$24 cancellation fee. No verbal cancellations will be accepted. If you reschedule and later decide that you want to cancel you must notify us in writing (mail, fax or email) within 60 days from your last scheduled test date to qualify for a refund minus the cancellation fee. Cancellations submitted more than 60 days from your last scheduled test date will not qualify for a refund.
No Shows
- If you are scheduled for your test and don't show up without notifying D&S DT at least 24 hours from the actual testing time (excluding Sundays and holidays) you will be considered a NO SHOW and must submit a new application with all required fees to be scheduled for a new test date. No refunds will be granted after 120 calendar days.
If you No Show for any of the following reasons please provide the following documentation: Car breakdown: A tow bill faxed within 48 hours of the test date, if we do not receive proof within 48 the hour time frame you will remain a No Show. Medical emergency: Doctor excuse identifying illness on the actual testing date within 5 working days from the actual testing date , if we do not receive proof within the 5 working day time frame you will remain a No Show. Death in the family: Obituary's for immediate family only within 14 business days from a missed test date otherwise you will remain a No Show. Your name must appear in the obituary.
Security
Anyone who removes or tries to remove test material 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 or any form of electronic devices 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 not be scored, you will be dismissed from the testing room and your name will be reported to the appropriate agencies and will require approval from ODH to retest and/or suspended from testing for six months .
<u>Laminated Replacement STNA cards</u> : If you do not receive your laminated card within 30 days from your actual testing date it is your responsibility to contact D&S toll free at 877-851-2355. Cards never received after the 60 days from the actual testing day will require a \$25.00 replacement charge.
Test Disputes
Test Dispute-If you dispute your test results, a step-by step explanation of skill steps demonstrated must be faxed, emailed, or sent to D & S within 10 days of your test event along with the \$25.00 test dispute fee. Disputes received without dispute fee will not be processed. If the dispute is found in your favor you will be refunded the fee. If it is determined your results will remain the same or if you are given a free reschedule the fee will not be refunded. If we receive your dispute without the fee, it will be mailed back to you without consideration. Please allow 2-4 weeks processing time for test disputes. You will be notified by email or mail of the outcome of your dispute.

Test Results

Test results will be available on line at hdmaster.com, emailed to you if you provided your email address on your application and you will receive a copy of your test results in the mail. Your training program will also be receiving a copy of your test results.

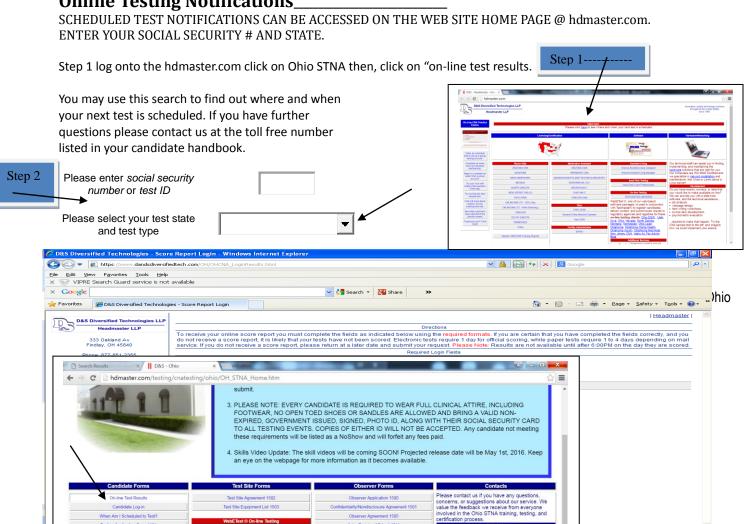
After you have successfully passed both the Knowledge/Oral Test and Skill Test, you will be placed on the Ohio nurse aide registry and receive a certification notice from D&S DT along with a laminated wallet ID card. If you fail, you must reapply to retake the STNA test. Procedures for reapplying and detailed test diagnostics are included with failure notification letters.

Test results are now available online at www.hdmaster.com, click on Ohio STNA then on-line test results 2-3 days after testing with a paper test or within 24 hours with electronic testing excluding holidays and Sundays.

The Registry

The Ohio nurse aide registry maintains information regarding the status of state tested nurse aides in Ohio. 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 Ohio nurse aide registry with questions about lapsed certification and transfer of certification to or from another state. Ohio Registry number is 800-582-5908.

Online Testing Notifications



Nurse Aide Training Reimbursement:

Individuals are entitled to a refund of up to 100% for out-of-pocket expenses paid for completing an Ohio NATCEP. This request can only be made to the very first nursing home that hires an individual as an STNA and must be made within 12 months after training program completion. The refund amount may be prorated based on the time an individual completed his/her training program and when he/she began working for their first nursing home. State rules 3701-17-07.1 and 3701-18-08 and Federal regulations 42CFR 483.152, 42CFR 483.154 and 42CFR 483.158 require that nursing homes provide this reimbursement if requested.

Training Certificates-

Your training certificate you receive from your training program is good for a period of 24 months (2 years). During that two year period you have three testing attempts.

New Online Scheduling Process:

You can now self schedule online using your personalized pin and ID. Using a credit or debit card and the information provided to you by your Nurse Aide Training program. You can self schedule in the convenience of your home without mail time or fax fees.

If you have not received your personalized pin and ID we encourage you to contact your training program or D&S Diversified for assistance.

SAMPLE SCHEDULING DIRECTIONS

D&S Diversified Technologies
PO Box #418, Findlay, OH 45839-0418
Toll Free: 877-851-2355 Fax: 419-422-8367 or 419-422-8328
Website www.hdmaster.com
Email hdmastereast@hdmaster.com

Smith, Fred,

To schedule your Ohio STNA exam with D&S Diversified, please refer to the instructions below:

- You may schedule your exam date on-line at any time at www.hdmaster.com.
- Click on the "Ohio" link listed under "Nurse Aide". When you reach the Ohio webpage click on "<u>Candidate log-in</u>".
- You will need your **TEST ID# 8081-541-862** and your **PIN# AnUv** to login. **(DO NOT USE THE HYPENS** in the number. Only type the numbers **211111111**) and your Pin# is case sensitive.
- Click on the self pay button (if you do not check this box it will not give you a payment option) then click F5 or refresh and the payment box will appear
- You must make payment for the test before **you will be able to schedule**. The pre-pay by credit card option is under the Self-Pay or Sponsored section.
- View Test Schedule to see available exam dates.
- Select a test site, from the drop-down list.
- Select a test date from the drop down list.
- Submit Updates to schedule test.

Print the exam confirmation letter provided (If you do not see a separate screen with your test confirmation, you are not scheduled to test).

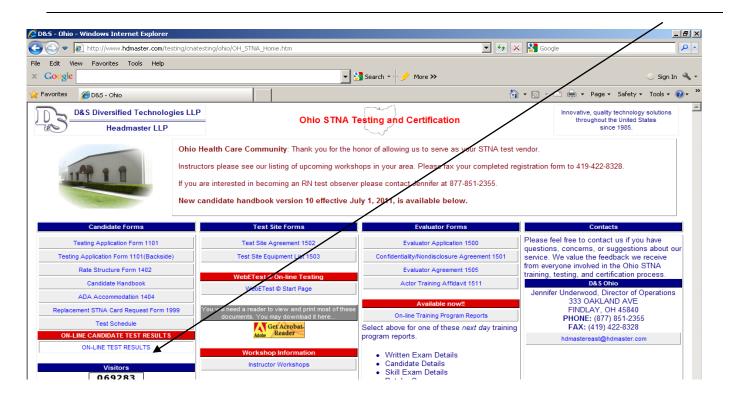
If you do not have Internet access, you will need to mail or fax D&S forms 1101 and 1402 along with a copy of your training certificate and your payment to the address or fax number listed above. If you have any questions on this process please contact D&SDT at 877-851-2355 and our staff will assist you.

Form 1240

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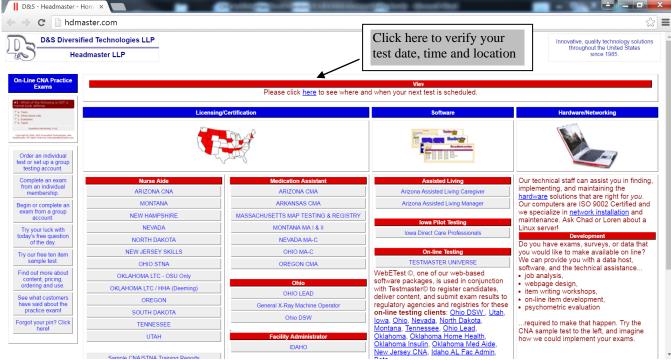
Online Test Results

Your test results can also be accessed On-line test results are available on our web site at hdmaster.com then click on "On-line Test Results"



When am I scheduled

You can click on locate your test time, date and location. Make sure you have your test id number or social security number

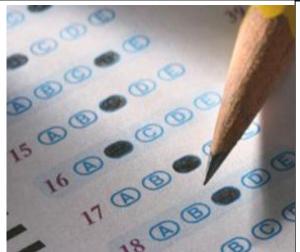


Preparing for test day check list:



- 1. GOVERNMENT ISSUED, SIGNED, NON EXPIRED PHOTO ID
- 2. ORIGINAL SOCIAL SECURITY CARD
- 3. COPY OF MARRIGE CERTIFICATE OR DIVORCE DECREE IF DO NOT MATCH
- 4. CLINICAL ATTIRE-SCRUB TOP AND PANTS OR SKIRTS (NO FACILITY LOGO TEE SHIRTS WILL BE ACCEPTED
- 5. SEVERAL #2 SHARPENED PENCILS
- 6. REMEMBER TO PLAN AHEAD IF YOU DO NOT KNOW HERE YOU ARE GOING WE RECOMMEND A TEST RUN THE PRIOR DAY
- 7. YOU MUST ARRIVE AT THE TESTING SITE 20-30 MINUTES PRIOR TO YOUR SCHEDULED TESTING TIME
- 8. NO CELL PHONES OR ELECTRONIC DEVICES WILL BE PERMITTED AT THE TESTING SITE
- 9. LONG HAIR PULLED BACK
- 10. SPOUSES, INSTRUCTORS, CHILDREN OR PETS WILL NOT BE PERMITTED AT THE TESTING SITE









After my testing day:

- 1. TEST RESULTS WILL BE AVAILABLE FOR ELECTRONIC/ COMPUTER TEST WITHIN 24 HOURS EXCLUDING SUN DAYS AND HOLIDAYS
- 2. TEST RESULTS WILL BE AVAILABLE FOR PAPER TEST WITHIN 3-5 DAYS AFTER MY TESTING DAY
- 3. TEST RESULTS CAN BE OBTAINED AFTER 3PM
- 4. TEST RESULTS CAN BE CHECKED ON hdmaster.com, BY EMAIL IF YOU PROVIDED YOUR EMAIL ON YOUR REGISTRATION, BY MAIL, OR BY CALLING D&S DIVERSIFIED
- 5. IF YOU FAIL YOUR TEST YOU CAN EITHER RESCHEDULE ON LINE WITH A CREDIT CARD OR PRINT OFF THE HDMASTER.COM WEB FORMS 1101 AND 1402 PRINT OFF AND SEND IN WITH YOUR PAYMENT TO D&S DIVERSIFIED.

Ohio Manual Skill Tasks Listing_____

Skill 1- Hand Washing

- 1. Knock on the door and introduce self to the resident.
- 2. Explain the procedure.
- 3. Turn on water.
- 4. Wet all surfaces of hands and wrists.
- 5. Apply liquid soap to hands.
- 6. Rub hands together <u>away</u> from water for 20 seconds using friction.
- 7. Interlace fingers pointing downward.
- 8. Wash all surfaces of hands and wrists with liquid soap.
- 9. Rinse hands thoroughly under running water with fingers pointed downward.
- 10. Dry hands on clean paper towel(s) and immediately discard in trash can.
- 11. Turn off faucet with a SECOND (last) clean dry paper towel. (Previously used towel for drying will not be accepted).
- 12. Discard paper towel to trash container as used.
- 13. Do not re-contaminate hands at any point during the procedure.

Skill 2- Abdominal Thrust on Conscious Resident

- 1. Ask resident, "Are you choking?"
- 2. Identify two symptoms/signs of choking. (_______).
- 3. Bring actor to a standing position while calling for help.
- 4. Stand behind resident.
- 5. Wrap arms around resident above the waist.
- 6. Make a fist with one hand.
- 7. Place the thumb side of the fist against resident's abdomen.
- 8. Position fist slightly above navel and below bottom of sternum.
- 9. Grasp fist with other hand.
- 10. Verbalize only "press fist and hand into the resident's abdomen with an inward, upward thrust."
- 11. Verbalize thrust at least three times.
- 12. Stop, ask resident, "Are you still choking?" Actor will say, "No." (Tester will ask, what would you have done if the resident would have indicated that they were still choking).
- 13. State, "I would repeat this procedure until it is successful or the resident lost consciousness."
- 14. At which point I would place the resident in the recovery position on lateral side. (Must be physically performed).

Skill 3-Ambulation using a Gait Belt

- 1. Introduce self to resident.
- 2. Identify that your hands should be washed.
- 3. Explain the procedure to be performed and obtain a gait belt.
- 4. Pull privacy curtain.
- 5. Lock bed brakes to ensure resident's safety.
- 6. Lock wheelchair brakes to ensure resident's safety.
- 7. Lower bed to a position so the resident's feet will rest comfortably flat on the floor when sitting on the bed.
- 8. Bring resident to sitting position and assist resident to put on non-skid slippers, ensure feet are flat on floor.
- 9. Place gait belt around waist to stabilize trunk.

- 10. Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident and adjust as needed.
- 11. Bring resident to standing position, using proper body mechanics.
- 12. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate resident at least 10 steps to their wheelchair.
- 13. Assist resident to pivot and sit in a controlled manner that ensures safety.
- 14. Remove gait belt.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Open privacy curtain and leave call light within easy reach of the resident.
- 17. Identify that hands should be washed.

Skill 4—Ambulation with Walker to the Wheelchair

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident. Provide for resident's privacy by pulling privacy curtain.
- 4. Lock bed wheels/brakes to ensure resident's safety.
- 5. Lock wheelchair brakes to ensure resident's safety.
- 6. Lower bed to a position so the resident's feet will rest comfortably flat on the floor when sitting on the bed.
- 7. Bring resident to sitting position and assist resident to put on non-skid slippers, ensure feet are flat on floor.
- 8. Position and stabilize walker correctly using hand and/or foot to stabilize.
- 9. Assist resident to stand, stabilize walker and insure the walker is stabilized.
- 10. Position self behind and slightly to side of resident.
- 11. Safely ambulate resident at least 10 steps.
- 12. Assist resident to pivot and sit, using correct body mechanics.
- 13. Maintain respectful, courteous interpersonal interactions at all times.
- 14. Open privacy curtain.
- 15. Leave call light or signaling device within easy reach of the resident.
- 16. Identify that hands should be washed.

Skill 5- Applying Anti-embolic Stocking (Ted Hose)

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident.
- 4. Raise bed between mid thigh and waist level.
- 5. Provide for resident's privacy by only exposing one leg and pulling privacy curtain.
- 6. Roll, gather, or turn stocking down inside out to the heel.
- 7. Place stocking over the toes, foot, and heel and roll or pull up the leg.
- 8. Check toes for possible pressure from stocking and adjust as needed.
- 9. Leave resident with stockings that are smooth and wrinkle free.
- 10. Lower bed.
- 11. Maintain respectful, courteous interpersonal interactions at all times.
- 12. Open privacy curtain.
- 13. Leave call light or signaling device within easy reach of the resident.
- 14. Identify that hands should be washed.

Skill 6-Bedpan/Fracture Pan and Output

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to resident.
- 4. Gather supplies before beginning the demonstration.
- 5. Provide for resident's privacy by pulling privacy curtain.
- 6. Put on gloves.
- 7. Position resident on bedpan/fracture pan correctly using correct body mechanics.
- 8. Position resident on bedpan/fracture pan with pan in correct orientation.
- 9. Raise head of bed to comfortable level.
- 10. Leave tissue within reach of resident and step away from the resident until RN Observer identifies resident is finished.
- 11. Using a wet wash cloth and dry towel, wash and dry your resident's hands.
- 12. Lower head of bed and gently remove bedpan/fracture pan and hold while RN Observer adds a known quantity of fluid.
- 13. Place graduate on flat surface at eye level and pour urine into the graduate to measure output.
- 14. Empty graduate, rinse and dry bedpan/fracture pan and graduate and return to storage. Flush toilet if used.
- 15. Discard linen in the appropriate container.
- 16. Turn gloves inside out as they are removed and dispose of gloves in an appropriate container.
- 17. Record the output in cc/ml on signed recording sheet.
- 18. Recorded measurement reading is within 25cc/ml of RN Observer's reading.
- 19. Open privacy curtain.
- 20. Leave resident in a position of safety and comfort.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave call light or signaling device within easy reach of the resident.
- 23. Identify that hands should be washed.

Skill 7-Catheter Care for a Female

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident (Manneguin).
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Raise side rail opposite working side of bed.
- 6. Fill basin with comfortably warm water.
- 7. Raise the bed between mid-thigh and waist level.
- 8. Place bath blanket on resident/mannequin, put on gloves, and turn resident side to side and place incontinence pad under resident/mannequin. Expose only the perineum area.
- 9. Check to see that the tubing is not kinked and the urine can freely flow into the drainage bag. (MUST verbalize while physically checking).
- 10. Use soap and water to carefully wash, in a circular motion, around where the drainage tube exits the urethra.
- 11. With one hand hold catheter near the urethra to prevent tugging on catheter.
- 12. With the other hand clean at least 3-4 inches from the urethra down the drainage tube.
- 13. Use a clean portion of the washcloth for each stroke.
- 14. Rinse all areas using a clean portion of the washcloth for each stroke.
- 15. Pat dry all areas with a clean towel.
- 16. Always clean, rinse and pat dry in a direction away from the urethra.
- 17. Do not allow the tube to be pulled at any time during the procedure.

- 18. Replace top cover over resident and remove bath blanket and incontinence pad by turning side to side without friction.
- 19. Dispose of linens in the linen hamper.
- 20. Empty, rinse and dry basin and return to storage.
- 21. Remove gloves turning inside out and dispose of gloves in the appropriate container.
- 22. Open privacy curtain.
- 23. Leave resident in a position of safety and comfort. (lower bed and side rails).
- 24. Place call light or signaling device within reach of resident.
- 25. Maintain respectful, courteous interpersonal interactions.
- 26. Identify that hands should be washed.

Skill 8-Denture Care

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident.
- 4. Line bottom of sink with a protective lining that would help prevent damage to the dentures (towel or washcloth, NO PAPER TOWELS).
- 5. Put on gloves and remove dentures from cup.
- 6. Handle dentures carefully to avoid damage or contamination.
- 7. Apply a small amount of toothpaste and thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and/or lower dentures. Toothettes may be utilized instead of a tooth brush as long as all of the required surfaces listed above are cleaned.
- 8. Rinse dentures using clean COOL water.
- 9. Place dentures in rinsed denture cup.
- 10. Add cool clean water to the rinsed denture cup.
- 11. Clean and dry equipment and return to storage (denture brush/toothbrush handle).
- 12. Discard protective lining in an appropriate container.
- 13. Turn gloves inside out as they are removed and dispose of gloves in an appropriate container.
- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Leave call light or signaling device within easy reach of the resident.
- 16. Identify that hands should be washed.

Skill 9-Dressing Resident

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to the resident.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Raise the bed between mid-thigh and waist level.
- 6. Keep resident covered while removing gown.
- 7. Remove gown from unaffected side first.
- 8. Place used gown in laundry hamper.
- 9. When dressing the resident in a shirt or blouse, <u>insert hand through the sleeve</u> of the shirt or blouse and grasp the hand of the resident, dressing from the weak side first.
- 10. When dressing the resident in pants, assist the resident to raise buttocks or turn resident side to side and draw the pants over the buttocks and up to the resident's waist, always dressing from the weak side first.
- 11. When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 12. When putting on the resident's shoes, slip each shoe on and securely fasten the shoe with Velcro tabs or ties.

- 13. Leave the resident comfortably and properly dressed in a position of safety (lower bed).
- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Open privacy curtain.
- 16. Leave call light or signaling device within easy reach of the resident.
- 17. Identify that hands should be washed.

Skill 10-Emptying a Urinary Drainage Bag

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident.
- 4. Provide for resident's privacy by pulling curtain.
- 5. Raise side rails on both sides of the bed.
- 6. Raise bed between mid thigh and waist level.
- 7. Put on gloves.
- 8. Place barrier on the floor under the drainage bag.
- 9. Place the graduate on the previously placed barrier.
- 10. Open the drain to allow the urine to flow into the graduate until the bag is empty.
- 11. Avoid touching the graduate with the tip of the tubing.
- 12. Close the drain.
- 13. Wipe the drain with antiseptic wipe after emptying drainage bag.
- 14. Replace drain in holder.
- 15. Lower bed and lower side rails.
- 16. Place graduate on flat surface at eye level to measure output.
- 17. Empty graduate into toilet. Rinse and dry equipment.
- 18. Return equipment to storage.
- 19. Turn gloves inside out as they are removed. Dispose of gloves in the appropriate container.
- 20. Leave resident in a position of safety and comfort.
- 21. Record the output in cc/ml on signed recording sheet.
- 22. Recorded measurement from the recording pad is within 25cc/mls of RN Observers' measurement.
- 23. Open privacy curtain and place call light or signal device within reach of resident.
- 24. Maintain respectful, courteous interpersonal interactions.
- 25. Identify that hands should be washed.

Skill 11-Feeding the Dependent Resident

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident.
- 4. Verbally identify resident's name against the diet card and verbalize that the resident has received the correct tray.
- 5. Position the resident in an upright position, at least 45 degrees.
- 6. Ask resident if he/she prefers to use a clothing protector.
- 7. Protect clothing from soiling by using napkin, clothing protector or towel per resident request.
- 8. Wash and dry resident's hands before feeding.
- 9. Position self at eye level sitting down and face the resident while feeding.
- 10. Describe the food being offered to the resident.
- 11. Alternately offer each fluid frequently. (Two fluids will be offered).
- 12. Offer food in small amounts at a reasonable rate, allow resident to chew and swallow.
- 13. Wipe resident's hands and face during meal at least one time.

- 14. Leave resident clean and in a position of comfort with head of bed left at least 30 degrees after completion of the meal. (Must physically be performed)
- 15. Discard soiled linen in the linen hamper.
- 16. Record intake in percentage of total solid food eaten on signed recording sheet.
- 17. Record the sum of the intake of fluid in cc/ml on signed recording sheet.
- 18. Recorded reading is within 25% of the solids and within 60 cc/mL of the fluids consumed.
- 19. Maintain respectful, courteous interpersonal interactions at all times.
- 20. Leave call light or signaling device within easy reach of the resident.
- 21. Identify that hands should be washed.

Skill 12-Hair Care

- 1. Identify that hands should be washed.
- 2. Explain procedure to the resident.
- 3. Place towel on shoulders.
- 4. Ask resident how he/she would like their hair styled.
- 5. Comb or brush hair gently and completely.
- 6. Discard linen in appropriate container.
- 7. Return equipment to storage.
- 8. Leave hair neatly brushed combed or styled.
- 9. Maintain respectful, courteous interpersonal interactions at all times.
- 10. Leave call light or signaling device within easy reach of the resident.
- 11. Identify that hands should be washed.

Skill 13-Making an Occupied Bed

- 1. Introduce self to resident.
- 2. Identify that hands should be washed.
- 3. Gather linen and transport correctly.
- 4. Place clean linen on top of bedside stand, on over-bed table, over back of chair or drape over foot of bed.
- 5. Explain procedure to resident.
- 6. Provide for resident's privacy by pulling privacy curtain
- 7. Raise side rail opposite working side of the bed.
- 8. Raise the bed between mid-thigh and waist level.
- 9. Resident is to remain covered at all times.
- 10. Assist resident to roll onto side toward raised side rail. Side rail remains up on side opposite candidate at all times during the task.
- 11. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 12. Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
- 13. Secure two fitted corners, of the clean bottom sheet.
- 14. Raise second side rail opposite working side of the bed and assist the resident to roll over the bottom linen, preventing trauma and avoid pain to resident.
- 15. Remove soiled linen without shaking, and place in hamper.
- 16. Avoid touching linen to uniform.
- 17. Pull through and smooth out the clean bottom linen.
- 18. Secure other two fitted corners.
- 19. Place clean top linen and blanket or bedspread over covered resident. Remove used linen making sure the resident is unexposed at all times.
- 20. Tuck in top linen and blanket or bedspread at foot of the bed.

- 21. Make mitered corners at the foot of the bed.
- 22. Apply clean pillowcase, with zippers and/or tags to inside.
- 23. Gently lift resident's head when replacing the pillow.
- 24. Lower bed.
- 25. Return side rails to lowered position.
- 26. Maintain respectful, courteous interpersonal interactions at all times.
- 27. Opens privacy curtain and leave call light or signaling device within easy reach of the resident.
- 28. Identify that hands should be washed.

Making an Unoccupied bed has been removed and replaced with <u>Applying an Adult</u> Brief

Skill 14- Applying an Adult Brief

- 1. Introduce self to resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to the resident.
- 4. Provide for privacy by pulling privacy curtain.
- 5. Gather supplies.
- 6. Raise bed between mid thigh and waist level.
- 7. Raise side rail opposite working side of the bed.
- 8. Put on gloves.
- 9. Place water proof incontinent pad under resident by rolling resident side to side.
- 10. Unfasten the wet brief on both sides and assist resident to raise buttock or roll side to side to remove soiled brief.
- 11. Immediately discard soiled brief in the appropriate container.
- 12. Verbalize you would wash, rinse and dry soiled area.
- 13. Apply new brief by rolling resident side to side or raising buttocks.
- 14. Pull brief through and be sure that it is even on both sides, and fasten the brief securely on both sides.
- 15. Lower bed and side rail.
- 16. Dispose of gloves in the appropriate container.
- 17. Leave resident in a position of comfort and safety.
- 18. Open privacy curtain.
- 19. Verbalizes that brief "should be checked every two hours".
- 20. Leave call light within easy reach of resident.
- 21. Identify that hands should be washed.

Skill 15-Mouth Care

- 1. Identify that hands should be washed.
- 2. Explain procedure to the resident.
- 3. Provide for resident's privacy by pulling privacy curtain.
- 4. Gather equipment and supplies, puts on gloves (<u>AFTER ALL EQUIPMENT AND SUPPLIES HAVE BEEN GATHERED</u>).
- 5. Drape the chest with towel (Paper or cloth) to prevent soiling.
- 6. Wet tooth brush and apply a small amount of toothpaste to toothbrush.
- Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed above are cleaned. (Candidate must verbalize as they perform the step)

- 8. Clean tongue.
- 9. Assist resident in rinsing mouth.
- 10. Wipe resident's mouth, remove soiled towel and place in appropriate container.
- 11. Empty, rinse and dry emesis basin. Rinse toothbrush. Return emesis basin and toothbrush to storage.
- 12. Turn gloves inside out as they are removed. Dispose of gloves in the appropriate container.
- 13. Leave resident in position of comfort.
- 14. Open privacy curtain and leave call light or signaling device within easy reach of the resident.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Identify that hands should be washed.

Skill 16-Nail Care One Hand

- 1. Identify that hands should be washed.
- 2. Explain procedure to the resident.
- 3. Immerse nails in comfortably warm water and soak for at least five (5) minutes. (The five minutes may be verbalized.)
- 4. Gently push cuticle back with wet wash cloth.
- 5. Dry hands thoroughly, being careful to dry <u>hand and</u> between fingers.
- 6. Gently clean under nails with orange stick.
- 7. File each fingernail.
- 8. Empty, rinse and dry equipment and return to storage. Discard linen in linen hamper.
- 9. Discard orange stick in the designated sharp container and return equipment to storage.
- 10. Maintain respectful, courteous interpersonal interaction at all times.
- 11. Leave call light or signaling device within easy reach of the resident.
- 12. Identify hands should be washed.

Skill 17- Partial Bed Bath-Face, Arm, Hand and Underarm

- 1. Introduce self to resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Fill basin with comfortably warm water.
- 6. Raise the bed between mid thigh and waist level.
- 7. Cover resident with a bath blanket.
- 8. Fanfold bed linens at <u>least down to waist</u> or move linens to opposite side.
- 9. Remove resident's gown without exposing resident and dispose in linen hamper.
- 10. Wash face without soap and then pat dry.
- 11. Place towel under arm, exposing one arm.
- 12. Wash arm, hand, and underarm using soap and water.
- 13. Rinse arm, hand, underarm, and dry entire area.
- 14. Assist resident to put on a clean gown.
- 15. Empty, rinse and dry basin/s and return equipment to storage.
- 16. Dispose of soiled linen in appropriate container.
- 17. Lower bed.
- 18. Maintain respectful, courteous interpersonal interactions at all times.
- 19. Open privacy curtain and leave call light or signaling device within reach of the resident.
- 20. Identify that hands should be washed.

Skill 18-Perineal Care for a Female

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident, (Mannequin).
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Raise side rail opposite working side of bed.
- 6. Fill basin with comfortably warm water.
- 7. Raise the bed between mid-thigh and waist level.
- 8. Place bath blanket on resident/mannequin.
- 9. Put on gloves.
- 10. Turn resident to side and place waterproof pad under resident's buttocks then return resident to their back or raises hips and place waterproof pad under buttocks.
- 11. Expose perineum only.
- 12. <u>Verbalize</u> separating labia.
- 13. Using water and soapy washcloth, clean both sides and middle of labia from top to bottom using a clean portion of the washcloth with each stroke.
- 14. Rinse and pat dry both sides and middle from top to bottom with a clean portion of the washcloth with each stroke.
- 15. Cover the exposed area with the bath blanket.
- 16. Assist resident (mannequin) to turn onto side away from the Candidate.
- 17. With a new washcloth, clean the rectal area.
- 18. Using water, washcloth and soap clean area from vagina to rectal area using a clean portion of the washcloth with each single stroke.
- 19. Rinse and pat dry area from vagina to rectal area.
- 20. Remove waterproof pad from under buttocks by turning resident side to side to remove pad without friction.
- 21. Position resident (mannequin) on her back.
- 22. Dispose of soiled linen and bath blanket in an appropriate container.
- 23. Empty, rinse and dry equipment and return to storage.
- 24. Turn gloves inside out as they are removed. Dispose of gloves in the appropriate container.
- 25. Lower bed.
- 26. Lower side rails.
- 27. Open privacy curtain and leave call light or signaling device within reach of resident.
- 28. Identify that hands should be washed.

Skill 19-Position Resident on Side

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to the resident.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Position bed flat.
- 6. Raise bed between mid-thigh and waist level.
- 7. Raise side rail on opposite side of the bed to provide safety.
- 8. Move resident's head, upper body, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on their side.
- 9. Assist/turn resident on side and insure that the resident's face never becomes obstructed by the pillow. (Physically check and verbalize checking).
- 10. Check to be sure resident is not lying on his/her down side arm.

- 11. Protect bony prominences, under head (must physically check), upside arm, behind back, and between knees by placing support devices such as pillows, wedge, blanket, etc.
- 12. Lower bed.
- 13. Lower side rails.
- 14. Maintain correct body alignment (must verbalize and physically check body alignment).
- 15. Leave resident in a position of safety and comfort.
- 16. Maintain respectful, courteous interpersonal interactions at all times.
- 17. Open privacy curtain and leave call light or signaling device within reach of the resident.
- 18. Identify that hands should be washed.

Skill 20-Range of Motion Hip & Knee

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident.
- 4. Raise bed between mid thigh and waist level.
- 5. Provide for resident's privacy by pulling privacy curtain.
- 6. Position resident supine (bed flat) and verbalize that the resident is in good body alignment.
- 7. Do not cause discomfort or pain and do not force any joint beyond the point of free movement. (Candidate must ask if they are causing any pain or discomfort).
- 8. Correctly support joints at all times by placing one hand under the knee and the other hand under the ankle.
- 9. Move the entire leg away from the body (abduction).
- 10. Move the entire leg back toward the body (adduction).
- 11. Complete abduction and adduction of the hip three times.
- 12. Straighten the knee and hip. (extension of knee and hip at the same time).
- 13. Complete flexion and extension of knee and hip three times.
- 14. Lower bed and leave resident in comfortable position.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Open privacy curtain and leave call light or signaling device within easy reach of the resident.
- 17. Identify that hands should be washed.

Skill 21- Range of Motion One Shoulder (14.0 step 7 and 15 were duplicated but fixed below

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to the resident.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Raise bed between mid thigh and waist level.
- 6. Position resident supine (bed flat) and verbalize that the resident is in good body alignment.
- 7. Correctly support the resident's joint by placing one hand under elbow and the other hand under the resident's wrist.
- 8. Raise resident's arm up and over the resident's head (flexion).
- 9. Bring the resident's arm back down to the resident's side (extension).
- 10. Complete 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 side of the resident's body (adduction).
- 13. Complete full range of motion for shoulder through abduction and adduction three times.
- 14. Do not cause discomfort or pain and do not force any joint beyond the point of free movement. (Candidate must ask if they are causing any pain or discomfort).
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Lower bed.

- 17. Open privacy curtain and leave call light or signaling device within reach of the resident.
- 18. Identify that hands should be washed.

Skill 22-Stand Pivot Transfer from Bed to Wheelchair using a Gait Belt

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to be performed to the resident and obtain a gait belt.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Position wheelchair at the foot or head of bed with the wheelchair touching side of the bed.
- 6. Lock wheelchair brakes to ensure resident's safety.
- 7. Lock bed brakes to ensure resident's safety.
- 8. Assist resident to put on non-skid slippers while in bed.
- 9. Lower bed to lowest position so resident's feet will be flat on floor and assist resident to a sitting position.
- 10. Place gait belt around waist to stabilize trunk.
- 11. Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 12. While facing resident grasp gait belt with both hands and bring resident to standing position, using proper body mechanics.
- 13. With both hands grasping gait belt, transfer resident from bed to wheelchair.
- 14. Assist resident to pivot and assist them to sit in the wheelchair, in a controlled manner that ensures resident's safety.
- 15. Remove gait belt.
- 16. Maintain respectful, courteous interpersonal interactions at all times.
- 17. Open privacy curtain.
- 18. Leave call leave call light or signaling device within reach of the resident.
- 19. Identify that hands should be washed.

Skill 23- Stand Pivot Transfer from Wheelchair to Bed using a Gait Belt

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain the procedure to be performed to the resident and obtain a gait belt.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Position wheelchair at the foot or head of bed with the wheelchair touching side of the bed.
- 6. Lock wheelchair brakes to ensure resident's safety.
- 7. Lock bed brakes to ensure resident's safety.
- 8. Lower bed to a position so the resident's feet will be flat on the floor when the resident is transferred to the bed.
- 9. Place gait belt around waist to stabilize trunk. Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 10. While facing resident grasp gait belt with both hands and bring resident to standing position, using proper body mechanics.
- 11. Assist resident to pivot in a controlled manner that ensures safety and sit the resident on the bed.
- 12. Assist resident in removing outer footwear and gait belt.
- 13. Assist resident to move to center of bed and lie down, supporting extremities as necessary.
- 14. Make sure resident is comfortable (offer blanket etc) and verbally identify while physically checking that resident is in good body alignment.
- 15. Open privacy curtain.
- 16. Maintain respectful, courteous interpersonal interaction at all times.
- 17. Leave call light or signaling device within easy reach of the resident.
- 18. Identify hands should be washed.

Skill 24-Vital Signs-Temperature, Pulse and Respiration for 60 seconds

- 1. Introduce self to the resident
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident.
- 4. Provide for resident's privacy by pulling privacy curtain.
- 5. Correctly turn on digital oral thermometer.
- 6. Gently insert bulb end of thermometer in mouth under tongue.
- 7. Hold thermometer in place for appropriate length of time.
- 8. Remove thermometer. Read and record the temperature on signed recording sheet. (Complete one task at a time and record in-between temperature, pulse and respirations)
- 9. Candidate's recorded temperature varies no more than .1 degree from RN Test Observer's.
- 10. Wipe thermometer clean with alcohol pad or discard sheath.
- 11. Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 12. Count pulse for 60 seconds and record on signed recording sheet.
- 13. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
- 14. Count respiration for 60 seconds and record results on signed recording sheet.
- 15. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
- 16. Maintain respectful, courteous interpersonal interactions at all times.
- 17. Open privacy curtain and leave call light within easy reach of the resident.
- 18. Identify that hands should be washed.

Skill 25- Weighing an Ambulatory Resident

- 1. Introduce self to the resident.
- 2. Identify that hands should be washed.
- 3. Explain procedure to resident.
- 4. Check balance of scale and balance or zero scale before resident steps on scale. (A digital scale is not allowed.
- 5. Insure resident's safety. Lock wheelchair brakes.
- 6. Assist resident to stand and walk them to the scale.
- 7. Assist resident to step on scale.
- 8. Check that resident is balanced and centered on scale with arms at side and <u>verbalize</u> that the resident is not holding on to anything that would alter reading of the weight.
- 9. Appropriately adjust weights until scale is in balance or observe analog scale.
- 10. Read weight.
- 11. Return resident to wheelchair and assist to sitting position.
- 12. Record weight on signed recording sheet provided.
- 13. Candidate's recorded weight varies no more than 2 lb. from RN Test Observer's reading.
- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Leave call light or signaling device within easy reach of the resident.
- 16. Identify that hands should be washed.

OHIO KNOWLEDGE TEST VOCABULARY LISTING AND RELATED TERMINOLOGY 2016

abdominal thrust abduction pillow abductor wedge

abuse accidents accountable activities adaptive devices

adaptive equipment adduction ADL **ADLs** admission

admitting resident advance directives affected side aging process agitation Alzheimer's

Alzheimer's disease ambulation amputees anatomy

anger angina antiembolitic anxiety aphasia apnea

appropriate response

arteries arthritis aseptic aspiration assault assistive device

bacteria bargaining basic needs basic skin care bathing

bathing resident

battery bed cradle bed position bedpan behavior

behavioral care plan

blindness blood pressure bodily fluids body language body mechanics body temperature bowel program

BP breathing burns call light cancer cane cardiac arrest cardiovascular system cancer cane

cardiac arrest

cardiovascular system

care impaired care plan care planning

cast cataracts catheter catheter care cc's in an ounce

central nervous system cerebral vascular accident

chain of command charge nurse chemical restraint

CHF choking chronic circulation clarification cleaning spills clear liquid diet clergy

cognitively impaired cold application colostomy care comfort care communicable communication compensation

competency evaluation

conduct confidentiality confused resident congestive heart failure

constipation constrict contact isolation contamination contracture

converting measures

COPD cueing cultural CVAdangling data collection death and dving decubitus ulcer dehydration delegation dementia Denial Denture care dependability

depression

Developmental disability

development

developmental disabilities developmental process

diabetes diabetic dialysis diastolic diet dietitian diets digestion

dirty linen discharging resident

disease disease process

dilate

disinfection disoriented

disposing of contaminated

materials disrespect dizziness DNR

documentation dorsiflexion dressing drowsy dry skin dying dysphagia dyspnea dvsuria edema elastic

elastic stockings elevate head elimination emesis emesis basin emotional needs emotional support

empathy emphysema epilepsy ethics evacuation extremity eve glasses falls

fecal impaction

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feces feeding financial abuse

fire flatus fluid fluid intake Foley catheter foot board foot care foot drop Fowler's position fractures

fractures fraud frayed cord free from disease frequent urination

frequent urination gait belt gastric feedings gastrostomy tube geriatrics

germ transmission gerontology gestures gifts gloves

grieving process group settings hair care hallucination hand tremors hand washing health-care team

hearing aid hearing impaired hearing loss heart muscle heat application

height
hemiplegia
hepatitis B
HIPAA
HIV
hormones
hospice
hydration
hyperglycemia
hypertension

I&O immune impairment incontinence indwelling catheter

in fection

infection control infection prevention infectious disease initial observations in-service programs

insulin intake

intake and output integumentary system interpersonal skills invasion of privacy

isolation

jaundice lift/draw sheet linen

liquid diet listening loose teeth low sodium diet Maslow masturbation

MDS

measuring height measuring temperature

mechanical lift medical asepsis medical record medications memory loss mental health microorganism microorganisms minerals

misappropriation of property

mistreatment mouth care moving

Multiple Sclerosis muscle spasms musculoskeletal

nail care neglect negligence

non-contagious disease nonverbal communication

NPO

nursing assistant's role

nutrition objective OBRA

official records ombudsman

open-ended questions

oral care
oral hygiene
oral temperature
orientation
orthopneic
osteoporosis
output
overbed table
oxygen
pain

palliative care
paralysis
paranoia
Parkinson's
partial assistance
partial bath
passive
pathogen
pathogens
patience
perineal care

personal stress phone etiquette physical needs physician's authority

plaque policy book positioning postural supports

PPE pressure ulcer

pressure ulcers preventing injury

privacy progressive projection pronation prostate gland prosthesis

psychological needs

pulse
pulse rate
QID
quadriplegia
quality of life
radial
ramps

range of motion rationalization reality orientation

rectal
regulation
regulations
rehabilitation
religious service
reminiscence therapy

reminiscing
reporting
reporting abuse
reposition
repositioning
resident abuse
resident belongings
resident identification
resident independence

resident rights resident unit residents

Resident's Bill of Rights

resident's chart

resident's environment resident's rights respectful treatment

respiration respirations

respiratory symptoms respiratory system

responding to resident behavior

responsibilities restorative care restraint rights risk factor

scabies scale seclusion secretions seizure self-esteem semi fowlers sensory system sexual harassment sexual needs sexuality sharps container

shaving side rails simple fracture skin integrity slander smoking social needs specimen spills

spiritual needs sputum

standard precautions

stereotypes sterilization stethoscope stomach stress stroke subjective substance abuse

suicide sundowning supine suprapubic survey

swelling systolic tachycardia TED hose

telephone etiquette

temperature tendons terminal illness terminology threatening resident

tips toenails

toileting schedule

transfers

treating residents with respect

trochanter roll tub bath tube feeding tubing twice daily

tympanic unaffected

unconscious

unethical behavior

urethral

urinary catheter bag

urinary elimination urinary problems

urinary system

urinary tract

urine

validation

violent behavior

vision change

vital signs

vitamins

vocabulary

vomitus

walker

wandering resident

water intake weighing weight

wheelchair safety

white blood cells

withdrawn resident workplace violence