STATE OF OHIO

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM

STANDARDS AND GUIDELINES

Revised 8/17/2022

STATE OF OHIO NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (TCEP)
STANDARDS AND GUIDELINES
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DEFINITIONS

Applicant
A long-term care facility (LTCF), employee organization, person or government entity that applies for a Training and Competency Evaluation Program (TCEP) or a Train-the-Trainer Program (TTT) in accordance with Chapter 3701-18 of the Ohio Administrative Code (OAC).

Classroom Instruction
The training and information, excluding the clinical experience, provided by a TCEP. Classroom instruction may include laboratory demonstration/return demonstration.

Clinical Experience (Paragraph (C) of OAC rule 3701-18-01)
The portion of a TCEP during which nurse aide trainees provide nursing and nursing-related services to residents in an Ohio LTCF as part of the training process and under the supervision of the primary instructor or in a laboratory under a variance granted by the Director.

Competency Evaluation Program (CEP)
See definition under “Test”.

Director
The director of health. The director may delegate any of the authorities or duties under Chapter 3701-18 of the OAC to any employee of the Ohio Department of Health or any person or governmental entity with whom the director has executed a contract for that purpose.

Facility-based (Paragraph (G) of OAC rule 3701-18-01)
A TCEP that is owned, operated, and conducted by a LTCF.

Guest Lecturer
An individual who meets the qualifications of paragraph (J) of rule 3701-18-09 of the OAC and assists the primary instructor of a TCEP by providing instruction in his or her area of expertise. A guest lecturer shall not perform any skills testing or other evaluation and shall not supervise any clinical experience.

Laboratory Demonstration/Return Demonstration
The use of individuals and equipment in a classroom setting for instructional purposes to approximate the care of residents in an LTCF.

Licensed Health Professional
Includes all of the following:

1. An occupational therapist or occupational therapy assistant licensed under Section 4755. of the ORC;
2. A physical therapist or physical therapy assistant licensed under Section 4755. of the ORC;
3. A physician as defined in Section 4730.01 of the ORC;
4. A physician's assistant for whom a physician holds a valid certificate of registration issued under Section 4730.04 of the ORC;
5. A registered nurse; a registered nurse holding a certificate of authority to practice in an advanced role; or licensed practical nurse licensed under Chapter 4723. of the ORC;
6. A social worker or independent social worker licensed, or a social work assistant registered under Chapter 4757. of the ORC;
7. A speech pathologist or audiologist licensed under Chapter 4753. of the ORC;
8. A dentist or dental hygienist licensed under Chapter 4715. of the ORC;
9. An optometrist licensed under Chapter 4725. of the ORC;
10. A pharmacist licensed under Chapter 4729. of the ORC;
11. A psychologist licensed under Chapter 4732. of the ORC;
12. A chiropractor licensed under Chapter 4734. of the ORC;
13. A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the ORC;
14. A dietician licensed under Chapter 4759. of the ORC; or
15. A respiratory care professional licensed under Chapter 4761. of the ORC.

Long-term Care Facility (LTCF) (Paragraph (K) of OAC rule 3701-18-01)
A nursing home as defined in Section 3721.01 of the ORC or a facility, or part of a facility, that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the "Social Security Act."

Minimum Hours
The least amount of time required to cover each subject matter component contained in a topic area.

Non-facility Based
A program that is not facility based.

Nurse Aide (NA)
An individual who provides nursing and nursing-related services under the delegation and supervision of a registered or licensed practical nurse to residents in an LTCF, other than a licensed health professional or an individual who provides nursing or nursing-related services as a volunteer without monetary compensation.

Nursing and Nursing-related Services (Paragraph (M) of OAC rule 3701-18-01)
"When performed by a NA in a long-term care facility, assigned or delegated activities that include attending to the personal care needs of residents and providing personal care services and activities assigned by a nurse which may include implementation of portions of the nursing regimen, as defined by division (C) of section 4723.01 of the Ohio Revised Code, for residents whose care does not require nursing assessment or the judgment of a nurse during the performance of the assigned activity. Nursing and nursing-related services does not include activities that are part of the nursing regimen which require the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill required of a licensed practical nurse under Chapter 4723 of the Ohio Revised Code or any other activities that are required to be performed by a licensed nurse under Chapter 4723 of the Ohio Revised Code."

Performance Objective
A statement that specifies, in measurable terms, what the trainees and participants are expected to know and execute as a result of successfully completing a training program.

Primary Instructor (PI)
An individual who meets the requirements of paragraph (C) of rule 3701-18-09 of the OAC and is responsible for providing the instruction and performing the skills testing, required by a TCEP approved by the director pursuant to Section 3721.31 of the ORC and Chapter 3701-18 of the OAC.

Program Coordinator (PC)
An individual who and is responsible for the overall administration and accountability of the TCEP as required by paragraph (A) of rule 3701-18-09 of the OAC, and who may provide training and skills testing as authorized by paragraph (B)(3) of rule 3701-18-09 of the OAC.

Required Hours
The total number of clock hours that are necessary to cover the content of a specific topic area.

Skills Testing
The PC or PI's observation of the nurse aide's ability to perform a specified task by determining the presence or absence of those critical elements essential for its successful execution.

Standard
A statement that specifies the subject matter required to be taught for each specific topic area in a training program.

Training and Competency Evaluation Program (TCEP)
A program of NA training and evaluation of competency to provide nursing and nursing-related services.

Test or Competency Evaluation Program (CEP)
A program through which the competency of a NA to provide nursing and nursing-related services is evaluated; this is the program conducted by the director through the state-selected testing service.

Trainee (Paragraph (S) of OAC rule 3701-18-01)
An individual who is enrolled in a TCEP approved by the director pursuant to Chapter 3701-18 of the OAC.

Training Program
A Training and Competency Evaluation Program (TCEP).

Years of Experience
Means 1,600 actual clock hours of work experience within one calendar year.

APPLICATION

Anyone may apply to conduct a TCEP as long as they meet the requirements specified in Chapter 3701-18 of the OAC. Such training programs may be either facility based or non-facility based. In the case where a TCEP is not based in an LTCF, the TCEP must make arrangements with an LTCF for the provision of the clinical experience.

It is strongly suggested that persons who intend to provide TCEPs approved by the ODH consider the trainee mix before they start the TCEP. People who will attend the TCEP come from a variety of educational backgrounds and levels of experience. Whenever possible, it is preferable to group the individuals who will be attending the program into groups of persons with similar backgrounds. This allows the persons providing the program to better target subject matter to the group than if they group has a wide variety of educational backgrounds and levels of experience.

There are other important definitions, distinctions and requirements which must be met by facility-based and non-facility-based TCEPs. This information can be found in Chapter 3701-18 of the OAC.

Questions concerning the TCEP should be addressed to:
The Ohio Department of Health, ATTENTION: NATCEP Unit, 246 North High Street, Columbus, Ohio 43215. Telephone: (614)752-8285; Fax (614)564-2596, E-mail: natcep@odh.ohio.gov.

INTRODUCTION

Chapter 3701-18 of the OAC for the State of Ohio establishes the requirements for Ohio's Nurse Aide Training and Competency Evaluation Program. These requirements mandate, that as of Jan. 1, 1990, all NAs working on a regular basis in Ohio's LTCFs must complete a 75-hour TCEP and pass a competency evaluation test conducted by the director. The objective of this NA training and competency evaluation requirement is the provision of quality services to residents in LTCFs by NAs who are able to:

1. Form relationships, communicate and interact competently on a one-to-one basis with LTCF residents as part of the team implementing resident care objectives;
2. Demonstrate sensitivity to the residents' physical, emotional, social and mental health needs through trained, directed interactions;
3. Assist residents in attaining and maintaining functional independence;
4. Exhibit behavior in support and promotion of residents' rights; and
5. Demonstrate observation and documentation skills needed in support of the assessment of the long-term care residents' health, physical condition and well-being.

In an LTCF setting that requires continuous 24-hour supervision over a period of years, the TCEP must address the residents' nursing, psychosocial, physical and environmental needs to the same extent as the medical needs. The TCEP must teach the attitudes and behaviors (which reflect attitudes) that promote the healthy functioning of residents both physically and emotionally, and focus on the

restoration and maintenance of the resident in as independent a status as possible. (These attitudes and behaviors of staff are able to be demonstrated in the day-to-day care environment in the LTCF).

The information that follows relates directly to the training of NAs in Ohio. In preparing this information, every effort has been made to follow the format for NA training as found in Chapter 3701-18 of the OAC. In addition, it is ODH's intent that this document serve as a:

- Guide for persons training NAs to interpret Ohio's standards for NA training;
- Framework for the development and implementation of NA training curriculum; and
- Basis for development of the monitoring guidelines to be used by evaluators for ongoing program review and approval.

Chapter 3701-18 of the OAC and the TCEP provisions of the Omnibus Budget Reconciliation Act (OBRA) address NA education in three distinct components. The components are:

- Orientation Program;
- TCEP (75 total hours composed of 16 hours of pre-resident contact and 59 hours of resident contact and classroom instruction within the training content guidelines); and
- In-service Education.

ORIENTATION PROGRAM (PARAGRAPH (K) (1) OF OAC RULE 3701-17-07.1)

The orientation program is distinct from the TCEP and is to be provided by the facility employing the NA. The orientation must include, but is not limited to:

- An explanation of the organizational structure of the LTCF;
- Policies and procedures;
- A discussion of the LTCF's philosophy of care;
- A description of the resident population; and
- An enumeration of the facility's employee rules.

The orientation program is designed to ensure NAs have a basic understanding of the operations and functions of the LTCF in which they are employed. The orientation component can provide a unique opportunity to begin a team-building process for the NA trainee, staff, the provider and the resident. **The orientation program is not part of the 75-hour TCEP.**

TRAINING AND COMPETENCY EVALUATION PROGRAM (TCEP) (CHAPTER 3701-18 OAC)

The TCEP is composed of a 75-hour curriculum. The curriculum is composed of the following topic areas.

Topic Areas

Introduction to the TCEP
Communication and Interpersonal Skills
Infection Control
Safety and Emergency Procedures
Promoting Residents' Independence
Respecting Residents' Rights

Basic Nursing Skills
Personal Care Skills
Mental Health and Social Service Needs
Basic Restorative Services
Residents' Rights

Pre-resident Contact

16 total hours classroom

Resident Contact

59 hours of a combination of classroom and clinical experience

Total Hours = 75

The following is a chart on the required hours for a TCEP in Ohio. Please use this as a guide for your TCEP. You may have more than the required amount of hours, but you may not have fewer.

Topic Area	Total Required Hours	Required Hours - Class	Required Hours - Clinical
I. Introduction to TCEP	0.5	0.5	0
II. Communication and Interpersonal skills	4.5	4.5	0
III. Infection Control	2.5	2.5	0
IV. Safety and Emergency Procedures	6.5	6.5	0
V. Promoting Residents' Independence	1.0	1.0	0
VI. Respecting Residents' Rights	1.0	1.0	0
VII. Basic Nursing Skills	19.0	9.0 – 13.0	6.0 – 10.0
VIII. Personal Care Skills	22.5	14.5 – 15.5	7.0 – 8.0
IX. Mental Health and Social Service Needs	11.5	7.5 – 9.5	2.0 – 4.0
X. Basic Restorative Services	4.0	2.0 – 3.0	1.0 – 2.0
XI. Residents' Rights	2.0	1.0 – 2.0	na – 1.0

Total Required Hours Topic Areas I through VI	**16**
Total Required Hours Topic Areas VII through XI	**59**
Required Clinical Hours Topic Areas VII through XI	16-25
Required Classroom Hours Topic Areas VII through XI	34-43
Total Required Hours I through XI	**75**

This Pre-resident Contact component is to be conducted in 16 hours of classroom only instruction. NA trainees are not to be providing care to residents during this component of the training. The remaining 59 hours of training are allocated between classroom and clinical training. NAs may provide care to residents during this time; however, NAs should not be delivering care to residents until they have demonstrated competency to the trainer to perform that care. The guidelines have been developed to assist the trainer in delivering consistent, organized and relevant subject matter. They have been written to serve as a resource and intended as an initial step in a process that is aimed at formalizing the training that NAs receive. They contain information relative to the objectives that are to be used as the evaluative criteria to determine an NA's competency.

Organization of the Standards, Objectives and Content

The topic areas are broken up into standards. Below is an outline of the topic areas with each standard that is contained within. The language at the beginning of each standard specifically outlines the State of Ohio requirements that must be contained in or addressed through the TCEP. The objectives specify in behavioral terms what the trainees in the TCEP are expected to be able to do as a result of successfully completing the TCEP. Each TCEP may enhance the content by using textbooks, handouts and audiovisual materials.

Pre-resident Contact (16 Hours) Topic Areas I-VI

Topic Area I – Introduction to TCEP
Standard I.1 Program Overview

Topic Area II – Communication and Interpersonal Skills
Standard II.1 Work Environment
Standard II.2 Role and Responsibility of the Nurse Aide
Standard II.3 Policy and Procedure Manuals
Standard II.4 Behavior and Appearance
Standard II.5 Communication and Interpersonal Skills
Standard II.6 Communicating and Interacting with Residents with Impairments
Standard II.7 Resident Comprehensive Assessment, Care Plan and Care Conference
Standard II.8 Legal Responsibilities
Standard II.9 Medical Records

Topic Area III – Infection Control
Standard III.1 Infection Control
Standard III.2 Practices that Prevent the Growth and Spread of Pathogenic Microorganisms
Standard III.3 Signs and Symptoms of Infection

Topic Area IV – Safety and Emergency Procedures
Standard IV.1 General Safety Practices and Procedures
Standard IV.2 The Use of Oxygen and Oxygen Equipment and Safety Procedures
Standard IV.3 Fire Prevention and Procedures to Follow in Case of a Fire Disaster
Standard IV.4 Natural Disaster Preparedness
Standard IV.5 Principles of Ergonomics, Body Mechanics and Body Alignment
Standard IV.6 Alternatives to Restraints and Safe Restraint Use
Standard IV.7 Mobility and Ambulation Techniques

Topic Area V – Promoting Residents' Independence
Standard V.1 Promoting the Residents' Independence

Topic Area VI – Respecting Residents' Rights
Standard VI.1 The Resident's Rights

Resident Contact (59 Hours) Topic Areas VII – XI

Topic Area VII – Basic Nursing Skills
Standard VII.1 Observational Skills
Standard VII.2 Recognizing Changes in Body Functioning
Standard VII.3 Recognizing Signs and Symptoms of Common Diseases
Standard VII.4 The Long-term Care Facility as Home
Standard VII.5 Bed-making Techniques and Comfort Measures
Standard VII.6 Admission and Discharge
Standard VII.7 Mealtime
Standard VII.8 Nutrition and Fluid Needs
Standard VII.9 Height and Weight
Standard VII.10 Observing and Measuring Vital Signs

Topic Area VIII – Personal Care Skills
Standard VIII.1 Oral Hygiene
Standard VIII.2 Bathing
Standard VIII.3 Additional Personal Care Skills
Standard VIII.4 Special Skin Care
Standard VIII.5 Urinary Elimination/Catheters
Standard VIII.6 Toileting
Standard VIII.7 Intake and Output
Standard VIII.8 Bowel Elimination

Topic Area IX – Mental Health and Social Service Needs
Standard IX.1 Basic Facts and Misconceptions about the Elderly
Standard IX.2 Meeting the Basic Emotional Needs of Residents
Standard IX.3 Rest and Sleep
Standard IX.4 Sexuality in Aging
Standard IX.5 Special Needs Populations
Standard IX.6 Care of the Confused Resident
Standard IX.7 Care of the Resident with Depression

Standard IX.8 Care of the Dying Resident

Topic Area X – Basic Restorative Services
Standard X.1 Preventing Complications of Immobility
Standard X.2 Bowel and Bladder Program
Standard X.3 Prosthetic Devises

Topic Area XI – Resident Rights
Standard XI.1 Summary of Residents' Rights

The guidelines are divided into sub-content areas (see below) that contain a column for performance objectives (objective), a guideline detailing how each objective will be met (content curriculum) and a column for suggested teaching methods to use while covering the content curriculum and how the TCEP plans to evaluate the trainees on what they have learned (method of evaluation, teaching and clinical alerts). The teaching methods are intended to be a resource and are optional. Trainers may prefer other means of instruction, as long at the content curriculum and intent of the standard is met to ensure the outcome of care provision is high-quality resident care.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/ Clinical Alerts

The purpose of this TCEP is to improve the quality of care for Ohio's long-term care residents. All of the NA training content that is required by the State of Ohio and OBRA has been included in this document. Every effort has been made to place the content in recognizable and logical sections. As an example of the natural overlap, basic care skills and personal care skills, some topics will be approached in either or both sections. In addition, concepts of safety, infection control, hazards of immobility and body mechanics are inter-related. Residents' psychosocial and emotional needs are also closely related and efforts should be made to incorporate these concepts throughout the TCEP. These topics may also occur in more than one section.

The content for the 75 hours is designed to reflect the needs of Ohio's long-term care resident population. Trainers are encouraged to use a variety of teaching strategies. All reference materials should be current (published within the previous 5 years). The only exception should be those sources that are considered classic/foundation and that are still recognized to be valid today. In addition, trainers and LTCF personnel are encouraged to refer to Gerontological Nursing: Scope and Standards of Practice, 3rd Edition American Nurses Association Publication No. GNP21 2001, for additional information and guidance.

Competency Evaluation Program (CEP)

Upon successful completion of the TCEP, the trainee will receive a Certificate of Completion issued by the director/director's designee. Upon receipt of the certificate of completion, each NA will be required to pass a Competency Evaluation Program (CEP) conducted by the director/director's designee. The CEP consists of two components: skills and written. Both components are administered at either a general test site or a facility test site by the director/director's designee. Pre-registration is necessary for all testing. To pre-register for the CEP, a completed application for testing, a copy of the TCEP certificate of completion and the appropriate testing fee must be mailed to the director/director's designee for approval. By federal law, the NA test candidate may not be charged to take the CEP if employed by an LTCF.

The NA test candidate will be notified of the testing site and date by the director/director's designee. It is necessary for the NA test candidate to provide a government issued picture ID for admission to the test on the specified date. Upon official notice by the Director/Director's designee of successful completion of the CEP, the NAs name will be entered on the Ohio Nurse Aide Registry (NAR). The NAR is the continuing record of the NA's eligibility to care for residents in Ohio's LTCFs. LTCFs are required to verify that NAs are on the NAR before hiring them for employment.

IN-SERVICE EDUCATION (RULE 3701-17-071 OAC)

In accordance with Rule 3701-17-07.1 of the OAC, Ohio's LTCFs must provide 12 hours of formal in-service training to their NA staff each calendar year. The in-service is to be provided by qualified individuals and is to be documented. This documentation is to be kept on file for review by ODH surveyors. NAs employed by LTCFs are not to pay any fee for their in-service training. This in-service training requirement pertains only to LTCFs and their NA staff.

Topic Area I – Introduction to the Training and Competency Evaluation Program – Standard I.1

Ohio's TCEP has been designed to meet the requirements of Chapter 3701-18 of the OAC as well as provide a meaningful, practical skill development opportunity for persons wishing to be NAs in Ohio's LTCFs.

The TCEP is composed of a 75-hour curriculum of instruction that is balanced between classroom and clinical skills training. The first 16 hours of a TCEP are classroom only and must be completed before any clinical experience is undertaken. Additionally, no NA should perform direct care on a resident outside of the trainees' direct clinical instruction without demonstrating competency to the PC and/or PI. At the conclusion of a TCEP, the NA will be required to pass an overall CEP conducted by the director before being approved to work as a NA in Ohio's LTCFs.

After successful completion of the CEP conducted by the director the NA will have his/her name placed into a registry along with all other Ohio NAs who have passed. This helps to ensure employers can verify an NA is approved to work as an NA in an Ohio LTCF.

Topic Area II – Communication and Interpersonal Skills – Standards II.1 – II.9

Communication and interpersonal skills are critical to the well-being of residents, the people who care for or about them and to the flow of information within the LTCF. Because of their significant contact with the residents, NAs play an important role in the flow of information in the LTCF. The ability of the NA to communicate changing conditions of the resident to proper staff may be critical to the resident's well-being. The NA must also interact effectively with other members of the health care team including staff from other departments. Therefore, the NA should receive training in basic verbal and nonverbal communication techniques, identification of factors which may impair communication and methods to enhance interpersonal skills.

Topic Area III – Infection Control – Standards III.1 – III.3

Residents, by the very nature of their living environment and physical/emotional status, are prone to a variety of infections. The NA is in a unique position to assist residents to prevent infection. The NA needs to recognize and report signs and symptoms of infection quickly should these symptoms appear. The NA must also be able to identify behaviors that prevent the spread of infection.

Topic Area IV – Safety and Emergency Procedures – Standards IV.1 – IV.7

Knowledge and the ability to act properly regarding safety and emergency procedures are critical to the well-being of residents and care givers in the LTCF. Residents are largely dependent on the staff of the LTCF to provide a safe environment for them and to see to their safety in the event of fire or natural disaster. Therefore, the NA must not only be aware of proper safety and emergency techniques, but must be able to perform the correct procedures when necessary.

Topic Area V – Promoting Residents' Independence – Standard V.1

Prior to admission to an LTCF, individuals have suffered losses which decrease the amount of independence in their lives. Examples of these losses may be a decrease in functional health, which affects mobility, changes in relationships or their ability to complete activities of daily living (bathing, eating, etc.). Admission to an LTCF usually results in an increased awareness of these losses, and for some individuals, a feeling of failure because they can no longer be as independent as in their previous lifestyle. In addition, there is a fear of dependence in the areas of money and personal routine. Contact with family, friends and familiar surroundings will change. NAs and other caregivers are with these residents while many activities of daily living are being performed. Therefore, NAs play a vital role in the amount of independence residents will have while residing in an LTCF. NAs and other caregivers must be sensitive to the dependence that may be produced by losses associated with aging and disability. The NA's ability to develop empathy will assist residents to adjust to the LTCF placement and help the resident to function at the maximum level of independence possible.

Topic Area VI – Respecting Residents' Rights – Standard VI.1

Residents of LTCFs are protected by the same rights as any American citizen under the United States Constitution. However, residents of LTCFs, by virtue of entrusting their lives to others, have gained through federal statutes and the State of Ohio's Resident Bill of Rights specific rights that are designed to afford them additional protection. The additional protection helps to ensure their dignity, human rights and lives will be honored. Because of the relationships they build with residents and the amount of direct contact they have with these individuals, NAs play a key role in implementation of the residents' rights.

Topic Area VII – Basic Nursing Skills – Standards VII.1 – VII.10

The NA interacts with the resident on a daily basis more than any other single staff position in the LTCF. Therefore, the NA needs to be competent in the delivery of basic nursing skills. The resident depends on the NA to perform these skills, to seek help for the resident when help is needed and to accurately report a change in the resident's condition to the proper authority. The correct performance of basic nursing skills provides comfort to the resident and is a major factor in the resident's need to live in an LTCF. The TCEP shall provide a curriculum that will result in the trainee obtaining the skills to competently perform basic nursing procedures.

Topic Area VIII – Personal Care Skills – Standards VIII.1 – VIII.8

Residents, by the very nature of their need for long-term care, frequently require varying degrees of assistance to complete personal care. Because of the intimate nature of nursing care needed and the potential negative reaction of the residents, the NA has a special role to play in the delivery of personal care. In addition, personal care skills, when properly done, can add to the resident's feeling of self worth and dignity.

Topic Area IX – Mental Health and Social Service Needs – Standards IX.1 – IX.8

Medical needs alone are not the only reason residents come to the LTCF. Some residents may have psychological, psychosocial and environmental needs that prevent them from being cared for in other settings. Sometimes, the problems that affect these residents increase in severity and/or may be degenerative in nature. Recognizing the potential for such changes in behavior becomes important to the intervention and management of these behaviors. The TCEP contains subject matter that is developed to address the emotional and social service needs of the resident in the LTCF.

Topic Area X – Basic Restorative Services – Standard X.1 – X.3

As more and more residents are admitted to LTCFs for rehabilitative services, NAs will have more opportunities to assist residents regain some, if not all, lost functions. At the very least, NAs should assist residents to maintain current levels of functioning to the extent it is physiologically or psychologically possible. Many restorative functions are also basic nursing skills or personal care skills.

Topic Area XI – Summary of Resident's Rights – Standard XI.1

This section expands upon the topic of Residents' Rights briefly discussed in the Pre-Resident Contact portion of this document. NAs are one of the resident's advocates and a first line of support for the resident's individual rights. The resident's rights must be maintained as though the individual were a self-sufficient entity in society. This section elaborates upon the day-to-day life of the resident and speaks to the rights accompanying individual freedom. NAs must have a working knowledge of these rights.

Standard I.1 Program Overview

Chapter 3701-18 of the OAC required the training of NAs. This is done through a TCEP. The TCEP shall contain subject matter designed to ensure the NA trainee will be able to state the:

- Purpose of the TCEP;
- Role and responsibilities of the trainer and NA;
- Purpose of the CEP conducted by the director;
- Requirements for being placed and maintained on Ohio's NA Registry;
- Issues related to abuse, neglect and misappropriation of resident property; and
- Differences between state tested and certified.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will able to: I. Identify the purpose of the TCEP II. List the role and responsibilities of the PC/PI and NA	I. Purpose of TCEP a. Prepare NA in LTCFs to care for the residents in a dignified, respectful manner b. Prepare NAs in LTCFs to take and pass CEP given by the director c. Prepare the NA to function as part of the team d. Make NA aware of the principles of nursing delegation II. Role and Responsibility a. PC/PI i. Provide classroom and clinical knowledge and experience to trainee ii. Follow rules to maintain compliance with state requirements iii. Provide each student with appropriate handouts, manuals, training tools and skills booklet for testing iv. Facilitate learning and evaluate NA competency in skill performance v. Utilize the impact of cultural, age, gender diversity and literacy issues with the NA learners	**Teaching Alert** Utilize a current nursing assistant textbook as an adjunct to the state-approved curriculum

	b. NA i. Attend class ii. Follow program rules iii. Provide care for LTCF residents under the direction and supervision of the PC/PI iv. Protect LTCF residents v. Review all handouts and obtain and review skills booklet for testing vi. Function as part of the team offering information during care conferences vii. Promote and protect residents' rights	**Teaching Alert** Skills booklet is available from the testing vendor
III. State the purpose of the TCEP conducted by the director	III. Purpose of state test a. Test knowledge via written exam b. Test skills via skills demonstration test c. After three failures, the trainee must retrain before retesting	
IV. Describe how to be recorded and maintained in Ohio's NA Registry	IV. How to be recorded on the Nurse Aide Registry (NAR) a. Pass both written and clinical components of test b. NAs working outside of LTCF setting must provide proof of employment as an aide to the registry every two years c. Name and address changes must be sent in writing to the NAR d. Social Security number changes must be accompanied by two pieces of documentation verifying the number e. The state does not issue duplicate cards or certificates to nurse aides. The card has the original issue date and the NAR's toll-free phone number. For additional cards, contact the testing company f. To access the NAR automated Voice Response System call 1-800-582-5908. NAR address: Ohio Nurse Aide Registry, 246 North High Street, Columbus, Ohio 43215	Access Nurse Aide Registry at http://www.odh.ohio.gov; then to "N", then Nurse Aide Registry Work with your employer to self-report. If the employer is not Medicare certified a statement from the RN/LPN stating nursing-related services provided is required.
V. Discuss issues related to abuse, mistreatment, neglect and misappropriation of resident property	V. Abuse, mistreatment, neglect and misappropriation of resident property	ORC 3721.22 Reporting abuse or neglect of resident or misappropriation of property https://www.cms.gov/medicare/provi

VI. Discuss title of State Tested Nurse Aide (STNA)	a. Definition of terms according to state law i. Abuse: knowingly causing physical harm or recklessly causing serious physical harm to a resident by physical contact with the resident or by use of physical or chemical restraint, medication or isolation as punishment, for staff convenience, excessively, as a substitute for treatment or in amounts that preclude habilitation and treatment ii. Neglect: recklessly failing to provide a resident with any treatment, care, goods or service necessary to maintain the health and safety of the resident when the failure results in serious physical harm to the resident iii. Misappropriation: depriving, defrauding or otherwise obtaining the real or personal property of a resident by any means prohibited by the ORC, including violations of Chapter 2911. or 2913. of the ORC b. Procedure/Repercussion of an allegation i. Investigation ii. Reporting iii. Consequences (1) A finding of abuse is never removed from the Nurse Aide Registry (2) If an NA observes abuse, neglect or misappropriation of resident property, it must immediately be reported to the charge nurse VI. Nurse Aide Title (STNA) a. Nurse Aide "Title": Although the term "certified" is used frequently, Ohio does not "certify" NAs. Under Ohio law, certification by a state agency of an individual in a specific occupation implies that the individual is licensed to practice the occupation for which she/he was certified. With a licensure and certification program, a state agency has authority to regulate the entire occupation including, but not limited to, requiring the certified individuals to periodically report to the regulatory	der-enrollment-and-certification/surveycertificationgeninfo/downloads/scletter11_30.pdf

	agency and periodically renew certification by submitting an application and fee to the regulatory agency. ODH is not authorized by State law to regulate (license or Certify) NAs. After completing the NA training and testing program, NAs in Ohio are “State Tested.”	

Standard II.1 Work Environment

The working environment of an LTCF requires the NA to interact with a variety of other staff and persons of authority. The TCEP shall contain subject matter describing the roles and responsibilities of the:

- Governing body;
- Administrator;
- Medical director;
- Nurse staff including the NA;
- Regulatory and survey agency persons;
- Director of nursing;
- Volunteers;
- Resident's private physician; and
- Operations support staff.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to :		
I. Describe his or her role on the interdisciplinary team	I. NA role a. NAs are important team members because they spend the most time with residents b. NAs work under the delegation and supervision of a licensed nurse c. NAs must inform the nurse of any changes in the resident's condition d. The NA provides input to and works from a plan of care developed by the interdisciplinary team for each resident	**Teaching Alert** Have the format of a plan of care available for students to review Introduce the idea of a chain of command
II. Discuss the roles of the other interdisciplinary team members	II. Definition of the interdisciplinary team, which includes the resident and his or her family or representative a. Director of nursing (Must be an RN) i. Accepts responsibility for resident care and supervises nursing staff ii. Reports to the administrator b. Licensed Nurse i. RN ii. LPN	**Clinical Alert** Introduce interdisciplinary team members on tour of facility Briefly describe duties of team members. Introduce the staff if possible

	iii. CNP c. Medical director i. Oversees the quality and delivery of medical care ii. Maintains surveillance of the employees' health status d. Resident's private physician i. Retained by the resident or responsible party on behalf of the resident ii. Directs all medical care for the resident, which includes medication and treatments e. Other professional staff who may be members of the resident's team, depending on the resident's needs including but not limited to i. Dietician (registered dietician) ii. Social worker iii. Spiritual care team iv. Physical therapist v. Activity director/Recreational therapist/Music therapist vi. Occupational therapist vii. Speech/hearing therapist viii. Respiratory therapist ix. Pharmacist x. Psychologist xi. MDS Nurse f. Other members of the organization i. Food service personnel ii. Marketing Director iii. Maintenance staff iv. Housekeeping staff v. Laundry staff vi. Business office vii. Medical records viii. Security staff g. Administrator i. Responsible for the overall operation of the facility ii. Responsible to the governing board or owners h. Governing body i. Determines the facility's mission	Describe the support staff available in the LTCF setting Ask the NA trainees to observe facility staff in the work setting: 1. Point out ways NAs can do their jobs that make it easier for other staff to do their jobs and promote teamwork, e.g., cleaning up minor spills soon after they occur and before they dry and become difficult to clean up 2. Share the facility's mission statement to indicate the focus on the facility 3. Explain fiduciary responsibility of every employee 4. A strong volunteer program helps develop a wide variety of interesting activities for the residents

	ii. Sets and approves policy, budget, capital expenditures iii. Has legal and fiduciary responsibility for the operation of the facility i. Others the NA may encounter i. Volunteers ii. Ombudsman - located in the Ohio Department of Aging. Works as the resident's advocate among the residents, family and facility iii. Surveyors - located in the ODH. Inspect facilities to make sure they comply with state and federal standards of care iv. Dogs and other pets	Research shows pet visits benefit resident in many ways
III. Define levels of care and where LTCF fits in the health care system	III. Levels of Care – types of health care delivery a. Skilled Care b. Long-term care c. Home care d. Hospice care e. Assisted living f. Adult day care g. Alzheimer/dementia care h. Mental health	Assisted living is licensed as residential care
IV. Describe primary purpose of long-term care	II. Primary purpose of LTCF – assist resident/client to achieve and maintain a maximum level of functioning (Quality of Care) and maintain their sense of individuality (Quality of Life) a. Person-centered care b. Restorative/rehabilitative care c. End-of-life care i. Comfort ii. Palliative	**Teaching Alert** Define person-centered care; develop points

Standard II.2 Role and Responsibilities of Nurse Aide

The NA is a vital part of the team that cares for the residents in an LTCF. The TCEP shall contain subject matter that identifies major NA job responsibilities, including but not limited to:

- Activities of daily living (ADLs);
- Nourishment;
- Record keeping and communication duties;
- Promoting residents' rights; and
- Maintenance of confidentiality.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will:		
I. State purpose of NA role in ADLs	I. Activities of Daily Living (ADLs) a. Dress and undress b. Bathe and maintain hygiene c. Mobility/walking d. Elimination/toilet use e. Eating and drinking f. Bed mobility	**Teaching Alert** Review a sample job description Students may help add to the list of desirable behaviors and attitudes
II. Describe the NA's responsibility in caring for the resident's living space	II. Care of the resident's living space a. Make bed b. Maintain a safe and clean environment c. Ask permission to enter d. Arrange for comfort and convenience to promote independence e. Create homelike environment	Introduce concepts of person centered care and all care as part of the care plan Include NA role in MDS assessment (observation)
III. Describe the NAs responsibility in providing and recording residents' nourishment	III. Nourishment a. Assure each resident receives correct diet b. Feed or assist the resident c. Assist the resident to obtain water and fluids and fill the resident's water pitcher d. Calculate and record meal percentage on dietary record sheet e. Assist residents to and from the dining room	Review need for all documentation of all care provided to resident by aide throughout shift
IV. Describe the NA's responsibility with record keeping and communication		

	IV. Record keeping and communication duties a. Record intake and output b. Record vital signs c. Assist in admission, transfer and discharge of residents d. Document care on flow charts or other facility-required documents e. Review the purpose of assignment sheets f. Completion of assignment or worksheet g. Report on/off duty h. Provideinput into assessment and care plan V. Promote residents' rights a. NA must learn residents' rights VI. Confidentiality is essential to the role of the NA a. Definition of confidentiality b. Confidential information in LTCF c. Care of the resident to be discussed only with appropriate staff and in appropriate areas of the facility d. Do not discuss residents outside of the facility/in texts or social media posts e. All resident records are confidential VII. The concept of organizing work by prioritizing assignments VIII. Principles of resident's safety – as a member of the care team, the NA must make every effort to guard against accidents, prevent fires and other emergencies and know what to do in case of emergency IX. In-service Requirement – each NA is expected to attend in-services as required by their employer	Intake needs to include food as well as fluid Connect flow charts and other documentation to the MDS assessment Give examples of residents' rights. The NA will assist residents with maintaining independence by encouraging self care as much as possible Tie confidentiality to Health Insurance Portability and Accountability Act (HIPAA) guidelines The main priority is always the resident and resident safety
V. Describe the NA's responsibility in promoting residents' rights VI. Describe the NA's role in maintaining confidentiality VII. State an understanding of time management as it relates to resident care VIII. Describe the NA's role in resident's safety IX. Identify the NA's responsibility for attending in-services		

Standard II.3 Policy and Procedure Manuals

Policy and procedure manuals are a basic form of communication in the LTCF. Subject matter describing the purpose and usage of policy and procedure manuals by the NA shall be contained in the curriculum of the TCEP. Examples of nursing and LTCF personnel manuals shall be presented to the trainees and reviewed for the content key to their job performances.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify the purpose of the facility's policy and procedure manual	I. Purpose of policy and procedure manuals a. Contain the facility's position regarding the implementation/enforcement of a procedure b. Describe how to perform a procedure according to the facility standards c. NA is responsible to know where to find policy and procedure manuals – usually found at nursing station	**Teaching Alert** Review one or more selected policy and procedure manuals such as: • Personnel • Resident care/nursing • Emergency procedures
II. Describe how to use the policy and procedure manuals	II. Use of policy and procedure manuals a. Policy book explains "why" practices are conducted as they are b. Procedure book is the "how-to" guide with step-by-step procedures c. All care givers and staff follow same guidelines and procedures d. Nursing manual provides foundation for good nursing practice in facility	Give examples related to the individual LTCF or clinical site Apply case study and role-play techniques as well as directed discussion **Clinical Alert** Locate and review policy and procedure manuals. Look at a procedure that a NA performs

Standard II.4 Behavior and Appearance

The behavior, as well as the appearance of an individual, can affect the ability of a person to communicate or interact with another. Subject matter discussing the development of behavior and appearance as a means of enhancing the NA's ability to effectively communicate and interact with residents, family members and fellow staff members shall be contained in the TCEP.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify behaviors that will lead to professional job performance II. Describe professional appearance	I. Professional behaviors a. Dependability i. Reporting to work on time ii. Keeping absences to a minimum iii. Keeping promises iv. Completing assigned tasks promptly and quietly v. Report on and off duty per facility policy b. Accuracy – follow instructions and steps of procedures according to facility's policy and procedure manual c. Sensitivity and respect for the feelings and needs of others d. Cooperation with other departments and co-workers e. Representation of the LTCF to the family and community f. Communicate often with charge nurse g. Demonstrate honesty h. Always use proper speech and language i. Keep personal matters away from the work place j. Follow job safety practices. Only use cell phones and electronic devices per facility policy. Resident's phones are not to be used by staff II. Professional appearance a. Personal cleanliness b. Professional clothing/uniforms as per facility policy i. Well fitting ii. Clean and pressed (free from wrinkles)	**Teaching Alert** Define professional behavior **Teaching Alert** Show examples of appropriate clothing. Use posters with examples

	iii. Appropriate underclothing should fit well (free from wrinkles) and be of appropriate style and color c. Fingernails should be short, neat and clean according to facility policy. No artificial nails d. Hair should be controlled (out of field of work) and not require attention during resident care and worn according to facility policy. e. Jewelry and body art should be limited according to facility policy f. Comfortable, non-permeable shoes in an appropriate style g. Facial hair including mustaches and beards should be neat and trimmed h. Name tag placed appropriately	Explain Centers for Disease Control guidelines regarding artificial nails Wearing a name tag is an important security measure and is courteous to the resident. In accordance with OAC Rule 3701-18-08 (C), trainee status must be clearly identified

Standard II.5 Communication and Interpersonal Skills

Basic communication techniques and behaviors that can be effective for NAs when communicating with residents, family members and fellow employees in the LTCF shall be presented. Classroom demonstrations and exercises shall be used to ensure acquisition of communication skills by the trainees. Subject matter covered shall include:

- Attitudes and behaviors that promote effective communication;
- Factors that promote, as well as block, effective communication with residents, the resident's family, friends and immediate supervisor;
- Procedures on answering the resident's call light; and
- Use of the LTCF telephone and intercom.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Define communication	I. Communication a. Two-way process b. Sender, receiver and message are needed for communication c. Communication can be oral, written or by body language d. NAs communicate with health care team, residents, families and visitors i. Written ii. Verbal communication 1. Tips for oral communication a. Control volume and tone of voice b. Speak slowly, clearly and distinctly c. Avoid slang, profanity and vulgar words d. Repeat information as needed e. Ask questions one at a time f. Position yourself at resident's eye level g. Speak in a dignified, caring manner ii. Non-verbal communication 1. More accurately reflects a person's feelings 2. Gestures, postures, touch, facial expressions, eye contact, body movements	**Teaching Alert** Utilize a current NA textbook for more information on communication and interpersonal skills. May review culture change language at http://aging.ohio.gov/home/ ;or the Pioneer Network website **Clinical Alerts** Identify various communication strategies observed Show examples of work sheets used by NAs in your facility/clinical site http://pioneernetwork.net/

II. Describe behaviors that promote communication between people III. Identify factors that promote good interpersonal relationships with the residents and their family and friends	and appearance 3. Non-verbal communication is involuntary and more difficult to control 4. Understand the importance of touch 5. Understand all expressions mean something and are communication II. Behavior that promotes effective communication between the NA and residents a. Understand and respect the resident as a person i. Look at the resident as an individual ii. Ask resident how they would like to be addressed iii. Respect the resident's condition and limitations iv. Accept the resident's culture and religion v. Be aware of the resident's primary language b. Provide an opportunity for the resident to express thoughts and feelings i. Listen to the resident's comments ii. Allow enough time for communication c. Observe non-verbal behavior during interaction i. Body position ii. Facial expression d. Listen carefully to expressed thoughts, feelings and to the tone of voice i. Express acceptance of the resident ii. Be an attentive listener iii. Focus on resident and avoid distractions. Anticipate needs e. Encourage focus on the resident's concerns i. Don't criticize other staff ii. Be responsive to the resident's needs f. Avoid gossip g. Assist the resident with personal communication, writing letters, making phone calls, etc. Report the resident's wishes to the charge nurse h. Control your emotions i. Develop empathy j. Be courteous k. Be gentle	"Honey" and "Sweetie" are examples of elder speak and are patronizing and demeaning. **Teaching Alert** Show examples or situations of how to handle conflict, anger and stress Differentiate between empathy and sympathy Use demonstration, modeling and

IV. Identify factors that may block effective communication between the residents and their family and friends V. Identify factors that promote effective communication between the NAs and their immediate supervisors VI. Describe the procedures for answering call light and the facility phone	III. Factors that promote good interpersonal relationships and customer service a. Kindness b. Patience c. Listening to family members and reporting concerns to nurse d. Non-interference in private family business e. Hospitality f. Maintain professional boundaries g. Conscientious IV. Factors that block effective communication a. The family's feeling of guilt or grief at institutionalizing the resident b. The resident's feelings or anger, guilt at being institutionalized c. The resident, resident's friends and/or family's concerns including money, provision of care, the future, separation from loved ones, etc. d. Using unfamiliar language e. Cultural differences/Language barriers f. Changing subject g. Interrupting when the other person is speaking h. Giving your opinion when not asked i. Excessive talking j. Continuing to work or do other tasks while others are talking k. Giving pat answers such as "don't worry" l. Illness m. Stressed about something else V. Factors that promote effective communication a. Report the following information promptly to the immediate supervisor i. Information about a resident that could result in his/her harm ii. Changes in the resident's behavior or physical condition iii. Personal information about the NA that could interfere with his or her performance	role-play techniques. Role-play saying, "No" or "I don't understand" Ask for examples from the trainee's personal experience with communication Utilize a current NA textbook for examples of professional boundaries

	iv. Complaints from residents and/or visitors b. Document resident changes on facility-specific worksheets when appropriate VI. Procedures for call light and phone a. Answering the call light i. Answer as soon as it is activated ii. Turn off the call signal as soon as you enter the room and address the concern iii. Complete helping the resident and replace the call signal where it can be easily reached by the resident b. Using the facility's telephone i. State your location ii. Identify yourself and your position iii. Speak slowly, clearly and politely iv. Write down messages 1. If taking a message: a. Date and time of call b. Caller's name and number c. Whether a return call is needed d. Your name v. Report information to the nurse in charge vi. Facility phones are for business use only vii. Do not give information about the resident over the phone per facility policy viii. Ask caller for name and phone number and notify appropriate staff per facility policy	Demonstrate using a call light. Answering can become routine. The call light is often the major means of communication between a resident who is in need of help and staff person. Emphasize the importance of not becoming complacent. Use demonstration, modeling and role-playing techniques NA needs permission to answer resident's phone

Standard II.6 Communicating and Interacting with Residents with Impairments

NAs must be prepared to communicate and interact effectively with residents who have a variety of impairments. The TCEP shall contain subject matter and classroom demonstration of techniques that are appropriate for communication and interaction with residents who are:

- Vision, hearing, speech and/or physically impaired;
- Confused, depressed, agitated or restless; and
- Withdrawn or combative.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Define impairment II. Describe appropriate communication techniques for vision, hearing, speech and/or physically impaired residents	I. Definition of impairment a. Any loss or abnormality of psychological, physiological or anatomical structure or function II. Methods to overcome communication barriers with residents a. Vision impaired i. Keep eyeglasses clean and in place ii. Keep environment clear and free of clutter iii. Do not re-arrange the environment iv. Put everything away where it was found v. Introduce self and offer explanation of what you are about to do when entering the room vi. Always tell the residents what you are doing while caring for them vii. Tell residents when you are going to leave the room viii. Talk directly to the residents and not to their companions ix. Lighting of a room is important including a nightlight at bedtime x. Position yourself directly in front of the person – face to face for conversation xi. When serving the meal, arrange food and utensils on the tray. Try using the positions of the clock for arrangement and tell resident	

	where food items are located xii. Keep doors and drawers closed if that is the resident's preference xiii. Remember a guide dog is not a pet, but rather a working dog; do not distract or play with the dog b. Hearing impaired i. Face the resident who is hearing impaired and on the same level whenever possible ii. The light should shine on the speaker's face rather than in the eyes of the hearing impaired iii. Speak in a normal voice without shouting or elaborately mouthing words. Words spoken slowly are clearer than those shouted or exaggerated iv. Keeps hands away from your face while talking v. Do not chew gum, smoke or eat while speaking vi. Remember that everyone, even the hearing impaired, hears less when tired or ill vii. Avoid lengthy sentences or sudden topic changes viii. The hearing impaired may be very sensitive to loud sounds, even through the individual does not hear faint ones ix. Turn the television, radio or other sources of noise volume down, if necessary to be heard x. If the resident wears hearing aids, check for placement, battery life, volume control turned on, clean and free of wax buildup xi. Stand or sit on the side of the better ear xii. Say things in a different way if the resident does not appear to understand xiii. Have glasses available if resident wears glasses xiv. Provide aids such as communication board or notepad c. Speech impaired i. Listen and give the resident your full attention ii. Ask the resident questions to which you know	**Teaching Alert** Describe safety issues with leaving doors/drawers partially open Refer to care plan of resident for specific needs

	the answer so you can become familiar with the sound of his or her speech iii. Watch the resident's lip movement iv. Watch the resident's facial expressions for clues to the meaning of his or her communication v. Ask the resident to write down his/her messages if necessary vi. Ask the resident to repeat as needed vii. Repeat what you think the message is for clarification viii. Provide aids for communication such as communication boards or notepad ix. Be patient; it is important to encourage resident to speak x. Have resident wear dentures as applicable d. Physically impaired i. Identify the physical impairment (i.e., residual from stroke or surgery) ii. Listen carefully and patiently to resident iii. Speak directly to the resident iv. Be sensitive to non-verbal cues the resident may give v. Avoid giving own non-verbal cues of impatience, annoyance or dislike vi. Be patient, allow extra time	
III. Identify techniques to communicate with the confused, withdrawn, depressed, restless, agitated or combative resident	III. Methods of communicating with the confused, withdrawn, depressed, restless, agitated or combative resident a. Communicating with the confused resident i. Use simple sentences ii. Identify self and call resident by name iii. Communicate at eye level iv. Maintain a pleasant and calm facial expression v. Place a hand on resident's arm if this does not cause agitation or anxiety vi. Make sure resident can hear you vii. Use a lower tone of voice viii. Ask resident one question at a time and give time to respond	**Teaching Alert** Describe alternative to oral communications such as communication boards, cards, gestures, modeling

	ix. Ask resident to do one thing at a time x. May eventually need to use pictures, point, touch and hand objects xi. Respect the resident's feelings xii. Do not over-explain things b. Communicating with the depressed resident i. Spend (quality, goal-oriented) time with the resident ii. Be a good listener iii. Be patient, allow resident time to speak iv. Do not act in a pitying way v. Return to resident's room on schedule to give care vi. Focus on activities such as reading, solving a puzzle vii. Report any complaint to nurse for evaluation viii. Provide a safe environment c. Communicating with the restless, agitated or combative resident i. Stay calm and use a confident tone of voice ii. Avoid agitation with the following approach (1) Show a positive attitude (2) Remain calm (3) Stay flexible (4) Be patient (5) Stay neutral (6) Approach from the front (7) Understand the intent of the resident iii. Remember, emotions are contagious between you and the resident iv. Do not use gestures that could startle or frighten the resident v. Stay at a safe distance from the resident and respect need for personal space vi. Do not confront or accuse the resident of wrongdoing vii. Do not argue or try to reason with the resident viii. If possible, take resident away from the triggering event or person to a quiet, controlled space ix. Offer reassurance through gentle touch and	

IV. Identify techniques to communicate with non-English-speaking residents	express support when the resident can hear you x. Leave resident and re-approach at a later time. Report the incident IV. Communicating with non-English-speaking residents a. Identify what the resident's primary language is b. Speak slowly and clearly c. Keep messages short and simple d. Be alert for words the resident may understand e. Use gestures, pictures, photos f. Seek the assistance of family members, friends, staff, other residents who speak the resident's first language g. Be patient and calm h. Avoid using medical terms, abbreviations and slang i. Be alert for signs that the resident is pretending to understand j. Alert nurse if communication is ineffective	**Teaching Alert** Learn or have cards with written basic words available in the resident's language/interpreters/care plan for special accommodations Refer to care plan for special accomodations/Interpreters

Standard II.7 Resident Comprehensive Assessment, Care Plan and Care Conference

The resident's comprehensive assessment, care plan and care conference are fundamental to the communication of the resident's care. The TCEP shall contain subject matter describing the:

- Purpose of the resident comprehensive assessment, care plan and care conference;
- Role the NA plays in the care planning process; and
- Role the NA plays in gathering and documenting information on the worksheet.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. State the purpose of a resident comprehensive assessment	I. Purpose of the resident comprehensive assessment a. Provides a single-source collection of data about the resident b. Provides information that is necessary to plan care and preferences specific to the resident's needs	
II. State the purpose of a resident care plan	II. Purpose of the care plan a. Individualized care problems and strengths to be addressed by the health care team are identified and approaches (ways to aid resident) are identified b. Individualized care plans are communicated to all three shifts and to all staff involved in the resident's care to ensure consistency	**Clinical Alert** Have the trainee review resident care plans for residents they assist. Discuss problems, plans and objectives found in a care plan Focus on the NA's responsibilities and contributions
III. State the purpose of the resident care conference	III. Purpose of the care conference a. Provides an opportunity for the resident, nursing, non-nursing personnel and family members to establish, review and/or revise treatment goals b. Improves communication between the resident, the family and departments in the LTCF c. Holistic approach to care addressing all aspects of residents' needs (physical, social, psychological, spiritual or emotional)	Attend a care conference. Encourage participation. Introduce concept of confidentiality
IV. Identify the role of the NA in the care planning conference	IV. The role of the NA in the care planning process a. Is a member of the interdisciplinary team	Team members include: RNs, LPNs, NAs, SWs, PTs, OTs, STs,

	b. Provides/gathers data and information that will be helpful for the assessment and care planning process	medication aides, dining assistants, pastoral care, dieticians, residents and family
V. Describe the NA's role in gathering and documenting information	V. NA's role in gathering and documenting information a. Information may include the resident's vital signs, specific observations related to nursing care (e.g., skin care, elimination, mobility, ambulation and etc.) and completion of assigned tasks b. NAs will record this information as well as reporting to the nurse in charge c. The information will be recorded on the resident's record, care plan and/or comprehensive assessment per the facility policy d. All entries into the medical record become a legal document i. Accuracy and legibility are essential	**Teaching Alert** Invite the health care team to class. If the team is not available, show pictures of them so the NA can recognize the team members. Provide an example of an individualized resident plan of care **Clinical Alert** Show examples of documentation tools used by NAs in the clinical facility. Discuss how falsification of medical records may be considered fraud

Standard II.8 Legal Responsibilities

NAs must recognize their responsibilities. The TCEP shall contain subject matter which describes:

- Legal aspects of working as an NA including neglect and confidentiality;
- Definition of abuse and neglect as found in Chapter 3701-64 of the OAC;
- Incident and accident reports; and
- Responsibility for own actions.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify key legal aspects of resident care as they relate to the role of the NA II. Define abuse, neglect and misappropriation and identify the NA's role and responsibility regarding the reporting of abuse, neglect and misappropriation of a resident's property	I. Legal aspects of working as an NA a. All duties of an NA are under the delegation and supervision of a licensed nurse and according to facility policy b. The NA is responsible for their acts in providing competent, basic care to residents c. The NA performs only those activities or duties for which he/she is trained and educated d. The NA is responsible for refusing to accept an assignment for which he/she is not trained or is out of the scope of practice e. The NA is responsible for helping to maintain a safe environment for the resident f. The NA is responsible for helping to safeguard the residents' possessions g. The NA is responsible to respect and safeguard the residents' rights h. The NA is a mandatory reporter of abuse, neglect and misappropriation II. Definitions and NA's role and responsibility a. Definitions: i. Abuse: knowingly causing physical harm or recklessly causing serious physical harm to a resident by physical contact with the resident or by use of physical or chemical restraint, medication or isolation as punishment, for staff	**Teaching Alert** Explain nursing delegation Discuss legal and ethical issues regarding confidentiality of the resident's clinical record Legal terms and concepts that an NA needs to know regarding their legal liability (also see Standard XI.4) Reference current state and federal laws. OAC 4723-13 Discuss floating to units with different care needs. Discuss valid/invalid refusal to float **Teaching Alert** Things NAs cannot do: • Give medications or oxygen • Insert tubes into body openings or remove from the body • Take oral or telephone orders

	convenience, excessively, as a substitute for treatment or in amounts that preclude habilitation and treatment (1) Types of abuse (a) Physical (b) Verbal (c) Involuntary seclusion (d) Mental/psychological (e) Sexual (2) Neglect: recklessly failing to provide a resident with any treatment, care, goods or service necessary to maintain the health and safety of the resident when the failure results in serious physical harm to the resident (3) Misappropriation: depriving, defrauding or otherwise obtaining the real or personal property of a resident by any means prohibited by the ORC including violations of Chapter 2911. or 2913. of the ORC b. NA's role and responsibility: i. Any knowledge of, allegation of, or witnessed abuse, neglect or misappropriation of a resident's property is to be reported to the charge nurse immediately	from the doctor • Perform procedures that require sterile techniques unless allowed by your state and job description Social media posting may be viewed as abuse
III. Discuss the importance of keeping the resident's personal information confidential	III. Confidentiality: a. Keep a resident's personal information private (also see Standard XI.3) b. NEVER post resident information on social media	Review facility's policy regarding HIPAA guidelines
IV. Identify the purpose of the incident/accident reports	IV. Incident/accident reports a. Describe the purpose of the incident/accident reports b. Discuss their use and when to complete them c. Discuss the importance of reviewing the LTCF's procedures for incident/accident reports	**Teaching/Clinical Alert** Relate examples of situations where an incident/accident report may have to be filed
V. Discuss the NA's responsibilities for own actions	d. Accurately report their own observations V. Responsibility for own actions a. Know your responsibilities and limitations	Relate specific examples of the use of incident/accident reports Relate examples of positive and negative ramifications as a result of

	b. Know the rules c. Follow the rules d. Report and record your own actions and observations	the NA's actions

Standard II.9 Medical Record

The resident's medical record is a legal document as well as a valuable communication tool. The TCEP shall contain subject matter that describes:

- Purpose of the medical record;
- How the NA can contribute to the medical record;
- Common medical abbreviations; and
- Proper methods of documentation.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify the purpose of a medical record	I. The purpose of the medical record or chart a. Chronological record of the resident's condition and care b. A legal record of medical and nursing care c. Provides a way for the health team to communicate information about the person d. Can be used in court as evidence of person's problems, treatment and care	Utilize a current NA textbook for standard abbreviations. NAs should consult their LTCF's approved list of abbreviations Don't share passwords, no charting for other aides
II. Identify ways the NA can contribute to the medical record	II. NAs should contribute to the medical record by: a. Observing the resident b. Reporting changes in the resident to the nurse in charge c. Recording information regarding the resident according to facility policy and procedure d. Participating in care conferences	**Clinical Alert** NAs, provide data that may ultimately appear on residents' charts.**Teaching Alert**
III. Identify common medical	III. Selected medical abbreviations	Use AM or PM with conventional

abbreviations	a. The NA uses knowledge of medical abbreviations and terminology for review of care plans or other resident records b. The NA will learn prefixes, suffixes and root words for commonly used medical terminology and abbreviations	time
IV. Identify the proper methods of documentation	IV. Proper methods of documentation a. General guidelines i. Report your actions and observations to the nurse ii. Document findings promptly iii. Flow sheets or work sheets iv. The resident has a right to review their medical record. NA is to notify the nurse if this is requested.If you did not document it, you did not do it just as documenting you did something does not always mean you did it v. Medical records are confidential b. General rules for charting and recording i. Always use ink (follow facility policy regarding color of ink) ii. Include date and time when recording iii. Use conventional time (a.m. or p.m.) or the 24-hour clock (military time) iv. Write legibly and neatly v. Use only facility-approved abbreviations vi. Use correct spelling, grammar and punctuation vii. Never erase or use “white out” viii. Follow facility policy for correcting errors ix. Sign documentation with name (first initial and last name) and title or per facility policy x. Do not skip lines between entries xi. Do not leave spaces between entry and signature; fill in space with a line xii. Record what you saw and did xiii. Never chart prior to completing a procedure xiv. Chart in a logical and sequential manner xv. Use direct quotes from the resident and include in quotation marks xvi. Record safety measures	Consider: Don’t share passwords Position screen so others cannot view Be aware of others around you when charting Log off after each documentation session **Teaching Alert** Electronic Medical Record (EMR)/Electronic Health Record (HER) are digitally formatted medical records used in some facilities

	xvii. Be sure chart or record form is labeled with correct name of resident c. Identify common documents that NAs complete i. I & O sheets ii. Meal records iii. Restorative records iv. Vital sign sheets and graphic records v. ADL records including MDS tracking/flow sheet vi. Bowel and bladder program records vii. Personal inventory sheets d. Use of computer for documentation – EMR/EHR i. Computer documentation by NAs is required in some LTCFs ii. Training is offered by individual facilities	

Standard III.1 Infection Prevention and Control

The TCEP subject matter shall contain the basics of infection control and factors that promote the growth and spread of pathogenicmicroorganisms.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify the basic principles of infection control	I. What is infection prevention and control? a. Infection prevention and control are the actions we take, systems we put into place, culture of shared responsibility we develop to prevent people from getting infected b. Why are we concerned about infection prevention and control in long-term care? i. To protect the residents from getting infections from health care workers, other residents, family members, visitors and the healthcare environment by interrupting the chain of transmission. ii. And to prevent health care workers from getting infections from residents and the healthcare environment by interrupting the chain of transmission.	**I. Teaching Alert** Utilize a current Nurse Aide (NA) textbook for examples of basic infection control practices If you do not have a NA textbook available, you may reference: https://www.cdc.gov/infectioncontrol/basics/index.html https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/recognize-risks.html https://www.hhs.gov/sites/default/files/introduction-project-firstline.pdf https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#:~:text=Infection%20prevention%20and%20control%20practices,from%20getting%20infections%20from%20residents
II. Define terms related to infection control	II. Definitions related to infection prevention and control a. Antimicrobial Resistance b. Asepsis (clean) germ free condition c. Bloodborne pathogens d. Carrier e. Contamination f. Chain of transmission (infection), agent, reservoir, transmission, portal of exit, mode of transmission, portal	**II. Teaching Alert** You may create a list of terms and definitions. Do not present them as a single session. Instead, discuss the definitions organically as you introduce different topics throughout the curriculum.

	of entry, susceptible host g. Clean h. Colonized i. Contact or dwell time j. Disinfect k. Germs l. Hierarchy of controls m. Healthcare associated infection (HAI) / nosocomial infection/ n. Infection o. Inflammation p. Isolation q. Medical sepsis/systemic infection r. Microorganisms s. Morbidity (harm/injury/disability) t. Mortality (death) u. Pathogens v. Personal protective equipment (PPE) w. PPE mask x. PPE face shield y. PPE gloves z. PPE gown aa. PPE respirator (N95) bb. Precautions, airborne cc. Precautions, contact dd. Precautions, droplet ee. Precautions, enhanced barrier ff. Precautions, standard gg. Precautions, transmission-based hh. Precautions, universal ii. Respiratory etiquette jj. Role of resident in inf. prev. & control kk. Quarantine ll. Sepsis (dirty) microorganisms present mm. Sharps nn. Susceptible oo. Sterile pp. Tattoo (healthcare workers) qq. Vaccination, COVID-19 rr. Vaccination, hepatitis B ss. Vaccination, influenza	https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm http://nasphv.org/Documents/AnimalContactCompendium2017.pdf

	tt. Vaccination, Measles, mumps rubella (MMR) uu. Vaccination, Tetanus, diphtheria, and pertussis. (Tdap) vv. Ventilation ww. Zoonotic diseases	
III. Identify reasons why infection prevention and control are important	III. The importance of infection control and prevention a. Impact on morbidity and mortality b. Good infection control practices reduce hospitalizations and save lives. One-third of all deaths in people over the age of 65 are due to infectious diseases. Seniors have weaker immune systems due to their age and can become even more susceptible to infection when they are ill.	**II. Teaching Alert** Encourage students to explore statistics at healthy people website. Suggest researching goals for pressure ulcers, urinary tract infections etc. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-associated-infections https://health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults
III. What causes infectious diseases?	IV. Microorganisms cause infectious diseases a. Microorganisms are always present in the environment. Some of these microorganisms(pathogens) can cause disease i. Names of possible pathogens include: bacteria like Enterococcus faecium, Staphylococcus aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, and Enterobacter spp.*Streptococcus spp.*, *Staphylococcus spp.*, and *Clostridioides difficile,* viruses like influenza, Sars- CoV-2 and norovirus, and fungi like *Candida spp.* b. Reducing the number of microorganisms and hindering their transfer increases the safety of the environment c. Antibiotic Resistance	IV. **Teaching Alert** For an activity consider using: American Hospital Association. (2022). Pathogen match-up: Under the microscope matching tool. https://www.ahe.org/project-firstline/pathogen-match-tool. Free download. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6245375/ Consider using CDC Recognizing Risks Materials from: https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/recognize-risks.html https://www.cdc.gov/drugresistance/bigge

		st-threats.html https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline_Resources.aspx
IV. Introduce the chain of infection	V. Chain of Infection a. Infectious agent b. Reservoir c. Portal of exit d. Mode of transmission e. Portal of entry f. Host	V. **Teaching Alert** Even if a microorganism is present in the environment other things have to happen before they cause illness. Use simple terms. This is a good reference for a simplified chain of infection: https://geteducationskills.com/chain-of-infection/ https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/where-germs-live.html https://geteducationskills.com/chain-of-infection/ https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/where-germs-live.html
V. Identify factors that promote growth and spread of microorganisms	VI. The factors that promote growth of microorganisms a. Microorganisms have the same needs as people: food, water, shelter and a favorable environment b. Food i. Bacteria need organic material to nourish	VI. **Teaching Alert** https://sciencing.com/factors-affect-growth-microorganisms-5299917.html

	themselves c. Water/lack of water i. Many bacteria grow well in moist places ii. Shelter d. Favorable environment i. Oxygen/lack of oxygen ~~ii.~~ Some microorganisms need oxygen to live and some need low or no oxygen environments iii. Temperature iv. Many pathogenic bacteria thrive at body temperature. Some are killed by high temperatures above 170 degrees F v. Cold temperatures mainly slow down growth vi. Light/lack of light	https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/germs-environment.html
VII. Identify ways pathogens are spread	VII. Factors that promote the spread of pathogenic microorganisms a. Lack of hand hygiene b. Direct contact with body secretions i. Blood ii. Urine iii. Feces iv. Semen v. Mucous vi. Vaginal secretions/excretions vii. Wound drainage viii. Any other secretion/excretion of the human body except oral secretions and sputum that does not contain blood c. Indirect contact: touching objects, dishes, linens, instruments, equipment, tubing, etc. that may contain body secretions d. Through the air by droplets spread from coughing or talking, or by dust particles in the air e. Through a vehicle: contaminated food, drugs, water or blood v. Vector borne-insect bites or stings	VII. **Teaching Alert** Use visuals e. g. Bioluminescent powder or lotion, glitter, shaving cream, paint. Consider using the interactive video Where germs live in healthcare. https://www.cdc.gov/handhygiene/training/interactiveeducation/ https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive-Infographic.html https://dentistry.uky.edu/nursing-home-oral-health

Standard III.2.a Practices That Prevent the Growth and Spread of Pathogenic Microorganisms

The key to preventing infection is to know and practice techniques that prevent pathogenic microorganisms from growing and spreading. The TCEP shall contain subject matter and demonstrations of practices that prevent the growth and spread of pathogenic microorganisms including:

- Methods to control or eliminate pathogenic microorganisms on supplies and equipment.
- Proper hand hygiene techniques.
- Concepts of clean and contaminated as applied to microorganisms.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify practices that hinder the spread of infection	I. Practices that hinder the spread of infection a. Hand hygiene i. Preferred method of cleaning hands ii. When alcohol-based hand rub is used iii. When hand washing is used b. Respiratory etiquette c. Cleaning the resident's unit d. Handling bed linens correctly e. Disposing of contaminated articles correctly f. Keeping yourself and the resident clean g. Keeping shared equipment used by the resident (e.g.,bathtub, whirlpool, bedside commode, etc.) clean h. Keeping personal care items out of the splash zone of toilets and sinks i. Providing oral care	**I. Teaching Alert** The instructor should integrate the need for hand hygiene and other infection control practices throughout the course. Hand hygiene is part of every personal care skill throughout the NA training program. It is specifically mentioned here for emphasis. Consider using glow germ and a black light for students to demonstrate effective hand washing. Hand washing = Cleaning Note: Do not try to use glow germ and a black light to demonstrate effective use of hand-rub. Hand rub = Disinfecting CDC How Infections Spread: https://www.cdc.gov/infectioncontrol/spread/index.html https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/guides/guide-infection-prevention.pdf https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html https://www.cdc.gov/hai/prevent/resource-limited/laundry.html

The NA trainee will be able to demonstrate		
II. Hand Hygiene	II.Hand Hygiene a. Preferred Method In healthcare settings, alcohol-based hand rub is the preferred method b. How to use alcohol-based hand rub c. How to wash hands in healthcare d. Hand hygiene is required by law	The preferred method of cleaning hands in healthcare settings is different than in the community. Consider using resources e.g. Clean Hands Count: https://www.cdc.gov/handhygiene/campaign/index.html Use World Health Organization Video: https://www.youtube.com/watch?v=ZnSjFr6J9HI Use World Health Organization Video: https://www.youtube.com/watch?v=3PmVJQUCm4E Hand Hygiene in healthcare is a law: in Ohio https://codes.ohio.gov/ohio-administrative-code/rule-4723-20-02 https://www.cdc.gov/handwashing/handwashing-healthcare.html https://www.cdc.gov/handhygiene/providers/index.html https://www.cdc.gov/handhygiene/science/index.html
III. Respiratory Etiquette	III. "Respiratory hygiene" is an element of standard precautions that requires the licensee or certificate holder to engage in source control practices to control the spread of respiratory infection, including but not limited to: (1) Covering coughs or sneezes, promptly disposing of used tissues, and performing hand hygiene (2) Source control measures, including but not limited to using masks on a coughing patient when tolerated and appropriate; or	**III. Teaching Alert** Respiratory hygiene is part of Ohio Administrative Code: https://codes.ohio.gov/ohio-administrative-code/rule-4723-20-02 If a tissue is not available, sneeze into the crook of your elbow, Teach the "Dracula sneeze" https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

		(3) Physical distancing of residents/patients and other persons with respiratory infections in common waiting areas when possible.	
IV.	Cleaning the resident's room/unit	III. Order a. Clean b. Disinfect c. Appropriate cleaning products (where to find and how to use EPA lists)	**IV. Teaching Alert** a. Room Cleaning CDC: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html b. Environmental Hygiene CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html c. EPA Lists https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants d. CDC Infection Control Guidelines Updated 2019 https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf
V.	Handling bed linens correctly	V. Contamination depends on activities Hold away from clothes Do not agitate Do not rinse in hopper If soiled, place in water resistant container Linens from isolation rooms need special handling – follow facility procedures	**V**. See slide 13 at https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf Disease transmission attributed to health-care laundry has involved contaminated fabrics that were handled inappropriately (i.e., the shaking of soiled linens). Bacteria, (Salmonella spp., Bacillus cereus), viruses (hepatitis B virus [HBV]), fungi (Microsporum canis), and ectoparasites (scabies) presumably have been transmitted from contaminated textiles and fabrics to workers via a. direct contact or b. aerosols of contaminated lint generated from sorting and handling contaminated textiles. SOURCE: https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf
VI.	Disposal of contaminated articles	Sharps Waste Any contaminated item that could puncture the skin should be thrown away in an FDA-cleared, labeled sharps container. Applicable items may include syringes, needles, scalpels, glass vials, and so on.	**VI.** https://codes.ohio.gov/ohio-administrative-code/rule-4723-20-02

	These containers are designed to prevent punctures, leaks, and overfilling. They, can reduce the chances of a needlesticks, which can cause exposure to bloodborne pathogens. Red Bag Waste While there is no universally accepted definition of medical waste, federal and state agencies differentiate those wastes that have potential for causing harm and infection and have regulations around the collection, transportation, treatment, and disposal of them. RBW that is not a sharp belongs in an RBW container lined with a red medical waste bag. When the bag is full, staff should hand tie and knot the bag to secure it. Overfilling red bags can make them too heavy, which can cause them to rip or break. Ensure that RBW containers are not wet or leaking containers . Dispose of per facility policy. PPE Gowns, gloves, face masks, and other personal protective equipment (PPE) used during resident care should be treated as either regular trash or RBW, depending on whether the items are contaminated with blood or other bodily fluids, which could contain pathogens dangerous to humans and the environment. Dispose of per facility policy. Pharmaceutical Waste Pharmaceutical waste is any leftover, unused or expired medication that is no longer needed. It can be classified as either hazardous or non-hazardous depending on	

		its chemical properties and risks. Aides should not be asked to dispose of pharmaceutical wastes or controlled substances. COVID-19 waste Waste generated from the care of COVID-19 patients is no different than waste generated from the care of non-COVID-19 patients. There is no evidence that additional disinfection is required. Dispose of per facility policy.	
VII.	Cleaning shared equipment	High touch areas Bathrooms Glucometers Computer terminals Bed rails Wheelchairs Hoyer lifts Discuss manufacturer's recommendations for use	**Teaching Resources** https://www.cdc.gov/infectioncontrol/guidelines/disinfection/healthcare-equipment.html Scroll down the page to Surface disinfection to view rationale for cleaning non-critical surfaces in healthcare facilities and long-term care Minnesota Environmental Services Cleaning Book for Control of C. difficile
III.	Items out of the splash zone	Clean and disinfect surfaces near the drain, including the sink basin, faucet, faucet handles, and surrounding countertop at least daily. Avoid placement of patient care items or personal items on counters next to sinks. While assuring that handwashing sinks are located close by and accessible to personnel responsible for preparing patient medications, avoid locating sinks adjacent to medication preparation areas unless barriers are in place to prevent splashing in medication preparation areas.	Source: https://www.cdc.gov/hai/prevent/environment/water.html

IX. Oral care	A resident's teeth and mouth can become inflamed if the teeth and mouth aren't cared for properly. Oral health problems in older adults include the following: Untreated tooth decay. Nearly all adults (96%) aged 65 years or older have had a cavity; 1 in 5 have untreated tooth decay.3 Gum disease. A high percentage of older adults have gum disease. About 2 in 3 (68%) adults aged 65 years or older have gum disease. Tooth loss. Nearly 1 in 5 of adults aged 65 or older have lost all of their teeth. Complete tooth loss is twice as prevalent among adults aged 75 and older (26%) compared with adults aged 65-74 (13%). Having missing teeth or wearing dentures can affect nutrition, because people without teeth or with dentures often prefer soft, easily chewed foods instead of foods such as fresh fruits and vegetables. Denture care.	**Teaching Resources** https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm
X. Hearing aid care	Follow manufacturer's guidelines. Some are available at the American Speech Language Hearing Society. See teaching tips.	**Teaching Tips** https://www.asha.org/aud/audiology-service-delivery-considerations-in-health-care-during-coronavirus-covid-19/
XI. Animals in facilities	There are specific guidelines on animal visitors and resident pets. Review facility policies.	**Teaching Resources** https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html

Standard III.2.b Terminology, Concepts and Implementation of Standard, Transmission-based and Enhanced Barrier Precautions

The key to preventing infection is to know and practice techniques that prevent pathogenic microorganisms from growing and spreading. The TCEP shall contain subject matter and demonstrations of practices that prevent the growth and spread of pathogenic microorganisms including:

- Basic concepts of standard, transmission-based and enhanced-barrier precautions.
- Terminology associated with precautions; and
- Use of personal protective equipment (PPE) including gloves, masks, N95, gowns and eye protection as appropriate.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to define key terms associated with precautions		
Colonized	Pathogen is present, but not causing disease	**Resource:** https://www.cdc.gov/infectioncontrol/spread/index.html
Infected	Pathogen is present and causing systemic or localized disease	**Resource:** https://www.cdc.gov/infectioncontrol/spread/index.html
Isolation	Isolation is for people who are ill or infected	**Resource:** https://www.cdc.gov/quarantine/index.html
Quarantine	Quarantine is for people who are exposed	**Resource:** https://www.cdc.gov/quarantine/index.html
Reverse or Protective Isolation	Reverse isolation /Protective Precautions: Designed for the protection of the immunosuppressed patient whose resistance to infection is impaired due to treatment or disease. Includes: Transmission-based precautions plus, no or limited raw foods, no plants or floral arrangements in room and others precautions.	**Resource:** CDC Protective Environment
Enhanced Barrier	The use of PPE for individuals who have indwelling medical devices	**Resource:** https://www.cdc.gov/hai/containment/faqs.html
The NA trainee will be able to state the purpose of PPE, differentiate between types of PPE (e.g. mask vs respirator) and demonstrate how to correctly apply the individual pieces		
Personal Protective Equipment (PPE)	Products designed and worn to protect you and your residents from germs	**Resources:** California Department of Health
Mask	Procedural or ear-loop mask	**Teaching Tip**

	When worn properly a mask should covers both the nose and the mouth	Do not modify PPE. Modification may negatively affect the performance of the respirator and could void the NIOSH approval.
N95	Medical clearance Fit testing Seal check If your face shield fogs up when wearing an N95, please re-do the seal check. If fogging continues, your mask is not sealed properly.	**Teaching Tips** Close fitting respirators Medical Clearance and Fit Testing: https://portal.ct.gov/-/media/CFPC/files/ko/2020/Fit-Testing/OSHA-Medical-Info-Sheet.pdf Students with facial hair: https://www.cdc.gov/niosh/npptl/pdfs/facialhairwmask11282017-508.pdf
Gown	Gowns are worn to prevent contamination of clothing and to protect the skin of personnel from blood and body fluid exposures. Gowns differ depending on the anticipated exposure and include fluid impermeable gowns, when splashes or large quantities of infective material are present or anticipated. Gowns are also worn by personnel during the care of patients infected with multidrug-resistant organisms and certain pathogens to reduce the opportunity for transmission of pathogens from patients or items in their environment to other patients or environments. Gown and gloves must be removed before leaving the patient's environment, and hand hygiene performed. Gowns should be secured at neck and waist	**Teaching Tip** Most PPE is designed to be used only one time and by one person prior to disposal. There are a few exceptions. See: FDA FAQs: https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/questions-about-personal-protective-equipment-ppe
Gloves	Wearing gloves does not replace the need for hand hygiene, because gloves may have small, unapparent defects or may be torn during use. Hands can become contaminated during glove removal. Failure to change gloves and perform hand hygiene between patient contacts is an infection	**Resource:** https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

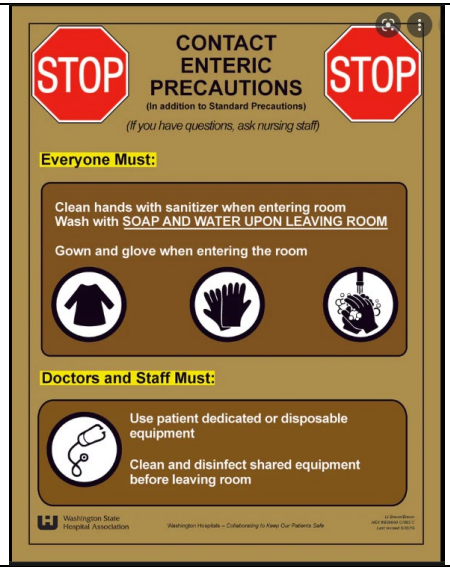
	prevention hazard. How to put on clean gloves How to put on sterile gloves Single gloves only. Double gloves are only for Ebola and high-consequence pathogens.	Clinical Performance in Nursing Examination: https://www.youtube.com/watch?v=UYEKrlTMnAQ
Face Shield/Goggles	Face shields should not be considered as alternatives to masks. Clean after use • While wearing gloves, carefully wipe the inside, followed by the outside of the face shield using a clean cloth saturated with a neutral detergent solution or a cleaning wipe. • Carefully wipe the outside of the face shield using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. • Wipe the outside of face shield clean with a towel and water or alcohol to remove residue. • Fully dry (air dry or a use clean absorbent towel). • Remove gloves and perform hand hygiene.	**Teaching Resource** Cleveland Clinic: How to clean face shield: https://health.clevelandclinic.org/how-to-wear-and-clean-a-face-shield/
Order of Donning and Doffing	Donning means to put on Doffing means to take off	**Teaching Tip** Use the CDC videos CDC Poster in English and Spanish: https://www.cdc.gov/hai/pdfs/ppe/ppeposter148.pdf CDC Donning: https://www.youtube.com/watch?v=H4jQUBAlBrI CDC Doffing: https://www.youtube.com/watch?v=PQxOc13DxvQ

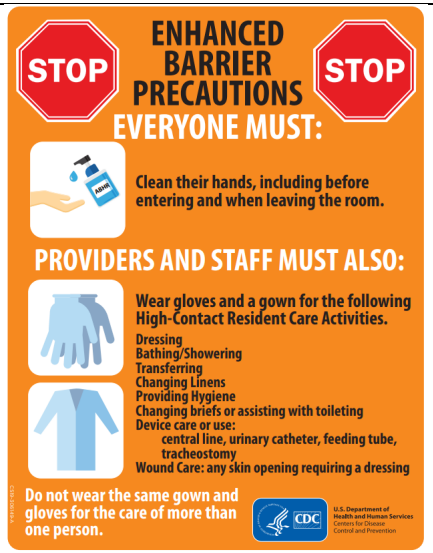
The NA Trainee will be able to verbally state the difference in the following types of precautions		
Universal	**Universal precautions (UP)**, originally recommended by the CDC in the 1980s, was introduced as an approach to infection control to protect workers from HIV, HBV, and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patients' infection status.[2] UP is an approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community no longer uses UP on its own. Elements of universal precautions includes: • Education. • Hand washing. • Use of protective barriers (Personal Protective Equipment (PPE)) • Cleaning of contaminated surfaces. • Safe handling/disposal of contaminated material.	**Teaching Alert** Universal Precautions can be summed up by, "If it is wet and not yours do not touch it without a barrier" Students will hear this term: https://www.osha.gov/bloodborne-pathogens/worker-protections
Standard Precautions	***Standard Precautions*** are a group of infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions and excretions (except sweat) may contain transmissible infectious agents. Proper selection and use of PPE, such as gowns and gloves, is one component of Standard Precautions, along with hand hygiene, safe injection practices, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment. Use of personal protective	**Teaching Alert** Used with all patients, all of the time. Based on what you intend to do or touch inside of the room More detail about Standard Precautions is available as part of the Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings.

	equipment is based on the staff interaction with residents and the potential for exposure to blood, body fluid, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated).	
Transmission-based Precautions	Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.	**Teaching Alert** When you cross the threshold of the door, you should be wearing the appropriate PPE. Your intent does not matter Source: Guideline for Isolation Precautions
The NA trainee will be able to identify when to use the following precautions:		
Standard Precautions	***Standard Precautions*** infection prevention practices that apply to all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions and excretions (except sweat) may contain transmissible infectious agents. Proper selection and use of PPE, such as gowns and gloves, is one component of Standard Precautions, along with hand hygiene, safe injection practices, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment. Use of personal protective equipment is based on the staff interaction with residents and the potential for exposure to blood, body fluid, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated)..	**Teaching Alert** More detail about Standard Precautions is available as part of the Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html
Contact Precautions	***Contact Precautions*** are one type of Transmission-	**Teaching Alert**

	Based Precaution that are used when pathogen transmission is not completely interrupted by Standard Precautions alone. Contact Precautions are intended to prevent transmission of infectious agents, like MDROs, that are spread by direct or indirect contact with the resident or the resident's environment. Contact Precautions require the use of gown and gloves on every entry into a resident's room. The resident is given dedicated equipment (e.g., stethoscope and blood pressure cuff) and is placed into a private room. When private rooms are not available, some residents (e.g., residents with the same pathogen) may be cohorted, or grouped together. Residents on Contact Precautions should be restricted to their rooms except for medically necessary care and restricted from participation in group activities. Because Contact Precautions require room restriction, they are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.	Example diseases include scabies, norovirus SOURCE: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html Sample sign: 
Droplet	*Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.*	**Teaching Reference** Include sample diseases: e. g. influenza, bacterial meningitis https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html Sample sign:

		
Enteric Precautions (Gut precautions: e. g. vomiting, diarrhea)	Four elements of enteric precautions **Handwashing: NOTE** Alcohol based hand rub cannot be used with enteric precautions Thorough hand washing and drying is the most important action in preventing the spread of gastrointestinal infections. This must be carried out after touching residents/patients, their bedding/clothing/equipment, and again before preparing or serving food. Patients and aides must always wash their hands after defecation or urination, and before meals. Towels must not be shared. **Disposal of excreta:** If urinals and bed pans are used, the aide should wear disposable gloves and must thoroughly wash hands after assisting the resident/patient. Soiled clothing and bed linen should be washed on a "hot cycle". **Disinfection:** Toilet flush handles, sink faucets, and washroom door handles should be cleaned at least daily, if not more frequently. Toilet seats should be wiped with diluted hypochlorite disinfectant after each use. These precautions	**Teaching Alert** Include sample diseases: e. g. C. difficile, norovirus, enterovirus Sample Sign: https://washington-state-hospital-association.myshopify.com/products/isolation-precautions-signage-contact-enteric-e-g-clostridium-difficile

	are especially important in grade schools, nursery schools and residential institutions. Bed pans and urinals should be emptied into the toilet bowl, washed with disinfectant, and rinsed. **Education:** Resident/patients and guests should be instructed in personal hygiene and limited to their room if diarrhea is uncontrolled and unable to be contained.	
Enhanced Barrier Precautions	***Enhanced Barrier Precautions*** expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. • Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. • Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. • EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: • Wounds or indwelling medical devices, regardless of MDRO	**Teaching Alert** Include sample diseases: e.g. C. auris, Select CP-CRE FAQ: https://www.cdc.gov/hai/containment/faqs.html https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html Sample Signs: https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf.

	colonization status • Infection or colonization with an MDRO. • Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care. Examples of high-contact resident care activities requiring gown and glove use for ***Enhanced Barrier Precautions*** include: • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities.	

Airborne Precautions	Used for Tuberculosis (TB), disseminated herpes zoster (shingles), measles, chickenpox	This type of precaution is rarely used in the long-term care setting https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html Sample Sign: 
The NA trainee will be able to choose the appropriate PPE when given the type of precautions:		
Decision-Making	Know how and when to use PPE to protect you, your family, coworkers, and residents.	**Teaching Alert** **Lay out** different types of PPE **Give patient scenarios** Possible examples, resident with active C. diff, C. auris, trach, emptying foley bag, scabies, COVID-19. Alternatively show posters and have students demonstrate what they would wear NA trainee should choose which PPE is appropriate to wear and be able to describe why **Lab** **Simulate contamination -** Simulate contamination (e.g. fluorescent glow solution, iodine solution, chocolate syrup, shaving cream, glitter, etc.) See slide 14 at https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-

		508.pdf . **Interactive exercise -** https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive-Diarrhea-Dilemma.html **Clinical Alert** In the clinical setting monitor the use of PPE
What about COVID-19	Guidelines are constantly in flux.	**Teaching Tips** Please refer to the following four publications: CMS QSO 20-39-NH Visitation: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf CMS QSO 20-38-NH Facility Testing: https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf CDC: Interim Infection Prevention and Control Recommendations to Prevent SARS-Co-V-2 Spread in Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Sample signs for precautions: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html

Standard III.3 Signs and Symptoms of Infection

Residents of LTCFs sometimes contract infections or may have an infection when admitted to an LTCF. These conditions require implementation of standard precaution techniques. The TCEP shall contain subject matter designed to help the NA:

- Identify signs and symptoms of systemic and localized infection.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
Identify signs and symptoms of systemic infection	I. Signs and symptoms of systemic infection a. Increase in body temperature from the established baseline temperature b. Abnormal lab tests c. Changes in mental status, behavior, and mood d. Chills e. Fatigue f. Nausea g. Changes or decrease in balance	**Clinical Alert** Elderly residents may have a body temperature below 98.6 degrees F; therefore, an infection may be occurring without a large increase in temperature. The elderly frequently do not exhibit any change in temperature with infection due to a depressed immune system that occurs in the aging body Fever is defined as a temperature 2.4 F degrees higher than baseline
Identify signs and symptoms of local infection	II. Signs and symptoms of localized infection a. Redness or warmth b. Pain in affected area (generalized or localized) c. Swelling d. Pus e. Loss of function or movement of affected part f. Change in bowel movement and/or urine g. Increase in amount, change in color or odor of drainage h. Change in breathing i. Change in pulse j. Change in blood pressure	**Clinical Alert** Explain that reporting these signs and symptoms immediately is important and will be discussed later

Standard III.4 Other Infection Prevention and Control Practices

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to discuss and/or demonstrate:		
Tattoos	Tattoos are increasingly common. Various sources estimate 20-40 % of adult Americans now have one or more tattoos. Tattoos are also becoming less controversial in the workplace. Tattoos do have bacterial, fungal and viral risk to both the person receiving the tattoo and the tattoo artist; however, an uninfected healed tattoo on the hand or body of a caregiver is not an infection risk to a resident.	**Resources** As long as, the skin is healed and uninfected, it is not a risk to others. There is a greater when covering a tattoo with an arm sleeve that prevents adequate hand hygiene #Need Reference here#
Hair	Hair should be neat, and off of the collar of the aide. Headscarves may be worn. Long hair should be contained so it does not contaminate resident's wounds or foods. It is a risk to the aide if hair becomes contaminated from the resident's environment.	**Resources** https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit6_5
Nails	Artificial nails, nail polish, gels, acrylics and nails over ¼ inch in length are discouraged because the junction between the nail and the nail treatments offer a place for germs to live. Organization must follow the IA, IB and IC recommendations from the guideline it chooses (CDC or WHO).	**Resources** https://www.jointcommission.org/standards/standard-faqs/ambulatory/national-patient-safety-goals-npsg/000001558/ https://www.cdc.gov/hygiene/personal-hygiene/nails.html
Footwear	In healthcare environments where sharps (needles, razors etc.) are used, footwear should be non-slip, securely attached to the foot, without holes and sufficient to prevent injury to the foot if a sharp should fall on them.	**Resources** https://www.osha.gov/laws-regs/standardinterpretations/2006-06-16
Scrubs	While scrubs are actually not considered personal protective equipment. Wearing scrubs outside of the facility and into the home or community is discouraged to prevent spreading germs from the facility to these places.	
Situational Awareness	Be aware of your work environment Be attuned to resident behavior Be attuned to your own responses	**Resources** https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit6_6 https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit6_7

		https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit6_9
Cuts on fingers/hands	If you have a cut on your finger or hand, it should be cleaned, dressed and covered with a waterproof barrier to protect both you and the residents from germs.	**Resources** https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html
Diseases that require health department or medical clearance to return to work	A person infected with one of the following specified diseases or conditions shall be isolated as set forth in OAC 3701-3-13: (A) Amebiasis (B) Campylobacteriosis (C) Chickenpox (D) Cholera (E) Conjunctivitis, purulent (F) Cryptosporidiosis (G) Cyclosporiasis (H) Diarrhea, infectious or of unknown cause: a person with diarrhea, of infectious or unknown cause. A person with infectious diarrhea of known cause shall be isolated in accordance with the provisions of the rule set forth for the specified disease. (I) Diphtheria (J) Escherichia coli (E. coli) O157:H7, other enterohemorrhagic (Shiga toxin-producing) E. coli or hemolytic uremic syndrome (HUS): a person with Escherichia coli (E. coli) O157:H7, other enterohemorrhagic (Shiga toxin-producing) E. coli or hemolytic uremic syndrome (HUS) (K) Giardiasis (L) Hepatitis A (M) Measles (N) Meningitis, aseptic, and viral meningoencephalitis, but not including arthropod-borne disease (O) Meningococcal disease (P) Mumps (Q) Pediculosis (R) Pertussis (S) Plague	Reportable Infectious Diseases in Ohio https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section1/abcs-guide-to-reportable-infectious-diseases-in-ohio Diseases that require isolation or quarantine https://codes.ohio.gov/ohio-administrative-code/rule-3701-3-13

	(T) Rubella (U) Salmonellosis (V) SARS (severe acute respiratory distress syndrome (W) Scabies (X) Shigellosis (Y) Smallpox (Z) Streptococcal infection (AA) Tuberculosis (TB) (BB) Typhoid fever (CC) Typhus (DD) Viral hemorrhagic fever (VHF (EE) Yellow fever (FF) Yersiniosis	
Recommended vaccinations	a. Vaccination, COVID-19 b. Vaccination, hepatitis B c. Vaccination, influenza d. Vaccination, Measles, mumps rubella (MMR) e. Vaccination, Tetanus, diphtheria, and pertussis. (Tdap)	**Teaching Alerts:** Recommended Vaccines for Healthcare Workers https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html
General bloodborne clean up	**General process for cleaning of spills of blood or body fluids:** 1. Wear appropriate PPE. See Table 5 2. If the spill contains glass or other sharps use a dustpan or similar to protect your hands. 3. Confine the spill and wipe it up immediately with absorbent (paper) towels, cloths, or absorbent granules (if available) that are spread over the spill to solidify the blood or body fluid (all should then be disposed as infectious waste). 4. Clean thoroughly, using neutral detergent and warm water solution. 5. Disinfect by using a facility-approved intermediate-level disinfectant. • Typically, chlorine-based disinfectants at 500-5000ppm free chlorine (1:100 or 1:10 dilution of 5% chlorine-bleach; depending on the size of the spill)	**Teaching Alert:** Link

	are adequate for disinfecting spills (however, do not use chlorine-based disinfectants on urine spills). See Appendix E – Chlorine disinfectant solution preparation. • Take care to allow the disinfectant to remain wet on the surface for the required contact time (e.g., 10 minutes), and then rinse the area with clean water to remove the disinfectant residue (if required). 5. Immediately send all reusable supplies and equipment (e.g., cleaning cloths, mops) for reprocessing (i.e., cleaning and disinfection) after the spill is cleaned up.	
General Bloodborne exposure in healthcare	**Workers Please Note** As you work, you may experience: • A needlestick or sharps injury. • An exposure to patient blood or other body fluid. **If any of these occur, take the following steps**: • Wash needlesticks and cuts with soap and water • Flush splashes to the nose, mouth, or skin with water • Irrigate eyes with clean water, saline, or sterile irrigants • Report the incident to your supervisor • Immediately seek medical treatment	**Teaching alert** Facility policies may vary all should generally follow Occupational Safety and Health Administration (OSHA) https://www.osha.gov/bloodborne-pathogens/quick-reference https://www.cdc.gov/niosh/topics/bbp/default.html#:~:text=The%20pathogens%20of%20primary%20concern,blood%20and%20other%20body%20fluids. https://www.cdc.gov/niosh/topics/bbp/emergnedl.html
How to obtain additional information on infection prevention and control training in long-term care facilities	For students or instructors who would like additional training in infection prevention and control	https://www.cdc.gov/longtermcare/training.html

Standard IV.1 General Safety Practices and Procedures

The residents of the LTCF are largely dependent on the facility staff for the maintenance of a safe environment. Many residents are wheelchair bound, have vision or balance problems with confusion. The TCEP shall contain subject matter that:

- Presents reasons why safety is important in the LTCF;
- Demonstrates techniques and precautions NAs can take to prevent residents from falling;
- Demonstrates techniques aimed at preventing residents from being burned by hot liquids or by smoking cigarettes, etc.; and
- Describes or demonstrates techniques to prevent residents from choking or ingesting harmful substances and the procedures to use should a resident choke or ingest a harmful substance.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify safety concerns in LTCFs	I. Reasons for safety precautions for the elderly a. Mental confusion: Alzheimer's and dementia b. Impaired mobility c. Diminished senses: sight, hearing, touch, taste, smell	Give definitions of Alzheimer's and dementia Utilize a current NA textbook for more information regarding general safety practices and procedures
II. Identify safety precautions that help to prevent residents from falls	II. Safety precautions the NA should know to help residents prevent falls a. Encourage residents to wear shoes or slippers with non-skid soles. Make sure their shoelaces are tied b. Avoid long gowns or robes that may trip the resident c. Avoid the use of throw rugs d. Wipe up all liquid spills immediately e. Encourage the use of hand rails f. Ensure residents have non-skid tips on canes, walkers and chair legs g. Check with charge nurse before applying skin, bath oils or powders because they make the resident's skin, equipment and floors such as tubs slippery	**Clinical Alert** Demonstrate appropriate methods for walking an unsteady resident Walk an unsteady resident Assist residents in and out of a bed or chair safely Discuss potential reasons why a resident may try to get out of bed without help Know the resident's lifestyle as it

	h. Use assistive devices such as shower chairs, raised toilet seats and/or grab bars to help prevent falls by residents with limited mobility i. Keep traffic areas clear of objects and furniture j. Instruct the resident to call for assistance using the signaling device k. Observe the resident frequently l. Answer call lights promptly m. Encourage the resident to wear clean, appropriate eyewear n. Always follow the plan of care for resident-specific needs o. Always follow manufacturer's instructions and facility policies for use of all equipment, and report if defective	relates to fall protection **Teaching Alert** Anticipation of needs to prevent falls: Hunger Bathroom Pain Fatigue
III. Identify safety precautions the NA should know to help prevent resident falls from beds, chairs and wheelchairs	III. Safety precautions the NA should know to help prevent resident injury, falls from beds, chairs and wheelchairs a. Lock wheels on the bed and wheelchair when transferring the resident b. Transport a resident in a bed, geriatric chair or wheelchair carefully. Slowly approach corners with the resident facing front c. Use transfer belt if appropriate d. Place a mattress on the floor per care plan and facility policy e. Use caution with tubing	**Teaching Alert** See Restraints section under Standard IV.6
IV. Identify precautions the NA should take to prevent residents from being burned	IV. Safety precautions the NA should know to prevent the residents from being burned a. Assist a resident when he/she is given hot liquid to drink (especially if resident is confused or has tremors) b. Before the resident gets in the tub or shower, check the bath water to ensure it is a safe and comfortable temperature c. Monitor residents while in the tub or shower. Never leave residents unattended d. Supervise residents when they smoke e. Enforce restricted smoking areas for residents,	Explain types of body tubing; catheters, O2, IV, feeding, etc. **Teaching Alert** Remind trainees to ALWAYS follow the plan of care Discuss how to test water

	visitors and staff f. Monitor carefully any equipment that produces heat when in use. Residents sometimes have decreased sensation and may not feel that the skin is being burned g. Be aware of potential hazards that may lead to chemical burns and secure hazardous materials in locked cabinets	temperature Facilities may provide and make protective wear available for smokers Provide and demonstrate protective wear, i.e., smoker's vest to trainees
V. Identify the safety precautions the NA should take to help prevent the resident from choking	V. Safety precautions the NA should know to help prevent a resident from choking a. Make sure the resident received the accurate and appropriate diet b. Check with the nurse before changing the diet or offering foods that are not on the diet c. Make sure food is cut or chopped in small enough pieces for the resident to swallow d. Position the resident properly. Never feed a resident who is lying flat e. Alternate solid foods and liquids f. Feed the resident slowly, allowing time for the resident to chew and swallow g. Check the care plan to see if the resident is on a swallowing or restorative dining program h. If the resident is on a swallowing program, know the program and be trained on the technique required i.e. modified diet i. Stop feeding the resident immediately if any problems arise; notify the nurse	**Teaching Alert** Keep hazardous products out of resident areas
VI. Demonstrate the steps of the abdominal thrust procedure (Heimlich maneuver)	VI. Abdominal Thrust/Heimlich Maneuver a. Know universal signs of choking b. Do not leave victim - notify charge nurse immediately, perform abdominal thrusts c. Key points to include i. Hand placement ii. Stand behind person iii. Never practice on a live person due to injury to ribs, abdominal organs	**Teaching Alert**
VII. Identify measures the NA should	VII. Precautions the NA should take to help prevent	Utilize a current nursing assistant textbook to develop the skills

take to prevent ingestion of harmful substances	ingestion of harmful substances by residents a. Never leave potentially poisonous or harmful substances at the bedside or in unlocked areas accessible to residents b. Remove wrappers and packaging from the trays of confused residents c. Monitor the placement of house plants; leaves can be poisonous	checklist for abdominal thrust
VIII. Identify measures the NA should take if a resident ingests a harmful substance	VIII. Measures to take should a resident ingest a harmful substance a. Identify the ingested substance, if possible b. Notify the charge nurse immediately	
IX. Identify measures to protect resident from elopement and other potential harm	IX. Measures for resident protection a. Elopement i. Elopement: wandering from a supervised environment ii. Always know where the resident is iii. Follow the facility's policies and procedures for missing residents iv. Report to the charge nurse immediately when a resident is missing b. Stairwells i. Keep doors to stairwells closed at all times ii. At some time or in an emergency, stairwell use may be necessary (1) Know when stairwells are to be utilized (2) Follow facility policy regarding helping residents down the stairs (3) Use a two-person chair-lift to carry resident down the stairs if indicated c. Use of alarms i. Facility-wide alarms (1) Fire alarm (2) Tornado sirens ii. Personal protective alarms iii. When an alarm is heard, investigate where and why (if knowledgeable) and act	**Teaching Alert** Risk prevention and proactive intervention Describe methods to prevent elopement **Clinical Alert** Always follow facility policy and procedures regarding alarms

Standard IV.2 The Use of Oxygen and Oxygen Equipment and Safety Procedures

Residents of LTCFs may require the use of oxygen. The subject matter of the TCEP shall contain:

- Modes of oxygen delivery;
- Presentations and demonstrations of safety precautions the NA must follow when performing tasks near oxygen equipment that is in use and oxygen equipment that is being stored; and
- Observation techniques to identify unsafe oxygen equipment that must be reported for repair or maintenance.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify modes of oxygen delivery	I. Common methods of oxygen delivery a. Cannula b. Mask c. Tracheotomy mask d. Wall unit e. Oxygen tank f. Oxygen cylinder g. Oxygen concentrator	**Teaching Alert** Demonstrate safe use of oxygen delivery
II. Identify safety precautions for oxygen use	II. Safety precautions for oxygen use/storage a. Precautions for oxygen safety should be posted outside any room where it is being used or stored b. Limit any situations that might start a fire because oxygen supports combustion i. No smoking or open flames ii. Electrical equipment should be grounded iii. Avoid use of an electric razor when oxygen is in use including in facility beauty shop. iv. Never use equipment with frayed cords or exposed wires v. Avoid static electricity as much as possible (e.g., rubbing sheets, blankets, alcohol gel, etc.) c. Follow the facility policy for transporting residents with the oxygen d. Know how to properly transport oxygen containers	No oxygen or oxygen equipment present when smoking

III. Identify equipment conditions that could jeopardize the use and application of oxygen	III. Equipment conditions that could jeopardize the use and application of oxygen a. Security of the oxygen container b. Condition of the fittings c. Pressure gauge	
IV. Discuss the role limits of NA and oxygen setup	IV. Role limits of NA and oxygen setup a. Report repair needs to the charge nurse immediately b. Report to charge nurse if a resident is operating his/her oxygen equipment improperly c. Be aware oxygen tubing may be a fall and strangulation risk; keep all tubing off the floor d. Nurse adjusts setting for liters flow; however, NA can observe setting for accuracy e. Observe for proper storage and dating of tubing.	Only nurse or RT can set and/or adjust oxygen equipment.

Standard IV.3 Fire Prevention and Procedures to Follow in Case of Fire Disaster

The NA must act quickly in the event of fire in an LTCF. NAs need to help prevent conditions that may lead to fires. The subject matter of the TCEP shall contain material that identifies and/or demonstrates:

- Potential causes of fires;
- Measures the NA can use to help prevent the occurrence of fires;
- Actions to take when a fire is discovered;
- Proper methods to report hazardous/unsafe conditions; and
- Devices used to contain or limit fires in an LTCF.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Describe potential causes of fires in LTCFs II. Identify measures that should be taken to prevent fires in a LTCF	I. Potential causes of fires a. Smoking and inappropriate use of matches or lighters b. Misuse of electricity c. Incorrect disposal of trash d. Improper storage of flammable materials II. Measurers to prevent fires a. Preventing fires caused by smoking i. Enforce smoking safety rules of the facility with visitors, staff and residents ii. Use large, deep ashtrays of noncombustible material and safe design iii. Empty ashtrays into designated, fire proof metal containers with self-closing cover. Devices into which ashtrays can be emptied shall be available where smoking is permittedSupervise all residents while they are smoking iv. Smoke in designated areas only v. Use smoker's apron per resident plan of care and/or facility policy b. Preventing fires caused by electricity i. Unplug, label item "out of service," report to	**Teaching Alert** Use of a film to discuss fire prevention and procedures to follow in case of a fire disaster may be helpful National Fire Protection Association (NFPA) is a good resource for materials to teach fire safety. Discuss common locations of fire: • Smoking area • Waste baskets • Kitchen • Laundry

III. Identify actions to take when a fire is discovered	nurse and maintenance ii. Never use a defective outlet and report it for repair iii. Never use frayed cords or loose connections; they could cause a short circuit. Report for repair iv. Never use multi plug adapters; check facility policy before using power strips or extension cords v. Do not switch an electric razor off or on while oxygen is in use vi. Never overload an outlet vii. Report problems to the charge nurse c. Preventing fires associated with oxygen use (oxygen alone does not burn, but it supports combustion) i. Open flames and smoking are not allowed in a room where oxygen is used ii. Measurers to prevent sparks from static electricity must be taken iii. Electrical safety measurers must be observed d. Other safety measures i. Keep equipment on one side of the corridors ii. Keep all exits and doors clear iii. Importance of fire drills III. Actions to take when a fire is discovered a. Follow the LTCF's emergency plan. It is the responsibility of the employee and the employer to ensure all staff are familiar with the emergency procedure i. Know floor plan of facility ii. Know exit route iii. Location of pull box alarm, fire extinguisher and fire hose iv. How to report fire v. Facility plan and the NA's role in plan b. The plan usually includes: "RACE" i. (R) Rescuing the residents, if necessary ii. (A) Activating the alarm/alert iii. (C) Confining the fire	**Teaching Alert** Use caution when using an electric razor around oxygen Know the order of egress per facility policy

IV. Identify examples of hazardous conditions that should be reported for correction V. Name devices that are used or activated when a fire occurs in an LTCF VI. Understand proper use of a fire extinguisher	iv. (E) Extinguishing the fire, if possible c. Never use elevators during fire alarm d. Leave room lights on for better visibility, close door behind you e. Clear hallways of carts, residents, etc. f. Evacuate ambulatory residents first IV. Examples of hazardous and unsafe conditions a. Blocked hallways and exit doors b. Blocked fire doors c. Smoking in non-smoking areas d. Frayed electrical wires and loose electrical connections e. Unexplained smoke or a burning odor V. Devices used or activated when a fire occurs in LTCFs a. Pull box b. Sprinkler system c. Smoke detector d. Fire alarm and strobe lights e. Fire doors f. Fire extinguishers - can be used to fight fires but are not a substitute for calling the fire department i. Wood/paper ii. Grease/oil iii. Electrical iv. All-purpose VI. If a fire is sighted and an extinguisher can be used, remember the PASS method a. (P) Pull the pin b. (A) Aim toward the base of the fire c. (S) Squeeze the handle d. (S) Sweep the base of the fire	DO NOT SIT RESIDENTS CLOSE TO THE DOOR Demonstrate proper use of fire extinguisherContact the State fire Marshal for guest lecturer 1-855-715-7790

Standard IV.4 Disaster Preparedness

The TCEP shall contain subject matter on procedures contained in an LTCF's emergency plan and will discuss:

- Safety measures to take when there is the threat of a tornado or other disaster;
- Resources available in LTCFs in case of power failure; and
- The NA's role in a tornado or other disaster.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Discuss safety measures to be taken when there is the threat of a tornado or other disaster	I. Safety Measures – The National Weather Service will issue the following: a. A tornado watch – conditions are favorable for a tornado i. Close windows and move objects and beds away from window area if possible ii. Close drapes b. A tornado warning – a tornado has been sighted i. Move the residents to a safe area. This will be the area determined by the facility's administration to be structurally strongest ii. Protect the resident from flying, broken glass by turning bedfast resident on side away from windows, cover with a blanket	Refer to clinical facility policy regarding other possibilities: blackout, extreme heat/cold, earthquake, floods, toxic spills, active shooter, etc. Use examples of various tornado preparedness plans from several LTCFs/clinical sites Ohio is associated with tornados more than any other natural disaster
II. Discuss resources that are available in LTCFs in case of power failure	II. Power failure in an LTCF a. All facilities will have a backup generator and emergency lighting b. Red electrical outlets will have power with the generator	**Teaching Alert** List common items that would be plugged in to a "red outlet" (per facility policy)
III. Discuss the NA's role in a tornado or other disaster	III. The NA's role during tornados or other disasters e.g. floods, bomb threat, workplace violence, and active shooter a. Remain calm b. Reassure residents of their safety c. Follow directions carefully d. Check status of residents who might need	

	connection to emergency power i. Residents on oxygen concentrators ii. Residents on ventilators iii. Pumps iv. During dialysis procedure	

Standard IV.5 Principles of Ergonomics, Body Mechanics and Body Alignment

NAs are often called upon to lift, move and properly position a resident. The TCEP shall contain material that ensures the NA can:

- Define ergonomics and body mechanics;
- Identify and demonstrate rules of good body mechanics;
- Demonstrate proper lifting and moving of a resident; and
- Discuss and demonstrate principles and techniques of correct body alignment.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Define and discuss ergonomics as it applies to the NA	I. Ergonomics a. Definition: adapting the environment using techniques and equipment to prevent injury and provide more efficient care. Fitting jobs and job demands to the capabilities/limitations of the population to reduce frequency of injuries/illnesses and associated costs b. A shared responsibility between employee and employer i. NA: gaining and using skills for caring for residents in LTCFs ii. Employer: facilitating a safe workspace/workplace and work environment	Contact the Bureau of Workers Compensation for information regarding Safety Management Strategies for Extended Care Facilities and other training materials. www.bwc.ohio.gov Focus on the shared responsibility between employees and employers regarding work safety Audio-visual aids are very effective with this content.
II. Define body mechanics	II. Body Mechanics a. The term body mechanics is commonly used to describe the body movements by the staff when they move residents and/or objects b. The purpose of good body mechanics is to make the best use of strength and avoid fatigue and injury	National Institute Occupational Safety and Health (NIOSH) – Safe Patient Handling and Movement www.cdc.gov/niosh/topics/safepatient Anatomy of a spine: 1) The spine is made up of many bony blocks called vertebrae 2) Spinal vertebrae are separated by cartilaginous disks
III. Identify and demonstrate the rules of good body mechanics	III. The general rules of good body mechanics a. Use as many large muscles or groups of large muscles as possible i. Use both hands rather than one hand to pick up a heavy object	

	ii. Keep the load between the knuckles and shoulder height whenever possible b. Stand erect. Good posture is essential to good body mechanics c. Place your feet apart, with the knees bent, approximately the width of your shoulders when lifting (at least 12 inches). This gives a broad base of support d. Be as close as possible to what you are lifting or moving. Don't reach and try to lift or move an object e. Push, pull or roll, if possible, rather than lift a heavy object f. Use your arms to support the object. The muscles of the legs actually do the job of lifting not the muscles of your back g. Work with the direction of your efforts, not against them. Avoid twisting your body as much as possible h. Get help if you think the resident or an object is too heavy to lift. Don't try to lift the resident or object alone i. Use two people when moving residents who cannot assist you. It is easier on the resident physically and emotionally. It also helps prevent injury to the resident and/or you j. Lift smoothly to avoid strain. Always count, "one, two, three" with the person you're working with and lift/move on the same count. Work in unison. Do this with the resident k. Pivot and turn with short steps or turn your whole body when changing the direction of your movements l. Use mechanical lifts or other devices per facility policy and manufacturer's recommendation m. Failure to follow a resident's plan of care or facility policy during a transfer which causes harm to a resident can result in a neglect finding on the nurse aide registry IV. Lifting and moving the resident	3) Degenerative changes (with or without trauma) may result in protrusion/herniation or rupture of the cartilaginous disk into the extradural space 4) When the herniated disk compresses or irritates the nerve root, sciatica results 5) In the lumbar area, >80 percent of disk ruptures affect L-5 or S-1 nerve roots; in the cervical area, C-6 and C-7 are the most common Demonstrate the principles of good body mechanics Provide an opportunity for practice and return demonstration **Teaching Alert** Demonstrate the use of a mechanical lift **Clinical Alert** Observe and assist trainees in the clinical setting to use correct body mechanics. Emphasize the need for the resident's and NA's safety. Integrate principles of ergonomics (body mechanics) throughout the

IV. Demonstrate general principles for lifting and moving residents	a. General principles i. Explain the procedure to the resident first ii. Protect the resident's privacy iii. Protect all tubing when moving someone iv. Give the most support to the heaviest parts of the body v. Hold the resident close to your body for the best support vi. Use smooth and steady, not jerky, motions vii. Lock the bed and chair wheels viii. Elevate the bed if possible when moving or repositioning a bedfast resident ix. Use "draw" or turning sheets when indicated to avoid shearing and tearing of skin x. Use the gait belt around the resident's waist for safety b. Demonstrations i. Raising the resident to a sitting position ii. Moving the resident toward the head of the bed iii. Moving a resident to one side of the bed iv. Turing the resident onto his/her side v. Transferring a resident from the wheelchair or chair to the bed vi. Transferring a resident from the bed to the wheelchair or chair vii. Transferring a resident from the bed to a stretcher	clinical experience **Teaching Alert** Demonstrate and practice lift sheet, turn sheet, log rolling, dangling, transfer/gait belt use Utilize a current nursing assistant textbook and facility policy to develop a skills checklist for lifting and moving a resident Audio/visual aids may be helpful to illustrate this section **Teaching Alert** Use a current NA textbook to develop skills for transfer from wheelchair to bed, transfer from bed to wheelchair, and positioning on side. Demonstrate the use of assistive devices to keep body in good alignment. Refer to a current NA textbook for more detail e.g. wedge cushion andnon-slip material
V. Describe correct body alignment	V. Correct body alignment a. The head is erect, not flexed forward or extended backwards b. The spinal column is in normal alignment c. The extremities are positioned according to the position of the resident d. The feet are in the "walking" position, not slanted forward e. The wrists are neither flexed nor extended. Fingers are slightly flexed. Hips are straight in line with the thighs	**Clinical Alert** Observe the use of assistive devices in the LTCF/clinical site. Show examples

VI. Explain why correct body alignment is important VII. Demonstrate correct body alignment	VI. Importance of correct body alignment a. Promote comfort and prevent pain b. Strain is not unduly placed upon the joints, muscles and body tissue c. Helps in preventing contractures d. Prevents skin breakdown e. Promotes sense of well-being VII. Demonstrations a. Supine position (Face up) b. Prone position (Face down) c. Lateral position (Side-lying) d. Fowlers Position (Sitting in bed or recliner) e. Sitting position in chair	

Standard IV.6 Alternatives to Restraints and Safe Restraint Use

The safety of the resident is a primary goal in providing care. Although there are other safety measures, there may be times when the application of safety restraints may be the only way to protect the safety of the resident. **THE APPLICATION OF RESTRAINTS IS A LAST RESORT WHEN ALL OTHER EFFORTS HAVE FAILED.** According to the MDS 3.0 User's Manual 2015 Edition, Chapter 3, page P-1physical restraints are defined as "any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body." The TCEP shall contain subject matter and demonstrations on:

- Alternatives to restraints;
- Safe use and purpose of restraints;
- Guidelines to follow for the safe application of restraints;
- Examples of various types of commonly used restraints in the LTCF; and
- Observations to make of a resident in restraints.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify the alternatives and risks to restraints	I. Alternatives to restraints a. Social i. Individualized diversional activities (TV, videos, music, games, books, etc.) ii. Family and friends visits iii. Companions and sitters b. Physiological i. Pillows and positioning aids ii. Back massages iii. Exercise programs iv. Outdoor time v. Food, fluid and elimination needs being met c. Psychosocial reinforcement i. Resident is moved closer to the nurse's station ii. Calendars and clocks provided for residents oriented to person, place and time iii. Pictures of family and friends iv. Consistent staff assignments v. Promoting jobs and tasks that the resident consents to	**Teaching Alert** Audiovisual aids may be helpful. Use examples of policies concerning the use of restraints in LTCFs Definition – any device that prevents freedom of movement or access to one's own body

II. The NA trainee will be able to discuss the purpose of restraints III. Identify guidelines to follow in the use of restraints	d. Environmental i. I Call light within reach and answered promptly ii. Warning devices on beds, chairs and doors iii. Allow wandering in a safe, calm area iv. Good lighting adjusted to meet the person's needs and preferences The above alternatives are not all inclusive and should be used to promote further discussion II. Restraints a. According to the Code of Federal Regulations (CFR) at 42 CFR 483.13(a), "The resident has the right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms." The Centers for Medicare and Medicaid Services (CMS) expects that no resident will be restrained for discipline or convenience. Prior to applying any restraint, the nursing facility must perform a prescribed resident assessment to properly identify the resident's needs and the medical symptom the restraint is being applied to address b. May be appropriate for the safe protection of the resident to prevent injuries c. When a resident's safety is in jeopardy, restraints are used as a last resort III. Guidelines to follow a. A restraint can be applied only at the direction of the nurse b. Always follow manufacturer's instructions c. The resident should be allowed as much movement as possible d. The resident's circulation and respiratory function must not be impaired by the restraint e. The bony prominence under a restraint should be padded in order to prevent trauma f. The restraint needs to be applied so the resident's body is in good alignment	Alternatives to restraints can be found in the care plan Restraint risks: Constipation Dehydration Anxiety Pneumonia Anger Depression Debility Pressure Ulcers Contractures Death **Clinical Alert** **NEVER** use restraints as a means of punishment or tell a resident, "If you don't behave, I will restrain you" Nurse will determine the least restrictive method of restraint. This will never be at the discretion of the NA NAs should be assigned residents requiring the use of restraints, wheelchairs, geriatric chairs and lifts Specific questions related to restraints should be referred to the nurse

IV. Describe observations to make on the resident with restraints V. Discuss NA responsibilities when caring for a resident with physical restraints VI. Define various types of restraints that may be used in the LTCF	IV. Observations to be made and reported to nurse immediately a. Circulation to the extremities i. Color (pallor, blueness) ii. Cold iii. Tingling iv. Pain v. Diminished or absent pulses b. Respiratory status i. Color of lips and nails – pale in color ii. Difficulty breathing c. If any of the above symptoms are present, the restraints must be loosened immediately V. NA responsibilities a. Observations are made every hour b. Restraints are to be released every two hours i. Exercise limb and provide skin care ii. Ambulate or reposition the resident iii. Offer toileting or change iv. Offer fluids or nourishment c. Reinforce the safety reason for the restraints VI. Types of restraints a. Full Bed Rails – full rails may be one or more rails along both sides of the resident's bed that block three-quarters to the whole length of the mattress from top to bottom. This definition also includes beds with one side placed against the wall (prohibiting the resident from entering and exiting on that side) and the other side blocked by a full rail (one or more rails). Include in this category veil screens (used in pediatric units) and enclosed bed systems b. Other Types of Bed Rails Used – any combination of partial rails (e.g., ¼, 1/3, ½, ¾, etc.) or combination of partial and full rails not covered by the above "full bed rail" category (e.g., one-side half rail, one-side full rail, two-sided half rails, etc.) c. Trunk Restraint – includes any device or equipment or material that the resident cannot	Each facility has the responsibility to teach NAs to apply restraints properly according to the manufacturer's instructions and per the facility's policy **Teaching Alert** Role play and/or demonstrate the application of restraints

	easily remove (e.g., vest or waist restraint, belts used in wheelchairs) d. Limb Restraints – includes any device or equipment or material that the resident cannot easily remove and that restricts movement of any part of an upper extremity (i.e., hand, arm) or lower extremity (i.e., foot, leg). Include in this category mittens e. Chair Prevents Rising – any type of chair with a locked lap board; a chair that places resident in a recumbent position and restricts rising; or a chair that is soft and low to the floor. Include in this category enclosed framed wheeled walkers with or without a posterior seat and lap cushions that a resident cannot easily remove f. Depending on their use, chair and bed alarms can be classified as a restraint g. Clothing that restricts access to one's own body	**Teaching Alert** Locking wheelchair wheels while a resident is sitting at a table may be a passive restraint (assist resident out of wheelchair and into a regular chair if possible) Wheelchair anti-tipper devices are an example of an alternative to a restraint

Standard IV.7 Mobility and Ambulation Techniques

Residents of LTCFs frequently require assistance with ambulation and/or assistive devices in order to move about the facility. Assistive devices can take a variety of forms. It is important that the NA have an understanding of how to use or implement assistive devices properly. The TCEP shall contain subject matter and demonstrations on:

- Safety techniques to use when walking a resident;
- Safety measures to be used with wheelchairs and geriatric chairs;
- Types and purposes of lifts;
- General safety rules to be used while operating lifts; and
- Safe use of walkers, canes and crutches.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify the safety precautions involved in the use of wheelchairs and geriatric chairs	I. Safety precautions a. Wheelchair and Geriatric Chair Safety i. Check the brakes. Make sure you can lock and unlock them ii. Check for flat or loose tires. A brake will not lock onto a flat or loose tire iii. Make sure wheel spokes are intact. Damaged, broken or loose spokes can interfere with moving the wheelchair or locking the brakes iv. Make sure casters point forward. This keeps the wheelchair balanced and stable v. Position the resident's feet on the footplates vi. Make sure the resident's feet are on the footplates before pushing or repositioning the chair. The resident's feet must not touch or drag on the floor when the chair is moving vii. Push the chair forward when transporting the resident. Do not pull the chair backward viii. Lock both brakes before you transfer a resident to or from the wheelchair ix. Remind the resident to lock the brakes when moving from the wheelchair.	**Clinical Alert** Geriatric chairs and shower chairs are not designed for transporting. Use a wheelchair when transporting residents if at possible Take out of service and report to charge nurse any devices that are in need of maintenance

	x. Do not let the resident stand on the footplates xi. Do not let the footplates fall back onto the resident's legs xii. Make sure the resident has needed wheelchair accessories per care plan xiii. Remove the armrests (if removable) when the resident transfers to the bed, commode, tub or car xiv. Remove the armrests (if removable) when lifting the resident from the chair xv. Swing front rigging out of the way for transfers to and from the wheelchair. Some front riggings detach for transfers xvi. Clean the wheelchair according to facility policy xvii. Blankets and tubing should be kept away from the wheels xviii. The wheelchair should be pushed from behind except when going in and out of elevators, then pull the wheelchair into and out of the elevator backwards xix. When moving a resident down a steep ramp, you should take the wheelchair or geriatric chair down backwards. Glance over your shoulder to be sure of your direction and prevent collisions and possible falls xx. Slow down at corners and look before moving the wheelchair to prevent collisions with other residents, staff, etc. xxi. Use the wheelchair that has been designated as appropriate for the resident. Use caution to prevent injuries to hands and arms when pushing wheelchair. If resident is independent with wheelchair ensure the brakes facilitate independence	
II. Describe the types and purpose of lifts	II. Types and purposes of lifts a. Types i. Manual or hydraulic lifts ii. Electric lifts b. Purpose	Mechanical lifts vary with manufacturers. Also, manufacturers have different models. Knowing how to use one lift does not mean you will know how to use others. Always follow the manufacturer's instructions. If there are questions, ask the nurse. Ask the nurse to show you how to use it properly and

	i. Lifts are used to move residents who cannot assist in their own transfer and/or residents who are too heavy for the staff to lift safely	safely
III. Identify safety precautions involved in the operation of portable lifts to move residents	III. Safety precautions when using a lift a. Make sure you are trained in its use b. Make sure the lift works c. Make sure the sling, straps, hooks and chains are in good repair d. Never operate a mechanical lift without the assistance of another nursing staff person e. Lock all brakes after positioning the lift per manufacturer's guidelines f. Securely fasten all locks and straps before operating the lift g. Secure the resident in the straps or slings and then raise the resident slowly h. Reassure the resident while transferring	Utilize a current NA textbook, manufacturer's recommendations and the facility policy for more information on the use of lifts Per the Department of Labor NAs under the age of 18 are not permitted to use a mechanical lift
IV. Identify safe and proper use of walkers, canes, and crutches	IV. Safe use of walkers, canes and crutches a. Devices used for walking should have skid-proof tips b. Residents should wear skid-proof shoes c. Safety techniques i. Walkers: stand still, place the walker forward with all four legs solidly on the floor, step forward toward the walker, repeat ii. Crutches: should have some space between the top of the crutch and axilla. The elbows should be flexed slightly and the weight supported on palms of the hands iii. Cane: a quad cane, (having four feet to put on the floor) is more stable than plain cane	**Teaching Alert** Be aware of the weight limits of a lift
V. Demonstrate the safe way to assist a resident to walk	V. Safety techniques to use when walking the resident a. When walking the resident, the resident should wear skid-proof shoes/socks/footwear b. When assisting a resident to change position, move slowly to avoid dizziness and observe for signs of dizziness c. Assist on the resident's weak side	**Teaching Alert** Demonstrate and provide an opportunity to practice ambulation techniques.

	d. Allow the resident to use their strong side for holding hand rails e. When assisting a visually impaired resident, walk slightly ahead and allow resident to hold your arm. Explain hazards in the path as necessary f. Use a gait belt for safety g. Help the resident stand. Grasp the gait belt at each side or place your arms under the resident's arms around to the shoulder blades h. Stand at the resident's side while he or she gains balance. Hold the belt at the side and back or have one arm around the back to support the resident i. Encourage the resident to stand erect with their head up and back straight, with a broad base of support j. Help the resident walk. Walk to the side and slightly behind the resident. Provide support with the gait belt or have one arm around the back to support the resident k. Encourage the resident to walk normally. The heel strikes the floor first. Discourage shuffling, sliding or walking on tiptoes	**Teaching Alert** Use a current NA textbook to develop skills for ambulation using a gait belt and ambulation with a walker. Gait belt should not be used to "lift" the resident but is designed to provide stability. Resident should be able to assist with standing (weight-bearing only). Teach proper hand placement on gait belt and when it is appropriate to use a gait belt.

Standard V.1 Promoting the Resident's Independence

The NA can be a valuable asset in helping the resident to achieve the highest possible level of independence in the LTCF. The TCEP shall contain subject matter that:

- Describes the physical and psychosocial losses that affect independence;
- Identifies aspects of independent living that a resident of a LTCF loses upon admission to the facility; and
- Presents and demonstrates techniques an NA can use to promote the resident's independence including the types of choices that may be available to a resident for gaining the highest level of independence possible.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify losses, both physical and psychosocial, that may decrease independence	I. Losses a. Physical (Functional) i. Loss of physical health ii. Reduced mobility iii. Sensory limitations iv. Activities of daily living b. Psychosocial i. Previous lifestyle ii. Family members and loved ones iii. Personal property iv. Privacy	Use a current NA textbook for more information on promoting a resident's independence Develop a game that helps to simulate losses and sensitivity training Use of visual aids are very helpful Role play
II. Identify some of the aspects of independent living a person may lose when they reside in an LTCF	II. Losses when entering an LTCF a. Space i. Choice of living alone ii. Choice of roommate iii. Choice of location of room b. Choices i. Foods ii. Transportation iii. Eating iv. Wake/sleep time c. Contact with family and friends outside of facility d. Pets	Reading a poem or other writing by an older person about losses can be helpful in increasing the NA's understanding of the resident's losses Present examples of how losses may interact with basic needs; e.g., anxiety and inability **Clinical Alert** Identify the resident's strengths during the clinical experience
III. Identify positive techniques an	III. Techniques to promote independence	

NA can use to promote the resident's independence	a. Identify how the resident has coped with previous losses before entering the facility b. Encourage the resident to use positive coping mechanisms he/she has used in the past to adjust to a new environment and maximize his/her independence c. Encourage the resident to use the strengths he/she has to counterbalance losses and adjust to his/her environment d. Encourage the resident to participate with ADLs and encourage participation in care conference e. Provide assistance with participation in resident and family group activities and care conference	People react to losses and traumatic life events consistent with their coping mechanisms throughout their life Help trainees identify the residents' strengths and plan ways to reinforce those strengths while caring for residents
IV. Name or list types of choices available to the resident to gain the highest level of independence	IV. Resident choices a. When to eat b. Where to eat c. What to eat d. What to wear e. What activities to attend f. Which residents to associate with g. When to sleep when to get up (arise) h. When to do daily care i. When to bathe/frequency of bathing j. When to take their medications (nursing function only)	**Teaching Alert** Emphasis is on what resident wants and not what the NA wants (resident-centered care). Report to the nurse any refusals of care. Choices should be individualized in the plan of care.

Standard VI.1 The Residents' Rights

The NA must be familiar with specific rights enumerated by the Ohio Resident Bill of Rights (ORBR) for residents of LTCFs. The TCEP shall contain a discussion of the residents' rights contained in the ORBR. A copy of the State of Ohio ORBR shall be available for the trainees to review.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify legal rights of the resident contained in the ORBR	I. Residents' Rights a. Residents of LTCFs have legal rights. These are enumerated in the ORBR, which must be posted in the LTCF. A copy of these rights must be read and signed by each resident and/or legal representative and included in the chart	The ORBR should be used as an example. See ORC 3721-13. Provide a copy of the ORBR to each student
II. Discuss ways to respect residents' rights	b. Types of rights that are found in the ORBR, which the NA can most directly help to ensure i. Voting ii. Privacy	http://codes.ohio.gov/orc/3721.13v1
III. Understand residents' rights are the cornerstone of person centered care (PCC) and how to provide PCC on a daily basis	iii. Confidentiality iv. Personal choices to accommodate individual needs v. Grievances or complaint resolution vi. Participation in activities vii. Security of personal possessions viii. Freedom from abuse, neglect, mistreatment and misappropriation ix. Elimination of the need for physical or chemical restraints	**Teaching Alert** Use role playing/scenarios for teaching resident's rights Identify the role of the ombudsman in a nursing home
	II. Ways to respect residents' rights a. Know the ORBR b. Take the opportunities to respect residents' rights c. Encourage residents to exercise their rights d. Report infractions to the charge nurse/chain of command or directly to administrator per facility policy e. Report to the nurse when rights conflict with safety issues f. Understand each person's life story and honor their talents, cultural differences, birthdays, etc.	**Teaching Alert** Maintain respect toward the resident at all times

	g. Address and speak to residents in a dignified, caring manner h. Ask for permission to assist with care, explaining what you do	

Standard VII.1 Observational Skills

Observational skills are very important while caring for residents. The TCEP shall contain subject matter that describes:

- The importance of observations to collect information about the resident;
- Techniques of observation that include the use of the senses (see, feel, hear, smell); and
- How to report and record observations.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Discuss the importance of observation	I. Importance of making observations about residents a. Making observations is important because they can alert you to a possible change in a resident's condition b. Make observations continuously during resident care. Be alert at all times	Utilize a current NA textbook for more information on observational skills **Teaching Alert** If there are acute changes in a resident's condition, the NA should remain with the resident until the nurse arrives
II. Describe various observation techniques	II. Techniques of observation a. See: changes such as skin rash, redness, edema, shortness of breath, rapid respirations, chills, expressions of pain (chest, abdomen, etc.), blue lips or extremities, vomiting, change in alertness, sweating, pus, blood or sediment in the urine and/or bruises on the body b. Feel: changes such as fever, change in pulse, an extremity that is cold to the touch c. Hear: changes such as change in breath sounds. Hear the resident's complaints, for example regarding chest pain, abdominal pain, nausea, excessive thirst or difficulty urinating d. Smell: examples such as the odor of urine, drainage from a wound or the smell of the resident's breath	**Clinical Alert** The trainee will be asked to make observations of a resident during the clinical experience
III. Identify observations to be made during resident care	III. Observations to be made while caring for the resident Compare to the previous day's observation of a resident a. What is the resident's general appearance (untidy,	

	neat)? b. Is the resident alert, confused, drowsy? c. What is their activity level? d. What is the color of his/her skin, mouth, fingernails? e. What is the condition of his/her breathing (easy, labored and noisy)? f. How does the resident manage eating, drinking, elimination? g. Has there been a change in his/her sleeping habits? h. What is his/her mood or behavior?	**Teaching Alert** Provide the student with a basic observational tool from a current NA textbook or facility resource Explain and define objective and subjective data. **Objective data** (signs) – information that is seen, heard, felt, or smelled. You can feel a pulse. You can see urine. You cannot feel or see the person's pain, fear or nausea **Subjective data** (symptoms) – things a person tells you about that you cannot observe through your senses **Teaching Alert** Teach NA to know facility policy on where to go (chain of command, decision tree) if not getting a response from the nurse.
IV. Describe how to report and record observations	IV. Reporting and recording observations a. Changes in the resident's condition should be reported to the nurse immediately b. Observations should be reported and recorded exactly as seen, heard, felt or smelled, or in the resident's own words. (Report in an objective rather than subjective manner)	

Standard VII.2 Recognizing Changes in Body Functioning

Physical Changes are natural in the aging process. The TCEP shall contain subject matter that describes a variety of physical changes that may accompany aging and the importance of reporting to a supervisor. Areas to be covered include:

- Vision: describing changes, diseases and ways to change the resident's environment to promote safety;
- Hearing: warning signs of hearing impairment, changes in hearing, ways to enhance communication for the resident with a hearing loss, use and care of hearing aids;
- Loss of taste, smell and/or touch: warning signs and ways to aid the resident;
- Gastrointestinal: changes and special care for the resident with digestive disorders;
- Reproductive: female changes including vaginitis and male changes including benign prostatic hypertrophy; and
- Musculoskeletal system: changes including osteoporosis and arthritis.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Describe changes in vision that may accompany aging II. Describe how the NA might recognize that a resident has impaired vision III. Name diseases that may cause visual impairment	I. Specific visual changes that may accompany aging a. Reduced ability to focus vision b. Decreased sharpness of vision c. Loss of peripheral vision/visual fields d. Reduced ability to acclimate to darkness e. Possible impairment of color vision from cataracts f. Increased sensitivity to glare II. Warning signs of vision problems a. Increasing difficulty with coordination; reaches for things inaccurately b. Squinting when looking at people and objects c. Choosing odd color combinations in clothing or crafts d. Walking hesitantly III. Diseases causing visual impairment a. Cataracts b. Glaucoma c. Blood vessel changes damaging the retina from diabetes, hypertension d. Stroke (CVA): may remove part of field of vision e. Macular degeneration	**Teaching Alert** Because the following information is very concentrated and technical, you may want to divide the descriptive content and spread it throughout the course. (For example, teach gastrointestinal changes with the units on nutrition and elimination). Discuss the structure and function of the body systems to an extent appropriate for your students As a role play technique, simulate a variety of physical changes associated with aging Utilize a current NA textbook for more information on recognizing changes in body function Instructor will provide a sample of an LTCF reporting form to be used as an example of how NA will report

IV. Describe ways to change the environment to encourage the visually impaired resident's independence and to promote safety	IV. Environmental changes to promote safety with visually impaired residents a. Place furniture or other objects where the resident can see them; keep the objects in the same place each day b. Keep surroundings uncluttered c. Provide good lighting. Adjust blinds to prevent glare d. Use large print on signs, black on white e. Keep doors open or shut	Describe these conditions in appropriate detail for your students
V. Describe ways to care for the visually impaired resident	V. Ways to care for visually impaired residents a. Ask resident what he/she can see b. Use normal tone of voice c. Don't touch resident until you have been identified d. Always make sure the resident can reach a wall or furniture e. Provide help for activities requiring acute vision f. Care of the resident's eyeglasses i. Ensure resident is wearing correct eyeglasses according to care plan ii. Make sure the eyeglasses are clean and fit properly iii. Store properly when not in use iv. Assist the resident with eyeglasses as necessary v. Assist with contact lenses if appropriate g. Assist resident with walking	**Clinical Alert** As this content is presented, encourage the NA trainees to identify residents in the LTCF who are experiencing these physical changes **Teaching Alert** Use caution when placing body care products so that vision-impaired resident does not accidentally misuse
VI. Describe changes in hearing that may accompany aging	VI. Hearing changes that may accompany aging a. Reduced ability to hear high-pitched sounds b. Reduced acuity	**Teaching Alert** You may contact a hearing aid sales and service representative to show examples of hearing aides and provide handouts
VII. Identify warning signs of hearing impairment	VII. Warning signs of hearing impairment a. Speaks louder than necessary b. Asks for words to be repeated c. Doesn't react to a sound out of the visual field d. Is irritable in situations where good hearing is necessary e. May seem confused or withdrawn f. Increases volume of the radio and/or TV	Refer to standard II.6 for review

	g. Inability to interact successfully with others	
VIII. Demonstrate ways to enhance communication with a hearing-impaired person	VIII. Ways to enhance communication with a hearing-impaired resident a. Speak clearly, slowly, facing the resident b. Use body language, touch c. Turn off background noise d. Do not stand in a glare	
IX. Discuss the use and care of hearing aids	IX. Use and care of hearing aids/Cochlear implants a. Assist with wearing the device correctly b. Check routinely to make sure the hearing aid is functioning c. Care of the hearing aid i. Replace batteries ii. Clean according to instructions iii. Notify the charge nurse if hearing aid is not functioning properly iv. Store according to instructions	
X. List actions to help prevent injury to the resident with impaired touch	X. Nursing actions to help prevent injury to a resident with an impaired sense of touch a. Protect from injury b. Check for potentially harmful situations (heat, cold and sharp objects) c. If the resident is unable to sense or move part of the body, check and change position to prevent pressure	Role play to demonstrate actions the NA can take to prevent injury of persons who have lost their sense of touch
XI. Describe changes in behavior that may follow loss of the senses of taste and smell	XI. Observable behavior changes that may follow loss of taste and smell a. Diminished appetite b. Complaints that the food is tasteless. May observe resident adding more sugar, salt or pepper c. Unaware of increased body odor with loss of smell	This descriptive content may be included with this unit or with the unit on nutrition (VII.8)
XII. List ways to assist the resident who has experienced a loss of taste and smell	XII. Ways to assist the resident who has experienced a loss of taste and smell a. Encourage and assist with good oral hygiene according to care plan	

	b. Provide foods with a variety of tastes and textures c. Make sure foods are visually appealing d. Assist the residents with personal hygiene	
XIII. Describe how aging may affect gastrointestinal function	XIII. Physiological changes and resulting changes in GI function a. Decreased motility of the stomach and intestine-constipation, flatulence (gas) b. Decreased digestive secretions – flatulence, impaired digestion c. Fewer specialized intestinal cells to absorb food-malnutrition from inadequate absorption d. Possible loss of sphincter control - fecal incontinence e. Worn down or missing teeth may cause poor food intake	You may choose to add information about gastrointestinal (GI) disorders, e.g., hernia, ulcers, vomiting and diarrhea
XIV. Describe the special needs of a resident with a digestive disorder	XIV. Special care of a resident with a digestive disorder a. Special diet (low fiber, low spices, low fat) b. Food in a special form (mechanically soft or pureed) c. Supplemental feedings and/or multiple small meals d. Allowing sufficient time for resident to eat e. Monitoring weight f. Positioning techniques (elevation of head of bed) g. Monitor hydration-offer increased fluids	**Clinical Alert** Ask NA trainee to describe residents with the identified disorders
XV. Identify descriptions of reproductive system disorders	XV. Reproductive system disorders a. Vaginitis: inflammation/infection of vaginal lining that causes foul-smelling drainage and irritation (very uncomfortable for the resident) b. Benign prostatic hypertrophy: enlargement of the prostate gland that may impair the outflow of urine. Causes hesitancy in beginning urine flow, reduction in the size and the force of the stream	
XVI. Describe changes of aging that affect the musculoskeletal system	XVI. Musculoskeletal system changes affected by age a. Osteoporosis: minerals leave the bone. The bone becomes more brittle and may lead to fractures of the spine, hip and wrist e.g. hip fracture Arthritis	

XVII. Describe the posture most commonly found among the frail elderly XVIII. Identify measures the NA can take to assist the resident with musculoskeletal diseases or problems	(osteoarthritis): inflammation of joints due to the aging process can affect all parts of the body, e.g. hip replacement, knee replacement XVII. Posture frequently seen in frail elderly residents a. Head and neck are flexed slightly forward b. Eyes look down c. Spinal column is flexed forward and shortened d. Hips and knees are slightly flexed e. Small shuffling steps are taken f. Unsteady balance may be the result of reduced strength of the body's muscles XVIII. Measures to assist the resident a. Encourage as much activity as possible within the limits of pain and disabilities b. Prevent falls and injury	**Clinical Alert** Have the NA trainee reference the plan of care of a resident with a hip fracture or knee replacement

Standard VII.3 Recognizing Signs and Symptoms of Common Diseases

Physical changes accompanying aging, as well as other life events, may lead to a variety of disease conditions. The TCEP shall contain subject matter that describes a variety of physiologic changes, possible consequences of those changes, nursing care and the importance of reporting such changes to a nurse. The systems to be covered include:

- Cardiovascular;
- Respiratory;
- Endocrine;
- Urinary; and
- Nervous system

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Describe the aging changes, the consequences of those changes and the nursing care related to the cardiovascular system	I. Cardiovascular system a. Changes i. The heart may pump blood less efficiently ii. The heart cannot accommodate to meet increased need iii. Arteries lose elasticity iv. Blood pressure may increase v. Blood flow to brain and vital organs may be decreased vi. Veins are less efficient in returning blood to the heart b. Consequences of cardiovascular system changes i. While adequate exercise is necessary for good cardiovascular function, residents with these diseases may not be able to tolerate great amounts of activity ii. Changes in circulation affect blood pressure and fluid balance iii. Dizziness from abrupt changes in position may occur iv. Decreased venous return may cause discoloration, coldness and swelling of legs c. Appropriate NA actions	**Teaching Alert** Use posters of normal anatomy and physiology Describe common cardiovascular disease conditions, e.g.: myocardial infarction (MI), congestive heart failure (CHF), hypertension, stroke (CVA- cerebral vascular accident), pulmonary embolism (PE), pacemaker, cardiac catheterization Stress age-related changes. Stress the needs of the residents in the individual LTCFs

	i. Pace resident's activity and allow time for rest periods ii. Be aware of dietary restrictions iii. Assist resident to change positions slowly and be aware of episodes of dizziness and report to nurse iv. Remove and reapply anti-embolism stockings to lower extremities, if ordered v. Be alert to resident changes and report to nurse	
II. Describe the aging changes, the consequences of those changes and the nursing care related to the respiratory system	II. Respiratory System a. Changes i. Lung capacity decreases as a result of muscular stiffness in the lungs ii. The ability to cough is less effective; causing secretions and fluid in the lungs, increasing the risk of infections and choking iii. Shortness of breath on exertion as a result of aging changes in lungs iv. Airway size decreases with age b. Consequences of respiratory system changes i. Shortness of breath ii. Infections iii. Choking iv. Fatigue c. Appropriate NA actions i. Position resident comfortably, usually somewhat upright ii. Keep personal care items, TV control, phone, etc. near residents' reach iii. Be aware of dietary restrictions iv. Pace resident activities and allow time for rest v. Follow facility policies regarding oxygen in use vi. Be alert to any changes in respiratory system and report to nurse	Describe common respiratory diagnoses, e.g.: chronic obstructive pulmonary disease (COPD), asthma, tuberculosis. Describe symptoms and behaviors related to chronic obstructive pulmonary disease (COPD) and specific nursing care
III. Describe the aging changes, the consequences of those changes and the nursing care related to the endocrine system	III. Endocrine System a. Changes i. With age, the elderly are more prone to problems with water and electrolyte balance	

	ii. Dehydration is the most common fluid and electrolyte disturbance of the elderly iii. Mild vitamin deficiencies are very common among residents in LTCFs iv. The changes of aging place elderly persons at risk of under nutrition v. Type II diabetes mellitus (non-insulin dependent) is much more common in elderly with upper body obesity vi. Elderly residents with diabetes have a sixfold greater risk of hypothermia, probably due to vascular disease vii. Aging appears to reduce effectiveness of sweating in cooling the body and can lead to hyperthermia b. Consequences of endocrine system changes i. Imbalances with water and electrolytes are likely to occur with illness, hospitalization, use of medication and extremes of temperatures ii. Dehydration may cause altered mental status, lethargy, lightheadedness or syncope. In general, reduced skin turgor, dry mucus membranes and hypotension may occur iii. Vitamin deficiencies are associated with cognitive impairment, poor wound healing, anemia and an increase in infections iv. Conditions resulting from under nutrition include fatigue, pressure sores, decreased muscle strength, infections, hypotension and lower extremity edema v. Diabetes mellitus increases the risk of macrovascular disease, may lead to stroke, coronary artery disease, skin breakdown and infection. Retinopathy, nephropathy and peripheral neuropathy usually occur after several years of poorly controlled diabetes mellitus vi. Hypothermia is often missed and therapy is too often delayed. Even mild hypothermia should be considered a medical emergency and should be monitored in a hospital, usually	Discuss effects of diabetes, i.e., retinopathy, neuropathy and nephropathy Add common symptoms of diabetic acidosis and hypoglycemia Explain symptoms for diabetic coma and insulin shock

	an intensive care unit vii. The consequences of hyperthermia are heat cramps, heat exhaustion and heatstroke c. Appropriate NA actions i. Closely monitor fluid intake ii. Be alert to food intake and closely monitor diet as provided by the dietary department iii. Be alert to signs and symptoms of diabetes, which are; 1. Excessive thirst 2. Excessive hunger 3. Frequent urination 4. Pain in abdomen 5. Nausea and vomiting 6. Drowsiness iv. Be sure resident wears well-fitted shoes, puts lotion on feet daily and DOES NOT CUT NAILS (TOES AND/OR FINGERNAILS) v. NA needs to be alert to body temperature changes and report any changes to the nurse vi. Be alert to skin changes and breaks in skin and report to nurse	The diabetic diet is discussed in Standard VII.8 – Nutrition and Fluid Needs Nail care should be approved by nurse Discuss proper nursing care precautions
IV. Describe the aging changes, the consequences of those changes and the nursing care related to the urinary system	IV. Urinary System a. Changes i. Kidneys decrease in size ii. Urine production is less efficient iii. Bladder capacity decreases, increasing the frequency of urination iv. Kidney function increases at rest, causing increased urination at night v. Weakening of bladder muscles, causing leaking of urine or inability to empty the bladder completely; complete emptying of bladder becomes more difficult vi. Enlargement of the prostate gland in the male, causing increased frequency of urination, dribbling, urinary obstruction and urinary retention b. Consequences of urinary system changes i. Incontinence causes the person to feel	

	embarrassed, isolated, stigmatized and depressed ii. Urinary tract infection (UTI) is common problem in the elderly and may include such symptoms as dysuria, urinary frequency, incontinence, flank pain and fever. Confusion and delirium are often attributed to UTIs iii. In addition to odors, skin becomes irritated resulting in infection and pressure ulcers c. Appropriate NA actions i. Encourage liquid intake unless directed otherwise ii. Record resident's voidings according to facility policy iii. Assist the resident to the bathroom as per care plan iv. Be alert to potential problems or changes involving the urinary system and report to nurse 1. The color and odor of the resident's urine 2. Frequent urination in small amounts 3. Pain/burning during urination 4. Difficulty in urination 5. Incontinence	
V. Describe the aging changes, the consequences of those changes and the nursing care related to the nervous system	V. Nervous System a. Changes i. Tasks involving speed, balance, coordination and fine motor activities take longer because of slowed transmission of nerve impulses ii. Balance and coordination problems as a result of deterioration in the nerve terminals that provide information to the brain about body movement and position iii. Deep sleep is shortened, more awakenings during the night iv. Brain cells are lost, but intelligence remains intact unless disease is present v. Decreased sensitivity of nerve receptors in skin (heat, cold, pain, pressure) vi. Common nervous system disorders	Describe common nervous system diagnoses, e.g.: Multiple Sclerosis (MS), Huntington's Disease

	1. Cerebrovascular accident (CVA) or stroke: destruction of a portion of the brain tissue from the loss of oxygen and nutrients as a result of a hemorrhage or blood vessel obstruction. Loss of nervous tissue function depends on the brain area damaged 2. Parkinson's disease: a chronic, progressive degenerative disease producing muscle problems such as tremors and muscular rigidity. The ability to think is not impaired 3. Seizure disorder: a brain malfunction that may result in convulsions 4. Alzheimer's disease: progressive decline in cognitive function 5. Dementia: group of diseases sharing a gradual onset, global decline in intellectual capacity and performance and progressive social incapacitation b. Consequences of nervous system changes i. Responses are slower and blood flow to the brain is reduced, therefore increasing the risk for falls ii. Sleep patterns change; older persons have a harder time falling asleep resulting in fatigue and the need to rest or nap during the day iii. Brain cells lost can affect mental function and personality iv. Decreased sensitivity changes increase the risk for injury v. Consequences of stroke (CVA) may be more devastating than the stroke itself. NAs must be vigilant in preventing sleep problems, problems with feeding and eating, incontinence, confusion, falls and skin breakdown that are all common among residents with cerebral vascular disease and thus can be serious, even fatal. Depression is common after a stroke c. Appropriate NA actions	You may discuss rehabilitation measures for these conditions The concept of a slower reaction time is very important for NA trainees to understand Ask a physical therapist to speak to the class. Tour a physical therapy department

	i. Encourage as much activity as possible ii. Prevent injury to paralyzed parts iii. Consider the resident first, the disease and condition second iv. Give support in daily functioning: eating, feeding, toileting, mobility, sleeping and regular communication	NAs need to recognize potential side effects of medications including psychotropic medications and report these promptly to the nurse in charge

Standard VII.4 The Long-Term Care Facility as Home

The LTCF becomes the resident's home. The resident's unit becomes an important part of a resident's life. The TCEP shall contain subject matter that:

- Identifies significant items in the resident's environment (overbed table, bedside stand, bed and bedside rails); and
- Discusses ways to keep the resident's environment safe, comfortable and properly maintained.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify major items in the resident's unit	I. Items a. Room furniture and equipment i. Bed 1. Electric or manual controls 2. Side rails per plan of care/per facility policy ii. Lamp iii. Overbed table iv. Bedside stand v. Chair vi. Bathroom vii. Closet and drawer space viii. Privacy curtain ix. Urinal/bedpan x. Wash basin xi. Emesis basin xii. Personal hygiene and grooming supplies xiii. Call system xiv. Personal possessions b. Locked storage	Clinical Alert Tour a resident's room or show pictures of a resident's room with furniture and equipment. Show students how to adjust a bed and use other equipment Resident may have some furniture from home present. Chairs that residents might use should have armrests so they can use the armrests for support when they get up. Chair legs should have grips on them Watch for buildup on floor wax on tips of chairs
II. Identify measures to keep the resident's environment comfortable	II. Comfort measures a. Provide ventilation according to the resident's preference and condition b. Adjust temperature for personal differences, keeping in mind that the elderly may not adjust as well to extremes of temperature c. Provide extra humidity for residents with respiratory disorders, as directed by the nurse	Facility should have a place to lock resident valuables Resident's preferences should be in the care plan

	d. Adjust the lighting for day and night safety. Place lights to avoid glare	
III. Identify measures necessary to maintain a safe and clean unit	III. Daily maintenance measures a. The call system is within easy reach each time the NA leaves the resident's unit b. Chairs should be placed out of the mainstream of traffic areas when not in use by the residents c. Urinals should be within easy reach of male residents. Urinals need to be emptied to prevent spilling d. The bedside stand and contents should be within safe and easy reach e. Supplies (wash basin, emesis basin, etc.) for one person to use should be cleaned after each use f. The bed should always be locked in the lowest position following completion of care g. The unit should be cleaned daily. The NA should straighten the resident's personal belongings and keep the over bed table and bedrails clean h. Respect the resident's belongings including items brought from home. Do not throw away any items belonging to the resident	Accidents may happen because residents try to inappropriately help themselves NA should look for possible dangers when entering a residents' area: 1. Spills on the floor 2. Items on the floor 3. Frayed electrical cords 4. Use of extension cords, power strips and multi plug adaptors

Standard VII.5 Bed-making Techniques and Comfort Measures

The TCEP shall describe bed-making techniques and methods used to keep residents comfortable if they remain in bed for long periods of time.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify guidelines for bed making	I. Guidelines a. NA should follow good body mechanics at all times b. Follow rules of medical asepsis i. Never shake linens ii. Hold linens away from uniform iii. Never put dirty linens on the floor or on clean linens iv. Extra linens cannot be used for another person c. Follow standard precautions d. Collect the appropriate linens e. Keep the bottom of linens tucked in and wrinkle free, allowing toe room f. Safety measures i. Lock bed wheels ii. Return bed to desired position per care plan iii. Leave call signal accessible to resident	**Teaching Alert** Discuss hand hygiene and the use of gloves relative to clean and dirty linen
II. Identify types of bed making and when each is appropriate	II. Types of bed making a. Unoccupied: the resident is able to leave the bed while it is made i. Closed bed 1. Is made with the top sheet and spread pulled all the way up 2. Is usually used if the resident is to remain out of bed most of the day ii. Open bed 1. Has the top sheet and spread fan-folded to the bottom of the bed 2. Allows easy access by the resident and when in bed the resident can pull the	**Clinical Note** Different types of beds require different bed-making techniques Lying on wrinkled sheets or under blankets that are tucked in too tightly can be very uncomfortable for residents and may cause skin ulcerations Demonstrate bed making Utilize a current NA textbook to

	sheets and spread up easily b. Occupied: The resident remains in the bed i. Maintain resident's safety ii. Maintain good alignment of resident iii. Know resident's limitations iv. Maintain privacy	develop the skills checklist for bed making – occupied and unoccupied Discuss measures that make the bed comfortable **Teaching Alert** Return demonstration of occupied bed making may be done with a bed bath Placing a draw-sheet on the bed may help in lifting and moving residents

Standard VII.6 Admission and Discharge

The times of admission and discharge from an LTCF can cause great anxiety for residents and their families. The TCEP shall identify techniques an NA can use to assist a resident during admission or discharge procedures.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify feelings the resident and family may have at the time of admission	I. Feelings of the resident and family at the time of admission a. The resident and family may be acutely aware of losses experienced with aging and illness b. The resident may feel lonely, lost, angry, depressed, confused or relieved c. The family may experience guilt	**Teaching Alert** The time of admission or discharge from an LTCF can be extremely stressful for a resident and his/her family
II. Identify actions the NA may take to assist the resident during admission	II. How the NA can assist during admission a. Prepare the room for the resident's needs b. Greet the resident and family c. Show the resident the room, bathroom and how to use the call systemAssist the resident in making a list of valuables and clothing. Follow facility procedure d. Observe how well the resident can move and perform activities e. Show the resident around the facility. Introduce the new resident to other residents and staff f. Check on the resident frequently	NA should obtain information from nurse about resident preferences, such as bathing and beauty shop use
III. Identify feelings the resident may have when discharged	III. Feelings of the resident at the time of discharge a. May feel anxious or worried about change	Following the resident's discharge, the room will receive a thorough cleaning by housekeeping personnel. This procedure helps to avoid the spread of harmful microorganisms
IV. Identify actions NA may take to assist resident during discharge	IV. Appropriate actions a. Allow the resident to talk about his/her anxieties b. Help the resident gather clothing and other belongings and check inventory per policy c. Transport according to facility policy	

Standard VII.7 Mealtime

Many residents of LTCFs will need assistance at mealtime. The TCEP shall discuss ways to promote a positive atmosphere at mealtime by:

- Identifying devices and techniques to assist a resident to maintain independence while eating;
- Identifying proper techniques for feeding residents; and
- Discussing ways to identify and demonstrate ways to intervene with choking victims and residents with dysphasia and aspirations.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Discuss measures to promote a positive atmosphere at mealtime II. Identify devices and techniques that may be used to help the resident maintain independence while eating	I. Positive atmosphere at mealtime: This is probably the most important social function of the resident's day. Dignity must be preserved and independence encouraged a. The resident should be physically comfortable. Positioning, empty bladder, dry clothing, etc. b. The surroundings should be pleasant and comfortable c. The social aspect of mealtime should be considered d. Whenever possible, the staff should express positive attitudes regarding the mealtime experience e. Have conversation only with the resident during feeding. It is important to not carry on casual conversation with other staff members without including the resident II. Devices and techniques to maintain independence a. Food is provided in a manageable form (i.e., bread is buttered, meat cut only when necessary) b. Visually impaired resident may require assistance in locating food and utensils. The numbers of a clock are used to help visually impaired residents c. Special eating devices such as a plate guard or adapted spoon to aid handicapped resident in self-	**Teaching Alert** Prior to dining, residents' plans of care should be referenced Utilize a current nursing assistant training textbook for more information on meal time and to develop the skill check list for feeding residents and passing trays**,** including proper diet/condiments on card/tray, proper adaptive equipment present, proper food and fluid consistency, appropriateness of straws, opening containers and cutting up food for resident. Know where resident prefers to eat (room, dining room) Use sample trays with "mistakes" on them as a teaching aid Describe how to assist visually impaired residents **Clinical Alert**

	feeding, may be used	
III. Describe and demonstrate to assist a resident with meals	III. Proper mealtime assistance a. Allow time for prayer if requested b. Sit facing the resident c. Check items on resident's tray with the dietary card d. Help prevent choking by assisting the resident to a sitting position, if possible. Raise the head of the bed if the resident is unable to get into a chair. Maintain the resident's proper body alignment e. Ask resident if he/she would like a napkin, clothing protector or towel to protect clothing f. Tell the resident what food and fluids are on the tray g. Serve food and fluids in the order the person prefers h. Offer fluids during the meal; fluids help resident chew and swallow i. Offer to wipe the resident's hand and face during the meal as needed j. Spoons should be used if necessary because they are less likely to cause injury and should be no more than 1/3 full. Check to make sure the mouth is clear before offering more food k. Encourage the resident to help by having him/her hold finger foods l. Season foods according to the resident's preference but not in opposition to prescribed diets m. Maintain separate flavors of foods. Do not stir all foods together before feeding n. Identify the foods as you feed them to the resident: "This is mashed potatoes. Now, I'll give you some meatloaf" o. Feed hot foods and liquids cautiously to prevent injuring the resident p. Allow adequate time for the resident to chew thoroughly q. Alternate liquids and solids as the resident prefers r. Watch carefully to see that the resident swallows s. Cut food into bite-size pieces, per resident choice	An occupational therapist or dietitian may be able to provide examples of adaptive eating devices **Teaching Alert** The students may role play this experience Residents with dementia may be distracted during meals, find it difficult to sit long enough to eat a meal or may throw or spit food Discuss ways to identify whether food is too hot or has become too cold

	t. Open cartons/condiment packs for the residents if they are unable to do so u. Observe, report and record food and fluid intake as directed by nurse v. Report to the nurse when the resident is having difficulty using a straw or cup w. Notify nurse if resident refuses to eat or if resident does not complete their meal	Follow facility guidelines for monitoring food and fluid intake **Teaching Alert** Decreased intake/fluids can lead to weight loss which in turn can lead to infections, pressure sores.
IV. Describe and identify signs and symptoms of dysphagia	IV. Dysphagia a. "Difficulty or discomfort in swallowing" may be due to strokes, paralysis, multiple sclerosis and other diagnoses b. Contributes to choking c. Precautions are needed with feeding/fluids. Feed slowly, allowing time to chew and swallow. Remind to swallow. Offer liquids frequently. Check for pocketed food or liquid in cheeks. Place food on strong side of the mouth if resident has need per plan of careSwallow Guide i. Feeding: self, assist or feed ii. Diet Texture: pureed, mechanical soft, thin or thickened liquids (consistency of nectar, honey, pudding). Extreme cases are tube fed per nurse iii. Head position: chin down, turn right, turn left, chin neutral iv. Body position: 90 degrees, forward, reclined, right or left side-lying with head elevated. To avoid reflux: remain with head of bed elevated 30 degrees 30 min to 1 hr after a meal. Don't lie resident flat in bed or chair v. Solids: Fill spoon 1/3 to ½ full (equals ½ tsp serving.) Check cheeks for pockets of foods (or liquids) vi. Liquids: Fill spoon 1/3 to ½ full for small sips. **No straw**. One sip, then swallow	Watch for and report to nurse: difficulty breathing, coughing, dribbling of food out the side of the resident's mouth, difficulty/change in speaking. Give examples of thickened liquids. Demonstrate and discuss differences
V. Actions NA can take to eliminate aspiration for those at risk	V. Aspiration: Breathing fluid or an object into the lungs a. Assist the resident with all meals and snacks. Follow the resident's care plan	**Teaching Alert** Silent aspiration: teach definition, that it can happen and what it

	b. Position the resident in a Fowler's position or upright in a chair for all meals and snacks c. Support the upper back, shoulders and neck with a pillow d. Observe for signs and symptoms of aspiration during meals and snacks e. Check the resident's mouth after each meal and snack. Remove any food present after checking inside the mouth. Report the observation to the nurse f. Maintain the resident in a Semi-Fowler's position for at least one hour after eating. Follow the care plan g. Maintain good oral hygiene to prevent aspiration of food particles that may remain in a resident's mouth after eating	means, what to observe for
VI. State how to identify and intervene with a choking victim	VI. How to identify and intervene with a choking victim a. Cannot speak, cough or breathe b. Cannot breathe, gasps for air c. Turns blue d. May grasp throat with hands e. Collapses if obstruction is not removed f. Color changes g. Watering and/or bulging eyes h. Intervention i. Get help immediately – time is of the utmost importance ii. Perform the Abdominal Thrust procedure	**Teaching Alert** Show picture of choking victim **Review the Abdominal Thrust Procedure – See Standard IV.1** Teach abdominal thrust using skill check list

Standard VII.8 Nutrition and Fluid Needs

Nutrition and fluids are essential to maintain and/or restore a resident's sense of well-being. The TCEP shall contain content that:

- Discusses factors that affect the nutritional state of the resident;
- Explains and provides examples of modified diets;
- Discusses why a resident needs to receive a therapeutic diet;
- Explains the role of the dietary department in providing nutrition for the resident;
- Discusses the importance of hydration and how to encourage fluid intake;
- Discusses the NA's responsibility in caring for tube-fed residents; and
- Explains IV therapy and the NA's responsibility in caring for residents with IV therapy.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Discuss factors that affect the nutritional state of the resident	I. Factors that may affect the nutritional state of the resident a. Tooth loss, poorly fitting dentures, poor dentition and/or a sore mouth b. Loss of muscle control over part of the mouth and throat as the result of a stroke c. Diminished hand and arm muscle strength or control from paralysis or tremor d. Diminished sense of smell, taste and vision e. Decreased activity resulting in a decreased requirement for calories f. Serving foods the resident may not like g. Mood and behavior problems h. Pain and/or discomfort i. Effects of medications, especially pain medications j. General weakness due to illness or infection	**Teaching Alert** Instructor may choose to invite a dietitian to speak to the class on the responsibility of dietary to meet the resident's nutrition needs Discuss culture and religious influences Use current nursing assistant textbook, workbook and/or handouts as tools Some dietary departments prepare all food without added salt
II. Name examples of a modified diet	II. Modified diets a. Low sodium and salt restricted i. Contains limited amounts of food containing sodium (Na) and salt. No salt used in cooking. No salt at the table or on the tray. Salt substitutions may be used for some residents ii.	Review the importance of dietary control. Explain that specific foods are not forbidden to diabetic residents, but that the total intake must be balanced and avoids concentrated sweets

	iii. Used for residents with fluid retention, heart or kidney disease b. Diabetic diet i. Contains a balance of carbohydrates, protein and fat according to individual needs. Designed to be as similar to regular diet as possible ii. Used for residents with diabetes. Food intake is balanced with the insulin need. Residents should eat only food that is part of the diet and should be encouraged to eat all the food served to them c. Examples of other diets as needed i. Mechanical soft – a diet specifically prepared to alter the consistency of food in order to facilitate oral intake. Examples include soft solids, ground meat and thickened liquids ii. Pureed – food put through a strainer	Discuss appearance of pureed and common types of pureed foods American Heart Association and American Diabetes Association are resources for diet information Report intake deficits to the charge nurse so appropriate substitutions may be made if necessary
III. Identify the NA's responsibility for residents who require a therapeutic diet	III. NA responsibilities: A resident may require a therapeutic diet, which is prescribed by the physician and planned by the dietitian a. Do not interchange food from one residents' tray to another b. Report resident's request for diet substitutions to the nurse	
IV. Describe the role of the dietary department in providing nutrition for the resident	IV. Responsibilities of dietary department service staff in providing nutrition for the resident a. It is the responsibility of the dietary or food service department to plan the meals for all residents b. The diet should be balanced and have adequate nutrients to meet the residents' needs c. The food should be prepared and presented in a form that the resident can manage d. The food should be presented in a manner that is visually appealing e. Infection control procedures need to be followed f. Tray cards provided by dietary i. Identifies type of diet (e.g., regular, soft, puree, low sodium, etc.)	Explain the use of dietary tray cards

	ii. Identifies likes and dislikes iii. Identifies food allergies	
V. Identify the importance of adequate hydration	V. Importance of adequate liquid intake a. Helps prevent constipation and urinary incontinence b. Helps dilute wastes and flush out urinary system c. Helps maintain skin turgor d. May help to prevent confusion	Demonstrate the use of assistive devices that may be used in the LTCF
VI. Describe methods to encourage fluid intake	VI. Methods for adequate fluid intake a. Be sure of resident's orders for fluid consistency b. Offer water/fluids to the resident each time you feed a resident and at the end of the meal to clear the mouth c. Be aware of resident preferences for various fluids (juices, water, milk) d. Some residents prefer fluids without ice e. Snacks of juice and other fluids may be distributed between meals f. To encourage a resident to drink fluids, one should offer small amounts frequently (30cc/hour while awake)	Ensure resident is able to pick up a drinking container and is aware of how to drink from it. Know what kind of drinking container a resident can easily handle.
VII. Identify the NA's responsibility for care of tube-fed residents	VII. Responsibilities of NA for tube-fed residents a. Be sure of whether resident is NPO or not b. Resident may need frequent oral hygiene that may include lubricant for the lips and mouth rinses every two hours while awake according to the resident's care plan c. Nose and nostril needs to be cleaned every four hours as directed by the nurse and the care plan d. Keep head of bed elevated to 30-45 degree angle at all times to prevent vomiting and aspiration. Only brief periods of lowering the head of bed may be tolerated for procedures and care e. Provide oral care for "unconscious" residents in a side-lying position f. Hygiene considerations for bathing and skin care at insertion site of tubes. Wearing gloves, wash around tube site with soap and water. Rinse well.	**Teaching Alert** Reinforce the need for hand washing to maintain cleanliness

VIII. Describe IV therapy and identify the NA's responsibility in caring for residents with IV therapy	Resident can be placed in bathtub with NG and G tube clamped by nurse g. Observe the infection signs of redness, swelling, drainage, odor, excessive warmth and inflammation at insertion site h. Nasogastric tubes must remain taped in position to the nose of the resident. Notify the nurse if tape loosens i. Avoid pulling tubes, kinking, pinching in side rail, pinching under resident and twisting in linen. Tubing should be coiled on bed near resident after positioning and turning is complete j. Be sure connections are tight and not leaking. If bed is wet, check the connections. Tube feeding may be draining onto the linen k. Notify the nurse: to unplug, disconnect or reconnect any pumps or tube feedings; if the pump alarms; if dressings are soiled and need changing; if the tube pulls out of place or disconnects; if the site is red or irritated; if tape on site of NG or G-tube needs replaced VIII. IV Therapy a. A needle is placed in the vein for the administration of blood, fluids and medications b. NA responsibilities for residents receiving fluids by intravenous (IV) therapy i. Report to nurse immediately any signs of pain, tenderness, swelling (infiltration) and redness (inflammation) at the IV site ii. Be aware of the IV tubing to avoid pulling it out, catching under patient or in bed part. Turn and position resident carefully iii. Do not touch any of the IV clamps or controls on the IV tubing or pump iv. Notify the nurse of IV problems or pump alarms v. Assist the resident with personal care, as many activities are difficult to do with an IV in place	

Standard VII.9 Height and Weight

The TCEP shall:

- Discuss why a resident's height and weight are recorded;
- Describe how to weigh a resident accurately;
- Describe methods of measuring a resident's height; and
- Describe methods of recording these measurements.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Discuss why a resident's weight is regularly measured and recorded	I. Why weight is measured and recorded a. To monitor nutrition and hydration status. Provides a mechanism for monitoring stability of weight over time b. To estimate fluid retention or edema and to monitor the effect of diuretic medication	**Teaching Alert** Demonstrate the use of a balance scale
II. Describe and demonstrate how to weigh a resident accurately	II. How to check weight accurately a. Weigh the resident consistently over time in accordance with standard facility practice (after voiding, before meal, etc.) b. Use the same scale each time and check to see that scale balances before weighing the resident c. Re-weigh if there is a discrepancy d. Record weight accurately	Demonstrate the use of other scales (wheelchair scale, bed scale and lift scale) as available Return demonstration
III. Describe and demonstrate how to measure and record a resident's height accurately	III. Measuring and recording height a. Every effort should be made to obtain and record an accurate height for the resident. Measure height consistently over time in accordance with standard facility practice (shoes off, etc.) b. Consider safety issues c. Demonstrate how to accurately measure and record the height of an ambulatory resident d. Demonstrate how to accurately measure and record the height of a bedfast resident	Utilize a current NA textbook to develop a skills checklist for measuring height of bedfast resident and the weight of an ambulatory resident.

Standard VII.10 Observing and Measuring Vital Signs

Observing and measuring vital signs (temperature, pulse, respiration, blood pressure) are critical to monitoring a resident's status. The TCEP shall:

- Describe normal causes in variation of body temperatures, types of thermometers and their care, demonstrate procedures for taking temperatures correctly and recording and reporting this information accurately;
- Describe normal and variations in pulses, sites for taking pulse (radial and apical), demonstrate procedure for counting pulses correctly and recording and reporting this information accurately;
- Describe normal and variations in respirations; demonstrate methods for counting respirations correctly and reporting this information accurately; and
- Describe normal and abnormal blood pressure readings and the equipment used for taking blood pressure. The NA's role in measuring and recording of blood pressure shall be determined by the policy of the LTCF.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify abbreviations of vital signs	I. Taking and recording vital signs (VS) is one means of getting information about body condition. Included in vital signs are temperature, pulse, respiration (TPR) and blood pressure	Utilize a current NA textbook to develop skills checklist for measuring vital signs
II. Identify the cause of body temperature	II. Temperature a. Is a measurement of the amount of heat in the body, a balance between heat created and heat lost b. Is created as the body changes food to energy c. Is lost from the body to the environment by contact, perspiration, breathing and other means	Identify measurements taken when vital signs are to be measured Inform the NA that the "fifth vital sign" is pain
III. Identify the "normal" range or average body temperature	III. "Normal" range or average temperature (refer to a current NA textbook) a. Oral 97.6F – 99.6F b. Rectal 98.6F – 100.6F c. Axillary .96F – 98.6F d. Tympanic .96F – 99.6F e. Temporal 97.6F – 99.6F	Discuss with the trainees how the resident's body temperature may vary between the five levels **Clinical Alert** Elderly people may have normal body temperatures below 98.6F, and

	The range of normal varies from person to person and can be influenced by many factors such as time of day, level of activity, medications and gender It is important to determine a usual or baseline temperature for the resident Older people have a greater variation in the normal range. A person's normal temperature range tends to decrease with age	frequently have a decreased immune response. Therefore, an infection may occur without an increase in temperature
IV. List situations that may cause the thermometer reading to vary from "normal or average"	IV. Causes in variation of body temperatures a. Situations causing higher than normal readings i. Eating, warm food, time of day ii. Infection or other disease b. Situations causing lower readings i. Eating cold food ii. Time of day, dry mouth iii. Disease process	**Teaching Alert** Demonstrate examples of thermometers. Explain how to read Give more detailed instruction in use of other types of thermometers if they are commonly used in your facility or clinical site and follow manufacturer's instructions
V. Identify types of thermometers and situations in which they are used	V. Types of thermometers a. Electronic (battery powered): has a probe that is covered with a disposable plastic sheath before inserting. The temperature register on a digital display b. Digital thermometer has disposable sheath c. Chemically treated paper: changes color to indicate reading d. Tympanic (Ear) – digital e. Temporal Artery thermometer–used over forehead and over temporal artery	Plastic sheaths to cover thermometers can also be shown
VI. Demonstrate how to care for thermometers	VI. Care of Thermometers a. Electronic and digital – disposable sheaths; follow manufacturer's instruction	Provide an opportunity for the trainee to take, read and disinfect thermometers in class Demonstrate taking an oral temperature
	VII. Procedures for taking temperature	Advise trainees to follow the procedure of their employing facility

VII. Describe each method of checking temperature	a. Oral i. Used in almost all situations, when not contraindicated ii. Placed under the resident's tongue. Mouth and lips to be held closed iii. Placed under the resident's tongue as indicated by manufacturer's instructions b. Axillary i. May be used when other methods are unsafe or inaccurate. This may be less accurate than other methods of checking temperature ii. Place the tip of the thermometer in center of underarm. The resident's arm should hold the thermometer in place. Stay with the resident iii. Time: follow manufacturer's instructions c. Tympanic i. Gently insert tip of thermometer inside ear canal according to manufacturer's directions after placing cover on tip ii. Time: 1-2 seconds. Beep occurs or digital numbers stop when temperature is reached d. Rectal i. Used when oral is unsafe or inaccurate 1. Resident is not reliable 2. Resident cannot hold his or her mouth closed around the thermometer 3. Resident's mouth is dry or inflamed ii. The thermometer is lubricated and inserted about one inch into rectum while resident is positioned on their side. Stay with the resident, holding thermometer in place iii. Time: three minutes e. Temporal Artery i. Used when a resident is too ill to hold a thermometer in their mouth or when the resident has a earache ii. Time: 3-5 seconds	so temperature can be checked consistently You might encourage the trainee to climb several flights of stairs, run, etc. then take his/her pulse and respirations. Provide an opportunity to practice recording information

VIII. Identify how the NA should record and report temperature measurements	VIII. Recording and reporting a. Record on the worksheet with "R" rectal and "ax" axillary when that method is used. Document appropriate method per facility policy b. Notify immediate supervisor when i. The resident's temperature is above or below their baseline range ii. You have difficulty obtaining a temperature	Demonstrate how to take a pulse
IX. State the "normal" or average pulse rate	IX. Pulse a. Description: a measurement of the number of times a heart beats per minute b. "Normal" or average pulse i. 60-100 minute ii. Should be regular in rate, rhythm and strength or force	Provide the opportunity for the trainee to practice taking a pulse
X. Identify variations from the "normal" pulse that should be reported	X. Variations in the pulse a. An abnormal force of the rate can be distinguished by: i. Bounding pulse: cannot be occluded by mild pressure ii. Feeble, weak and thready 1. The pulse can be occluded by slight pressure 2. A thready pulse usually has a fast rate b. An abnormal rate can be distinguished by i. A pulse rate of under 60 for one full minute (bradycardia) ii. A pulse rate of over 100 for one full minute (tachycardia). Exercise or activity normally causes a temporary increase in the pulse rate. Fever will also increase the pulse rate c. An abnormal rhythm can be distinguished by i. An irregularity of beats ii. The feeling that the beats are being "skipped" when the pulse is counted for one full minute	Discuss the different pulse sites. Do not use thumb to locate pulse; use index and middle finger tips Demonstrate how to take respirations. Count for one full minute
	XI. Sites and methods of checking pulse	Provide an opportunity for the trainee

XI. Demonstrate the accurate taking of a radial pulse	a. Radial: place index and middle finger tips over thumb side of inner wrist and count for one full minute	to practice taking respirations
XII. Discuss how to record and report pulse measurements	XII. Recording and reporting a. Record pulse according to facility policy b. Notify the immediate supervisor when i. The resident's pulse begins to show variations from "normal" ii. You have difficulty obtaining the pulse	
XIII. State the average respiratory rate	XIII. Respiration a. Description: respiration is the inspiration and expiration of air b. The average respiratory rate is 12-20 breaths per minute (adult)	
XIV. Describe how to measure respiratory rate	XIV. Methods of measuring respiratory rate a. Look at resident's chest or abdomen count for one full minute	
XV. Describe variations of respirations	XV. Variations in respiration a. Rate i. Increased by exercise, fever, lung disease or heart disease. Report fewer than 12 breaths per minute or more than 20 breaths per minute b. Character i. Labored: difficulty breathing ii. Noisy: sounds of obstruction or wheezing iii. Shallow: small amounts of air exchange iv. Irregular	**Teaching Alert** Demonstrate how to use and care for a stethoscope Blood pressure must be covered during the classroom portion of the TCEP. However, the NA's role in measuring and recording blood pressure is determined by polices of the LTCF. Therefore, the inclusion of blood pressure in the clinical setting is left to the discretion of the PC/PI and the LTCF
XVI. Discuss how to record and report the respiratory rate measurement	XVI. Recording and reporting a. Record in the appropriate part of the worksheet according to facility policy b. Promptly report variations from normal to the immediate supervisor	It is most helpful to look at previous blood pressure readings to know how high to pump the cuff
XVII. Describe blood pressure (BP)	XVII. Blood pressure a. Blood pressure is the force of blood against artery walls	Discuss factors affecting blood

	b. The amount of pressure depends on i. The rate and strength of heart beat ii. The ease with which the blood flows through the blood vessels iii. The amount of blood within the system c. Terms i. Systolic pressure: the force when the heart is contracted; the top number of BP; the first sound when measuring BP ii. Diastolic pressure: the force when the heart is relaxed; the lower number of BP; the level at which pulse sound change or cease	pressure; i.e., age, gender, blood volume, stress, pain, exercise, weight, race, diet, drugs, position, smoking and alcohol
XVIII. State the "normal" or average blood pressure	XVIII. "Normal" or average blood pressure for an adult is less than 120/80, i.e., less than 120 systolic and less than 80 diastolic. Refer to current NA textbook for ranges	Demonstrate how to take a blood pressure reading Provide an opportunity for the trainee to practice taking blood pressures
XIX. Describe variations in blood pressure	XIX. Variations in blood pressure a. Blood pressure may slightly increase with age b. Hypertension: blood pressure higher than normal c. Hypotension: blood pressure lower than normal d. Postural hypotension: the elderly person's body is unable to rapidly adjust to maintain normal blood pressure in the head and upper body when the person moves from lying to sitting or sitting to standing. The person will complain of dizziness or feeling faint	Take the blood pressure again if you are not sure of an accurate measurement. Wait 30 to 60 seconds before repeating the measurement
XX. Identify instruments to check blood pressure	XX. Instruments for checking blood pressure a. Sphygmomanometer (blood pressure cuff and gauge) i. Aneroid: pressure measured on a dial ii. Electronic: pressure measured digitally b. Stethoscope	Practice recording on a flow sheet. Apply appropriate size blood pressure cuff. Palpate radial or brachial pulse. Pump up blood pressure cuff 30mm Hg. beyond where pulse was occluded and no longer felt. Release blood pressure cuff slowly. Listen carefully with stethoscope over the brachial artery for the first sound (systolic) and last sound (diastolic)
XXI. Demonstrate correct procedure for obtaining a blood	XXI. Correct procedure: use a basic nursing skill textbook for reference. Include the following: a. Do not take blood pressure on an arm with an IV infusion, a cast or a dialysis access site. If a	Record immediately. Report any

pressure XXII. Identify how to record and report blood pressure measurements	person had breast surgery, do not take blood pressure on that side. Avoid taking blood pressure on an injured arm b. Choosing a cuff of appropriate size for the resident's arm c. How to position cuff on upper arm and how to position gauge for accurate reading d. How to interpret sounds heard (systolic and diastolic levels) XXII. Recording and reporting a. Document systolic over diastolic (120/80) on flow sheet b. Notify immediate supervisor when i. Resident's blood pressure is higher or lower than his/her usual range ii. You have difficulty obtaining the blood pressure	changes in resident's blood pressure from previous readings

Standard VIII.1 Oral Hygiene

Many residents in LTCFs require assistance with oral hygiene. The TCEP shall contain subject matter describing:

- Goals of oral hygiene; and
- Demonstrations of general practices of oral hygiene including toothbrushing, interproximal dental cleaning, care of dentures and mouth care for an edentulous patient, and mouth care residents with dry mouth, residents who have suffered from strokes, residents with cognitive impairments, and unconscious resident or one who cannot take food or fluids orally.

Objective	Content Curriculum	Method of Evaluation
The NA trainee will be able to: I. Discuss the importance of proper oral hygiene. a. A resident's overall health is affected by their oral health. Residents with poor oral health are at greater risk for heart disease, stroke, and aspiration pneumonia. Aspiration pneumonia occurs when bacteria from the mouth is inhaled and infects the lungs. It is a major cause of death among nursing home residents. b. Most oral diseases can be prevented with simple and consistent oral hygiene care. Oral disease is not inevitable with aging, and tooth loss is not a natural result of aging. c. A resident's quality of life is improved by good oral health. This means they should be without pain, able	I. (A) Identify characteristics of good oral health versus poor oral health a. Healthy teeth are clean and intact, without plaque buildup or cavities. b. Healthy lips are pink, moist, and intact. Unhealthy lips may be dry and chapped or may have sores or blisters. c. The soft parts inside the mouth (including the tongue, gums, and cheeks) are healthy when pink, moist, and free of bleeding and sores. (B)Identify characteristics of common oral problems. Any of these observations must be reported so that residents can receive the appropriate dental care. Additional observations to report include pain or sensitivity, persistent bad breath, dentures that fit poorly or are broken. a. Tooth decay, commonly called cavities, may appear as dark areas or holes in the teeth. This is caused by sugary foods and drinks, dry mouth, and poor hygiene. b. Gum disease can include red, swollen gums, or loss of support around the teeth, which can lead to tooth loss. Signs of this disease include swelling,	Utilize a current nurse aide textbook to develop skills checklists for demonstrations in the following areas: • Toothbrushing • Interproximal cleaning • Denture care and edentulous patients (residents without natural teeth Utilize current best practices to test acquired knowledge in the following areas: • Resident independence • Stroke patients • Cognitively impaired and care-resistant residents • Unconscious residents Additional resources for training nurse aids to provide oral care: • American Red Cross Nurse Assistant Training, chapter 13 American Red Cross Nurse Assistant Training

to eat well, content with the way they look, and able to communicate clearly.	redness, bleeding, and pus. Gum disease is caused by bacteria in the mouth that can be removed through proper oral hygiene. c. Oral cancer can be life-threatening. Identifying unusual signs in the mouth (such as red or white areas, or bumps or growths) can save lives. d. All oral problems should be reported to the resident's nurse for follow-up examination, documentation, and referral.	• Smiles For Life: A National Oral Health Curriculum Smiles for Life • Best Practice Geriatric Oral Health Training University of Iowa Geriatric Oral Health Training (This resource has an extensive collection of images, including images of soft tissue and teeth both in health and disease.) • Practical Oral Care (National Institute of Dental and Craniofacial Research, National Institute of Health) Practical Oral Care for People with Developmental Disabilities Practical Oral Care for People with Developmental Disabilities
II. Identify general practices for proper oral hygiene	II. (A) Nurse aides should be trained and demonstrate competency in the following areas: a. Toothbrushing b. Interproximal cleaning c. Dentures care d. Independence e. Stroke patients f. Cognitive impairments g. Unconscious patients (B) When providing any oral care, nurse aids should always be sure to: a. Follow the resident's plan of care. b. Inform the resident of the care to be provided. c. Ask for the resident's permission. d. Wash hands before and after providing care. e. Use a clean pair of gloves to provide oral care only	
III. Demonstrate the correct method for brushing a resident's teeth	III. Proper toothbrushing techniques a. Use only a soft-bristle toothbrush. b. Brush all tooth surfaces (inner, outer, and biting surfaces). c. Brush at least two times per day, especially before bed. d. Brush after each meal. e. Use toothbrush to clear all visible plaque from tooth surface and gumline.	Utilize a current nurse aide textbook to develop a skills checklist for demonstrating toothbrushing. Link to the American Dental Association guide to proper toothbrushing: ADA Guide to Toothbrushing

	f. Replace toothbrush every three months, after an illness, or if bristles are frayed.	
IV. Demonstrate proper interproximal cleaning techniques	IV. Interproximal cleaning a. Clean between teeth at least once per day. b. Stretch floss against surface of tooth to remove plaque from as much tooth surface as possible. c. Take care not to snap floss between teeth and injure gums. d. Follow plan of care to use recommended method for cleaning between the teeth (for example, floss, floss holder, interproximal brush).	Utilize a current nurse aide textbook to develop a skills checklist for demonstrating interproximal cleaning. Link to the American Dental Association guide to proper flossing: ADA Guide to Flossing
V. Demonstrate proper denture care techniques and care for the edentulous	V. Denture care a. Refer to plan of care to learn what full or partial dentures residents have. b. Report any signs of dentures or partials that do not fit well (for example, the denture does not stay in place, or the resident cannot wear it comfortably). c. Keep denture in water or denture cleaning solution in a denture cup whenever it is out of the resident's mouth. d. Rinse denture cleaning solution off denture before placing in resident's mouth. e. Clean dentures and partials after every meal. f. Handle dentures with care as they are very expensive. g. Make sure all dentures and partials have resident names on them. h. Examine the inside of the edentulous resident's mouth and report any sore or injured areas observed or mentioned by resident. i. Clean and massage gums and inside of cheeks with wet cloth or soft toothbrush after removing dentures.	Utilize a current nurse aide textbook to develop a skills checklist for demonstrating denture care and care for the edentulous resident.

	j. Allow the gums and cheeks of edentulous residents to rest by keeping dentures out at night.	
VI. Describe mouth care for residents with dry mouth	VI. Dry mouth care a. Report dry mouth to the resident's nurse. This is a common problem in older adults and residents taking multiple medications. b. Because these residents don't have enough saliva, which is a major cause of tooth decay, provide frequent sips of water throughout the day and mouth care after each meal. c. As dry mouth in residents with dentures causes sores and discomfort, report these problems to the resident's nurse. d. Following the plan of care, use mouth rinses, oral gels, lozenges, or other products to relieve dry mouth.	Utilize current best practices to test acquired knowledge of mouth care for the resident with dry mouth.
VII. Describe mouth care methods for residents that have suffered from strokes	VII. Stroke care a. With stroke patients who have swallowing trouble or no control on side of face, prevent saliva and toothpaste from being choked by keeping resident upright and helping them lean forward. b. Promote as much resident independence as possible	Utilize current best practices to test acquired knowledge of stroke patients
VIII. Describe how to effectively provide mouth care for residents with cognitive impairments	VIII. Cognitive Impairment a. For residents with dementia or confusion, assist with oral care every morning, every evening, after each meal, and after any episode of vomiting. b. For residents that forget, are unable, or are resistant to care, follow best practices to ensure optimal cooperation and oral hygiene (see Mouth Care Without a Battle link in box	Utilize current best practices to test acquired knowledge of cognitively impaired and care-resistant resident. This is a recommended resource for providing oral care to residents with cognitive impairments: Mouth Care Without a Battle

IX. Describe safe mouth care for the unconscious resident	to the right). c. Be observant of resident discomfort or problems in the mouth since residents may not be able to perceive or report pain. d. Promote as much resident independence as possible IX. Unconscious residents a. Provide oral care every two hours for residents that are unconscious, cannot take food or drink by mouth, or are on oxygen. b. Turn resident to side to prevent fluid from going into airway (this can cause a serious lung infection called aspiration pneumonia). c. Use lightly moistened mouth swabs to clean inside of mouth (do not use lemon swabs since they are acidic). d. Use a moist soft toothbrush without toothpaste to clean all tooth surfaces. e. Keep lips moist with water-based lubricant each time oral care is given. f. Do not use toothpaste or try to rinse, which may cause choking. g. Look inside mouth and report any red or white areas on gums or tongue	Utilize current best practices to test acquired knowledge of unconscious residents.

Standard VIII.2 Bathing

Many residents in LTCFs require assistance with bathing. The TCEP shall contain subject matter describing:

- The purpose of bathing residents;
- Guidelines for bathing a resident that include measures to provide for the resident's safety, privacy and comfort during bathing; and
- Techniques for bathing residents in the resident's bed, a whirlpool, tub and shower.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Discuss factors that affect a resident's hygiene needs and practices	I. Factors affecting hygiene a. The older resident's skin may not require frequent bathing with soap and water b. Fever or other illness may change the frequency of care c. Some residents may have preferences based on past habits. Allow some flexibility in hygiene routines while maintaining standards of cleanliness	Utilize a current NA textbook to develop the skills checklist for bathing and complete bed bath Bathing – How a resident takes a full-body bath, shower or sponge bath, and how the resident transfers in and out of the tub or shower. This does not include washing the back or hair.
II. Identify the purposes of bathing	II. Purposes of bathing a resident a. Cleans the skin b. Eliminates odors c. It is refreshing and relaxing d. Stimulates circulation and body parts are exercised	• Independent: If the resident required no help from staff. • Supervision: If the resident required oversight help only. . (No touching. Verbal guidance, watching for safety.)
III. Identify general guidelines to follow when bathing the resident including measures for dignity, privacy and safety	III. General guidelines for bathing a. Follow resident's care plan for method and skin care products b. Collect needed items c. Provide for privacy by closing door, drawing curtains, and covering with a bath blanket d. Rinse the soap off well. Soap can dry out the skin, especially on the elderly. Special cleaning and moisturizing liquids may be used instead of bar soap. Pat skin dry, paying close attention to	• Physical help limited to transfer only: If the resident is able to perform the bathing activity but required help with the transfer only. • Physical help in part of bathing activity: If the resident required assistance with some aspect of bathing. • Total dependence: If the resident is unable to participate in

	unexposed skin e. Examine the skin while bathing the resident. Report any redness, rashes, broken skin or tender places to the nurse in charge f. Caution the use of powder and bath oils g. Avoid chilling the resident	any of the bathing activity.
IV. Identify actions that promote comfort for the resident while being bathed	IV. Actions that promote comfort and dignity a. Make a mitt from a washcloth to keep tails of washcloth under control b. Keep water comfortably warm and clean c. Wash and dry one body part at a time d. Give a backrub and massage bony prominences such as elbows, knees and heels with warmed lotion e. Keep resident covered f. Pull curtain g. Shut door h. Excuse visitors i. Maintain dignity if transferring to shower area	**Teaching Alert** Include partial bed baths and "self-help" (assist) baths as you feel it is necessary NA will follow directions from nurse and care plan to know what kind of bath to give – complete bed bath, partial bath, tub bath, shower, towel bath or bag bath
V. Discuss factors related to perineal care	V. Perineal care a. Provided during the bath or as needed b. Provided after incontinence of urine or feces c. Use terms the resident understands that are in good taste professionally d. Work from the cleanest to dirtiest area (from the urethra to the anal area.) Use clean area of wash cloth with each stroke	Be aware of skin allergies and the use of special linens Discuss methods of providing privacy to a resident during bathing **Clinical Alert**
VI. Discuss how tub and whirlpool bathes are given	VI. Tub and whirlpool bath a. Check the water temperature carefully b. The resident is placed in tub or into the whirlpool bath following facility policy and/or manufacturer's instructions c. Never leave the resident unattended d. The action of the water cleanses, and helps prevent and heal wounds e. NA assists the resident as necessary to cleanse the upper body, under breasts and in skin folds as well as perineal area	Have the trainee give bed-baths and backrubs to residents Utilize a current NA textbook to develop the skills checklist for perineal care, male and female Give the opportunity for trainees to perform perineal care

VII. Discuss how shower/baths are given VIII. Discuss how bag baths are given	f. Range of motion should be encouraged while the resident is in the water, if appropriate g. The resident may feel faint or dizzy after being in the tub of warm water h. Dry resident carefully, paying close attention to unexposed skin VII. Shower/ baths a. Check the water temperature carefully before resident enters water b. Never leave a resident unattended in the shower c. If the resident can stand, have him/her use grab bars for support during shower; use bath mat or shower chair d. Dry the resident's skin before trying to help him/her move from the shower VIII. Bag baths a. Bag baths may be commercially prepared b. Eight to 10 wash cloths in a plastic bag that are moistened with cleaning agent that does not need rinsing c. Warm the wash cloths in microwave according to facility policy and/or manufacturer's instructions d. A new wash cloth is used for each body part e. Towels are not needed for drying, as the skin air dries	Discuss other terms residents may understand other than perineal Discuss delegation guidelines for tub baths and showers. Get the following information from nurse and care plan: if the resident takes a tub bath or shower; what water temperature to use; if any special equipment is needed; how much help the resident needs; can the resident bathe unattended; and what observations to report and record Direct visualization of a whirlpool, if not available, provide a photograph Visit an LTCF to demonstrate the use of a whirlpool. Demonstrate how the tub is cleaned after use **Clinical Alert** Demonstrate the use of tub, shower, and a shower chair in the LTCF setting. Do not use shower chair to transport resident

Standard VIII.3 Additional Personal Care Skills

Residents in LTCFs may need assistance with additional personal care skills. The TCEP shall contain subject matter and demonstration of personal care skills, including but not limited to:

- Backrubs;
- Dressing and undressing a resident including the use of appropriate assistive devices;
- Hair care including shampooing, combing, beard care and shaving; and
- Nail care (fingers, toes).

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Discuss purpose of back rub	I. Backrub a. Purpose: refreshes and relaxes the resident. Stimulates circulation. Allows for skin observation b. May be given as part of a bath, at bedtime, or when you change a residents' position	Utilize a current NA textbook to develop the skills checklist for the back rub Give the opportunity for trainees to give a back rub and have the trainees identify areas prone to skin breakdown
II. Discuss how to dress and undress the resident	II. Dressing and undressing a resident a. Residents should dress themselves and be dressed in their own "street" clothes whenever possible b. If they need assistance i. Remove one arm of shirt or blouse at a time. Residents may have limitations in range of motion ii. Dress the affected side first; undress the unaffected side first iii. Encourage the use of assistive devices and clothing adaptations	Utilize a current nursing assistant textbook to develop the skills checklist for dressing and undressing a resident **Clinical Alert** **NEVER** jerk or pull clothing off. Be gentle and remove clothing slowly. Sometimes raising both arms over the resident's head or pulling on or removing the sleeves on both arms at once prevents stretching of the shoulder muscles and pain, especially with residents who may have arthritis
III. Name assistive devices and clothing adaptations that may be used in dressing/undressing a resident	III. Examples of assistive devices include, but are not limited to a. Shoe horns b. Velcro straps for the resident who cannot tie or button c. Bras that hook in the front instead of the back d. Extenders	

IV. Discuss hair care	e. Reachers f. See plan of care for resident specific devices IV. Hair care i. GroomingHair should be groomed daily per resident preference and as needed per plan of care ii. Residents feel better about themselves if their hair is groomed and styled attractively iii. Blood circulation of the scalp is improved through brushing and combing the hair iv. Hair grooming that is done when the resident is lying in bed should be done with a towel covering the resident's pillow b. Shampooing i. The cleanliness and grooming of both men's and women's hair is frequently associated with a resident's sense of well-being ii. The frequency with which a resident needs to have their hair shampooed is highly individual. Check the resident's care plan iii. There is a wide variety of shampoos available, and most residents have their own favorite iv. If a person's hair tends to tangle after it has been washed, a conditioning rinse should be used v. Many LTCFs have beauty shops where residents may have their hair done once a week vi. Be sure all of the shampoo is rinsed out of the hair to prevent drying and itching of the scalp	Provide demonstrations of the use of assistive devices and clothing adaptations **Teaching Alert** Utilize a current NA textbook to demonstrate and develop skills checklist for hair care **Clinical Alert** The NA trainees should provide care to residents who require assistance with cleanliness and grooming While combing, hold a small section of hair between the scalp and the comb to prevent pulling. If the hair is long, start at the ends and work toward the scalp. Long hair may be braided to prevent tangling, with resident's permission. Try to style hair the way the resident likes if possible. Residents should always be encouraged to comb their own hair if physically possible
V. Discuss beard care	V. Beard care a. Wash the beard either when the hair is shampooed or when a bath is taken. Wash more often if food, liquid or drainage is present on the beard b. Groom or brush beard along with hair grooming	**Teaching Alert** **NAs WILL NEVER CUT RESIDENT'S HAIR**
VI. Discuss nail care	c. Trim only with consent of the resident and/or guardian; check the resident's care plan	Utilize a current NA textbook to demonstrate and develop skills checklist for nail care

VII. Discuss shaving	VI. Nail care (fingers, toes) a. Clean nails at bath time and as needed, paying special attention to residents with deformities and/or contractures b. Report to charge nurse if resident needs to have his/her toenails cut c. Do not cut nails of resident with diabetes or circulatory problems d. NA does not cut toenails VII. Shaving a. All residents who wish to be shaved should be shaved daily if they cannot shave themselves b. Residents are often able to shave themselves. In this case, the NA will only give them the help that is necessary such as being sure they have the equipment they need c. If resident is receiving oxygen, electric razors are never used, unless the oxygen can be turned off for the time it takes to shave (nurse must turn off oxygen) d. Female residents may need to be assisted with shaving underarms and legs according to care plan. Female residents with facial hair may wish to shave or use a hair remover (depilatory) Encourage residents to use cosmetics, after-shave lotion, etc., to increase their sense of well-being	Demonstrate how to perform nail care Always be careful when cleaning the nails not to injure the skin surrounding the nail itself. Toenails must be cut by a physician, podiatrist or other specially trained person only Utilize a current NA textbook to demonstrate and develop the skills checklist for shaving (electric razors and safety razors) Some people may not be permitted to shave or be shaved Check with nurse and resident's care plan before shaving a resident who you have not shaved before

Standard VIII.4 Special Skin Care

Many residents in LTCFs have conditions which can lead to skin problems. The TCEP shall contain subject matter:

- Describing strategies of skin care for prevention, improvement and/or treatment of skin problems.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Clinical Alert**
I. Discuss the risk factors that predispose residents to skin problems	I. Risk factors – persons at risk for skin problems are those who a. Need help in moving b. Are confined to bed or chair c. Have altered mental awareness d. Have loss of bowel or bladder control e. Have poor nutrition f. Have poor fluid balance g. Have problems sensing pain or pressure h. Have circulatory problems i. Have age-related conditions j. Are obese or very thin	Include discussion on staging of ulcers If possible, observe pressure ulcer on a resident. Be sure to obtain the resident's permission first **Teaching Alert** http://www.npuap.org/
II. Describe the signs and symptoms of skin problems	II. Signs and symptoms of skin problems a. The resident's skin may be i. Reddened or discolored ii. Warm iii. Tender/painful iv. Have a feeling of burning v. Blistered vi. Open areas vii. Damaged skin related to prolonged moisture viii. Skin tear b. Damage may have occurred in underlying tissue before the skin breaks and skin may feel "mushy"	Show a photograph (or slides) of likely sites for skin problems **Teaching Alert** Utilize a current NA textbook to expound on prevention of pressure ulcers Show example of damaged fruit (apple) to demonstrate mushy feel to skin
III. Identify locations that are prone to skin breakdown	III. Locations on the body prone to skin breakdown are the a. Shoulder blades b. Elbows	**Clinical Alert**

	c. Knees d. Heels e. Ankles f. Backbone g. Hips h. Coccyx i. Ears j. All parts of the body are prone to skin breakdown	Identify pressure-relieving devices during clinical experience Obese people tend to develop skin breakdown on areas where their body parts rub together
IV. Discuss cause and prevention of skin tears	IV. Skin Tears a. Cause i. Friction ii. Shearing iii. Pulling or pressure on skin b. Prevention i. Remove gloves before transferring a resident ii. Follow facility policy re: nails and jewelry iii. Do not use any equipment that is broken or has sharp edges. Report to maintenance immediately and remove from service iv. Follow the care plan and safety rules to lift, move, position, transfer, bathe and dress the resident	Check for information of reddened areas (chafing) in the folds of the body where skin touches skin It is equally important to remember to reposition residents who spend long periods of time in chairs as well as bed Move or assist a resident to change position either in a bed or a chair
V. Discuss ways to prevent skin breakdown	V. Prevention a. Once skin breakdown has occurred, it is very hard to heal b. Prevention is the responsibility of everyone involved in the resident's care c. Prevention involves removing causes i. Pressure 1. Position and turn the resident at least every two hours while in bed and every one hour while in chair 2. Remove bed pan promptly 3. Keep bed linens or resident's clothing free from wrinkles and excessive padding 4. Apply pressure-relieving devices and positioning devices per plan of care 5. Keep head of bed at 30 degrees or lower if allowed by the plan of care	If a resident does not move, cells may die from lack of blood flow Utilize a current NA textbook to expound on prevention for pressure ulcers **Clinical Alert** Use of powder is not recommended. Powder may cause problems in the resident's respiratory system. Powder can cake in skin folds and become a culture medium for bacteria. Powder can also make floors slippery

	ii. Friction and shearing 1. Lift rather than slide the resident when positioning in bed or chair iii. Moisture 1. Incontinence – frequent incontinence care with products per plan of care 2. Wound drainage – notify nurse of increased drainage or need of dressing change 3. Perspiration – special attention to hygiene and linen changes as needed	Refer to Principles of Safety and Body Mechanics standards in the curriculum
VI. Describe nursing measures to provide skin care for the incontinent resident	d. Always have adequate help when moving residents. Move resident per their plan of care e. Remember ergonomics (body mechanics) and resident safety VI. Nursing measures a. Check incontinent residents at least every two hours b. Provide incontinence care immediately. Wear gloves to do this c. Wash and rinse skin, dry thoroughly d. Apply lotion or protective skin barrier if indicated	Have adult absorbent undergarments and various types of pads for protecting the bed available for NA trainees to see and demonstrate use

Standard VIII.5 Urinary Elimination/Catheters

Residents in LTCFs may have impaired kidney or bladder function. The TCEP shall contain subject matter describing:

- The structures and function of the urinary system, variations in the urinary system of the aged;
- The terms – urine, urinate and void;
- Signs and symptoms of urinary tract infection;
- Normal and abnormal appearance of urine;
- The function of the urinary catheter;
- The care of the catheter, tubing and collection bag;
- How to maintain a closed system; and
- Care of the resident who is incontinent of urine including application and care of external catheters.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. State the function of the kidneys, ureters, urethra and bladder	I. Function of the kidneys, ureters, urethra and bladder a. Kidneys: filters waste from blood b. Ureters: carries waste (urine) from the kidneys to the bladder c. Bladder: stores urine and expels it d. Urethra: transports urine to the outside of the body	Use charts, diagrams or audio-visual aids to show structure and function of the urinary system
II. Identify ways in which urinary function may change with aging	II. Urinary function changes a. Kidneys are less efficient b. The bladder is less elastic and has less holding capacity c. The bladder may not completely empty, which can lead to urinary infection d. Muscles that close off the urethra weaken and can cause urinary "leaking"	**Teaching Alert** Utilize a current NA textbook to demonstrate and develop the skills checklist for catheter care
III. Define terms for urinating, urine and void	III. Terms: urine, urinate and void a. Urine: a yellowish clear liquid waste product, stored in the bladder b. Urinate: to discharge the urine c. Void: to discharge the urine	

IV. Describe normal and abnormal appearance of urine	IV. Appearance a. Normal: straw or yellow color, clear b. Abnormal appearance: cloudy, dark, red or only a small amount voided	
V. List signs and symptoms of urinary tract infections	V. Urinary tract infection signs and symptoms a. Frequency b. Burning c. Urgency d. Strong odor e. Discoloration-hematuria f. Incontinence g. Confusion h. Fever	Explain that some foods and medications change color and odor of urine Refer back to Standard III re: signs and symptoms of infection
VI. Identify actions the NA may take to decrease the incidence of urinary tract infections	VI. Actions the NA may take a. Provide adequate hydration b. Wash and dry perineal area from front to back c. Clean stool from perineal area immediately d. Toilet according to resident's plan of care e. Keep urinary catheters free of encrustations, stool and other secretions f. Keep catheter bag and tubing below the bladder and off the floor g. Prevent tubing from looping below drainage bag h. Maintain a closed urinary drainage system; do not separate tubes	
VII. Identify possible causes of urinary incontinence	VII. Causes of urinary incontinence a. Medications b. Disease processes (enlarged prostate, Alzheimer's and diabetes) c. Interference in the nerve message from brain to bladder and bowel as occurs in stroke, brain and spinal cord injuries d. Weakening of the bladder muscles, decreasing the bladder's ability to hold urine e. Confusion f. Dependence on others to get to toilet or commode g. Toilet or commode inaccessible to resident (too far away or too few)	

VIII. Describe measures to prevent incontinence	VIII. Measures to prevent urinary incontinence a. Be alert to resident cues b. Establish a regular schedule for toileting. Follow resident's care plan for toileting c. Toileting resident promptly when requested	
IX. Describe measures to provide skin care and comfort for the incontinent resident	IX. Maintaining skin care and comfort for the incontinent resident a. Check the resident every two hours or according to resident's care plan b. Change the resident's clothes and bed linens as required and wash and dry all affected skin c. Use adult disposable protective undergarment/moisture barrier according to resident's plan of care d. Use protective pads on the resident's bed per facility policy e. Do not scold or treat resident like a child f. Dignity bag/catheter bag cover	Perineal care is part of the toileting ADL on the MDS Utilize a current NA textbook to practice applying incontinence brief while in bed Have available adult absorbent undergarments and various types of pads for protecting bed to use as examples of supplies that are often used with incontinent residents
X. Describe indwelling urinary catheter and closed drainage system	X. Description a. The catheter is a hollow tube having a small balloon at the end. The balloon is inflated after the catheter is inserted into the bladder to keep if from falling out b. Tubing that connects the catheter to a drainage bag c. A plastic drainage bag that hangs from a bed or chair or is carried with the person d. A drainage bag that straps onto the resident's leg. This is less conspicuous and allows more mobility e. The urine is emptied from a clamped port at the bottom of the bag	Bowel and bladder training is found in Standard X.2 Show an example of a catheter, tubing and drainage bag(s) including leg bag and condom catheter
XI. Identify actions NA may take to prevent complications from an indwelling urinary catheter	XI. Measures a. Maintaining continuous drainage i. Observe every few hours to see that the urine is flowing into the catheter bag. If not, take steps to discover why not, and report this to your supervisor	

XII. Identify observations NA should report about the catheterized resident	ii. Keep the catheter and tubing free of kinks iii. Keep the resident from lying on the tubing b. Avoid injury i. Secure the catheter to a leg for females or onto the abdomen for males to avoid irritation of the urethra. Adhesive clamping device or Velcro straps may be used according to facility policy ii. Fasten the drainage bag to part of the bed that moves with the resident, i.e., not the bed rail iii. Take the catheter, tubing and bag everywhere with the resident XII. Observations to report a. The amount of urine draining b. A decrease or stoppage or urinary flow c. Characteristics of urine: odor, color and cloudiness d. Exudates at the urinary opening e. Leakage anywhere in the drainage system f. Complaints of pain or discomfort	If the catheter does not drain, the bladder becomes distended. This can be harmful If a confused resident is pulling on catheter, sometimes trousers over catheter can prevent this If the catheter leaks it is considered incontinence on the MDS

Standard VIII.6 Toileting

Some residents in LTCFs need assistance with toileting. The TCEP shall contain subject matter demonstrating correct procedures for assisting a resident with safe use of bedpans, urinals, commodes and toilets.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify correct procedure for assisting a resident with a bedpan, fracture pan, urinal, bedside commode or toilet	I. Correct procedure for assisting the resident with a bedpan, fracture pan a. Close the door and curtains to provide privacy and protect dignity b. Follow standard precautions c. Follow skills checklists from current NA textbook regarding bedpan, fracture pan, urinal, bedside commode and toilet d. Provide assistance to resident for proper hand hygiene	**Teaching Alert** Utilize a current NA textbook to develop a skills checklist for each of the skills pertaining to bedpan, fracture pan, urinal, commode and toilet **Clinical Alert** Urination for the male resident may be easier if he can stand up to use the urinal

Standard VIII.7 Intake and Output

Residents in LTCFs may need to have fluid intake and output measured. The TCEP shall contain subject matter which identifies:

- The importance of fluid balance and reasons to measure fluid intake and output;
- Methods to measure and record intake and output correctly; and
- The meaning of the following terms: intake and output (I & O), encourage fluids, restrict fluids and nothing by mouth (NPO).

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify what is meant by fluid balance, fluid imbalance and effects of aging on fluid balance	I. Fluid balance and imbalance a. Fluid balance: body equalizes the amount of fluid taken in with the amount of fluid excreted via urination, feces, perspiration and/or breathing b. Fluid imbalance i. Too much fluid retained in body tissue (edema) ii. Too much fluid lost (dehydration) from vomiting, diarrhea, poor fluid intake, bleeding, excess perspiration and increased urine production c. Effects of aging on fluid balance i. Swallowing difficulties may cause inadequate intake of fluids ii. Physiological disorders may cause retention of too much fluid iii. Imbalances occur more quickly in the elderly iv. Thirst mechanisms may be impaired	**Teaching Alert** An adult needs 1,500 ml of water daily to survive. 2,000 ml to 2,500 ml of fluid per day are needed for normal fluid balance Discuss methods of encouraging fluid intake
II. Identify what is meant by the terms: I & O, force fluids, restrict fluids and NPO	II. Terms a. I & O: intake and output b. Encourage fluids: encourage a greater intake or oral fluids by offering preferred fluids and offering frequently (every 30-60 minutes) c. Restrict fluids: limit the 24-hour fluid intake to the prescribed amount d. NPO: means nothing by mouth	**Clinical Alert** Have NA demonstrate correct procedure for measuring and recording I & O

III. Identify the reasons for measuring I & O	III. Reasons for measuring fluid intake and output a. The resident's diagnosis and treatment may depend on an accurate measurement of I & O b. Measurement of intake and output can monitor progress of treatment of a disorder (i.e., effects of a diuretic or kidney disease)	Use graduated containers to measure the liquid. Show examples of the LTCF's list of container volumes in milliliters (mls) or cubic centimeters (ccs)
IV. Identify the procedure for measuring and recording fluid intake	IV. Procedure for measuring and recording fluid intake a. The measurement is cc (cubic centimeter) or ml (milliliter) b. All fluids taken by resident should be observed and measured per facility policy c. Fluids include those foods that are liquid at body temperature d. The amount of fluid taken in at the end of each shift should be totaled as well as the amount at the end of 24 hours	Clean individual use equipment per facility policy
V. Discuss and demonstrate the procedure for measuring and reporting output	V. Procedure for measuring output a. The NA should use standard precautions b. All urine and emesis should be measured c. Residents must void into a bedpan or urine specimen pan . Urine is then poured into a graduated container so it can be measured d. At the end of each shift, measure the urine from a catheter container by emptying the bag into a graduate pitcher and then measuring. Care should be taken to maintain the sterility of the drainage system e. When the resident is incontinent, record the number of times incontinence occurs f. The amount of output is totaled at the end of each shift and at the end of 24 hours	Use a graduated container to demonstrate the measuring of urine Utilize a current NA textbook to develop a skills checklist for emptying a urinary catheter bag

Standard VIII.8 Bowel Elimination

Residents in LTCFs may have impaired bowel function. The TCEP shall contain subject matter describing:

- Characteristics of normal and abnormal bowel eliminations;
- The effects of aging on the lower intestinal tract;
- Signs that may indicate a resident is constipated;
- Measures to help alleviate constipation;
- The NA's role in helping prevent impaction; and
- Care of the resident who is incontinent of feces.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Discuss the structure and function of the lower intestinal tract	I. Structure and function of the lower intestinal tract a. The large intestine (colon) i. Ascending colon ii. Transverse colon iii. Descending colon iv. Rectum v. Anus b. The function of the bowel is to remove solid waste from the body c. The stool is liquid as it enters the large intestine. Water is absorbed as the stool moves through the intestine d. The stool is formed in the large intestine and moves down into the rectum; it is then excreted through the anus	**Teaching Alert** Provide charts or photographs of the gastrointestinal tract
II. Identify the terms used for bowel elimination	II. Terms: stool, feces and bowel movement	
III. Describe the normal and abnormal bowel movement	III. Bowel movements a. Normal i. Brown in color ii. Formed	

	iii. Not necessarily one each day b. Abnormal i. Containing blood or mucous or undigested food ii. Tarry (black) iii. Gray/Clay color iv. Liquid v. Very dry and hard vi. No movement for four or five days	
IV. Identify effects of aging on function of the lower intestinal tract	IV. Effects of aging on bowel function a. GI tract slows down b. Loss of bowel control c. Incomplete emptying of rectum d. Increased concern regarding bowel movements e. Increased risk for intestinal disorders	
V. Identify signs that may indicate a resident is constipated	V. Signs of constipation a. No record of a recent bowel movement b. Abdominal distension, flatus c. Abdominal discomfort, agitation and/or irritability	
VI. Identify measures that may be part of a resident's care in order to prevent or relieve constipation	VI. Measure to relieve constipation a. Increased oral fluids b. Diet containing bulk and fiber c. Exercise d. Prompt response to natural urge usually after a meal	Fecal impaction is a medical emergency and can result from constipation not being corrected
VII. Identify what is meant by fecal impaction	VII. Fecal impaction a. Definition: hard stool in the lower bowel usually found upon digital exam. The impaction prevents normal passage of feces. Resident can have daily bowel movements and still have a fecal impaction	NA may not perform digital exam or stim
VIII. Identify signs and symptoms that may indicate a resident has a fecal impaction	VIII. Symptoms a. Change in baseline pattern b. Liquid fecal seepage from the anus as small amounts of fluid are able to go around the impacted mass c. Constant feeling of need to have bowel movement	

	d. Rectal pain, abdominal discomfort and nausea	
IX. Identify causes of fecal impaction in the elderly	IX. Causes of fecal impactions a. Decreased muscle tone or enervation in the lower bowel b. Inadequate activity c. Inadequate fluid intake d. Insufficient bulk in the diet e. Uncorrected constipation, which may be caused by any of the above f. Medications e.g. pain medications and antibiotics	
X. Identify the role of the NA in promoting normal bowel function	X. Role of NA a. Observation i. Note amount ii. Observe consistency (firm, formed, liquid, hard) iii. Observe frequency of bowel movements b. Reporting i. Report any changes in pattern ii. Report if a resident who has been constipated suddenly develops diarrhea	
XI. Describe care for the resident who is incontinent of feces	XI. Care of the resident who is incontinent of feces a. Review special skin care procedures as needed b. Assist resident to toilet with bedpan/commode as needed c. Answer call light promptly	

Standard IX.1 Basic Facts and Misconceptions Regarding the Elderly

The TCEP shall contain:

- Subject matter that discusses developmental tasks of aging;
- Basic facts and common misconceptions regarding the elderly.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Define terms related to growth and development and the older adult II. Describe the developmental stages associated with the aging process III. Discuss basic facts about the elderly	I. Definitions a. Growth – the physical changes that are measured and that occurs in an orderly manner. Changes in appearance and body functions also measure growth b. Development – relates to changes in mental, emotional and social function c. Developmental Tasks – skills that must be completed during a stage of development d. Gerontology – study of the aging process e. Geriatrics – care of aging people II. Developmental tasks a. Developing leisure time activities and making new friends b. Adjusting to decreasing health and physical strength c. Adjusting to retirement and reduced income d. Adjusting to the death of a spouse or friends e. Accepting oneself as an aging person f. Maintaining satisfactory living arrangements g. Realigning relationships with adult children h. Finding meaning of life i. Preparing for one's death III. Basic facts a. Life expectancy and generalized health has increased b. Medical costs are rising	**Teaching Alert** Relate information to your clinical facility as appropriate, or to the needs of your community Utilize a current NA textbook for developmental stages that occur throughout life Research current aging statistics and utilization of LTCFs

IV. List common misconceptions about aging	c. Late adulthood age ranges In 2010 there were approximately 40.2 million Americans over 65 years old. This number is projected to double to 88.5 million by 2050The Ohio Department of Aging estimates 80,000 Ohioans in nursing homes The most recent 2010 census found at age 89 there are twice as many women as men IV. Common misconceptions a. Old age starts at 65 b. Most elderly live in LTCFs c. All elderly are very hard of hearing d. The elderly are slow to learn e. The elderly are hard to get along with f. The elderly are unproductive g. All elderly are lonely h. All elderly eventually become confused i. The elderly don't want to do anything for themselves	aging.ohio.gov/resources/nursinghomes/ **Teaching Alert** Modify this list of common aging misconceptions as desired. Have the class list their own misconceptions

Standard IX.2 Meeting the Basic Emotional Needs of Residents

Residents of LTCFs have basic emotional needs that require attention. The TCEP shall contain subject matter on:

- Identification and descriptions of basic emotional needs of LTCF residents;
- Methods that NAs can use to meet these basic needs; and
- How the NA may modify his/her own response to the resident's behavior.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Identify basic emotional needs of residents in an LTCF	I. Basic emotional needs a. Independence b. Supportive environment c. Social interaction d. Recognition as an individual e. Self-actualization	Learning about aging and the social attitudes and stresses placed on the aging person might enable one to view the aged with sympathy Discuss Maslow's Hierarchy of Needs
II. Actions the NA can take to meet the emotional needs of the resident	II. NA actions a. Promote independence: encourage self-care i. Encourage decision-making in areas where choices can be made: foods - when there is a selection; activities - when to do activities of daily living; clothing - choice of clothing b. Create a supportive environment i. Supportive physical environment: proper medical and dental care; safe, comfortable clothing; room and halls that are free of accident-causing situations; protection from harm by self or others ii. Supportive emotional environment 1. The staff treats the resident with respect, acceptance and patience 2. Supportive family c. Promote social interaction i. Encourage contact between residents and persons outside the facility ii. Encourage interaction among residents d. Promote individualization i. Be respectful for each resident and allow for	It is suggested that this descriptive content be presented toward the beginning of the course. It should be incorporated and reinforced in communication, residents' rights, etc. Invite an activity director from an LTCF to speak about activities that meet basic emotional needs **Clinical Alert** Whenever possible, build on the previous strengths of the resident

	privacy ii. Encourage self-expression in crafts, reminiscing and recognizing past accomplishments e. Promote self-actualization i. Respect the individual's beliefs. Don't impose your own beliefs on residents ii. Learn needs and preferences that assist self-actualization iii. Encourage activities that promote self-actualization	
III. Identify common behaviors displayed when emotional needs are not met	III. Common Behaviors a. Anger b. Demanding behavior c. Self-centered behavior d. Aggressive behavior e. Withdrawal f. Inappropriate sexual behavior	Behaviors are often expressions of need **Clinical Alert** After reading care plan, NA trainees need to be encouraged to look carefully at resident behaviors and report any changes
IV. Describe therapeutic interventions NAs may use in response to the resident's behavior	IV. Therapeutic interventions a. Recognize frustrating and frightening situations b. Treat the person with dignity and respect c. Answer questions clearly and thoroughly d. Keep the person informed e. Do not keep the person waiting f. Explain the reason for long waits g. Stay calm and professional if the person is angry or hostile h. Do not argue with the person i. Listen and use silence j. Protect yourself and other residents from violent behaviors k. Report the person's behavior to the nurse l. Activities: residents interests and capabilities	**Teaching Alert** In order to maintain consistent reinforcement, NAs should be trained in therapeutic interventions by the charge nurse and/or health professional
V. Describe role of the care plan and care conference in responding to resident's behavior	V. Care plan and care conference a. The care plan and the care conference identifies specific therapeutic interventions for person centered care and individualized care b. The NA should attend care conferences at	

	periodic intervals to provide and obtain additional information and skill in caring for residents with emotional needs	

Standard IX.3 Rest and Sleep

Rest and sleep is an important part of a resident's daily life. The TCEP shall discuss factors which influence a resident's rest and sleep and the actions a NA can take to help a resident rest and sleep.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Discuss factors that influence the resident's rest and sleep	I. Factors affecting rest and sleep a. Illness b. Nutrition c. Exercise d. Environment e. Drugs and other substances f. Lifestyle changes g. Emotional problems h. Pain	
II. Identify sleep pattern changes that occur with the elderly	II. Sleep pattern changes a. The resident may require longer to go to sleep b. The resident may have irregular sleep patterns c. The resident are less able to tolerate sleep deprivation d. The resident may need short naps during the day	**Teaching Alert** Describe "sundowners" The resident should be afforded the choice of sleep routing
III. Identify actions the NA may take to help the resident rest and sleep	III. Actions that aid rest and sleep a. Physical needs: thirst, hunger, elimination and pain relief b. Resident comfort: position the resident comfortable in bed, provide wrinkle-free linens, give a back rub, and follow resident's preference for routine and bedtime c. Environmental comfort: adjust temperature, ventilation, noise and lighting according to the resident's needs	

Standard IX.4 Sexuality in Aging

Sexuality is an important part of every person's life. The NA needs to recognize residents may express their sexuality in a variety of ways. The TCEP shall contain course material that discusses:

- Physical changes in residents that may affect sexual function;
- Social aspects of sexuality in aging;
- Appropriate NA responses to sexuality issues including handling of perceived sexual advances by a resident; and
- Recognition of how the caregiver's feelings can impact on caring for others.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Define sex and sexuality	I. Definitions a. Sex – physical activities involving the reproductive organs; done for pleasure or to have children b. Sexuality – the physical, psychological, social, cultural and spiritual factors that affect a person's feelings and attitudes about his or her sex	**Teaching Alert** See the reproductive system in Standard VII.2 for physiological changes in male and female
II. Identify factors that may affect sexuality in the aging person	II. Factors a. Injury, surgery and illnesses including but not limited to i. Diabetes ii. Cancer iii. Depression iv. Alcoholism v. DementiaStroke b. Normal aging process c. Death of sexual partner d. Medications	All sexual contact should be reported to supervisor/nurse. Consensual sexual contact may fluctuate
III. Discuss actions NA can take to protect a resident's sexuality	III. Actions a. Allow close relationships and/or intimacy between consenting residents regardless of sexual preference. This impacts a resident's feelings of sexuality b. There is continued need among the elderly for respect and privacy in sexual matters	

IV. Discuss appropriate NA responses to perceived sexual advances from a resident	c. The individual should be protected from unwanted advances of others, and from embarrassing themselves, if confused d. Allow and encourage privacy for sexual activity (masturbation and sexual intercourse) e. Be mindful of the residents' sexual relationships. Do not be judgmental or gossip about their relationships IV. Responses a. Speak to the resident in a calm but firm tone b. Let the residents know that his/her actions are socially inappropriate c. Calmly remove the resident's hands from your body d. Report the resident's actions and your response to the charge nurse e. With the charge nurse, explain to the resident that you do not want to be touched or spoken to in the manner the resident used	Keeping a resident's sexual activity confidential includes not sharing with family members. Supervisor/nurse will determine if further communication is necessary

Standard IX.5 Special Needs Populations

LTCFs may have occasion to care for persons with mental illness or with intellectual disability /developmental disabilities (IDD). The TCEP shall contain subject matter that:

- Defines mental health, mental illness, developmental disability and intellectual disability;
- Lists methods to identify and utilize the resident's strengths as a means to reinforce appropriate behavior; reduce or eliminate inappropriate behavior; and
- Identifies role and responsibility of NA when caring for residents with mental illness or ID/DD.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Define mental health	I. Mental health: a persons' ability to cope with and adjust to everyday stresses in ways that are accepted by society	**Clinical Alert** It may be more useful for NAs to focus on the resident's behavior, appropriate responses and report observations and changes to the charge nurse, rather than naming categories
II. Define mental illness	II. Mental illness: a disturbance in the ability to cope or adjust to stress; behavior and function are impaired; mental disorder, emotional illness, psychiatric disorder a. Major categories i. Functional: including mood, thought and personality disorders. The individual is out of touch with reality to the degree that he/she is unable to function in real-life situations ii. Organic: occurs as a result of reversible or irreversible change in brain function	
III. Define developmental disability	III. Developmental disability: a disability occurring before the age of 22. It can be physical, cognitive, psychological, sensory or a speech disability. It is permanent a. Function is limited in three or more life skills i. Self-care ii. Learning iii. Mobility iv. Self-direction v. Capacity for independent living vi. Economic self-sufficiency	Explain that ID/DD is the abbreviation for intellectual disability and developmental disability

IV. Define Intellectual disability	vii. Understanding and expressing language b. Common conditions including but not limited to i. Intellectual disability ii. Down syndrome iii. Cerebral palsy iv. Autism v. Epilepsy vi. Spinal bifida vii. Traumatic brain injury IV. Intellectual disability: involves low intellectual function. Adaptive behavior is impaired. Includes the following: a. An IQ score below 70-75 b. Limits in two or more adaptive skill areas c. The condition being present before 18 years of age	
V. List methods to identify and utilize the resident's strengths as a way to reinforce appropriate behavior or reduce or eliminate inappropriate behavior	V. Methods to identify and utilize the resident's strengths as a way to reinforce appropriate behavior a. Redirect inappropriate behavior b. Appropriate behavior may be reinforced according to plan of care (i.e., verbal praise and rewards)	**Clinical Alert** Focus on the resident's strengths when providing care
VI. Identify role and responsibility of the NA while caring for residents with ID/DD and mental illness	VI. Role and responsibility of the NA a. Know and consistently reinforce the plan of active treatment b. Be alert to changes in the resident's behavior c. Report changes promptly to the charge nurse d. Be patient while working with the resident who is learning adaptive skills e. Focus on the resident as a person. Do not treat the resident as an object by becoming focused on the diagnosis (the "label" associated with the resident) f. Maintain resident safety	**Teaching Alert** The NA may have to modify his/her own behaviors while caring for these residents by being trained in special interventions/techniques and consistently reinforcing the plan of active treatment

Standard IX.6 Care of the Confused Resident

NAs will interact with residents who are confused. The TCEP shall contain subject matter that:

- Discusses causes, symptoms and implications of confusion; and
- Identifies and demonstrates acceptable therapeutic interventions appropriate for the LTCF setting.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify possible causes of confusion II. Identify symptoms that indicate a resident may be confused	I. Possible causes of confusion a. Medical problems including but not limited to i. Chronic disease such as heart, liver, kidney and lung ii. Stresses such as surgery or injury iii. Degenerative brain conditions i.e., Alzheimer's disease, arteriosclerosis, dementia iv. Infections b. Poor nutrition c. Poor fluid intake d. Medication i. Medication intolerance ii. A combination of medications may cause confusion e. Social isolation: people who are socially isolated receive no information about time, place or person, which can lead to or reinforce confusion f. Hearing and vision loss Changes in the usual environment, i.e., loss of a mate, a move to a LTCF and/or changes to normal routine II. Symptoms of confusion a. Does not know oneself or others b. Talks incoherently c. Forgetful d. Does not pay attention or does not understand when someone else is speaking, unable to follow simple directions e. Has sleep disorders f. Hallucinates: visual and auditory	**Teaching Alert** Confusion that develops rapidly, i.e., delirium, is a medical emergency and should be reported to the nurse immediately **Clinical Alert** NAs need to be aware of side effects of medication (including psychotropic drugs) and report these promptly to the nurse in charge

	g. Hostile, combative	
III. Discuss implications of confusion for the resident	III. Implications of confusion a. The resident may i. Be frightened, unhappy, bewildered and/or angry ii. Be unaware of his/her environment; thus not sense danger iii. Have reduced intellectual and emotional contact with others iv. Have less self-expression v. Have less independence vi. Feel insecure vii. Exhibit verbal or physical aggression viii. Exhibit socially inappropriate behaviors	
IV. Identify ways in which some of the causes of confusion may be minimized	IV. Some of the ways to reduce confusion a. Treatment of medical condition b. Improving nutrition and hydration c. Change in prescribed medications d. Encouraging socialization e. Encouraging sensory divisional activities f. Prove a calm, relaxed and peaceful setting g. Use hearing aids and glasses h. Follow resident's normal routine per plan of care	**Teaching Alert** Refer to Curriculum Standard IX.2 – Meeting the Emotional Needs of Residents Explain "sun-downing" and associated symptoms
V. Identify behaviors that may be seen in a confused resident	V. Behaviors/symptoms a. Combative b. Withdrawn c. Socially inappropriate d. Verbal or physical aggression e. Abnormal sexual behavior f. Repetitive behaviors g. Catastrophic reaction	
VI. Describe therapeutic interventions appropriate for the confused resident	VI. Therapeutic interventions a. Reality orientation to maintain reality contact b. Reminiscing may serve as a life review through sharing of memories or life experiences c. Validation therapy is a way of relating to residents that helps them feel secure and oriented within	**Teaching Alert** Use role play to demonstrate therapeutic interventions

	their own reality	

Standard IX.7 Care of a Resident with Depression

NAs will interact with residents who are depressed. The TCEP shall contain subject matter that:

- Defines depression:
- Discusses causes and symptoms; and
- Identifies the NA's role in caring for the depressed resident.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Define depression	I. Depression: an emotional disorder that involves the body, mood and thoughts. The person loses interest in daily activities. Depression is the most commonly overlooked mental health problem in the older person. The person is often thought to have a cognitive disorder and therefore depression is often untreated	**Teaching Alert** Observe nonverbal behavior related to depression
II. Identify signs and symptoms of depression	II. Signs and symptoms a. Sadness b. Inactivity c. Difficulty thinking d. Problems concentrating e. Feelings of despair f. Problems sleeping g. Changes in appetite h. Fatigue i. Agitation j. Withdrawn k. Thoughts of death or suicide l. Pain m. Irritability	
III. Describe possible causes of depression	III. Causes a. Death of family and friends b. Loss of health c. Loss of body functions d. Loss of independence e. Loneliness/boredom	

IV. Identify NA's role and responsibility in caring for depressed resident	f. Side effects of some drugs g. Loss of purpose IV. Role and responsibility a. Identify signs and symptoms b. Report observations to nurse c. Maintain safety d. Follow resident care plan e. Don't minimize or ignore resident's comments or behaviors	
V. Possible interventions	V. Interventions that NA may take a. 1:1 interaction b. Activities c. Learn the resident's preferences and habits d. Resident specific programing, e.g. "Music & Memory" ©	Be sure to document interventions in medical record. This becomes an important part of the MDS

Standard IX.8 Care of the Dying Resident

The very nature of long-term care means NAs form relationships with many residents. Some of those residents may become terminally ill. Because of the unique relationships that are often established between the resident and the NA, the NA is in position to share in the experience of the resident's death. Such an experience can place the NA in a vulnerable position. The TCEP shall contain subject matter and discussion on:

- The attitudes of American society about death;
- Stages of dying and grieving;
- The emotional needs of the resident experiencing death;
- Spirituality and the impact spiritual beliefs have on the emotional needs of residents;
- How to acknowledge the death of a resident;
- The physical signs of approaching death;
- Caring for residents when death is imminent;
- Recognition and consideration of the family;
- Post-mortem care; and
- Possible responses of others (i.e., other residents, staff, family) to the death of a resident.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to: I. Identify some of American society's attitudes about death	I. Society's attitudes about death a. Each individual's attitude about their own death is influenced by their age, cultural background and past experience b. Discussion of death is frequently avoided c. The dying person may become institutionalized and cared for by strangers d. Society's growing acceptance of a dying resident's wishes i. Hospice (palliative care) – the goal is to improve the dying person's quality of life, focusing on the physical, emotional, social and spiritual needs. Pain relief and comfort are stressed ii. Advanced Directives 1. Living wills/Durable power of attorney for health care/Durable power of attorney Code status II. Stages of reaction to dying and grieving. The dying	**Teaching Alert** The first objective helps set the stage for why one studies about death and dying, touching on historical and social perspectives Refer to OAC rule 3701-62-05 related to "Do not resuscitate – comfort care" (DNR-CC/DNR-CCA)

II. Identify the five stages of dying and grieving and the NA's response to each state	person may fluctuate back and forth between these five stages or may not move through the stages in an ordered sequence a. **Denial:** denying that death will occur i. Behaviors 1. Unrealistically cheerful 2. Asks lots of questions 3. Disregards medical orders ii. The NA's response to this behavior 1. Listen, be accepting 2. Be available and open but do not probe 3. Be honest and do not encourage denial b. **Anger**: anger that this is happening to them, and anger at others because it is not happening to them i. Behaviors 1. Complaining 2. Unreasonable request 3. Anger at family, physician and the nursing staff ii. The NA's response to this behavior 1. Listen 2. Remain open and calm 3. Don't try to place blame c. **Bargaining**: trying to make an agreement for postponing death i. Behaviors 1. May be difficult to observe this stage 2. The person vacillates between doubt and hope ii. The NA's response to bargaining behaviors 1. Listen, do not contradict plans 2. Promote a sense of hope 3. Promote a sense of acceptance d. **Depression**: reality of death is unavoidable. Depression is a reaction to getting sicker and is grieving for the losses the resident will experience. These losses are focused on relationships i. Behaviors 1. The resident may separate himself or herself from the world	Refer to Elizabeth Kubler-Ross's Book, Death and Dying for more detailed information on stages of dying This descriptive content may be best handled by conducting class as a group discussion, encouraging exchange of attitudes and experiences, rather than as a lecture Perhaps invite a guest speaker who is experienced in dealing with or leading discussions concerning death and dying

	2. The resident may turn his/her face away from people 3. The resident may not speak, or speak in an expressionless voice ii. The NA's response to the above behaviors 1. Stay with the person as much as possible 2. Avoid cheery phrases and behavior 3. Encourage the person to express his/her feelings e. **Acceptance**: realized that death is inevitable i. Behavior 1. The resident may be serene, calm and accepting 2. The resident may be apathetic 3. Behavior at this stage may depend on how well the former stages are resolved 4. Some people may not reach acceptance ii. The NA's response to acceptance behavior 1. Listen, show acceptance	
III. Identify the impact spiritual beliefs have on the emotional needs of residents	III. Impact of spiritual beliefs on the emotional needs of residents a. Respect individual religious beliefs whether or not they are compatible with the beliefs of the staff/facility b. Respect and encourage the use of individual religious symbols and/or music c. Encourage prayer if applicable	**Clinical Alert** Give examples of various religious symbols. May ask members of various religious orders to speak to their religious views of death
IV. Identify the emotional needs of the resident experiencing death	IV. Emotional needs of the dying person a. Social interaction b. Self-expression c. Control over one's life d. Privacy e. Spiritual support, if appropriate f. Empathy, understanding g. Respect h. Finalization of relationships V. Responses of the NA to emotional needs of the dying (in addition to those mentioned previously)	The purpose of this objective is to draw together the discussion of the total emotional needs for the dying person, in addition to those mentioned in the five stages

V. Describe responses by the NA to emotional needs of the dying resident	a. Allow the person to express his/her feelings b. Allow the resident as much control over his/her situation as possible c. Respect the resident's need for privacy d. Allow for spiritual support as needed e. Touch shows caring and concern	Encourage discussion of how trainees have felt or anticipate feeling about death of residents with whom they are or were close
VI. Identify physical signs of approaching death	VI. Physical signs of approaching death a. Blood circulation slows, causing cold feet and hands, pale skin b. Eye movement is reduced or absent, failing c. Perspiration, even though the body is cold d. Loss of muscle tone: body limp, jaw may drop open, loss of control of feces and urine e. Respirations slow and/or may be difficult f. "Rattling" respirations due to mucous collecting in throat and bronchial tubes g. Pulse weak, rapid and/or irregular and blood pressure falls h. Poor blood circulation to the brain reduces the perception of pain i. Urine output may decrease j. Swallowing ability may decrease k. May have periods of confusion and/or agitation	
VII. Identify care measures that the NA should provide for the dying resident	VII. Caring for residents when death is imminent a. Physical care to meet the resident's needs continues to the resident's death b. Provide for keeping the resident warm c. Consider the wishes of the resident. Resident's wishes come first but if the resident is unable to communicate, then involve the family d. Provide for skin cleanliness due to perspiration and possibly to incontinence e. Change the resident's position to prevent skin breakdown f. Give special attention to mouth care and take measures to moisten the mouth to promote comfort g. Speak to the resident in a normal tone of voice. Assume a resident can hear you even if he/she	Hearing is one of the last senses to fail NA can help care for a resident who is dying

	may appear unconscious. Speak accordingly h. Provide for spiritual support, respecting the resident's personal wishes and not imposing one's own beliefs i. Communicate through touch if the person appears unconscious j. Continue to explain procedures while performing them	
VIII. Discuss the recognition and consideration of the family	VIII. Recognition and consideration of family a. The family may experience the five stages of grief b. Help the family identify the resident's current functioning level c. If family present, give them time alone with the resident before and after death d. Be an active listener	Audiovisual aids can be helpful in creating a discussion
IX. Define "post-mortem care" and the steps involved in providing post-mortem care	IX. Post-mortem care a. Definition: caring for the body of the deceased b. When a person dies, their physician is called to certify the death c. The purpose of the post-mortem care is for viewing by the family and for transfer to the morgue/funeral home d. Post-mortem care consists of: i. Bathing the body ii. Closing the eyes and mouth iii. Placing the body in position of rest, taking care not to put pressure on the skin. This may cause a bruised appearance iv. Follow facility policy for dentures and other prosthesis v. Accounting for the personal effects of the resident vi. Respect the cultural and religious beliefs of the resident and family	Check with individual LTCF's policy and procedure on post-mortem care including how body may need to be prepared if being donated for research or is a coroner case.
X. State the importance of and ways to acknowledge the death	X. Acknowledge death of a resident within the LTCF a. This helps reassure residents that a person is not forgotten when he/she dies b. This allows staff and residents to grieve	A memorial service and displaying a

of a resident in an LTCF		photo of the person is a technique that may be useful The writing of a letter about the positive aspects of the person and possibly sharing the letter with the family or keeping the letter by the NA may be helpful

Standard X.1 Preventing Complications of Immobility

The NA is required to have the skills necessary to work safely with residents whose mobility may be restricted or who are confined to a bed or wheelchair for long period of time. The TCEP shall contain subject matter describing and/or demonstrating:

- The negative effects of immobility;
- Methods to promote self-care by residents whenever possible;
- Range of motion and related safety factors and procedures for range of motion; and
- Measures to prevent the complications of immobility.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. List the negative effects of immobility on the body	I. Negative effects of immobility a. Skin: Pressure areas b. Muscles: atrophy c. Joints: contractures d. Bones: lose calcium and become brittle and weak e. Kidneys: calcium stones f. Bladder: stagnant urine predisposes to infection g. Bowel function: constipation h. Lungs: stasis of fluid predisposes to infection (pneumonia) i. Blood circulation: sluggish, clot formation, particularly in the lower legs	**Teaching Alert** Have NAs cross their legs for a brief period to recognize how quickly a reddened area can develop Show photos of pressure areas
II. Describe activities that promote self-care	II. Promotion of self-care a. Encourage the resident to feed him/her self b. Encourage the resident to groom and/or dress him/her self c. Promote the resident's independence in ADLs d. Promote the use of assistive devices in ambulation, eating and dressing e. Assist the resident with bowel and bladder training according to the resident's plan of care	Stress the integration of restorative concepts throughout the TCEP, e.g., self-feeding, personal care, grooming Audiovisual can help illustrate ROM technique
III. Define range of motion	III. Range of motion (ROM) a. Definition: exercising all joints through their full motion, to prevent contractures and muscle	

	atrophy i. Active range of motion (AROM) the resident is able to move limbs through his/her range of motion unassisted ii. Passive range of motion (PROM) the nursing assistant moves the patient's limbs through the range of motion because the patient is unable, for whatever reason, to do it iii. Active assist range of motion (AAROM) The patient participates to the extent that the patient is able	**Clinical Alert** NA care for a resident requiring active and passive range of motion Discuss activity and ambulation programs i.e. walk to dine
IV. Describe ROM exercises for all joints including safety measures	IV. Procedure for doing ROM and safety measures a. Joint movement i. Abduction – moving a body part away from the midline of the body ii. Adduction – moving a body part toward the midline of the body iii. Extension – straightening a body part iv. Flexion – bending a body part v. Hyperextension – excessive straightening of a body part vi. Dorsiflexion – bending the toes and foot up at the ankle vii. Rotation – turning the joint viii. Internal rotation – turning the joint inward ix. External rotation – turning the joint outward x. Plantar flexion – bending the foot down at the ankle xi. Pronation – turning the joint downward xii. Supination – turning the joint upward b. Joints to be exercised i. Neck ii. Shoulder iii. Elbow iv. Wrist v. Fingers vi. Hip vii. Knee viii. Ankle ix. Toes	**Teaching Alert** Demonstrate how to perform ROM on a resident Utilize a current nursing assistant textbook to develop a skills checklist for performing ROM on a resident

	c. Safety Measures i. NEVER force a joint to move, Do not force a joint to the point of painNever perform therapies unless you have been trained and approved to provide those therapies by the individual who has been designated by the LTCF management to provide such training	
V. Identify measures that help prevent complications of immobility	V. Measures a. Changing position at least every two hours while in bed and every one hour while in chair b. Exercise. Weight bearing helps prevent loss of calcium and improves muscle tone c. Adequate hydration/nutrition/dining programs d. Elastic stockings may help the venous return of blood from the legs e. Devices for maintaining the position of function: splints, trochanter rolls, wedge cushions, and non-slip materials	Provide samples of devices such as elastic stocking Utilize a current NA textbook to develop a skills checklist for applying elastic stockings

Standard X.2 Bowel and Bladder Program

Residents in LTCFs facilities may benefit from a bowel and bladder program. The TCEP shall contain subject matter that identifies:

- Goals of bowel and/or bladder training;
- Preparation factors for establishing a bowel/bladder training program; and
- Steps involved in implementing a bowel and bladder program for a resident.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Identify the goals of a bowel and/or bladder program	I. The basic goals of a bowel and/or bladder training program a. Establish a regular pattern of elimination b. Decrease the number of times a resident is incontinent c. Increase a resident's self-esteem by attaining control of elimination d. Decrease the range of other problems, e.g., skin breakdown that can occur from continued incontinence e. Preserve the integrity and function of the elimination systems	**Teaching Alert** Provide examples of care plan containing a bowel and bladder training program (Common programs: prompted voiding, toileting in advance of need (TIAN),
II. Identify factors that go into preparing a bowel and/or bladder training program	II. Preparation factors for establishing a bowel and/or bladder training program a. The resident's past elimination pattern is reviewed, as well as the total resident history b. A routine for elimination is established by the nurse and written into the nursing care plan. It is very important that the resident's personal plan of elimination is carried out by the entire staff	**Clinical Alert** Clinical assignment should include care of a resident participating in a bowel or bladder training program
III. Identify the steps involved in bowel training	III. Steps involved in bowel training a. A diet high in fiber (whole-grain bread, fruits, vegetables and cereal) b. The physician may order a laxative to be given daily to establish a regular pattern of elimination c. Scheduled elimination: place the resident on a	

IV. Identify steps involved in bladder training	toilet or commode at regular, scheduled times d. Exercise e. Positive encouragement f. Hydration: 2,000 cc daily intake unless the resident's physical condition does not permit g. Recorded output IV. Steps involved in bladder training a. Supply adequate hydration (oral intake) b. Schedule voiding, according to care plan c. Toilet or commode rather than bedpan d. Promote relaxation and provide privacy during voiding e. Employ voiding triggering techniques if needed f. Record intake and output g. Give positive reinforcement	The resident may find more frequent attempts to schedule voiding could become very tiring

Standard X.3 Prosthetic Devices

Some residents in LTCFs may need prosthetic devices. The TCEP shall contain subject matter that describes, identifies and demonstrates:

- The purpose of prosthetic devices;
- Examples of prosthetic devices available;
- How to apply prosthetic devices under the direction of the charge nurse; and
- Ways to care for prosthetic devices, including storage.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		
I. Describe the purpose and types of prosthetic devices	I. Prosthetic devices a. Purpose: replacement of a missing part by an artificial substitute b. Examples: artificial eyes and limbs and hearing aids	**Teaching Alert** Provide pictures of examples of prosthetic devices
II. Discuss care of resident with prosthetic devices	II. Follow care plan and nurse's direction before assisting a resident with his/her prosthetic device	
III. Discuss ways to care for prosthetic devices including storage	III. Caring for prosthetic device a. Storage i. Labeled properly ii. Stored according to resident preference and/or facility procedures b. Cleaning according to facility procedures and manufacturer's guidelines	Discussion: report complaints of pain, or changes to the prosthetic device or surrounding skin. Attach the prosthetic devices per the care plan or manufacture's guidelines

Standard XI Summary of Resident Rights

Residents' rights are major part of OBRA (Omnibus Budget Reconciliation Act) of 1987. OBRA is a Federal law. It applies to all 50 states. Nursing centers must provide care that maintains each person's rights. Nursing centers must inform residents of their rights orally and in writing. It is given in the language the resident uses and understands. The TCE program shall contain discussion and examples for the NA to use in promotion and protection of legal rights for residents such as:

- Explain the Ohio Long-Term Care Ombudsman Program and its relationship to the LTCF;
- Resident's personal choices to accommodate needs;
- Methods to ensure privacy, confidentiality and security of resident's personal possessions;
- The freedom from abuse, neglect, exploitation; and
- Understanding the use of the complaint/grievance procedure in the facility.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
The NA trainee will be able to:		**Teaching Alert**
I. Describe the role of the Ohio long-term care ombudsman program	I. The Ohio long-term care ombudsman program a. Basic role i. Investigate and resolve complaints ii. Educator for resident, family and staff b. Consultant to LTCF regarding residents' rights c. Ombudsman contact information is posted in every health care facility	The instructor shall spend no less than one hour of instruction in the classroom and one hour in clinical experience regarding resident rights. This is in addition to Curriculum Standard VI.1 Contact the Ohio State Ombudsman's office for information on your local ombudsman http://aging.ohio.gov/services/ombudsman/
II. Identify examples of ways to promote the residents' right to personal choices	II. Examples of ways to promote personal choices a. Encourage the resident to participate in self-care according to the resident's abilities (clothing, hairstyle and snacks) b. Know what activities are available; inform resident and facilitate participation c. Understand the right of the resident not to participate d. Encourage and facilitate the resident's participation in resident and family groups	Personal choice promotes quality of life, dignity and self-respect. You must allow personal choice whenever safely possible. Personal choices are located in the care plan
III. Describe methods of providing the resident with privacy	III. Privacy a. In the resident's room i. Knock and obtain resident's permission	Give specific examples of ways to support the resident's rights to privacy

	before entering room ii. Keep doors open or closed according to resident's preference iii. Enter closet or drawers only with resident's permission b. During visits i. Knock and obtain resident's permission before entering room ii. Close doors during visit at resident's request iii. Don't eavesdrop on conversations c. During phone conversations, provide private area d. During treatments, procedures and/or exams i. Close door ii. Draw privacy curtain iii. Use sheets or blankets to shield resident's body	http://codes.ohio.gov/orc/3721.13
IV. Describe methods to maintain confidentiality	IV. Methods of maintain confidentiality a. Discuss resident information only with other appropriate health care workers when planning care of the resident in an appropriate and confidential manner b. Refer any questions regarding resident's care to the charge nurse c. Never release resident information to the news media d. Never post resident or family information on social media	Discuss the consequences of violating confidentiality
V. Describe ways to ensure the security of the resident's possessions	V. Security of resident possessions/personal funds/misappropriation a. Learning how the resident wants his/her possessions handled b. Suggesting to the resident or resident's family ways that the resident's possessions may be more secure c. Knowing facility policy and procedure on resident possessions d. Helping the resident gain access to stored	Each individual NA is considered responsible and held accountable for his/her own actions in accordance with the law
VI. Describe abuse, mistreatment, neglect, exploitation, and injuries of unknown source		Give examples of how the NA can prevent abuse, mistreatment or neglect in performing their duties

	items VI. Abuse, mistreatment, neglect and exploitations a. Describe: i. Verbal abuse: call resident by something other than own name, use of foul language directed toward a resident and that which causes mental anguish to the resident ii. Physical abuse: the infliction of physical injury upon a resident (i.e., hit, pinch, slap, kick, shove, spit at) iii. Mistreatment: treat badly (i.e., refusal to toilet a resident upon request of the resident, teasing) iv. Neglect: failure to provide proper care that a reasonably prudent and careful person would use in a similar situation that results in physical injury to the resident (i.e., failure to position in proper body alignment, failure to clean an incontinent resident) v. Exploitation: manipulation of a vulnerable person for personal gain vi. Mental: includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. vii. Sexual: includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. viii. Injury of unknown source is defined when both of the following conditions are met: a. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and b. The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) **or** the number of injuries observed at one	**Teaching Alert** If an NA suspects that a resident is the victim of abuse, mistreatment, neglect or exploitation by staff, family or friends, the NA is to report this immediately to their immediate supervisor. If the individual committing the abuse, mistreatment, or neglect is an NA, that NA will be reported to the registry maintained by the Ohio Department of Health Review with the NA the requirements of the Patient Protection and Affordable Care Act of 2010 Section 1150B section 6703(b)(3) which requires specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility.

VII. Demonstrate techniques to help the resident resolve grievances or complaints	particular point in time **or** the incidence of injuries over time. VII. Grievances or complaints a. Complaints against the facility or facility staff b. Procedures for processing complaints within the facility c. The duty of the NA in cases where the resident wishes to report abuse, neglect or mistreatment d. The role of state agencies in the complaint/grievance process	

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[14] 42 U.S.C. §§1395i-3(f)(2)(A)(i)-(iv), 1396r(f)(2)(A)(i)-(iv), Medicare and Medicaid, respectively. These detailed requirements address the number of training hours, qualifications of instructors, and subject areas for training. The federal regulations prohibit an aide from having any contact with a resident until the aide has completed at least 16 hours of training in five specified areas: "communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents' independence; and respecting residents' rights."