

Nursing Assistant Training Performance Skill Evaluation



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Illinois Department of Public Health

**This instructional packet was developed collaboratively by the Illinois Department of Public Health
and Illinois Nurse Assistant/Aide Training Competency Evaluation Program**

INTRODUCTION

This manual will serve as a guide to understanding the Illinois Nursing Assistant Training Competency Evaluation Program (NATCEP). An individual who has successfully completed an approved Basic Nursing Assistant Training Program (BNATP) in Illinois or has been granted an equivalency based on training as outlined in Section 300.663 of the Skilled Nursing and Intermediated Care Facilities Code (77 Illinois Administrative Code 300) is eligible to be competency tested. There are two components to the competency examination: a performance skills evaluation and a written examination.

This manual also describes BNATP instructor qualifications including the role of an Approved Evaluator. This manual includes instructions for administering the performance skills portion of the NATCEP. The 21 Performance Skills that must be demonstrated according to established standards by a Certified Nursing Assistant (CNA) as part of the NATCEP are identified and outlined.

All training program instructors are responsible for assuring that their CNA students are competent to perform the performance skills listed on the clinical skills checklist of each respective BNATP. This clinical skills list shall include, but not be limited to, the 21 Performance Skills identified in this manual.

BNATP INSTRUCTOR QUALIFICATIONS

Each instructor in a BNATP shall be approved by Illinois Department of Public Health (IDPH) prior to instructing either in a classroom or clinical setting. Instructor requirements which can be found in Section 395.160 of the Long-Term Care Assistants and Aides Training Programs Code (77 Illinois Administrative Code 395) are detailed in this manual.

Requirements for Clinical Instructor

Each course instructor shall be a registered nurse with a minimum of two years nursing experience, who has no other duties while engaged in the training program. An Instructor shall be required to have one year of experience as a registered nurse in one or both of the following areas:

- Teaching an accredited nurse's training program.
- Caring for the elderly or for the chronically ill of any age through employment in a nursing facility, extended care unit, geriatrics department, chronic care unit, hospice, swing bed unit of a hospital, or other long-term care setting.

Requirements for Theory Instructor

Each theory course instructor shall:

- Meet the Clinical Instructor Requirements, and
- Possess at least one of the following qualifications:
 - A valid Illinois teaching certificate or a provisional certificate.
 - A certificate indicating completion of a Department approved train the trainer workshop/program.
 - Evidence of at least one semester of formal teaching experience.
 - College course work during the previous six years, which includes at least one course in teaching/learning principles, curriculum development, teaching methods, or instructional techniques.

Requirements for Alzheimer's Content Instructor

- Each instructor shall be a registered nurse, who has no other duties while engaged in the training program.
- Each instructor shall also possess at least one of the following qualifications:
 - At least one year of experience providing services for patients with Alzheimer's disease and related dementias and at least one semester of formal teaching experience.
 - Documentation of completion of a specialized workshop, course, seminar or other training for instruction in Alzheimer's disease and related dementias.

Requirements for CPR Content Instructor

Each CPR Content Instructor shall possess current documentation of training at the health care provider level or health care provider instructor level from a nationally recognized program. This is the minimal level necessary for approval to teach the required four hours of CPR content in BNATP. Examples of documentation are valid cards from:

- American Heart Association: BLS for Healthcare Provider
- American Red Cross: CPR/AED for the Professional Rescuer

Documentation of unexpired CPR certification at the appropriate level must be maintained and provided to the Department.

Requirements for Special Content Instructor

Special Content Instructors in a BNATP must have at least one year experience in their fields of expertise. These would include, but not be limited to, registered nurses, licensed practical nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts.

Requirements for Approved Evaluator

An Approved Evaluator is:

- a registered nurse who has successfully completed a Department-sponsored evaluator workshop,
- meets the Clinical Instructor Requirements in Section 395.160 (77 Illinois Administrative Code 395), and
- an individual who has no fiduciary connection with the facility by which the candidate is employed or will be employed within 30 days of the evaluation.

ROLE OF APPROVED EVALUATOR

One of the roles of the Approved Evaluator is to ensure that the competency level of the CNA students' clinical skills meets the standards of performance according to this manual. An individual seeking employment as a Certified Nursing Assistant in Illinois shall successfully complete an approved Basic Nursing Assistant Training Program and pass the Illinois Nursing Assistant Training Competency Evaluation Program which consists of two components:

1. The written examination
2. The performance skills evaluation

Each BNATP shall have an Approved Evaluator who conducts the performance skills evaluation for each student by hands-on return demonstrations. This person can be one of the course instructors who is also an Approved Evaluator. This evaluator shall evaluate each student on the required Performance Skills.

If the BNATP is facility-based, the facility must engage an Outside Approved Evaluator who has no fiduciary connection with the facility in which the student is employed or will be employed within 30 days of the evaluation. This Outside Approved Evaluator is required to follow the guidelines developed by the IDPH Nursing Assistant Advisory Committee and is detailed in this manual.

An Approved Evaluator is also able to evaluate the performance skills as part of the CNA Recertification Process according to the established guidelines. This process is detailed later in this manual.

INSTRUCTIONS FOR ADMINISTERING THE COMPETENCY SKILLS EVALUATION

Process Evaluation

All performance skill evaluations are process evaluations. The focus is on accurate and positive outcomes for the resident.

Process evaluations are used to determine how well a task is performed, so it is necessary to observe each step of the task in order to ensure that it was done correctly. Successful performance of the task should result in positive outcomes for the resident. For example, the process of performing hair care should result in the resident being comfortable while the activity is being performed; the outcome is that the resident looks nice.

Additional Resource

Illinois Occupational Skill Standards Nursing Cluster
(<http://www.ioes.org/illinoisoccupationalskillstandards.html>)

Although not mandated, this tool is highly recommended by the Illinois Department of Public Health (IDPH) to expand the current tool. It can be used to teach and test additional performance skills. Although there are multiple skills listed for nursing assistants, the Department only requires competency testing on 21 of those skills. One of the 21 skills is not listed separately; it is “dressing a client” which is included as part of morning care.

Administration of Competency Evaluation

The test is administered on a one-to-one basis. This means that an evaluator cannot test more than one student at a time. If the Performance Skills are evaluated in the classroom or laboratory setting, the time is counted as theory. Only skills performed on actual residents can be counted as clinical hours.

Resident rights and preferences are to be observed at all times. It is not acceptable to ask residents to leave their room in order to administer the skills portion of the competency examination. Visitors may be asked to leave the room but are not required to do so.

Basic principles for resident care are the same for both portions of the test. They are safety, infection control, and resident rights. It is possible for a student to fail although every step of a skill was followed. In this case, the reason for failure must be written on the evaluator’s report form.

Three examples follow:

- In providing oral hygiene, a student performs each step. However, the student becomes upset and tells the resident, “Sit down and shut up.” The student fails because the statement is a violation of resident rights.
- A student drops the spoon being used to feed a resident. The student picks up the spoon and continues to feed the resident. The student fails because this is a violation of infection control procedures.
- While making an occupied bed, the student leaves a window open. The temperature outside is very cold and the air is blowing directly on the resident. The student fails because this is a violation of safety.

Each program will determine how many opportunities will be given to students to pass each performance skill evaluation. If a student fails any of the Performance Skills, the evaluator shall not sign the class roster with that student’s name on it.

**INSTRUCTIONS FOR OUTSIDE EVALUATORS FOR FACILITY BASED
NURSING ASSISTANT TRAINING PROGRAMS**

For facility-based programs, the Clinical Instructor shall evaluate the students on all 21 Performance Skills according to the established standards. The facility must engage an Outside Approved Evaluator who has no fiduciary connection with the facility in which the student is employed or will be employed within 30 days of the evaluation.

This Outside Approved Evaluator is required to evaluate the Performance Skills using the method stated below. Evaluators who are testing students for recertification may use these guidelines.

The first skill all students must successfully demonstrate before the evaluation of any other skills from Group A or Group B is WASH HANDS.

Two skill sets must be selected from Group A in the table below.

Two skill sets must be selected from Group B in the table below.

| Group A | Group B |
|---|--|
| <ol style="list-style-type: none"> 1. Measure and Record Temperature, Pulse, Respiration and Blood Pressure 2. Transfer Resident to Wheel-chair Using a Transfer Belt 3. Perform Passive Range of Motion 4. Place Resident in Side-Lying Position | <ol style="list-style-type: none"> 1. Feed a Resident 2. Measure and Record Height and Weight 3. Calculate Intake & Output 4. Perform Oral Hygiene |

Each program will determine how many opportunities a student is given to pass each of the selected performance skills evaluation. If a student fails any of the above skills, the evaluator shall not sign the class roster with that student's name on it.

The program sponsor is responsible for assuring that the Approved Evaluator uses the standardized tools and the IDPH instructions for administering the exam contained in this manual. Also it is the responsibility of the program sponsor to assure that the Approved Evaluator meets the requirements as defined in Section 395.50 of the Long Term Care Assistant and Aides Training Programs Code.

RECERTIFICATION PROCESS INFORMATION FOR THE APPROVED EVALUATOR

Since April of 1999 the Department has approved a “testing only” process for the nursing assistant to recertify if he/she has NOT provided a minimum of eight hours nursing or nursing- related services for pay within a consecutive 24 month period. The Approved Evaluator providing this service must be knowledgeable of the overall process. This document explains this process of recertification including the responsibilities of the nursing assistant seeking recertification and the responsibilities of the Approved Evaluator performing the evaluation.

Nursing Assistant Responsibilities:

The first responsibility of the inactive Nursing Assistant is to contact the Nurse Aide Testing office at Southern Illinois University Carbondale. He/She will be directed to fill out and submit the online recertification form found in the Popular Links Box on the www.nurseaidetesting.com website. Once the Nursing Assistant’s information has been verified and updated on the Registry, they will receive a letter and other instructional documentation by email. The letter outlining the process and procedure is summarized below:

In order for a nursing assistant to be eligible for recertification, he/she must:

1. Not have any administrative findings of abuse, neglect or theft.
2. Have an Illinois State Police (ISP) Criminal History Records Check recorded on the Health Care Worker Registry (HCWR), that was conducted pursuant to the Health Care Worker Background Check Act, and shows no disqualifying offense(s); or, if there is a disqualifying offense(s), a waiver must have been granted. If there is no FEE_APP or CAAPP background check on the HCWR, the nursing assistant must contact the registry for instructions before proceeding with the evaluation.
3. Demonstrate competence in the required Performance Skills as defined in Section 395.50 of the Illinois Administrative Code. It is suggested that a minimum of five skills be tested, but each candidate must be prepared to be tested on all 21 skills as the candidate will not be notified as to which skills will be tested. These Skills must be evaluated by an Approved Evaluator in accordance with the established guidelines. The nursing assistant must successfully pass this Performance Skills evaluation before applying to take the state written competency exam. The nursing assistant should click the ‘Listings of Approved Independent Evaluators by County’ found on the home page of www.nurseaidetesting.com or a community college for Approved Evaluator contact information or availability.
4. Pass the state written competency examination which is administered by Southern Illinois University Carbondale (SIUC), Illinois Nurse Assistant Training Competency Evaluation Program at various sites throughout the state. The website, www.nurseaidetesting.com, provides test site dates and locations, a practice test and answers to frequently asked questions.

Once the evaluation has been completed, the Approved Evaluator shall submit the individual’s

name and information onto a roster using the INACE program and the individual shall receive an email informing them of their eligibility to register for the written exam. The nursing assistant will then create an account and register for testing by locating a test site in their area through their INACE account. After the nursing assistant has taken the written exam, test results are uploaded to the Health Care Worker Registry the following week and the nursing assistant shall be required to check the Registry for their results. The nursing assistant shall have one year from the date of completion of the evaluation in which to take the written exam.

If an individual fails the state written competency exam three times, he/she must successfully complete a Department approved BNATP before taking the exam again.

Contact information: Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761; Phone: 217-785-5133; Fax: 217-524-0137

Contact Information: Nurse Aide Testing, Southern Illinois University Carbondale, 1840 Innovation Drive, Suite 103, Carbondale, IL 62903; Phone: 877-262-9259; Fax: 618-453-4300; email: inat@siu.edu.

Approved Evaluator Responsibilities

PRIOR to administering the required performance skills test, the Approved Evaluator must verify the nursing assistant has been processed by requesting a copy of the letter that was provided to him/her by SIUC. By requesting a copy of the letter, the Approved Evaluator has verified that the nursing assistant has been properly processed.

The evaluation of the required performance skills must be conducted in compliance with the “Nursing Assistant Training Performance Skill Evaluation Standards”. The skills must be performed according to established standards.

The Approved Evaluator may establish his/her own fee for this service.

Approved Evaluator Contact Information

To assist the nursing assistant in locating an Approved Evaluator willing to evaluate the required Performance Skills as part of the recertification process, a listing which includes contact information is maintained by Nurse Aide Testing—Southern Illinois University Carbondale. To be included on the Registry contact list, an Approved Evaluator should complete the Approved Evaluator Authorization Form. The completed form should be faxed or mailed to Nurse Aide Testing--SIUC according to the instructions provided on the form.

The Registry provides the contact information according to the Approved Evaluator Authorization Form to the nursing assistant seeking recertification.

The forms, CNA Recertification Process Approved Evaluator Authorization and CNA Recertification Process – Performance Skills Verification Form – Code 9996, found on pages 9 and 10 can be copied and used as needed.

Date: _____
To: Health Care Worker Registry
From: Approved Evaluator
Subject: CNA Recertification Process Approved Evaluator Authorization

As an Approved Evaluator, I wish to participate in the performance skills evaluation process to evaluate nursing assistants as part of the recertification process. I have read the requirements and understand my role and responsibilities in this process. I further agree to follow the established guidelines in administering the performance skills evaluation.

I have completed the information section below so that the Department can provide my name and contact information to those nursing assistants seeking recertification.

NAME: _____
Print or Type Signature

CONTACT INFORMATION: Provide all contact information for Department purposes; please mark which contact information area(s) to be released to the nursing assistant seeking recertification.

_____ release this contact info
Phone Number (include area code)

_____ release this contact info
E-mail Address

_____ release this contact info
Street Address

_____ State _____ Zip Code
City

Please fax this completed form to the SIUC Nurse Aide Testing Office at 618-453-4300, email to inat@siu.edu or mail to:

Nurse Aide Testing, SIUC
1840 Innovation Drive, Suite 103
Carbondale, IL 62903



Manual Skills Evaluation Form

Southern Illinois University Nurse Aide Testing
1840 Innovation Drive, Suite 103, Carbondale, IL 62903
Phone: 877-262-9259 Fax: 618-453-4300 Email: inat@siu.edu

The nursing assistant listed below was previously deemed competent as a certified nurse aide either by evaluation (grandfathered in - military trained - nursing student - foreign LPN/RN – inactive out of state CNA) or by completing an Illinois Approved Nurse Aide Training Program. This individual has not worked for pay for 24 consecutive months or longer since his or her last Competency Exam. This individual is now taking steps to regain his or her approved certification.

I have administered the Manual Skills Competency Test to this individual and he or she has successfully passed.

* All form fields are required.

| | |
|----------------------------------|-----------------------|
| CNA's Name (Print or Type) | _____ |
| Social Security Number | _____ |
| Date of Birth | _____ |
| CNA's Email | _____ |
| Street Address | _____ |
| City, State, Zip Code | _____ / _____ / _____ |
| Telephone | _____ |
| Skills Evaluation Site | _____ |
| Evaluator's Code | _____ |
| Evaluator's Email | _____ |
| Evaluator's Name (Print or Type) | _____ |
| Evaluator's Signature | _____ |
| Date Completed | _____ |

Distribution: Give one copy to nurse aide. Keep a copy for your records.

Use your Approved Evaluator (AE) credentials to submit applicant information through the INACE online registration system.

Selected Manual Performance Skills

The selected 21 performance skills have been identified through the federal legislation that gives guidance to the Illinois Nurse Aide Competency Evaluation. A separate performance skill checklist is provided for each of the following skills:

- Performance Skill #1 Wash hands
- Performance Skill #2 Perform Oral Hygiene
- Performance Skill #3 Shave a Resident
- Performance Skill #4 Perform Nail Care
- Performance Skill #5 Perform Perineal Care
- Performance Skill #6 Give Partial Bath
- Performance Skill #7 Give a Shower or Tub Bath
- Performance Skill #8 Make Occupied Bed
- Performance Skill #9 Dress a Resident
- Performance Skill #10 Transfer Resident to Wheelchair Using a Transfer Belt
- Performance Skill #11 Transfer Using Mechanical Lift
- Performance Skill #12 Ambulate with Transfer Belt
- Performance Skill #13 Feed A Resident
- Performance Skill #14 Calculate Intake and Output
- Performance Skill #15 Place Resident in a Side-Lying Position
- Performance Skill #16 Perform Passive Range of Motion
- Performance Skill #17 Apply and Remove Personal Protective Equipment
- Performance Skill #18 Measure and Record Temperature, Pulse and Respiration
- Performance Skill #19 Measure and Record Blood Pressure
- Performance Skill #20 Measure and Record Weight
- Performance Skill #21 Measure and Record Height

STUDENTS MUST SHOW COMPETENCE IN ALL 21 OF THESE PERFORMANCE SKILLS IN ORDER TO SUCCESSFULLY COMPLETE A BASIC NURSING ASSISTANT TRAINING PROGRAM.

Performance Skills 1, 8, 11, 12, 14, 17, 18, 19, 20, 21 can be performed in a lab setting.

Beginning and Completion Tasks

Performance skills 2-21 have “Beginning” and “Completion” tasks as defined below. Refer back to this page as necessary for the steps of those tasks.

BEGINNING TASKS

1. Wash Hands.
2. Assemble Equipment.
3. Knock and pause before entering.
4. Introduce self and verify resident identity as appropriate.
5. Ask visitors to leave.
6. Provide privacy for the resident.
7. Explain the procedure and answer questions.

Note: Let the resident assist as much as possible and honor preferences.

COMPLETION TASKS

1. Position the resident comfortably.
2. Remove or discard gloves/protective equipment.
3. Wash hands.
4. Return the bed to an appropriate position.
5. Place signal cords, phone and water within reach of the resident.
6. Conduct general safety check/resident and environment.
7. Open the curtains.
8. Care for the equipment as necessary.
9. Wash hands.
10. Let visitors reenter, as appropriate.
11. Report completion of task, as appropriate.
12. Document actions and observations.

Performance Skill # 1 WASH HANDS

STANDARD: HANDS ARE WASHED WITHOUT RECONTAMINATION.

While equipment may vary, the principles noted on the competency exam must be followed at all times.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|----|--|--|
| 1 | Stood so that clothes did not touch sink. | |
| 2 | Turned on water and adjusted temperature to warm; left water running. | |
| 3 | Wet wrists and hands; kept hands lower than level of elbow throughout procedure. | |
| 4 | Applied soap or cleaning agent to hands using available products. | |
| 5 | Washed hands and wrists using friction for 15-20 seconds. | |
| 6 | Rinsed hands and wrists well under running water with fingertips pointed down. | |
| 7 | Dried hands thoroughly with paper towel(s) from fingertips to wrists. | |
| 8 | Disposed of used paper towel(s). | |
| 9 | Used dry paper towel between hand and faucet to turn off water. | |
| 10 | Disposed of used paper towels. | |

Performance Skill # 2
PERFORM ORAL HYGIENE

STANDARD: MOUTH, TEETH AND/OR DENTURES WILL BE FREE OF DEBRIS.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Positioned resident. | |
| 3 | Cleaned oral cavity using appropriate oral hygiene products. | |
| 4 | Rinsed oral cavity. | |
| 5 | Repeated steps 3 and 4 until oral cavity was clean. | |
| 6 | Cleaned and rinsed teeth, dentures if applicable. | |
| 7 | Assisted resident to clean and dry mouth area. | |
| 8 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 3 SHAVE A RESIDENT

STANDARD: RESIDENT IS FREE OF FACIAL HAIR WITH NO ABRASIONS OR LACERATIONS.

This care must be provided to a resident.

The student is assigned the task of shaving a resident's (preferably male) face. The evaluator must obtain a list of residents who need to be shaved and for whom shaving is not contraindicated. Example: Residents taking anticoagulants should not be assigned.

Directions: Place a "p" for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Positioned resident. | |
| 3 | Shaved resident: | |
| | A. Non-Electric Shave: | |
| | a. Applied shaving cream or soap. | |
| | b. Shaved resident, holding skin taut and using single, short strokes primarily in the direction of the hair growth rinsing razor frequently. | |
| | c. Rinsed face with warm cloth. | |
| | d. Applied after shave product as appropriate. | |
| | e. Discarded razor into the appropriate container. | |
| | OR | |

Performance Skill # 3
SHAVE A RESIDENT (CONTINUED)

| | | |
|---|--|--|
| | B. Electric Shave: | |
| | a. Checked to be sure that the razor was clean. | |
| | b. Verified that the resident was prepared with a clean, dry face. | |
| | c. Turned on razor, observing precautions for using electrical equipment. | |
| | d. Shaved resident by holding skin taut and moving the razor over a small area of the face in the direction of the hair growth until the hair was removed. | |
| | e. Cleaned the razor after use. | |
| | f. Applied after shave product as appropriate. | |
| 4 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 4 PERFORM NAIL CARE

STANDARD: FINGERNAILS ARE CLEAN AND SMOOTH.

This care must be provided to a resident.

IMPORTANT: Do not assign residents with diabetes to students for nail care. Facility policies may vary in the area of nail care; at all times, facility policies must be observed.

NOTE: CNAs are not to trim the toenails of residents.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Washed, soaked and dried the resident’s hands. | |
| 3 | Cleaned the nails. | |
| 4 | Clipped one nail at a time, so that edges are smooth according to resident preference. | |
| 5 | Filed nails, as needed, smoothing rough areas. | |
| 6 | Applied lotion as needed. | |
| 7 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 5 PERFORM PERINEAL CARE

STANDARD: PERINEAL AREA IS CLEAN.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

| | | |
|----|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Filled basin with water at correct temperature to resident preference, if applicable. | |
| 3 | Covered the resident appropriately to avoid exposure and maintain dignity. | |
| 4 | Placed a waterproof pad under buttocks. | |
| 5 | Positioned resident appropriately. | |
| 6 | Wet washcloths and applied cleansing solution. | |
| 7 | <p>Washed perineal area:</p> <p style="margin-left: 40px;">A. Females: Separated the labia, cleaned front to back using downward strokes. Used a clean area of the cloth for each downward motion. Repeated using additional cloths, as needed.</p> <p style="margin-left: 40px;">B. Males: Retracted foreskin in uncircumcised male. Grasped penis, cleaned tip of penis using a circular motion, washed down shaft of the penis and washed testicles. Replaced foreskin of uncircumcised male.</p> | |
| 8 | Rinsed the perineal area, if applicable. | |
| 9 | Turned the patient on their side facing away. Cleaned anal area by washing from front to back. | |
| 10 | Patted area dry, if applicable. | |
| 11 | Removed waterproof pad and discarded. | |
| 12 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 6 GIVE PARTIAL BATH

STANDARD: DESIGNATED BODY AREAS, INCLUDING THE PERINEAL AREA,
ARE WASHED, RINSED AND DRIED.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Prepared resident for partial bath. | |
| 3 | Filled basin with water at correct temperature to resident preference. | |
| 4 | Washed, rinsed and dried face, hands, axilla, perineal area and other areas as appropriate. | |
| 5 | Removed linen used for bathing and placed in appropriate container. | |
| 6 | Prepared resident for dressing. | |
| 7 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 7 GIVE A SHOWER OR TUB BATH

STANDARD: BODY IS CLEAN USING A SHOWER OR TUB BATH.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Prepared resident for shower or tub bath. | |
| 3 | Adjusted water temperature to resident preference throughout bath. | |
| 4 | Washed, rinsed and dried in appropriate head to toe sequence allowing for resident independence. | |
| 5 | Shampooed hair as appropriate. | |
| 6 | Prepared resident to leave shower or tub bath area. | |
| 7 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 8 MAKE OCCUPIED BED

STANDARD: OCCUPIED BED MUST BE NEAT, WRINKLE FREE WITH PERSON AND BED PLACED IN THE APPROPRIATE POSITIONS.

May be tested in the classroom or clinical setting.

The person must be in bed with the side rails up (if applicable) while the bed is being made. If side rails are not available, an alternative safety measure shall be used. When side rails are used as a safety measure during this procedure, care must be taken to prevent personal injury.

Dirty linen is defined as linen that contain no visible body fluids. Gloves may be worn when handling dirty linen. Soiled linen is defined as linen that may be contaminated with body fluids. Gloves shall be worn when handling soiled linen.

At the completion of this task the bed must be left in the appropriate position with side rails up or down as indicated by the needs of the individual (if side rails are available).

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Removed top linen, keeping person covered. | |
| 3 | Positioned individual on one side of bed with side rail up (if applicable) using appropriate safety measures on unprotected side, and using appropriate body mechanics. | |
| 4 | Tucked dirty linen under individual. Used gloves if linen is contaminated with blood or body fluids. | |
| 5 | Replaced bottom linen on first side. Tucked corners and sides neatly under mattress. | |
| 6 | Repositioned individual to other side using appropriate safety measures on unprotected side. | |
| 7 | Removed dirty linen by rolling together, held away from clothing, and placed dirty linen in appropriate container. Disposed of gloves, if used, and washed hands. | |

Performance Skill # 8

MAKE OCCUPIED BED (CONTINUED)

| | | |
|----|--|--|
| 8 | Completed tucking clean linen under mattress with corners and sides tucked neatly under mattress on the second side. | |
| 9 | Repositioned the individual to a comfortable position. | |
| 10 | Placed top sheet over individual. Removed dirty covering. Tucked bottom corners and bottom edge of sheet under mattress, as indicated. | |
| 11 | Placed blanket/spread over person. Tucked bottom corners and bottom edge of blanket/spread under mattress, as indicated. Pulled top edge of sheet over top edge of blanket/spread. | |
| 12 | Removed and replaced pillowcase appropriately. Replaced pillow under individual's head. | |
| 13 | Placed bed in appropriate position. | |
| 14 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 9 DRESS A RESIDENT

STANDARD: RESIDENT IS DRESSED IN OWN CLOTHING, INCLUDING FOOTWEAR, WHICH IS NEAT AND CLEAN. RESIDENT IS COMFORTABLE DURING DRESSING PROCEDURE AND CHOOSES OWN CLOTHING WHEN ABLE.

This care must be provided to a resident.

Clothing should consist of undergarments, dress, or shirt or blouse and pants, socks and footwear.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Asked resident preference and gathered resident’s own clean clothing. | |
| 3 | Dressed the resident in undergarments, top, pants (or dress) and footwear, as appropriate. | |
| 4 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 10 TRANSFER RESIDENT TO WHEELCHAIR USING A TRANSFER BELT

STANDARD: APPLIED TRANSFER BELT; ASSISTED RESIDENT TO STAND,
PIVOT AND SIT IN WHEELCHAIR WITH BODY ALIGNED.

This care must be provided to a resident.

This skill requires that a resident be transferred from the bed to a wheelchair with the use of a transfer belt which is also referred to as a gait belt.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|----|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Lowered bed to appropriate position. | |
| 3 | Positioned wheelchair at bedside. | |
| 4 | Locked brakes. | |
| 5 | Assisted resident to sitting position. | |
| 6 | Applied transfer belt firmly around the resident’s waist (should be adjusted to allow evaluator to place one or two fingers between the belt and the resident). | |
| 7 | Adjusted transfer belt over clothing so that buckle is off center. | |
| 8 | Applied non-skid footwear to resident. | |
| 9 | Grasped transfer belt on both sides with underhand grasp. | |
| 10 | Assisted resident to stand; pivot and sit in wheelchair. | |
| 11 | Placed resident’s feet on foot rests, if applicable. | |
| 12 | Aligned resident’s body in wheelchair. | |
| 13 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 11 TRANSFER USING A MECHANICAL LIFT

STANDARD: TRANSFERRED PERSON SAFELY UTILIZING A MECHANICAL LIFT.

May be tested in the classroom or in the clinical setting.

Followed facility policy for use of lift according to manufacturer's instructions.

Directions: Place a "p" for PASSED in the column to the right of the step when it is performed according to the standard.

| | | |
|----|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Identified appropriate lift for resident. | |
| 3 | Applied correct sling/belt. | |
| 4 | Attached sling/belt to mechanical lift. | |
| 5 | Verified resident's readiness for transfer. | |
| 6 | Operated the mechanical lift controls according to manufacturer's instructions. | |
| 7 | Maneuvered the lift safely. | |
| 8 | Lowered resident safely. | |
| 9 | Disconnected sling/belt from lift. | |
| 10 | Removed sling/belt if applicable. | |
| 11 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 12 AMBULATE WITH TRANSFER BELT

STANDARD: AMBULATED PERSON SAFELY UTILIZING TRANSFER BELT.

May be tested in the classroom or in the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

| | | |
|----|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Locked bed or chair wheels, if appropriate. | |
| 3 | Ensured the person was appropriately attired including non-skid footwear. | |
| 4 | Applied transfer belt firmly around person’s waist (should be adjusted to allow evaluator to place two fingers between the belt and the person.) | |
| 5 | Assisted the person to standing position. | |
| 6 | Stood at the person’s affected side (if applicable) while balance is gained. | |
| 7 | Ensured the person stood erect with head up and back straight, as tolerated. | |
| 8 | Assisted the person to walk. Walked to the side and slightly behind the person. Held transfer belt using under hand grasp. | |
| 9 | Encouraged the person to ambulate normally with the heel striking the floor first. Discouraged shuffling or sliding, if noted. | |
| 10 | Ambulated the required distance, if tolerated. | |
| 11 | Assisted the person to return to bed or chair. | |
| 12 | Removed transfer belt appropriately. | |
| 13 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 13 FEED A RESIDENT

STANDARD: RESIDENT IS FED PRESCRIBED DIET IN A COURTEOUS AND SAFE MANNER.

This care must be provided to a resident.

The student should be assigned to feed someone without any special feeding techniques required.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|----|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Prepared the resident for the meal (i.e. allowed resident to use toilet and wash hands). | |
| 3 | Positioned resident in sitting position as appropriate. | |
| 4 | Matched food tray/diet items with resident’s diet order. | |
| 5 | Matched food tray/dietary items with appropriate resident. | |
| 6 | Protected resident’s clothing, as appropriate or as resident prefers. | |
| 7 | Noted temperature of food and liquids to avoid food that is too hot or too cold. | |
| 8 | Fed moderate-sized bites with appropriate utensil. | |
| 9 | Interacted with resident as appropriate (i.e., conversation, coaxing, cueing, being positioned at eye level with the resident). | |
| 10 | Alternated liquids with solids, asking resident preference. | |
| 11 | Ensured the resident has swallowed food before proceeding. | |
| 12 | Cleaned resident as appropriate when completed. | |
| 13 | Removed tray, cleaned area. | |
| 14 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 14 CALCULATE INTAKE AND OUTPUT

STANDARD: TOTAL INTAKE AND OUTPUT QUANTITIES CALCULATED
WITHOUT ERROR.

May be tested in the classroom or the clinical setting.

The student is to measure intake and output in cubic centimeters (cc) or milliliters (ml).
The student may be told the fluid capacity of the containers (glasses, cups, bowls).

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Wrote down the intake and output amounts in the units used to measure the intake and output quantities (i.e., cc=cubic centimeters, ml=milliliters, oz=ounces). | |
| 3 | Converted the measured unit into the units to be recorded on resident intake and output chart. | |
| 4 | Calculated all the measured quantities listed as resident intake to obtain a total amount of intake for the time period. | |
| 5 | Added all the measured quantities listed as resident output to obtain a total amount of output for the time period. | |
| 6 | Recorded the total intake and output to be compared to the recorded intake and output calculation of the evaluator. | |
| 7 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 15 PLACE RESIDENT IN SIDE-LYING POSITION

STANDARD: BODY ALIGNED WITH DEPENDENT EXTREMITIES SUPPORTED
AND BONY PROMINENCES PROTECTED.

This care must be provided to a resident.

Either of two positions is acceptable: side-lying position or a variation in which knees are flexed with appropriate padding between the knees and ankles.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Raised side rail on unprotected side of bed (if applicable). | |
| 3 | Positioned resident on side in the center of the bed in side-lying position. | |
| 4 | Placed appropriate padding. | |
| | a. Behind back. | |
| | b. Under head. | |
| | c. Between legs. | |
| | d. Supporting dependent arm. | |
| 5 | Ensured resident is in good body alignment. | |
| 6 | Raised side rails, if appropriate. | |
| 7 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 16 PASSIVE RANGE OF MOTION

STANDARD: COMPLETED THREE DIFFERENT RANGE-OF-MOTION EXERCISES WITHOUT GOING PAST THE POINT OF RESISTANCE OR PAIN.

This care must be provided to a resident.

The body part to be exercised must be supported. The student is not to force a joint beyond its present range of motion or to the point of pain. The student is required to name the exercise being performed (e.g., abduction, flexion). The approved evaluator will verify the number of repetitions for the selected ROM exercise with the student.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Demonstrated three different range of motion movements. | |
| | a. Flexion and extension. | |
| | b. Abduction and adduction. | |
| | c. Pronation and supination. | |
| | d. Dorsal and plantar flexion. | |
| | e. Opposition. | |
| | f. Internal/External rotation. | |
| | g. Radial deviation and ulnar deviation. | |
| 3 | Supported the proximal and distal ends of the extremity or the joint itself. | |
| 4 | Observed the resident’s reaction during the procedure. | |
| 5 | Demonstrated or verbalized the need to stop moving if pain or resistance was noted. | |
| 6 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 17
APPLY AND REMOVE PERSONAL PROTECTIVE
EQUIPMENT

**STANDARD: APPLIED AND REMOVED PERSONAL PROTECTIVE EQUIPMENT
 WITHOUT CONTAMINATION.**

May be tested in the classroom or in the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

| | | |
|---|---|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Identified type of isolation required. | |
| 3 | Applied appropriate personal protective equipment outside the isolation room. | |
| | <ul style="list-style-type: none"> • Gown: Applied gown and secured it at neck and waist. | |
| | <ul style="list-style-type: none"> • Mask: Placed mask over nose and mouth, secured appropriately. | |
| | <ul style="list-style-type: none"> • Gloves: Applied gloves appropriately. | |
| 4 | Removed Personal Protective Equipment inside the isolation room. | |
| | <ul style="list-style-type: none"> • Gloves: Removed gloves appropriately. | |
| | <ul style="list-style-type: none"> • Gown: Removed gown appropriately. | |
| | <ul style="list-style-type: none"> • Mask: Removed mask appropriately. Washed hands. | |
| 5 | Discarded Personal Protective Equipment appropriately. | |
| 6 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 18
MEASURE AND RECORD
TEMPERATURE, PULSE, AND RESPIRATION

STANDARD: ORAL TEMPERATURE IS MEASURED TO WITHIN + OR – 0.2 DEGREES OF EVALUATOR’S READING UNLESS A DIGITAL THERMOMETER IS USED. RADIAL PULSE IS MEASURED TO WITHIN + OR – TWO BEATS OF EVALUATOR’S RECORDING OF RATE. RESPIRATION IS MEASURED TO WITHIN + OR – TWO RESPIRATIONS OF EVALUATOR’S RECORDING OF RATE.

May be tested in the classroom or in the clinical setting.

The evaluator must simultaneously count the rate for the length of time specified by the student and determine the correct rate.

Pulse and Respiration can not be a combined procedure; they must be measured separately.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

| | MEASURE ORAL TEMPERATURE: | |
|----|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Positioned resident, sitting or lying down. | |
| 3 | Activated the thermometer. | |
| 4 | Covered thermometer as appropriate. | |
| 5 | Placed the thermometer probe appropriately. | |
| 6 | Instructed the resident to close mouth around the thermometer. | |
| 7 | Stayed with the resident during the entire procedure. | |
| 8 | Removed the thermometer when appropriate. | |
| 9 | Read the thermometer. | |
| 10 | Recorded and reported the results within + or – 0.2 degrees of the evaluator’s recorded temperature reading. | |

Performance Skill # 18
**MEASURE AND RECORD
 TEMPERATURE, PULSE, AND RESPIRATION (CONTINUED)**

| | | |
|----|--|--|
| 11 | Performed completion tasks (refer to page 12 in this manual). | |
| | | |
| | MEASURE RADIAL PULSE: | |
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Positioned resident, sitting or lying down. | |
| 3 | Located radial pulse at wrist. | |
| 4 | Placed fingers over radial artery. Student does this first, then evaluator locates pulse on opposite wrist. | |
| 5 | Determined whether to count for 30 seconds or 60 seconds. | |
| 6 | Counted pulsations for 30 seconds and multiplied the count by 2; or for one minute if irregular beat. Student must tell when to start and end count. | |
| 7 | Recorded the pulse rate within + or – two beats per minute of pulse rate recorded by evaluator. | |
| | | |
| | MEASURE RESPIRATION: | |
| 8 | Positioned hand on wrist as if taking the pulse as appropriate. | |
| 9 | Determined whether to count for 30 seconds or 60 seconds. | |
| 10 | Counted respirations for 30 seconds and multiplied the count by 2; or for one minute if irregular. Student must tell when to start and end count. | |
| 11 | Recorded the respiratory rate within + or – two respirations per minute of respiratory rate recorded by evaluator. | |
| 12 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 19

MEASURE AND RECORD BLOOD PRESSURE

STANDARD: MEASURE AND RECORD BLOOD PRESSURE TO WITHIN + OR –
4MM OF THE EVALUATOR’S READING USING DUAL
STETHOSCOPE.

May be tested in the classroom or the clinical setting.

A teaching/training (dual head design) stethoscope must be used simultaneously by the student and the evaluator. On the exam itself, a safety issue is listed, “cuff deflated in a timely manner.” This means that the cuff should not be left inflated over the resident’s arm long enough to cause discomfort, discoloration or injury. In the event that a student is hearing impaired, that student will be allowed to use an amplified stethoscope.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|----|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Cleaned earpieces of stethoscope. | |
| 3 | Positioned resident sitting or lying. | |
| 4 | Made sure the room was quiet; turned down loud TV or radio. | |
| 5 | Selected the appropriate size cuff and applied it directly over the skin, above the elbow. | |
| 6 | Positioned the stethoscope over the brachial artery. | |
| 7 | Inflated the cuff per the instructor’s direction. | |
| 8 | Identified the systolic and diastolic measurements while deflating the cuff. | |
| 9 | Deflated the cuff in a timely manner. | |
| 10 | Re-measured, if necessary, to determine the accuracy (waited one minute if using the same arm or use the other arm, if appropriate). | |
| 11 | Recorded blood pressure measurement to be compared with the blood pressure recorded by the evaluator. | |
| 12 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 20 MEASURE AND RECORD WEIGHT

STANDARD: MEASURE AND RECORD WEIGHT TO WITHIN + OR – ½ POUND.

May be tested in the classroom or the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Balanced scale at zero. | |
| 3 | Weighed individual. | |
| | A. Individual who is able to stand to be weighed: | |
| | a. Placed paper towel on scale platform. | |
| | b. Assisted individual to stand on scale platform without footwear. | |
| | c. Read weight measurement. | |
| | d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator. | |
| | e. Assisted individual off of scale with appropriate assistance as necessary. | |
| | OR | |
| | B. Individual who is weighed by wheelchair or bed scale: | |
| | a. Sanitized wheelchair/bed scale according to facility policy. | |
| | b. Assisted individual on wheelchair scale or bed scale as appropriate. | |
| | c. Read weight measurement. | |
| | d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator. | |
| | e. Assisted resident off wheelchair/bed scale as appropriate. | |
| 4 | Returned scale balanced to zero. | |
| 5 | Performed completion tasks (refer to page 12 in this manual). | |

Performance Skill # 21 MEASURE AND RECORD HEIGHT

STANDARD: HEIGHT IS MEASURED TO WITHIN ½ INCH IN EITHER
STANDING OR NONSTANDING INDIVIDUAL.

May be tested in the classroom or the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

| | | |
|---|--|--|
| 1 | Performed beginning tasks (refer to page 12 in this manual). | |
| 2 | Measured height. | |
| | A. Individuals who are ABLE TO STAND: | |
| | a. Used appropriate measuring device. | |
| | b. Placed paper towel on platform as appropriate. | |
| | c. Instructed individual to stand erect without shoes. | |
| | d. Read height measurement. | |
| | e. Recorded height measurement and converted appropriately to be compared to the height measurement recorded by the evaluator. | |
| | OR | |
| | B. Individuals who are UNABLE TO STAND: | |
| | a. Position individual on side or back without shoes. | |
| | b. Used appropriate measuring device. | |
| | c. Read height measurement. | |
| | d. Recorded height measurement and converted appropriately to be compared with the height measurement recorded by the evaluator. | |
| | e. Repositioned individual, as necessary. | |
| 3 | Performed completion tasks (refer to page 12 in this manual). | |

