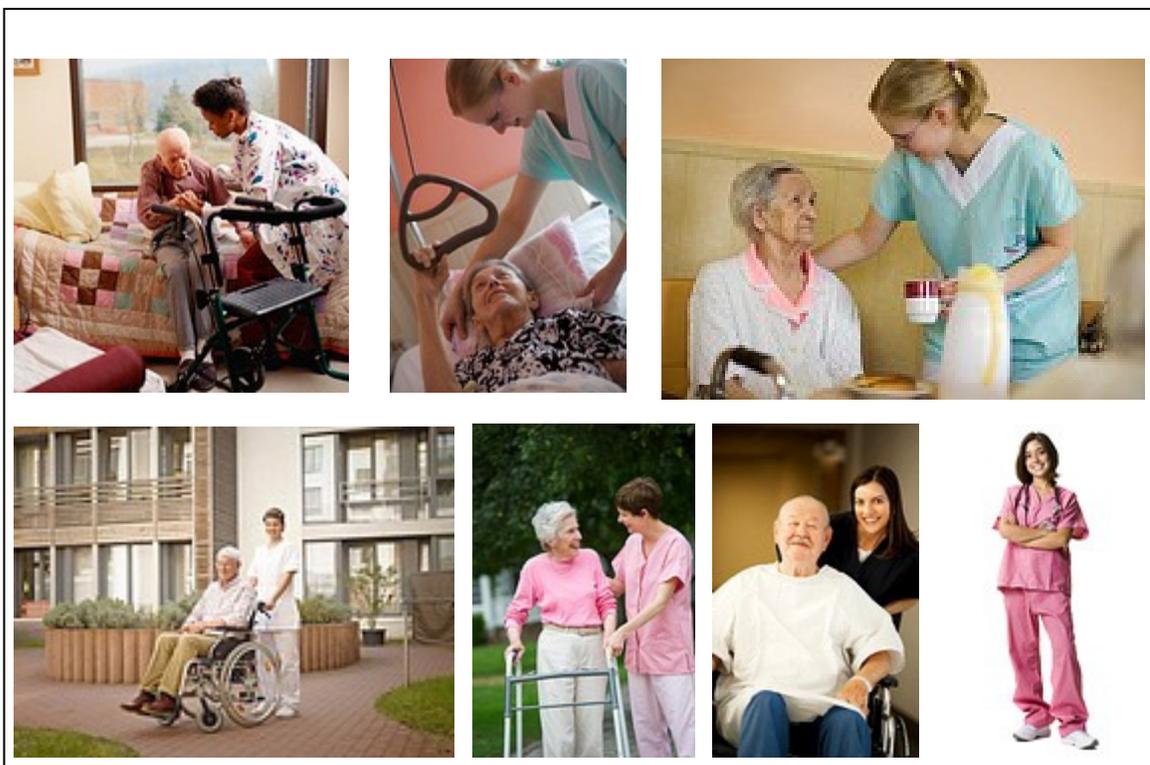


NORTH DAKOTA

NURSING ASSISTANT CANDIDATE HANDBOOK

EFFECTIVE JUNE 1ST, 2017



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**** EFFECTIVE: JUNE 1ST, 2017 ****

****PLEASE SEE THE CHANGE IN THE HANDBOOK REGARDING TEST REVIEW POLICY AND MANUAL SKILL FEEDING A DEPENDENT RESIDENT**

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

HEADMASTER, LLP 8:00 am to 6:00 pm M-F (800) 393-8664
 P.O. Box 6609 (Mountain Time)
 Helena, MT 59604-6609 Fax: (406)
 442-3357

QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

NORTH DAKOTA DEPARTMENT OF HEALTH (NDDH) (701)3282353
 - Nurse Aid Registry Questions
 - State & Federal Regulations
 - Post-test Name or Address Change

TABLE OF CONTENTS

Introduction.....	2
The Written/Oral Test.....	2-3
Written Test Content Outline.....	3
The Skills Test.....	4
Manual Skills Listing.....	4-15
Day of the test.....	15
Security.....	16
Rescheduling and Cancellations.....	16
Lateness.....	16
Electronic Devices.....	16
Study Aids.....	16
Eating/Drinking/Smoking.....	16
Misconduct.....	16
Guests/Visitors.....	16
Latex/Powder Allergies.....	17
Requests For Special Accommodations.....	17
Test Results.....	17
The Registry.....	17-18
Vocabulary Study List.....	18-20
Sample Questions.....	21

A free, ten-question, on-line, nurse aide practice exam and a free “question of the day” that changes every day is available for nurse aide students and training programs at our website, www.hdmaster.com.

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 the terms of this federal law.

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

The North Dakota Department of Health has approved D&S Diversified Technologies - HEADMASTER, to provide tests and scoring services for the Certified Nurse Aide Test. This handbook is designed to help prepare Candidates for the North Dakota approved Certified Nurse Aide Test. There are two parts to the Certified Nurse Aide Test—a multiple-choice Written/Oral Test and a Skill Test. Candidates must pass both parts of the test to be certified and listed on the Nurse Aide Registry as a certified nurse aide.

- A candidate who has completed training with an approved training program is allowed six months of testing eligibility, and three attempts, to pass both portions of the exam from start of training. If a candidate fails three attempts, written, skills or both, the candidate would have to go through an approved nurse aide training program again.
- A candidate can challenge the nursing assistant exam without training. These candidates are allowed six months of testing eligibility, and three attempts, to pass both portions of the exam from completion of their first test attempt. If a candidate fails three attempts, written, skills or both, the candidate would have to go through an approved training program.

To learn how to apply to take the Certified Nurse Aide Test, please contact HEADMASTER at (800) 393-8664 or visit our website at www.hdmaster.com. This handbook should be kept for future reference.

THE WRITTEN (OR ORAL) TEST

The tester will hand out materials and give instructions for taking the Written/Oral Test. You will have ninety (90) minutes to complete the Test. You will be told when fifteen (15) minutes are left to finish. You may not ask questions about the content of the 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. Markings in the testing booklet will not be acceptable answers. Your answers must appear on the separate answer sheet. You must score at least a 75% in order to pass the Written Test.

An Oral Test may be taken in place of the Written Test if you have difficulty reading English. If you want to take the Oral Test you must request it when you submit your application. There is an additional charge for Oral Tests (see Form 1402).

Your test may contain questions on which statistical information will be collected for use in constructing future tests. Your responses to these questions do not affect your score. They are mixed in with the scored questions and are not identified. All test materials must be left in the testing room. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution.

WRITTEN TEST CONTENT OUTLINE

The written test consists of 72 questions. There will be questions selected from each of twelve (12) subject areas as based on the North Dakota State test plan. The subject areas and number of questions are as follows:

8 - Safety—safety of residents, NAs, facility safety issues & safety of facility personnel in general.

6 - Communication & Interpersonal Skills—any type communication, both verbal & nonverbal, written & spoken; any communication related to hearing, seeing, feeling, tasting or smelling.

5 - Infection Control—relating to the nature of infections; causes & prevention, correct methods & procedures for dealing with infection.

3 - Data Collection— questions relating to data acquisition, handling and routing.

6 - Resident Rights—rights residents are legally entitled to; facility & CNA roles in insuring those rights.

5 - Disease Process— questions dealing with the stages of disease(s) and/or the theory of disease(s) and the detection, prevention or treatment of disease(s).

11 - Basic Nursing Skills— broad subject area including any act or activity that would be considered a basic skill necessary to perform the job of a CNA; includes data acquisition, handling & routing.

11 - Role & Responsibility—broad subject area including any act or activity that would be considered part of the basic role or responsibility of a CNA in the workplace.

6 - Personal Care—activities or acts performed by a CNA for or to residents that are personal in nature; accommodations necessary for care impaired residents; stages and/or the theory of diseases, detection, prevention & treatment.

5 - Care Impaired—questions dealing with residents that are limited either physically or mentally from receiving “standard” care. NA’S must perform more extensively or differently to accommodate these residents.

4 - Mental Health—mental processes of residents, signs and stages of mental states of residents both normal and care impaired; mental well-being & interaction of a NA and co-workers.

2 - Growth & Development Across the Ages—process & progression of humans becoming what they will be as they move along the time line of their lives.

THE SKILL TEST

The purpose of the Skill Test is to rate your nurse aide skills. You must score at least an 80% overall and perform all key steps. You will find a complete list of skill tasks printed later in this handbook. Five (5) skill tasks will be randomly selected from this list for you to perform on your skill test. The steps that are listed for each skill are the minimum number of steps required for a nurse aide to perform the skill. You will be evaluated on these steps.

- Five skill scenarios that correspond with your assigned tasks will be read to you.
- Listen carefully to all instructions given by the tester. You may request to have any scenario repeated whenever and as many times as needed while you are taking your skill test.
- Be sure you understand all instructions before you begin your skill task demonstrations because you may not ask questions once the skill test begins.
- You will be given thirty (30) minutes to complete the five (5) skill tasks.
- If you believe you made a mistake while performing a task, say so and then repeat the steps you think you performed incorrectly. Once the skill test has begun, the tester may not answer questions.

MANUAL SKILL LISTING

Critical Key steps are marked in bold type. You must score 80% or better on each skill task without missing any "key Steps" in order to pass the skill exam.

Abdominal Thrust

1. Candidate is able to identify symptoms of choking. Evaluates choking by asking resident "Are you choking?"
2. Stands behind resident and wraps arms around resident's waist.
3. Makes a fist with one hand.
4. Places the thumb side of the fist against the resident's abdomen.
5. **Positions fist slightly above navel and below the xiphoid process.**
6. Grasps fist with other hand, press fist and hand into the resident's abdomen with an inward, upward thrust 3-5 times. (Verbalize)
7. Stops, asks resident "Are you still choking?" If resident indicates yes—
8. Candidate should indicate that they would repeat this procedure until it is successful or until victim loses consciousness.

Ambulation With Cane or Walker

1. Knocks on door and introduces himself/herself appropriately to the resident.
2. Identifies that hands should be washed.
3. Assembles equipment as required.

4. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
5. Locks wheelchair brakes.
6. Brings resident to sitting position.
7. Assists resident in putting on slippers, robe, etc.
8. **Positions cane or walker correctly.**
9. Positions self for safe ambulation using correct body mechanics.
10. Assists resident to stand. Stabilizes cane/walker. Insures resident stabilizes cane/walker.
11. Positions self behind and slightly to side of resident.
12. Safely ambulates resident 10 feet.
13. Assists resident to pivot and sit.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.
16. Identifies that hands should be washed.

Ambulation With Use of Gait Belt

1. Knocks on door and introduces himself/herself appropriately to the resident.
2. Identifies that hands should be washed.
3. Obtains gait belt.
4. Explains procedure to be performed to the resident. Communicates appropriately to sensory/cognitively impaired resident.
5. Locks wheelchair brakes.
6. Places gait belt around resident's lower ribs and above waist to stabilize trunk.
7. Tightens gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
8. Brings resident to standing position using proper body mechanics.
9. **With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, ambulates resident 10 steps.**
10. Assists resident to return to wheel chair, pivot, and sits resident using proper mechanics.
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signaling device within easy reach of the resident.
13. Identifies that hands should be washed.

Applying Antiembolic Stockings

1. Identifies that hands should be washed.
2. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy by not exposing more than one leg at a time.
4. Rolls OR gathers stocking down to heel. Places stocking over the toes, foot, and heel and rolls OR pulls up the leg.
5. Checks toes for placement of stocking and adjusts as needed.
6. **Leaves resident with stockings that are smooth and wrinkle free.**
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leaves call light or signaling device within easy reach of the resident.
9. Treated resident gently during entire procedure.
10. Identifies that hands should be washed.

Back Rub

1. Knocks on door and introduces himself/herself appropriately to the resident.
2. Identifies that hands should be washed.
3. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
4. Provides for resident's privacy.
5. Insures resident's safety. Side rail up on opposite side, as appropriate.
6. Positions resident on side in bed for massage.
7. Exposes back. (Verbalize)
8. Candidate pours a small amount of lotion onto own hands and rubs together to warm. (Verbalize)
9. Rubs entire back in upward, outward motion, giving special attention to bony prominences for a minimum of 2 minutes.
10. Utilized correct equipment during procedure. (Verbalize)
 - a. Lotion
 - b. Towel
11. Returns resident to position of comfort and safety.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Identifies that hands should be washed.

Blood Pressure

1. Identifies that hands should be washed.
2. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy.
4. Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. Rolls resident's sleeve up about 5 inches above the elbow
6. Cleans earpieces of stethoscope appropriately and places in ears.
7. Locates brachial artery by feeling brachial pulse just above bend of elbow.
8. Applies the cuff around the upper arm just above the elbow.
9. Places stethoscope over brachial artery and holds snugly in place.
10. Inflates cuff.
11. Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
12. Records reading on pad.
13. **Candidate's recorded systolic and diastolic blood pressures are within 4 beats of the TA's.**
14. Utilized appropriate equipment:
 - a. Correct size cuff
 - b. Teaching stethoscope
 - c. Alcohol swabs
 - d. Pad and pencil
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.
17. Identifies that hands should be washed.

Brushing Teeth

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy.

4. Drapes the chest as needed to prevent soiling.
5. Puts on disposable gloves.
6. Applies toothpaste to toothbrush.
7. **Brushes 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.**
8. Cleans tongue.
9. Assists resident in rinsing mouth.
10. Wipes resident's mouth and removes soiled drape.
11. Leaves resident in position of comfort and safety.
12. Empties and cleans emesis basin, rinses toothbrush. Returns emesis basin and toothbrush to storage. Places towel in linen hamper.
13. Removes gloves, turning gloves inside out as they are removed. Disposes of gloves in an appropriate container.
14. Utilized the appropriate equipment during the procedure:
 - a. Toothbrush
 - b. Emesis basin
 - c. Tooth paste
 - d. Glass of water
 - e. Towel
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.
17. Identifies that hands should be washed.

Denture Care

1. Identifies that hands should be washed.
2. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy.
4. Puts on gloves and removes dentures from cup.
5. Handles dentures carefully to avoid damage. Takes dentures to the sink and lines sink with a washcloth.
6. Thoroughly brushes dentures, including the inner, outer, and chewing surfaces of upper and lower dentures. Toothettes may be utilized instead of a toothbrush as long as all of the surfaces listed above are cleaned.
7. Rinses dentures using clean cool water and places dentures in cup and adds cool clean water.
8. Cleans and rinses resident's mouth. Brushes gums/tongue with toothbrush and toothpaste and rinses thoroughly with water OR mouthwash. Wipes residue from resident's face.
9. Returns resident to position of comfort and safety.
10. Cleans equipment and returns to storage. Discards towel and washcloth in linen hamper.
11. Removes gloves, turning gloves inside out as they are removed. Disposes of gloves in an appropriate container.
12. Maintains respectful, courteous interpersonal interactions at all times.

13. Utilizes equipment appropriately throughout the procedures.
 - a. Emesis basin or denture container
 - b. Denture brush
 - c. Toothpaste or powder
 - d. Towel or washcloth
 - e. Glass of water
 - f. Mouthwash
14. Leaves call light or signaling device within easy reach of the resident.
15. Identifies that hands should be washed.

Dressing Resident

1. Identifies that hands should be washed.
2. Explains the procedure to the resident.
3. While removing gown provides for the resident's privacy by appropriately keeping resident covered.
4. Removes gown from strong side first.
5. Places used gown in laundry hamper.
6. **When dressing the resident in a shirt or sweater, the Candidate inserts their hand through the sleeve of the shirt or sweater and grasps the hand of the resident, dressing from the weak side first.**
7. Leaves the resident comfortably and properly dressed.
8. Leaves call light or signaling device within easy reach of the resident.
9. Identifies that hands should be washed.

Feeding the Dependent Resident

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately with sensory/cognitively impaired resident.
3. Looks at diet card to check that the resident has received the correct tray.
4. **Positions the resident in an upright position, at 90 degrees.******
5. Protects clothing from soiling by using appropriate clothing protector.
6. Washes resident's hands before feeding.
7. Dries resident's hands before feeding.
8. Discards soiled linen correctly.
9. Sits down facing the resident while feeding resident.
10. Describes the foods being offered to the resident.
11. Offers fluid frequently.
12. Offers small amounts of food at a reasonable rate.
13. Allows resident time to chew and swallow.
14. Wipes resident's hands and face during meal as needed with cloth or napkin.
15. Does not use the spoon or glass to "wipe" the resident's face at any time during feeding.
16. Leaves resident clean and in a position of comfort.
17. Records intake in percentage of total solid food eaten on signed I/O pad.
18. **Candidate's calculation must be within 25% of the Observers.**
19. Candidate records fluid intake in cc's on signed I/O pad.
20. **The candidate's calculation is within 40cc's of the Observers.**
21. Maintains respectful, courteous interpersonal interactions at all times.
22. Leaves call light or signaling device within easy reach of the resident.
23. Leaves water within easy reach of the resident.
24. Identifies that hands should be washed.

Fluid Intake

1. Candidate observes dinner tray.
2. Uses pad, pencil and/or calculator to estimate the number of cc/ml consumed.
3. Candidate decides on cc/ml of fluid consumed from each container.
4. Candidate calculates grand total cc/ml consumed from all containers.
5. Candidate obtains total fluid consumed in cc or ml.
6. Candidate shows or verbalizes the total cc or ml consumed from the tray.
7. **Pre-measured total and Candidate calculated total are within required range.**
8. Equipment utilized:
 - a. Two 8oz (240 cc/ml) glasses: one 10oz (300cc/ml) mug placed on a tray
 - b. Calculator optional (Candidate may bring if desired)
 - c. Pad and pencil

Hair Care

1. Identifies that hands should be washed.
2. Utilizes appropriate equipment:
 - a. Brush or comb
 - b. Towel
3. Explains procedure to the resident. Communicates appropriately to sensory/cognitively impaired resident.
4. Places towel on shoulders.
5. Asks resident how they would like their hair combed.
6. Combs/brushes hair gently and completely.
7. Leaves hair neatly brushed, combed and/or styled.
8. Maintains respectful, courteous interpersonal interactions at all times.
9. Leaves call light or signaling device within easy reach of the resident.
10. Identifies that hands should be washed.

Hand Washing

1. Turns on water.
2. Candidate removes jewelry, bracelets and watch. Wedding ring can remain on as long as Candidate washes underneath it. Watches with expandable bands may be pulled up to mid forearm.
3. Wets hands.
4. Applies liquid soap to hands.
5. Rubs hands together for at least 15 seconds, interlacing fingers pointing downward.
6. Washes all surfaces of hands with liquid soap, including underneath wedding ring.
7. Rinses hands thoroughly under running water with fingers pointed downward.
8. Dries hands on clean paper towel.
9. **Turns off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.**
10. Discards wet towels to trash container.
11. **Does not re-contaminate hands at any point during the procedure.**

Making an Occupied Bed

1. Identifies that hands should be washed.
2. Gathers linen and transports correctly.
 - a. 2 sheets —1 flat & 1 fitted
 - b. 1 dirty linen hamper or equivalent for dirty linen
 - c. 1 pillowcase
 - d. 1 blanket
 - e. 1 bedspread
3. Explains procedure to resident.
4. Provides privacy.
5. Elevates bed to appropriate working height.
6. Resident is to remain covered with the blanket at all times.
7. Remove soiled bedspread and top sheet.
8. Raises side rail and assists resident to roll onto side, facing opposite side rail or asks the TA to stand on side opposite candidate to ensure the resident's safety.
9. Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
10. Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half. Pulls corners tightly in place and tucks sheet securely under the mattress.
11. **Raises second side rail, or asks TA to move to the side opposite after the candidate has taken a protective position next to the TA before asking the TA to move to opposite side.**
12. Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.
13. Removes soiled linen without shaking, and places in appropriate container. Avoids placing clean or dirty linen on the over-bed table. Avoids touching linen to uniform.
14. Pulls through and smooths out the clean bottom linen.
15. Places clean top linen over covered resident. Remove blanket while keeping resident covered.
16. Tucks in top linen.
17. Makes toe pleat.
18. Applies clean pillow case, with zippers and/or tags to inside, gently lifting resident's head to replace the pillow.
19. Lowers bed, if it was raised.
20. Lowers side rails/assist bar(s) if they were used.
21. Leaves resident in position of comfort and safety in a neatly made bed.
22. Maintains respectful, courteous interpersonal interactions at all times.
23. Leaves call light or signaling device within easy reach of the resident.
24. Identifies that hands should be washed.

Mouthcare of a Comatose Resident

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately with sensory/cognitively impaired resident.
3. Provides for resident's privacy.
4. Insures resident's safety, as appropriate to situation.
5. **Positions resident upright, as appropriate to avoid choking or aspiration -OR- positions resident on side with head turned well to one side, as appropriate to avoid choking or aspiration.**
6. Drapes chest/bed as needed to protect from soiling.

7. Puts on disposable gloves.
8. Uses swabs and/or toothbrush/toothettes, toothpaste and water/mouthwash.
9. Gently and thoroughly cleans inside of mouth including the gums, tongue, and the inner, outer, and chewing surfaces of all upper and lower teeth.
10. Cleans and dries face.
11. Returns resident to position of comfort and safety.
12. Cleans and replaces equipment. Discards disposable items in waste can. Discards towel and washcloth in linen hamper.
13. Removes gloves, turning gloves inside out as they are removed. Disposes of gloves in an appropriate container.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Identifies that hands should be washed.

Nail Care

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Insures resident's safety. (Locks wheelchair brakes).
4. Immerses nails in comfortably warm water and soaks for at least five (5) minutes. The five minutes may be verbalized.
5. Gently cleans under nails with file, orange stick or nailbrush. Nails may be cleaned as they soak.
6. Dries hands thoroughly being careful to dry between fingers.
7. Gently pushes cuticle back with towel or orange stick.
8. Offers to cut nails.
9. Cleans equipment and returns to storage. Discards towel in linen hamper.
10. Utilized equipment as appropriate.
 - a. Towel
 - b. Basin with warm water
 - c. Nail clippers
 - d. Nail file
 - e. Orange stick or nailbrush
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signaling device within easy reach of the resident.
13. Identifies that hands should be washed.

Partial Bed Bath—Face & Arm

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides privacy.
4. Insures resident safety as appropriate.
5. Raises bed to appropriate working level.
6. Covers resident with a bath blanket/removes top bed linens. Fanfolds to bottom of bed or places aside.
7. Removes resident's gown.
8. Fills basin with comfortably warm water.
9. Puts on disposable gloves.
10. Washes, rinses and dries face WITHOUT SOAP.
11. Washes, rinses and dries hands.
12. Washes, rinses and dries underarm.
13. Verbalizes procedure for perineal care. Verbalization MUST include wiping front to back.

14. Properly cleans and stores all equipment used. Disposes of dirty laundry in linen hamper.
15. Removes gloves, turning gloves inside out as they are removed. Disposes of gloves in an appropriate container.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Utilized required equipment appropriately;
 - a. Bath blanket or equivalent
 - b. Washcloth
 - c. Bath towel
 - d. Patient gown
 - e. Lotion - Optional
 - f. Disposable gloves
 - g. Linen Hamper
 - h. Basin of warm water
18. Leaves call light or signaling device within easy reach of the resident.
19. Identifies that hands should be washed.

Passing Fresh Water

1. Knocks on door and introduces himself/herself appropriately to the resident.
2. Identifies that hands should be washed.
3. Assembles equipment as required:
 - a. Ice
 - b. Scoop
 - c. Pitcher, other appropriate equipment
4. Scoops ice into water pitcher.
5. Properly uses and stores ice scoop
 - a. Does not allow ice to touch hand and fall back into container. Scoop placed in appropriate receptacle after each use.
 - b. Or uses ice dispenser without contaminating water.
6. Adds water to pitcher.
7. Returns pitcher to resident.
8. Maintains respectful, courteous interpersonal interactions at all times.
9. Leaves call light or signaling device within easy reach of the resident.
10. Identifies that hands should be washed.

Positioning Resident on Side

1. Knocks on door and introduces himself/herself appropriately to the resident.
2. Identifies that hands should be washed.
3. Gathers support devices from the storage area.
4. Explains what is to be done and how the resident may help.
5. Provides privacy.
6. Positions bed flat.
7. Adjusts bed to working height.
8. Removes pillow from under resident's head.
9. **Locks the bed wheel brakes.**
10. Raises side rail/assist bar on left side of the bed, if the side rail/assist bar is used.
11. From right side of the bed, moves upper body toward self.
12. From right side of the bed, moves hips toward self.
13. From right side of the bed, moves legs toward self.
14. Crosses right leg over the left leg.
15. **Assists/turns resident on left side, either toward raised side rail/assist bar or candidate physically moves to left side of bed and turns resident toward self.**

16. Places support devices such as pillows, wedges, blankets, etc. to maintain correct body alignment and protect bony prominences.
17. Support devices should be placed under the resident's head.
18. Support devices should be placed under the resident's right arm.
19. Support devices should be placed behind the resident's back.
20. Support devices should be placed between the resident's knees.
21. Lowers bed, if it was raised.
22. Lowers side rails/assist bar(s) if they were used.
23. Maintains respectful, courteous interpersonal interactions at all times.
24. **Insured resident's safety throughout the procedure.**
25. Leaves call light or signaling device within easy reach of the resident.
26. Identifies that hands should be washed.

Range of Motion Exercise

1. Identifies that hands should be washed.
2. Explains procedure to the resident. Communicates appropriately to sensory/cognitively impaired residents.
3. Provides for resident's privacy.
4. Positions resident supine and in good body alignment.
5. Correctly supports the extremity/joint being exercised.
6. Moves each joint through flexion, extension, rotation, abduction, and adduction as appropriate for each joint, at least three times. Joints to include shoulder, elbow, and wrist.
7. Moves each joint through flexion, extension, rotation, abduction, and adduction as appropriate for each joint, at least three times. Joints to include hip, knee, and ankle.
8. **Does not cause discomfort or pain and does not force any joint beyond the point of free movement.**
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signaling device within easy reach of the resident.
11. Identifies that hands should be washed.

Toileting Using a Bedpan

1. Identifies that hands should be washed.
2. Introduces himself/herself to the resident.
3. Explains the procedure to the resident.
4. Provides privacy for resident.
5. Positions resident on bedpan, with bedpan correctly aligned under the resident.
6. Positions resident on bedpan using correct body mechanics.
7. Leaves call light and tissue within reach of the resident.
8. Candidate verbalizes they are leaving the room and moves to an area of the room away from the resident.
9. When signaled, Candidate returns and washes/assists resident to wash and dry hands.
10. Candidate puts on disposable gloves.
11. Candidate gently removes empty bedpan from under the resident.
12. Candidate uses correct body mechanics while removing the bedpan.
13. Candidate holds bedpan for TA while liquid is poured into bedpan.
14. Candidate measures and records output on the I/O sheet that was signed during equipment demonstration.
15. **Candidate's measurement reading is within 30cc of TA's reading.**
16. Empties and cleans receptacle. Flushes toilet if used.
17. Returns equipment to storage area.
18. Removes gloves, turning gloves inside out as they are removed.

19. Disposes of gloves in an appropriate container.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signaling device within easy reach of the resident.
22. Identifies that hands should be washed.

Transfer from Bed to Wheelchair Using a Gait Belt

1. Identifies that hands should be washed.
2. Obtains a gait belt.
3. Explains the procedure to be performed to the resident. Communicates appropriately to sensory/cognitively impaired resident.
4. Positions wheelchair at the foot or head of bed.
5. **Insures resident's safety. Locks wheelchair and bed brakes and makes sure bed is in lowest position.**
6. Brings resident to a sitting position using proper body mechanics.
7. Assists resident in putting on slippers or shoes.
8. Places gait belt around lower ribs and above waist to stabilize trunk.
9. Tightens gait belt so that fingers of Candidate's hand can be slipped between gait belt and resident.
10. Brings resident to standing position using proper body mechanics.
11. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, transfers resident from bed to wheelchair.
12. Assists resident to pivot and sit in a controlled manner that ensures safety.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signaling device within easy reach of the resident.
15. Identifies that hands should be washed.

Transfer from Wheelchair to Bed Using a Gait Belt

1. Identifies that hands should be washed.
2. Explains procedure to be performed to the resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Positions wheelchair at foot of bed.
4. **Insures resident's safety. Locks wheelchair brakes & bed brakes. Places bed in the lowest position.**
5. Places gait belt around lower ribs and above waist to stabilize trunk.
6. Tightens gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
7. Brings resident to standing position using proper body mechanics.
8. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, transfers resident from wheelchair to bed.
9. Assists resident to pivot and sit on bed in a controlled manner that ensures safety.
10. Assists resident in removing footwear.
11. Assists resident to move to center of bed and lie, supporting extremities as necessary.
12. Removes gait belt.
13. Makes sure resident is comfortable and in good body alignment.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.
16. Identifies that hands should be washed.

Vital Signs - Pulse and Respiration

1. Identifies that hands should be washed.
2. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy.
4. Insures resident's safety.
5. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
6. Counts pulse for 60 seconds. Records on the pad of paper.
7. **Candidate's recorded pulse rate is within 4 beats of TA's recorded rate.**
8. Candidate counts respirations and records results on the pad of paper.
9. **The Candidate's recorded respiratory rate is within 2 breaths of the TA's recorded rate.**
10. Utilized equipment as appropriate.
 - a. Pad of paper and pencil
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signaling device within easy reach of the resident.
13. Identifies that hands should be washed.

Weighing & Measuring Height of an Ambulatory Resident

1. Identifies that hands should be washed.
2. Explains procedure to resident. Communicates appropriately to sensory/cognitively impaired resident.
3. Provides for resident's privacy.
4. Insures resident's safety. Use of gait belt is optional but procedure must be performed safely.
5. Checks balance of scale before weighing resident and balances or zeros if necessary.
6. Checks that resident is balanced and centered on scale with arms at side and not holding on to anything that would alter reading of the weight.
7. Appropriately adjusts weights until scale is in balance.
8. Reads weight and height and records it on pad and paper provided.
9. **Candidate's recorded weight varies no more than 1 lb. from TA's reading.**
10. Candidate's recorded height varies no more than 1/2 inch from TA's reading.
11. Returns resident to position of comfort and safety.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Identifies that hands should be washed.

EXAM DAY

Day of the test

- You should arrive at your assigned test site thirty (30) minutes before the test is to start. You will not be admitted if you are late. (See Testing Policies)
- You must bring a photo ID or an approved substitute ID form, and your test notification letter.
- You must bring several sharpened No 2 pencils with erasers. The test site cannot supply pencils to candidates.

Security

- Anyone who removes or tries to remove test material or information from the test site will be prosecuted.
- Study materials may not be brought to the test or used during testing.
- If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room and your name will be reported to the appropriate agency.

TESTING POLICIES

The following policies are observed at each test site.

Rescheduling and Cancellations

- Tests may be rescheduled at the discretion of the Tester within 14 days of the original test.
- All cancellations and other reschedules are subject to a \$15.00 administrative fee.
- If appropriate arrangements are not made with the Tester, you will be considered a no show and the full fee for test(s) requested will be assessed.

Test Review Fee

- 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 North Dakota is demonstration by examination of minimum nursing assistant knowledge and skill, 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 request or request missing review fess 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 test and may contact your and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete 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 the North Dakota Department of Health.

Lateness

- If you arrive late for your test appointment, you will not be admitted.
- You will be considered a no show and the full fee for test(s) requested will be assessed.

Electronic Devices

- Cellular phones, beepers or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings.

Study Aids

- 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.
- You may bring a calculator.
- You may not take any notes or other materials from the testing room.

Eating /Drinking/Smoking

- You are not permitted to eat, drink or smoke during the test.

Misconduct

- 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 state licensing agency. Decisions regarding disciplinary measures are the responsibility of your state-licensing agency.

Guests/Visitors

- No visitors, guests, pets or children are allowed during testing.

Latex / Powder Allergies

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

Requests For Special Accommodations

- If you have a disability, you may ask for special arrangements for testing when you apply. Be sure to explain the specific type of help you need and enclose proof of the need (diagnosed disability) from your health care provider. HEADMASTER must approve all requests in advance. Please contact our office to request ADA forms or download them at www.hdmaster.com and submit it along with the rest of your application materials.

TEST RESULTS

HEADMASTER will send your test results to you by mail or email (if an email address has been submitted on the Candidate application) within 5 days of your test date, barring any US Mail delays between the test site and the HEADMASTER office. Tests are corrected and the results released by HEADMASTER the same day a test packet is received at the HEADMASTER office and, depending on location, first class mail service from North Dakota test sites to the HEADMASTER office in Montana takes 2-3 days. Tests that are electronically transmitted back to HEADMASTER the day of the test (such as Webetest) eliminates mail time and delays.

Your test results will indicate whether you have passed or failed the Written/Oral Test and/or Skill Test. If you've failed, the report will indicate the content areas where you need improvement. If you have failed either portion of the Test, you will need to repay, and resubmit a rate structure form and a copy of your results to HEADMASTER. You do not need to resubmit an application.

Your test results are submitted electronically to the North Dakota Department of Health the day your test is corrected. Results are typically processed by the Department of Health within five business days of their receipt. Your results are not official until they are received and processed by the Department of Health. After you have successfully passed both the Written/Oral Test and Skill Test, you will be placed on the North Dakota Nurse Aide Registry.

THE REGISTRY

The North Dakota Department of Health maintains information regarding the certification of nurse aides in North Dakota and operates according to federal and state requirements and guidelines. Anyone may contact the North Dakota Department of Health to inquire about his or her status as a nurse aide and to inquire about lapsed certification and transfer of certification to or from another state.

CNA certificates will be renewed approximately every two years. Initial Certification is two years. After the Initial two years, the expiration date is based on the last date worked, plus two years. Renewal notices will be mailed 60 days before renewal date to the last known address on file with the Registry.

The North Dakota Department of Health must be kept informed of your current address. If your address or name changes at any time after you are placed on the Registry, you may call the North Dakota Department of Health, Nurse Aide Registry at 701-328-2353, or go to their website at: <https://www.ndhealth.gov/hf/registry/address-search.aspx>.

VOCABULARY LIST/ WORDS TO STUDY

abnormal accidents
activity
adduction
ADL's
admission
aging process
AIDS
alarms
Alzheimer's
ambulate w/assistance
ambulation
anemia
Angina pectoris
angry resident
anterior
antibiotics
anxiety

aphasia
appropriate response
arteries
arteriosclerosis
arthritis
aseptic
aspiration
atrophy
axillary temperature
back strain
bacteria
bargaining
basic needs
basic skin care
bathing
bed bath
bed position

bed rest
bedfast
bedpan
bedsore
bladder training
bleeding
blindness
blood pressure
bodily fluids
body language
body mechanics
body temperature
bowel & bladder programs
bowel movements
brain stem
break time
breathing

broken equipment
call light
cancer
cane
cardiovascular system
care plan
caring for elderly
cast
cataracts
catheter drainage bag
central nervous system
cerebral vascular accident
charge nurse
chart chemotherapy
choking
chronic disease
circulatory system
cleaners
cleaning spills
cleaning up of spills
clear liquid diet
clergy
cold compress
colostomy
colostomy bag
combative resident
communicable
communication
communication w/ depressed resident
compensation
confidentiality
confused resident
congestive heart failure
constipation
contaminated clothing
contaminated hands
contamination
contracture
converting units
coping mechanisms
coughing excessively
CPR
CVA resident
cyanosis
decubitus ulcer
dehydration
demanding resident
dementia
denial
dentures
depression
dermatitis
diabetes
diabetes melitus
dialysis
diaphragm
diarrhea
diastolic
diet

digestion
digestive system
discharging resident
disease producing organisms
disinfection
dizziness
DNR
documentation
draw/lift
dressing resident
dry skin
dying process
dysphagia
dyspnea
edema
elastic stockings
electrical equipment
elimination of wastes
emesis basin
emotional abuse
emotional needs
emotional support
empathy
emphysema
enema
ethical code
ethical issues
evacuation
exercise
eye glasses
facility policy
falls
fatigue
feces
feeding resident
feeding tube
fingernail care
fire
fire safety procedures
fluid intake
Foley catheter
foot drop
fractures
frequent urination
function with assistance
gait belt
gastrostomy tube
geriatrics
germ transmission
glass thermometer
gloves
grieving process
group settings
growth
hair care
hand tremors
hand-washing
health-care team
hearing aid

hearing impaired
heart
height
Heimlich maneuver
HIV hug
hydration
hypertension
hyperventilation
hypoglycemia
immobility
impaction
impairment
in-house
in-service programs
incontinence
indwelling catheter
infection
initial observations
input and output
insulin
intake and output
integumentary system
international time
interpersonal skills
interventions
isolation
job description
job interview
lethargy
lift/draw sheets
linen
lying on side
making occupied bed
mask
Maslow's hierarchy material
safety data mealtime
medical asepsis
medications
memory loss
mentally impaired
microorganisms minerals
mistakes
mistreatment
mobility money
mouth care
moving a dependent resident
moving a resident
mucous
Multiple Sclerosis
myocardial infarction
nasal cannula
natural disaster
needles
neglect
new resident
non-contagious disease
nonverbal communication
nosocomial
NPO

nurses station
nursing assistant behavior
nursing assistant's role
nursing station
nutrition
objective
observation
ombudsman
oral hygiene
oral temperature
osteoarthritis
osteoporosis
ostomy bag
oxygen
paralysis
paranoia
Parkinson's
partial bath
patience
perineal care
peristalsis
personal care
personal hygiene
personal items
personal possessions
personal stress
pet therapy
phantom pain
physical needs
physician's authority
policy book
positioning a resident
positioning
resident
positive attitude
prefix
pressure sore
pressure ulcer
preventing injury
privacy
prone
prostate gland
prosthesis
protective equipment
psychological needs
pulmonary disease
pulse
quadriplegia
radial
ramps
range of motion
rationalization
rectal temperature
reddened/discolored area
rehabilitation
religious service
reminiscence
renal failure
reporting abnormal changes
reposition residents

resident abuse
resident belongings
resident independence
resident rights
resident's bill of rights
resident's chart
resident's environment
resident's families
residents
respectful treatment
respiration
respirations
respiratory condition
responding to resident behavior
restorative care
restraints
right to equal care
right to refuse care
scale
secretions
seizure
severe tremors
sexual activity
sexual advances
sexual expression
sexual needs
sexuality
sexually transmitted diseases
sharps container
shaving
shearing of skin
side rails
Sims position
skin breakdown
smoking
social well being
soiled linen
speciman
spilled food
spills
spiritual needs
standard precautions
standard/universal precautions
state survey
stealing
stereotypes
stethoscope
stomach
stool specimen
stress
stroke
subjective
suicide
sun-downing
supine
supplemental feedings
suspected abuse
swelling
systolic

TED hose
terminal illness
threatening resident
thrombus
tips
toenails
toileting schedule
TPR
transferring
treating residents with respect
tub bath
twice daily
tympanic temperatures
ulcers
unconscious
uncovered food
uniform
universal precautions
unopened mail
unsteady
urinary catheter bag
urinary system
urinary tract
urine
visually impaired
vital signs
vitamins
vomiting
vomit
walker
wandering resident
water faucets
weak side
weakness
weight
wheelchair safety
white blood cells
withdrawal

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Written/Oral Test. Check your answers to these questions in the box below.

1. Linen from an isolated room should be placed:
 - (A) In a wastepaper basket lined with a red bag
 - (B) With all other linens
 - (C) In a laundry hamper at least two doors away
 - (D) In a hamper lined with a yellow biohazard laundry bag

2. Before giving a back rub, the bottle of lotion can be placed in a basin of warm water for several minutes so that:
 - (A) The bottle is sanitary
 - (B) The lotion will not be cold
 - (C) The lotion will be easier to apply
 - (D) The lotion will relieve itching

3. Clean linens that touch the floor should be:
 - (A) Picked up quickly and placed back on the clean linen cart
 - (B) Used immediately on the next resident bed
 - (C) Considered dirty and placed in the soiled linen hamper
 - (D) Used only in the room whose floor the linen fell on

4. A soft, synthetic fleece pad placed beneath the client:
 - (A) Takes pressure off the back
 - (B) Provides warmth for the client
 - (C) Gives the client a sense of security
 - (D) Should only be used with bedridden clients

5. A client's psychological needs:
 - (A) Should be given minor consideration
 - (B) Make the client withdrawn and secretive
 - (C) Are nurtured by doing everything for the client
 - (D) Are nurtured when clients are treated like individuals