

EFFECTIVE: February 1, 2025

Version 28

### **Contact Information**

Questions regarding: testing process • test scheduling • eligibility to test ...... (800) 393-8664 Questions regarding: obtaining information on official regulations and guidelines for nurse aides • updating your name or address on the Registry .......(602) 771-7800 D&S Diversified Technologies (D&SDT), LLP-Headmaster, LLP PO Box 6609 Monday through Friday Phone #: (800) 393-8664 Helena, MT 59604-6609 6:00AM - 6:00PM Fax #: (406) 442-3357 Email: arizona@hdmaster.com Mountain Time (MT) Website: www.hdmaster.com TestMaster Universe (TMU©): az.tmutest.com **Arizona State Board of Nursing (AZBN)** 1740 W. Adams Street, Suite 2000 Monday through Friday Phone #: (602) 771-7800 Phoenix, AZ 85007-2607 8:00AM - 5:00PM Email: arizona@azbn.gov Website: www.azbn.gov

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#### Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term healthcare facilities and to define training and evaluation standards for Nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide-related knowledge and skills. A nurse aide competency evaluation program aims to ensure that candidates seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the nurse aide competency examination process and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam, and meet all other Arizona Board of Nursing (AZBN) requirements for certification in Arizona.

The State of Arizona has approved D&S Diversified Technologies (D&SDT)-Headmaster LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (800)393-8664 or the <u>Arizona webpage</u>. The information in this handbook will help you prepare for your examination.

## **Proof of Legal Presence in the United States**

Every Arizona nurse aide student will need to have proof of legal presence in the United States on file with the Arizona State Board of Nursing. For instructions on submitting your proof of legal presence documents, refer to the Arizona State Board of Nursing website at <a href="https://www.azbn.gov">www.azbn.gov</a>. A link to AZBN's website with a comprehensive list of documents acceptable for <a href="proof of legal presence">proof of legal presence</a> is available on the <a href="https://www.azbn.gov">Arizona webpage</a>.

## Certified Nurse Aide (CNA) | Licensed Nurse Aide (LNA)

The Arizona State Board of Nursing (Board) has two levels of nurse aides:

## **Certified Nurse Aide (CNA)**

Upon passing the required knowledge and skill competency exam components, to be placed on the CNA Registry as a certified nurse aide (CNA), candidates will need to go to AZBN's website at <a href="www.azbn.gov">www.azbn.gov</a>, click on "Apply for an Arizona License or Certificate" and complete the online application, which will include the uploading of your citizenship documents (proof of legal presence) and certificate of completion from your training program.

## **Licensed Nurse Aide (LNA)**

In addition to the requirements to be on the CNA Registry (see paragraph above), an LNA applicant must complete the online application and also submit their fingerprints and pay a fee to AZBN. If the applicant meets Board requirements, the Board will license the applicant as an LNA, and the applicant can use the initials "LNA." The online application process for LNAs is available on the Board's website: <a href="www.azbn.gov">www.azbn.gov</a>; click "Apply for an Arizona License or Certificate."

## Americans with Disabilities Act (ADA)

#### **ADA Compliance**

The Arizona Board of Nursing (AZBN) and D&SDT-Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-Headmaster must approve accommodations in advance of examination. The request for accommodations can be found on the <u>D&SDT-HEADMASTER webpage</u> and by clicking on the PDF Fillable <u>ADA Accommodation Form 1404</u>. Fill out the ADA Request and attach the required documentation found on the second page of the request form to an email to <u>arizona@hdmaster.com</u> to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

**Please allow additional time for your request to be approved.** If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

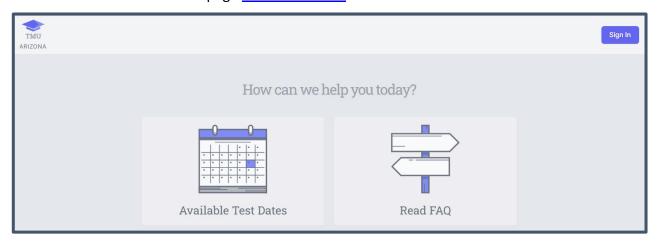
## The Arizona Nurse Aide Competency Exam

#### **Payment Information**

Exam Description			
Knowledge Exam or Retake	\$35		
Audio Version of the Knowledge Exam or Retake (\$35 Knowledge Exam fee + \$10 for an audio version = \$45)	\$45		
Skill Exam or Retake	\$95		

#### Arizona TMU©

This is the Arizona TMU© main webpage az.tmutest.com.



#### **Complete your TMU© Account**

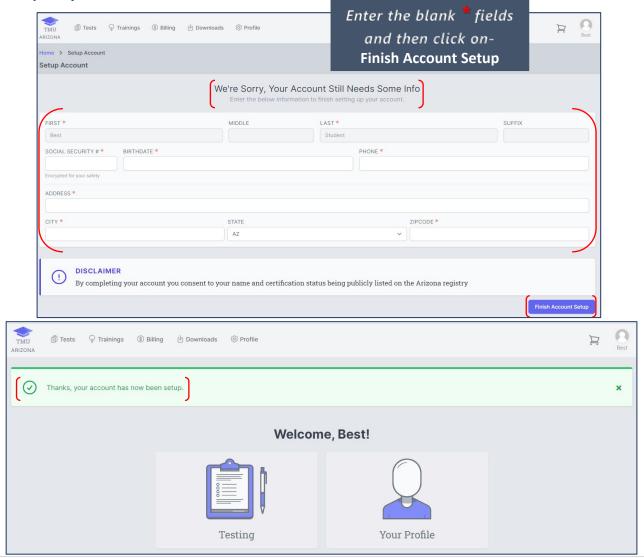
Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

<u>IMPORTANT</u>: Before you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete the missing demographic information <u>prior to testing</u>. Failure to do so may result in you being turned away from testing. You will be a no-show status for your event and forfeit your testing fees.

Upon receiving your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you need to sign in to your account, update your password, and complete your demographic information. This must be done before scheduling a test event.

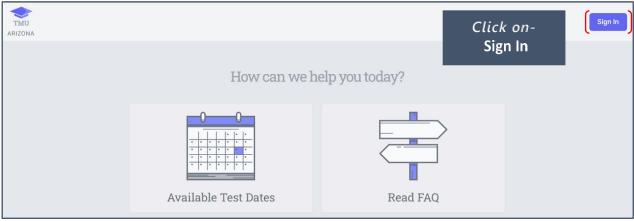
If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you cannot sign in for any reason, contact D&SDT-Headmaster at (800)393-8664.

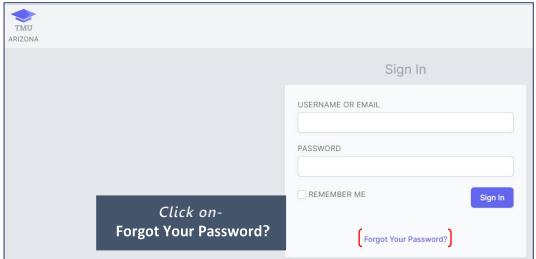
Screen you will see the first time you sign in to your TMU© account with the demographic information you need to enter to complete your account:

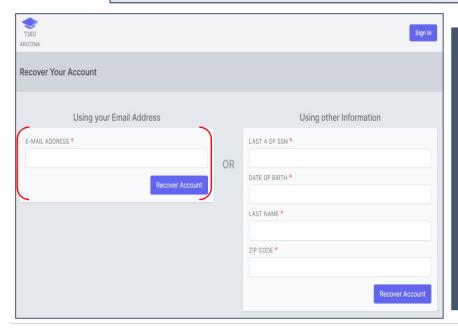


If you have forgotten or do not know your Password, follow the instructions in the next section 'Forgot Your Password and Recover your Account' to Reset your Password and Recover your Account.

#### Forgot your Password and Recover your Account







## Type in your Email Address

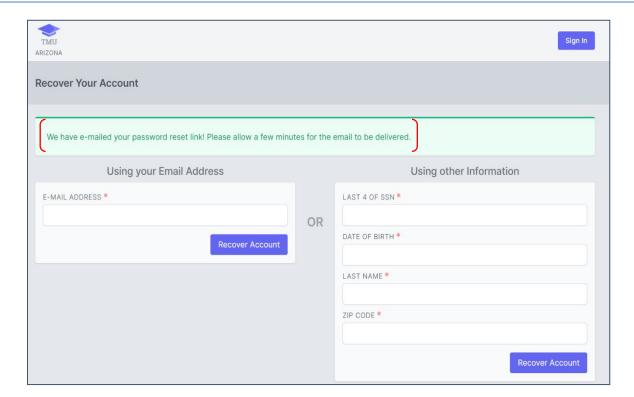
Click on – Recover Account

An email with the reset link will be emailed to you.

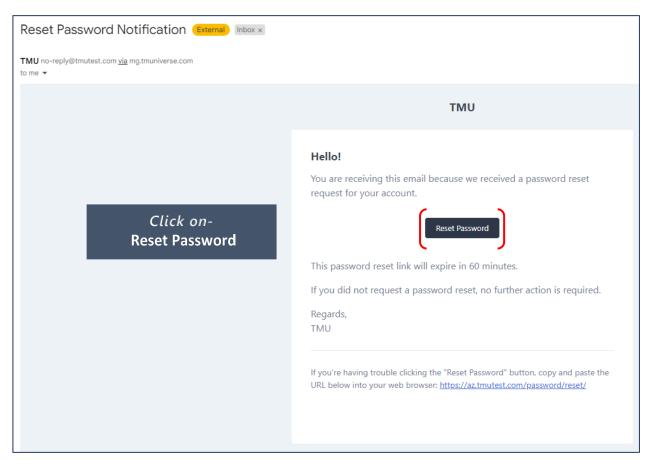
Click on the reset link in your email to reset your password.

(-OR- You can type in the requested data under Using other Information if you have already updated your demographic information in your account)

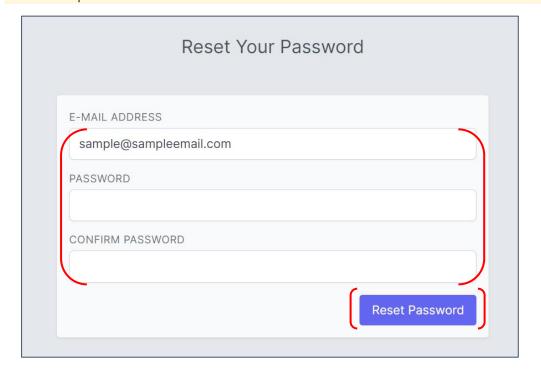
Click on - Recover Account



This is what the email will look like (check your junk/spam folder for the email):



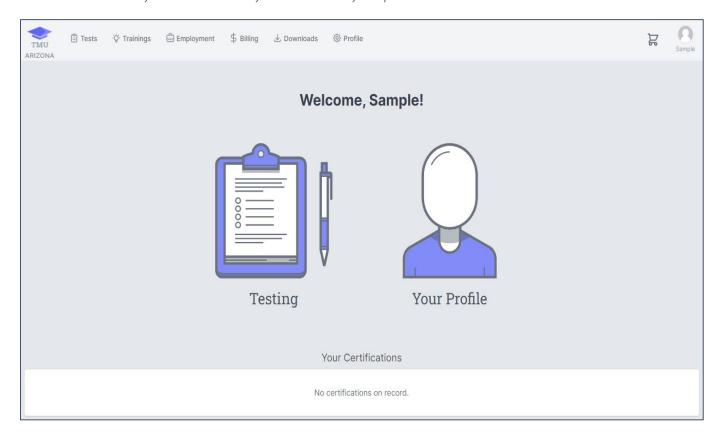
**Note:** If you do not reset your password right away, the link does expire in 60 minutes and after that time, you will need to request a new link.



Type in your
Password and
Confirm Password,
then click on –

**Reset Password** 

This is the home screen you will see once you have reset your password:



#### Scheduling an Arizona Nurse Aide Exam

#### **Nurse Aide Training Program Candidates**

To schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved Nurse Aide (NA) training program or have an AZBN-approved NA Education Waiver. In addition, all Nurse Aide certification exam candidates must be registered with D&SDT-Headmaster by their training program, unless the AZBN grants a waiver. Your registration information will be transmitted to the AZBN upon passing both portions of the Nurse Aide competency exam.

Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may pay your testing fees and schedule your exam date online at the Arizona TMU© webpage at <a href="mailto:az.tmutest.com">az.tmutest.com</a> using your email and password (see instructions under 'Forgot your Password and Recover your Account', 'Self-Pay of Testing Fees' and 'Schedule/Reschedule a Test Event'). Securely processed Visa or MasterCard credit/debit card information is required when scheduling online. You can schedule and/or reschedule your test event up to the business day before a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may log in with any Internet-connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To schedule or reschedule your test date, sign in to the Arizona TMU© webpage at <a href="mailto:az.tmutest.com">az.tmutest.com</a> with your email and password.

If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, MT, Monday through Friday, excluding Holidays, for assistance.

**Note:** Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.

## Education Waivers for Military, Foreign Graduate or Nursing Students

If you have an AZBN-approved Nurse Aide Education Waiver (military, foreign graduate or nursing student), you will need to complete, upload your approved NA Education Waiver from AZBN and submit the **Nurse Aide Education Waiver Application** found at az.tmutest.com/apply/2.

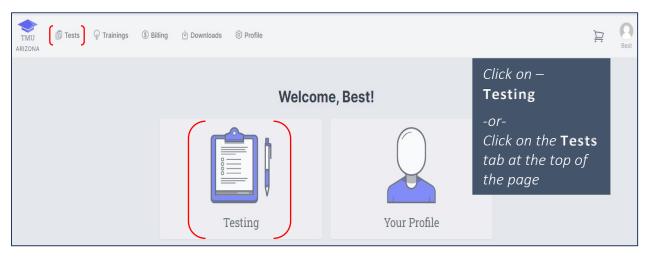
Once D&SDT-Headmaster approves your application, you will receive an email and text message with your Username and Temporary Password to sign in to your TMU© account, pay your testing fees, and schedule a test event. Please follow the instructions under the 'Complete your TMU Account', 'Self-Pay of Testing Fees' and 'Schedule/Reschedule a Test Event' sections.

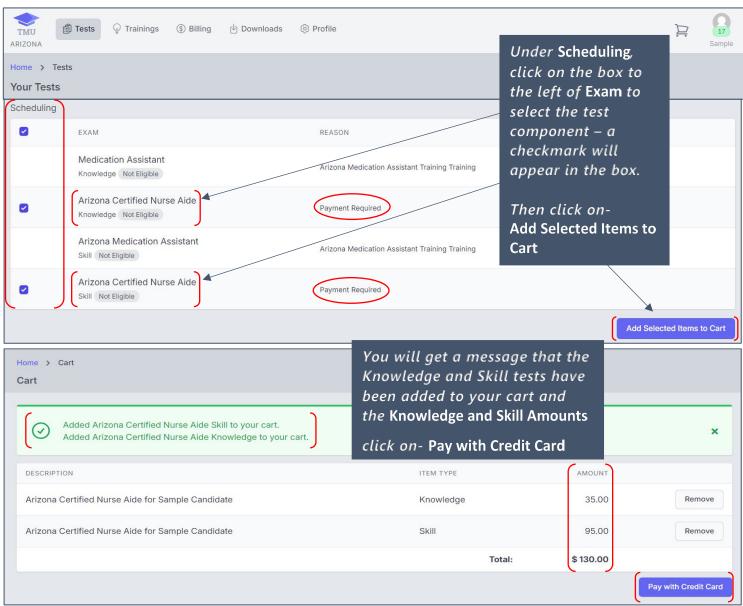
## **Self-Pay of Testing Fees**

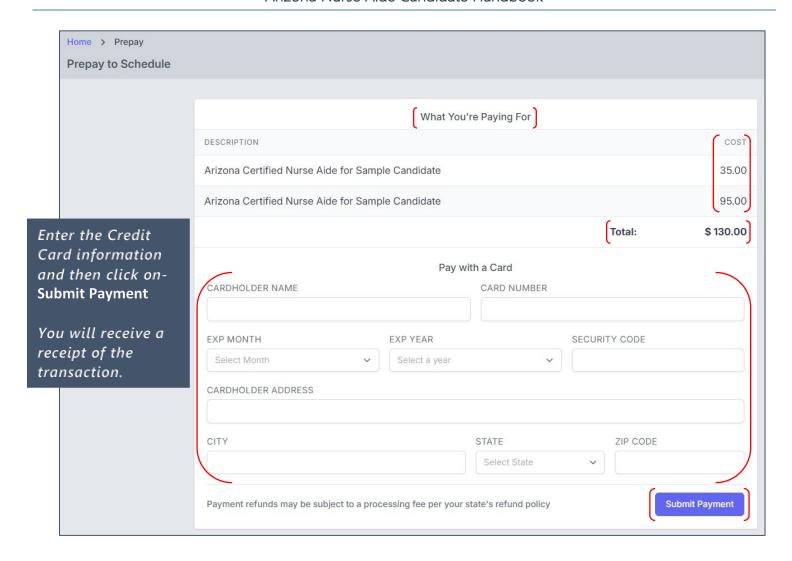
Testing fees will need to be paid before you can schedule a test date.

Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.

Securely processed Visa or MasterCard credit/debit card information is required when paying testing fees online.

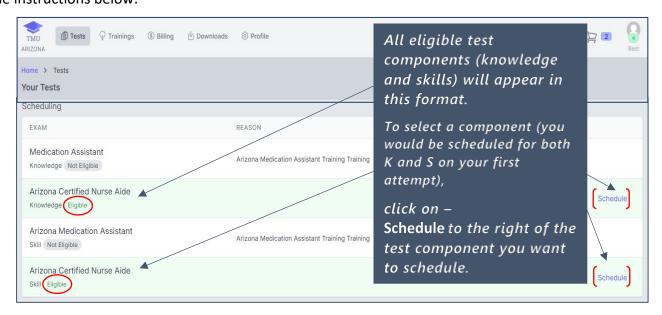




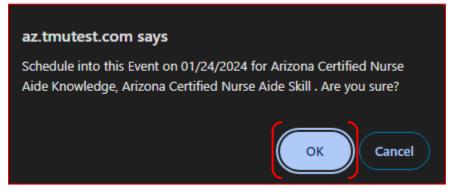


#### Schedule/Reschedule a Test Event

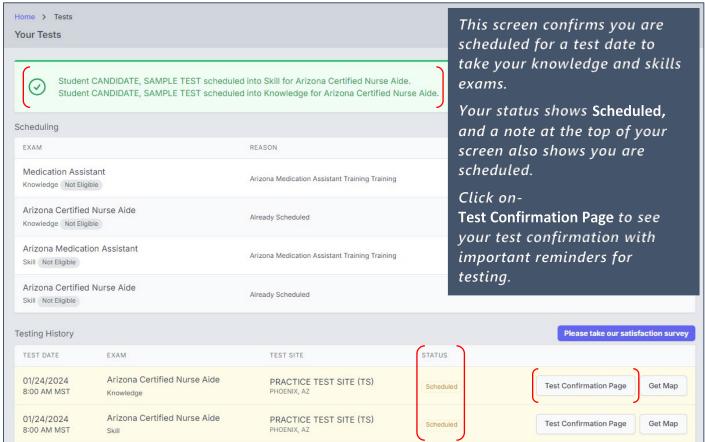
Once your testing fees are paid, you can choose a test site and date. To schedule/reschedule a test event, follow the instructions below.







To confirm this is the site and date you want to schedule into, click on – OK



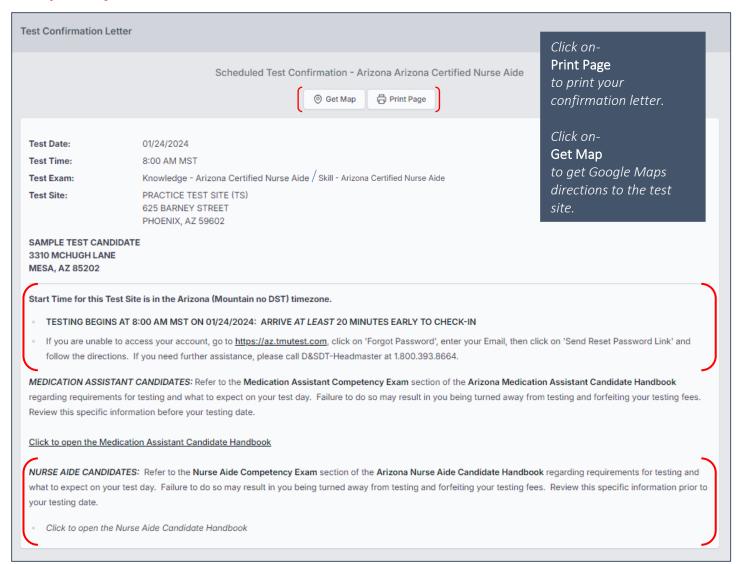
#### **Test Confirmation Letter**

Your test confirmation letter will provide important information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time. (See example below.)

The body of the test confirmation letter will refer you to the candidate handbook that will give you state-specific instructions on what time to arrive, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in a no-show status for your test event for not adhering to the testing policies, etc.

#### It is important you read this letter!

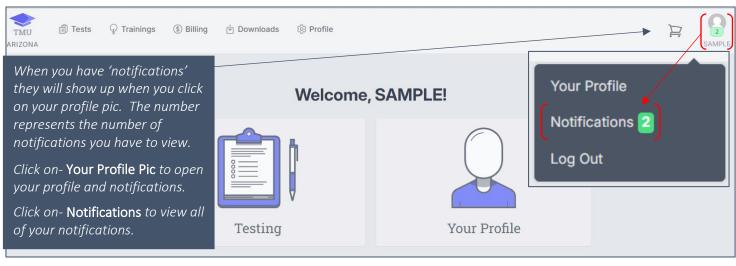


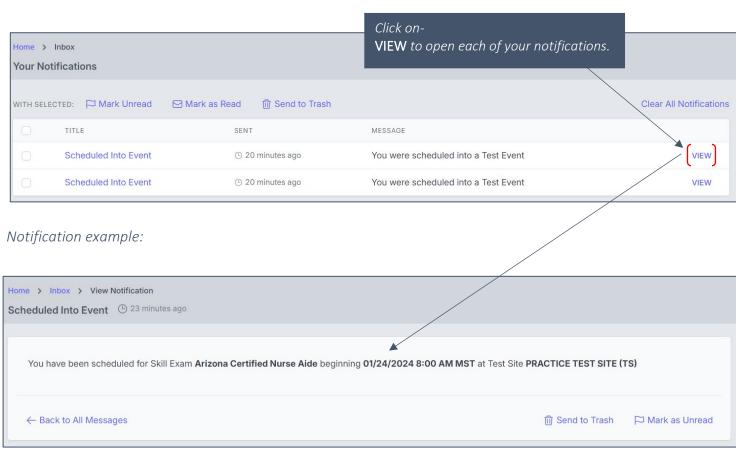
**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

D&SDT-Headmaster **does not send** postal mail test confirmation letters to candidates.

#### **Check/View your TMU© Notifications**

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:





#### **Time Frame for Testing from Training Program Completion**

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

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Arizona TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, MT, Monday through Friday, excluding Holidays.

#### **Exam Check-In**

You must arrive at your confirmed test site at least 20 to 30 minutes before your exam starts.

- Testing **begins** promptly at the start time noted.
- You need to ensure you are at the event at least 20 minutes before the start time to allow time to get signed in with the RN Test Observer.
  - o For example: if your test start time is 8:00AM, you must be at the test site for check-in **no later than** 7:40AM.

**Note:** If you arrive late, you will not be allowed to test.

#### **Testing Attire**

The required testing attire applies to both the knowledge and skills exams.

- You must be in full clinical attire:
  - This consists of a scrub top and scrub bottoms.
  - Closed-toed shoes.
  - Scrubs and shoes can be any color/design.
- You may bring a standard watch with a second hand.
- Smartwatches, fitness monitors, or Bluetooth-connected devices are not allowed.
- Long hair must be pulled back.

#### <u>NOTE</u>: You must be dressed in professional nursing attire, to the discretion of the RN Test Observer.

You will not be admitted for testing if you are not wearing professional nursing (scrubs) attire and closed-toed shoes. You will be considered a NO SHOW. You will forfeit your testing fees and must pay for another exam date.

#### Identification

You must bring a US GOVERNMENT-ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION.

Only original forms of identification are allowed. Photocopies, faxes, emails, screenshots, and electronic or digitally stored forms (for example, Apple or Google Wallet) of identification **will not be accepted**.

#### Examples of the forms of US government-issued, acceptable photo IDs are:

- Driver's License (Arizona Driver's License must be issued after January 1, 1997)
- State-issued Identification Card (Arizona State ID must be issued after January 1, 1997)
- US Passport
  - o Exception: A signed foreign passport with a US VISA is acceptable (the VISA does not have a signature).
- US Passport Card
- Permanent Resident Card (Green Card or Alien Registration Card)/Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS) (the new redesigned permanent resident card ISSUED from January 30, 2023, to the present day is acceptable. The old card, issued before January 1, 2023, is acceptable as long as it is not expired.)
- Tribal Identification Card (must contain a photo issued by a <u>federally recognized</u> Tribal Nation/Indian Tribe)

The **FIRST** and **LAST** names listed on the ID presented to the RN Test Observer during check-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names entered in the Arizona TMU© database by your training program. You may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 6:00PM MT, excluding Holidays, to confirm that your name of record matches your US government-issued ID, or sign in to your TMU© account (<u>az.tmutest.com</u>), using your Email or Username and Password, to check or change your demographic information. Refer to the information under 'Demographic Updates / Changes / Corrections'.

#### Note:

- You will not be admitted for testing if you do not bring proper/valid identification.
  - Check to be positive that both your FIRST and LAST printed names on your ID match your current name of record in TMU©.
  - A driver's license or state-issued ID card with a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match or your ID is not proper/valid, you will be considered a no-show status, forfeit your testing fees, and have to pay for another exam date.

#### Demographic Updates / Changes / Corrections

Name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM** and upload your demographic change/correction documentation. The form is under 'Applications' on the Arizona TMU© main web page (before you log in to your account), or click on this link: <a href="https://az.tmutest.com/apply/7">https://az.tmutest.com/apply/7</a>.

You will be required to present your ID again when you enter the knowledge test room and the skills lab. Please keep your ID with you throughout the exam day.

## **Instructions for the Knowledge and Skill Exams**

Test instructions for the knowledge and skill exams will be provided in written format in the waiting area when you check in for your test.

These instructions detail the process and what you can expect during your exams. Please read the instructions **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Observer or Knowledge Test Proctor will ask questions about the instructions you read when entering the knowledge test room and skill test lab.

The **Knowledge and Skill Exam Instructions** are available under the **'DOWNLOADS'** tab in your TMU© account. For instructions, refer to the **'Access the Candidate Handbook and Testing Instructions'** section of this handbook.

#### **Testing Policies**

The following policies are observed at each test site:

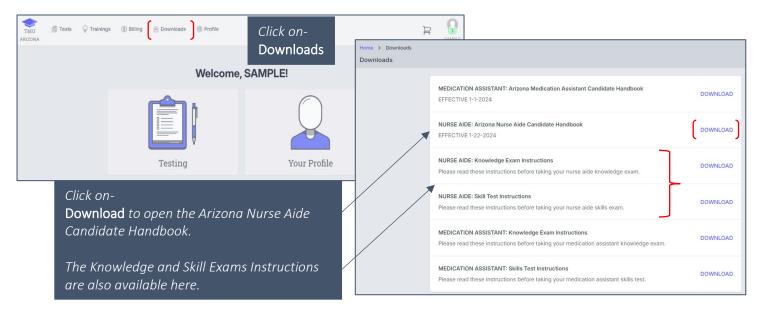
- Communication between the candidate and the testing team must be in English.
- Make sure you have signed in to your TMU© account at <u>az.tmutest.com</u> well before your test date to update your password and complete your demographic information. Refer to this handbook's 'Complete Your TMU© Account' section for instructions and information.
  - If you have not signed in and completed/updated your TMU© record when you arrive for your test, you may not be admitted to the exam, and any exam fees paid will NOT be refunded.
- If you arrive late for your confirmed exam (you need to be at the test site to **check in at least 20 to 30 minutes before your scheduled start time** if your test start time is 8:00AM, you need to be at the test site **by 7:40AM** at **the latest**), you will not be admitted to the exam. Any exam fees paid will NOT be refunded.
- If you do not bring a valid and appropriate US government-issued photo ID, you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
  - If the FIRST and LAST printed names on your ID do not match your current name of record in TMU©, you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
- If you do not wear professional nursing clinical attire and closed-toed shoes and conform to all testing policies for both the knowledge (including retakes) and skills portion of the exam, you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
- If you do not show up for your exam day, or are considered a NO-SHOW STATUS (see details in this handbook's 'No-Show Status' section) for any reason, any test fees paid will NOT be refunded. You must repay your testing fees online in your TMU© account using your Email or Username and Password to schedule another exam date.
  - If your exam is paid for by a US government-funded facility, you (the candidate) will be charged a NO SHOW fee, which must be paid before you can schedule a new test date.
- <u>PERSONAL ITEMS</u>: Water bottles, briefcases, large bags, study materials, extra books, or papers are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your personal items, and you will collect these items when you complete your test(s).
- **ELECTRONIC DEVICES**: Cell phones, smart watches, fitness monitors, electronic recording devices, and Bluetooth-connected devices are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your electronic devices, and you will collect these items when you complete your test(s).
  - All electronic devices must be turned off, including smartwatches, fitness monitors, and Bluetoothconnected devices, which must be removed from your wrist or body.

- Anyone caught using any electronic recording device during testing will be dismissed from the exam, your
  exam will be scored as a failed attempt, you will forfeit all testing fees, be reported to your training
  program and the Arizona State Board of Nursing, and will not be permitted to test for 6 months. You
  may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink, or study material while waiting to test.
- Per the Arizona State Board of Nursing, translation dictionaries (either paper format or electronic), translating devices, or non-approved language translators *are not allowed*.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered cheating, causing a disturbance of any kind, engaging in any misconduct, are visibly impaired, or trying to take any notes or testing materials from the testing room, you will be dismissed from the exam, your exam will be scored as a failed attempt, and you will be reported to your training program and the Arizona State Board of Nursing.
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you are ill (sick). Call D&SDT-Headmaster at (800)393-8664 immediately to reschedule (see the **note** below).
  - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call D&SDT-Headmaster at (800)393-8664 immediately to reschedule if you are on doctor's orders (see the note below).

NOTE: Please see this handbook's 'Reschedule a Test Event' and 'No-Show Exceptions' sections.

- $\rightarrow$  Reschedules will not be granted less than one (1) full business day before a scheduled test date.
- Please review this Arizona Nurse Aide Candidate Handbook before your test day for any testing and/or policy updates.
- The Candidate Handbook can also be accessed within your TMU© account under your 'Downloads' tab.

#### Access the Candidate Handbook and Testing Instructions



#### Security

If you are caught cheating, refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and forfeit any testing fees paid. A report of your behavior will be given to your training program and AZBN. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to their training program and AZBN and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from AZBN to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, Blue-tooth connected devices, or navigating to other browsers/sites during an exam, etc.), your test will be stopped, you will be dismissed from the testing room, and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and AZBN, and you may need AZBN's permission to test again.

#### Reschedules

All candidates can reschedule online in their TMU© account using their Email or Username and Password any time up until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays.

You may reschedule an exam date by signing in to your TMU© account at <u>az.tmutest.com</u> using your Email or Username and Password. (See instructions under 'Schedule/Reschedule a Test Event'.)

• **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule online by the Thursday before your scheduled exam.

The scheduled test date is on a:	Reschedule online by the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

**Note:** Reschedules will not be granted less than one (1) full business day before a scheduled test date.

#### **Refund of Testing Fees Paid**

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Arizona nurse aide certification test at all.

#### Scheduled in a Test Event

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid by filling out and submitting the <u>Refund Request Form</u> on D&SDT-Headmaster's Arizona webpage at <u>www.hdmaster.com</u> at least one (1) full business day before your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.
  - <u>Example</u>: If you are scheduled to take your exam on a Friday, you would need to request a refund by close of business (D&SDT-Headmaster is open until 6:00PM Monday through Friday MT) the Wednesday before your scheduled exam.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days will not be issued.

#### Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of the original payment of testing fees with Headmaster. Any requests for refunds made beyond 30 days of the original payment of testing fees with Headmaster will not be issued.
- 2) To request a refund for testing fees paid, you must fill out and submit the <u>Refund Request Form</u> on D&SDT-Headmaster's Arizona webpage at <u>www.hdmaster.com</u>. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

#### **Unforeseen Circumstances Policy**

If an exam date is canceled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file to reschedule you for no charge for a mutually agreed-upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (\*see examples below for reasons we may not be able to contact you that you are responsible for).

If D&SDT-Headmaster is unable to reach you via phone or email with the information in your TMU© account (\*see examples below) due to an unforeseen circumstance for a test event you are scheduled for, you will be taken out of the test event, and D&SDT-Headmaster will not reschedule you until we hear back from you.

**NOTE:** The \*examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your record and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/your voice mailbox is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid, or you are unable to access your email for any reason

See more information under 'No-Show Exceptions'.

#### **No-Show Status**

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day before your scheduled testing event, *excluding* Saturdays, Sundays, and Holidays, or if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO-SHOW STATUS.** You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work performed. If a reschedule or cancellation request is not received before the one (1) full business day preceding a scheduled test event, *excluding* Saturdays, Sundays, and Holidays (see examples under Reschedule a Test Event and Refunds of Testing Fees Paid), a NO-SHOW status will exist, and you will forfeit your testing fees. You must repay the full testing fee to secure a new test event.

#### **No-Show Status Exceptions**

Exceptions to the No-Show status exist. If you are a no-show status for any test component for any of the following reasons, test fees will be refunded, or a free reschedule will be authorized to the remitter of record with appropriate documentation provided within the required time frame.

Car breakdown or accident: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days of your exam date, you will have to pay as though you were a noshow.

- Weather or road condition-related issue: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a road report, weather report, or other appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days of your exam date, you will have to pay as though you were a no-show.
- Medical emergency or illness: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a doctor's note showing your name and the provider of service name (or be on the provider's letterhead) must be submitted within three (3) business days of the missed exam date. If we do not receive proof within three business days of your exam date, you will have to pay as though you were a no-show.
- Death in the family: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and an obituary or letter showing your name and the provider of service name submitted on your behalf from the funeral home for immediate family must be submitted within seven (7) business days from a missed exam date. If we do not receive proof within seven business days of your exam date, you will have to pay as though you were a no-show. (The immediate family includes the parent, grand and great-grandparent, sibling, children, spouse, or significant other.)

#### Candidate Feedback – Exit Survey

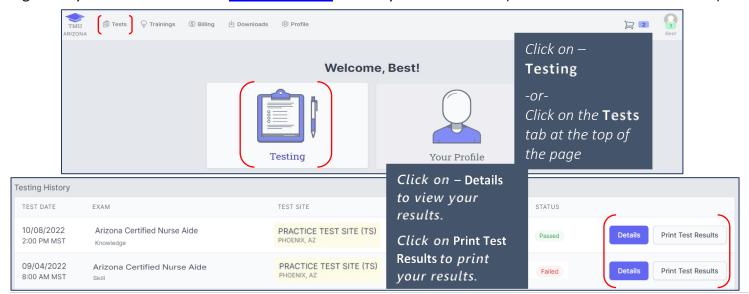
Candidates can complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not affect the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

#### **Test Results**

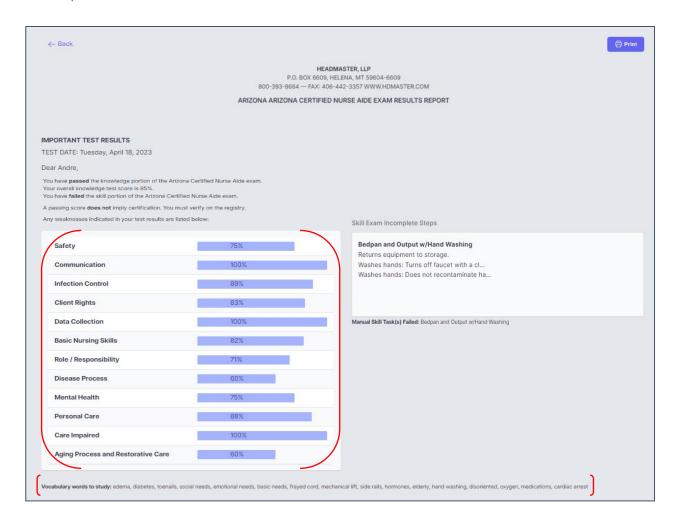
After completing the competency exam's knowledge and skill test components, your test results will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 6:00PM (MT) the business day after your test event.

**Note:** D&SDT-Headmaster does not send postal mail test result letters to candidates.

Sign in to your TMU© account at az.tmutest.com to view your test results. (Refer to the screenshots below.)



#### Test Results Example:



#### **Test Attempts**

You have **unlimited attempts** to pass the exam's knowledge and skill test portions **within two (2) years from your nurse aide training program completion date**. If you do not complete testing within two years from completion of training, you must complete a new AZBN-approved training program to become eligible to further attempt Arizona nurse aide examinations.

- An attempt means checking in for the competency evaluation, entering the knowledge test area, receiving instructions from the KTP or the skills test area, and receiving instructions from the RN Test Observer, including the skills to be performed. If a candidate decides not to start the test after instructions have been given, the attempt will be scored as a failed attempt.
- <u>Per the Arizona Board of Nursing</u>, any candidate who fails their knowledge exam for the third time or any subsequent knowledge exam **will be required to wait 45 days before scheduling a retest**. This does not apply to failed attempts on the manual skill test.

#### **Retaking the Nurse Aide Exam**

If you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion you failed before you can schedule a new exam date.

You can schedule a test or re-test online by signing in to your TMU© account at <u>az.tmutest.com</u>. (See information under 'Schedule/Reschedule a Test Event' for rescheduling instructions.)

You will need to pay with a Visa or Master Card credit/debit card before you can schedule.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, Monday through Friday, MT, excluding Holidays. We can assist you in scheduling a test or re-test date as long as your fees have been paid first.

• Per the Arizona Board of Nursing, a failing candidate may only take the skill test twice with the same observer to reduce any perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of choice, you can test with the same test observer for a third attempt by contacting D&SDT-Headmaster so that they can get you scheduled for the exam, or you may choose another facility to test at.

#### **Test Review Requests**

You may request a review of your test results or dispute any other testing condition.

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM MT Monday through Friday, excluding holidays, and discuss the test outcome you are questioning before committing to paying the \$25 non-refundable test review request deposit. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a \$25 non-refundable test review deposit fee. Please complete the Test Review Request and Payment Form, available on the D&SDT-Headmaster's Arizona NA webpage at <a href="www.hdmaster.com">www.hdmaster.com</a>. Please submit the Test Review Fee of \$25 (via MasterCard or Visa credit/debit card) along with a detailed explanation of why you believe your dispute is valid. Test Review Requests must be received within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as an Arizona nurse aide is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your any re-tests that may be granted. If the review results are in your favor, D&SDT-Headmaster will refund your test review deposit. If the determination of the review is **not in your favor**, the \$25 test review fee **is not refundable**.

D&SDT-Headmaster will review your detailed recollection, your knowledge test markings, and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. D&SDT-Headmaster will re-check the

scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s).

After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate. D&SDT-HEADMASTER will not review test results or disputes with instructors/training programs, family members, or anyone else on behalf of the candidate once the candidate is 18.

D&SDT-Headmaster will complete your review request within ten business days of receiving it in the required timeframe. The final determination of the review results will be sent to the email address listed in your TMU© account, as well as a notification to the Arizona State Board of Nursing.

## Apply for an Arizona License or Certificate

After you have successfully passed both the knowledge and skill test components of the nurse aide exam, your test results will be sent electronically to the Arizona Board of Nursing by D&SDT-Headmaster.

You will be certified by the Board only after you complete the AZBN (CNA or LNA – see information under 'Certified Nurse Aide/Licensed Nurse Aide' section) application process online, which includes uploading your citizenship documents (proof of legal residence) and completion of training certificate from your training program, and meet all Board requirements (see the additional requirements needed to apply for LNA licensure at the AZBN website).

For information on completing your online application for certification with the Arizona State Board of Nursing, go to AZBN's website at <a href="www.azbn.gov">www.azbn.gov</a> and click on 'Apply for an Arizona License or Certificate'.

## The Knowledge/Audio Exam

You will be required to present your ID again when you enter the knowledge test room and the skills lab. Please keep your ID with you throughout the exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test.

You will have a maximum of **sixty (60) minutes** to complete the 75-question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?")

You must have a 75% or better score to pass the knowledge portion of the exam.

Electronic testing using TMU© internet-connected computers is utilized at all sites in Arizona. The knowledge exam portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

**NOTE:** You will need your TMU© Username or Email and Password to sign in to your knowledge test. Please see the information under 'Complete Your TMU© Account' to sign in to your TMU© account.

**NOTE:** The Knowledge Test Proctor will give you a code to start your test at the test event.

Per the Arizona State Board of Nursing, translation dictionaries (either paper format or electronic), translating devices, or non-approved language translators *are not allowed*.

All test materials must be left in the testing room. Anyone who removes or tries to remove materials, notes, or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

#### **Audio Version of the Knowledge Exam**

An audio (oral) version of the knowledge exam is available. However, you must request an Audio exam before you submit your testing fee payment. There is an additional \$10 charge for an audio exam (the total cost of a Knowledge AUDIO version is \$35). The questions are neutrally read to you and can be heard through wired headphones/earbuds (Bluetooth-connected devices are not allowed) plugged into the computer. When taking an electronic Audio version of the knowledge exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed. To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow.

<u>NOTE</u>: Only the first 63 questions will be read orally on the Audio Knowledge Exam. To assess English reading comprehension, the remaining 12 questions must be answered without oral assistance.

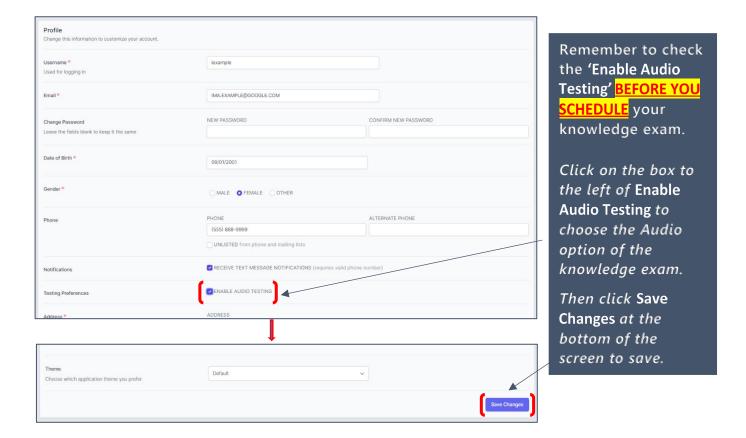
→ EXCEPTION: All questions will be read orally if the candidate has an approved ADA.

#### **Enable an Audio Version**

Checking the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:



-continued on the next page-



#### **Knowledge Exam Content**

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

SUBJECT AREA	Number of Questions	Subject Area	Number of Questions
Basic Nursing Skills	9	Mental Health	4
Care Impaired	4	Older Adult Growth & Development	4
Communication	7	Personal Care	9
Data Collection	6	Resident's Rights	6
Disease Process	4	Role and Responsibility	7
Infection Control	8	Safety	7

## **Knowledge Practice Test**

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question online static practice test available on our web site at <a href="www.hdmaster.com">www.hdmaster.com</a>. Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken

will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available. **Make sure you are selecting Arizona from the drop-down menu.** 

The following is a sample of the questions that you will find on the Knowledge/Audio exam.

#### 1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

#### 2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

#### 3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

## The Manual Skill Test

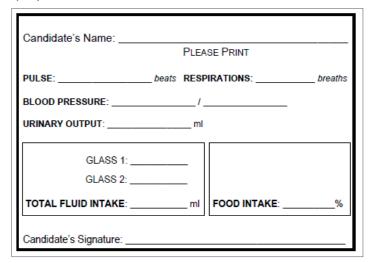
- The Skill Test evaluates your performance when demonstrating Arizona-approved medication assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again, which you showed the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your three (3) or four (4) tasks. After 20 minutes, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated at any time during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all key steps (in bold font) and 80% of all non-key steps on each task assigned
  to pass the Skill Test. Steps marked with an \* are weighted more than steps without an \* when your
  percentage score is calculated.

- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct any step or steps on any task you believe you have performed incorrectly at any
  time during your allotted thirty-five (35) minutes or until you tell the RN Test Observer you are finished
  with the Skill Test.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are generally not order-dependent unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated
  "relaxation area." When the RN Test Observer and actor have set up and are ready for your next skill task
  demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must actually be demonstrated, including any corrections you make. Steps that are only verbalized WILL NOT COUNT.

## **Skill Test Recording Form**

If your skill test includes a skill task that requires recording a count or measurement, the RN Test Observer will provide a recording form similar to the one displayed below.





#### **Skill Test Tasks**

You will be assigned one of the following mandatory tasks as your first task:

- Catheter Care, Empty a Urinary Drainage Bag, Measure and Record Output with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Donn an Isolation Gown and Gloves, Assist Resident with a Bedpan, Measure and Record Output with Hand Washing
- Perineal Care for a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Perineal Care for a Male Resident and Changing a Soiled Brief with Hand Washing [DEMONSTRATED ON A MANIKIN]

**Note:** Hand washing using actual soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will receive two or three randomly selected tasks from the skill task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty. That is why some skill tests will have a different number of tasks.

#### **Skill Tasks Listing**

To receive credit, you must actually perform and demonstrate every step during your skill test demonstration.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. The steps will be performed on a live resident actor, except for the catheter and perineal care tasks, which will be performed on a manikin. You will be scored only on the steps listed.

You must score 80% on each task without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation. Steps marked with an \* are weighted more than steps without an \* when your percentage score is calculated.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be only one of the four mandatory tasks to start each Skill Test. The other tasks on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

**Note**: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Arizona nurse aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

## CATHETER CARE FOR A RESIDENT, EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD OUTPUT WITH HAND WASHING

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident/manikin.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Put on gloves.
- 6) Lift the resident's gown to expose the catheter area.
- 7) Check that urine can flow unrestricted into the drainage bag.
  - a. It would be helpful to verbalize checking while looking for kinks in tubing, etc.
- 8) Use a washcloth with soap and water to carefully wash around the catheter where it exits the urethra.
- 9) Hold the catheter where it exits the urethra with one hand.

- 10) While holding the catheter with fingers where it exits the urethra, clean 3-4 inches down the catheter tube.
- 11) Clean with stroke(s) only away from the urethra.
- 12) Use a clean portion of a washcloth for any strokes.
- 13) Rinse using stroke(s) only away from the urethra.
- 14) Rinse using a clean portion of a washcloth for any strokes.
- 15) Pat dry.
- 16) Do not allow the tubing to be pulled at any time during the procedure.
- 17) Replace the top cover over the resident (manikin).
- 18) Leave the resident in a position of comfort.
- 19) Place a barrier on the floor under the drainage bag.
- 20) Place the graduate on the previously placed barrier.
- 21) Open the drain to allow the urine to flow into the graduate.
- 22) Completely empty drainage bag.
- 23) Avoid touching the graduate with any part of the tubing.
- 24) Close the drain.
- 25) Wipe the drain with an alcohol wipe AFTER emptying the drainage bag.
- 26) Replace the drain in the holder.
- 27) Place the graduate on a level, flat surface.
- 28) With the graduate at eye level, read the output.
- 29) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 30) Record output on the previously signed recording form.
- 31) The candidate's measured output reading is within 30mls of the RN Test Observer's output reading.
- 32) Remove gloves, turning inside out, and dispose of gloves in the designated container (trash can).
- 33) Wash hands: Begin by wetting your hands.
- 34) Apply soap to hands.
- 35) Rub hands together using friction with soap.
- 36) Rub hands together for at least twenty seconds with soap.
- 37) Interlace fingers pointing downward with soap.
- 38) Lather all surfaces of hands with soap.
- 39) Lather wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointed downward.
- 41) Dry hands with a clean paper towel(s).
- 42) Turn off the faucet with a clean, dry paper towel.
- 43) Discard paper towels to a trash container.
- 44) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 45) Place the call light or signaling device and water within easy reach of the resident.
- 46) Maintain respectful, courteous interpersonal interactions at all times.

## DONN AN ISOLATION GOWN & GLOVES, ASSIST RESIDENT WITH A BEDPAN, MEASURE AND RECORD OUTPUT, REMOVE GOWN & GLOVES WITH HAND WASHING

#### (One of the possible mandatory first tasks)

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Face the back opening of the gown.
- 3) Unfold the gown.
- 4) Place arms through each sleeve.
- 5) Fasten the neck opening.
- 6) Fasten the waist.
- 7) Make sure the back flaps cover clothing completely as possible.
- 8) Put on gloves.
- 9) Gloves overlap sleeves at the wrist.
- 10) Greet the resident by name.
- 11) Introduce yourself by name.
- 12) Explain the procedure to the resident.
- 13) Provide privacy for the resident; pull the privacy curtain.
- 14) Position resident on bedpan correctly using correct body mechanics.
- 15) Raise the head of the bed to a comfortable level.
- 16) Place call light and tissue within easy reach of the resident.
- 17) Step away to a private area of the room away from the resident.
- 18) When signaled by the RN Test Observer, the candidate returns.
- 19) Obtain a wet washcloth with soap.
- 20) Provide the washcloth with soap for the resident to wash their hands.
- 21) Provide a wet washcloth for the resident to rinse their hands.
- 22) Provide a towel or dry washcloth for the resident to dry their hands.
- 23) Lower head of the bed.
- 24) Place soiled linen in a designated laundry hamper.
- 25) Gently remove the bedpan and hold while the RN Test Observer adds a known quantity of fluid.
- 26) Measure output.
- 27) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 28) Record output on the previously signed recording form.
- 29) The candidate's recorded output is within 30mls of the RN Test Observer's recorded output.
- 30) Place the call light or signaling device and water within easy reach of the resident.
- 31) Maintain respectful, courteous interpersonal interactions at all times.
- 32) Remove gloves, turning inside out.
- 33) Remove gloves BEFORE removing the gown.
- 34) Dispose of the gloves in the designated container (trash can).
- 35) Unfasten the gown at the waist.
- 36) Unfasten the gown at the neck.
- 37) Remove the gown by slipping hands underneath the gown at the neck and shoulder and always fold/roll soiled area to soiled area.
- 38) Dispose of the gown in the designated container.
- 39) Wash hands: Begin by wetting your hands.

- 40) Apply soap to hands.
- 41) Rub hands together using friction with soap.
- 42) Rub hands together for at least twenty seconds with soap.
- 43) Interlace fingers pointing downward with soap.
- 44) Lather all surfaces of hands with soap.
- 45) Lather wrists with soap.
- 46) Rinse hands thoroughly under running water with fingers pointed downward.
- 47) Dry hands with a clean paper towel(s).
- 48) Turn off the faucet with a clean, dry paper towel.
- 49) Discard paper towels to a trash container.
- 50) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.

#### PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

#### (One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident (manikin).
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Remove covers from the resident.
- 6) Fill a basin with comfortably warm water.
- 7) Raise the bed to a comfortable working height.
- 8) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety. (\*)
- 9) Turn the resident toward the RN Test Observer or raise the resident's hips and place a waterproof pad under the buttocks.
- 10) Put on gloves.
- 11) Lift the resident's gown to expose the perineum only.
- 12) Separate labia. (Candidate must also verbalize separating.)
- 13) Use water and a soapy washcloth.
- 14) Clean one side of the labia from top to bottom. (\*)
- 15) Using a clean portion of the washcloth, clean the other side of the labia from top to bottom.
- 16) Using a clean portion of the washcloth, clean the vaginal area from top to bottom.
- 17) Using a clean washcloth, rinse one side of the labia from top to bottom.
- 18) Using a clean portion of the washcloth, rinse the other side of the labia from top to bottom.
- 19) Using a clean portion of the washcloth, rinse the vaginal area from top to bottom.
- 20) Dry the area.
- 21) Cover the exposed area with the resident's gown.
- 22) Assist the resident in turning onto the side away from the candidate.
- 23) With a clean washcloth, water, and soap, clean the rectal area.
- 24) Clean the area from the vagina to the rectal area. (\*)
- 25) Use a clean portion of the washcloth with any stroke.
- 26) Using a clean portion of the washcloth, rinse the rectal area from the vagina to the rectal area.
- 27) Uses a clean portion of the washcloth with any stroke.
- 28) Dry area.
- 29) Turn resident toward RN Test Observer or raise hips and remove waterproof pad from under buttocks.

- 30) Position resident (manikin) on their back.
- 31) Place soiled linen in a designated laundry hamper.
- 32) Lower bed.
- 33) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 34) Remove gloves, turning inside out, and dispose of gloves in the designated container (trash can).
- 35) Wash Hands: Begin by wetting your hands.
- 36) Apply soap to hands.
- 37) Rub hands together using friction for at least 20 seconds with soap.
- 38) Interlace fingers pointing downward with soap.
- 39) Lather all surfaces of hands and wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointed downward.
- 41) Dry hands with a clean paper towel(s).
- 42) Turn off the faucet with a clean, dry paper towel(s).
- 43) Discard paper towels into a trash container.
- 44) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 45) Place the call light or signaling device and water within easy reach of the resident.
- 46) Maintain respectful, courteous interpersonal interactions at all times.

#### PERINEAL CARE FOR A MALE RESIDENT AND CHANGING A SOILED BRIEF WITH HAND WASHING

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident (manikin).
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Remove covers from the resident.
- 6) Obtain a new brief.
- 7) Mark the date and time on the brief.
- 8) Initial brief.
- 9) Fill a basin with comfortably warm water.
- 10) Raise the bed to a comfortable working height.
- 11) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety.
- 12) Put on gloves.
- 13) Turn the resident toward the RN Test Observer or raise the resident's hips and place a waterproof pad under the buttocks.
- 14) Lift the resident's gown to expose the perineum only.
- 15) Remove the soiled brief from front to back.
- 16) Dispose of the soiled brief by placing soiled it into a plastic bag tie/seal the bag and place it in the trash.
- 17) Gently grasp penis.
- 18) Use water and a soapy washcloth.
- 19) Using a clean portion of the washcloth, clean the tip of the penis, starting at the urethral opening, working away with a circular motion.
- 20) Using a clean portion of the washcloth for each stroke, clean the shaft of the penis from the urethra to the base of the shaft.
- 21) Using a clean portion of the washcloth, clean the scrotum.

- 22) Using a clean washcloth, rinse.
- 23) Using a clean portion of the washcloth for each stroke, rinse the penis.
- 24) Using a clean portion of the washcloth with each stroke, rinse the scrotum.
- 25) Dry area.
- 26) Cover the exposed area with the resident's gown.
- 27) Assist the resident in turning onto the side away from the candidate.
- 28) Use a clean washcloth with water and soap to clean the rectal area.
- 29) Using a clean portion of the washcloth for each stroke, clean the area from the scrotum to the rectal area.
- 30) Using a clean portion of the washcloth for each stroke, rinse the area from the scrotum to the rectal area.
- 31) Dry the area.
- 32) Turn the resident toward the RN Test Observer or raise the resident's hips and remove the waterproof pad from under the buttocks.
- 33) Position resident (manikin) on their back.
- 34) Correctly apply brief.
- 35) Place soiled linen in a designated laundry hamper.
- 36) Lower bed.
- 37) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 38) Remove gloves, turning inside out, and dispose of gloves in the designated container (trash can).
- 39) Wash Hands: Begin by wetting your hands.
- 40) Apply soap to hands.
- 41) Rub hands together using friction for at least 20 seconds with soap.
- 42) Interlace fingers pointing downward with soap.
- 43) Lather all surfaces of hands and wrists with soap.
- 44) Rinse hands thoroughly under running water with fingers pointed downward.
- 45) Dry hands with a clean paper towel(s).
- 46) Turn off the faucet with a clean, dry paper towel.
- 47) Discard paper towels into a trash container.
- 48) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 49) Place the call light or signaling device and water within easy reach of the resident.
- 50) Maintain respectful, courteous interpersonal interactions at all times.

# AMBULATING RESIDENT WITH A WALKER USING A GAIT BELT

- 1) Greet the resident by name and perform hand hygiene
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Lock wheelchair brakes to ensure resident's safety.
- 6) Bring the resident to a sitting position.
- 7) Place a gait belt around the resident, below the rib cage and above the waist, to stabilize the trunk.
- 8) Tighten the gait belt so your fingers can be comfortably slipped between the gait belt and the resident.
- 9) Assist the resident in putting on non-skid slippers/shoes. (No non-skid socks.)
- 10) Ensure feet are flat on the floor. (If needed, may assist resident to scoot to the edge of the bed.)
- 11) Position the walker in front of the resident.

- 12) Assist the resident in standing and ensure that the resident has a stabilized walker.
- 13) Position yourself behind and slightly to the side of the resident.
- 14) Ambulate the resident at least 10 steps to a wheelchair.
- 15) Assist resident in turning and sitting in the wheelchair, using correct body mechanics.
- 16) Remove the gait belt.
- 17) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 18) Place resident within easy reach of the call light or signaling device and water.
- 19) Maintain respectful, courteous interpersonal interactions at all times.

#### APPLY RESIDENT'S ANTI-EMBOLIC STOCKING TO ONE LEG

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide for resident's privacy by only exposing one leg.
- 5) Gather or turn the stocking down inside out to the heel.
- 6) Place the stocking over the toes, foot, and heel and roll OR pull up the leg.
- 7) Check toes for possible pressure from the stocking and adjust as needed. (\*)
- 8) Leave the resident with a stocking that is smooth and wrinkle-free. (\*)
- 9) Leave the resident with a stocking that is properly placed without restriction.
- 10) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 11) Place the call light or signaling device and water within easy reach of the resident.
- 12) Maintain respectful, courteous interpersonal interactions at all times.

# BED BATH FOR RESIDENT- FACE AND ONE ARM, HAND AND AXILLA

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Raise the bed to a comfortable working height.
- 6) Prepare the resident for a complete bath, even though you will demonstrate a partial bath.
- 7) Cover the resident with a bath blanket.
- 8) Remove the top bed linens to the foot of the bed.
- 9) Remove the resident's gown without exposing the resident.
- 10) Fill a basin with comfortably warm water.
- 11) Wash and dry the resident's face WITHOUT SOAP.
- 12) Use a clean portion of the washcloth and wipe the resident's eyes gently from inner to outer using a clean portion of the washcloth with each stroke.

- 13) Place a towel under the resident's arm; only expose one arm.
- 14) Wash arm, hand and axilla using soap and water.
- 15) Rinse arm, hand, and axilla.
- 16) Dry arm, hand and axilla.
- 17) Assist the resident in putting on a clean gown.
- 18) Lower bed.
- 19) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 20) Place soiled linen in a designated laundry hamper.
- 21) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 22) Place the call light or signaling device and water within easy reach of the resident.
- 23) Maintain respectful, courteous interpersonal interactions at all times.

#### **DENTURE CARE – CLEANING UPPER OR LOWER DENTURE**

#### (ONLY ONE PLATE IS USED FOR TESTING)

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Line the sink with a protective lining to help prevent damage to the denture. (Use a cloth towel or washcloth; do not use paper towels.)
- 5) Put on gloves and remove the denture from the cup.
- 6) Handle the denture carefully to avoid damage. Never place the denture in/on a contaminated surface.
- 7) Rinse the denture cup.
- 8) Apply denture cleanser and thoroughly brush the denture, including the inner, outer, and chewing surfaces, the groove, and/or plate that will touch any gum surface. (Only one plate is used during testing.)
- 9) Rinse the denture using clean, cool water.
- 10) Place the denture in the denture cup.
- 11) Add cool, clean water to the denture cup.
- 12) Empty, rinse, and dry (with a clean, dry paper towel) equipment and return to storage.
- 13) Discard the protective lining in a designated container.
- 14) Remove gloves turning inside out, and dispose of gloves in a designated container (trash can).
- 15) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 16) Place the call light or signaling device and water within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

# DRESSING A BEDRIDDEN RESIDENT WITH AN AFFECTED (WEAK) SIDE

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.

- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Keep the resident covered while removing the gown.
- 6) Resident always remains lying in bed.
- 7) Remove the gown from the unaffected side first. (\*)
- 8) Place the soiled gown in a designated laundry hamper.
- 9) <u>From the affected (weak) side first,</u> dress the resident in a shirt or blouse, insert your hand through the sleeve of the shirt or blouse and grasp the affected hand of the resident. (\*)
  - a. Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.
- 10) From the affected (weak) side first, dress the resident in pants, assist the resident in raising their buttocks, or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.

  (\*)
- 11) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 12) Leave the resident in correct body alignment and properly dressed.
- 13) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 14) Place the call light or signaling device and water within easy reach of the resident.
- 15) Maintain respectful, courteous interpersonal interactions at all times.

#### FEEDING A DEPENDENT RESIDENT

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Look at (pick up) the diet card and indicate that the resident has received the correct tray.
- 5) Position the resident in an upright position. At least 45 degrees.
- 6) Provide hand hygiene for the resident before feeding. (Candidate may use hand sanitizer on the resident covering all surfaces of the resident's hands and rubbing the sanitizer in until dry —or- wash and dry the resident's hands using a wet washcloth with soap.)
- 7) Protect clothing from soiling using a napkin, clothing protector, or towel.
- 8) Place soiled linen in a designated laundry hamper.
- 9) Remain at eye level or below while feeding the resident.
- 10) Describe the foods being offered to the resident.
- 11) Offer water or other fluid frequently from each glass.
- 12) Offer food in small amounts at a reasonable rate, allowing the resident to chew and swallow.
- 13) Wipe the resident's hands and face during the meal as needed.
- 14) Leave the resident clean and in a position of comfort.
- 15) Record intake in the percentage of total solid food eaten on the provided, previously signed recording form.
- 16) Record the total fluid intake consumed in ml on the provided, previously signed recording form.
- 17) The candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.

# 18) The candidate's recorded total consumed fluid intake is within 45mls of the RN Test Observer's recorded fluid intake.

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

#### MAKING AN OCCUPIED BED

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Gather linen.
- 4) Transport linen correctly without touching your uniform.
- 5) Place linen on a clean barrier, such as a cloth towel or chux pad.

  (May place linen on the over-bed table, seat of the chair, on the bedside stand, or over the end of the bed.)
- 6) Explain the procedure to the resident.
- 7) Provide privacy for the resident; pull the privacy curtain.
- 8) Direct the RN Test Observer to stand on the opposite side of the bed to provide safety. (\*)
- 9) Raise the bed to a comfortable working height.
- 10) The resident is to remain covered at all times.
- 11) Assist the resident in rolling onto the side toward the RN Test Observer. Instruct the RN Test Observer to remain standing on the opposite side of the bed.
- 12) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 13) Place a clean bottom sheet along the center of the bed and roll or fan-fold linen against the resident's back, and unfold the remaining half.
- 14) Secure two fitted corners.
- 15) Direct the RN Test Observer to stand on the opposite side of the bed. (\*)
- 16) Assist the resident in rolling over the bottom linens, preventing trauma and avoidable pain to the resident.
- 17) Remove soiled linen without shaking.
- 18) Avoid placing dirty linen on the over-bed table, chair, or floor.
- 19) Avoid touching linen to uniform.
- 20) Place soiled linen in a designated laundry hamper.
- 21) Pull through and smooth out the clean bottom linen.
- 22) Secure the other two fitted corners.
- 23) The resident's body never touches the bare mattress. (\*)
- 24) Place clean top linen and blanket or bedspread over the covered resident.
- 25) Remove used linen keeping resident unexposed at all times.
- 26) Tuck in top linen and blanket or bedspread at the foot of the bed.
- 27) Make mitered corners at the foot of the bed.
- 28) Apply a clean pillowcase with zippers and/or tags to the inside.
- 29) Gently lift the resident's head while replacing the pillow.
- 30) Lower bed.

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

#### MOUTH CARE—BRUSHING RESIDENT'S TEETH

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Drape the chest with a towel to prevent soiling.
- 6) Put on gloves.
- 7) Apply toothpaste to toothbrush.
- 8) Brush the resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Clean tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe the resident's mouth.
- 12) Remove soiled linen.
- 13) Place soiled linen in a designated laundry hamper.
- 14) Empty container.
  - a. The container can be the emesis basin or a disposable cup.
- 15) Rinse and dry the emesis basin, if used, with a clean, dry paper towel or discard disposable items in a designated container (trash can).
- 16) Rinse toothbrush.
- 17) Return equipment to storage.
- 18) Remove gloves, turning inside out, and dispose of gloves in a designated container (trash can).
- 19) Leave the resident in a position of comfort.
- 20) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 21) Place the call light or signaling device and water within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.

#### Mouth Care for a Comatose Resident

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Provide privacy for the resident; pull the privacy curtain.
- 4) Turn the resident to a side-lying position to avoid choking or aspiration. (If the candidate needs assistance turning the resident on their side, the candidate may ask the RN Test Observer for assistance.)

- 5) Drape chest/bed as needed to protect from soiling.
- 6) Put on gloves, use swabs and cleaning solution. (Do not use a toothbrush or toothpaste.)
- 7) Gently and thoroughly clean all upper and lower teeth inner, outer, and chewing surfaces.
- 8) Gently and thoroughly clean the gums and tongue.
- 9) Wipe the resident's mouth.
- 10) Leave the resident in a position of comfort.
- 11) Discard disposable items [swab(s)] in trash.
- 12) Place towel and/or washcloth in designated laundry hamper.
- 13) Remove gloves, turning inside out, and dispose of gloves in a designated container (trash can).
- 14) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 15) Place the call light or signaling device and water within easy reach of the resident.
- 16) Maintain respectful, courteous interpersonal interactions at all times.

#### POSITION RESIDENT ON THEIR SIDE IN BED

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Position bed flat. Raise the bed to a comfortable working height.
- 6) Ensure the resident's face is never obstructed by the pillow. (\*)
- 7) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety or always turn the resident towards themself. (\*)
- 8) From the working side of the bed, move the head, hips, and legs toward yourself to provide room on the bed to safely turn the resident on their side.
- 9) May remain on the working side of the bed and turn the resident toward the previously positioned RN Test Observer, or if the RN Test Observer wasn't directed to the side opposite the working side of the bed, move to the opposite side of the bed and turn the resident toward self.
- 10) Assist/turn resident on their side.
- 11) The resident is placed on the correct side, as the RN Test Observer stated.
- 12) Ensure that the resident is not lying on their downside arm.
- 13) Maintain correct body alignment.
- 14) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head, the upside arm, behind the back, and between the knees. (\*)
- 15) Lower bed.
- 16) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 17) Place the call light or signaling device and water within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

### RANGE OF MOTION FOR RESIDENT'S HIP AND KNEE

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Position the bed flat.
- 6) Position the resident supine.
- 7) Correctly support joints at all times by placing one hand under the knee and the other hand under the ankle.
- 8) Move the entire leg away from the body (abduction).
- 9) Move the entire leg back toward the body (adduction).
- 10) Complete abduction and adduction of the hip three times.
- 11) Continue correctly supporting joints by placing one hand under the resident's knee and the other hand under the resident's ankle. Bends the resident's knee and hip toward the resident's trunk (flexion of hip and knee at the same time).
- 12) Straighten the knee and hip (extension of knee and hip at the same time).
- 13) Complete flexion and extension of knee and hip three times.
- 14) Do not cause discomfort or pain, and do not force any joint beyond the point of free movement.
- 15) The candidate *must ask* if they are causing any pain or discomfort.
- 16) Leave the resident in a comfortable position.
- 17) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 18) Place the call light or signaling device and water within easy reach of the resident.
- 19) Maintain respectful, courteous interpersonal interactions at all times.

### RANGE OF MOTION FOR RESIDENT'S SHOULDER

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Position resident supine.
- 6) Correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
- 7) Raise the resident's arm up and over the resident's head (flexion).
- 8) Bring the resident's arm back down to the resident's side (extension).
- 9) Complete the full range of motion for the shoulder through flexion and extension three times.
- 10) Continue supporting joints correctly by placing one hand under their elbow and the other hand under the resident's wrist. Move the resident's entire arm out away from the body (abduction).
- 11) Return the resident's arm to the middle of the resident's body (adduction).
- 12) Complete the full range of motion for the shoulder through abduction and adduction three times.

- 13) Do not cause discomfort or pain, and do not force any joint beyond the point of free movement.
- 14) The candidate <u>must ask</u> if they are causing any pain or discomfort.
- 15) Leave the resident in a comfortable position.
- 16) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 17) Place the call light or signaling device and water within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

# VITAL SIGNS: COUNT AND RECORD RESIDENT'S RADIAL PULSE AND RESPIRATIONS, THEN PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
- 5) Count pulse for 60 seconds or 30x2.
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) Record the pulse rate on the previously signed recording form.
- 7) The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded pulse rate.
- 8) Count <u>respirations</u> for 60 seconds or 30x2.
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 9) Record respirations on the previously signed recording form.
- 10) The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded respiratory rate.
- 11) Obtain a gait belt.
- 12) Position the wheelchair at the foot or head of the bed.
- 13) Lock wheelchair brakes to ensure resident's safety.
- 14) Lock bed brakes to ensure resident's safety.
- 15) Using proper body mechanics, assist the resident to a sitting position (on the edge of the bed).
- 16) Place a gait belt around the resident, below the rib cage and above the waist, to stabilize the trunk.
- 17) Tighten the gait belt so your fingers can be comfortably slipped between the gait belt and the resident.
- 18) Assist in putting on non-skid slippers/shoes. (No non-skid socks.)
- 19) Adjust the bed so that the resident's feet are comfortably flat on the floor. (If needed, assist the resident in scooting to the edge of the bed.)
- 20) Grasp the gait belt with both hands to stabilize the resident.
- 21) Bring the resident to a standing position using proper body mechanics.
- 22) Do not attempt to ambulate the resident.
- 23) Assist the resident in pivoting and sitting in a controlled manner.

- 24) Remove the gait belt.
- 25) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 26) Place resident within easy reach of the call light or signaling device and water.
- 27) Maintain respectful, courteous interpersonal interactions at all times.

# VITAL SIGNS: COUNT AND RECORD RESIDENT'S RADIAL PULSE AND RESPIRATIONS, THEN PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
- 5) Count pulse for 60 seconds or 30x2.
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) Record the pulse rate on the previously signed recording form.
- 7) The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded pulse rate.
- 8) Count respirations for 60 seconds or 30x2.
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 9) Record respirations on the previously signed recording form.
- 10) The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded respiratory rate.
- 11) Position the wheelchair at the foot or head of the bed.
- 12) Adjust the bed so that the resident's feet are comfortably flat on the floor when sitting on it.
- 13) Lock wheelchair brakes to ensure resident's safety.
- 14) Lock bed brakes to ensure resident's safety.
- 15) Place a gait belt around the resident, below the rib cage and above the waist, to stabilize the trunk.
- 16) Tighten the gait belt so your fingers can be comfortably slipped between the gait belt and the resident.
- 17) Grasp the gait belt with both hands to stabilize the resident.
- 18) Bring the resident to a standing position using proper body mechanics.
- 19) Do not attempt to ambulate the resident.
- 20) Assist the resident in pivoting and sitting on the bed in a controlled manner.
- 21) Remove the gait belt.
- 22) Assist the resident in removing non-skid slippers.
- 23) Assist resident to move to the center of the bed, supporting extremities as necessary.

- 24) Make sure the resident is comfortable and in good body alignment.
- 25) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 26) Place resident within easy reach of the call light or signaling device and water.
- 27) Maintain respectful, courteous interpersonal interactions at all times.

#### VITAL SIGNS: TAKING AND RECORDING RESIDENT'S MANUAL BLOOD PRESSURE

- 1) Greet the resident by name and perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for the resident; pull the privacy curtain.
- 5) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 6) If the resident is wearing a shirt with sleeves, roll the sleeve up about 5 inches above the elbow.
- 7) Apply the cuff around the upper arm just above the elbow and line the cuff arrows up with the brachial artery.
- 8) Clean the earpieces of the stethoscope appropriately and place them in your ears.
- 9) Clean the diaphragm of the stethoscope.
- 10) Place the stethoscope over the brachial artery.
- 11) Hold the stethoscope snugly in place.
- 12) Inflate cuff to 30mmHG above RN Test Observer provided loss of pulse number.
- 13) Slowly release air from the cuff to the disappearance of pulsations. Remove cuff.
- 14) The candidate will only be allowed **one (1) attempt per arm**.
  - a. No re-pumping on the same arm will be allowed only one pump on each arm (this includes any reattempts/corrections made).
  - b. The RN Test Observer will inform the candidate when they have reached their max number of attempts (1 per arm) and state, 'You have reached your maximum number of attempts; please move forward with your task.'
- 15) Record reading on the provided, previously signed recording form.
- 16) The candidate's recorded systolic blood pressure is within 6mmHg of the RN Test Observer's recorded systolic blood pressure.
- 17) The candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.
- 18) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 19) Place the call light or signaling device and water within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

# **Knowledge Exam Vocabulary List**

abandonment
abbreviations
abdominal thrust
abduction
abductor wedge
absorption
abuse
accidents
accountable
activities
acute
adaptive
adduction
ADL
admission
advanced directives
afebrile
affected side
aggressive resident
aging
AIDS
airborne precautions
alarms
alternating pressure
mattress
Alzheimer's
ambulation
amputees
anatomy
anger
angina
anorexia
anterior
anti-embolic / elastic
stockings / TED hose

antibiotics anxiety aphasia apical apnea appropriate response arteries arthritis aseptic aspiration assistive device atrophy autoimmune axillary temperature bargaining basic needs basic nurrition bathing bed bath bed cradle bed height bed making bedrest behavior beliefs biohazard bladder training bleeding blindness blood pressure body language body systems body temperature	
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biohazard bladder training bleeding blindness blood pressure body language body mechanics body systems	behavior
bladder training bleeding blindness blood pressure body language body mechanics body systems	beliefs
bleeding blindness blood pressure body language body mechanics body systems	biohazard
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blood pressure body language body mechanics body systems	bleeding
body language body mechanics body systems	blindness
body mechanics body systems	blood pressure
body systems	body language
	body mechanics
body temperature	body systems
	body temperature

bowel program
ВРН
bradycardia
breathing
broken equipment
burnout
call light
cancer
cane use
cardiac arrest
cardiopulmonary
resuscitation
cardiovascular system
care impaired
care plan
cares
cast
cataracts
catheter bag
catheter care
cc's in an ounce
cell phones
central nervous system
cerebral vascular accident
certification renewal
chain of command
charge nurse
chemical restraints
chemotherapy
choking
chronic
circulation
circulatory system
clarification
cleaning

cleaning spills
clear liquid diet
Clostridium Difficile (C-diff)
CNA/LNA
cold application
colostomy
comatose resident
combative resident
comfort
comfort care
communicable
communication
complete bed bath
compression
confidentiality
conflict
conflict resolution
confused resident
confusion
congestive heart failure
constipation
constrict
contact isolation
contamination
continuity
contractures
converting measures
COPD
coronary artery disease
CVA
cyanotic
dangling
data collection
death and dying
de-escalation
defamation

dehydration
delegation
delirium
delusions
dementia
denture care
dependability
depression
dermatitis
developmental disability
diabetes
dialysis
diastolic
diet
dietary
digestion
digestive system
dining room
discharging resident
disease
disease process
disinfection
disoriented
disposable gloves
disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dorsiflexion
dressing
droplets
drowsy
dysphagia
dysphasia

dyspnea
dysuria
edema
elevate head
elopement
emergency response
emergency situation
emesis
emotional needs
emotional stress
emotional support
empathy
emphysema
end of life
epilepsy
ethics
etiquette
evacuation
extension
extremity
eyeglasses
falls
fecal impaction
feces
feeding
feeding tubes
fingernail care
fire
first aid
flatus
flexion
fluid
fluid imbalance
Foley catheter
foot care
foot drop

hydration
hygiene
hyperglycemia
hypertension
hyperventilation
hypoglycemia
1&0
identification
ileostomy
immobility
immune
impairment
incident reports
incontinence
indwelling catheter
infection control
in-house transfer
initial observations
insomnia
insulin
intake and output
integumentary system
inter-generational care
interpersonal skills
invasion of privacy
isolation
IV care
jaundice
job description
kidney failure
lateral position
legal ethics
legal responsibility
lice
life support
life threatening

lift/draw sheet
lifting
linen
listening
living will
localized infection
logrolling
low sodium diet
Maslow
masturbation
material safety data sheets
•
measuring height
measuring temperature
medical asepsis
medical record
medications
memory loss
mental health mental illness
microorganism
military time
milliliters
misappropriation
misconceptions
misconduct
mites
ml
morning care
mouth care
moving
mucous membrane
Multiple Sclerosis
musculoskeletal system
nail care
nausea and vomiting

needles neglect negligence non-contagious disease nonverbal communication nosocomial NPO nurse's station nursing assistant's role nutrients nutrition objective data OBRA observation ombudsman open-ended questions oral care oral temperature orientation orthopnea orthopnea orthopneic orthostatic hypotension OSHA osteoarthritis osteoporosis oxygen oxygen concentrator oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance passive	
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orthostatic hypotension OSHA osteoarthritis osteoporosis oxygen oxygen concentrator oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	orthopnea
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osteoporosis oxygen oxygen concentrator oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	OSHA
oxygen oxygen concentrator oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	osteoarthritis
oxygen concentrator oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	osteoporosis
oxygen cylinder oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	oxygen
oxygen use pain palliative care paralysis paranoia Parkinson's partial assistance	oxygen concentrator
pain palliative care paralysis paranoia Parkinson's partial assistance	oxygen cylinder
palliative care paralysis paranoia Parkinson's partial assistance	oxygen use
paralysis paranoia Parkinson's partial assistance	pain
paranoia Parkinson's partial assistance	palliative care
Parkinson's partial assistance	paralysis
partial assistance	paranoia
·	Parkinson's
passive	partial assistance
•	passive

passive ROM
pathogen
pediculosis
perineal care
peristalsis
person-centered care
personal care
personal items
personal protective
equipment (PPE)
personal stress
petit mal seizure
phantom pain
phobia
phone etiquette
physical needs
physician's authority
physiology
plaque
pneumonia
policy book
positioning
postmortem care
post-operative pneumonia
pressure injury
preventing injury
privacy
professional boundaries
progressive
promoting independence
pronation
prone
prosthesis
psychological needs
pulse
pulse oximetry

pureed diet
quadrant
quadriplegia
quality of life
radial
range of motion
receptive aphasia
rectal
refusal
regulation
reimbursement
religious rights
religious service
reminiscence therapy
reminiscing
reporting
reposition
reproductive system aging
resident belongings
resident-centered care
resident harm
resident independence
resident rights
resident's chart
resident's environment
respectful treatment
respiration
respiratory
respiratory disease
respiratory system
responding to resident behavior
responsibility
restorative care
restraints
resuscitation

risk factor
role and responsibility
rotation
safety
safety data sheet
safety precautions
sanitizer
scabies
scale
scope of practice
seclusion
security
seizure
self-esteem
Semi-Fowlers
sensory system
sexual needs
sharps container
shaving
shearing
shingles
shock
side rails
Sitz bath
skin
sleep
smoking
social needs
soiled linen
specimen
spills
spiritual needs
sputum
standard precautions
sterile
sterilization

stethoscope stockings stress stroke sub-acute care subjective data substance abuse suicide sundowning supine supplemental feedings suprapubic survey swelling systemic infection systolic tachycardia task telephone etiquette temperature tendons terminal illness terminology thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath tube feeding	
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survey swelling systemic infection systolic tachycardia task telephone etiquette temperature tendons terminal illness terminology thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	supplemental feedings
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systemic infection systolic tachycardia task telephone etiquette temperature tendons terminal illness terminology thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	survey
systolic tachycardia task telephone etiquette temperature tendons terminal illness terminology thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	swelling
tachycardia  task  telephone etiquette  temperature  tendons  terminal illness  terminology  thickened liquids  threatening resident  tips  toenails  toileting schedule  TPR  trachea  transfers  transmission  trochanter roll  tub bath	systemic infection
task  telephone etiquette  temperature  tendons  terminal illness  terminology  thickened liquids  threatening resident  tips  toenails  toileting schedule  TPR  trachea  transfers  transmission  trochanter roll  tub bath	systolic
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terminology thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	tendons
thickened liquids threatening resident tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	terminal illness
threatening resident  tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	terminology
tips toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	thickened liquids
toenails toileting schedule TPR trachea transfers transmission trochanter roll tub bath	threatening resident
toileting schedule  TPR  trachea  transfers  transmission  trochanter roll  tub bath	tips
TPR trachea transfers transmission trochanter roll tub bath	toenails
trachea transfers transmission trochanter roll tub bath	toileting schedule
transfers transmission trochanter roll tub bath	TPR
transmission trochanter roll tub bath	trachea
trochanter roll tub bath	transfers
tub bath	transmission
	trochanter roll
tube feeding	tub bath
	tube feeding
tubing	tubing

twice daily	
tympanic	
types of care	
types of isolation	
unaffected	
unconscious	
undressing	
unethical behavior	
unsteady	
urinary catheter	
urinary elimination	
urinary problems	
urinary system	
urinary tract infection (U	TI)
urination	
validation	
validation therapy	
varicella virus	
violent behavior	
vision change	
visual impairment	
vital signs	
vomitus	
walker	
wandering resident	
warm and cold application	n
water faucets	
water pitcher	
water temperature	
weak side	
weight	
what to report	
wheelchair safety	
white blood cells	

Notes:			