

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Version 17

EFFECTIVE DECEMBER 1, 2020: CHANGES ARE HIGHLIGHTED GRAY



Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Contact Information

Questions regarding testing pro	cess, test scheduling and eligibilit	y to test: (877) 201-0758
Questions about training program	m information and Abuse Registry	: (615) 253-6085
Main switchboard, renewals, na	me changes and address changes:	(615) 532-5171
Challenges, out of state reciproc	ity and verification:	(615) 741-7173
D&S Diversified Technologies, LLP PO Box 418 Findlay, OH 45839	Monday through Friday 8:00AM – 8:00PM (EST)	Phone #: (877) 201-0758 Fax #: (406) 442-3357
Email: <u>hdmastereast@hdmaster.com</u> Email: hdmaster@hdmaster.com (for applications, scheduling and payment forms) Web Site: <u>www.hdmaster.com</u>		(applications, scheduling and payment forms) Fax #: (419) 422-8367 (test review, reschedule, refund, no show, ADA and other documentation)
Tennessee Nurse Aide Registry 665 Mainstream Drive – 2 nd Floor Nashville, TN 37243	Monday through Friday 8:00AM – 4:30PM	Phone #: (615) 532-5171 Fax #: (615) 248-3601
Tennessee Department of Health Website: https://www.tn.gov/content/tn/healt h/health-professionals/hcf-main/hcf- programs/nai.html		
Verification of Licensure: https://apps.health.tn.gov/licensure		
Training Programs: https://apps.health.tn.gov/nurseaide /natf_criteria.aspx		
Abuse Registry: https://apps.health.tn.gov/AbuseRegi stry		

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Table of Contents

INTRODUCTION	1
AMERICANS WITH DISABILITIES ACT (ADA)	1
ADA COMPLIANCE	1
THE REGISTRY	1
CNA RENEWALS	2
THE TENNESSEE NURSE AIDE COMPETENCY EXAM	2
PAYMENT INFORMATION	
Applying to Take the Exam	
Nursing Assistant Training Program Candidates	
Tennessee Application Form 1101TN and Scheduling and Payment Form 1402TN Test Schedule	3
Ехам Снеск-In	
Testing Attire	
IDENTIFICATION	
Instructions for the Knowledge and Skill Tests	
Testing Policies	
Candidate Feedback – Exit Survey	
SECURITY	
RESCHEDULES	
REFUND OF TESTING FEES PAID	
Scheduled in a Test Event	
Not Scheduled in a Test Event	
No Shows	
No Show Exceptions	
INCLEMENT WEATHER AND UNFORESEEN CIRCUMSTANCES POLICY	10
Test Results	
Теят Аттемртя	
Tennessee Nurse Aide Registry Certification	
RETAKING THE NURSING ASSISTANT TEST	
Test Review Requests	
THE KNOWLEDGE/ORAL TEST	
English and Spanish Version of the Knowledge/Oral Exam	
KNOWLEDGE TEST CONTENT	
KNOWLEDGE PRACTICE TEST	
THE MANUAL SKILL TEST	
Skill Test Recording Form	
Skill Test Scenarios	
Skill Tasks Listing	
Hand Washing	
Ambulation with a Gait Belt	
Ambulation with a Walker Backrub	-
Back ub	
Bedpan and Output with Hand Washing	
Blood Pressure	
Catheter Care for a Female with Hand Washing	21
Denture Care	22

D&S Diversified Technologies LLP Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

Nail Care One Hand	
Perineal Care for a Female with Hand Washing Position Resident on Side	
Range of Motion for Hip and Knee	
Range of Motion for Shoulder	
Stand, Pivot and Transfer Resident from Bed to Wheelchair using a Gait Belt	
Vital Signs – Oral Temperature, Pulse and Respirations	
Vital Signs – Axillary Temperature, Pulse and Respirations	
Weighing an Ambulatory Resident	

D&S Diversified Technologies LLP Headmaster LLP Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

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/oral test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Tennessee Department of Health (TDH) to be identified as a state tested nurse aide and listed on the Tennessee Nurse Aide Registry.

The Tennessee Department of Health has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Tennessee nurse aide testing. For question not answered in this handbook, please check the Tennessee webpage at <u>www.hdmaster.com</u> or contact D&S Diversified Technologies (D&SDT) toll free at (877)201-0758. The information in this handbook will help you prepare for your examination.

General information regarding the Tennessee Nurse Aide program may also be found on the TDH website at:

https://www.tn.gov/content/tn/health/health-professionals/hcf-main/hcf-programs/nai.html

Americans with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by D&SDT in advance of your examination. The request for ADA Accommodation Form 1404TN is available on the Tennessee page of the D&SDT website under the Candidate Forms column at <u>www.hdmaster.com</u>. 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.

The Registry

Information to determine the status of your Tennessee nurse aide certification may be found at the Tennessee Department of Health website at <u>https://apps.health.tn.gov/licensure</u>; or you may visit the Tennessee Abuse/Nurse Aide Registry at <u>https://apps.health.tn.gov/AbuseRegistry</u>. You may also contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

D&S Diversified Technologies LLP Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

CNA Renewals

For any questions regarding renewals, please contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

The Tennessee Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$30
Skill Test or Retake	\$68

Applying to Take the Exam

Nursing Assistant Training Program Candidates

Your training program will enter your initial training information into the WebETest[®] database. You should receive a verification form during your training to sign after you review the data entered (make sure your first, middle and last names exactly match the first, middle and last names on your government issued ID and social security card) and answer the abuse and neglect questions. Once your training program enters the date you successfully complete training into WebETest[®], you may schedule your exam date online at <u>www.hdmaster.com</u> (click on Tennessee, click on Student/Candidate Login under "Candidate Forms" and then log-in with your secure Test ID# and Pin# provided to you by your training program or from D&S DT at (877)201-0758.

Once your record opens, read the information on the screen, answer the Abuse/Neglect questions and check the box next to "Attestation – I hereby attest to the following statements". Under the Self-Pay or Sponsored heading, click on the "Pre-pay with Credit Card" bar.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule into a scheduled test date of your choice by clicking on the drop-down menus by Site and Date and then click on Submit Updates to confirm your selection and schedule. You will then receive your test confirmation notification online or on the screen while you are logged in. If you do not see your confirmation notification, you are not scheduled to test. 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 WebETest© at www.hdmaster.com, choose Tennessee, to update no less than 1 full business day before your scheduled test date. If you are unable to schedule/reschedule on-line, please call D&S DT at (877)201-0758 for assistance.

Candidates who self-schedule online will receive their test confirmation notification at the time they are scheduled online.

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test date **within two years of your date of training program completion.** After two years, you must complete another approved training program in order to be eligible to schedule testing.

Tennessee Application Form 1101TN and Scheduling and Payment Form 1402TN

You may also schedule a test date by mailing to D&S DT a paper Tennessee Application Form 1101TN and a Scheduling and Payment Form 1402TN 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 Tennessee Application Form 1101TN and Scheduling and Payment Form 1402TN 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 (10) business days prior to your requested test date. Sundays and Holidays are not counted as business days. All D&S DT forms can be found on the Tennessee NA page of our website at <u>www.hdmaster.com</u>

Please note: Please print neatly. Double-check your address, phone number, email address and social security number before signing. Forms with that are illegible, have incorrect payment or are missing information, payment or signatures will be returned to the candidate.

If you email (<u>hdmaster@hdmaster.com</u>) or fax, (406)442-3357, your D&S DT forms a credit card (Visa or MasterCard) payment is required and for faxes there is a \$5 Priority Fax Service Fee. If you mail in your D&S DT forms, we accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards. If we are able to schedule you to test within ten (10) business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate will apply. We do not accept personal checks or cash for testing fees. All test dates are filled on a first come, first served basis.

When a candidate is scheduled by D&S DT, we will notify you via email of your scheduled test date and time. If you do not receive a test confirmation from D&S DT within five (5) business days of submitting your scheduling request and payment, call D&S DT at (877)201-0758.

Test Schedule

Many training programs host and pre-schedule in-facility (flexible) test dates for their graduating students. Your program will have informed you if this is the case. Prior to scheduling a test, verify with your training program if where you trained has already scheduled your test. Regional (fixed) test seats are open to all candidates. Regional test dates are posted on the Tennessee NA page of our website, <u>www.hdmaster.com</u> under the "Candidate Forms" column. Click on the button "Test Schedule".

If you have any questions regarding your test scheduling, call D&S DT at (877)201-0758, Monday through Friday 8:00AM to 8:00PM Eastern Standard time.

D&S Diversified Technologies LLF Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Please note: It is recommended that you check the Tennessee webpage on D&S DT's website at <u>www.hdmaster.com</u> prior to testing for valuable information in the Candidate Handbook regarding testing, testing requirements, what to expect and to make sure you are aware of any changes that have occurred in the skills test or testing protocols since completing training.

Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) 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)

Testing Attire

The required testing attire applies to both the knowledge and skills exams. You must be in full clinical attire including clinical shoes. No opened toed shoes (example; flip-flops or sandals) are allowed. Scrubs and shoes can be any color/design.

No wrist watches, 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 and 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
- State issued Identification Card
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
- Military Identification (that meet all identification requirements)
- Work Authorization Card (that meet 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 <u>NOT VALID</u> 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, MIDDLE** and **LAST** names listed on the ID and social security card presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST, MIDDLE and LAST names that were entered in the Tennessee nurse aide database by your training program.

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

If you need to apply for new social security card, please do not schedule your test date until you have received your new card from the Social Security office.

Any name changes that need to be made (due to marriage, divorce, etc.) must have legal documentation submitted to D&S DT at least two (2) business days prior to your scheduled test date. You may call D&S DT at (877)201-0758 to confirm that your name of record matches your US government issued ID and social security card, or log in to the Tennessee NA webpage at <u>www.hdmaster.com</u> using your Test ID# and PIN# to check on your demographic information.

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 and original Social Security Card, your ID is invalid (*see note above) or if your FIRST, MIDDLE and LAST printed names on your US government issued photo ID and 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 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&S DT Tennessee NA 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 four (4) 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 20-30 minutes before your scheduled start time if you 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, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID and original social security card, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.

D&S Diversified Technologies LLF Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

- If the FIRST, MIDDLE and LAST printed names on your ID and social security card do not match your current name of record, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical attire and shoes with long hair pulled back and conform to all testing policies for both the knowledge and skills portion of the exam, you will not be admitted to the exam, considered a No Show 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 1402TN (Scheduling and Payment Form) to schedule another exam date. If your exam is TDH funded, that facility will be charged a \$40.00 No Show fee per candidate.
- If you refuse to show the RN Test Observer your required ID and social security card and/or refuse to sign your signature on the required sign-in forms, you will not be allowed to test. You will be asked to leave the test site, considered a No Show and any exam fees paid *will NOT be refunded*.
- No wrist watches are allowed to be on or near you in either testing room.
- Cell phones, smart watches, fitness monitors, electronic recording 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 and you are to collect these items when you complete your test(s). All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from your wrist and turned off. Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months or without the approval of the Tennessee Department of Health.
- You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
- Candidates with long hair will be asked to pull his/her hair back by the testing team to ensure that no blue tooth devices are being used.
- 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 during your free time in the waiting area.
- Word-for-word language translation dictionaries are allowed during testing. You must show the translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary, if there is, it will not be allowed. Electronic translation dictionaries or dictionaries with definitions are not allowed during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- 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.

D&S Diversified Technologies LLP Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 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 and reported to your training program and the Tennessee Department of Health.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nursing assistant. (examples: cast, arm/leg braces, crutches, etc.) Call D&S DT at (877)201-0758 immediately if you are on doctor's orders. You must fax, (419)422-7395, a doctor's order within three (3) business days of your scheduled exam day to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- Please review to this Tennessee Candidate Handbook before your test day for any updates to testing and/or policies.

Candidate Feedback – Exit Survey

You will receive an email of your test results on the day your test is official scored, and in this email, you will be provided a link to complete the exit survey. A link is also available when you log in to your record to get your results. 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 the Tennessee Department of Health. 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 TDH 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 be reported to the Tennessee Department of Health. You will not be allowed to retest for a minimum period of six (6) months.

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, etc. or browsing to other sites during your WebETest© electronic exam), 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. You will be reported to the Tennessee Department of Health and not permitted to retest for a minimum period of six (6) month.

Reschedules

All candidates are entitled to <u>one</u> free reschedule during the three-attempt testing cycle up until **one** (1) business day prior to a scheduled test day, **excluding** Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **Tennessee Nursing Assistant Candidate Handbook**

EFFECTIVE: December 1, 2020

• Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (D&S DT is open until 8:00PM Eastern Standard time Monday-Friday) the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule by D&S DT's close of business on the previous:
Monday	Thursday by 8:00PM Eastern time
Tuesday	Friday by 8:00PM Eastern time
Wednesday	Monday by 8:00PM Eastern time
Thursday	Tuesday by 8:00PM Eastern time
Friday	Wednesday by 8:00PM Eastern time
Saturday	Thursday by 8:00PM Eastern time
Sunday	Thursday by 8:00PM Eastern time

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 Tennessee nursing assistant certification exam at all.

Scheduled in a Test Event

- If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request Fillable Form 1405</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u> at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.
 - Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at <u>www.hdmaster.com</u> by close of business (D&S DT is open until 8:00PM Eastern Standard time Monday-Friday) the Thursday before your scheduled exam.
 - Facilities funded by TDH will be billed a \$35 refund fee for all candidates who request a refund at least one (1) full business day prior to a scheduled test date.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- Refund requests must be made within thirty (30) days of payment of testing fees with D&S DT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&S DT will not be issued.

D&S Diversified Technologies LLF Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Not Scheduled in a Test Event

- Refund requests must be made within thirty (30) days of payment of testing fees with D&S DT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&S DT will not be issued.
- A refund request of testing fees paid must be made by filling out and submitting the <u>Refund</u> <u>Request Fillable Form 1405</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. 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 a non-TDH funded candidate scheduled for an exam and you do not show up without notifying D&S DT at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, 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. Facilities submitting TDH funded candidates will be billed a \$40 no show fee and required to submit a new testing fee to schedule a TDH funded into a new test event.

These fees partially offset D&S DT 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 prior to a scheduled test event, excluding Saturdays, Sundays and Holidays (see examples under Reschedules and Refund 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, test fees will be refunded or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame.** When providing documentation for a No Show exception, it is your responsibility to contact D&S DT to confirm that any documentation faxed, emailed or mailed as been received.

- <u>Car breakdown</u>: D&S DT must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within three (3) business days of the missed exam date, if we do not receive the required documentation within the 3-business day time frame your No Show status will remain and you will have to pay your testing fees to schedule a new test date.
- <u>Medical emergency</u>: D&S DT 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 the required documentation within the 3-business day time frame your No Show status will remain and you will have to pay your testing fees to schedule a new test date.

D&S Diversified Technologies LLP Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

 <u>Death in the family</u>: D&S DT must be contacted within one business day via phone call, fax or email and an obituary for <u>immediate</u> family only submitted within seven (7) business days from a missed exam date. If we do not receive the required documentation within the 7business day time frame your No Show status will remain and you will have to pay your testing fees to schedule a new test date. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other).

Inclement Weather and Unforeseen Circumstances Policy

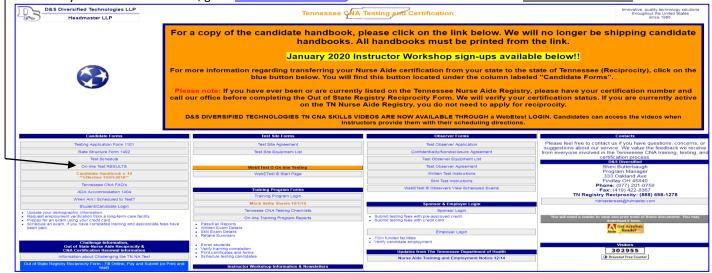
If an exam date is cancelled due to inclement weather or other unforeseen circumstances, D&S DT staff will make every effort to contact you using the contact information you have listed in your record in WebETest©. Please make sure to keep your contact information up to date. D&S DT will reschedule you, for no charge, to a mutually agreed upon new test date.

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 are available to you after 6:00PM Eastern Standard time the day tests are scored. You will be able to access your test results online at <u>www.hdmaster.com</u>.

Effective 9-17-2020: Test results can be checked online (see instructions below) after 6:00PM Eastern Time the day they are scored. D&S DT-Headmaster will no longer be providing test results over the phone.

If you do not have an email in your record, your test results will be mailed to you. If you have an email, you will be emailed your test results to the email in your record. A copy of your test results can be printed from the Tennessee webpage at D&S DT's website any time after your test has been officially scored. Your device must have an RTF reader to open emailed test results.



To check your test results on-line, go to www.hdmaster.com, click on Tennessee and click on On-Line Test Results.

- 1) Type in your social security number
- Type in your birth date
- 4) Click on Submit Score Report Request 2) Type in your test date 1 D&S Div ersified Tech ies LLP e LL P If you do not receive a score report, please return at a later 2 Required Login Field Please enter your social security # or test ID without dashe Please enter the test date Fax: 419-422-8328 3 Please enter your birthdat ennessee CNA Score Report Login Submit Score Report Request Λ

D&S Diversified Technologies LLF Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Test Attempts

You have **three (3) attempts** to pass the knowledge and skill test portions of the exam within two (2) years from your date of nursing assistant training program completion. If you do not complete testing within two years from completion of training, you must complete a new TDH approved training program in order to become eligible to further attempt Tennessee nursing assistant examinations.

• An attempt means checking in for the competency evaluation and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.

Tennessee Nurse Aide Registry Certification

After you have successfully passed both the Knowledge Test and Skill Test components of the nursing assistant exam, your test results will be sent electronically to the Tennessee Board of Nursing by D&S DT. You will be placed on the Tennessee Nurse Aide Registry and issued a certificate. You should receive your certification card from the TN Nurse Aide Registry within 4-6 weeks after you successfully pass both components of your exam.

Retaking the Nursing Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you failed. When you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date:

You can schedule a test or re-test on-line at <u>www.hdmaster.com</u> with a Visa or MasterCard (click on Tennessee CNA, click on Student/Candidate Login and then log-in with your secure Test ID# and Pin#), you will need to pay the retake fee first and then will be able to schedule. Call D&SDT at (877)201-0758 if assistance is needed or to get your ID# and Pin#.

You may also schedule a re-test by completing the Scheduling and Payment Form 1402TN available on the Tennessee webpage of D&S DT's website <u>www.hdmaster.com</u>:

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402TN and choose test dates from the Test Schedule and write them on the Scheduling and Payment Form 1402TN under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402TN to D&S DT either by fax at (406)442-3357 (\$5.00 extra fax fee applies), or email at <u>hdmaster@hdmaster.com</u> (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&S DT at (877)201-0758. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

D&S Diversified Technologies LLF Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

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 PDF fillable <u>Test Review</u> <u>Request and Payment Form 1403</u> available on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u> (before you get to the Tennessee NA webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 within three (3) business days from official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered.

Since one qualification for certification as a nursing assistant in Tennessee is demonstration by examination of minimum nursing assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&S DT will pay for your re-test fee and refund your review fee. D&S DT 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&S DT 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&S DT will only discuss test results or test disputes with the candidate or the candidate's training program. D&S DT 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&S DT will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record.

The Knowledge/Oral Test

English and Spanish Version of the Knowledge/Oral Exam

The knowledge/oral exam is offered in English and Spanish. You will be able to select either English or Spanish when you apply to take your exam.

Please note: On the Spanish Knowledge Test, only the first 65 questions will be printed in Spanish, the remaining questions will be printed and have to be answered in English to assess English reading comprehension.

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 75 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 (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 75% or better to pass the knowledge portion of the exam.

• For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Tennessee. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing. Before you start your exam, the Knowledge Test Proctor (KTP) will walk you through a ten-question practice test pertaining on how to navigate your exam.

An audio (Oral) version of the knowledge test is available in English or Spanish. However, you must request an Oral test before you submit your testing fee payment. The questions are read to you, in a neutral manner, from a cassette player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test. For WebETest© you will hear the questions on the computer headphones/earbuds and have control buttons on the computer screen (play, rewind, pause etc.).

Please note: On the Spanish Oral Knowledge Test, only the first 65 questions will be read in Spanish, the remaining questions will be read and answered in English to assess English reading comprehension.

Word-for-word language translation dictionaries are allowed during testing. You must show the translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary, if there is, it will not be allowed. Electronic translation dictionaries or dictionaries with definitions are not allowed during testing.

D&S DT conducts BETA testing of questions to gather statistical data for use in constructing future tests. You may be asked to volunteer to answer these additional questions. Your responses will not affect your test score.

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

Knowledge Test Content

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

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

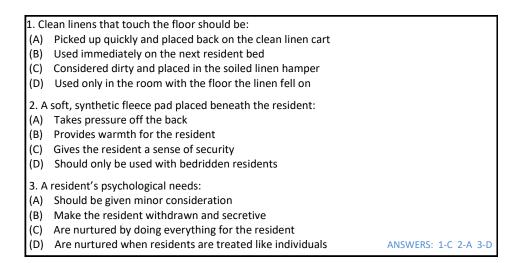
EFFECTIVE: December 1, 2020

Aging Process	4
Basic Nursing Skills	11
Care Impaired	5
Communication	6
Data Collection	4
Disease Process	5
Infection Control	5
Mental Health	4
Personal Care	7
Resident Rights	5
Role and Responsibility	11
Safety	8

Knowledge Practice Test

D&S DT-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 <u>www.hdmaster.com</u>. 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 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.



Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee approved nursing assistant 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.
- Your skill test will be scenario based. Listen carefully to each scenario as it is read to you by the RN Test Observer. Scenarios are randomly selected by the computer. The scenarios will direct you to demonstrate one or more of the tasks listed in this handbook and each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your Skill Test. 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, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step. 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 (35) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each demonstration, 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 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.

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

 Exception: There are steps that require you to verbalize the steps you are performing while you are physically demonstrating the task.

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 scenario which requires recording a count or measurement. You will be asked to sign your recording form during the equipment/supplies demonstration before you start your skill test.

Candidate's Name:	PLEA	SE PRINT	
TEMPERATURE:	PULSE:	RESPIRATIONS:	
URINARY OUTPUT:	cc/ml	WEIGHT:	Ibs.
BLOOD PRESSURE:			
GLASS 1: GLASS 2:			
TOTAL FLUID INTAKE: _	cc/ml	FOOD INTAKE:	%
Candidate's Signature:			

Skill Test Scenarios

You will be assigned one of the following four scenarios with embedded hand washing as your first mandatory scenario:

- Bedpan and Output with required Hand Washing
- Catheter Care for a Female with required Hand Washing
- Isolation Gown and Gloves and Emptying a Urinary Drainage Bag with required Hand Washing
- Perineal Care for a Female with required Hand Washing

You will also receive an additional two (2) or three (3) randomly selected scenarios from the skill task scenario listing below. The scenarios will direct you to demonstrate one or more of the tasks listed in this handbook and each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent. Scenarios are randomly assigned by the WebETest[©] skill test assignment algorithm. These selected scenarios will make up your personalized skill test.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit. The only exception is after completing the first mandatory task of hand washing, you may verbalize when you would wash your hands during your remaining four tasks.

The steps that are listed for each scenario are the steps required for a nursing assistant 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 scenarios (the catheter care and perineal care of a female scenarios will be done on a manikin). You will be scored only on the steps listed. You must have a score of 80% on each scenario 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 scenarios on your retest will be a scenario you previously failed. There will always be one of the first mandatory scenarios of hand washing to start each Skill Test. The other scenarios included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of

D&S Diversified Technologies LLP Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

time to complete. The RN Test Observer will observe your demonstrations of your skill scenarios and record what she/he sees you do. D&S DT scoring teams will officially score and double check your test.

Please note: The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Tennessee nursing assistant 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.

Hand Washing

- (Mandatory first scenario) HAS BEEN REMOVED AS A STAND-ALONE TASK
- 1) Knocks on door.
- 2) Introduces self to the resident.
- 3) Turns on water.
- 4) Wets hands.
- 5) Applies soap to hands.
- 6) Rubs hands together using friction.
- 7) Rubs hand together for at least 20 seconds.
- 8) Interlaces fingers pointing downward.
- 9) Washes all surfaces of hands and wrists with soap.
- 10) Rinses hands thoroughly under running water with fingers pointed downward.
- 11) Dries hands on clean paper towel(s).
- 12) Turns off faucet with a clean dry paper towel(s). (Does not use a previously used paper towel to turn off the faucet.)
- 13) Discards paper towels into trash container as used.
- 14) Does not re-contaminate hands at any point during the procedure.

Ambulation with a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of the hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Obtain gait belt.
- 5) Lower bed until resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 6) Lock bed brakes to ensure resident's safety.
- 7) Lock wheelchair brakes to ensure resident's safety.
- 8) Bring resident to sitting position and places gait belt around waist to stabilize trunk. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid slippers.
- 10) Bring resident to standing position using proper body mechanics.

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 11) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate resident at least 10 steps to the wheelchair.
- 12) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 13) Use proper body mechanics at all times.
- 14) Remove gait belt.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Ambulation with a Walker

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Lower bed until resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 5) Lock bed brakes to ensure resident's safety.
- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Bring resident to sitting position.
- 8) Assist resident to put on non-skid slippers.
- 9) Position walker correctly.
- 10) Assist resident to stand. Ensure resident has stabilized walker.
- 11) Position self behind and slightly to side of the resident.
- 12) Safely ambulate resident at least 10 steps to the wheelchair.
- 13) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety using correct body mechanics.
- 14) Maintain respectful, courteous interpersonal interactions at all times.
- 15) Place call light or signaling device within easy reach of the resident.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

<u>Backrub</u>

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Assist resident to turn onto side away from the candidate toward the center of the bed.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 6) Verbalize exposing back.
- 7) Verbalize pouring a small amount of lotion onto own hands and rub hands together to warm.
- 8) Rub entire back in upward, outward motion.
- 9) Return resident to a position of comfort and safety.
- 10) Lower bed.
- 11) Maintain respectful, courteous interpersonal interactions at all times.
- 12) Place call light or signaling device within easy reach of the resident.
- 13) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Bed Bath (partial)- Whole Face and One Arm, Hand and Underarm

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed between mid-thigh and waist level.
- 6) Cover resident with a bath blanket or clean sheet.
- 7) Remove remaining top bed covers. Fanfold to bottom of bed or place aside.
- 8) Remove resident's gown without exposing resident and place soiled gown in designated laundry hamper.
- 9) Fill basin with comfortably warm water and place on over-bed table or bedside stand.
- 10) Wash and dry face WITHOUT SOAP.
- 11) Place towel under arm, only 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) Dispose of soiled linen in designated laundry hamper.
- 17) Empty, rinse and dry equipment and return to storage.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Bedpan and Output with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Puts on gloves.
- 6) Position resident on bedpan correctly and safely using correct body mechanics.
- 7) Raise head of the bed to a comfortable level.
- 8) Leave call light or signaling device and tissue within reach of the resident. Candidate indicates they are providing privacy by stepping behind the privacy curtain. When signaled by the RN Test Observer, candidate returns.
- 9) Gently remove the bedpan and holds while RN Test Observer adds a known quantity of fluid.
- 10) Place graduate on the designated level, flat surface.
- 11) Empty urine from bedpan into graduate.
- 12) With graduate at eye level on the previously designated flat surface, measure output.
- 13) Empty equipment used into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 14) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hand with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 16) Wash/assist resident to wash and dry hands with soap and water AFTER removing gloves.
- 17) Record output on previously signed recording form.
- 18) Candidate's measured output reading is within 30cc/ml of RN Test Observer's pre-measured output reading.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Wash hands: Turn on water.
- 22) Wash hands: Wet hands.
- 23) Wash hands: Apply soap to hands.
- 24) Wash hands: Rub hands together using friction with soap.
- 25) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 26) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 27) Wash hands: Wash all surfaces of hands and wrists with soap.
- 28) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 29) Wash hands: Dry hands on a clean paper towel(s).
- 30) Wash hands: Turn off faucet with a clean, dry paper towel.
- 31) Wash hands: Discard paper towels to trash container as used.

32) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Blood Pressure

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to resident.
- 4) Provide privacy for resident pull curtain.
- 5) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position approximately at the level of the heart.
- 6) Roll resident's sleeve up about five (5) inches above the elbow.
- 7) Apply the appropriate size cuff around the upper arm just above the elbow.
- 8) Clean earpieces of stethoscope appropriately and place in ears.
- 9) Locate the brachial artery.
- 10) Place stethoscope over brachial artery.
- 11) Hold stethoscope snugly in place.
- 12) Inflate cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.
- 13) Slowly release air from cuff to disappearance of pulsations. Remove cuff.
- 14) Record reading on previously signed recording form.
- 15) Candidate's recorded systolic blood pressure is within 4mmHg of the RN Test Observer's recorded systolic blood pressure.
- 16) Candidate's recorded diastolic blood pressure is within 4mmHg of the RN Test Observer's recorded diastolic blood pressure.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Catheter Care for a Female with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to resident.
- 4) Provide privacy for resident pull curtain.
- 5) Fill basin with comfortably warm water and place basin on over-bed table or bedside stand.
- 6) Cover resident with a bath blanket or clean sheet to maintain privacy *BEFORE* putting on gloves.
- 7) Put on gloves AFTER gathering supplies and preparing the area.
- 8) Verbalize and physically check to see that urine can flow unrestricted into the drainage bag.
- 9) Verbalize and physically check the area around the urethra for signs of leakage.
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.

Headmaster LLP

EFFECTIVE: December 1, 2020

- 11) Hold catheter near the urethra to prevent tugging on cathether and clean 3-4 inches away from the urethra down the drainage tube.
- 12) Clean with strokes only away from the urethra, using a clean portion of the wash cloth with each stroke.
- 13) Using a clean wash cloth, rinse using strokes away from urethra. Use a clean portion of the wash cloth with each stroke.
- 14) Pat dry with a clean towel.
- 15) Do not allow the tube to be pulled at any time during the procedure.
- 16) Replace top cover over resident and remove bath blanket or sheet. Dispose soiled linen in the designated laundry hamper.
- 17) Leave resident in a position of safety and comfort.
- 18) Empty, rinse and dry the equipment and return equipment to storage.
- 19) Remove gloves turning inside out as they are removed and dispose in the appropriate container.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Wash hands: Turn on water.
- 23) Wash hands: Wet hands.
- 24) Wash hands: Apply soap to hands.
- 25) Wash hands: Rub hands together using friction with soap.
- 26) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 27) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 28) Wash hands: Wash all surfaces of hands and wrists with soap.
- 29) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 30) Wash hands: Dry hands on a clean paper towel(s).
- 31) Wash hands: Turn off faucet with a clean, dry paper towel.
- 32) Wash hands: Discard paper towels to trash container as used.

33) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Denture Care

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Place a protective lining (wash cloth or cloth towel) in the sink basin to help prevent damage to the dentures.
- 5) Put on gloves AFTER gathering supplies and preparing the area.
- 6) Remove dentures from cup.
- 7) Handle dentures carefully to avoid damage.
- 8) Rinse denture cup.
- 9) Apply cleaning solution and thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures. (Toothettes may be utilized instead of a toothbrush as long as all the surfaces listed are cleaned.)

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 10) Rinse dentures using clean cool water.
- 11) Place dentures in rinsed cup.
- 12) Add cool clean water to denture cup.
- 13) Rinse and dry equipment and return to storage.
- 14) Discard protective lining in an appropriate container.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in an appropriate container.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Dressing a Bedridden Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise bed the between mid-thigh and waist level.
- 6) Keep resident covered while removing gown.
- 7) Remove gown from unaffected side first.
- 8) Place used gown in designated laundry hamper.
- 9) Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 10) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.
- 11) Assist the resident to raise her/his buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 12) When dressing the resident in pants, always dress from the affected (weak) side leg first.
- 13) When putting on the resident's socks, the draw the socks up the resident's foot until they are smooth.
- 14) Leave the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Feeding a Dependent Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Look at diet card and verbally indicate that resident has received the correct tray.
- 5) Position the resident in an upright position. At least 45 degrees.
- 6) Protect clothing from soiling by using napkin, clothing protector, or towel.
- 7) Wash the resident's hands with soap and water BEFORE feeding.
- 8) Rinse and dry the resident's hands BEFORE feeding.
- 9) Discard soiled linen designated laundry hamper.
- 10) Sit down in a chair facing the resident while feeding the resident.
- 11) Describe the foods being offered to the resident.
- 12) Offer fluid frequently from each glass.
- 13) Offer food in small amounts at a reasonable rate, allowing resident time to chew and swallow.
- 14) Wipe resident's hands and face during meal at least once.
- 15) Leave resident clean and in a position of comfort.
- 16) Record intake in percentage of total solid food eaten on previously signed recording form.
- 17) Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 18) Record estimated intake as the sum total fluid consumed from the two glasses in cc/ml on the previously signed recording form.
- 19) Candidate's recorded sum total consumed fluid intake is within 30cc/ml of the RN Test Observer's recorded fluid intake.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

<u>Hair Care</u>

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Place a towel on resident's shoulders.
- 5) Ask resident how they would like their hair combed.
- 6) Comb/brush resident's hair gently and completely.
- 7) Discard soiled linen in designated laundry hamper.
- 8) Leave hair neatly brushed, combed or styled.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 9) Maintain respectful, courteous interpersonal interactions at all times.
- 10) Place call light or signaling device within easy reach of the resident.
- 11) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Isolation Gown and Gloves and Emptying a Urinary Drainage Bag with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Unfold the gown.
- 3) Face the back opening of the gown with seams and tags on the inside.
- 4) Place arms through each sleeve.
- 5) Fasten the neck opening behind the neck.
- 6) Secure the waist making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves overlapping gown sleeves at the wrist.
- 8) Knock on door.
- 9) Explain procedure to be performed to the resident.
- 10) Provide privacy for resident pull curtain.
- 11) Place a clean barrier on the floor under the drainage bag (paper towel or linen).
- 12) Place the graduate on the previously placed barrier. Open the drain to allow the urine to flow into the graduate until the bag is empty.
- 13) Avoid touching the graduate or urine in the graduate with the tip of the tubing. Close the drain.
- 14) Wipe the drain with an uncontaminated antiseptic wipe.
- 15) Place graduate on the designated level, flat surface and at eye level, measure output.
- 16) Empty graduate into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 17) Discard barrier in the appropriate container.
- 18) Leave resident in a position of comfort and safety.
- 19) Record output in cc/ml on the previously signed recording form.
- 20) Candidate's measured output reading is within 25cc/ml of RN Test Observer's output reading.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Remove gloves BEFORE removing gown, turning inside out as they are removed.
- 24) Dispose the gloves in the designated biohazard container.
- 25) Unfasten the gown at the neck AFTER gloves have been removed.
- 26) Unfasten the gown at the waist *AFTER* gloves have been removed.
- 27) Remove the gown by folding soiled area to soiled area.
- 28) Dispose of gown in the designated biohazard container.
- 29) Wash hands: Turn on water.
- 30) Wash hands: Wet hands.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 31) Wash hands: Apply soap to hands.
- 32) Wash hands: Rub hands together using friction with soap.
- 33) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 34) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 35) Wash hands: Wash all surfaces of hands and wrists with soap.
- 36) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 37) Wash hands: Dry hands on a clean paper towel(s).
- 38) Wash hands: Turn off faucet with a clean, dry paper towel.
- 39) Wash hands: Discard paper towels to trash container as used.

40) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Making an Occupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Gather linen and transport linen correctly without touching uniform.
- 4) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 5) Explain procedure to be performed to the resident.
- 6) Provide privacy for resident pull curtain.
- 7) Raise the bed to between mid-thigh and waist level.
- 8) Resident is to remain covered at all times.
- 9) Assist resident to turn onto side away from the candidate toward the center of the bed.
- 10) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 11) Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold the remaining half of the clean bottom sheet.
- 12) Secure two fitted corners.
- 13) Assist the resident to roll onto his/her other side over the clean bottom linen.
- 14) Remove soiled linen without shaking and place in designated laundry hamper.
- 15) Avoid placing soiled linen on the over-bed table, chair or floor.
- 16) Avoid touching linen to uniform.
- 17) Pull through and smooth out the clean bottom linen leaving tight and free of wrinkles.
- 18) Secure the other two fitted corners.
- 19) Place resident on her/his back maintaining correct body alignment (must verbalize checking for correct body alignment).
- 20) Ensure that the resident never touches the bare mattress at any time during the procedure.
- 21) Place clean top linen and blanket or bed spread over covered resident. Remove used linen making sure the resident is unexposed at all times.
- 22) Dispose of soiled linen in designated laundry hamper.
- 23) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 24) Make mitered corners at the foot of the bed.
- 25) Apply clean pillow case, with zippers and/or tags to inside.
- 26) Gently lift resident's head when replacing the pillow.

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EFFECTIVE: December 1, 2020

- 27) Leave bed neatly and completely made.
- 28) Lower bed.
- 29) Maintain respectful, courteous interpersonal interactions at all times.
- 30) Place call light or signaling device within easy reach of the resident.
- 31) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Making an Unoccupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Gather linen and transport correctly without touching uniform.
- 4) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Remove soiled linen from bed without touching uniform.
- 7) Place removed linen in designated laundry hamper.
- 8) Do not put soiled linen on the over-bed table or clean or dirty linen on the floor.
- 9) Apply bottom fitted sheet, keeping it straight and centered.
- 10) Make bottom linen smooth and/or tight, free of wrinkles.
- 11) Place clean top linen and blanket or bed spread on the bed.
- 12) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 13) Make mitered corners at the foot of the bed.
- 14) Apply clean pillow case, with zippers and/or tags to inside.
- 15) Leave bed completely and neatly made.
- 16) Lower bed.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care—Brushing Teeth

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Drapes the resident's chest with towel to prevent soiling.
- 6) Put on gloves *AFTER* gathering supplies and preparing the area.
- 7) Wet toothbrush and apply a small amount of cleaning solution.

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EFFECTIVE: December 1, 2020

- 8) Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. (If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed are cleaned.)
- 9) Brush the resident's tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth, remove soiled linen and place in designated laundry hamper.
- 12) Empty, rinse and dry emesis basin.
- 13) Rinse toothbrush or dispose of toothette in the appropriate container.
- 14) Return equipment to storage.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Leave resident in position of comfort.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care of a Comatose Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Position resident in semi-Fowler's position with head turned well to one side or position resident on side as appropriate to avoid choking or aspiration.
- 6) Drape resident's chest/bed as needed to protect from soiling.
- 7) Put on gloves *AFTER* gathering supplies and preparing area.
- 8) Apply a small amount of cleaning solution to a swab(s).
- 9) Gently and thoroughly brush the inner, outer, and chewing surfaces of all upper and lower teeth.
- 10) Gently and thoroughly brush the gums.
- 11) Gently and thoroughly brush the resident's tongue.
- 12) Clean/wipe and dry mouth area.
- 13) Return resident to position of comfort and safety.
- 14) Rinse, dry and return equipment to storage. Discard disposable items in designated container. Discard soiled linen in designated laundry hamper.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.

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- 16) Maintain respectful courteous, interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Nail Care One Hand

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Immerse nails in comfortably warm water and soak for at least five (5) minutes. (Verbalize to soak nails for at least five minutes.)
- 5) Dry hand thoroughly, specifically dry between fingers.
- 6) Gently clean under nails with an orange stick.
- 7) Gently push cuticle back with orange stick.
- 8) File each fingernail.
- 9) Rinse and dry equipment and return to storage. Discard soiled linen in designated laundry hamper.
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place call light or signaling device within easy reach of the resident.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Perineal Care for a Female with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident/mannequin.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Fill basin with comfortably warm water. Place basin on over-bed table or bedside stand.
- 7) Prepare area and gather supplies.
- 8) Place bath blanket or clean sheet over resident *BEFORE* putting on gloves.
- 9) Put on gloves.
- 10) Expose perineum only.
- 11) Verbalize separating labia while physically separating the labia.
- 12) Use water and soapy wash cloth (no peri-wash).
- 13) Clean both sides of the labia from front to back using a clean portion of a wash cloth with each single stroke.

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EFFECTIVE: December 1, 2020

- 14) Clean middle of labia from front to back using a clean portion of a wash cloth for each single stroke.
- 15) Rinse both sides of labia from front to back.
- 16) Rinse middle of labia from front to back.
- 17) Use a clean portion of a wash cloth with each single stroke.
- 18) Pat dry.
- 19) Cover the exposed area with the bath blanket or clean sheet.
- 20) Assist resident (manikin) to turn onto side away from the candidate toward the center of the bed.
 - a. RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.
- 21) Use a clean wash cloth with water and soap (no peri-wash).
- 22) Clean rectal area from vagina to rectum with single strokes using a clean portion of a wash cloth with each single stroke.
- 23) Rinse area from front to back using a clean portion of the wash cloth with each single stroke.
- 24) Pat dry.
- 25) Position resident (manikin) on her back.
- 26) Dispose of soiled linen in a designated laundry hamper.
- 27) Empty, rinse, dry and return equipment to storage.
- 28) Remove gloves by turning inside out as they are removed and dispose of gloves in an appropriate container.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place call light or signaling device within easy reach of the resident.
- 32) Wash hands: Turn on water.
- 33) Wash hands: Wet hands.
- 34) Wash hands: Apply soap to hands.
- 35) Wash hands: Rub hands together using friction with soap.
- 36) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 37) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 38) Wash hands: Wash all surfaces of hands and wrists with soap.
- 39) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 40) Wash hands: Dry hands on a clean paper towel(s).
- 41) Wash hands: Turn off faucet with a clean, dry paper towel.
- 42) Wash hands: Discard paper towels to trash container as used.

43) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Position Resident on Side

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident and how the resident may help.
- 4) Provide privacy for resident pull curtain.

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EFFECTIVE: December 1, 2020

- 5) Position bed flat.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) From the working side of the bed, move resident's upper body toward self.
- 8) From the working side of the bed, move resident's hips toward self.
- 9) From the working side of the bed, move resident's legs toward self.
- 10) Assist/turn resident on her/his side. (The correct side that is read to you by the RN Test Observer).
- 11) Verbalize while physically checking to ensure that the resident's face never becomes obstructed by the pillow.
- 12) Check to be sure resident is not lying on her/his downside arm.
- 13) Protect bony prominences by placing support devices such as pillows/wedges/blankets, etc., under the resident's head, upside arm, behind back and between knees.

14) Ensure resident is in correct body alignment (must verbalize checking).

- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Range of Motion for Hip and Knee

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat).
- 7) Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 8) Move the entire leg away from the body and verbalize abduction. (*Must verbalize name of the motion.*)
- 9) Move the entire leg back toward the body and verbalize adduction. (*Must verbalize the name of the motion.*)
- 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 and verbalize flexion. (Must verbalize the name of the motion.)
- 13) Straighten the knee and hip and verbalize extension. (Must verbalize the name of the motion.)
- 14) Complete flexion and extension of knee and hip at least three times.
- 15) Do not force any joint beyond the point of free movement.

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EFFECTIVE: December 1, 2020

- 16) Candidate <u>must ask</u> resident at least once during the ROM exercise if there is/was any discomfort/pain. Does not cause discomfort or pain at any time during ROM.
- 17) Leave resident in a comfortable position.
- 18) Verbalize while physically checking that resident is in good body alignment.
- 19) Lower bed.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Range of Motion for Shoulder

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat) on back.
- 7) Correctly support the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 8) Raise resident's arm up and over the resident's head and verbalize flexion. (*Must verbalize the name of the motion.*)
- 9) Bring the resident's arm back down to the resident's side and verbalize extension. (Must verbalize the name of the motion.)
- 10) Complete flexion and extension of shoulder at least three times.
- 11) Continue to correctly support joint by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 12) Move the resident's entire arm out away from the body and verbalize abduction. (*Must verbalize the name of the motion.*)
- 13) Return the resident's arm to the middle of the resident's body and verbalize adduction. (Must verbalize the name of the motion.)
- 14) Complete abduction and adduction of the shoulder at least three times.
- 15) Do not force any joint beyond the point of free movement.
- 16) Candidate <u>must ask</u> at least once during the ROM exercise if there was any discomfort/pain. Does not cause any discomfort or pain at any time during the ROM.
- 17) Leave resident in a comfortable position.
- 18) Verbalize while physically checking that resident is in good body alignment.
- 19) Lower bed.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Obtain a gait belt.
- 5) Position wheelchair at the foot or head of the bed.
- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Lock bed brakes to ensure resident's safety.
- 8) Adjust bed height to ensure resident's feet will be flat on the floor when sitting on the edge of the bed.
- 9) Assist resident to sitting position and place gait belt around the resident's waist to stabilize trunk. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 10) Assist in putting on non-skid slippers.
- 11) Grasp gait belt with both hands.
- 12) Bring resident to a standing position using proper body mechanics.
- 13) With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from bed to wheelchair.
- 14) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 15) RN Test Observer will tell the candidate to transfer the resident back into the bed.
- 16) Bring resident to standing position, using proper body mechanics.
- 17) With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from wheelchair back to the bed.
- 18) Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.
- 19) Assist resident in removing non-skid slippers.
- 20) Remove gait belt.
- 21) Assist resident to move to center of the bed and lie down.
- 22) Make sure resident is comfortable.
- 23) Verbalize while physically checking that resident is in good body alignment.
- 24) Maintain respectful, courteous interpersonal interactions at all times.
- 25) Place call light or signaling device within easy reach of the resident.
- 26) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Vital Signs - Oral Temperature, Pulse and Respirations

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Apply sheath or clean thermometer with an alcohol pad.
- 6) Turn on digital oral thermometer and gently insert bulb end of thermometer in mouth under tongue.
- 7) Hold thermometer in place for appropriate length of time.
- 8) Remove thermometer and <u>read</u> and <u>record the temperature reading</u> on the previously signed recording form.
- 9) Candidate's recorded temperature varies no more than .1 degree from the RN Test Observer's recorded temperature.
- 10) Wipe thermometer clean with alcohol pad or discard sheath.
- 11) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 12) Count resident's <u>pulse</u> for 60 seconds or 30x2 and <u>record pulse rate</u> on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.

13) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.

- 14) Count resident's <u>respirations</u> for 60 seconds or 30x2 and <u>record respirations</u> on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.

15) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.

- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Vital Signs - Axillary Temperature, Pulse and Respirations

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Apply sheath or clean thermometer with an alcohol pad.
- 6) Turn on digital oral thermometer.
- 7) Dry inner armpit and place thermometer in center of the axilla.

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EFFECTIVE: December 1, 2020

- 8) Hold thermometer in place for appropriate length of time.
- 9) Remove thermometer and <u>read</u> and <u>record the temperature reading</u> on the previously signed recording form.
- **10)** Candidate's recorded temperature varies no more than .1 degree from the RN Test Observer's recorded temperature.
- 11) Wipe thermometer clean with alcohol pad or discard sheath.
- 12) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 13) Count <u>pulse</u> for 60 seconds or 30x2 and <u>record pulse rate</u> on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.
- 14) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.
- 15) Count <u>respirations</u> for 60 seconds or 30x2 and <u>record respirations</u> on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.
- 16) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Weighing an Ambulatory Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Balance scale before weighing resident or zeros if using an analog scale.
- 5) Lock wheelchair brakes to ensure resident's safety.
- 6) Assist resident to stand and walk resident to the scale.
- 7) Assist resident to step on the scale.
- 8) Check that resident is balanced and centered on the scale with arms at sides and not holding on to anything that would alter reading of the weight.
- 9) Appropriately adjust weights until scale is in balance or observe the analog scale.
- 10) Read weight and return resident to wheelchair and assist resident to sit in the wheelchair.
- 11) Record weight on the previously signed recording form.
- 12) Candidate's recorded weight varies no more than 2 pounds from RN Test Observer's recorded weight.

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Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

- 13) Maintain respectful, courteous interpersonal interactions at all times.
- 14) Place call light or signaling device within easy reach of the resident.
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Knowledge Test Vocabulary List

enteuge rese roour
abandonment
abdominal thrust
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute
adaptive
adaptive devices
adaptive equipment
adduction
ADL
admission
admitting resident
advance directives
afebrile
affected side
aging process
agitation
AIDS
alarm
alternating pressure mattress
Alzheimer's
Alzheimer's care
ambulation

ry List
amputees
anatomy
anger
angina
antibiotics
anti-embolitic stocking
anxiety
aphasia
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
authorized duty
axillary temperature
bacteria
bargaining
basic needs
basic skin care
bath water temperature
bathing
bed cradle

bed makingbed positionbed railsbed railsbed restbed sorebehaviorbehavioral care planbeliefsbiohazardbladder trainingblood pressurebody alignmentbody systembody systembody temperaturebowel programbreathingburnoutburnoutcancercardiopulmonary resuscitationcardiovascular system	
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cancer cardiac arrest cardiopulmonary resuscitation	burns
cardiac arrest cardiopulmonary resuscitation	call light
cardiopulmonary resuscitation	cancer
	cardiac arrest
cardiovascular system	cardiopulmonary resuscitation
/	cardiovascular system



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Tennessee Nursing Assistant Candidate Handbook

care impaired
care plan
care planning
cast
cataract
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
chain of command
charge nurse
chemical restraint
chemical safety
chemotherapy
CHF
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
colostomy bag
colostomy care
coma
combative resident
comfort care
communicable

communication
compression
conduct
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
continuity
contracture
converting measures
COPD
coughing excessively
CPR
cueing
CVA
cyanotic
data collection
death and dying
decubitus ulcer
deeper tissue
defamation
dehydration
delegation
dementia
denial
denture care
dentures
depression
development

developmental disability
diabetes
diabetic
dialysis
diastolic
diet
digestion
dilate
discharging resident
disease
disease process
disinfection
disoriented
disoriented resident
disposing of contaminated materials
disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dressing
droplets
drowsy
drug tolerance
dying
dysphagia
dyspnea
dysuria
edema
elastic
elastic stockings
elderly



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Tennessee Nursing Assistant Candidate Handbook

elevate head
elimination
emesis
emesis basin
emotional abuse
emotional needs
emotional stress
emotional support
empathy
emphysema
end of life care
enema
epilepsy
ethics
evacuation
eye glasses
falls
false imprisonment
fasting
fecal impaction
feces
feeding
financial abuse
fire
fire safety
first aid
flatus
flexed
flexion
Foley catheter
foot care
Fowler's
fractures
fraud

frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatrics
germ transmission
gerontology
gestures
gifts
glass thermometer
gloves
grand mal seizure
grieving process
group settings
hair care
hallucination
hand tremors
hand washing
hazardous substance
health care team
hearing
hearing aid
hearing impaired
hearing loss
heart muscle
heat application
height
hemiplegia
НІРАА
HIV
hormones
hospice

hospice carehydrationhyperglycemiahypertensionhyperventilationhypoglycemial&O (input and output)immobilityimmuneimpairedincontinenceinfectioninfection controlinfection preventioninfectious diseasein-house transferinitial observationsinput and outputinsomniainsomniainsulinintake and outputinterpersonal skillsinvasion of privacyisolation	
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invasion of privacy	integumentary system
	interpersonal skills
isolation	invasion of privacy
	isolation
isolation precautions	isolation precautions
jaundice	jaundice
job description	job description
kidney failure	kidney failure
life support	life support

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Tennessee Nursing Assistant Candidate Handbook

lift/draw sheet
linen
listening
log roll
loose teeth
low sodium diet
making occupied bed
manipulative behavior
Maslow
masturbation
material safety data sheets
MDS
measuring height
measuring temperature
mechanical lift
mechanical soft diet
medical asepsis
medical record
medications
memory loss
mental health
mentally impaired
metastasis
microorganism
minerals
misappropriation
mobility
mouth care
moving
MSDS
mucous membrane
multiple sclerosis
musculoskeletal
musculoskeletal system

nail care
neglect
negligence
new resident
non-contagious disease
non-verbal communication
nosocomial
NPO
nurse's station
nursing assistant's role
nutrition
objective
objective data
OBRA
observation
official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
over-bed table
oxygen
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance

passivepathogenpatienceperineal carepersonal belongingspersonal carepersonal itemspersonal protective equipmentpersonal stresspersonal valuespet therapyphantom painphone etiquettephysical needspostmortem carepostmortem carepostural supportsPPE (personal protective equipment)preventing fallspreventing injuryprofessional boundariesprojectionprostate glandprosthesispsychological needsprosthesis	
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	prosthesis
psychosis	psychological needs
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Tennessee Nursing Assistant Candidate Handbook

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reporting abuse
reposition
resident abuse
resident belongings
resident centered care
resident identification
resident independence
resident pain
resident pictures
resident right
resident treatment
resident unit
Resident's Bill of Rights
resident's chart
resident's environment

resident's families respectful treatment respiration respiratory symptoms respiratory system responding to resident behavior responsibility restorative care restraint resuscitation rights rigidity risk factor rotation safety scabies scale seclusion security seizure self-esteem sensory system sexual harassment sexual harassment sexual needs sexual needs	
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side rails Sims position skilled care facility skin integrity	Shaving
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skin integrity	Sims position
	skilled care facility
slander	skin integrity
	slander

smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum test
standard precautions
STAT
stealing
sterilization
stethoscope
stomach
stress
stroke
strong side
subjective
subjective data
sundowning
supine
suprapubic
survey
swelling
systolic
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thickened liquids
threatening resident
tips



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Tennessee Nursing Assistant Candidate Handbook

toenails
toileting schedule
trachea
transfers
transporting
transporting food
tub bath
tube feeding
tubing
twice daily
tympanic
tympanic temperature
unaffected
unconscious
urethral

urinary catheter bag
urinary problems
urinary system
urinary tract
urination
urine
validation
validation therapy
violent behavior
vision change
vital signs
vitamins
vocabulary
vomitus
walker

wandering resident		
water faucets		
water intake		
water temperature		
weak side		
weakness		
weighing		
weight		
well-balanced meal		
well-being		
wheelchair safety		
white blood cells		
withdrawn resident		
workplace violence		



Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: December 1, 2020

Notes: