

## **GENERAL INFORMATION, EXAM REQUIREMENTS AND SKILLS STEPS REVIEW PACKET**

Since 1992, the American Red Cross has tested over 350,000 candidates for skill competency. Successful completion of both skills and written tests, along with a fingerprint clearance from the Department of Justice (DOJ), will qualify you to become a Certified Nurse Assistant (CNA).

The skills test consists of four skills representing the learned course content. The students will be evaluated on the accurate demonstrations of each skill performed, including incorporating the Six Principles of Care. The written portion of the examination consists of 60 multiple-choice questions with a two hour time limit.

### **YOU WILL RECEIVE TEST RESULTS THE SAME DAY**

Students with documented disabilities, needing special accommodations must contact Mark Prill, Program Manager at [mark.prill@redcross.org](mailto:mark.prill@redcross.org), and two weeks in advance for prior authorization.

### **YOU WILL WANT TO KNOW.....**

WHAT TO BRING TO THE EXAM/EXAM DAY INFORMATION	page 2
ABOUT PASSING BOTH PARTS OF THE EXAM	page 3
ABOUT <u>NOT</u> PASSING ONE OR BOTH PARTS OF THE EXAM	page 3
HOW TO VERIFY YOUR CNA CERTIFICATE ONLINE	page 3
ABOUT CANCELLATIONS/RESCHEDULING/REFUND POLICIES	page 4
ABOUT THE <u>SIX PRINCIPLES OF CARE</u>	page 4-5
WHAT ARE OPENING AND CLOSING PROCEDURES?	page 5
ABOUT COMMUNICATION WITH THE RESIDENT	page 6
WHAT YOU NEED TO REMEMBER DURING THE SKILLS TEST	page 7
HOW TO MAKE CORRECTIONS DURING THE SKILLS TEST	page 7-8
HOW TO PERFORM THE <u>TWENTY FIVE</u> (25) SKILLS	page 8-22

## THREE (3) ITEMS TO BRING TO THE EXAM

### Item No. 1—State Application Form CDPH 283B

The form must be signed and dated in colored pen (red, blue, or green) by a Registered Nurse, who is authorized to verify that the student has completed an approved CNA training program. Signature must include the title (, RN).

OR

### Item No. 1—State Approval Letter CDPH 932

This document must include the candidate's correct information, be signed and dated by an ATCS Representative, have the CDPH 99 stamp, and be embossed with a State Seal

**NOTE:** First and Last names that appear on Form CDPH 283B or State Approval Letter CDPH 932, must also be present on both Valid Picture ID and Social Security Card.

### Item No. 2—Valid Picture ID/Choose one of the following:

State Driver's License /State ID Card

High School ID Card (ages 16-18)

U.S. Military ID Card

Military Dependent's ID Card

Passport or Passport Card

Permanent Resident Visa /Alien Registration Card

Certificate of U.S. Naturalization (form N-550 or N-570)

### Item No. 3 — Social Security Card:

Social Security Card or a document issued by the Social Security Administration verifying your name and Social Security number. **Laminated Social Security Cards are NOT acceptable.**

## ADDITIONAL EXAM DAY INFORMATION

All required IDs and documents presented at the testing site must be originals and cannot be expired. No copies of IDs or documents will be accepted. IDs and documents must be readable and unaltered.

Arrive 30 minutes prior to your scheduled appointment time. Set aside the entire day (from 8:00 AM to 5:00 PM). The length of the day will vary, depending on the number of students scheduled to test.

It is not possible to accommodate special schedules (i.e. students needing to leave before their scheduled test is over). If you leave without completing a test, you forfeit that testing opportunity. The California Department of Public Health (CDPH) allows you three (3) opportunities.

**Recommended:** Uniform/scrubs (any color) and non-skid, supportive shoes. Eat before arriving to exam. Bring a non-perishable lunch or snack and water. Pencils will be provided...bring a black or blue pen.

**STUDY MATERIALS ARE NOT ALLOWED AT THE EXAM SITE**

**\*\*THERE ARE NO REFUNDS\*\***

## **PASSING BOTH PARTS OF THE EXAM**

There are two (2) parts to the Competency Exam; a Skills Test and a Written Test.

- When you pass the Skills Test, you will be given a Skills Completion Card by the RN (Skill Evaluator).
- When you pass the Written Test, you will be given a Written Completion Card by the Proctor.
- When you have passed both parts of the exam, you will be issued a Completion Certificate.
- Successful completion of both parts of the exam, along with DOJ fingerprint clearance, is required to be a CNA.
- The California Department of Public Health (CDPH) will mail your State \*Certificate to you within six (6) weeks.

**NOTE:** \*This is a Certificate, not a License. You may verify your CNA Certification Online <http://www.cdph.ca.gov/certlic/occupations/Pages/AidesAndTechs.aspx>

## **NOT PASSING ONE OR BOTH PARTS OF THE EXAM**

If you are unsuccessful with either part of the exam, you will need to schedule a 're-test':

- You are allowed three (3) attempts to pass both parts of the exam (during the two (2) years that your CDPH 283B is valid) **or** (before the "must successfully pass the evaluation by" date on the CDPH 932).
- Your CDPH 283B is valid for two (2) years after the date that you completed your training program. The CDPH 932 has a "must successfully pass the evaluation by" date printed on it.
- You only pay for the part of the exam that you need to retake: \$65.00 (Skills); \$40.00 (Written) **or** \$55.00 (Oral Test).
- For **all** testers that have one (1) Completion Card: you will **Not** be allowed to test without presenting your card.
- If you have **not** passed both parts of the exam, after your 3rd attempt, the examiner will retain your CDPH 283 B or CDPH 932 **and** your Completion Card (if you have a card). You must then be re-trained\*.

## PAYMENT POLICY

- A \$30 fee will be assessed when you cancel or reschedule your exam date.
- Exam fees not used within 90 days from receipt of payment will result in forfeiture of entire exam fee.
- After payment has been received, **THERE ARE NO REFUNDS.**

**Call (800)-627-7000 to schedule an exam date**

## THE SIX PRINCIPLES OF CARE

Each skill demonstration **MUST** include **ALL** *Six Principles of Care*. Memorizing the first six (6) letters in the word “Discipline” may be helpful to remember these principles.

1. **D** Dignity
2. **I** Infection Control
3. **S** Safety
4. **C** Communication
5. **I** Independence
6. **P** Privacy

### Dignity

- Use respectful interaction with the resident at all times
- Maintain face-to-face contact whenever possible (speak directly to resident)
- Address the resident by his/her last name: (LEE, Mary H.) = “Mrs. Lee”

### Infection Control

- Wash and/or sanitize hands before and after skill demonstration (repeat as needed)
- Wear gloves and PPE when necessary; use table barriers, trash & linen bags
- Carry linen/supplies away from uniform; keep linen off of floor

PPE - personal protective equipment

### Safety

- Validate/check ID-band; greet resident using the actual name on the band
- Use correct body mechanics; lock brakes; use side-rails if necessary, ↑↓Bed
- Place call-light; provide comfort (be gentle, check alignment at FOB, use pillows)
- Be observant regarding supplies -- use correctly

FOB - foot of bed

## **Communication**

- Introduce yourself with your name and your correct title
- Use good interpersonal skills (conversation, interaction, give clear directions)
- Explain the procedure (using non-medical terms); report and record

## **Independence**

- Ask permission to perform the skill (using non-medical terms)
- Encourage resident to make choices
- Encourage resident to manage as much of care as possible

## **Privacy**

- Knock on door before entering
- Pull the curtain; shut the door
- Drape the resident when necessary; do not over/unnecessarily expose resident's body

## **“OPENING PROCEDURE”**

### **Beginning the skill demonstration:**

1. Wash /Sanitize hands
2. Knock; pause for a response; enter the room
3. Greet the resident (example: “Good morning”)
4. Introduce yourself with name/title (example: “I’m Paul, your nurse assistant”)
5. Ask for permission to check the ID band (read name on band)
6. Respectfully greet the resident by name (example: “Nice to meet you Mr. Lim”)
7. Explain procedure and ask permission to perform skill.
8. Gather supplies (you must really gather all supplies you will need)
9. Provide privacy

## **“CLOSING PROCEDURE”**

### **Ending the skill demonstration:**

1. Re-verify that your resident is positioned comfortably and is correctly aligned
2. Place resident's bed in lowest position
3. Raise side rail or rails (if necessary)
4. Place and secure the call-light within reach of the resident's hands
5. Place over-bed table within reach (i.e. holds phone, tissues, water, if applicable)
6. Open privacy curtains
7. Wash / Sanitize hands
8. Say "goodbye" and Exit room
9. Report and record

## COMMUNICATION DURING OPENING PROCEDURE

### Opening Procedure:

1. You have **Washed hands** BEFORE entering room, SIMULATED a "**Knock**" on the Door—**while saying** *“knock, knock”*
  2. **Introduce yourself and identify resident by checking the ID band**—*“Good morning, my name is Sean McKnight and I’ll be your Student Nurse Assistant today...may I check your ID band please?”* (Check the band; read/say resident’s name aloud). *”Thank You... I see that your name is Mrs. Jane Wilson... it’s very nice to meet you, Mrs. Wilson.”*
  3. **Explain procedure/ask for permission to perform skill**—*“Mrs. Wilson, the Nurse has asked me to take your blood pressure at this time. Is that alright with you?”* ... (Resident’s response)... *“Thank You, Mrs. Wilson.”*
  4. **Gather supplies**—*“Mrs. Wilson, I’ll go wash my hands again and gather the supplies I’ll need...here’s your call-light* (Place it within reach of resident’s hand)...*I’ll be back in just a moment.”*
    - Collect **ALL** items needed, carrying them away from your uniform.
    - Place a barrier (blue chux) on over-bed table and neatly arrange your supplies
- NOTE:** You forgot some supplies? Ensure resident’s safety; wash hands; tell the resident where you are going.
5. **Provide privacy**—SIMULATE closing the curtain and the door **while saying** *“I’ll close the door and the curtain for your privacy now.”*

## COMMUNICATION DURING CLOSING PROCEDURE

### Closing Procedure:

1. **Position resident comfortably in correct body alignment**—*“Would you like to get back into bed?”* Stand at foot of bed and say *“I’m just checking to be sure you are comfortably aligned in bed.”* Or ask, *“Would you like to remain seated on your bed?”*
2. **Raise side rails**—*“I’ll raise your side rails now, for your safety”* (Tell/warn resident ahead of time). Or *“If there is an order for side rails, I will raise/lower your rails...”*
3. **Return bed to lowest position**—*“I’ll be lowering your bed now, for your safety”* (Tell/warn resident ahead of time).
4. **Place call light within reach**—*“Here’s your call-light Mrs. Wilson, I’m clipping it right here, next to your hand. Can you test it now by pressing the red button? Great...that’s exactly how it works.”*
5. **Open privacy curtains**—*“I’m about to leave now, Mrs. Wilson...would you prefer your curtains open or closed at this time?”*
6. **Say goodbye**—*“Let me double check to make sure your phone, water, TV control and tissues are within easy reach. Did you need anything else before I go? OK, Goodbye Mrs. Wilson...if you need anything, just press the call button.”*
7. You have **Washed your hands**, AFTER completing your procedure, just before you walk out the door to leave resident’s room; next you will **Report and record**—you can say to the resident: *“I’ll report your blood pressure to the NURSE and record it in your chart.”*

## REMEMBER TO DO “DURING the PROCEDURE”

### TO-DO LIST: (during the skill demonstration)

1. Maintain a confident and professional manner. Speak up. Be natural. Breathe.
2. **DO NOT RECITE** “skill steps” to the Skill Evaluator.  
**DEMONSTRATE** the skill as you would do it in the work situation..
3. You **WILL DEMONSTRATE** the skill in order for the RN to **EVALUATE** your performance.
4. Use good interpersonal skills (conversation, interaction, give clear directions)
5. Interact with the resident in a **PROFESSIONAL** manner.
6. When speaking to the resident, maintain face-to-face contact when possible
7. Remember to **USE** good body mechanics while performing your skill
8. Demonstrate safety (**YOUR** safety, **RESIDENT’S** safety, **EQUIPMENT** safety)
9. Be safe and gentle when moving the resident’s body (do not cause pain/injury)
10. Check alignment (stand at FOB to look at resident’s body from “head-to-toe”)
11. Check for comfort (adjust pillows; check head, shoulders, bony areas, joints)
12. Demonstrate good infection control measures (throughout skill performance)
13. You must include **ALL Six Principles of Care** during each skill demonstration

FOB - foot of bed

### HOW TO MAKE CORRECTIONS DURING THE SKILL EXAM

#### Skill corrections that ARE allowed:

1. You can verbally correct any of the Six (6) Principles of Care.
2. When you are done with your “Closing Procedure”, the Skill Evaluator will say, “[Looking at the Six Principles of Care, which are posted on the wall, is there anything that you would like to add or change about your skill?](#)”
3. This is the time that you will briefly pause to think about the skill that you just performed. Carefully look at each of the six (6) principles. Thoughtfully review them to be sure that you DEMONSTRATED all six (6) principles during your skill. Review what you did (or should have done) for each of the six (6) principles. **Speak up--**to be sure you get credit for any corrections you are making. Clearly tell the Evaluator if you need to make corrections.

#### Examples of how to review each principle

- “for **Dignity**, I would have called her by her last name...”
- “for **Infection Control**, I should have washed my hands before and after the skill...”
- “for **Safety**, I didn't check the ID band ...”
- “for **Communication**, I introduced myself, but I didn't explain what I was going to do...”
- “for **Independence**, I could have encouraged my resident to hold the mirror/ hold the basin...”
- “for **Privacy**, I should have knocked on the door and I should have closed the curtain

**Skill corrections that are NOT allowed:**

1. You may **not** simply “read” the principles aloud. You will **not** get credit by saying “*I would do more Dignity, I would do more Infection Control, Safety, Communication, Independence, and I forgot to do Privacy too!*” **See examples above for what to say when corrections are made.**
2. You may **not** correct your **entire** skill demonstration “verbally”. You must re-demonstrate. You will **not** get credit for simply saying:
  - “I should have put the gait belt on a little tighter. It was too loose...”
  - “I would have raised the head of the bed a little higher...”
  - “I really should have wiped from front to back. Not back to front...”

**NOTE:** You have 10 minutes to complete each skill. If a correction is made and time allows, the RN (Skill Evaluator) will ask you to re-demonstrate by saying “*Please show me how you would do that*”. You will then receive credit for your corrected demonstration.

## **LIST OF 25 SKILLS FOR TESTING STATIONS A -- B – C**

Each student will randomly choose one (1) Skill Card at each of the three (3) Skill Stations.

**The 25 Skills are:**

- 1: **Handwashing** (using soap and water)
- 2: Put on and Remove Gown and Gloves
- 3: Position the Resident in a Fowler’s Position
- 4: Position the Resident in a Side-Lying (Lateral) Position
- 5: Transfer the Resident from Bed to Chair Using a Gait Belt
- 6: Make an Occupied Bed
- 7: Brush the Resident’s Dentures
- 8: Mouth Care for an Unconscious Resident
- 9: Give the Resident a Partial Bed Bath (Upper Body)-Face-Neck-Chest- Abdomen-Arms-Hands
- 10: Give the Resident a Partial Bed Bath (Lower Body)-Hips-Legs-Feet
- 11: Give the Resident a Back Rub/Massage
- 12: Give the Resident Perineal Care (Female Resident)
- 13: Shave the Resident
- 14: Clean and Trim the Resident’s Fingernails
- 15: Dress the Resident with a Paralyzed/Contracted Arm
- 16: Serve the Meal Tray and Feed the Paralyzed Resident
- 17: Measure and Record the Height of a Resident Using an Upright Scale
- 18: Measure and Record the Weight of a Resident Using an Upright Scale
- 19: Assist the Resident with the Bedpan
- 20: Count and Record the Resident’s Radial Pulse
- 21: Count and Record the Resident’s Respirations
- 22: Take and Record the Resident’s Blood Pressure
- 23: Perform Passive Range of Motion (Upper Body) - Shoulders-Elbows-Wrists-Fingers
- 24: Perform Passive Range of Motion (Lower Body) - Hips-Knees-Ankles-Toes
- 25: Assist the Resident in Walking Using a Gait Belt

## **STUDY GUIDE/ SKILL STEPS**

These are not intended to take the place of your teacher's instructions, your text book, or your school's curriculum--they are guidelines.

Each student will demonstrate **Handwashing** (Skill #1) at a real sink, using soap and water.

### **Skill #1: Handwashing (using real soap and water)**

1. Remove watch, or push it up on forearm, roll up sleeves.
2. Turn on water adjust temperature.
3. Wet hands and wrists. Apply soap.
4. Keep hands lower than elbows. Rub hands together to make a bubbly lather.
5. Re-wet hands/wrists and re-apply soap as needed.
6. Wash hands, fingers, and wrists for about 15 seconds (**not** under the water).
7. Rinse hands and wrists (avoid splashing), keep hands lower than elbows--no more rubbing needed.
8. Let hands drip; reach for paper towels.
9. Dry hands and wrists thoroughly (from fingertips to wrist). Discard towels.
10. Use a new clean paper towel to turn off the faucet.
11. Discard paper towel.

### **Skill #2: Put On and Remove Gown and Gloves**

1. Wash hands.
2. Choose appropriately sized gown and gloves.
3. Examine gown and gloves for any damage.
4. Put on gown (with opening in the back).
5. Overlap gown to fully cover uniform in the back.
6. Tie gown (securely) at the neck then the waist.
7. Put on gloves.
8. Pull gloves up (over) the gown cuff. (OK to make thumb-hole in gown cuff)
9. Knock; enter, and proceed with "opening procedure".
10. Perform some form of patient care.
11. Perform "closing procedure".
12. Remove PPE (at the appropriate time and place), without contaminating yourself.
13. Dispose of PPE properly (in the appropriate container and location).
14. Wash hands; exit room.
15. Report and record.

PPE - personal protective equipment

**Skill #3: Position the Resident in a Fowler's Position**

1. Perform "opening procedure"
2. Verbally acknowledge resident's complaint of "having difficulty breathing".
3. Adjust HOB to appropriate level as quickly as possible.
4. Re-check patient's breathing.
5. Perform comfort measures (pillows, raising FOB to prevent sliding, etc).
6. Perform "closing procedure"

HOB - head of bed

FOB - foot of bed

**Skill #4: Position the Resident in a Side-Lying (Lateral) Position**

1. Perform "opening procedure"
2. Use good body mechanics: raise level of bed, bend knees, spread feet apart.
3. Safely move the supine resident to the side (edge) of bed in 3-segments.
4. Cross resident's arms over chest or prepare correct arm in "stop-sign" position.
5. Cross ankles or bend the knee of the upper (top) leg.
6. Be sure side rail is up on the side resident is turned toward.
7. Place one hand on shoulder, the other on hip, and "log-roll" the resident.
8. Support resident's back by tucking a pillow, folded lengthwise behind back.
9. Support resident's top arm with a pillow in front of chest; use hand roll if needed.
10. Place resident's top leg slightly forward, with knee bent; support it with a pillow.  
(Can be placed so knees and ankles do not rub together).
11. Be sure that the top leg/foot does not rest on the lower leg/foot.
12. Stand at FOB to see if resident's body is properly aligned.
13. Resident should not be lying on his/her arm or shoulder.
14. Adjust pillow to cradle/support resident's head/face comfortably.
15. Perform "closing procedure"

FOB - foot of bed

**Skill #5: Transfer the Resident from Bed to Chair Using a Gait (Safety) Belt**

1. Perform “opening procedure”
2. Place chair or wheelchair near the bed.
3. Remove/fold back wheelchair footrest and lock bed/wheelchair brakes (if used).
4. Raise HOB fully to assist resident to a sitting position.
5. Lower side rail nearest to chair.
6. To Dangle: place one arm behind resident's back and the other arm under the thighs.
7. Encourage resident to assist in turning to a sitting position, placing feet flat on the floor.
8. Assist resident with robe and non-skid shoes (may do prior to dangle).
9. Stand in front of resident to apply gait belt snugly around resident's waist, with room between resident's body and belt to grasp belt, with hands at each side of waist.
10. Place your knee, (furthest from wheelchair), between resident’s knees.
11. Use a secure, underhand (palms-up) grasp to hold belt at each side of resident’s waist.
12. May instruct resident to assist (to stand) by pressing hands on mattress.
13. On the count of "three", assist resident to a standing position, maintaining palms-up grasp on belt.
14. If belt loosens upon standing, assist resident to sit on the bed for all belt adjustments.
15. Turn, taking steps along with the resident, until resident is right in front of chair.
16. Lower resident into chair, then release your grasp and remove gait belt. Remove belt carefully, lifting it away from resident’s body (to avoid injury from friction).
17. Position wheelchair footrest and provide a lap blanket.
18. Perform “closing procedure”

HOB - head of bed

**Skill #6: Make an Occupied Bed**

1. Perform "opening procedure"
2. Remove and fold any reusable linen (blanket/spread) and place over a clean chair.
3. Raise side rail, roll resident away from you, towards opposite side.
4. Only rail down is on the side where you'll be working.
5. For resident's comfort, leave pillow under head and top sheet in place.
6. Wear gloves while handling soiled linens, then discard gloves and wash hands.
7. Loosen and roll all dirty bottom linens toward resident and tuck against back.
8. Secure ½ of clean (fitted) bottom sheet on the bare mattress, with minimal wrinkles.
9. Roll other ½ of clean (fitted) bottom sheet towards resident, tucking it under old sheets.
10. Flatten the rolled sheets and help the resident roll over the linen, towards you.
11. Raise the side rail; go to the opposite side; lower the side rail.
12. Remove dirty linens; place in linen bag (on FOB or on chair with barrier).
13. Pull clean bottom linens towards you and secure onto mattress with minimal wrinkles.
14. Center resident on back and comfortably aligned; raise both side rails.
15. Cover resident with clean top sheet. Resident can hold it as you remove the old one.
16. Place blanket/spread over top sheet and miter together at FOB; make a toe pleat.
17. Neatly fold hem of top sheet down over the blanket/spread.
18. Wear gloves (as necessary) to dispose of linens. Remove gloves and wash hands.
19. Perform "closing procedure"

FOB - foot of bed

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Take dirty dentures (already in denture cup) and supplies to sink area.
4. Line bottom of sink with a washcloth or small towel. Turn on water without splash.
5. Place dirty dentures in emesis basin. Clean denture cup and fill with cool water.
6. Apply toothpaste (or denture cleanser) to toothbrush (or denture brush).
7. Brush all areas of dentures (on both sides of each plate) within sink area.
8. Handle dentures carefully by holding/brushing one plate at a time.
9. Rinse dentures under cool, running water.
10. Place dentures back in denture cup that is (filled with clean, cool water.)
11. Offer mouthwash solution/sponge-tipped swabs, emesis basin for oral hygiene.
12. Clean and store equipment. Dispose of linens and trash appropriately.
13. Remove gloves and wash hands.
14. Perform “closing procedure”

**Skill #8: Mouth Care for the Unconscious Resident**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Gently position resident’s head towards you. (Entire body may be turned to side)
4. Place a towel or water-proof barrier under head and over chest.
5. Place emesis basin under the chin, at side of resident’s face, if resident is fully lateral.
6. Open packages of sponge-tipped swabs and/or lemon glycerin swabs.
7. Prepare a small cup of mouthwash/water solution to dip sponge-tipped swabs.
8. Gently open mouth and separate teeth with a padded tongue-blade.
9. Clean entire mouth (roof, tongue, cheeks, teeth, gums, lips)--use sponge-tipped swabs for cleaning and glycerin swabs for stimulating moisture and refreshing.
10. Place used swabs directly into trash bag.
11. Dry resident’s face. Remove basin, towels, and water-proof barriers.
12. Apply lip lubricant.
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves and wash hands.
15. Perform “closing procedure”

**Skill #9: Give the Resident a Partial Bed-Bath (Upper Body):**

### **Face-Neck-Chest-Abdomen-Arms- Hands**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Drape resident for warmth and privacy with a bath blanket.
4. Keep linens dry by placing a towel/water-proof barrier under limbs while washing.
5. Gently wash (with soap), rinse and pat-dry entire upper body, starting with face\*.
6. Only uncover one area at a time to ensure warmth, dignity, and privacy.
7. Leave resident draped and comfortable when bath is completed.
8. Clean and store equipment. Dispose of linens and trash appropriately.
9. Remove gloves and wash hands.
10. Perform “closing procedure”

\* may omit soap for face (as desired)

### **Skill #10: Give the Resident a Partial Bed-Bath (Lower Body): Hips-Legs-Feet**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Drape resident for warmth and privacy with a bath blanket.
4. Keep linens dry by placing a towel/water-proof barrier under limbs while washing.
5. Gently wash (with soap), rinse and pat-dry entire lower body, starting with hips.
6. Only uncover one area at a time to ensure warmth, dignity, and privacy.
7. Leave resident draped and comfortable when bath is completed.
8. Clean and store equipment. Dispose of linens and trash appropriately.
9. Remove gloves and wash hands.
10. Perform “closing procedure”

### **Skill #11: Give the Resident a Back Rub (Massage)**

1. Perform “opening procedure”
2. Apply gloves (if necessary).
3. Place resident in a comfortable side lying position with side rail up.
4. Keep resident draped for warmth and privacy with a bath blanket.
5. Place towel on bed (behind back) to protect linens.
6. Only uncover back/partial buttocks area to ensure warmth, dignity, and privacy.
7. Squeeze lotion into palms and rub hands together to “warm” lotion.
8. Starting at the coccyx, gently rub resident’s back in large, long, circular motions.
9. Work your way up to the shoulders, massage them and continue back down to coccyx.
10. Continue back rub using circular and/or long strokes for 3-5 minutes.
11. Assist resident into position of choice.
12. Cover resident with sheet (bed linens) and remove bath blanket.
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves (if worn) and wash hands.
15. Perform “closing procedure”

**Skill #12: Give the Resident Perineal Care (Female Resident)**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Gently assist resident into a supine position with knees bent and legs apart.
4. Place a linen protector under resident’s buttocks.
5. Keep resident warm and completely draped with a bath blanket.
6. Only uncover peri-area/buttocks-area to ensure warmth, dignity, and privacy.
7. Wash (using soap/peri-wash), rinse, and pat-dry genital area from front to back (while resident is in supine position).
8. Wash (using soap/peri-wash), rinse, and pat-dry rectal area from front to back (resident is in a side-lying position with side-rail up).
9. Use a different part of the washcloth/mitt for each wipe/stroke.
10. Remove gloves, wash, re-glove to assist resident into position of choice.
11. Cover resident with sheet (bed linens) and remove bath blanket.
12. Wear gloves to clean and store equipment. Dispose of linens and trash appropriately.
13. Remove gloves and wash hands.
14. Perform “closing procedure”

**Skill #13: Shave the Resident**

1. Perform “opening procedure”
2. Place barrier for supplies to maintain clean set-up.
3. Place clothing protector to resident’s chest area prior to shave.
4. Assess skin for abrasions, moles, and/or direction of hair growth.
5. Check razor for rust, chips, or breaks.
6. Soften beard with warm, moist cloth before applying shaving cream.
7. Apply shaving cream to resident’s face.
8. Apply gloves before shaving. (Remove gloves, sanitize hands, and re-glove as needed)
9. Hold skin taut to prevent nicks.
10. Shave face using downward strokes, in direction of hair growth.
11. Rinse razor often during procedure to remove hair/excess shaving cream.
12. Wipe/rinse resident’s face of remaining lather after the shave.
13. Dry resident’s face.
14. Offer resident a mirror.
15. Offer resident choice of after-shave or shaving lotion.
16. Remove towel from resident, clean equipment and return to proper area.
17. Dispose of razor in sharps container.
18. Dispose of linens and trash appropriately.
19. Remove gloves and wash hands.
20. Perform “closing procedure”

**Skill #14: Clean and Trim the Resident's Fingernails**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Soak resident’s hands/fingernails in a basin of warm water. Use soap to clean them.
4. Place towel under resident’s hands for comfort and hygiene.
5. Push back cuticles gently with a washcloth and/or orange stick padded with cotton.
6. Use orange stick to clean under dirty fingernails.
7. Change water and rinse resident’s hands.
8. Dry resident’s hands thoroughly.
9. Use clippers to trim fingernails straight across.
10. Use nail file/emery board to smooth rough and sharp edges.
11. Offer lotion and gently massage resident’s hands.
12. Dispose of linens and trash appropriately.
13. Return clippers to facility designated dirty area (or to resident’s personal grooming kit).
14. Remove gloves and wash hands.
15. Perform “closing procedure”

**Skill #15: Dress the Resident with a Paralyzed and Contracted Arm**

1. Perform “opening procedure”
2. Allow resident choice of clothing/gown.
3. Pull the curtain and/or shut the door to maintain resident’s privacy.
4. Keep resident covered with a bath blanket until fully dressed.
5. Dress the resident’s paralyzed (weak) arm first, with the entire arm completely through the sleeve before dressing the other arm.
6. Move resident’s arms gently and naturally without force.
7. Encourage resident to assist with non-paralyzed arm as able.
8. Dispose of linens and trash appropriately.
9. Perform “closing procedure”

**Skill #16: Serve the Meal Tray and Feed the Paralyzed Resident**

1. Perform “opening procedure”
2. Validate/check for the correct resident by reading name printed on ID band.
3. Offer resident a washcloth for hands before meal.
4. Clean over bed table before serving the meal.
5. Select correct meal tray from meal cart by checking the diet card located on tray.
6. Compare dietary card with resident’s name; check for correct diet; be alert for allergies.
7. Verify that the food items on tray match diet (lift the plate cover “lid” to see the food).
8. Drape resident with a towel/clothing protector prior to feeding.
9. Open containers, cut meat, offer condiments, remove items NOT allowed, etc.
10. Check temperature of hot liquids/food items.
11. Allow the resident time to chew food; feed resident slowly, without rushing.
12. Offer liquids between swallows as needed.
13. Offer the resident choices during meal; encourage use of unaffected hand.
14. Offer the resident a washcloth for hands after meal.
15. Clean over-bed table after meal.
16. Dispose of linens and trash appropriately.
17. Remove tray and note % of meal eaten and cc’s of fluids taken.
18. Perform “closing procedure”

**Skill #17: Measure and Record the Height of a Resident Using an Upright Scale**

1. Perform “opening procedure”
2. Place chair at side of scale.
3. Gather paper towel (to place on scale platform).
4. Assist resident to put on non-skid shoes.
5. Drape resident with a robe.
6. Keep one hand behind/near resident while walking to the scale.
7. Place paper towel on scale platform.
8. Assist the resident to sit in the chair to remove shoes.
9. Assist the resident to step on the scale from the side, facing away from scale.
10. Raise height bar safely.
11. Lower height bar until it touches the top of the resident’s head and is level with the resident’s head.
12. Read resident’s height at correct location.
13. Record resident’s height, using words, abbreviations, or symbols: (feet, ft. or ‘ (inches, in. or “) (centimeters or cm.)
14. Assist resident to step safely off scale.
15. Assist resident to sit in the chair and to put non-skid shoes back on.
16. Remove paper towel from scale platform and discard (gloves may be worn).
17. Assist resident back to room, keeping one hand behind/near resident while walking.
18. Perform “closing procedure”

**Skill #18: Measure and Record the Weight of a Resident Using an Upright Scale**

1. Perform “opening procedure”
2. Place chair at side of scale.
3. Gather paper towel (to place on scale platform).
4. Assist resident to put on non-skid shoes.
5. Drape resident with a robe.
6. Keep one hand behind/near resident while walking to the scale.
7. Place paper towel on scale platform.
8. Assist the resident to sit in the chair to remove shoes/robe.
9. “Zero” (balance) scale prior to the resident standing on scale platform.
10. Assist the resident to stand on scale platform.
11. Measure the resident’s weight correctly by sliding weights to appropriate areas until scale indicator balances. (Begin with "large weight" clicked in place)
12. Adjust smaller weight indicator to balance.
13. Read scale and record the resident’s weight in pounds (lbs) or kilograms (kg).
14. Assist the resident to step safely off the scale.
15. Assist resident to sit in the chair and to put non-skid shoes/robe back on.
16. Remove paper towel from scale platform and discard (gloves may be worn).
17. Assist resident back to room, keeping one hand behind/near resident while walking.
18. Perform “closing procedure”

**Skill #19: Assist the Resident with a Bedpan (Standard or Fracture)**

1. Perform “opening procedure”
2. Apply gloves. (Remove gloves, sanitize hands, and re-glove as needed)
3. Assist resident to lift hips, slide linen protector and bedpan under buttocks.
4. Place the resident on the bedpan correctly with resident’s buttocks well-centered over the opening of the bedpan. (Note the direction of the bedpan)
5. Drape the resident with a bath blanket/sheet while on the bedpan.
6. Remove gloves and sanitize hands.
7. Raise head of the bed for resident’s comfort.
8. Leave call light within resident’s reach, before leaving room--to allow privacy.
9. Return to room when resident signals or after no more than 5 minutes.
10. Lower head of resident’s bed.
11. Wash hands and reapply gloves.
12. Turn resident to the side and remove the bedpan. Cover it and properly place it out of the way (on FOB or on chair with barrier).
13. While resident is on the side, wipe the resident from front to back.
14. Place soiled toilet paper into prepared (cuffed) plastic trash bag.
15. Assist resident to lift hips; remove linen protector and discard it in the trash bag.
16. Discard gloves, sanitize hands, and raise side rail.
17. Reapply gloves -- take bedpan to the bathroom.
18. Observe any abnormalities in bowel movement (for reporting and recording).
19. Empty bedpan in toilet.
20. Clean and rinse bedpan and store in proper area.
21. Dispose of linens and trash appropriately.
22. Remove gloves and wash hands.
23. Perform “closing procedure”

FOB - foot of bed

**Skill #20: Count and Record the Resident's Radial Pulse**

1. Perform “opening procedure”
2. Place resident’s hand in comfortable resting position prior to counting pulse.
3. Place your fingertips correctly on the radial artery (thumb side of wrist).
4. Count the resident’s radial pulse using a second hand watch for one (1) minute.
5. Record the resident’s radial pulse within (plus or minus) 5 beats of Evaluator’s result.
6. Perform “closing procedure”

**Skill #21: Count and Record the Resident's Respirations**

1. Perform “opening procedure”
2. Avoid telling resident that respirations are being counted; you can say you are “taking vital signs” while pretending to take resident’s pulse).
3. Count resident’s respirations using a second hand watch for one (1) minute.
4. Record resident’s respirations within (plus or minus) 2 breaths of the Evaluator’s recording.
5. Perform “closing procedure”

**Skill #22: Take and Record the Resident's Blood Pressure**

1. Perform “opening procedure”
2. Place resident’s arm, with the palm up, in a comfortable resting position.
3. Clean the stethoscope’s diaphragm/bell and earpieces with alcohol before use.
4. Feel for the resident’s brachial artery on the inner aspect of the resident’s arm.
5. Wrap the blood pressure cuff snugly around the resident’s arm, approximately 1-2 inches above the ante-cubital area.
6. Correctly place the stethoscope earpieces in your ears.
7. Safely and correctly place the diaphragm of the stethoscope over the brachial artery.
8. Inflate the cuff.
9. Let the air out smoothly, at a safe rate (2-4 mm Hg per second), and listen for the first sound (the systolic reading).
10. Continue steady deflation as you listen for the last sound-- becomes quiet/almost silent (the diastolic reading).
11. Remember the readings to be able to record them.
12. Quickly let all air out of the cuff (completely deflate).
13. Record the blood pressure reading correctly within (plus or minus) 8mm Hg of the Evaluator’s recording (systolic and/or diastolic).
14. Remove the blood pressure cuff from resident’s arm.
15. Perform “closing procedure”

**Skill #23:**

**Perform Passive Range of Motion (Upper Body) Shoulders-Elbows-Wrists-Fingers**

1. Perform “opening procedure”
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.
4. Ask resident to inform you if any pain or discomfort is experienced during the exercises.
5. Safely and gently exercise the resident’s shoulder, elbow, wrist and fingers, supporting and moving each joint gently and naturally (without force to limbs or joints).
6. Exercise each joint in as many patterns as are appropriate and safe for the joint.  
Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation
7. Each pattern must be demonstrated at least 3 times for each joint.
8. Ask frequently during the exercises if the resident is having any pain.
9. Repeat exercises on the other arm.
10. Perform “closing procedure”

**Skill #24:**

**Perform Passive Range of Motion (Lower Body) Hips-Knees-Ankles-Toes**

1. Perform “opening procedure”
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.
4. Ask resident to inform you if any pain or discomfort is experienced during the exercises.
5. Safely and gently exercise the resident’s hip, knee, ankle and toes, supporting and moving each joint gently and naturally (without force to limbs or joints).
6. Exercise each joint in as many patterns as are appropriate and safe for the joint.  
Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation
7. Each pattern must be demonstrated at least 3 times for each joint.
8. Ask frequently during the exercises if the resident is having any pain.
9. Repeat exercises on the other leg.
10. Perform “closing procedure”

**Skill #25: Assist the Resident in Walking Using a Gait (Safety) Belt**

1. Perform “opening procedure”
2. Apply resident’s non-skid shoes and robe.
3. Stand in front of resident to apply gait belt snugly around resident's waist, with room between resident's body and belt to grasp belt, with hands at each side of waist.
4. Ask resident if he/she is dizzy before assisting resident to stand.
5. Use a secure, underhand (palms-up) grasp to hold belt at each side of resident’s waist.
6. May instruct resident to assist (to stand) by pressing hands on mattress.
7. On the count of "three", assist resident to a standing position, maintaining palms-up grasp on belt.
8. If belt loosens upon standing, assist resident to sit on the bed for all belt adjustments.
9. Maintain an upward grasp (one hand on belt OK) while walking the resident.
10. Remain slightly behind and to the side of the resident while walking.
11. Ask resident if he/she is dizzy, tired, in pain, or short of breath while walking.
12. Return resident back to the room.
13. Hold belt (with two hands) at each side of the resident’s waist, with an upward grasp, when seating the resident on the bed.
14. Remove belt carefully, lifting it away from resident’s body (to avoid injury from friction).
15. Perform “closing procedure”