



**D&S Diversified Technologies LLP**

**Headmaster LLP**

# Ohio Nursing Assistant Candidate Handbook

*EFFECTIVE: November 1, 2019 | Updated: May 6, 2020*

Version 17.1



# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

## Contact Information

<b>Questions regarding testing process, test scheduling and eligibility to test: (877) 851-2355</b>		
<b>Registry questions: (800) 582-5908</b>		
<b>D&amp;S Diversified Technologies, LLP</b> PO Box 418 Findlay, OH 45839  Email: <a href="mailto:hdmastereast@hdmaster.com">hdmastereast@hdmaster.com</a> Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a>	<i>Monday through Friday</i> <i>8:00 AM – 6:00 PM</i>	Phone #: (877) 851-2355  Fax #: (406) 442-3357 <small>(applications, scheduling and payment forms)</small>  Fax #: (419) 422-8328 <small>(test review, reschedule, refund, no show, ADA and other documentation)</small>
<b>Ohio Department of Health Ohio Nurse Aide Registry (NAR)</b> 246 North High Street Columbus, OH 43215  Email: <a href="mailto:NAR@odh.ohio.gov">NAR@odh.ohio.gov</a>	<i>Monday through Friday</i> <i>8:00 AM – 5:00 PM</i>	Phone #: (800) 582-5908  Fax #: (614) 564-2461
<b>Ohio Department of Health Nurse Aide Training and Competency Evaluation Program (NATCEP)</b> 246 North High Street Columbus, OH 43215  Email: <a href="mailto:NATCEP@odh.ohio.gov">NATCEP@odh.ohio.gov</a> Web Site: <a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a>	<i>Monday through Friday</i> <i>8:00 AM – 5:00 PM</i>	Phone #: (614) 752-8285  Fax #: (614) 564-2596

## Table of Contents

<b>INTRODUCTION .....</b>	<b>1</b>
<b>NURSE AIDE REGISTRY REQUIREMENTS .....</b>	<b>1</b>
<b>ACTIVE DUTY AND VETERAN GI BILL BENEFITS .....</b>	<b>1</b>
PRIORITY OF SERVICE ON TEST DAY .....	1
<b>AMERICANS WITH DISABILITIES ACT (ADA) .....</b>	<b>2</b>
ADA COMPLIANCE .....	2
<b>THE OHIO NURSE AIDE COMPETENCY EXAM .....</b>	<b>2</b>
PAYMENT INFORMATION .....	2
SCHEDULE AN EXAM .....	2
<i>Criteria to Waive the Nurse Aide Training Requirement .....</i>	<i>3</i>
EXAM CHECK-IN .....	4
TESTING ATTIRE .....	5
IDENTIFICATION .....	5
INSTRUCTIONS FOR THE KNOWLEDGE AND SKILL TESTS .....	6
TESTING POLICIES .....	6
INCLEMENT WEATHER POLICY .....	7
CANDIDATE FEEDBACK – EXIT SURVEY .....	7
SECURITY .....	7
RESCHEDULES .....	7

# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

REFUND OF TESTING FEES PAID.....	8
<i>Scheduled in a Test Event</i> .....	8
<i>Not Scheduled in a Test Event</i> .....	8
NO SHOWS.....	8
<i>No Show Exceptions</i> .....	9
TEST RESULTS.....	9
LAMINATED CERTIFIED STNA CARD.....	9
TEST ATTEMPTS.....	9
RETAKE THE NURSING ASSISTANT TEST.....	9
TEST REVIEW REQUESTS.....	10
<b>THE KNOWLEDGE/ORAL TEST.....</b>	<b>10</b>
KNOWLEDGE TEST CONTENT.....	11
KNOWLEDGE PRACTICE TEST.....	11
<b>THE MANUAL SKILL TEST.....</b>	<b>12</b>
SKILL TEST RECORDING FORM.....	13
SKILL TEST TASKS.....	13
SKILL TASKS LISTING.....	13
Hand Washing.....	14
Abdominal Thrust on a Conscious Resident.....	14
Ambulation using a Gait Belt.....	14
Ambulation with a Walker using a Gait Belt.....	15
Applying an Anti-Embolic Stocking to One Leg.....	15
Bed Bath- Whole Face and One Arm, Hand and Underarm.....	15
Bedpan and Output.....	16
Catheter Care for a Female.....	16
Changing an Adult Brief.....	17
Denture Care.....	18
Dressing a Bedridden Resident.....	18
Emptying a Urinary Drainage Bag.....	18
Feeding a Dependent Resident.....	19
Hair Care.....	20
Making an Occupied Bed.....	20
Mouth Care—Brushing Teeth.....	20
Nail Care.....	21
Perineal Care of a Female.....	21
Position Resident in Bed on Side.....	22
Range of Motion for Hip & Knee.....	22
Range of Motion for Shoulder.....	23
Stand and Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt.....	23
Stand and Pivot-Transfer Resident from Wheelchair to Bed using a Gait Belt.....	24
Vital Signs - Temperature, Pulse and Respirations.....	24
Weighing an Ambulatory Resident.....	25
<b>KNOWLEDGE TEST VOCABULARY LIST.....</b>	<b>25</b>
<b>NOTES:.....</b>	<b>29</b>

## Introduction

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

As defined in the OBRA regulations, a 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 of taking the nurse aide competency examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge test and a skill test. Candidates must pass both parts of the nurse aide competency exam to be identified as state tested and listed on the Ohio Nurse Aide Registry.

Ohio has approved D&S Diversified Technologies, LLP (D&SDT) to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT at toll free (877)851-2355 or local number (419)420-1605 or go to the Ohio STNA webpage at [http://hdmaster.com/testing/cnatesting/ohio/OH\\_STNA\\_Home.htm](http://hdmaster.com/testing/cnatesting/ohio/OH_STNA_Home.htm). The information in this handbook will help you prepare for your examination.

## Nurse Aide Registry Requirements

*The Nurse Aide Registry provides a list of all State Tested Nurse Aides (STNA) in Ohio. The registry also maintains records of those nurse aides who have had a finding of abuse, neglect or misappropriation of property against them.*

The Nurse Aide Registry keeps track of those individuals who have met written and skills test criteria to be certified for employment in long-term care settings, usually nursing homes. Once certified, nurse aides must meet certain requirements to maintain their certification and continue to be listed on the Nurse Aide Registry as able to work in Ohio. Please review the [Nurse Aide Registry Requirements](#). The registry also maintains records of those nurse aides who have had a finding of abuse, neglect or misappropriation of property against them.

The most significant achievement for this area was giving facilities or any individual the ability to inquire on the status of a state tested nurse aide by accessing the registry through the internet. This gives the customer three options to conduct an inquiry. They can call the nurse aide registry and use the voice automated system, talk to a nurse aide registry customer service technician, or use the web-based verification system. This addition will reduce the time it takes to verify the status of a state tested nurse aide. Select the link to access the Nurse Aide Registry: [NURSE AIDE REGISTRY](#)

Additional questions regarding nurse aide registry requirements, lapsed certification and transfer of certification to or from another state may be addressed to the Nurse Aide Registry at (800)582-5908. If you have questions regarding location and dates for nurse aide training classes you may call (614) 752–8285 or view the [NATCEP Program](#) information page.

## Active Duty and Veteran GI Bill Benefits

D&SDT has been approved by the Department of Veterans Affairs (VA) as an approved testing vendor for the Ohio STNA exam. If you are an active duty or retired service member you may be eligible for reimbursement of exam fees if funds are available through your GI Bill. To request VA reimbursement of exam fees you must provide your receipt of paying your STNA exam fees along with a completed VA Application for Reimbursement of Licensing or Certification Test Fees [Form 22-0803](#) to the VA for reimbursement. Additional information regarding the GI Bill can be found on the [VA website](#).

## Priority of Service on Test Day

If you are active or retired military, veteran or spouse of a veteran, you are eligible to receive priority of service on testing day. To qualify, you must provide the following additional proof of service documentation to the RN Test Observer at check-in on test day:

- Department of Defense Identification Card (active, retired or TDRL).
- DD214 Military Discharge Certificate indicating disposition of discharge.
- Report of Separation from the national archives at the National Personnel Records Center (NPRC) in St. Louis, Missouri.
- Veterans Identification Card from the Department of Veterans Affairs.

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Ohio Department of Health (ODH) Office of Health Assurance and Licensing Nurse Aide Training Competency Evaluation Program (NATCEP) Unit and D&SDT provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT in advance of examination. The request for accommodations can be found on the [Ohio STNA webpage](#) or by clicking on this link: [ADA Accommodation Form 1404OH](#). This form must be submitted to D&SDT with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation. Please allow additional time for your request to be approved. If you have any questions regarding the ADA review process or specific required documentation please call D&SDT at (877)851-2355.

## The Ohio Nurse Aide Competency Exam

### Payment Information

Exam Description	Price
Knowledge Test or Retake	\$26
Oral Knowledge Test or Retake	\$36
Skill Test or Retake	\$78

### Schedule an Exam

Once your training record is in the D&SDT WebETest© database, you may schedule your exam date online at the [D&SDT Ohio STNA Scheduling webpage](#) using your secure Test ID# and Pin# provided to you by your training program.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying your testing fees, you will be able to schedule and/or reschedule up to 1 full business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To change or reschedule your test date, login to the [D&SDT Ohio STNA Scheduling webpage](#). If you are unable to schedule/reschedule on-line, please call D&SDT at (877)851-2355 for assistance.

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

You may also schedule a test date by emailing ([hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)), mailing (P.O. Box 6609, Helena, MT 59604) or faxing ({406} 442-3357, a \$5.00 fax fee applies) to D&SDT a paper Scheduling and Payment [Form 1402OH](#), indicating your test date choices along with your payment (money order, cashier’s check, facility check, Visa or MasterCard). No personal checks or cash are accepted.

Complete your Scheduling and Payment Form 1402OH by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least ten business days prior to your requested test date. Sundays and Holidays are not counted as business days. All D&SDT forms can be found on the Ohio STNA webpage at [http://hdmaster.com/testing/cnatesting/ohio/OH\\_STNA\\_Home.htm](http://hdmaster.com/testing/cnatesting/ohio/OH_STNA_Home.htm).

**Please note: Forms with missing information, payment or signatures will be returned to the candidate.**

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

If you fax your D&SDT Scheduling and Payment Form1402OH, a credit card payment is required and a \$5 Priority Fax Service Fee applies. If we are able to schedule you to test within ten business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply. We do not accept personal checks or cash for testing fees. We accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards.

You must schedule a test **within two years of your date of training program completion**. After two years, you must complete another ODH approved training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are posted on the Ohio STNA webpage under [Test Schedule](#).

If you have any questions regarding your test scheduling, call D&SDT at (877)851-2355, Monday through Friday 8:00AM to 6:00PM Eastern Standard time.

### ***Criteria to Waive the Nurse Aide Training Requirement***

Certain individuals who may submit documentation to ODH for approval and written verification to waive the nurse aide training requirement to sit for the Ohio nurse aide exam are outlined below:

- An individual enrolled in a pre-licensure program of nursing education approved by the board of nursing, or by an agency of another state that regulates nursing education, who has provided the director or the director's designee with a certificate from the program indicating that the individual has successfully completed the courses that teach basic nursing skills including infection control, safety and emergency procedures, and personal care.
- An individual who has the equivalent of twelve months or more of full-time employment in the preceding five years in a position with hospital experience that includes the provision of direct patient care involving the performance of daily living activities, such as toileting, bathing, feeding, dressing, etc.
- An individual 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, totaling a minimum of 1600 hours signed by a supervisor.







When a candidate is scheduled by D&SDT, we will notify the candidate via email of their test date and time. If you do not receive an email from D&SDT within 5 business days of sending us your scheduling request and payment, call us immediately or during non-business hours, leave us a message on the answering machine at (877)851-2355.


You can also view your [Test Confirmation Notice](#) any time by logging into your WebETest© account with your secure Test ID# and Pin# and following the steps below:



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	<p><b>Attention Instructors and Test candidates:</b></p> <p>Beginning March 1st, 2020 test scheduling will be entirely electronic. <a href="#">Click Here</a> to schedule a test.</p> <p>Students self scheduling their nurse aide test with internet connectivity issues or facilities with connectivity issues, please contact us at 877-851-2355 for assistance.</p>										
<table border="1"> <thead> <tr> <th>Candidate Forms</th> <th>Test Site Forms</th> <th>Observer Forms</th> <th>Contacts</th> </tr> </thead> <tbody> <tr> <td> <a href="#">Candidate Profile</a>  <a href="#">When Am I Scheduled to Test?</a>  <a href="#">Testing Application Form 1101</a>  <a href="#">Testing Application Form 1101(Backside)</a>  <a href="#">Rate Structure Form 1402</a>  <a href="#">Test Schedule</a>  <a href="#">ADA-Accommodation 1404</a>  <a href="#">Replacement STNA-Card Request Form 1999</a>  <a href="#">VA Benefits Reimbursement Forms</a>  <a href="#">Candidate Handbook - Updated 9-1-2019</a> </td> <td> <a href="#">Test Site Agreement 1502</a>  <a href="#">Test Site Equipment List 1503</a>  <b>WebTest @ On-line Testing</b>  <a href="#">WebTest @ Start Page</a>  <b>Training Program Forms</b>  <a href="#">Ideas for helping students prepare for testing</a>  <a href="#">Ohio Knowledge Vocabulary</a>  <a href="#">Ohio STNA Testing Checklist</a>  <a href="#">Training Program Interface- Easy Steps</a> </td> <td> <a href="#">Observer Application 1500</a>  <a href="#">Confidentiality/Nondisclosure Agreement 1501</a>  <a href="#">Observer Agreement 1505</a>  <a href="#">Actor Training Affidavit 1511</a>  <a href="#">Skill Test Instructions</a>  <a href="#">Written Test Instructions</a>  <a href="#">View Scheduled Exams</a>  <b>Instructor Newsletters</b>  <a href="#">Fall Instructor Newsletter 2018</a> </td> <td>                 Please contact us if you have any questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Ohio STNA training, testing, and certification process.  <b>D&amp;S Ohio</b>                  333 OAKLAND AVE                  FINDLAY OH 45840                  Phone: (877) 851-2355                  Fax: (419) 422-8328                  or (419) 422-8367  <a href="mailto:hdmasteres@hdmaster.com">hdmasteres@hdmaster.com</a>  <small>You will need a reader to view and print most of these documents. You may download it here.</small>   </td> </tr> </tbody> </table>	Candidate Forms	Test Site Forms	Observer Forms	Contacts	<a href="#">Candidate Profile</a> <a href="#">When Am I Scheduled to Test?</a> <a href="#">Testing Application Form 1101</a> <a href="#">Testing Application Form 1101(Backside)</a> <a href="#">Rate Structure Form 1402</a> <a href="#">Test Schedule</a> <a href="#">ADA-Accommodation 1404</a> <a href="#">Replacement STNA-Card Request Form 1999</a> <a href="#">VA Benefits Reimbursement Forms</a> <a href="#">Candidate Handbook - Updated 9-1-2019</a>	<a href="#">Test Site Agreement 1502</a> <a href="#">Test Site Equipment List 1503</a> <b>WebTest @ On-line Testing</b> <a href="#">WebTest @ Start Page</a> <b>Training Program Forms</b> <a href="#">Ideas for helping students prepare for testing</a> <a href="#">Ohio Knowledge Vocabulary</a> <a href="#">Ohio STNA Testing Checklist</a> <a href="#">Training Program Interface- Easy Steps</a>	<a href="#">Observer Application 1500</a> <a href="#">Confidentiality/Nondisclosure Agreement 1501</a> <a href="#">Observer Agreement 1505</a> <a href="#">Actor Training Affidavit 1511</a> <a href="#">Skill Test Instructions</a> <a href="#">Written Test Instructions</a> <a href="#">View Scheduled Exams</a> <b>Instructor Newsletters</b> <a href="#">Fall Instructor Newsletter 2018</a>	Please contact us if you have any questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Ohio STNA training, testing, and certification process. <b>D&amp;S Ohio</b> 333 OAKLAND AVE FINDLAY OH 45840 Phone: (877) 851-2355 Fax: (419) 422-8328 or (419) 422-8367 <a href="mailto:hdmasteres@hdmaster.com">hdmasteres@hdmaster.com</a> <small>You will need a reader to view and print most of these documents. You may download it here.</small> 			
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 <b>D&amp;S Diversified Technologies LLP</b> <b>Headmaster LLP</b> Candidate Schedule Login	<p><b>For the state clients and test types in the drop down window, you may use this service to find out where and when your next test is scheduled. Check your candidate handbook for a complete list of testing policies. If you have further questions please contact us at the toll free number listed in your candidate handbook.</b></p> <p>Please enter social security number or test ID                  Please select your test state and test type</p> <div style="border: 1px solid red; padding: 5px; display: inline-block;">                 123456789                  Ohio STNA                  Arizona CNA                  Massachusetts MAP                  Nevada CNA                  Ohio STNA                  Ohio Lead                  Oregon CNA                  Tennessee CNA             </div> <p align="center"><a href="#">Click here to submit your request</a></p> <p align="center"><small>Copyright © 2007-2012, D&amp;S Diversified Technologies LLP, and Headmaster LLP. All rights reserved.</small></p>
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 <b>D&amp;S Diversified Technologies LLP</b> <b>Headmaster LLP</b> Candidate Schedule	<p><b>YOUR NAME</b></p> <p><b>Time:</b> 03/11/2020 @ 12:30 ET  <b>Facility:</b> Clark State Comm College HTD-ATT: D.Lily                  570 E LEFFEL LN                  Springfield, OH</p> <p><a href="#">Select this link for a Google™ Test Site Map</a></p> <p><b>Record Last Updated:</b> Feb, 20 2020 12:23  <b>Printed:</b> Mar, 06 2020 21:02 (Server Time)</p>
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**Effective March 5, 2020 - D&SDT does not send postal mail test confirmation letters to candidates.**

### Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.) If you arrive late, you will not be allowed to test.

## Testing Attire

For both the knowledge and skills exam, you must be in full clinical attire which consists of a scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting). No opened toed shoes or clinical tees are allowed. Scrubs and shoes can be any color/design.

No smart watches or fitness monitors are allowed.

Long hair must be pulled back.

**Please note: You will not be admitted for testing if you are not wearing scrubs attire, the appropriate shoes, with long hair pulled back. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.**

## Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION** and your **ORIGINAL SOCIAL SECURITY CARD**. A letter from the Social Security office cannot be accepted. Only original IDs and social security cards are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, signed, photo ID's that are acceptable are:

- Driver's License
  - You may use your letter issued from the Department of Motor Vehicles (DMV) that you receive when you apply for or renew your driver's license.
- State issued Identification Card
- Signed US Passport (Foreign Passports and Passport Cards are not acceptable)
- Military Identification Card (that meets all identification requirements)
- Work Authorization Card (that meets all identification requirements)
- Concealed Hand Gun Carry Permit

**Please note: \*A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.\***

The **FIRST** and **LAST** names listed on the photo ID and your Social Security Card presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the WebETest© database. The names on your photo ID and Social Security Card **must match**, if they do not, it is your responsibility to provide a copy of the supporting documentation of name change (divorce decree, marriage license, etc.) to the RN Test Observer at check-in to be attached to your test. You may call D&SDT at (877)851-2355 to confirm that your name of record matches your US government issued ID and Social Security Card, or log in to your record on the [Ohio Candidate Log-in](#) page using your secure Test ID# and PIN#.

It is recommended that you print out, read and bring your test confirmation notice with you on your test day, although it is not required for test admission.

**Please note: You will not be admitted for testing if you do not bring proper ID, your ID is invalid (\*see note above) or if your FIRST and LAST printed names on your US government issued, non-expired photo ID and original Social Security Card do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.**

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.



## Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the knowledge test (paper version and electronic version) and skill test instruction links on the D&SDT Ohio STNA webpage under the Candidate column.

These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

## Testing Policies

The following policies are observed at each test site:

- Plan to be at the test site up to six (6) hours.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, non-expired photo ID and your original Social Security Card, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If the FIRST and LAST names on your photo ID and Social Security Card do not match, you will not be admitted to the exam and any exam fees paid *will NOT be refunded* unless you provide a copy of the supporting documentation of name change (divorce decree, marriage license, etc.) to the RN Test Observer at check-in to be attached to your test.
- If you do not wear scrubs, the appropriate shoes, have long hair pulled back, and conform to all testing policies, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees on-line in your own record using your ID and PIN# or submit Form 1402OH (Scheduling and Payment Form) to schedule another exam date.
- Cell phones, watches of any kind, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices in the designated area and you are to collect these items when you complete your test(s).
- All electronic devices must be **turned off**. Watches of any kind, smart watches and fitness monitors must be removed from your wrist.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s) have their test scored as a fail, forfeit all testing fees and will be reported to the Ohio Department of Health (ODH) and their training program. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- Foreign language translation dictionaries must be shown to the RN Test Observer at check-in and to the Knowledge Test Proctor when you enter the knowledge test room. No electronic dictionaries are allowed. No definitions or writing is allowed in the translation dictionary. If there is any writing or definitions, the translation dictionary will not be permitted to be used during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke (e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a fail and you will be reported to your training program and the Ohio Department of Health.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.

# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- No visitors, guests, pets (including companion animals) or children are allowed. Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as an STNA (examples: cast, arm/leg braces, crutches, etc.) Call D&SDT immediately if you are on doctor's orders. You must fax a signed doctor's order **within 3 business days** of your scheduled exam day to qualify for a free reschedule.
- **Please review this Ohio Candidate Handbook before your test day for any updates to testing and/or policies.**

## *Incident Weather Policy*

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT staff will make every effort to contact you using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you.

## *Candidate Feedback – Exit Survey*

You will receive test results via email the day your test is officially scored. In this email, you will be provided a link to SurveyMonkey to complete the exit survey. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

## *Security*

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to ODH. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to ODH and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You may need to obtain permission from ODH in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failure. You will forfeit any testing fees paid. You will be reported to ODH and you may need to obtain permission from ODH in order to be eligible to test again.

## *Reschedules*

All candidates may reschedule one time during the three attempt testing cycle to a new mutually agreed upon test date for free up until **one (1) business day** preceding a scheduled test day, **excluding** Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online at the [Candidate Log-in Screen](#).

# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- Example: If you are scheduled to take your exam on a Friday, you would need to reschedule by close of business the Wednesday before your scheduled exam. D&SDT is open 8:00PM to 6:00PM Monday through Friday Eastern Standard time. The Thursday before a scheduled test date on a Friday is considered the business day before your scheduled exam and a reschedule would not be granted on the Thursday.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

**Please note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.**

## Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Ohio STNA certification test at all.

### Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made in writing at least **one (1) full business day** prior to your scheduled test event (excluding Sundays and Holidays). We accept faxed, (419)-422-8328, or emailed, [hdmastereast@hdmaster.com](mailto:hdmastereast@hdmaster.com), requests for refunds. No phone calls will be accepted.
  - Example: If you are scheduled to take your exam on a Friday, you would need to submit a written request for a refund of testing fees paid by close of business (D&SDT is open until 6:00PM Monday through Friday Eastern Standard time) the Wednesday before your scheduled exam. The Thursday before a scheduled test date on a Friday is considered the one full business day before your scheduled exam and a refund would not be granted on the Thursday prior to your scheduled exam day.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.

### Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.
- 2) Refund requests must be made in writing. We accept faxed, (419)422-8328, or emailed, [hdmastereast@hdmaster.com](mailto:hdmastereast@hdmaster.com), requests for refunds. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

## No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT at least one (1) full business day prior to your scheduled testing event, **excluding** Sundays and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

These fees partially offset D&SDT cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day preceding a scheduled test event, excluding Sundays and Holidays (see examples under Reschedules and Refunds of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

## No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record providing **the required documentation is received within the appropriate time frames outlined below:**

- **Car breakdown:** D&SDT must be contacted within one business day via phone call, fax or email and a tow bill, mechanic bill or other appropriate documentation must be submitted within **three (3) business days** of the exam date, if we do not receive proof within the 3 business day time frame you will have to pay as though you were a No Show.
- **Medical emergency:** D&SDT must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date, if we do not receive proof within the 3 business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other.)

## Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be emailed to the email in your record. Your device must have an RTF reader to open emailed test results.

**NOTE:** Federal and State regulations allow health care facilities to employ students for up to 120 days from the day employment and training is offered in an approved facility based nurse aide training and competency evaluation program. However, if you fail three attempts on either portion of the state competency exam, the facility is no longer allowed to employ you to perform nurse aide duties.

## Laminated Certified STNA Card

When you successfully pass both components of the nurse aide exam, your passed results letter with your laminated STNA card will be mailed to the address in your record.

## Test Attempts

You have **three attempts** to pass the knowledge and skill test portions of the exam within two (2) years from your date of nurse aide training program completion. If you do not complete testing within two years from completion of training, you must complete a new ODH approved training program in order to become eligible to further attempt Ohio STNA examinations.

## Retaking the Nursing Assistant Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

You can schedule a test or re-test on-line with your secure Test ID# and Pin# at the [Candidate Log-in page](#).

You will need to pay with a VISA or MASTERCARD before you are able to schedule. Call D&SDT at (877)851-2355 if assistance is needed or to get your ID# and Pin#. You may also watch a short video that will walk you through the steps to reschedule a test event on the Ohio STNA webpage under Candidate Tutorials: [How to Schedule your STNA Test Online](#)

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

Or, you may schedule a re-test by completing the Scheduling and Payment [Form 1402OH](#):

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402OH and choose test dates from the [Test Schedule](#) and write them on the Scheduling and Payment Form 1402OH under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402OH to D&SDT either by fax at (406)442-3357 (\$5.00 extra fax fee applies), email at [hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com) (scan or image and attach) or mail to P.O. Box 6609, Helena, MT 59604.

If you need assistance scheduling your re-test, please call D&SDT at (877)851-2355. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

### Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the Scheduling and Payment [Form 1402OH](#), check the Test Review Fee of \$25 (cashier's check, money order, credit [Visa or MasterCard only] or debit card with expiration date) and a detailed explanation of why you feel your dispute is valid via email, fax or mail **within three (3) business days** from official scoring of your test (excluding Sundays and Holidays). Late requests will be returned and will not be considered.

Please call D&SDT at (877)851-2355 and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as an STNA in Ohio is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT will pay your re-test fee. D&SDT 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. D&SDT will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). After a candidate reaches the age of 18, D&SDT will only discuss test results or test disputes with the candidate or the candidate's training program/instructor. D&SDT will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address and to the Ohio Department of Health.

### The Knowledge/Oral Test

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 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?") For paper tests, fill in only one 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.

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.
- The Knowledge Test Proctor will have scratch paper and a basic calculator available for use during your knowledge exam.

**EFFECTIVE JULY 1, 2019: You must have a score of 75% or better to pass the knowledge portion of the exam.**

Electronic testing called WebEtest® using Internet connected computers is utilized at several sites in Ohio. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online

# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

with WebEtest® allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional \$10 charge for an Oral Test. The questions are read to you, in a neutral manner from a cassette tape with control buttons enabling you to play, rewind or pause questions as needed, in addition to having the knowledge test booklet and scan form for the paper test. For WebEtest®, the questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer. When taking an electronic Oral exam, the oral control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

**Please note: On the Oral Knowledge Test, only the first 59 questions will be read orally, the remaining twenty questions will have to be answered without oral assistance to assess English reading comprehension.**

Foreign language translation dictionaries must be shown to the RN Test Observer at check-in and to the Knowledge Test Proctor when you enter the knowledge test room. No electronic dictionaries are allowed. No definitions or writing is allowed in the translation dictionary. If there is any writing or definitions, the translation dictionary will not be permitted to be used during testing.

All test materials (including scratch paper and calculator) must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Ohio Department of Health.

## Knowledge Test Content

The Knowledge Test consists of 79 multiple-choice questions. Questions are selected from subject areas based on the ODH approved Ohio test plan and include questions from all the required categories as defined in the federal regulations. The subject areas are as follows:

SUBJECT AREA	NUMBER OF QUESTIONS
Basic Nursing Skills	11
Care Impaired	6
Communication	6
Data Collection	4
Disease Process	4
Infection Control	5
Mental Health	7
Older Adult Growth & Development	4
Personal Care	11
Resident Rights	5
Role and Responsibility	8
Safety	8

## Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at [www.hdmaster.com](http://www.hdmaster.com). Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and



## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test.

1. Clean linens that touch the floor should be:
    - (A) Picked up quickly and placed back on the clean linen cart
    - (B) Used immediately on the next resident bed
    - (C) Considered dirty and placed in the soiled linen hamper
    - (D) Used only in the room with the floor the linen fell on
  2. A soft, synthetic fleece pad placed beneath the resident:
    - (A) Takes pressure off the back
    - (B) Provides warmth for the resident
    - (C) Gives the resident a sense of security
    - (D) Should only be used with bedridden residents
  3. A resident's psychological needs:
    - (A) Should be given minor consideration
    - (B) Make the resident withdrawn and secretive
    - (C) Are nurtured by doing everything for the resident
    - (D) Are nurtured when residents are treated like individuals
- ANSWERS: 1-C 2-A 3-D

## The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Ohio approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected five (5) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your five (5) tasks. After 20 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are not order dependent, unless the words BEFORE or AFTER are used in a step.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

### Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed below if your skill test includes a skill task which requires recording a count or measurement.

#### RECORDING FORM

EFFECTIVE 11-1-2019



Candidate's Name: _____	
PLEASE PRINT	
TEMPERATURE: _____	PULSE: _____ RESPIRATIONS: _____
URINARY OUTPUT: _____ cc/ml	WEIGHT: _____ lbs.
GLASS 240cc: _____	
GLASS 120cc: _____	
TOTAL FLUID INTAKE: _____	FOOD INTAKE: _____ %
Candidate's Signature: _____	

### Skill Test Tasks

You will be assigned Hand Washing as your first mandatory task.

You will also receive an additional four randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the WebETest© skill test assignment algorithm will be comparable in overall difficulty.

### Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks (the perineal care, catheter care and changing an adult brief tasks will be done on a manikin). You will be scored only on the steps listed. **You must have a score of 80% on each task without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation.** If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be the mandatory hand washing task to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what she/he sees you do. D&SDT scoring teams will officially score and double check your test.

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

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## Hand Washing

*(The first mandatory task)*

- 1) Introduce yourself to the resident.
- 2) Turn on the water.
- 3) Wet all surfaces of hands.
- 4) Wet wrists.
- 5) Apply soap to hands.
- 6) Rub hands together using friction.
- 7) While hands are not under the water stream, rub hands together for at least 20 seconds.
- 8) Interlace fingers pointing downward.
- 9) Wash all surfaces of hands with soap.
- 10) Wash wrists with soap.
- 11) Rinse hands thoroughly under running water with fingers pointed downward.
- 12) Dry hands on clean paper towel(s).
- 13) Immediately discard paper towel(s) in trash can.
- 14) Turn off faucet with a clean dry paper towel(s).
- 15) Discard paper towels into trash container.
- 16) **Do not re-contaminate hands at any time during the procedure.**

## Abdominal Thrust on a Conscious Resident

- 1) Identify two symptoms or signs of choking.
- 2) Ask resident, "Are you choking?"
- 3) Bring resident 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 that you would "press fist and hand into the resident's abdomen with an inward, upward thrust".
- 11) Verbalize you would "thrust at least three times".
- 12) **Stop and ask resident, "Are you still choking?"**
  - a. **Actor will say, "No."**
  - b. **RN Test Observer will ask "What would you have done if the resident would have indicated that they were still choking?"**
- 13) At a minimum, state "I would repeat this procedure until it is successful or the resident lost consciousness."
- 14) Place resident in recovery position on lateral side.

## Ambulation using a Gait Belt

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Obtain a correct sized gait belt for the resident.
- 4) **Lock designated bed brake(s) to ensure resident's safety.**
- 5) Lower bed to a position so the resident's feet will rest comfortably flat on the floor when sitting on bed.
- 6) Bring resident to a sitting position with resident's feet flat on the floor.
- 7) Place gait belt around resident's waist to stabilize trunk.
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid slippers.
- 10) Bring resident to a standing position using proper body mechanics at all times.
- 11) Grasp gait belt with one hand with other hand stabilizing resident by holding forearm, shoulder or using other appropriate method to stabilize the resident.

- 12) Ambulate resident at least 10 steps to the wheelchair.
- 13) Lock wheelchair brakes to ensure resident's safety.**
- 14) Assist resident to pivot/turn and sit in the wheelchair in a controlled manner ensuring safety at all times.
- 15) Remove gait belt.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signal device within easy reach of the resident.
- 18) Identify that hands should be washed.

### Ambulation with a Walker using a Gait Belt

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Lock designated bed brake(s) to ensure resident's safety.**
- 5) Bring resident to a sitting position with resident's feet flat on the floor.
- 6) Assist the resident to put on non-skid slippers.
- 7) Place gait belt around resident's waist to stabilize trunk.
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Position walker.
- 10) Assist resident to standing position stabilizing walker using hand and/or foot.
- 11) Position self behind and slightly to the side of the resident.
- 12) Ambulate resident at least 10 steps to the wheelchair ensuring resident's safety at all times.
- 13) Lock wheelchair brakes to ensure resident's safety.**
- 14) Assist resident to pivot/turn and sit in the wheelchair using correct body mechanics.
- 15) Remove gait belt.
- 16) Open privacy curtain.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place call light or signal device within easy reach of the resident.
- 19) Identify that hands should be washed.

### Applying an Anti-Embolic Stocking to One Leg

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

### Bed Bath- Whole Face and One Arm, Hand and Underarm

- 1) Identify that hands should be washed.
- 2) Explain procedure to be performed to the resident.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Fill basin with comfortably warm water.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 5) Raise bed between mid-thigh and waist level.
- 6) Cover resident with a bath blanket or clean sheet.
- 7) Fanfold bed linens down to waist or move linens to opposite side.
- 8) Remove resident's gown without exposing resident.
- 9) Dispose of gown in designated container.
- 10) Wash face WITHOUT SOAP and pat dry.
- 11) Place towel under arm, exposing one arm.
- 12) Wash arm, hand and underarm using soap and water.
- 13) Rinse arm, hand, and underarm.
- 14) Dry arm, hand and underarm.
- 15) Assist resident to put on a clean gown.
- 16) Empty, rinse and dry equipment and return to storage.
- 17) Dispose of soiled linen in designated container.
- 18) Lower bed.
- 19) Open privacy curtain.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Identify that hands should be washed.

### Bedpan and Output

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Gather supplies.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Put on gloves.
- 6) Position resident on standard bedpan/fracture pan with pan in correct orientation and using correct body mechanics.
- 7) Raise head of the bed.
- 8) Leave tissue within reach of resident.
- 9) Step away from the resident until the RN Test Observer identifies that the resident is finished.
- 10) Upon returning, lower the head of the bed and gently remove the bedpan.
- 11) Hold the bedpan while the RN Test Observer pours fluid into bedpan.
- 12) Place the graduate on a flat surface for reading output at eye level and pours fluid into graduate.
- 13) Empty graduate into designated toilet.
- 14) Rinse and dry bedpan and graduate and return to storage.
- 15) Wash resident's hands using a wet wash cloth.**
- 16) Dry resident's hands with a dry towel.**
- 17) Dispose of linens in designated container.
- 18) Remove gloves turning inside out as they are removed and dispose in designated container.
- 19) Record output on the provided, previously signed recording form.
- 20) Candidate's recorded output is within 25 cc/ml of RN Test Observer's recorded output.**
- 21) Leave resident in a position of comfort and safety.
- 22) Open privacy curtain.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Place call light or signal device within easy reach of the resident.
- 25) Identify that hands should be washed.

### Catheter Care for a Female

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Raise side rail opposite working side of bed.

- 5) Raise bed between mid-thigh and waist level.
- 6) Put on gloves.
- 7) Fill basin with comfortably warm water.
- 8) Position a bath blanket or clean sheet over resident to maintain privacy.
- 9) Turn resident [manikin] (side-to-side) and place waterproof pad under resident [manikin].
- 10) Verbalize the act of checking, while physically checking, to see that urine can flow unrestricted into the drainage bag.
- 11) Use soap and water to carefully wash in a circular motion around the drainage tube where it exits the urethra.
- 12) With one hand holding the catheter near the urethra to prevent tugging on catheter.**
- 13) Cleans at least 3-4 inches from the urethra down the drainage tube with other hand.
- 14) Clean with strokes only away from the urethra.**
- 15) Use a clean portion of wash cloth for each stroke.
- 16) Rinse with strokes only away from the urethra.**
- 17) Use a clean portion of wash cloth for each stroke.
- 18) Pat dry with a clean towel.
- 19) Do not allow the tube to be pulled at any time during the procedure.
- 20) Replace top cover over resident.
- 21) Remove bath blanket or sheet.
- 22) Remove waterproof pad, without friction, by turning resident [manikin] side-to-side.
- 23) Dispose of linens in designated container.
- 24) Empty, rinse, dry and return equipment to storage.
- 25) Remove gloves turning inside out as they are removed and dispose in designated container.
- 26) Open privacy curtain.
- 27) Lower bed and side rail.
- 28) Leave resident in a position of comfort and safety.
- 29) Maintain respectful, courteous interpersonal interactions at all times.
- 30) Place call light or signal device within easy reach of the resident.
- 31) Identify that hands should be washed.

### Changing an Adult Brief

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident [manikin].
- 3) Provide privacy for resident [manikin], pull privacy curtain.
- 4) Gather supplies.
- 5) Raise bed between mid-thigh and waist level.
- 6) Raise side rail opposite working side of bed.
- 7) Put on gloves.
- 8) Place waterproof pad under resident [manikin] by rolling resident [manikin] side-to-side.
- 9) Unfasten wet brief on both sides.
- 10) Remove soiled brief under resident [manikin] by rolling resident [manikin] side-to-side OR raise buttocks.
- 11) Discard soiled brief in the designated container.
- 12) Verbalize that the resident's soiled area would now be washed, rinsed and dried.**
- 13) Verbalize that the brief should be checked every two hours.**
- 14) Apply a new brief by rolling resident [manikin] side-to-side OR raise buttocks.
- 15) Pull front of brief through ensuring brief is even on both sides of the resident [manikin] and fasten brief securely on both sides.
- 16) Remove waterproof pad from under buttocks by turning resident [manikin] side-to-side.
- 17) Dispose of soiled linen in designated container.
- 18) Lower bed and side rail.
- 19) Remove gloves turning inside out as they are removed and dispose in designated container.
- 20) Open privacy curtain.
- 21) Leave resident in a position of comfort and safety.



- 22) Place call light or signaling device within easy reach of resident [manikin].
- 23) Maintain respectful courteous, interpersonal interactions at all times.
- 24) Identify that hands should be washed.

### Denture Care

- 1) Identify that your hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Line bottom of sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or wash cloth, do not use paper towels.)
- 4) Put on gloves.
- 5) Remove dentures from cup.
- 6) Handle dentures carefully to avoid damage being careful to avoid contamination.
- 7) Apply toothpaste.
- 8) Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper or lower dentures. (Only one plate is used during testing. Toothettes may be utilized instead of a toothbrush as long as all surfaces listed are cleaned.)
- 9) Rinse dentures using clean cool water.
- 10) Place dentures in rinsed denture cup.
- 11) Add cool clean water to denture cup.
- 12) Clean and dry equipment and return to storage.
- 13) Discard protective lining in designated container.
- 14) Remove gloves turning inside out as they are removed and dispose in designated container.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place call light or signaling device and water within easy reach of the resident.
- 17) Identify that hands should be washed.

### Dressing a Bedridden Resident

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Raise bed between mid-thigh and waist level.
- 5) Keep resident covered while removing gown.
- 6) Remove gown from unaffected side first.
- 7) Place used gown in designated container.
- 8) When dressing the resident in a shirt/blouse, insert your hand through the sleeve of the shirt/ blouse and grasp the hand of the resident.
- 9) **When dressing the resident in a shirt/blouse, always dresses from the affected side first.**
- 10) When dressing the resident in pants, assist the resident to raise her/his buttocks or turn resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 11) **When dressing the resident in pants, always dress the resident from the affected side first.**
- 12) Apply resident's non-skid slippers while the resident is in bed.
- 13) Leave the resident comfortably and properly dressed and in a position of safety.
- 14) Lower bed.
- 15) Open privacy curtain.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device and water within easy reach of the resident.
- 18) Identify that hands should be washed.

### Emptying a Urinary Drainage Bag

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 3) Provide privacy for resident, pull privacy curtain.
- 4) Raise side rails on both sides of the bed.
- 5) Raise bed between mid-thigh and waist level.
- 6) Put on gloves.
- 7) Place a barrier on the floor under the drainage bag.
- 8) Place the graduate on the previously placed barrier.
- 9) Open the drain to allow the urine to flow into the graduate until bag is empty.
- 10) Avoid touching the graduate with the tip of the tubing.
- 11) Close the drain.
- 12) Wipe the drain with an antiseptic wipe AFTER the drainage bag is empty.**
- 13) Replace drain in holder.
- 14) Lower bed.
- 15) Lower side rails.
- 16) Place graduate on level, flat surface.
- 17) With graduate at eye level, read output.
- 18) Empty graduate into designated toilet.
- 19) Rinse, dry and return equipment to storage.
- 20) Remove gloves turning inside out as they are removed and dispose in designated container.
- 21) Leave resident in a position of comfort and safety.
- 22) Record output on the provided, previously signed recording form.
- 23) Candidate's measured output reading is within 25 cc/ml of RN Test Observer's output reading.**
- 24) Open privacy curtain.
- 25) Place call light or signaling device within reach of the resident.
- 26) Maintain respectful, courteous interpersonal interactions at all times.
- 27) Identify that hands should be washed.

### Feeding a Dependent Resident

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Verbalize identifying the resident's name against the diet card and verbalize that the resident has received the correct tray while actually checking the diet card and tray.
- 4) Position the resident in an upright position that is at least 45 degrees.
- 5) Protect clothing from soiling by using napkin, clothing protector, or towel.
- 6) Wash and dry resident's hands BEFORE feeding.
- 7) Discard soiled linen in designated container.
- 8) Remain at eye level facing the resident while feeding resident.
- 9) Describe the foods being offered to the resident.
- 10) Offer each fluid frequently.
- 11) Offer food in small amounts at a reasonable rate, allowing resident time to chew and swallow.
- 12) Wipe resident's face during meal at least one time.
- 13) Leave resident clean and in bed with the head of the bed set up to at least 30 degrees.
- 14) Record intake in percentage of total solid food eaten on provided, previously signed recording form.
- 15) Candidate's recorded consumed food intake must be within 25 percentage points of the RN Test Observer's recorded food intake.**
- 16) Record the sum off total fluid consumed in cc/ml on provided, previously signed recording form.
- 17) Candidate's recorded total consumed fluid intake is within 60cc/ml of the RN Test Observer's recorded fluid intake.**
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Identify that hands should be washed.

## Hair Care

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Place a towel on resident's shoulders.
- 4) Ask resident how s(he) would like her/his hair styled.
- 5) Comb/brush/style hair gently and completely.
- 6) Discard linen in designated container.
- 7) Leave hair neatly brushed/combed/styled.
- 8) Maintain respectful, courteous interpersonal interactions at all times.
- 9) Place call light or signaling device within easy reach of the resident.
- 10) Identify that hands should be washed.

## Making an Occupied Bed

- 1) Identify that hands should be washed.
- 2) Gather linen and transport correctly.
- 3) Place linen on a clean surface. May place linen on the over-bed table, over the back of a chair, on bedside stand or over the foot of the bed.
- 4) Explain procedure to resident.
- 5) Provide privacy for resident, pull privacy curtain.
- 6) Raise side rail opposite working side of bed.**
- 7) Raise bed to between mid-thigh and waist level.
- 8) Assist resident to roll onto side toward raised side rail.
- 9) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 10) Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
- 11) Secure two fitted corners of the clean bottom sheet.
- 12) Raise second side rail.**
- 13) Assist the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident at all times.
- 14) Remove soiled linen without shaking.
- 15) Avoid touching linen to uniform.
- 16) Dispose of soiled linen in designated container.
- 17) Pull through and smooth out the clean bottom linen.
- 18) Secure the other two fitted corners.
- 19) Place clean top linen and blanket or bed spread over covered resident while removing used linen.
- 20) Keep resident unexposed at all times.
- 21) Tuck in top linen and blanket or bedspread at the foot of bed.
- 22) Make mitered corners at the foot of the bed.
- 23) Apply clean pillow case, with zippers and/or tags of pillow to inside.
- 24) Gently lift resident's head while replacing the pillow.
- 25) Leave bed completely and neatly made without wrinkles.
- 26) Lower bed.
- 27) Lower side rails.
- 28) Open privacy curtain.
- 29) Maintain respectful, courteous interpersonal interactions at all times.
- 30) Place call light or signaling device within easy reach of the resident.
- 31) Identify that hands should be washed.

## Mouth Care—Brushing Teeth

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Gather equipment/supplies.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 4) Provide privacy for resident, pull privacy curtain.
- 5) Put on gloves AFTER supplies have been gathered.
- 6) Drape the chest with towel (cloth or paper) to prevent soiling.
- 7) Wet toothbrush and apply a small amount of toothpaste to toothbrush. (If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed in Steps #8 and #9 are cleaned.)
- 8) Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth while verbalizing the surfaces they are cleaning.**
- 9) Clean tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth.
- 12) Remove soiled chest barrier (cloth or paper) and place in designated container.
- 13) Empty, rinse and dry emesis basin.
- 14) Rinse toothbrush.
- 15) Return equipment to storage.
- 16) Remove gloves turning inside out as they are removed and dispose gloves in designated container.
- 17) Leave resident in position of comfort.
- 18) Open privacy curtain.
- 19) Leave call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Identify that hands should be washed.

### Nail Care

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Immerse resident's nails in comfortably warm water.
- 4) Soak nails for at least five minutes. The five minutes may be verbalized by the candidate and acknowledged by the RN Test Observer.
- 5) Gently push cuticle back with a wet wash cloth.
- 6) Dry hand thoroughly, making sure to dry carefully between the fingers.
- 7) Gently clean under the nails with an orange stick.
- 8) File each fingernail.
- 9) Empty, rinse, dry and return equipment to storage.
- 10) Discard soiled linen in designated container.
- 11) Discard orange stick in the designated container.**
- 12) Maintain respectful, courteous interpersonal interactions at all times.
- 13) Place call light or signaling device within easy reach of the resident.
- 14) Identify that hands should be washed.

### Perineal Care of a Female

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident [manikin].
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Raise side rails on opposite working side of the bed.
- 5) Fills basin with comfortably warm water.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) Place bath blanket or clean sheet on resident [manikin].
- 8) Put on gloves.
- 9) Place waterproof pad under resident's [manikin's] buttocks by turning resident [manikin] toward side and place waterproof pad under buttocks.
- 10) Return resident [manikin] to her back.
- 11) Expose perineum only.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 12) Show separating labia, while verbalizing separating labia.
- 13) Use water and a soapy wash cloth.
- 14) Clean both sides and middle of labia from top to bottom with a clean portion of the wash cloth for each stroke.**
- 15) Rinse area from top to bottom with a clean portion of the wash cloth with each stroke.
- 16) Pat dry the area with a clean portion of the towel each pat.
- 17) Cover the exposed area with the bath blanket or clean sheet.
- 18) Assist resident to turn onto side away from the working side of the bed.
- 19) With a new clean wash cloth with water and soap, clean the rectal area.
- 20) Clean the rectal area from vagina to rectal area using at least two single strokes with a clean portion of the wash cloth for each single stroke.**
- 21) Rinse the rectal area from vagina to rectal area.
- 22) Pat dry area from vagina to rectal area.
- 23) Remove waterproof pad from under buttocks, without friction, by turning resident [manikin] side-to-side and remove waterproof pad from under buttocks.
- 24) Position resident [manikin] on her back.
- 25) Dispose of all soiled linen, including the bath blanket or sheet, in the designated container.
- 26) Empty, rinse, dry and return equipment to storage.
- 27) Remove gloves, turning inside out as they are removed and dispose in designated container.
- 28) Lower bed.
- 29) Lower side rails.
- 30) Open privacy curtain.
- 31) Place call light or signaling device within easy reach of the resident.
- 32) Identify that hands should be washed.

### Position Resident in Bed on Side

- 1) Identify that hands should be washed.
- 2) Explain procedure to be performed to the resident.
- 3) Introduce yourself to the resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Position bed flat.
- 6) Raise bed between mid-thigh and waist level.
- 7) Raise side rail on side of the bed opposite working side of the bed to provide safety.**
- 8) From the working side of the bed, move upper body, hips and legs toward self.
- 9) Assist/turn resident on his/her side.
- 10) Ensure that resident's face never becomes obstructed by the pillow.
- 11) Check to be sure resident is not lying on his/her downside arm.
- 12) Ensure resident is in correct body alignment.**
- 13) Place support devices under the head, the upside arm, behind the back and between the knees.
- 14) Leave resident in a position of comfort and safety.
- 15) Lower side rails.
- 16) Lower bed.
- 17) Open privacy curtain.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Identify that hands should be washed.

### Range of Motion for Hip & Knee

- 1) Identify that hands should be washed.
- 2) Explain procedure to be performed to the resident.
- 3) Raise bed between mid-thigh and waist level.
- 4) Provide privacy for resident, pull privacy curtain.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 5) Position resident supine (bed flat).
- 6) Verbalize resident is in good body alignment as the resident is positioned in good body alignment.
- 7) Place one hand under the knee and the other hand under the ankle.
- 8) Move the entire leg away from the body. (abduction)
- 9) Move the entire leg back toward the body. (adduction)
- 10) Complete abduction and adduction of the hip at least three times.
- 11) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 12) Bend the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
- 13) Straighten the knee and hip. (extension of knee and hip at the same time)
- 14) Complete flexion and extension of knee and hip at least three times.
- 15) Do not cause discomfort or pain anytime during ROM.**
- 16) Candidate *must ask* at least once if they are causing any pain or discomfort.**
- 17) Do not force any joint beyond the point of free movement.
- 18) Leave resident in a comfortable position.
- 19) Lower bed.
- 20) Open privacy curtain.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Identify that hands should be washed.

### Range of Motion for Shoulder

- 1) Identify hands should be washed.
- 2) Explain the procedure to be performed to the resident.
- 3) Raise bed between mid-thigh and waist level.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Position resident supine (bed flat).
- 6) Verbalize resident is in good body alignment as the resident is positioned in good body alignment.
- 7) Place one hand under their 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 flexion and extension of the shoulder at least three times.
- 11) Continue same supporting for shoulder joint.
- 12) Move the resident's entire arm out away from the body. (abduction)
- 13) Return the resident's arm to the resident's side. (adduction)
- 14) Complete abduction and adduction of the shoulder at least three times.
- 15) Do not cause discomfort or pain anytime during ROM.**
- 16) Candidate *must ask* at least once if they are causing any pain or discomfort.**
- 17) Do not force any joint beyond the point of free movement.
- 18) Leave resident in a comfortable position.
- 19) Lower bed.
- 20) Open privacy curtain.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Identify that hands should be washed.

### Stand and Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident and obtain a gait belt.
- 3) Position wheelchair touching the side of the bed.
- 4) Lock wheelchair brakes to ensure resident's safety.**



## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 5) **Lock designated bed brake(s) to ensure resident's safety.**
- 6) Assist resident in putting on non-skid slippers.
- 7) Assist resident to a sitting position and lower bed so resident's feet are flat on the floor when resident is sitting on the bed.
- 8) Place a gait belt around the resident's waist to stabilize trunk. Tighten gait belt and check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Face resident and grasp the gait belt with both hands.
- 10) Bring resident to a standing position using proper body mechanics.
- 11) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 12) Remove gait belt.
- 13) Maintain respectful, courteous interpersonal interactions at all times.
- 14) Place call light or signaling device within easy reach of the resident.
- 15) Identify that hands should be washed.

### Stand and Pivot-Transfer Resident from Wheelchair to Bed using a Gait Belt

- 1) Identify that hands should be washed.
- 2) Explain the procedure to be performed to the resident and obtain a gait belt.
- 3) Position wheelchair touching the side of the bed.
- 4) **Lock wheelchair brakes to ensure resident's safety.**
- 5) **Lock designated bed brake(s) to ensure resident's safety.**
- 6) Lower bed to a position so the resident's feet will be flat on the floor when the resident is transferred to the bed.
- 7) Place gait belt around resident's waist to stabilize trunk. Tighten gait belt and check gait belt for tightness by slipping fingers between the gait belt and the resident.
- 8) Face resident and grasp the gait belt with both hands.
- 9) Bring resident to a standing position using proper body mechanics.
- 10) Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.
- 11) Remove gait belt.
- 12) Assist resident in removing outer footwear.
- 13) Assist resident to move to center of bed and lie down, supporting extremities as necessary.
- 14) Ensure resident is comfortable.
- 15) Verbalize the resident is in good body alignment as the resident is positioned in good body alignment.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Identify that hands should be washed.

### Vital Signs - Temperature, Pulse and Respirations

- 1) Identify that hands should be washed.
- 2) Explain procedure to be performed to the resident.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) Correctly turn on digital oral thermometer.
- 5) Gently insert bulb end of thermometer in resident's mouth under tongue.
- 6) Hold thermometer in place for appropriate length of time.
- 7) Remove thermometer and read and record the temperature reading on provided, previously signed recording form.
- 8) **Candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.**
- 9) Wipe the thermometer clean with an alcohol pad or discard sheath in the designated container.
- 10) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 11) Count pulse for a full 60 seconds and record pulse rate on the provided, previously signed recording form.
- 12) **Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate for the full 60 seconds.**
- 13) Count respirations for a full 60 seconds and record respirations on provided, previously signed recording form.
- 14) **Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate for the full 60 seconds.**
- 15) Open privacy curtain.

## Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Leave call light or signaling device and water within easy reach of the resident.
- 18) Identify that hands should be washed.

### Weighing an Ambulatory Resident

- 1) Identify that hands should be washed.
- 2) Explain procedure to be performed to the resident.
- 3) Balance (or zero) scale.
- 4) Lock wheelchair brakes to ensure resident's safety.**
- 5) Assist resident to stand and walk to the scale.
- 6) Assist resident to step on the scale, checking that resident is centered on scale, has both arms at her/his side and is not holding onto anything that would alter the recording of the weight.
- 7) Appropriately adjusts weights until scale is in balance OR read the analog scale.
- 8) Return resident to the wheelchair, assisting resident to sit in the wheelchair.
- 9) Record weight on the provided, previously signed recording form.
- 10) Candidate's recorded weight varies no more than 2 lb. from the RN Test Observer's pre-recorded weight.**
- 11) Maintain respectful, courteous interpersonal interactions at all times.
- 12) Leave call light or signal calling device within easy reach of the resident.
- 13) Identify that hands should be washed.

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### Knowledge Test Vocabulary List

abdominal thrust
abduction
abuse
accidents
activities
adaptive device
adaptive equipment
adduction
ADL
admission
admitting resident
advance directives
affected side
aggressive resident
aging process
agitation
alarm
Alzheimer's disease
ambulation
anatomy
anger
angina

anti-embolitic stocking
aphasia
apnea
appropriate response
arthritis
aseptic
aspiration
assault
assistive device
bacteria
bargaining
basic needs
bathing
battery
bed cradle
bed measurement
bedpan
behavior
behavioral care plan
bladder training
blindness
blood pressure

body fluid
body mechanics
body temperature
bowel program
BP
BPH
bradycardia
breathing
breathing rates
burns
call signal
cancer
cardiac arrest
cardiovascular system
care impaired
care plan
care planning
cares
cataract
catheter
catheter care
cc's in an ounce



# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

cell phones
central nervous system
cerebral vascular accident
chain of command
chain of infection
charge nurse
chemical restraint
chemical safety
CHF
choking
circulation
clarification
cleaning spills
clear liquid diet
cognitively impaired
cold compress
colostomy care
comfort care
communicable
communication
competency evaluation program
conduct
confidentiality
confused resident
congestive heart failure
constipation
constrict
contamination
continuity
contracture
converting measures
COPD
cueing
cultural
CVA
data collection
death
death and dying
dehydration

delegation
dementia
denture care
dentures
dependability
depression
developmental process
diabetes
diabetic
dialysis
diastolic
diet
dietitian
diets
digestion
dilate
discharging resident
disease
disease process
disinfection
disoriented
disrespect
dizziness
DNR
documentation
dorsiflexion
dressings
drowsy
dry skin
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elevate head
elimination
emergency situation
emesis
emesis basin

emotional needs
emotional support
empathy
emphysema
ethics
evacuation
extremity
eye glasses
falls
fecal impaction
feeding
feeding tubes
financial abuse
fire
fire safety
flatus
fluid
fluid intake
fluid restriction
Foley catheter
foot care
foot drop
force fluid
Fowler's
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatric chair
geriatrics
germ transmission
gerontology
gestures
gifts
gloves
grieving process
HAI



# Ohio Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019 | Updated: May 6, 2020

hair care
hallucination
hand tremors
hand washing
harm
health-care team
hearing
hearing aid
hearing impaired
heart rates
hemiplegia
hepatitis B
HIPAA
HIV
hoarding
hormones
hospice
hydration
hypertension
I&O
impairment
incontinence
indwelling catheter
infection
infection control
initial observations
in-service programs
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
lateral position
legal ethics
legal responsibilities
lift/draw sheet
lifting
linen
liquid diet

listening
loose teeth
low sodium diet
Maslow
masturbation
MDS
measuring
measuring height
measuring temperature
mechanical lift
medical asepsis
medical record
medications
memory
memory loss
mental health
microorganism
military time
minerals
misappropriation
mistreatment
morning care
mouth care
moving
multiple sclerosis
musculoskeletal
musculoskeletal system
nail care
neglect
negligence
non-contagious disease
non-verbal communication
NPO
nursing assistant's role
nutrients
nutrition
objective
observation
ombudsman
open-ended questions

oral care
oral hygiene
oral temperature
orientation
osteoporosis
output
overbed table
oxygen
oxygen concentrator
pain
palliative care
paralysis
Parkinson's
PASS
passive
passive range of motion
pathogen
patience
perineal care
personal items
phone etiquette
physical needs
physician's authority
policy book
positioning
PPE
pressure ulcer
preventing injury
privacy
progressive
promoting independence
pronation
prostate gland
prosthesis
prosthetic device
psychological needs
pulse
quality of life
radial
ramps



# Ohio Nursing Assistant Candidate Handbook

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range of motion
reality orientation
rectal
regulation
religious service
reminiscence therapy
reminiscing
reporting
reposition
resident abuse
resident belongings
resident harm
resident identification
resident independence
resident rights
residents
resident's chart
resident's environment
respectful treatment
respiration
respiratory
respiratory symptoms
respiratory system
responding to resident behavior
response
responsibility
restorative
restorative care
restraint
restraint alternative
rights
risk factor
role
safety
safety precautions
safety techniques
scale
scope of practice
seclusion

seizure
self-esteem
semi-Fowler's
sensory system
sexual harassment
sexual needs
Sharp's container
shaving
shearing
side rails
simple fracture
skin integrity
slander
smoking
social needs
specimen
spills
spiritual needs
sputum
standard precautions
sterile
sterilization
stethoscope
stress
stroke
subjective
subjective data
substance abuse
suicide
sundowning
supine
survey
swelling
systolic
tachycardia
TED hose
telephone etiquette
temperature
terminal illness
threatening resident

tips
toenails
toileting schedule
transfers
treating residents with respect
tub bath
tube feeding
tubing
tympanic
types of isolation
unaffected
unconscious
undressing
urethral
urinary catheter bag
urinary elimination
urinary problems
urinary system
urinary tract
urine
validation
vision change
visual impairment
vital signs
vitamins
vomit
walker
wandering resident
weak side
weighing
weight
wheelchair safety
white blood cells
withdrawn resident
workplace violence

