

	Score	Topics	Chapters	Hours
1-Feb 3, 2015		Orientation: Resident Rights;HIPAA	CH 1	0800-1500
2-Feb 4, 2015		OBRA; Facilities, Abuse & Neglect; Restraints	CH 2	0800-1500
3-Feb 10, 2015		Infection Control, OSHA,Safety	CH 3,4	0800-1500
4- Feb 11, 2015		Vital Signs; Restorative Care;Aging	CH 5,7	0800-1500
5-Feb 17, 2015		Bodily Functions; Personal Care	CH 4,6	0800-1500
6-Feb 18, 2015		Specific Illnesses & Reports	CH 4	0800-1500
7-Feb 24, 2015		Alzheimer's, Dementia, Cognitively Impaired	CH 5	0800-1500
8-Feb 25, 2015		Feeding Assistant Training;	CH 8	0800-1500
9-Mar 3,2015		Developmental Stages; Death & Dying	CH 3	0800-1500
10-Mar 4, 2015		Review; Terminology;Appendixes	Ch 10	0800-1500
11-Mar 10, 2015		Responding to Behaviors;Employment Preparation	CH 3	0800-1500
12-Mar 11, 2015		Body Mechanics; Hoyer training	CH 5	0800-1500
13-Mar 17, 2015		Written Final Exam;Skills Review & Practice		0800-1500
14-Mar 18, 2015		Skills Final Appointments-lab		0800-1500
			Total Class	Hours 91
Practicum				
1-Mar 31, 2015		Orientation to facility:On unit Practicum	Lifter Competencies	0630-1400
2-April 1, 2015		On Unit Practicum		0630-1400
3-April 7, 2015		On Unit Practicum		0630-1400
4-April 8, 2015		On Unit Practicum		0630-1400
5-April 14, 2015		On Unit Practicum		0630-1400
6-April 15, 2015		On Unit Practicum		0630-1400
7-April 21, 2015		On Unit Practicum		0630-1400
			Total Practicum	Hours 52
		Name:		
		Phone:		Total 143
		Email:		
		<i>Text:Hartman</i>		
		Time of class/practicum includes lunch;Lunch is not included in 143 hrs		
		1-Complete all the reading assignments before the day of class		
		2-There will be a quiz each day of classroom activity		

STATE CERTIFIED NURSING ASSISTANT CURRICULUM

The nursing assistant training program curriculum of HAWAII of July 21, 2014 is incorporated with the NATPs and determines whether a NATP qualifies to be a State certified NATP. This curriculum is thus submitted for approval of the Medicaid Agency.

Text: Hartman's Nursing Assistant Care, Edition 3
CNA Skills Booklet
Workbook

Classroom	Hours	Practicum	Hours
	1.0		1.0
<p>1. ORIENTATION: Introduction to the health care delivery system in Hawaii</p> <ul style="list-style-type: none"> a. Facilities for the aged: long term care facilities, b. assisted living, care home, Hospice, Home care, Rehabilitation p.1-2 c. Differentiate between acute, chronic and terminal illnesses p.1 d. OBRA : healthcare payment options; Medicare, Medicaid; essential functions of the nursing assistant as outlined in the different regulatory and professional guidelines. Role of the Ombudsman p.3,10 e. Discuss the chain of command and essential duties of the nursing team within a care facility: RN,LPN, NA, physician, Physical Therapist, Nurse Practitioner, APRN, Speech Therapist, and Social Worker p.5-7 f. Clarify certification, OBRA testing, and the State Registry p. 231-231 		<p>1. Communication cards: List favorite favorite food, pet, hobby, color-on cards, recite the, and try to remember favorites of each fellow student. This is to encourage interpersonal skills and memory through communication</p>	
	1.0		1.0
<p>2. DEMONSTRATES ETHICAL AND LEGAL BEHAVIOR THAT MAINTAINS RESIDENT'S RIGHTS</p> <ul style="list-style-type: none"> a. Maintains the standards set forth for the health care professions including state certification and renewal requirements including criminal conduct and current TB clearance and employment status b. Demonstrates professional behaviors 		<ul style="list-style-type: none"> a. Regulatory agencies and professional nursing assistant standards and scope of practice with discussion of functions, roles, limits and State certification process under Hawaii and Federal laws, OBRA, JCAHO, and OSHA. Handout-State Testing Application b. Characteristics of professional behavior such as: Dependable, Competent, Caring, Conscientious (including personal hygiene,honest, team player 	

- | | |
|---|---|
| <p>c. Accurately utilizes vocabulary terms related to ethical/legal behavior and resident rights</p> <p>d. Interprets, explains and applies the Resident's Bill of Rights</p> | <p>c. Key terms: abandonment, abuse (physical, sexual, verbal, emotional, involuntary seclusion, financial) Advance Directive, advocate, assault, battery, code of conduct, slander, libel, professional boundaries, ethics, false imprisonment, informed consent, invasion of privacy, physical and psychological neglect, privacy, Ombudsman, Privacy--personal, visits, telephone conversations, information about care, quality of life, restraints-chemical and physical, Self-determination Act, Standards of Care, theft
Discussion of terms; Jeopardy game of terms</p> <p>d. Free choice, freedom from abuse and restraints, privacy, HIPAA confidentiality of personal and clinical records accommodation of needs-physical and psychological, organize and participate in family and resident groups, participate in social, religious, and community activities, examine survey results and correction plans, manage personal funds, obtain information about eligibility for Medicare/Medicaid benefits, file complaints about abuse, neglect, or misappropriation of property, information about advocacy groups, immediate and unlimited access to family or relatives, share a room with partner with intimacy, use personal possessions, receive notification of change in condition
Round table discussion about Resident's Rights
Play Resident Rights Bingo</p> |
|---|---|

K-Knock (Privacy)

Apply Indirect Care Behaviors/Principles of care--
to performance of skills

A-address and check name band (Dignity
I-Introduce (Communication) & explain skill-ok?
P-Privacy curtain-close
B-Brakes (Safety) Wash Hands (Infection Control)
(Perform Skill)
A-Alignment (Safety)
B-Bed adjustment (Safety);
C-Call light & Comfort (Safety & Dignity)
Report & Record

	2.0		2.0
3. CPR/First AID/AED Basic Life Support for Healthcare Providers		AED practice First Aid skill practice Heimlich maneuver for choking	

Day One: 1.1 Identifies essential functions of the health care facility and states the differences between acute, long-term, assisted living, home care, rehabilitation and hospice.

Learning Goals: Identifies essential functions

Functions, similarities, differences in the following:

Acute care, Long-term care, assisted living, home care, rehabilitation

Learning Activities and/or Reading Assignment Resources:
Chapter 1

Time Allotted; 2 hours

1.2 Explains the essential duties of the nursing team within a care facility.

A. Identifies the essential function of the RN.

B. Identifies the essential function of the LPN.

C. Identifies the essential function of the nurse assistant.

D. Discuss the elements of a functioning team.

E. Works with other members of the team e.g., physician, dietician, Dietary Technician, Physical Therapist, Nurse Practitioner, speech therapist and Social Work

Functions and duties of nursing personnel:

A. RN

B. LPN

C. Nurse Assistant

D. Organization structure

E. Working with other members of the team e.g., physician, dietician, Dietary Technician, Physical Therapist, Nurse Practitioner, speech therapist and Social Worker

1.3 Explains the nursing assistant role as outlined in the different regulatory and professional guidelines.

Regulatory agencies and professional guidelines.

- Omnibus Budget Reconciliation Act (OBRA)
- Hawaii State Board of Nursing prescribed requirements for certification
- Hawaii State Board of Nursing prescribed requirements for recertification
- Standards of conduct (R4-19- 814)
- Ethics in the workplace Informed consent
- Advanced Directives/ do not resuscitate

1.4 Describes the delegation process.

Delegation process:

- Responsibility and accountability in delegation
- Factors affecting delegation
- Rights of delegation
- Accepting and refusing delegation

1.5 Demonstrates professional work habits and time management skills.

Guiding principles:

- Time management skills
- Application in the work setting
- Realistic resident care assignment load

1.6 Demonstrates appropriate stress relieving techniques.

Guiding principles:

- A. Stress management techniques
- B. Application in the work setting

Interprets, explains and
applies the Resident's Bill of Rights.

Principles and rationale of Resident's Rights (Right to?)

- A. Free choice
- B. Freedom from abuse and restraints
- C. Privacy
- D. Confidentiality of personal and clinical records (Health Insurance Portability and Accountability Act - HIPAA standards)

Accommodation of needs

- 1. Physical
 - 2. Psychosocial
- Organize and participate in family & resident groups
Participate in social, religious and community activities
Examine survey results and correction plans
Manage personal funds
Information about eligibility for Medicare/Medicaid benefits
File complaints about abuse, neglect or misappropriation of property
Information about advocacy groups
Immediate & unlimited access to family or relatives

Share a room with.
partner/intimacy
Perform or not perform work for the facility
Remain in the facility
Use personal possessions
Notification of change in condition

Provides for resident privacy.
Describes the resident's right to privacy.
Principles and rationale of right to privacy:

Review methods to maintain privacy (i.e. not taking VS in public areas such as the dining room).
Maintaining privacy while performing resident care.
Explains how the nursing
assistant can help the resident
maintain the right to privacy.
Maintains resident
confidentiality.
Describes the resident's right to confidentiality.
Identifies how the nursing

Principles and rationale of maintaining confidentiality:
A. HIPAA regulations on confidentiality "unintended receiver
B. Methods to protect the

assistant can protect the resident's right to confidentiality.
resident's right to confidentiality

Principles and rationale of promoting resident's personal choices:
Promotes the resident's right
to make personal choices to accommodate their needs.

Describes the resident's right to personal choice.
Offers choices when caring for residents.

Guidelines, examples situations describing the right to choose.
Methods to protect the resident's rights to make personal choices.
Guidelines in resolving grievances.

Gives assistance in resolving
grievances and disputes.
Describes the resident's right to voice disputes and grievances.
Explains the role of the nursing assistant when residents voice concerns, complaints or questions about treatment or care.

Key terms and concepts:

1. Grievance
2. Ombudsman
3. Resident's Council

Methods to resolve grievances and disputes within the nursing assistant role.
Security of residents' personal possessions.

Maintains care and security
of resident's personal
possessions.
Describes the resident's right related to the care and
security of personal possessions.
Explains the role of the nursing assistant in
safeguarding resident's personal possessions.

- A. Principles and rationale of safeguarding residents' personal possessions.
- B. Methods to care and secure residents' possessions.
 1. Safe for valuables
 2. Labeling personal items
and containers.

Promotes the resident's right
to be free from abuse, mistreatment and neglect.
Explains the role of the nursing assistant in
protecting the resident from abuse, mistreatment and neglect.
Describes types of elderly abuse.
Identifies signs of abuse.
Principles and rationale of protecting resident from abuse, mistreatment and neglect:

Signs of abuse, mistreatment and neglect.
Methods to protect the resident from abuse, mistreatment and neglect.
Signs of resident abuse
Reports any instance of
abuse, mistreatment or neglect to the appropriate supervisor.
Discuss the legal requirement and
consequences for failure to report abuse, mistreatment or neglect.
Reviews appropriate methods and chain of
command to report instances of abuse, mistreatment or neglect.

Principles and rationale to report abuse, mistreatment of neglect:
A. OBRA and state requirements 1. Employee responsibility 2. Consequences for failure
to report.
B. Methods to report abuse, mistreatment or neglect: 1. Chain of Command 2. Facility policy
3. Community agencies

Utilizes interventions that
minimize the need for restraints.
Identifies ethical and legal issues in the use of
restraints.
Describes the resident's right

Promotes resident independence.

Describes the resident's right related to self determination, self care and independence.
Identifies actions nursing assistants may take to promote resident independence.

2.11

Guidelines to support resident's independence.

- A. Principles and rationale of promoting resident independence.
- B. Methods to promote resident's independence.

Assists residents to participate in activities.

Describes the resident's right to participate in family and group activities.
Provides for activities of daily living and restorative activities for clients.

Guidelines to support resident's involvement in activities.

- A. Principles and rationale of assisting resident to participate in activities.
 - 1. Activities of Daily Living
 - 2. Family meetings
- B. Methods to assist resident to participate in activities.

Competency: Assists in identifying the mental health and social service needs of residents

Discuss basic human needs of Basic Human Needs the individual.

Identifies basic human needs A. Maslow's hierarchy and throughout the lifespan, Erickson's development including physical, socio- stages cultural, social service and

mental health needs.

Identifies the developmental tasks associated with the aging process.

B. Basic human needs of the adult moving from middle adulthood through late adulthood.

1. The young-old: 60-74 years

2. The middle-old: 75-84 years

3. The old-old: older than 85 years

C. Mental and behavior changes 1. Impact of restrictions such as reduced income on

psychosocial relationships. 2. Changes due to disease

Describes mental status and behavior changes.

Identifies the role of the elderly in the home and community, including cultural and religious aspects.
process and aging

D. Role of elderly in home and community.

Cultural and religious outlooks about older adults.

Changing family dynamics throughout aging.

Housing options as aging progresses.

Impact of retirement and increased time and availability.

3.2 Explains how cultural and spiritual attitudes may influence psychological responses.

A.

B.

Identifies ways to accommodate cultural and spiritual differences.

Identifies the nursing assistant's role in respecting cultural and spiritual differences.

Examples of cultural and spiritual preferences and responses that may influence the approach to caring for the resident.

DAY ONE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care, 3RD EDITION
WWW. 4YourCNA Skills Book & Video

- A. Health care beliefs.
- B. Sick care practices.
- C. Family members' roles.

Identifies sources of stress common to residents and residents.

DAY TWO**NURSE AIDE TRAINING PROGRAM****TEXT:** Hartman's Nursing Assistant Care
4YourCNA Skills Book

Classroom	Hours	Practicum	Hours
<hr/>		<hr/>	
3.0		1.0	
1. ABUSE AND NEGLECT		2. Seven types of abuse-memory pointer game	
a. Promoting the resident's right to be free from abuse, mistreatment, and neglect and reporting to appropriate facility/agency staff p. 11-19 Incident reports p.19 Policies, procedures, professionalism p.8-10		mental, isolation, verbal, physical, sexual (p.57), neglect, misappropriation of funds (emptying pockets)	
b. Avoiding the need for restraints in accordance with current professional standards p.179-181		a. Untangling and understanding restraints	
<hr/>		<hr/>	
2.0		1.0	
3. HIPAA p.16		3. Confidentiality scenarios p.16	
a. Provide privacy and maintenance of confidentiality p.190		HIPAA DVD	
b. Maintaining care and security of resident's personal possessions		a. Role play: admitting a resident with a "diamond" ring and dentures with "gold" inlays, p.161	
c. Promote residents' rights to make personal choices		Role play: choosing clothes to wear, food choices, p.201	
d. Assisting in resolving grievances and disputes		attending activities, resident council, family groups p.7,16	
e. Maintaining boundaries p. 13		b. Privacy with code status-scenarios	
f. Advance Directives p.68			
<hr/>		<hr/>	
1.0		1.0	
4. FIRE p. 34-35, 188 Facility procedures and protection of staff and residents		4. FIRE DVD	

2.0 Competency: Demonstrates ethical and legal behavior that maintains resident's rights.

2.1 Demonstrates ethical and legal behavior by
maintaining the standards set forth for the health care professions.

Explains the functions, roles responsibilities and legal limits of nursing assistant/practice.

Discuss the regulatory boards, state and federal statutes, rules and regulations, standards and legal and advisory
opinions that affect the practice of the nursing assistant.

Regulatory agencies and professional guidelines

.

Concepts of ethical and legal behavior for healthcare professional (emphasis on nursing assistant standards)

Functions, roles, limits and

state certification process

under the Hawaii State Board

of Nursing Standards of

Conduct for Nursing

Assistants; Federal) laws

regulating standards of

care/conduct(Omnibus

Budget Reconciliation Act -

OBRA); Joint Commission on

Accreditation of Healthcare Organizations (JCAHO)

standards and Occupational

Explains state certification
and renewal requirements for CNAs - include criminal conduct.
Identifies the standards of conduct that the nurse assistant must maintain in their daily care of residents.
Demonstrates professional behaviors.

Safety and Health Administration standards (OSHA)
Nursing Assistant Certification

Process for initial certification

Certification renewal requirements
b. Standards of conduct 1. Federal
Standards of Conduct for Nursing Assistants
JCAHO standards
OSHA standards
Characteristics of professional behavior (examples such as):
Caring
Competent

Conscientious (including personal hygiene) Courteous
Dependable/Timely

Accurately utilizes vocabulary words/terms related to ethical/legal behavior and resident rights.

Honest
Team player

Key Terms

Abandonment

Abuse

- a. Physical abuse
- b. Sexual abuse
- c. Verbal abuse
- d. Emotional abuse

Threats

Humiliation

- e. Involuntary seclusion f. Financial abuse

Advance Directive

Advocate

Assault

Battery

Code of conduct

Defamation of character

- a. Slander

- b. Libel

Dual relationship &
professional boundaries

Ethics

False imprisonment

Informed consent

Invasion of privacy

Neglect

- a. physical neglect
- b. psychosocial neglect

Ombudsman

Privacy

a. Personal b. Visits

c. Telephone
conversations

d. Information about
care

Quality of Life

Restraints

a. Chemical restraints

b. Physical restraints

Self-Determination Act

Standards of Care

Theft

Principles and rationale for the appropriate use of restraints.

Ethical and legal issues of using restraints.

1. JCAHO guidelines

2. Physician orders

3. Release restraints every 2 hours and document

4. Methods to avoid using restraints

Right to be free from restraint

Identifies the role of the nursing assistant in helping to keep the resident free from restraint.

Provides for resident's basic needs and re-applies restraints as appropriate.

Observes and reports resident's status while in protective devices.

.

1. Informed consent 2. Least restrictive form 3. Types of restraints

Physical

Chemical

Active restraint

Passive restraint

C. Alternative to restraints. 1. Diversion

2. Company

3. Activities

4. Exercise

5. Basic needs met 6. Other

D. Care of resident in restraint 1. observe according to
protocols

2. restraint removed, person

repositioned, basic needs met at least every 2 hours

E. Agency guidelines for checking resident and documentation

Interprets, explains and

applies the Resident's Bill of Rights.

Principles and rationale of Resident's Rights (Right to?)

Promotes resident

independence.

Describes the resident's right related to self determination, self care and independence.

Identifies actions nursing assistants may take to promote resident independence.

Guidelines to support resident's independence.

A. Principles and rationale of promoting resident independence.

B. Methods to promote resident's independence.

Assists residents to participate in activities.
Describes the resident's right to participate in family and group activities.
Provides for activities of daily living and restorative activities for clients.

Guidelines to support resident's involvement in activities.
A. Principles and rationale of assisting resident to participate in activities.
1. Activities of Daily Living 2. Family meetings
B. Methods to assist resident to participate in activities.

Competency: Assists in identifying the mental health and social service needs of residents

Discuss basic human needs of Basic Human Needs the individual.
Identifies basic human needs A. Maslow's hierarchy and throughout the lifespan, Erickson's development including physical, socio- stages cultural, social service and mental health needs.
Identifies the developmental tasks associated with the aging process.
B. Basic human needs of the adult moving from middle adulthood through late adulthood.
1. The young-old: 60-74 years
2. The middle-old: 75-84 years
3. The old-old: older than 85 years
C. Mental and behavior changes 1. Impact of restrictions such as reduced income on psychosocial relationships. 2. Changes due to disease

Describes mental status and behavior changes.
Identifies the role of the elderly in the home and community, including cultural and religious aspects.
process and aging

D. Role of elderly in home and community.
Cultural and religious outlooks about older adults.
Changing family dynamics throughout aging.
Housing options as aging progresses.
Impact of retirement and increased time and availability.

Explains how cultural and spiritual attitudes may influence psychological responses.

Identifies ways to accommodate cultural and spiritual differences.
Identifies the nursing assistant's role in respecting cultural and spiritual differences.

Examples of cultural and spiritual preferences and responses that may influence the approach to caring for the resident.

- A. Health care beliefs.
- B. Sick care practices.
- C. Family members' roles.

Identifies sources of stress common to residents and residents.

Defines stress.

Explains the difference between mental health and mental illness.

Identifies nursing assistant's responsibility of reporting signs and symptoms of stress and/or inappropriate coping mechanisms to supervisor.

Basic concepts of Mental Health.

- A. Definition of stress.
- B. Definition of mental health.
- C. Common causes of stress related to life stages.
 - 1. Signs and symptoms of stress
 - 2. Common coping mechanisms
 - 3. Potential for self harm

3.4 Provides appropriate care for residents with mental health problems.

Care for residents with common mental health problems.

- A. Anxiety
- B. Depression
- C. Affective disorders
- D. Schizophrenia
- E. Substance abuse
- F. Eating disorders
- G. Potential for self-harm

Modifies own behavior in
response to resident behavior.

Identifies the nursing assistant's role in maintaining a respectful attitude for the person who display difficult behavior of residents.

Identifies at least three effective approaches to managing difficult behavior of residents.

3.5

A. Nursing assistant role when interacting with residents exhibiting difficult behavior.

B. Effective approaches to managing difficult behaviors of residents.

1. Distraction.

Relaxation techniques

Calm environment

Adjusting time of care

Encouraging family
participation

DAY TWO

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book

DAY TWO

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book

Classroom	Hours	Practicum	Hours
	3.0		2.0
<p>1. INFECTION CONTROL</p> <p>a. Chain of infection can be challenged by handwashing p.43 Wash hands at start of shift, before and after contact with residents, after handling contaminated objects. . p.46</p> <p>b. Standard Precautions: treat all body fluids, blood, non-intact skin as if they were infected p.44-55 Wear gloves any time you may touch body fluids; perineal care, mouth care, shaving p.49 Transmission Precautions - Airborne, Contact, and Droplet (Isolation Precautions) require PPE p.51-55</p> <p>2. OSHA-OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION is a Federal government agency that makes rules to protect workers from hazards on the job-Your Right To Know</p> <p>a. Material Safety Data Sheet required for each dangerous chemical --safe handling and emergency response procedures provided by the employer p.33</p> <p>3. IDENTIFIES ENVIRONMENTAL SAFETY HAZARDS AND METHODS USED TO PREVENT ACCIDENTS</p> <p>4. DESCRIBES HOW TO USE SAFETY EQUIPMENT</p>		<p>1. HANDWASHING competency Handout Practice</p> <p>a. Personal Protective Equipment- don and remove practice-Handout & p.50</p> <p>b. Scavenger Hunt for OSHA sign, manual, MSDS book</p> <p>2. Scavenger hunt to locate environmental safety hazards: Wet floors, cluttered paths of travel, unlocked wheels, bed elevation, improper shoes or dress, slippery surfaces out-of-reach items, reduced lighting, frayed cords, uncontained chemicals, sharps, gas leaks</p> <p>3. Eye wash station, fire extinguishers, phone, alarms</p>	

2.0	3.0
<p>5. FIRE SAFETY AND DISASTER GUIDELINES p.34-35</p> <p>Refer to CPR/First Aid/AED training</p> <p>Define R.A.C.E</p> <p>Define P.A.S.S</p> <p>DISASTER-follow directions of Supervisor</p> <p>Study the facility policy and procedure ahead of time</p>	<p>4. Practice Rescue, Activate the Alarm, Close door or contain the fire, Evacuate as ordered by Supervisor</p> <p>With a fire extinguisher: Pull Aim Squeeze Sweep</p> <p>Scavenger Hunt for fire alarms, extinguishers, maps for evacuation, policy and procedure manuals</p>
<p>6. PROVIDES BASIC EMERGENCY CARE</p> <p>Applies principles of basic emergency care in resident care</p>	<p>5. Verbalizes and describes scenarios for: asphyxia, choking, anaphylaxis, chest pain, cardiac arrest, stroke/TIA, hemorrhage seizures, shock, fainting, burns, poisonings</p>

Competency: Maintains a safe environment for the resident and others
Principles of environmental safety.
Concepts to understand

1. Safety
2. Risk management
3. Accident/incident reporting 4. Safety hazards

Environmental safety plans,
policies, procedures and their purposes.

1. Safety/risk management 2. Disaster plans
3. Bomb threat
4. Infection control
procedures
5. Hazard communication 6. Radiation protection
measures 7. Fire plan
8. Evacuation plan (floor/exit plan)
9. Toxic chemical and

5.1 Identifies ways to promote safety and handle non-medical emergencies.

- A. Explains safety and risk management principles and concepts.
- B. Adheres to safety policies and plans of the facility.

C. Describes how to use safety equipment.
material safety data sheets

(MSDS) protocols 10. Oxygen Usage

C. Safety Equipment

1. Fire extinguishers 2. Eye wash station 3. Other

5.2 Identifies environmental safety hazards and methods used to prevent accidents.

- A. Identifies environmental safety hazards.

A. Environment safety hazards.

Wet floors
Cluttered paths of travel
Unlocked wheels
Side rails

<u>1.0</u>	<u>1.0</u>
<p>3. HIPAA p.16</p> <ul style="list-style-type: none">a. Provide privacy and maintenance of confidentiality p.190b. Maintaining care and security of resident's personal possessionsc. Promote residents' rights to make personal choicesd. Assisting in resolving grievances and disputese. Maintaining boundaries p. 13f. Advance Directives p.68	<p>3. Confidentiality scenarios p.16</p> <p>HIPAA DVD</p> <ul style="list-style-type: none">a. Role play: admitting a resident with a "diamond" ring and dentures with "gold" inlays, p.161Role play: choosing clothes to wear, food choices, p.201attending activities, resident council, family groups p.7,16b. Privacy with code status-scenarios

Identifies the common types of injuries occurring in health care facilities.
Utilizes measures to identify risk factors and prevent falls.
Identifies the common causes

16. Sharps

17. Gas leaks

Preventive measures guiding principles

1. Gentleness

2. Slow and 'steady as she goes'

3. Eliminate/control of safety hazards

4. ACT (awareness, correction, take precautions)

5. Inter-department communication

Common injuries in health care facilities.

1. Sharp object injuries/skin tears

2. Muscle strains and sprains 3. Bruises

Falls

1. Prevention

2. Assisting the falling resident

3. Care of the resident after falling

Common causes of accident

of accidents related to the older adult.

Describes age related safety measures.

Identifies nursing assistant's responsibility of reporting potential situations to the supervisor.
the older population.

F. Age related safety measures.

G. Accident/Incident Reports/Supervisory notification.

Identifies safety measures to prevent workplace violence.

A. Identifies common measures to prevent work place violence.

B.

Identifies nursing assistant's responsibility of reporting potential situations for violence in the workplace.

Measures to prevent or control workplace violence

A. Environmental systems

B. Facility policies and procedures.

1. Visitors sign-in

2. Identification badges for
staff

3. Timely communication 4. Personal safety practices.

Infection prevention and control.

A. Key infection control concepts and terms.

1. Types of microbes 2. Infectious process 3. Infection control 4. Body substances 5. Biohazard wastes 6. Exposure report

B. Chain of infection. 1. Source

2. Reservoir

3. Portal of exit

4. Method of transmission 5. Portal of entry

6. Susceptible host

C. Infective process

1. Modes of transmission 2. Immune response

6.1 Describes measures that promote infection prevention and control.

A. Explains the key infection control concepts and terms.

B. Explains the chain of infection.

C. Defines the infectious process and identifies modes of transmissilIdentifies signs and symptoms of infection.

E.

Describes common aseptic practices.

Describes nosocomial infections and persons at risk.

F.

D. Signs and symptoms of infection.

1. Objective signs

2. Subjective signs and
symptoms

Changes in behavior

Confusion

Pain

E. Aseptic measures. 1. Principles of
'clean'/medical asepsis. 2. Principles of disinfection 3. Principles of
sterility/Principles of surgical asepsis

F. Nosocomial infections.

6.2 Describes and adheres to CDC guidelines for Standard Precautions and for Transmission Based Precautions.

Centers for Disease Control and Prevention (CDC) guidelines

Standard precautions.

Personal Protective Equipment (PPE) (gloves, gowns, goggles, mask, boots).

Hand washing.

Isolation precautions.

Transmission based.

Droplet precautions.

Respiratory hygiene/cough etiquette.

Exposure control plan. Exposure incidents and reports.

Describes and adheres to OSHA guidelines.

Occupational Safety and Health Administration (OSHA) Guidelines

Bloodborne pathogen standard. Hepatitis B

HIV

Other ways of reducing infection. Vaccination

Work control practices Engineered controls

Competency: Provides basic emergency care.

Applies principles of basic emergency care in resident care.

A. Identifies the goals of emergency care and first aid.

B. Describes signs of medical emergencies.

Basic emergency care

A. Goals of emergency care procedures and first aid.

B. Signs of medical emergencies. Demonstrates knowledge of basic first-aid principles.

Basic first-aid principles

Emergency procedures for healthcare provider

Cardiopulmonary resuscitation (CPR)

Automated External Defibrillator (AED)

Abdominal-thrust maneuver

Responds to emergency

situations.

Identifies specific types of emergencies, responds and reports according to recognized standards of care.

Types of emergencies and standards of care for each type.

Asphyxia Choking Chest pain Cardiac arrest Stroke/TIA Hemorrhage

Anaphylaxis Seizures

Shock/Fainting

Burns Poisonings

. Explains the importance of and calculates accurate intake and output and food consumption.

Lists sources of fluid output.

Measuring intake and output.

Measurement

conversions

Equivalents

Math skills

1. Intake - oral and food 2. Output

D. Sources of fluid excretion. 1. Lungs

2. Skin

3. Kidneys 4. Intestines

Demonstrates care for

residents who have an inability to obtain adequate
nutrition or fluid independently.

Provides food and fluids to residents.

Classroom	Hours	Practicum	Hours
	2.0		3.0
<p>1. Demonstrates safe transfers, positioning and turning of residents using effective Body Mechanics Basic principles will keep NA and the resident safe p.30</p> <p>The gait belt is part of the NA uniform to be used for transfers</p> <p>2. Demonstrate passive and active range of motion</p> <p>a. Joint movements</p> <p>3. Tasks that may be performed by the NA that may prevent complications of bed rest: Caring for the resident's environment</p> <p>4. Demonstrates the different body positions used for positioning resident and demonstrates turning techniques p.147-159</p> <p>5. Removes and applies oxygen devices during transfers with supervision without changing oxygen settings Incorporates safety measures and precautions for residents with oxygen</p>		<p>1. Role playing and skill practice: posture, base of support, bending knees, center of gravity p.30</p> <p>Skill #4 Ambulate a resident with a gait belt Skill #18 Transfer resident from bed to chair Skill #19 Perform passive range of motion to shoulder Skill #20 Perform passive range of motion to elbow and wrist</p> <p>a. Jeopardy game-adduction/abduction; flexion/extension; hyperextension internal/external rotation; supine/pronation</p> <p>a. Skill #11 Making an occupied bed b. Skill #15 Provide perineal care to an incontinent resident c. Skill #13 Assist with a bedpan</p> <p>4. Techniques for positioning residents: side-lying, supine, prone Sim's, high and low Fowler's, log-rolling, moving up in bed with a draw sheet; lifters -Lab practice</p> <p>5.Demonstration of oxygen cannulas, masks, oxygen tank, concentrator applications and removal as ordered or with transfer techniques</p>	

p.188-189			
Classroom	Hours	Practicum	Hours
	2.0		3.0

1. Measuring vital signs

- a. Identifies normal vital signs values
for adults p.166-175

- b. Factors that affect body temperature:
fever, age, infection, illness, stress

Factors that affect pulse: exercise, fear
anger, anxiety, heat, pain, medications

Factors that affect respiration:
pain, infection, medications

Factors that affect blood pressure:
aging, exercise, physical or emotional stress,
pain medications, volume of circulation blood

1. Normal ranges

- a. Pulse rates-radial 60-100
Respirations-12-20
Blood Pressure 100-119 Systolic
60-79 Diastolic
Temperature Axillary 96.6-98.6
Oral 97.6-99.6
Rectal 98.6-100.6

- b. Procedure for obtaining oral, axillary, rectal
Take for one full minute: demonstration
Record immediately on documentation form

Skill #2-Measure and record pulse

Skill #3-Measure and record respiration

Demonstration; video
Hands -on practice with sphgmomanometer
and stethoscope, alcohol wipes for infection control

- d. Jeopardy game for medical terminology related
to abnormal vital signs: tachycardia, bradycardia,
hypertension, hypotension, tachypnea, bradypnea,
arrhythmia

Competency: Measures vital signs.

Normal vital signs values by age groups.

Normal range of oral, rectal and tympanic temperatures.

Normal pulse rates. Normal respiratory rate. Normal blood pressure.

Identifies normal vital signs values and age-related variations.

Principles of Body Temperature.

Purpose of taking a temperature.

Factors that affect body temperature.

Procedure for obtaining an oral temperature; rectal temperature; tympanic temperature.

.Measures and records body temperature.

Identifies purpose of taking a temperature.

Lists factors that affect body temperature.

Demonstrates taking an oral, rectal, and tympanic temperature.

Accurately records temperature using appropriate units of measurement.

Identifies and reports abnormal findings.

Recording a temperature and units of measurement.

Abnormal temperature reading.

Measures and records pulse (radial, apical).

Identifies purpose of obtaining a pulse.

Lists factors that affect pulse rate.

Accurately counts a radial pulse.

Accurately counts an apical pulse.

Accurately records pulse rate.

Identifies and reports abnormal findings.

Pulse (Radial, Apical, Carotid, Brachial)

.
Purpose of obtaining a pulse rate.
Factors affecting pulse rate.
Procedure for taking a radial pulse.
Procedure for taking an apical pulse.
Recording pulse rate
Abnormal pulse rate: 1. Tachycardia
2. Bradycardia
Arrhythmia

Measures and Records

Respirations.
Identifies purpose of obtaining a respiratory rate.
Lists factors affecting respiratory rate.
Accurately counts respiratory rate.
Records respiratory rate.
Identifies and reports abnormal respiratory rate.

Respirations

Purpose of obtaining a respiratory rate.
Factors influencing respiratory rate.
Procedure for obtaining a respiratory rate.
Recording respirations
E Abnormal respiratory rates and patterns.
1. Tachypnea,
2. Bradypnea,
3. Apnea
4. Variable patterns

Measures and records blood pressure.
Identifies the purpose of taking a blood pressure.
Lists factors influencing blood pressure.

Blood Pressure
Purpose of taking a blood pressure.
Factors influencing blood pressure.

Demonstrates use of a stethoscope.
Demonstrates use of a sphygmomanometer.
Obtains a blood pressure.
Recognizes precautions and contraindications to taking a blood pressure.
Demonstrates technique for taking an orthostatic blood pressures.
Records systolic and diastolic pressures.
Reports abnormal blood pressure values.

Use of the stethoscope in taking blood pressure.
Using a sphygmomanometer; types of cuffs; cuff size.
Procedure for obtaining a blood pressure using a stethoscope and sphygmomanometer.
Guidelines /precautions /contraindications to taking a blood pressure.
Procedure for taking orthostatic blood pressures.
Recording systolic and diastolic pressures.
Abnormal findings.

Height and Weight

A. Purpose of measuring height and weight.

Measures and Records

Height and Weight.

A. Identifies purpose of measuring height and weight.

Lists factors affecting height and weight.

Describes a variety of scales and height measurement tools.

Demonstrates measuring a resident's weight using a balanced scale.

Demonstrates taking a resident's height using a measure bar.

Discusses methods of obtaining height and weight in bedridden residents.

Records height and weight. Reports abnormal weight.

Factors affecting height and weight.

Scales and measuring devices.

Procedure for measuring weight using a balanced scale.

Procedure for measuring height using a measure bar.

Procedures for measuring height and weight in bedridden residents.
Recording height and weight/units of measurement.
Abnormal weight: excessive loss/gain

Body Mechanics

- A. Principles of proper body mechanics.
- B. Techniques of body mechanics. Proper positions for performing procedures.
- C. Unsafe body mechanics

11.1 Demonstrates safe body mechanics.
Identifies principles of body mechanics.
Employs safe body mechanics when caring for residents.
Identifies improper body mechanics.

11.2. Identifies the effects of limited mobility.

Limited Mobility, Bedrest

Effects of Limited mobility.

Complications of Bedrest.

Body Mechanics

- A. Principles of proper body mechanics.
- B. Techniques of body mechanics. Proper positions for performing procedures.
- C. Unsafe body mechanics

11.1 Demonstrates safe body mechanics.
Identifies principles of body mechanics.
Employs safe body mechanics when caring for residents.
Identifies improper body mechanics.

11.2. Identifies the effects of limited mobility.

Limited Mobility, Bedrest

Effects of Limited mobility.

Complications of Bedrest.

Tasks that may be performed by the Nursing assistant that prevent complications.

Assists residents in positioning and turning.

Demonstrates the different body positions used for positioning residents.

Demonstrates turning techniques.

Demonstrates use of
assistive devices when

Guidelines and principles for positioning residents.

A. Techniques for positioning residents:

- 1. Side lying 2. Supine
 - 3. Prone
 - 4. Sims
 - 5. High and low Fowler's 6. Trendelenberg
 - 7. Lithotomy
 - 8. Orthopenic
 - 9. Log-rolling
 - 10. Move up in bed 11. Dangling
- Turning techniques: 1. Draw sheet
2. Mechanical lifts 3. Log roll
- Use of assistive devices.

positioning a resident.

1. Trochanter rolls
2. Foot boards
3. Hand rolls
4. Bed cradles
5. Abdominal pillows
6. Abductor pillow

Guidelines and principles for moving & lifting residents.

Use of transfer techniques.

1. Chair

2. Gurney

3. Stretcher
4. Geri Chair

Assistive Devices used in transferring residents.

1. Gait belt

2. Mechanical lifters

3. Slide board
4. Lift sheet

11.4

Assists the resident to

transfer from bed to chair/gurney/stretcher/geri chair.

Demonstrates different
transfer techniques.

Demonstrates use of

assistive devices in transferring residents.

.

11.5 Assists residents to ambulate.

A. Identifies functional limitation inhibiting
ambulation.

Principles/rationale for ambulation A. Functional limitations.

Identifies safety considerations in ambulating a resident.

Identifies the care of the resident who has fallen.

Demonstrates the use of

assistive devices in ambulation such as crutches, walker, cane and wheelchair.

Safety considerations for residents at risk for falling.

Care of fallen resident.

1. Reporting pain behaviors 2. Facility protocols

Use of assistive devices in ambulation

Gait belt

Cane, Quad cane, Hemi

cane

Walker

Crutches

Wheelchair.

Demonstrates passive and active range of motion.

States principles of and rationale for passive/active range of motion.

Identifies key terms to describe joint movements.

Range of Motion

A. Principles/rationale for passive/active

B.

range of motion.

Joint Movements 1. Adduction/
abduction

2. Flexion/ extension

C. Safely applies range of C. motion principles when performing range of motion exercises on major joints, extremities.

D. Provides care for resident D. when continuous range of position device is in use.

3. Hyperextension 4. Internal/external rotation.

5. Supine/pronation.

Range of motion to shoulder, elbow, wrist, forearm, fingers, thumb, hip, knee, ankle, foot, and toes.

Caring for residents with Continuous Range of motion devices.

Removes and applies oxygen devices during transfers with supervision without changing oxygen settings.

Identifies oxygen sources, and methods of delivery.

Incorporates safety measures in caring for

Transferring the Resident receiving Oxygen

A. Oxygen sources: 1. Wall outlet

2. Oxygen tank

3. Concentrator

4. Oxygen cannula/prongs 5. Oxygen Mask

B. Oxygen safety measures/ precautions.
residents with oxygen.

C. Utilizes principles of safe oxygen handling with removal and application of oxygen delivery devices.

C. Techniques of application and removal of oxygen devices/tanks.

2.0	1.0
<p>2. ABUSE AND NEGLECT</p> <p>a. Promoting the resident's right to be free from abuse, mistreatment, and neglect and reporting to appropriate facility/agency staff p. 11-19 Incident reports p.19 Policies, procedures, professionalism p.8-10</p> <p>b. Avoiding the need for restraints in accordance with current professional standards p.179-181</p>	<p>2. Seven types of abuse-memory pointer game mental, isolation, verbal, physical, sexual (p.57), neglect, misappropriation of funds (emptying pockets)</p> <p>a. Untangling and understanding restraints</p>
1.0	1.0
<p>3. HIPAA p.16</p> <p>a. Provide privacy and maintenance of confidentiality p.190</p> <p>b. Maintaining care and security of resident's personal possessions</p> <p>c. Promote residents' rights to make</p>	<p>3. Confidentiality scenarios p.16</p> <p>HIPAA DVD</p> <p>a. Role play: admitting a resident with a "diamond" ring and dentures with "gold" inlays, p.161 Role play: choosing clothes to wear, food choices, p.201</p>

- personal choices
- d. Assisting in resolving grievances and disputes
- e. Maintaining boundaries p. 13
- f. Advance Directives p.68

- attending activities, resident council, family groups
p.7,16
- b. Privacy with code status-scenarios

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book &Video

Classroom	Hours	Practicum	Hours
	4.0		3.0
<p>1. PROVIDES THE RESIDENT WITH PERSONAL CARE AND GROOMING</p> <p>a. Works with nursing team to determine type and frequency of bathing influenced by personal choice, culture, boundary issues regarding giving personal skin care and potential dementia behaviors</p> <p>b. Gives fingernail/toenail care</p> <p>c. Gives hair care/shampoo</p> <p>d. Provides mouth care</p> <p>e. Provides denture care</p> <p>f. Demonstrates shaving a resident</p> <p>g. Measures & records resident height and weight in a confidential manner-often utilizing a bed or wheelchair scale and measuring height while resident is in bed-just before or after shower.</p> <p>h. Demonstrates changing a gown or dressing a resident comfortably</p> <p>i. Provides for resident's elimination, toileting, and perineal care needs Reports abnormal findings to Supervisor after performing personal skills. Reports and documents personal care and grooming tasks, observations and resident response, tolerance, or problems with personal care Abnormal findings: skin tears/breakdown, bruises</p>		<p>1. Bathes resident with consideration for resident need and setting according to plan of care: complete bed bath, partial bath & back rub, shower.</p> <p>a. Lab practice on manikin-wearing gloves-Standard Precautions Skill #14 Provide Partial Bed Bath to a Resident; video Disinfecting Basins and equipment</p> <p>b. Skill #8 Provide foot care to a resident Skill #9 Provide hand and nail care to the resident</p> <p>c. Combing the hair from the ends up to roots if it is tangled Preferences observed as a resident right for grooming</p> <p>d. Skill #6 Provide mouth care to the resident who has teeth</p> <p>e. Skill #7 Provide Mouth care to the resident who has dentures</p> <p>f. Return demonstration of shaving techniques on manikin-- techniques using Standard Precautions and disposing of razor in designated sharps container</p> <p>g. Demonstration and return demonstration to measure height and weight of resident p. 177-179</p> <p>h. Observes resident choices and encourages their assistance or use of assistive devices in dressing. NA will utilize techniques for physical or cognitive impairments Skill #5 Dress the resident who has a weak arm</p> <p>i. Toileting procedures-individualized and utilizing appropriate equipment: Bed pan, urinal, commode, toilet seat extension Correct cleansing procedure: male and female Skill #13 Assisting with a bed pan Skill #15 Provide Perineal Care to an Incontinent Resident Skill #16 Provide Catheter Care to a Resident Skill#17 Measure & record contents of urinary drainage bag</p>	

Classroom	Hours	Practicum	Hours
	2.0		1.0
1. IDENTIFIES THE FUNCTION, STRUCTURE, COMMON HEALTH PROBLEMS AND NORMAL AGING CHANGES OF THE BODILY FUNCTIONS OF EACH OF THE FOLLOWING SYSTEMS Respiratory p.87-89 Function: takes in oxygen (inspiration) breathes out Carbon Dioxide (expiration) Aging: lung strength decreases, lung capacity decrease, oxygen in the blood decreases Report: change in respiratory rate, shallow breathing, coughing, wheezing, sore throat, cyanosis of skin, the need to sit after mild exertion, dyspnea, pain in chest area, discolored sputum Components: Lungs, pharynx, trachea, larynx, bronchi Circulatory p. 84-87 Function: heart pumps blood through the blood vessels to the cells; blood carries food, oxygen, and other substances that cells need to function properly Aging: Heart pumps less efficiently, blood flow decreases, blood vessels narrow Report: changes in pulse rate, weakness, fatigue, loss of ability to perform ADLs, swelling of hands & feet, cyanosis, chest pain, weight gain, shortness of breath, severe headache, inactivity leading to circulatory problems Components: Heart, blood vessels, blood Urinary p. 89-91 Function: via urine, this system eliminates waste products created by the cells; maintains water balance in the body Aging: decrease in the kidneys' ability to filter blood, bladder muscle tone weakens, bladder holds less urine=frequent urination, greater chance of infection since bladder may not empty completely Report: Pain or burning during urination, changes in urine-cloudiness, odor, color, changes in frequency or amount of urine, swelling in the bladder are, weight loss or gain, swelling in upper or lower extremities Components: kidneys, ureters, urinary bladder, urethra, meatus		1. Team competition of each system: key functions, effects of aging, & signs and symptoms to report to the nurse	

Endocrine p. 94-97

Function: glands that secrete hormones that regulate essential body processes; the hormones are carried in the blood to the organs to maintain homeostasis, influence growth and development, regulate levels of sugar, calcium, and determines how fast cells burn food for energy

Aging: body is less able to handle stress, levels of estrogen, progesterone, insulin decrease

Report: headache, weakness, blurred vision, hunger, dizziness, irritability, sweating, confusion, numbness or tingling in arms or legs, increased thirst, frequent urination, sweet or fruity breath, fatigue

Components: Thyroid, parathyroids, thymus, adrenals, pancreas, ovaries, testes

Integumentary p. 73-74

Function: skin is the largest organ and system in the body that is a natural protective covering that protects the body from entry of bacteria or germs, sense that regulates body temperature

Aging: skin is thinner, drier, more fragile, less elastic, loses protective fatty tissue, wrinkles, brown spots, nails are harder

Report: reddened or purple areas, blisters, bruises, rashes, sores, abrasions, fluid or blood draining from the skin

Components: oil glands, sweat glands and ducts, hair follicles, subcutaneous tissue, dermis, epidermis

Nervous p. 78-83

Function: control and message center of the body, controls all body functions

Aging: responses and reflexes slow, sensitivity of nerve endings in skin decrease, may have short-term memory loss

Report: any unusual change in behavior, shaking or trembling, pain with movement, inability to speak clearly, decreased ability to perform ADL's, dysphagia, bowel or bladder changes

Components: Brain, spinal cord, nerves

Sensory p.83-84

Function: part of the central nervous system that receive impulses from the environment and relay those to the nerves

Aging: sense of taste, smell decrease; vision and hearing decrease, sense of balance may be affected, sensitivity to heat and cold decreases

Report: dizziness, changes in vision and hearing, pain in eyes or ears, signs of infection

Components: eyes, ears, nose, tongue, skin

Gastrointestinal p.91-94

Function: digestion and elimination

Aging: ability to chew and swallow affected by decreased saliva production, absorption of vitamins and minerals decreases, less efficient digestive process that takes longer, increased constipation since body wastes move slower through the intestines

Report: difficulty swallowing or chewing (tooth pain, mouth sores), fecal incontinence, anorexia, diarrhea, abdominal pain or cramping, flatulence, heartburn, bloody, black, or hard stools, GERD

Components: all the organs from the mouth to the anal canal needed to digest food and process waste

Musculoskeletal p. 75-78

Function: gives the body shape and structure that works together for the body to move; the skeleton has 206 bones that aid movement and protect organs

Aging: Height is lost, joints may stiffen and become painful, muscles weaken and lose tone, body movement slows, bones become brittle

Report: pain during movement, changes in ability to perform routine activities and movements, increased swelling of joints

Components: 206 bones, muscles, ligaments, tendons, cartilage

Reproductive p.97-98

Function: reproduction-different sex glands or gonads in males and females

Aging: Female: menstruation ends, loss of calcium due to decrease in estrogen, vaginal walls drier & thinner ; Male: sperm production decreases, prostate gland enlarges (interferes with urination)

Report: discomfort or difficulty urinating; discharge, sores on genitals, blood in urine or stool, breast changes

Components: Male- seminal vesicle, ejaculatory duct, prostate gland, penis, testes, vas deferens, epididymis, scrotum, erectile tissue

Female- vagina, uterus, ovary, Fallopian tube, fundus

Promotes resident independence.

Describes the resident's right related to self determination, self care and independence.

Identifies actions nursing assistants may take to promote resident independence.

Guidelines to support resident's independence.

A. Principles and rationale of promoting resident independence.

B. Methods to promote resident's independence.

Assists residents to participate in activities.

Describes the resident's right to participate in family and group activities.

Provides for activities of daily living and restorative activities for clients.

Guidelines to support resident's involvement in activities.

A. Principles and rationale of assisting resident to participate in activities.

1. Activities of Daily Living 2. Family meetings

B. Methods to assist resident to participate in activities.

Competency: Assists in identifying the mental health and social service needs of residents

Discuss basic human needs of Basic Human Needs the individual.

Identifies basic human needs A. Maslow's hierarchy and throughout the lifespan, Erickson's development including physical, socio- stages cultural, social service and mental health needs.

Identifies the developmental tasks associated with the aging process.

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book & Video

B. Basic human needs of the adult moving from middle adulthood through late adulthood.

1. The young-old: 60-74 years
2. The middle-old: 75-84 years
3. The old-old: older than 85 years

C. Mental and behavior changes

1. Impact of restrictions such as reduced income on psychosocial relationships.
2. Changes due to disease

Describes mental status and behavior changes.

Identifies the role of the elderly in the home and community, including cultural and religious aspects.
process and aging

D. Role of elderly in home and community.

Cultural and religious outlooks about older adults.

Changing family dynamics throughout aging.

Housing options as aging progresses.

Impact of retirement and increased time and availability.

Explains how cultural and spiritual attitudes may influence psychological responses..

Identifies ways to accommodate cultural and spiritual differences.

Identifies the nursing assistant's role in respecting cultural and spiritual differences.

Examples of cultural and spiritual preferences and responses that may influence the approach to caring for the resident.

Competency: Demonstrates effective communication.

Uses verbal and nonverbal communication to accurately present information.
Uses appropriate medical terminology and abbreviations.
Communicates with members of the healthcare team.
Communicates with residents and family.

Communication concepts:

- A. Medical terminology and abbreviations.
- B. Types of communication. Chain of command.
- C. Communication techniques. 1. Conflict management

Responds effectively to resident's behavior in a positive non-threatening way.

- A. Identifies communication guidelines.
 - B. Identifies barriers to communication.
- Principles of positive communication.
- A. Communication guidelines B. Barriers to communication.
- Observes and describes
resident's physical and emotional condition changes.
Identifies subjective observations.
Identifies objective observations.
Identifies emergencies.

Key concepts for recognizing changes to report.

- A. Subjective observations.
- B. Objective observations.
- C. When to report.
 - 1. Emergencies versus
routine observations.
 - 2. Timeliness of reporting

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book & Video

observations.

Demonstrates communication

skills with the resident who has sensory deficits.

Demonstrates effective communication with hearing impaired resident.

Demonstrates effective communication with the visual impaired resident.

Demonstrates effective communication with the aphasic resident.

Communication skills for residents with a sensory deficit.

A. Guidelines for communicating with the hearing impaired.

B. Guidelines for communicating with the visually impaired.

C. Guidelines for communicating with the aphasic resident.

.

Demonstrates effective communication with the cognitively impaired resident.

Communicating with the comatose resident.

Demonstrates effective communication with the physically aggressive resident.

Demonstrates effective communication with the verbally aggressive resident.

Guidelines for communicating with the cognitively impaired resident.

Guidelines for communicating with the comatose resident.

Guidelines for communicating with the physically aggressive resident.

G. Guidelines for communicating with the verbally aggressive resident.

Principles of hygiene and grooming.

A. Personal hygiene needs and practices influenced by

1. Culture

2. Personal choice

3. Economic consideration

B. Rationale for providing personal care.

C. Principles of care

Promote resident's

independence, privacy,

dignity

Boundary issues related to
giving personal care

Quality of life

Observation of skin, scalp,
mouth, hair, nails

9.1 Provides for and adheres to
the principles of daily hygiene and grooming.

Assists resident in personal care and grooming needs.

Bathes resident with
consideration for resident need and setting according to plan of care.

Gives skin care including back rub.

Daily personal care and grooming needs.

A.

Purpose of bathing and rationale for each method of bathing.

Complete bed bath

Partial bath

Tub bath

Whirlpool

Shower

Special bathing techniques

such as towel bath or bag

bath

Bathing resident with

dementia

Working with nursing

team to determine type and frequency of bathing

B. Skin care

1. Nursing assistant scope of

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book & Video

- practice 2. Principles
- 3. Complications of inadequate skin care
- 4. Back rub, gentle massage procedures
- 5. Abnormal findings

Provides for resident's
elimination, toileting and perineal care needs.

Elimination, toileting needs and perineal care
Purpose and principles
Emesis basin
Elimination practices
Elimination problems

Toileting procedures, elimination appliances and equipment
Bed-pan
Urinal
Commode
Toilet/seat extension Correct cleansing procedure
Perineal care with an indwelling or an external catheter in place
Ostomy care - observe for skin breakdown
Care for the resident who is incontinent
Application of briefs Bowel and bladder training programs Abnormal findings - skin tears/breakdown, bruises
Measuring, calculating
and recording fluid output.
Gives mouth/denture care.
.
Gives hair care/shampoo.

Gives fingernail/toenail care.

Mouth/denture care.

1. Purpose and principles
2. Oral care
3. Denture care (complete, partial plates and bridges)
4. Abnormal findings
5. Techniques for cognitively impaired

E. Hair care/shampoo.

1. Purpose and principles
2. Combing, grooming
3. Bed shampoo
4. Other methods of shampoo, waterless cleansers, "bonnet" shampoos
5. Abnormal findings

F. Nail 1.

2. 3. 4.

5.

care.

Purpose and principles Guidelines for residents with diabetics

Guidelines for residents with circulatory problems Guidelines for residents on anticoagulant medication

Guidelines for residents with abnormally thick nails

Gives foot care.

Demonstrates shaving a resident.

Demonstrates changing a gown/dressing a resident comfortably.

.

Gives a.m./p.m. care.

Cares for resident with

Abnormal findings

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA SKills Book & Video

. Foot care.

1. Purpose and principles 2. Observations

3. Abnormal findings

Shaving.

Purpose and principles 2. Techniques of shaving 3. Observations

Abnormal findings

Dressing.

1. Purpose and principles

2. Resident assistance

3. Resident choices of apparel 4. Safe appropriate

clothing/footwear 5. Techniques used for

physical or cognitive

impairments

Use of assistive devices in

dressing

AM/PM care; including:

1. Purpose and principles 2. Resident's preference to
specific care

Prosthetic and orthotic devices

prosthetic and orthotic devices.

1. Purposes and principles

2. Types of devices and their care

Reports and documents personal care and grooming tasks, observations and resident response.

DAY FIVE

NURSE AIDE TRAINING PROGRAM

TEXT: Hartman's Nursing Assistant Care
4YourCNA Skills Book & Video

Classroom	Hours	Practicum	Hours
	6.0		4.0
1. SPECIFIC ILLNESSES p.73-103		1. Discussion of treatments	
a. Arthritis-inflammation and swelling of joints Osteoarthritis, rheumatoid arthritis		a. anti inflammatory medications reduce pain & swelling with local applications of heat adapt ADL's to allow independence	
b. Osteoporosis Increased incidence of fractures		b. regular exercise and extra calcium encourage walking & light exercise as ordered	
c. CVA or stroke dysphagia and dysphasia hemiplegia-paralysis on one side of body hemiparesis- weakness on one side of body expressive aphasia-inability to speak or speak clearly receptive aphasia-inability to understand spoken or written words one-sided neglect emotional lability		c. Safety-encourage independence within boundaries of orders foster self-esteem check body alignment	
d. Parkinson's Disease Progressive degeneration of a section of the brain=stooped posture,shuffling gait, Tremors		d. Protect residents-a risk of falls Assist with PROM, ADL's	
e. Multiple sclerosis Progressive disease that affects central nervous system-varying abilities, onset-20's Blurred vision, fatigue, tremors, trouble walking, trouble forming thoughts,speech		e. Assist with ADL's, be patient PROM to prevent contractures, decrease stress	
f. Hypertension diuretics		f. Keep accurate I and O-may take	
g. Coronary Artery Disease Narrow blood vessels prevent blood from getting to heart muscle=angina pectoris		g. Rest reduces heart's need for extra oxygen	

- h. Myocardial Infarction
Heart muscles die when blood flow to heart muscles is blocked
- i. Congestive heart failure
Heart has been damaged
Blood backs up instead of circulating
- j. Peripheral vascular disease
- k. Chronic Obstructive Pulmonary Disease
chronic trouble breathing & getting air out of lungs (chronic bronchitis & emphysema)
- l. Urinary incontinence; urinary tract infections
- m. Fecal impaction, Constipation, hemorrhoids
- n. Heartburn & GERD
- o. Diabetes
Pancreas does not produce enough insulin
- p. Cancer
Malignant tumors of abnormally growing cells
Signs & Symptoms to Report

C-Change in bowel or bladder habits

A-A rash that does not heal

U-Unusual bleeding or discharge

T-Thickening or mass in the breast or other body parts

I-Indigestion/difficulty swallowing

O-Obvious change in a wart or mole

N-Nagging cough/hoarseness

- h. Treat as an emergency
- i. I and O important; report trouble breathing, coughing or gurgling with breathing
- j. Legs, feet, hands, arms do not have enough blood circulating
- k. Help residents sit up and lean forward; offer fluids
Encourage to do pursed-lip breathing & save energy
- l. Answer call lights promptly, offer bedpan often
Good skin care to prevent decubitus ulcers
- m. Offer fluids, increase activity level, high fiber diet
- n. Wait 2-3 hours after eating to lie down; extra pillows
- o. Follow diet instructions; exercise; do not cut toenails
Report signs & symptoms: frequent urination, sudden vision changes, tingling or numbness in hands or feet
- p. Each case is different; follow care plan; involve family and support them as well as resident; be sensitive

q. AIDS

The Human Immunodeficiency virus (HIV) attacks the body's immune system--infections, tumors, central nervous system symptoms Vague flu-like symptoms, night sweats, mouth sores, Kaposi's Sarcoma (skin cancer) AIDS cannot be spread by doorknobs, toilets, mosquitos, but is a sexually transmitted disease via sexual intercourse with an infected partner, blood, semen, vaginal secretions, breast milk. Eventually the body has no more resistance to other infections=mental symptoms-AIDS dementia complex

PCP (pneumocystis carinii pneumonia) is the leading cause of death for those with AIDS

r. Hepatitis

Inflammation of the liver caused by infection HBV and C are spread through blood, sexual intercourse, or needles contaminated with the virus; A -contact with infected bacteria that can be decrease with hand washing Hep B & C can lead to liver cancer & cirrhosis

s. Tuberculosis

Transmitted by mucous droplets suspended in the air requiring a special isolation AIIR room TB usually affects the lungs, causing trouble breathing, fever, weight loss, fatigue,night sweats, but can be cured

q. These residents may be more susceptible to infections, so wash hands frequently and follow Standard Precautions
Follow HIPAA guidelines closely with those with this diagnosis as it is not to be disclosed

r. Follow Standard Precautions in the healthcare facility

s. Follow Standard Precautions & Airborne Precautions-keep door closed
Do not open or close the door too quickly

Classroom	Hours	Practicum	Hours
	7.0		3.0
1. CARES FOR COGNITIVELY IMPAIRED RESIDENTS a. Address the unique needs and behaviors residents with dementia, Alzheimers p. 104-116 b. Identify types of cognitive impairment c. Techniques for addressing the unique needs and behaviors of individuals with Alzheimer's Allow the resident to make personal choices with dressing, eating; Use pictures for communication and allowing awareness of developmental tasks associated with aging and cognitive impairment Decrease overstimulation d. Families may be a source of emotional support e. Impairment of attention, memory/language/judgment/problem solving may be effected		1. DISCUSSION AND CLARIFICATION OF TERMS a. Understand initially that all residents with memory or cognition problems are not Alzheimer's b. Dementia, delirium, various levels of consciousness c. Do not try and reason with residents Keep instructions simple Eliminate distractions in environment Ask other staff what has worked for them in attempting to perform ADL's In assisting a resident with Alzheimer's, speak in a slow, calm voice When assisting a resident with dementia provide simple instructions d. Enlist the assistance of familiar family members as the NA modifies own behavior in response to resident's behavior e. Eventually results in the loss of all ability to care for oneself 2. Lack of cues from environment Clutter Lack of routine 3. Resistance to care, forgetfulness and confusion, agitation, hoarding, wandering, pacing, aggression-physical, verbal--step back, away	
2. ENVIRONMENTAL FACTORS THAT MAY CONTRIBUTE TO DEMENTIA			
3. UNIQUE BEHAVIORS DEMONSTRATED BY INDIVIDUALS WITH COGNITIVE IMPAIRMENT sundowning			

3. INTERVENTIONS TO REDUCE THE EFFECTS OF BEHAVIORS

4. Promote activities that are not frustrating

- 4. Follow care plan and try to promote independence
Set routine, be consistent (feeding, bathing, toileting), ignore inappropriate behaviors
respond quickly to mobility alarms
work as a team;
Do not take their behaviors personally
Work with family members
Try validating-giving approval or value to what is
- 5. This is helpful to promote mental exercise.
Situational role play

Addresses the unique needs and behaviors of individuals with dementia (Alzheimer's & others) and delirium.
Identifies types of cognitive impairment.
Describes the effects of cognitive impairment on ADLs.
Identifies the common diseases that cause dementia.

Caring for residents with cognitive impairment

A. Types of cognitive impairment:

B.

1. Dementia
2. Delirium
3. Various levels of consciousness

Effects of cognitive impairment on attention and memory/ language/ judgment/ special ability/ problem solving for everyday living.

C. Common diseases (non- reversible causes of cognitive impairment).

1. Alzheimer's disease
2. Lewy body dementia
3. Parkinson's
4. Vascular dementia
5. Frontal temporal lobe

Identifies illness/health issues that cause delirium.

Lists environmental factors that may contribute to dementia, delirium, etc.

Lists unique needs of individuals with cognitive impairment.

dementia

Illness/health issues

(reversible causes of cognitive impairment - delirium)

1. Medications
2. Nutrition/fluids (including alcohol)

3. Fever/infection/anemia 4. Mental/emotional problems (depression, grief, fatigue) 5. Injury/surgery

Environmental factors.

1. Unfamiliar, large, cluttered environment

2. Lack of cues from the environment

3. Lack of stimulation from the environment 4. Over Stimulation 5. Lack of routine 6. Television

Unique needs of residents with cognitive impairment. 1. Communication needs 2. ADL needs

3. Social needs

G. Communicates effectively with cognitively impaired residents.

4. Meaning activities

5. Diversions/Reassurance 6. Safety needs

G. Communication techniques.

Respond appropriately to the behavior of cognitively impaired residents.

Identifies and explains the unique behaviors demonstrated by individuals with cognitive impairment.

Common behavior of cognitively impaired residents and nursing assistant care and intervention.

Behaviors of residents with cognitive impairment

1. Resistance to care

2. Forgetfulness and confusion 3. Agitation

4. Hoarding/Rummaging

5. Shadowing

6. Wandering and Pacing

7. Hallucinations, Delusions, Paranoia

8. Sundowning

- 9. Perseveration
- 10. Aggression - physical
verbal
- 11. Sexual behavior

B. Utilizes interventions to reduce the effects of cognitive impairments.

B. Interventions to reduce effects of cognitive impairment.

- Approach strategies
- Knowing the resident
- 1. Following the care plan promoting as much independence as possible
- 2. Set routine, be consistent (toileting, feeding, bathing)
- 3. Verbal cueing with praise/reward
- 4. Manual cueing with praise/reward
- 5. Joining their reality 6. Validation
- 7. Reminiscence
- 8. Activities
- 9. Music
- Sensory stimulation
- Safety
- Simple, time-appropriate environment
- Understanding behaviors as unmet physical or social needs
- Ignoring inappropriate

(safe) behaviors

Offer choices when
appropriate
Avoid restraints
Mobility alarms
Responding to sexual behaviors

Reports behaviors and resident responses.

Situations that need to be reported

New or increased changes in behavior
Further deterioration in physical/mental abilities
Effectiveness of current behavioral management

Competency: Provides care for residents and family when death is imminent.

Identifies and recognizes principles of caring for dying residents and their family members.

Recognizes common attitudes and beliefs about death and dying.

Identifies the stages of the dying process.

A. Attitudes and beliefs about death.

1. Sudden death

2. Terminal illness and
expected death.

B. Stages of dying process 1. Denial

2. Anger

3. Bargaining

4. Depression

5. Acceptance of death

18.2 Assists in care of dying resident and their family members considering spiritual and cultural beliefs.

A. Recognizes cultural and spiritual influences.

Care of the Dying

A. Overview of cultural and spiritual influences regarding

Employs measures to maintain resident dignity.

Identifies nursing assistant measures when resident is receiving hospice care.

Recognizes impact of resident death on self and others.

Adheres to legal-ethical standards when providing end of life care.

death of resident and affect on family members.

Maintaining dignity of the resident.

Role of nurse assistant when the resident is receiving hospice care.

D. Impact of resident's death on the nurse assistant and co- workers.

E. Boundaries, ethical standards and emotional support of the nurse assistant while caring for residents in end-of-life stages.

Provides care for residents when death is imminent.
Identifies signs of impending death.
Recognizes and adheres to advance directives.

When Death is imminent

A. Signs of death.

B. "Do Not Resuscitate" order, Advance Directives.

Procedure for nurse assistant actions according to resident'

C. Observes, records and reports cessation of vital signs in accordance with advance directives.
advance directives and facility protocol.

C. Documentation of cessation of vital signs according to facility policy.

Provides postmortem care adhering to cultural

practices and facility policy.

Identifies cultural practices in caring for the dead.

Provides personal care for resident after death.

Assists in facilitating organ donation.

Post Mortem Care

Culturally sensitive care of the deceased

Bathing/cleansing the body. 1. Dressing the body per family choice or facility protocol.

2. Care of personal items 3. Positioning the body.

4. Respect for the deceased.

Organ donation

Prepares body for removal from unit.

Procedure for removal of body while maintaining respectful dignity of the body, the family and other residents.

Classroom	Hours	Practicum	Hours
	4.0		3.0
1. APPLIES THE PRINCIPLES OF BASIC NUTRITION TO RESIDENT CARE & FEEDING		1. My Food Pyramid and six basic nutrients discussed p. 198-280 created to help promote healthy eating practices. This personalized version offers individual plans based on age, gender, and activity level. Base-nutrient dense and low in fat and calories GRAINS, VEGETABLES, FRUITS, MILK, MEAT & BEANS Narrow top-foods that are high in fat and sugar and have less nutritional value -discussion OILS a. Six basic essential nutrient groups: carbohydrates, fats, proteins, vitamins, mineral, water	
2. PHYSICAL ACTIVITY		2. USDA recommends at least 30 minutes per day of vigorous activity for everyone-discussion	
3. FACTORS THAT INFLUENCE FOOD PREFERENCES		3. Ethnicity, culture, income, education, religion, geography-food allergies, intolerances DISCUSSION: residents' have legal right to make choices about their food	
4. AGE RELATED FACTORS THAT INFLUENCE ADEQUATE DIETARY INTAKE		4. Loss of appetite, reduced sense of taste, loss of teeth, denture problems, dehydration, malnutrition, immobility	
5. SITUATIONAL FACTORS THAT INFLUENCE/ INTERFERE WITH ADEQUATE INTAKE		5. Dysphagia, confusion, medications, depression, grief, immobility, medical problems	
6. SPECIAL DIETS		6. Draw tray cards and explain each diet, fluid, instructions	
7. FEEDING TECHNIQUES		7. Set up mock meal tray, blindfold "resident" actor, cotton balls in ears, blindfold on, clothing protector (bib) in place with food at 1800 (as on a clock), spoon at 1500, cup with water at 1300 a. "Your food and utensils at placed as on a clock." "Open your mouth, chew and swallow" (as being fed)	
a. NA feeds "resident"			

- | | |
|--|---|
| <p>8. Explains the importance of and calculates accurate intake and output and food consumption</p> <p>9. Tasks that may be performed by the CNA to promote adequate fluid and food intake</p> <p>10. IDENTIFIES THERAPEUTIC DIETS</p> | <p>8. Jeopardy game-calculating with props the amount of fluids and food consumed by fellow student</p> <p>9. Wash resident's hands before meal
Position resident to prevent aspiration
Serve food trays and check diet card and resident arm band
Sit down to feed a resident once all of the residents are served
Use resident specific assistive devices as prescribed for feeding/drinking
Encourage independence and assist with cueing, hand-over-hand
Skill #10 Feed the resident who is in a chair</p> <p>10. Food consistencies-identify: regular, soft mechanical, puree, liquid; clear liquid, full liquid, soft</p> |
|--|---|

Principles of nutrition needs.

A. Six basic essential nutrient groups.

1. Carbohydrates
2. Fats
3. Proteins
4. Vitamins
5. Minerals
6. Water

C. Physiological functions/purposes of the six essential nutrients.

D. Serving sizes for each food group (not just serving size listed on package)

Recognizes personal, cultural, religious and medical conditions leading to variations in the diet.

Personal preferences for food based on:

1. Personal choices
2. Cultural choices
3. Religious teachings

Personal preferences for food preparation.

Food allergies/intolerances

Describes contributory factors and remedies to address age related dietary problems.

Dietary concerns

Gives examples of age related factors that influence adequate dietary intake

Dietary problems of seniors, including signs and symptoms

1. Loss of appetite
2. Reduced sense of taste

- 3. Loss of dentation 4. Denture problems 5. Dehydration
- 6. Malnutrition
- 7. Severe weight loss 8. Severe weight gain
- Situational factors 1. Ileostomies
- 2. Dysphagia
- 3. Confusion
- 4. Medications

Describe situational factors that influence/interfere with adequate intake.

Provides care to assist in meeting dietary needs of residents.

- 5. Depression
- 6. Grief
- 7. Immobility
- 8. Medical problems
- C. Aspects of nursing assistant care.
- Socialization
- Atmosphere
- Presentation of food
- Variety of seasonings
- Oral inspection and hygiene
- Denture care
- Adequate fluid intake
- using a variety of fluids
- Comfort foods
- Thickened liquids
- Liberalized diets -
- comfort foods

Provides and restricts fluids as ordered.

- A. Identifies need for adequate hydration.
- B. Lists sources for fluid intake.

Adequate hydration

- A. Need for adequate hydration and thirst mechanism
- B. Sources of fluids
 - 1. Oral fluids
 - 2. Food
 - 3. Intravenous fluids

This workforce solution was funded by a grant awarded by the U. S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U. S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.