

D&S Diversified Technologies LLP

Headmaster LLP

Missouri Nurse Aide Candidate Handbook

EFFECTIVE: March 15, 2022

Version 2

<u>EFFECTIVE FOR TESTING MARCH 15, 2022</u>: Changes to Skill Tasks are highlighted gray. (Key steps have been adjusted.)

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Contact Information

Questions regarding: testing process, test scheduling and eligibility to test (888) 401-0462 Questions regarding: nurse aide certification • renewals • Nurse Aide Registry (888) 401-0465 D&S Diversified Technologies (D&SDT), Monday through Friday Phone #: (888) 401-0462 Headmaster, LLP 7:00AM - 7:00PM PO Box 6609 Central Standard Time (CST) Helena, MT 59604 Fax #: (406) 442-3357 Missouri TMU© Webpage: Email: hdmaster.com https://mo.tmutest.com Web Site: www.hdmaster.com Missouri Department of Health and Senior Phone #: (573) 526-5686 Services (DHSS) Monday through Friday **Health Education Unit** 9:00AM - 4:00PM 3418 Knipp Drive, Suite F Central Standard Time (CST) Jefferson City, MO 65102 Email: cnaregistry@health.mo.gov Web Site: https://cna.dhss.mo.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 health care facilities and to define training and evaluation standards for Nursing Assistants 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. The purpose of a nurse aide competency evaluation program is to ensure that candidates who are 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 process of taking the nurse aide competency examination 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. Candidates must pass both parts of the nurse aide competency exam to be identified and listed on the Missouri Nurse Aide Registry.

The Missouri Department of Health and Senior Services (DHSS) 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 (888)401-0462 or go to the Missouri webpage. The information in this handbook will help you prepare for your examination.

Nurse Aide Registry Requirements

The Missouri Nurse Aide Registry (MOCNAR) lists the name of certified nurse aides who, through training, testing and experience meet federal and/or state requirements to work as a certified nurse aide in Missouri. The Registry also identifies candidates who have been placed on the EDL (Employee Disqualification List) or who have a Federal Indicator (a CNA employed in a certified facility that has been found guilty of abuse, neglect or misappropriation of property) on their license.

A nurse aide candidate, upon successful completion of training, passing both the knowledge and skills portions of the competency exam, and meeting federal and/or state requirements will be listed on the Missouri Certified Nurse Aide Registry (MOCNAR). A newly trained nurse aide candidate must successfully pass both the knowledge and skills exams within one (1) year of training start date. Review the Nurse Aide Competency Exam section below to help prepare for the exam.

Registry Maintenance

Once placed on the Missouri CNA Registry, it is your responsibility to maintain your demographic information so that renewal notifications/alerts can be delivered to you in a timely manner. You must renew electronically by signing in to your TMU© account at https://mo.tmutest.com. Use your Email or Username and Password to sign in. If you are new to the system or have forgotten your password, refer to the 'Forget my Password and Recover My Account' section in this handbook to reset your password. If you need assistance signing in to your record, call D&SDT-HEADMASTER at (888)401-0462 or (888)401-0465 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays. Renewal reminders are emailed to your email address of record and/or texted to your SMS capable phone, so it is important to keep your contact information up to date.

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Note: Renewal notifications/alerts are sent 60 days before your certification expiration date via email and text message. No renewal certifications are sent via USPS mail. It is important to keep your TMU© demographic information updated to receive your renewal notification.

You can check your registry status at any time, update your address and phone number and check your eligibility expiration date from any Internet capable device.

Registry name changes (marriage/divorce, etc.) must be verified with appropriate documentation. Copies of documentation must be emailed (missouri@hdmaster.com), faxed (406)442-3357, or mailed to D&SDT-HEADMASTER, P.O. Box 6609, Helena, MT 59604.

Registry Renewal

To maintain eligibility to work you must renew your eligibility every 24 months. To be eligible to renew, you must work for pay as a certified nurse aide performing nursing or nursing-related services at least eight (8) consecutive hours during the previous 24 months. Certified nurse aides with a Federal Indicator on the Registry are not eligible for renewal.

To renew, sign in to your TMU© record at https://mo.tmutest.com and list your work hours and where you were employed. An email verification link will be sent to the employer contact you choose from the list of employers. When the employer verifies your work experience, your eligibility will be extended an additional 24 months.

Under federal regulations, a certified nurse aide becomes ineligible for employment if they do not perform at least 8 hours of nursing related services for pay in a health care setting during a period of 24 consecutive months. To reestablish employment eligibility on the MOCNAR, you must successfully pass both components (knowledge and skills) of the approved Missouri nurse aide competency examination.

Registry Reciprocity

This information is for applicants who want to be entered on the MOCNAR through the Missouri Reciprocity/Out-of-State registry placement process.

How to Transfer your Certified Nurse's Assistant (CNA) Certification to Missouri from another State

You must be current and in good standing on a certified nurse aide registry in a state other than Missouri to be considered for placement on the MOCNAR.

For the criteria and to apply for reciprocity placement on the MOCNAR, you must complete an Out-of-State reciprocity form. You may fill out an Out-of-State reciprocity form by browsing to D&SDT-HEADMASTER's <u>Missouri webpage</u>.

Once your completed application and all required documentation have been received by DHSS, they will determine if you are eligible to be added to the Missouri Certified Nurse Aide Registry. You must have a valid email address in order to receive your TMU© login user name and temporary password. You may check your listing on the Missouri Nurse Aide Registry (MOCNAR) at https://mo.tmutest.com. Any personal information entered into TMU© will only be used to determine whether you can work as a certified nurse aide in Missouri.

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Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the MOCNAR.

Criteria to Challenge the Certified Nurse Aide Training Requirement

Individuals who meet special criteria may be eligible to take just the final certification examination (both knowledge and skills) without taking the certified nursing assistant course. For detailed information on the criteria to challenge the exam, follow the Missouri Department of Health and Senior Services link below:

health.mo.gov/safety/cnaregistry/

Americans with Disabilities Act (ADA)

ADA Compliance

The Missouri Department of Health and Senior Services 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. Accommodations must be approved by D&SDT-HEADMASTER in advance of examination. The request for accommodations can be found on the D&SDT-HEADMASTER webpage and clicking on the PDF Fillable ADAACCOMMODATION. This form must be electronically submitted to D&SDT-HEADMASTER with required documentation listed on the second page of the ADA application in order 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 any questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (888)401-0462.

The Missouri Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$40
Skill Test or Retake	\$95

Note: If a credit card payment is processed for testing fees payment and then later disputed by the candidate or credit/debit card holder, upon passing both portions of the competency exam, the candidate would not be placed on the Registry until the disputed fee and charges are paid for. If listed on the Registry and then the card charge is disputed, the candidate will be removed from the Registry until the disputed fee and charges are paid for.

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Completing your Initial Login

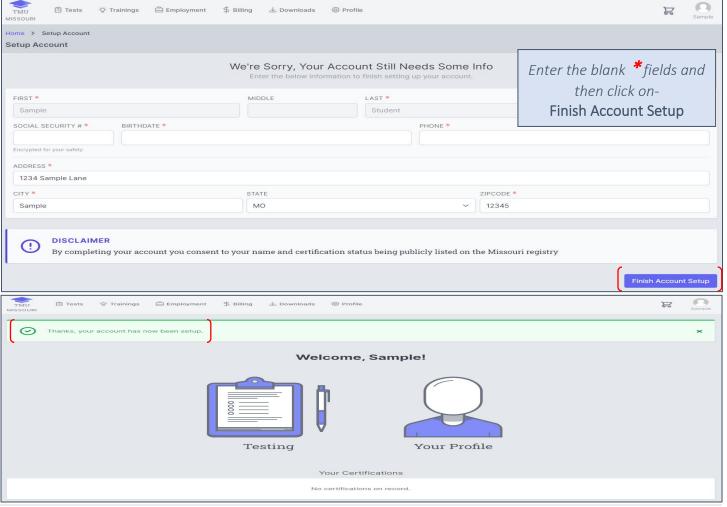
Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

<u>IMPORTANT</u>: Before you can test, you must sign in to TMU© using your secure Email or Username and Password and complete your demographic information.

• It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, that you sign in to your record, update your password and complete your demographic information.

If you do not know your Email or Username and Password, enter your email address and click on "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 are unable to sign in for any reason, contact D&SDT-Headmaster at (888)401-0462.

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



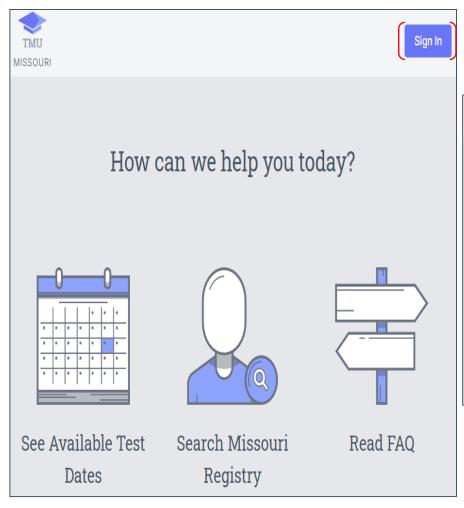
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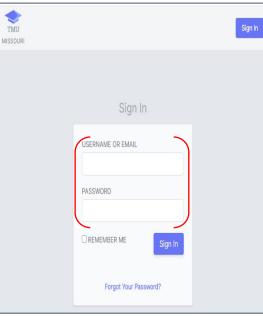
Schedule an Exam

Once your completed record is in the D&SDT-HEADMASTER TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Missouri TMU© webpage at https://mo.tmutest.com using your email and password (see instructions under 'Schedule/Reschedule into a Test Event'). If you are unable to sign in with your email, please call D&SDT-HEADMASTER for assistance at (888)401-0462 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. In some cases, testing fees may be paid by a training program or sponsoring facility. After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day prior to 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 login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests. To schedule or reschedule your test date, sign in to the Missouri TMU© webpage at https://mo.tmutest.com with your email and password. If you are unable to schedule/reschedule on-line, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays for assistance.

This is the Missouri TMU© home page:

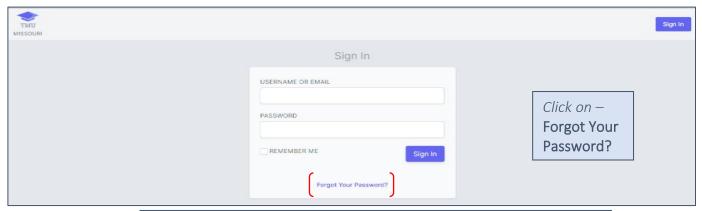






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Forgot your Password and Recover Your Account



Type in your Email Address

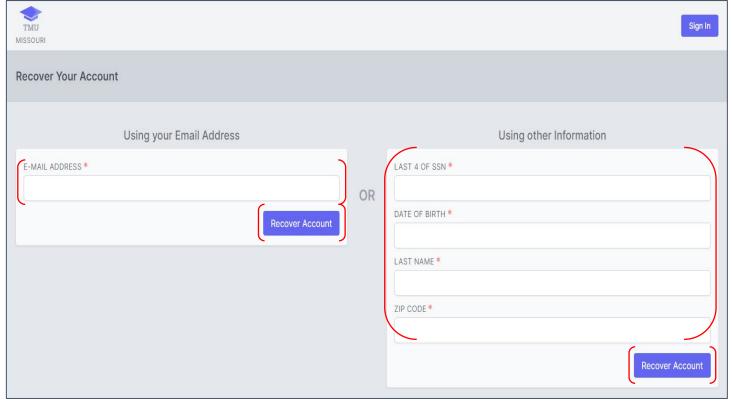
Click on —
Recover Account

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

Click on the reset link in your email to reset your password. (See next page.)

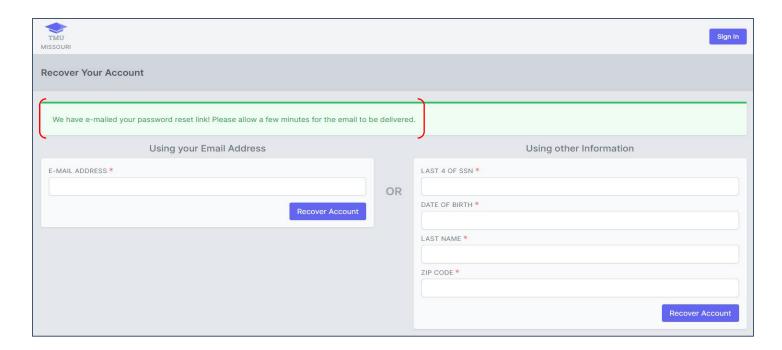
-ORYou can type in the requested data under Using other Information

Click on Recover Account

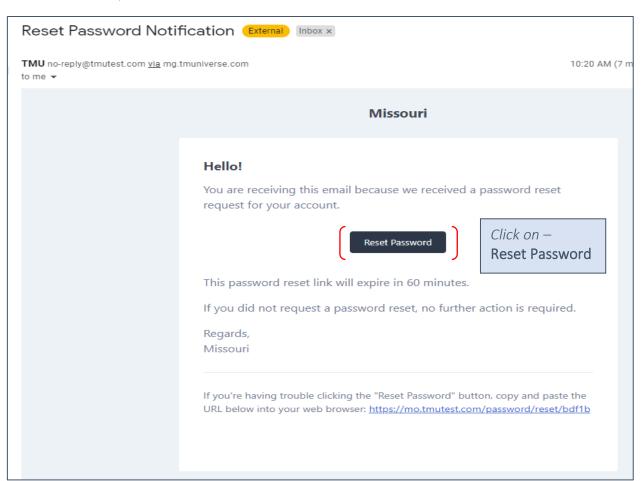




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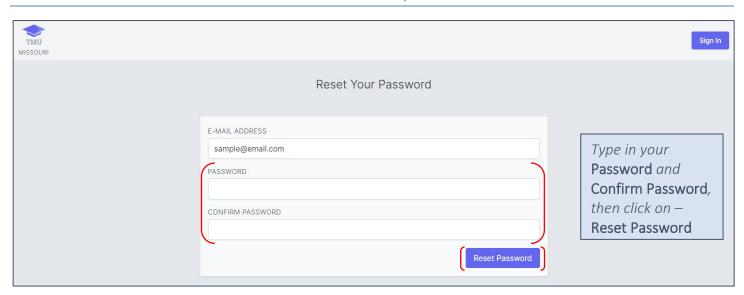


Email received to reset password:

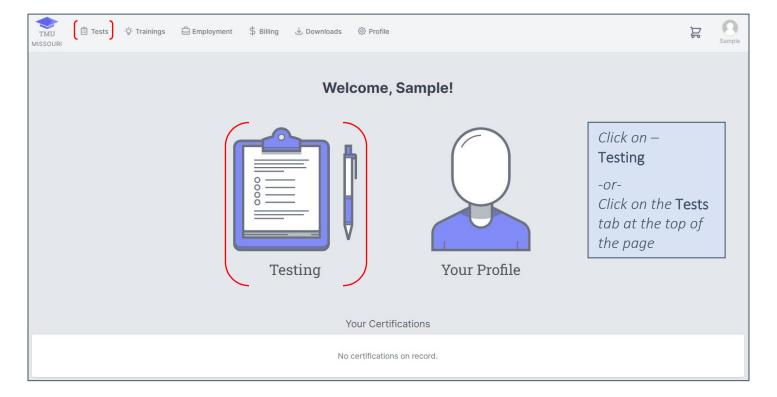




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This is the home screen you will see once you have signed in:



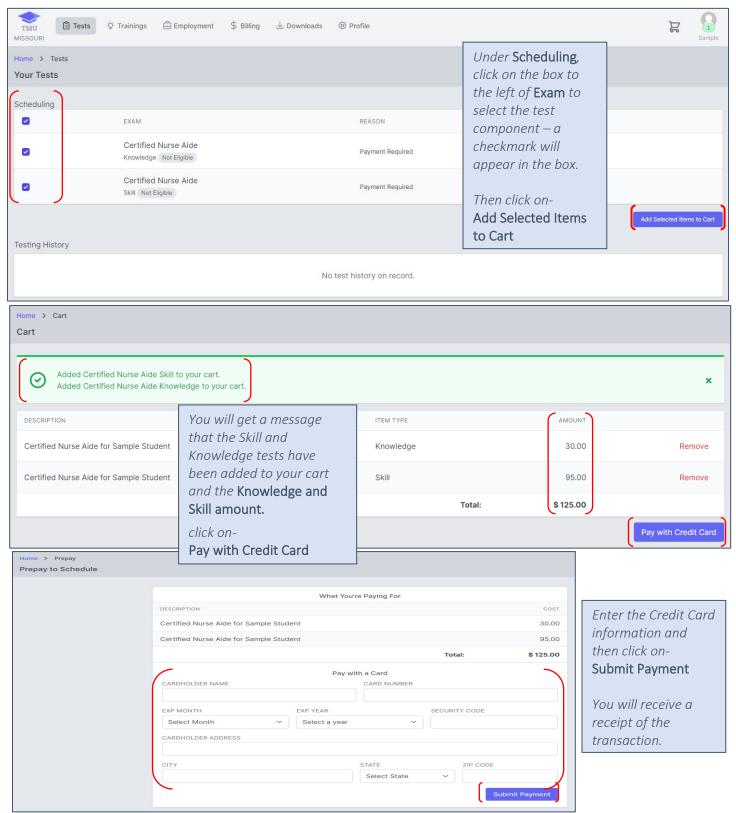
Self-Pay of Testing Fees in TMU©

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 have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.



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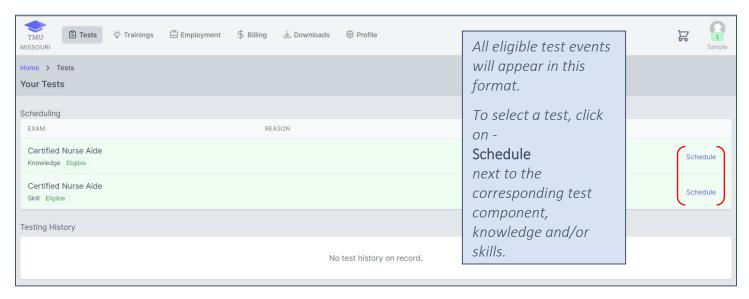
Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.

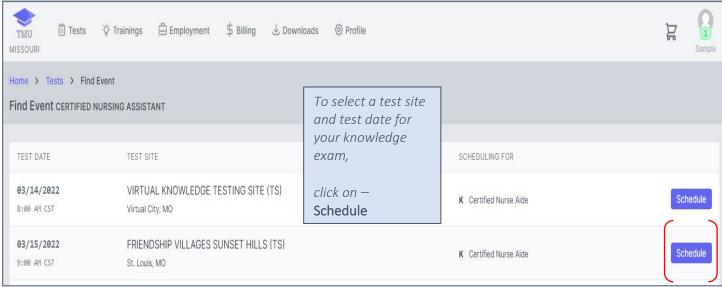


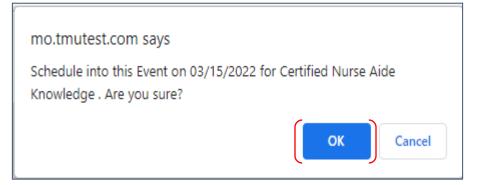
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Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.

Schedule / Reschedule into a Test Event

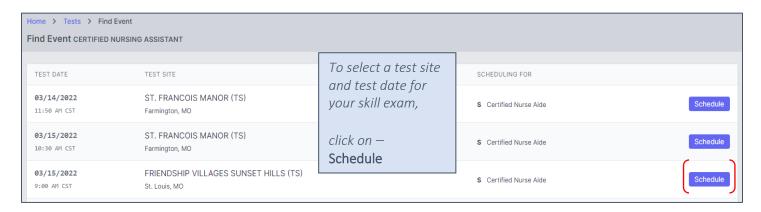


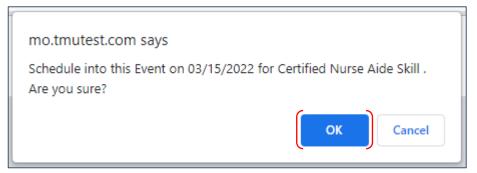




To confirm this is the site and date you want to schedule into for your knowledge exam,
click on —
OK

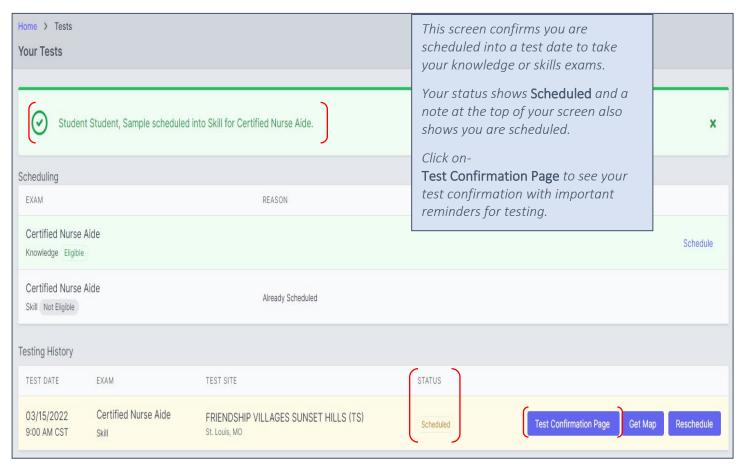
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To confirm this is the site and date you want to schedule into for your skill exam, click on —

OK





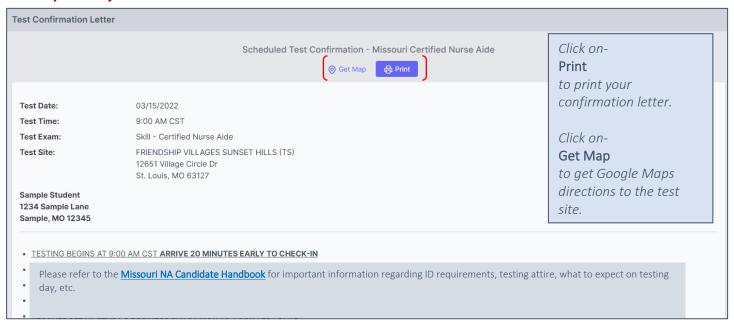
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Test Confirmation Letter

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

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

It is important you read this letter!



Please see the 'Virtual Knowledge Exam Option' under the Knowledge/Oral Test section if you are interested in taking your knowledge exam virtually from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (888)401-0462, Monday through Friday, excluding holidays, 7:00AM to 7:00PM CST.

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

Time Frame for Testing from Training Program Start Date

You must schedule a test within one year of your training program start date. After one year, you must complete another Missouri DHSS approved nurse aide training program in order 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 have informed you if this is the case. Prior to 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 Missouri TMU© site at https://mo.tmutest.com.

If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (888)401-0462, during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays.

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Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:40AM.) If you arrive late, you will not be allowed to test.

If you are scheduled into a virtual knowledge exam, please see procedures/policies under 'Virtual Knowledge Exam Option' in the Knowledge/Oral Test section.

Testing Attire

You must be in full clinical attire (scrubs). No opened toed shoes are allowed. Scrubs and shoes can be any color/design. You may bring a standard watch with a second hand. *No smart watches or fitness monitors are allowed.* Long hair must be pulled back.

Note: You will not be admitted for testing if you are not wearing scrubs attire and appropriate shoes with long hair pulled back. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

<u>Mandatory</u>: You must bring a **United States (US) government issued, signed, non-expired photo bearing form of identification AND your social security card** (a signature is not required and a photo-copy of your social security card is acceptable). Some examples of US government issued, signed, non-expired photo bearing forms of identification are:

- State or Other United States Government Issued Driver's License
 - You may use your letter issued from the Department of Motor Vehicles (DMV) that you receive when you apply for or renew your driver's license while waiting to receive your new license.
- State issued Identification Card (that meets all identification criteria)
- Signed US Passport (Foreign Passports and Passport Cards are not acceptable)
 - Exception: A Foreign Passport that contains a US VISA is acceptable
- Military Identification Card (that meets all identification criteria)

Identification Criteria = US Government issued, non-expired, signed (or fingerprint – Alien Registration Card) photo bearing form of identification.

The **FIRST** and **LAST** names printed on your mandatory United States (US) government issued, signed, non-expired photo bearing form of identification *and* your social security card presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the TMU© database. You may call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays, to confirm that your name of record matches your two forms of mandatory identification, or sign in to your record in TMU© (https://mo.tmutest.com), using your Email or Username and Password, to check or change your demographic information.

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Note:

- You will not be admitted for testing if you do not bring proper/valid identification.
 - Be sure your US government issued identification is not expired and that it is signed.
 - You will not be admitted for testing if you do not bring your two forms of mandatory identification.
 - Check to be positive that both your FIRST and LAST printed names on your photo ID and social security card match your current name of record in TMU©.
 - A driver's license or state-issued ID card that has 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(s) are not proper/valid, you will be considered a NO SHOW
 and you will forfeit your testing fees and have to pay for another exam date.

You will be required to show your ID again when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam event.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the knowledge test and skill test instruction links on the D&SDT-HEADMASTER Missouri webpage, www.hdmaster.com under the Candidate column.

These instructions detail the process and what you can expect during either component of the exam. Please read through the instructions (or listen to them on your smart phone) **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 event. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

Testing Policies

The following policies are observed at each test site:

- Make sure you have signed in to your TMU© record at https://mo.tmutest.com well before your test date to update your password and complete your demographic information. Refer to the 'Complete Your Initial Sign In' section of this handbook 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.
- Plan to be at the test site up to 5 hours, in the worst-case scenario.
 - Due to COVID, scheduling time frames have been altered and the time at the test site may be significantly shorter.
- 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 and any exam fees paid will NOT be refunded.
 - If you are scheduled into a virtual knowledge exam, please see procedures/policies under 'Virtual Knowledge Exam Option' in the Knowledge/Oral Test section.

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- If you do not bring a valid and appropriate United States (US) government issued, signed, non-expired photo bearing form of identification and your social security card (photo copies of social security card are acceptable), you will not be admitted to the exam and any exam fees paid will NOT be refunded.
 - If the FIRST and LAST names on your United States (US) government issued, signed, non-expired photo bearing form of identification and social security card do not match the FIRST and LAST names in your TMU© record, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you do not wear scrubs with appropriate shoes and have long hair pulled back, and conform to all testing policies, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you NO SHOW for your exam day, any test fees paid will NOT be refunded.
- <u>ELECTRONIC DEVICES AND PERSONAL ITEMS</u>: Cell phones, watches of any kind, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).
 - All electronic devices must be turned off. Smart watches, fitness monitors and Bluetoothconnected devices must be removed from your wrist/body.
- Anyone caught using any type of electronic recording device during either component of the exam will be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees and you will be reported to your training program and the Missouri Department of Health and Senior Services. 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 to have while waiting to test.
- Foreign language translation dictionaries in any form are not allowed during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink or smoke (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 causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees and you will be reported to your training program and the Missouri Department of Health and Senior Services.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate 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 have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nurse aide (examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-HEADMASTER immediately during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays, if you are on doctor's orders. You must fax, (406)442-3357 or email, missouri@hdmaster.com, a signed doctor's order within 3 business days of your scheduled exam day to qualify for a free reschedule.

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• Please review this Missouri Candidate Handbook before your test day for any updates to testing and/or policies.

Inclement Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-HEADMASTER staff will make every effort to contact you via email, text message and phone call using the contact information we have on file to reschedule you, for no charge, to 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 more information under 'No Show Exceptions'.

In the event of inclement weather, you will be expected to attend your schedule exam date unless:

- The county you reside in or the county of the testing site is placed on a weather or other emergency.
- The test site closes.
- The test observer cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:
 - Documentation from the Department of Transportation Services or a Police report is required within
 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a NO SHOW status and any exam fees paid will NOT be refunded.

Candidate Feedback – Exit Survey

Candidates are provided the opportunity to complete an exit survey via a link when checking their test results in their TMU© record. The survey is confidential and will not have any bearing on 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.

Security

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

If you remove or try to remove test material or take notes or information from the test site, you will be reported to your training program and the Missouri DHSS and are 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 paid. You will not be allowed to retest for a minimum period of six (6) months. You must obtain permission from the Missouri DHSS in order 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, or navigating to other browsers/sites during either component of the 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

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and the Missouri Department of Health and Senior Services and you must obtain permission from DHSS in order to be eligible to test again.

Reschedules

All candidates may reschedule to a new test date up until **one (1) business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date by signing in to your TMU© record at https://mo.tmutest.com. (See instructions under 'Schedule/Reschedule into a Test Event'.)

• <u>Example</u>: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam. D&SDT-HEADMASTER is open 7:00AM to 7:00PM CST Monday through Friday, excluding holidays.

Scheduled test date is on a:	Reschedule 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 full business day prior to 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 Missouri nurse aide certification test at all.

Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request Fillable Form 1405</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u> at least one (1) full business day prior to 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 Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at <u>www.hdmaster.com</u> by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 7:00PM Central time, Monday through Friday, excluding holidays.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

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3) Refund requests must be made within thirty (30) days of payment of original testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.

Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.
- A refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request</u> <u>Fillable Form 1405</u> on D&SDT-Headmaster's main 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.

No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-HEADMASTER at least one (1) full business day prior to 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**. You will forfeit all fees paid and must sign into your TMU© record to repay or 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 that is performed. If a reschedule or refund request is not received at least one full business day before a scheduled test event, excluding Saturdays, Sundays and Holidays (see examples under Reschedules and Refunds of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record providing **the required documentation** is received within the appropriate time frames outlined below:

- <u>Car breakdown or accident</u>: 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 must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- <u>Weather or road condition related issue</u>: 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 the 3-business day time frame you will have to pay as though you were a No Show.

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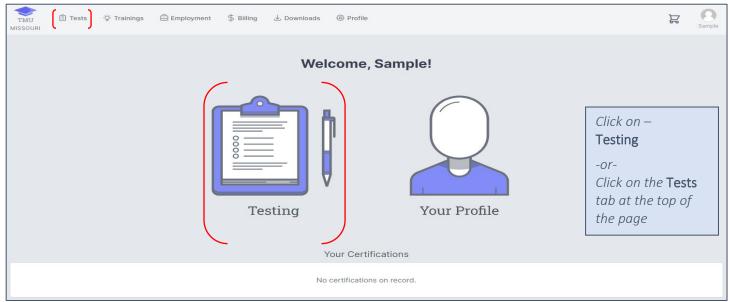
- Medical emergency or illness: D&SDT-Headmaster must be contacted within one business day via phone
 call, fax or email and a doctor's note must be submitted within three (3) business days of the missed
 exam date. If we do not receive proof within the 3-business day time frame you will have to pay as
 though you were a No Show.
- Death in the family: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for immediate family only submitted within seven (7) business days from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other.)
- Virtual testing issues: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
 - Internet outage or issue: Documentation from Internet provider showing outage date and times.
 - Computer or cell phone issue: If computer or cell phone fail to work for any reason, documentation from a computer repair technician/shop or other appropriate documentation.

Test Results

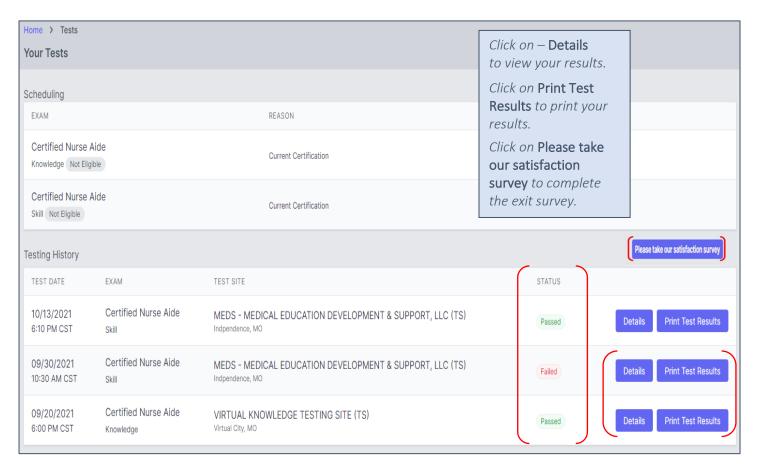
After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked by D&SDT-Headmaster scoring teams. Official test results will be available by signing in to your TMU© record after 7:00PM CST the business day after your test event.

Note: D&SDT-HEADMASTER does not send postal mail test results letters.

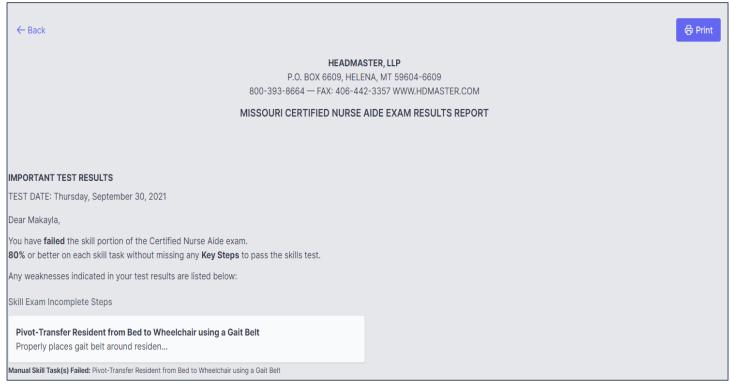
To view your test results, sign in to your record in TMU© at https://mo.tmutest.com/. (Refer to the screen shots below.)



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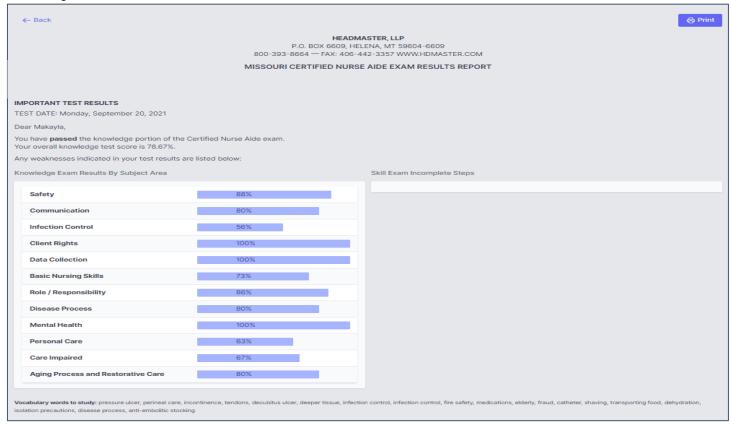


Skill Test Results:



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Knowledge Test Results:



Test Attempts

You have **3 attempts** to pass the knowledge and skill test portions of the exam within one year from your start of nurse aide training date. If you do not complete testing within one year from your start of training date, you must retrain in order to become eligible to further attempt Missouri nursing assistant examinations.

Retaking the Nursing Assistant Test

In the event that 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 that 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© record at https://mo.tmutest.com/. (See screen shots under "Schedule/Reschedule into a Test Event" for rescheduling instructions.)

You will need to pay with a Visa, Master Card or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

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Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. There is a \$25 test review deposit fee. To request a review, you must submit the PDF fillable Test Review Request and Payment Form 1403 available on D&SDT-HEADMASTER's main webpage at www.hdmaster.com. Submit the Test Review Fee of \$25 (Visa, MasterCard or debit card) and a detailed explanation of why you feel your dispute is valid within three (3) business days from official scoring of your test (excluding Saturdays, Sundays and holidays). Late requests will be returned and will not be considered.

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 7:00AM to 7:00PM CST Monday through Friday, excluding holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can 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. If, after investigation, the finding of the review is in your favor, you will receive your \$25 test review deposit back in full.

Since one qualification for certification as a Missouri nurse aide is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-HEADMASTER will pay your re-test fee. 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 or the candidate's training program/instructor. D&SDT-HEADMASTER will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT-HEADMASTER will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address and to the Missouri DHSS.

The Knowledge/Oral Test

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

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of **60 minutes** (one hour) 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?"). The Knowledge Test Proctor will have scratch paper and a basic calculator available for use during your knowledge exam.

You must have a score of 76% or better to pass the knowledge portion of the exam.

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

Note: You will need to know your Email or Username and Password to take the electronic TMU© Knowledge test. Please see the information under 'Complete Your Initial Training' to sign in to your record in TMU©.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional \$10 charge for an Oral Test. The questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer. When taking an electronic Oral exam, the oral control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

Note: On the Oral Knowledge Test, **only the first 67 questions will be read orally**, the remaining 8 questions will have to be answered without oral assistance to assess English reading comprehension.

Foreign language translation dictionaries in any format are not be permitted to be used during testing.

All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Missouri DHSS.

Virtual Knowledge Exam Option

You will have the option to take the knowledge exam virtually.

Virtual Knowledge Test Candidate Requirements

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
 - Internet Explorer is not supported by TMU©.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge test.
- Your Email or Username and Password to take the virtual TMU© Knowledge test.
- A smartphone to access the 'facetime app' that you will need to have downloaded.
 - D&SDT-Headmaster will provide you information of the 'facetime app' you will need before test day.
 - The night before your scheduled virtual knowledge exam, D&SDT-Headmaster will email you a reminder with the password protected link to join the test event.
- A distraction and interruption free area of your home, etc., where you will be testing.

Scheduling a Virtual Knowledge Test

You will need to sign in to your TMU© record using your Username or Email and Password and follow the instructions to 'Schedule/Reschedule into a Test Event'. Please make sure you have met the 'Virtual Knowledge Test Candidate Requirements' listed above before scheduling a virtual knowledge exam.

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- The test site location for a virtual knowledge exam will be "Virtual Knowledge Test Site".
- Once scheduled, a test confirmation will be sent via email and/or text message (see the 'Schedule/Reschedule into a Test Event' and the 'Test Confirmation Letter' section for information to access your test confirmation.)
- Instructions and the link to download the 'facetime app', including the meeting ID and Password for the virtual knowledge event you are scheduled for will be emailed to you.

Virtual Knowledge Test Sign-In

You are required to be signed in to the virtual link for the sign in process with the test proctor **prior** (10-20 **minutes**) to the start time listed on your test confirmation. If you are not signed into your virtual exam prior to the time listed on your test confirmation, you will not be allowed to test, considered a No Show and forfeit your testing fees paid and have to pay for another test date.

- You will need to show your two forms of mandatory identification to the test proctor at sign in before starting your virtual knowledge exam. Please see the 'Identification' section for specifics.
- You will be required to show your surroundings to the test proctor during sign-in before starting your virtual knowledge exam.

Virtual Knowledge Test Policies

All 'Testing Policies' and 'Security' measures are adhered to during the virtual knowledge exam. Please refer to those sections for information.

- The 'facetime app' link must be maintained during the entire knowledge test.
- If the 'facetime app' connection is lost, you must immediately reconnect or be subject to being exited from the test by the test proctor and your test scored as a failed attempt.
- Please see virtual knowledge test issues information under the 'No Show Exceptions' section.

Please call D&SDT-Headmaster at (888)401-0462 if you have any questions, concerns or need assistance scheduling into a virtual knowledge exam.

Knowledge Test Content

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

SUBJECT AREA	Number of Questions	SUBJECT AREA	Number of Questions
Aging Process and Restorative Care	5	Infection Control	8
Basic Nursing Skills	8	Mental Health	6
Care Impaired	5	Personal Care	8
Communication	6	Resident Rights	5
Data Collection	4	Role and Responsibility	5
Disease Process	6	Safety	9

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Knowledge Practice Test

D&SDT-HEADMASTER offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at www.hdmaster.com. 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 may move onto 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.

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test.

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

When you are communicating with residents, you need to remember to:

- (A) Face the resident and make eye contact
- (B) Speak rapidly and loudly
- (C) Look away when they make direct eye contact
- (D) Finish all their sentences for them

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 purpose of the Skill Test is to evaluate your performance when demonstrating Missouri DHSS approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your photo ID previously shown to the RN Test Observer at sign-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 3 or 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 **30 minutes** to complete your three or four tasks. After 20 minutes have elapsed, you will be alerted that 10 minutes remain.

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- 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 successfully complete 100% of the tasks you are assigned. You may not miss any key steps (the **bolded** steps) and must achieve 80% or higher on the non-key steps on each task to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct any step or steps on any task you believe you have performed incorrectly at
 any time during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the
 Skill Test.
- The skill task steps are 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. Steps that are only verbalized WILL NOT COUNT.

Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed if your skill test includes a skill task which requires recording a count or measurement.

Recording Form:

Candidate's Name:		SE PRINT
PULSE:		
URINARY OUTPUT:		ml
BLOOD PRESSURE: _		
GLASS 240ml:	_	
GLASS 120ml:	_	
TOTAL FLUID INTAKE:	ml	FOOD INTAKE:%

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Skill Test Tasks

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

- Catheter Care for a Female with Hand Washing
- Changing an Adult Brief and Perineal Care for a Male with Hand Washing
- Donning an Isolation Gown and Gloves then Emptying a Urinary Drainage Bag with Hand Washing
- Perineal Care for a Female with Hand Washing

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

You will also receive an additional 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 differing number of tasks.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks. The catheter care, changing an adult brief and perineal care for a male and perineal care for a female task will be done on a manikin. You will be scored only on the steps listed.

You must successfully complete 100% of the tasks you are assigned. You may not miss any key steps (the bolded steps) and must achieve 80% or higher on the non-key steps on each task to pass the skill component of your competency evaluation.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be the one of the four mandatory tasks to start each Skill Test. The other tasks included 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 task steps and record what she/he sees 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 Missouri 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.



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ABBREVIATED BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Fill basin with warm water.
- 5) Raise bed height.
- 6) Cover resident with a bath blanket.
- 7) Fan fold bed linens at least down to the waist or moves linens to opposite side.
- 8) Put on gloves.
- 9) Remove resident's gown without exposing resident.
- 10) Dispose of soiled gown in designated laundry hamper.
- 11) Wash face WITHOUT SOAP. NOT A KEY STEP 3-15-2022
- 12) Pat dry face.
- 13) Place towel under arm, only expose one arm.
- 14) Wash arm, hand and underarm using soap and water. NOT A KEY STEP 3-15-2022
- 15) Rinse arm, hand, and underarm. NOT A KEY STEP 3-15-2022
- 16) Pat dry arm, hand and underarm. NOT A KEY STEP 3-15-2022
- 17) Assist resident to put on a clean gown.
- 18) Empty, rinse, dry and return equipment to storage.
- 19) Dispose of soiled linen in designated laundry hamper.
- 20) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 22) Lower bed.
- 23) Place call light or signaling device within easy reach of the resident.
- 24) Maintain respectful, courteous interpersonal interactions at all times.

AMBULATION FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to resident.
- 3) Obtain gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Bring resident to a sitting position with resident's feet flat on the floor.
- 7) Properly place gait belt around resident's waist to stabilize trunk. NOT A KEY STEP 3-15-2022
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid footwear BEFORE standing.
- 10) Bring resident to a standing position using proper body mechanics at all times.

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- 11) Grasp gait belt.
- 12) Stabilize resident.
- 13) Ambulate resident at least 10 steps to the wheelchair. NOT A KEY STEP 3-15-2022
- 14) Lock wheelchair brakes to ensure resident's safety.
- 15) Assist resident to pivot/turn and sit in wheelchair.
- 16) Sit resident in the wheelchair in a controlled manner that ensures safety at all times.
- 17) Remove gait belt.
- 18) Place resident within easy reach of the call light or signaling device.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

AMBULATION FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to resident.
- 3) Obtain gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Properly place gait belt around resident's waist to stabilize trunk. NOT A KEY STEP 3-15-2022
- 8) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 9) Ensure resident's feet are flat on the floor.
- 10) Ask resident to place hands on wheelchair arm rests.
- 11) Grasp gait belt with both hands.
- 12) Bring resident to a standing position using proper body mechanics at all times.
- 13) Continue grasping gait belt.
- 14) Stabilize resident.
- 15) Ambulate resident at least 10 steps to the bed. NOT A KEY STEP 3-15-2022
- 16) Assist resident to pivot/turn and sit on the bed.
- 17) Sit resident on the bed in a controlled manner that ensures safety at all times.
- 18) Remove gait belt.
- 19) Remove resident's non-skid footwear.
- 20) Assist resident to lie down in the center of the bed making sure the resident is comfortable and in good body alignment.
- 21) Lowers bed.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

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CATHETER CARE FOR A FEMALE WITH HAND WASHING

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Fill basin with warm water.
- 7) Put on gloves.
- 8) Avoid over exposure throughout the procedure.
- 9) Check to see that urine can flow, unrestricted, into the drainage bag (helpful to verbalize checking while looking for kinks in tubing, etc.).
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold catheter where it exits the urethra with one hand.
- 12) While holding the catheter where it exits the urethra, clean 3-4 inches down the catheter tube.
- 13) Clean with strokes only away from the urethra. (At least two strokes.)
- 14) Use a clean portion of the washcloth for each stroke.
- 15) Rinse using strokes only away from the urethra.
- 16) Rinse using a clean portion of the washcloth for each stroke.
- 17) Pat dry.
- 18) Do not allow the tube to be pulled at any time during the procedure.
- 19) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 21) Replace the resident's gown over the perineal area.
- 22) Replace top cover over the resident.
- 23) Leave resident in a position of safety and comfort.
- 24) Empty, rinse, dry and return basin to storage.
- 25) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.

 MOVED UP TO STEP 19
- 26) Perform hand hygiene. MOVED UP TO STEP 20
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 27) Place call light or signaling device within easy reach of the resident.
- 28) Maintain respectful, courteous interpersonal interactions at all times.
- 29) Wash hands: Begin by wetting hands.
- 30) Wash hands: Apply soap to hands. NOT A KEY STEP 3-15-2022
- 31) Wash hands: Rub hands together using friction for at least 20 seconds with soap. **NOT A KEY STEP 3-15-2022**
- 32) Wash hands: Interlace fingers pointing downward with soap.

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- 33) Wash hands: Wash all surfaces of hands with soap. NOT A KEY STEP 3-15-2022
- 34) Wash hands: Wash all surfaces of wrists with soap.
- 35) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 36) Wash hands: Dry hands on clean paper towel(s). NOT A KEY STEP 3-15-2022
- 37) Wash hands: Turn off faucet with a paper towel. NOT A KEY STEP 3-15-2022
- 38) Wash hands: Discard paper towels into trash container as used.
- 39) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

CHANGING AN ADULT BRIEF AND PERINEAL CARE FOR A MALE WITH HAND WASHING

(One of the possible first mandatory tasks.)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Raise the bed height.
- 7) Fill basin with warm water.
- 8) Obtain brief.
- 9) Put on gloves.
- 10) Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety. (RN Test Observer does not move into position unless directed to do so by the candidate.)
- 11) Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, waterproof pad, chux, etc.)
- 12) Expose perineum only.
- 13) Remove soiled brief.
- 14) Discard soiled brief in the designated container.
- 15) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 17) Put on gloves.
- 18) Gently grasp the penis.
- 19) Use a clean soapy washcloth.
- 20) Clean tip of penis starting at the urethral opening working outward away from the urethral opening.
- 21) Clean shaft of the penis away from the tip of the penis.
- 22) Use a clean portion of a washcloth with each stroke.
- 23) With a clean washcloth with soap and water, clean the scrotum.
- 24) Clean scrotum with a clean portion of a washcloth with any stroke.
- 25) With a clean washcloth, rinse penis.

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- 26) Rinse penis using a clean portion of a washcloth with each stroke.
- 27) Rinse scrotum using a clean portion of a washcloth with each stroke.
- 28) Pat dry the area.
- 29) Cover the exposed area. STEP REMOVED
- 30) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 31) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 32) Put on gloves.
- 33) Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on his side ONLY after the candidate has turned the manikin.)
- 34) Use a new soapy washcloth to clean the rectal area.
- 35) Clean area from scrotum to rectal area using a clean portion of a washcloth with each stroke.
- 36) With a clean washcloth, rinse area from scrotum to rectal area.
- 37) Use a clean portion of a washcloth with any stroke.
- 38) Pat dry.
- 39) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 40) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 41) Put on gloves.
- 42) Apply a new brief.
- 43) Ensure brief is even on both sides of the resident [manikin].
- 44) Safely remove barrier from under buttocks.
- 45) Dispose of all soiled linen in the designated container.
- 46) Position resident on his back.
- 47) Lower bed.
- 48) Empty, rinse, dry and return equipment to storage.
- 49) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 50) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 51) Leave resident in a position of comfort and safety.
- 52) Place call light or signaling device within easy reach of the resident.
- 53) Maintain respectful, courteous interpersonal interactions at all times.
- 54) Wash hands: Begin by wetting hands.
- 55) Wash hands: Apply soap to hands. NOT A KEY STEP 3-15-2022
- 56) Wash hands: Rub hands together using friction for at least 20 seconds with soap. **NOT A KEY STEP 3-15-2022**
- 57) Wash hands: Interlace fingers pointing downward with soap.
- 58) Wash hands: Wash all surfaces of hands with soap. NOT A KEY STEP 3-15-2022
- 59) Wash hands: Wash all surfaces of wrists with soap.
- 60) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 61) Wash hands: Dry hands on clean paper towel(s). NOT A KEY STEP 3-15-2022

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- 62) Wash hands: Turn off faucet with a paper towel. NOT A KEY STEP 3-15-2022
- 63) Wash hands: Discard paper towels into trash container as used.
- 64) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

DENTURE CARE

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Line bottom of sink with a protective lining that would help prevent damage to the dentures. (Towel, wash cloth or paper towels are allowed for lining.) **NOT A KEY STEP 3-15-2022**
- 4) Put on gloves.
- 5) Apply denture cleanser.
- 6) Remove denture from cup.
- 7) Handle dentures carefully to avoid damage. NOT A KEY STEP 3-15-2022
- 8) Handle dentures carefully to avoid contamination.
- 9) Rinse denture cup.
- 10) Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures. (Only one plate is used during testing.)
- 11) Rinse dentures using clean cool water.
- 12) Place dentures in rinsed denture cup.
- 13) Add cool clean water to denture cup. NOT A KEY STEP 3-15-2022
- 14) Rinse equipment. (Denture brush or toothbrush.)
- 15) Return equipment to storage.
- 16) Discard protective lining in an appropriate container.
- 17) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

DRESSING A DEPENDENT RESIDENT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Raise bed height.
- 5) Keep resident covered while removing gown.
- 6) Remove gown from unaffected side first.
- 7) Place soiled gown in designated laundry hamper.

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- 8) When dressing the resident in a button-up shirt, insert your hand through the sleeve of the shirt and grasp the hand of the resident.
- 9) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.
- 10) Assist the resident to raise their buttocks or turn resident from side to side and draw the pants over the buttocks and up to the resident's waist.
- 11) When dressing the resident in pants, always dress from the affected (weak) side first.
- 12) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 13) Leave the resident in comfortably/properly dressed and in a position of safety.
- 14) Lower the bed.
- 15) Place call light or signaling device within easy reach of the resident.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

FEEDING A DEPENDENT RESIDENT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Position the resident in an upright position, at least 45 degrees.
- 4) Ask the resident to state name and verify name matches the name on the diet card.
- 5) Protect clothing from soiling by using napkin, clothing protector, or towel.
- 6) Provide hand hygiene for the resident BEFORE feeding. (Candidate may use a disposable wipe and dispose of in trash can –or- wash the resident's hands with a wet washcloth –or- they may rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 7) Ensure resident's hands are dry BEFORE feeding. (If a wet washcloth was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, make sure the hands are dry.)
- 8) Position yourself at eye level facing the resident while feeding resident.
- 9) Describe the food being offered to the resident.
- 10) Offer fluids frequently from each glass. NOT A KEY STEP 3-15-2022
- 11) Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 12) Wipe resident's face during meal at least one time.
 - a. Actor will say, "I'm full" before all the solid food and fluids are gone.
- 13) Leave resident clean.
- 14) Leave resident in bed with the head of the bed up to at least 30 degrees.
- 15) Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 16) Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 17) Record the sum total of estimated fluid intake in ml's on the previously signed recording form.
- 18) Candidate's recorded sum total consumed fluid intake is within 60ml's of the RN Test Observer's recorded fluid intake.

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

FOOT CARE ONE FOOT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Fill foot basin with warm water.
- 4) Put on gloves.
- 5) Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)
- 6) Immerse foot in warm water.
 - a. You may verbalize the 5 to 20 minutes soaking time after you begin soaking the foot.
 - b. Once the 5 to 20 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."
- 7) Use water and soapy washcloth.
- 8) Wash entire foot.
- 9) Wash between toes.
- 10) Rinse entire foot.
- 11) Rinse between toes.
- 12) Dry foot thoroughly.
- 13) Dry thoroughly between toes.
- 14) Warm lotion by rubbing it between hands.
- 15) Massage lotion over entire foot. NOT A KEY STEP 3-15-2022
- 16) Avoid getting lotion between the toes.
- 17) If any excess lotion, wipe with a towel.
- 18) Replace sock on foot.
- 19) Empty, rinse, dry and return basin to storage.
- 20) Place soiled linen in designated laundry hamper.
- 21) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 23) Leave resident in a position of safety in proper body alignment in the chair.
- 24) Place call light or signaling device within easy reach of the resident.
- 25) Maintain respectful, courteous interpersonal interactions at all times.



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ISOLATION GOWN AND GLOVES, THEN EMPTYING A URINARY DRAINAGE BAG WITH HAND WASHING

(One of the possible mandatory first tasks)

- 1) Perform hand hygiene BEFORE touching the gown. NOT A KEY STEP 3-15-2022
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Face the back opening of the gown.
- 3) Unfold the gown.
- 4) Place arms through each sleeve.
- 5) Secure the neck opening.
- 6) Secure the waist making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves.
- 8) Gloves overlap sleeves at the wrist.
- 9) Knock on door.
- 10) Introduce yourself to the resident.
- 11) Explain the procedure to resident.
- 12) Place a barrier on the floor under the drainage bag.
- 13) Place the graduate on the previously placed barrier.
- 14) Open the drain to allow the urine to flow into the graduate.
- 15) Avoid touching the graduate with the tip of the tubing.
- 16) Close the drain.
- 17) Wipe the drain with alcohol wipe AFTER emptying the drainage bag.
- 18) Replace drain in holder.
- 19) Place graduate on level, flat surface.
- 20) With graduate at eye level, read output.
- 21) Empty graduate into designated toilet/commode.
- 22) Rinse graduate and empty rinse water into designated toilet/commode.
- 23) Return graduate to storage.
- 24) Leave resident in a position of comfort and safety.
- 25) Record output on the provided, previously signed recording form.
- 26) Candidate's measured output reading is within 25ml's of RN Test Observer's output reading.
- 27) Place call light or signaling device within easy reach of the resident.
- 28) Maintain respectful, courteous interpersonal interactions at all times.
- 29) Remove gloves, turning inside out as they are removed.
- 30) Remove gloves BEFORE removing gown.
- 31) Dispose of the gloves in the appropriate container.
- 32) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 33) Unfasten gown at the neck.
- 34) Unfasten gown at the waist.
- 35) Remove gown by folding soiled area to soiled area.
- 36) Dispose of the gown in the appropriate container.

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- 37) Wash hands: Begin by wetting hands.
- 38) Wash hands: Apply soap to hands. NOT A KEY STEP 3-15-2022
- 39) Wash hands: Rub hands together using friction for at least 20 seconds with soap. **NOT A KEY STEP 3- 15-2022**
- 40) Wash hands: Interlace fingers pointing downward with soap.
- 41) Wash hands: Wash all surfaces of hands with soap. NOT A KEY STEP 3-15-2022
- 42) Wash hands: Wash all surfaces of wrists with soap.
- 43) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 44) Wash hands: Dry hands on clean paper towel(s). NOT A KEY STEP 3-15-2022
- 45) Wash hands: Turn off faucet with a paper towel. NOT A KEY STEP 3-15-2022
- 46) Wash hands: Discard paper towels into trash container as used.
- 47) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

Mouth Care—Brushing Teeth

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered.
- 5) Drape the resident's chest with towel (cloth or paper) to prevent soiling.
- 6) Wet toothbrush.
- 7) Apply toothpaste to toothbrush.
- 8) Brush 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. (May use an emesis basin or a disposable cup to spit in.)
- 11) Wipe resident's mouth.
- 12) Remove soiled chest barrier.
- 13) Place soiled chest barrier (cloth or paper) in the appropriate container.
- 14) Empty, rinse and dry emesis basin, if used, or dispose cup in appropriate container.
- 15) Rinse toothbrush.
- 16) Return equipment to storage.
- 17) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 19) Leave resident in position of comfort.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.



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MOUTH CARE FOR A COMATOSE RESIDENT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered
- 5) Turn resident to a side lying position to avoid choking or aspiration.
- 6) Drape chest/bed as needed to protect from soiling.
- 7) Use swab(s) and cleaning solution (water). (May not use toothbrush or toothpaste.)
- 8) Gently and thoroughly clean the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Gently and thoroughly clean the gums and tongue.
- 10) Wipe resident's mouth.
- 11) Return resident to position of comfort and safety.
- 12) Discard swab(s) in designated container.
- 13) Place soiled linen in designated hamper.
- 14) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Maintain respectful courteous, interpersonal interactions at all times.

NAIL CARE ONE HAND

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Fill basin with warm water.
- 4) Put on gloves.
- 5) Immerse right/left hand nails in warm water. (The scenario read to you will specify right or left.)
 - a. You may verbalize the at least 5 minutes soaking time after you begin soaking the nails.
 - b. Once the at least 5 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."
- 6) Dry hand thoroughly.
- 7) Specifically, dry between the fingers. NOT A KEY STEP 3-15-2022
- 8) Gently cleans under nails with an orange stick. NOT A KEY STEP 3-15-2022
- 9) Gently pushes cuticles back with a towel or washcloth.
- 10) Files each fingernail.
- 11) Empty, rinse and dry basin.
- 12) Return equipment to storage.
- 13) Discard soiled linen in designated laundry hamper.
- 14) Remove gloves turning inside out as they are removed and dispose of gloves in designated container

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- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

PERINEAL CARE OF A FEMALE WITH HAND WASHING

(One of the possible mandatory first tasks)

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 4) Explain the procedure to resident.
- 5) Provide for privacy, pull privacy curtain.
- 6) Raise the bed height.
- 7) Fill basin with warm water.
- 8) Put on gloves.
- 9) Direct the RN Test Observer to stand on the opposite side of the bed or raise side rail on opposite side of the bed to provide for safety.
 - a. RN Test Observer does not move into position unless directed to do so by the candidate.
- 10) Turn resident or raise hips and place barrier under buttocks. (Candidate will choose barrier such as a towel, waterproof pad, chux, etc.)
- 11) Expose perineum only.
- 12) Separate labia.
- 13) Use water and soapy washcloth.
- 14) Clean one side of labia from front to back.
- 15) Using a clean portion of a washcloth, clean other side of labia from front to back.
- 16) Using a clean portion of a washcloth, clean the vaginal area from front to back.
- 17) Use a clean washcloth, rinse one side of labia from front to back.
- 18) Using a clean portion of a washcloth, rinse the other side of labia from front to back.
- 19) Using a clean portion of a washcloth, rinse the vaginal area from front to back.
- 20) Pat dry.
- 21) Cover the exposed area. STEP REMOVED
- 22) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 23) Perform hand hygiene AFTER disposing of gloves.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 24) Put on gloves.
- 25) Assist resident to turn onto side away from the candidate. (RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.)
- 26) Use a clean washcloth with water and soap.

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27) Clean from vagina to rectal area.

- 28) Use a clean portion of the washcloth with any stroke.
- 29) Use a clean washcloth, rinse from vagina to rectal area.
- 30) Use a clean portion of a washcloth with any stroke.
- 31) Pat dry.
- 32) Safely remove barrier from under buttocks.
- 33) Position resident (manikin) on her back.
- 34) Lower bed.
- 35) Dispose of soiled linen in designated laundry hamper.
- 36) Empty, rinse, dry and return equipment to storage.
- 37) Remove gloves turning inside out as they are removed and dispose of gloves in designated container.
- 38) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 39) Place call light or signaling device and water within easy reach of the resident.
- 40) Maintain respectful, courteous interpersonal interactions at all times.
- 41) Wash hands: Begin by wetting hands.
- 42) Wash hands: Apply soap to hands. NOT A KEY STEP 3-15-2022
- 43) Wash hands: Rub hands together using friction for at least 20 seconds with soap. **NOT A KEY STEP 3-15-2022**
- 44) Wash hands: Interlace fingers pointing downward with soap.
- 45) Wash hands: Wash all surfaces of hands with soap. NOT A KEY STEP 3-15-2022
- 46) Wash hands: Wash all surfaces of wrists with soap.
- 47) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 48) Wash hands: Dry hands on clean paper towel(s). NOT A KEY STEP 3-15-2022
- 49) Wash hands: Turn off faucet with a paper towel. NOT A KEY STEP 3-15-2022
- 50) Wash hands: Discard paper towels into trash container as used.
- 51) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO

WHEELCHAIR USING A GAIT BELT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Assist resident in putting on non-skid footwear.
- 6) Adjust bed height to ensure resident's feet will be flat on the floor.
- 7) Assist resident to a sitting position.
- 8) Position wheelchair at the foot or head of the bed with the wheelchair arm/wheel touching the side of the bed.

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9) Lock wheelchair brakes to ensure resident's safety.

- 10) Properly place gait belt around the resident's waist to stabilize trunk. NOT A KEY STEP 3-15-2022
- 11) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and resident.
- 12) Grasp the gait belt with both hands.
- 13) Bring resident to a standing position using proper body mechanics.
- 14) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety. **NOT A KEY STEP 3-15-2022**
- 15) Remove gait belt.
- 16) Place resident within easy reach of the call light or signaling device.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Adjust bed height to ensure resident's feet will be flat on the floor.
- 6) Position wheelchair at foot or head of bed with wheelchair arm/wheel touching the side of the bed.
- 7) Lock wheelchair brakes to ensure resident's safety.
- 8) Properly place gait belt around the resident's waist to stabilize trunk. NOT A KEY STEP 3-15-2022
- 9) Tighten gait belt. Check gait belt for tightness by slipping fingers between gait belt and the resident.
- 10) Ensure the resident's feet are flat on the floor.
- 11) Ask resident to place hands on the wheelchair arm rests.
- 12) Grasp the gait belt with both hands.
- 13) Bring resident to standing position using proper body mechanics.
- 14) Assist resident to pivot and sit on the bed in a controlled manner that ensures safety. **NOT A KEY STEP**3-15-2022
- 15) Remove gait belt.
- 16) Remove resident's non-skid footwear.
- 17) Assist resident to lie down in the center of the bed.
- 18) Make sure resident is comfortable and in good body alignment.
- 19) Lower bed.
- 20) Place call light or signaling device with easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

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POSITION RESIDENT ON SIDE IN BED

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy, pull privacy curtain.
- 4) Position bed flat.
- 5) Raise bed height.
- 6) Direct the RN Test Observer to stand on the side of the bed opposite working side of bed –or- raises side rail on side of the bed opposite working side of the bed to provide for safety. NOT A KEY STEP 3-15-2022
- 7) From the working side of the bed, move upper body, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 8) Assist/turn resident on his/her correct side read to candidate in the scenario by RN Test Observer. NEW KEY STEP 3-15-2022
- 9) Ensure that the resident's face never becomes obstructed by the pillow.
- 10) Check to be sure that resident is not lying on his/her downside arm.
- 11) Ensure resident is in correct body alignment.
- 12) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident's head. **NOT A KEY STEP 3-15-2022**
- 13) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the resident's upside arm.
- 14) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- behind the resident's back.
- 15) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- between the resident's knees. **NOT A KEY STEP 3-15-2022**
- 16) Leave resident in a position of comfort and safety.
- 17) Lower bed.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

RANGE OF MOTION FOR THE HIP AND KNEE

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Raise bed height.
- 4) Provide for privacy, pull privacy curtain.
- 5) Position resident supine (bed flat).
- 6) Position resident in good body alignment.

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- 7) Place one hand under the knee.
- 8) Place the other hand under the ankle.
- 9) Do not cause discomfort/pain anytime during ROM. NOT A KEY STEP 3-15-2022
- 10) ROM for hip: Move the entire leg away from the body.
 - a. abduction
- 11) Move the entire leg back toward the body.
 - a. adduction
- 12) Complete abduction and adduction of the hip at least three times.
- 13) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 14) Bend the resident's knee and hip toward the resident's trunk.
 - a. flexion of hip and knee at the same time
- 15) Straighten the knee and hip.
 - a. extension of knee and hip at the same time
- 16) Complete flexion and extension of knee and hip at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) Candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.
- 19) Leave resident in a comfortable position.
- 20) Lower bed.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

RANGE OF MOTION FOR THE SHOULDER

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to the resident.
- 3) Provide for privacy.
- 4) Raise bed height.
- 5) Position resident supine (bed flat).
- 6) Position resident in good body alignment.
- 7) Place one hand under the elbow.
- 8) Place the other hand under the resident's wrist.
- 9) Do not cause discomfort/pain at any time during ROM. NOT A KEY STEP 3-15-2022
- 10) Raise resident's arm up and over the resident's head.
 - a. flexion
- 11) Bring the resident's arm back down to the resident's side.
 - a. extension
- 12) Complete flexion and extension of the shoulder at least three times.

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- 13) Continue same support of for shoulder joints by placing one hand under the resident's elbow and one hand under the resident's wrist.
- 14) Move the resident's entire arm out away from the body.
 - a. abduction
- 15) Return the resident's arm to the resident's side.
 - a. adduction
- 16) Complete abduction and adduction of the shoulder at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) Candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.
- 19) Leave resident in a comfortable position.
- 20) Lower bed.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

VITAL SIGNS - BLOOD PRESSURE

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to resident.
- 3) Provide for privacy pull privacy curtain.
- 4) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 5) Roll resident's sleeve up about 5 inches above the elbow.
- 6) Apply the cuff around the upper arm just above the elbow and line cuff arrows up with brachial artery.
- 7) Clean earpieces of stethoscope appropriately and place in ears.
- 8) Clean diaphragm of the stethoscope.
- 9) Place stethoscope over brachial artery.
- 10) Hold stethoscope snugly in place.
- 11) Inflate cuff to 160-180 mmHG. NEW STEP
- 12) Slowly release air from cuff to disappearance of pulsations.
- 13) Remove cuff.
- 14) Record reading on the previously signed recording form.
- 15) Candidate's recorded systolic blood pressure is within 6 mmHg of the RN Test Observer's recorded systolic blood pressure.
- 16) Candidate's recorded diastolic blood pressure is within 6 mmHg of the RN Test Observer's recorded diastolic blood pressure.

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- 17) Place call light or signaling device within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Perform hand hygiene.
 - b. Cover all surfaces of hands with hand sanitizer.
 - c. Rub hands together until hands are dry.

VITAL SIGNS - PULSE AND RESPIRATIONS

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.
- 2) Explain procedure to resident.
- 3) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 4) Count pulse for a full minute (60 seconds).
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting.
- 5) Count respirations for a full minute (60 seconds).
 - a. Tell the RN Test Observer when you start counting and tell her/him when you stop counting
- 6) Record pulse rate on the previously signed recording form.
- 7) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.
- 8) Record respirations on the previously signed recording form.
- 9) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.
- 10) Place call light or signaling device within easy reach of the resident.
- 11) Maintain respectful, courteous interpersonal interactions at all times.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are dry.

Knowledge Test Vocabulary List

abandonment	adaptive devices	agitation
abdominal thrust	adaptive equipment	AIDS
abductor wedge	adduction	
abnormal vital signs	ADL	Alzheimer's
abuse	admission	ambulation
accidents	admitting resident	amputees
accountable	advance directives	anemia
activities	afebrile	angina
acute	affected side	anterior
adaptive	aging process	antibiotics



anti-embolitic stocking	bowel program	colostomy
antisepsis	brain stem	colostomy care
anxiety	breathing	coma
aphasia	brittle bones	combative resident
apical	burnout	communicable
apnea	call light	communication
arthritis	cancer	competency evaluation
aspiration	cardiac arrest	conduct
assault	cardiopulmonary resuscitation	confidentiality
assistive device	cardiovascular system	conflict
atrophy	care impaired	conflict resolution
autoclave	care plan	confused resident
axillary temperature	care planning	congestive heart failure
bacteria	cast	constipation
basic needs	cataract	contamination
bathing	catheter	contracture
bed height	catheter care	converting measures
bed making	cc's in an ounce	COPD
bedrails	central nervous system	coughing excessively
bedrest	chain of command	culture
behavior	charge nurse	CVA
beliefs	chemical disinfection	cyanotic
biohazard	chemical restraint	dangling
bladder training	chemotherapy	death and dying
bleeding	choking	decubitus ulcer
blindness	chronic	de-escalation
blood pressure	circulation	dehydration
body alignment	circulatory system	delegation
body fluid	cleaning	demanding resident
body language	cleaning spills	dementia
body mechanics	clear liquid diet	denture care
body system	clergy	dentures
body temperature	cognitively impaired	dependability
bone loss	cold pack	depression



dermatitis	emesis
development	emesis basin
developmental disability	emotional abuse
diabetes	emotional needs
diaphragm	emotional support
diet	empathy
diets	emphysema
digestion	enema
dilate	epilepsy
dirty linen	essential behaviors
disease	ethics
disease process	eye glasses
disinfection	falls
disoriented	fecal impaction
disposing of contaminated	feces
materials	feeding
disrespect	fire
dizziness	fire safety
ONR	first aid
documentation	flatus
domestic abuse	Foley catheter
dorsiflexion	foot board
draw/lift	foot care
dressing	foot drop
droplets	Fowler's
dying	fracture pan
dysphagia	fractures
dyspnea	fraud
dysuria	frayed cord
edema	gait belt
elastic stockings	gastric feedings
elderly	gastrostomy tube
elimination	geriatrics
elopement	gerontology

gestures	
gifts	
gloves	
grieving process	
group settings	
hand care	
hand tremors	
hand washing	
health-care team	
hearing aid	
hearing impaired	
hearing loss	
heart attack	
heart muscle	
Heimlich maneuver	
helping residents	
hemiplegia	
hip prosthesis	
HIPAA	
HIV	
holistic care	
hormones	
hospice	
hyperglycemia	
hypertension	
hyperventilation	
1&0	
immobility	
impaired	
impairment	
incontinence	
indwelling catheter	
infection	
infection control	



infection prevention
in-house transfer
initial observations
in-service programs
insomnia
intake
intake and output
integumentary system
interpersonal skills
invasion of privacy
isolation
isolation precautions
jaundice
job application
job description
lactose intolerance
laxatives
life support
lift/draw sheet
linen
living will
log roll
log rolling
loose teeth
male perineal care
Maslow
masturbation
measuring height
measuring temperature
mechanical lift
medical asepsis
medical record
medications
memory loss

mental health
mentally impaired
microorganism
minerals
mistakes
mobility
mouth care
moving
MSDS
musculoskeletal
NA role
nail care
nasal cannula
neglect
non-contagious disease
non-verbal communication
NPO
nursing assistant's role
nutrition
objective
objective data
OBRA
occupied bed
ombudsman
oral care
oral hygiene
oral temperature
orientation
osteoporosis
output
oxygen
oxygen use
palliative care
paralysis

Parkinson's passive pathogen patience perineal care peristalsis personal care personal items personal protective equipment personal values pet therapy phone etiquette physical needs physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse pureed diet	paranoia
pathogen patience perineal care peristalsis personal care personal items personal protective equipment personal values pet therapy phone etiquette physical needs physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	Parkinson's
patience perineal care peristalsis personal care personal items personal protective equipment personal values pet therapy phone etiquette physical needs physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	passive
perineal care peristalsis personal care personal items personal protective equipment personal values pet therapy phone etiquette physical needs physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	pathogen
peristalsis personal care personal items personal protective equipment personal values pet therapy phone etiquette physical needs physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	patience
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physical therapist physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	phone etiquette
physician's authority plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	physical needs
plaque plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	physical therapist
plate rim podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	physician's authority
podiatrist positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	plaque
positioning PPE precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	plate rim
precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	podiatrist
precautions pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	positioning
pressure ulcer preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	PPE
preventing falls privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	precautions
privacy progressive pronation prostate gland prosthesis psychological needs PTSD pulse	pressure ulcer
progressive pronation prostate gland prosthesis psychological needs PTSD pulse	preventing falls
pronation prostate gland prosthesis psychological needs PTSD pulse	privacy
prostate gland prosthesis psychological needs PTSD pulse	progressive
prosthesis psychological needs PTSD pulse	pronation
psychological needs PTSD pulse	prostate gland
PTSD pulse	prosthesis
pulse	psychological needs
	PTSD
pureed diet	pulse
	pureed diet



quadriplegia	restor
quality of life	restra
RACE (acronym)	resus
radial	rights
range of motion	rigor
reality orientation	risk fa
rectal	role
refusal	rotati
regulation	safety
rehabilitation	safety
religious service	saliva
reminiscence therapy	saniti
reminiscing	scale
renewal	seclus
reporting	secre
reposition	seizur
resident abuse	self-e
resident belongings	Semi-
resident independence	senso
resident pain	sexua
resident pictures	sexua
resident right	sexua
resident treatment	sharir
resident trust	Sharp
residents	shavir
Resident's Bill of Rights	shear
resident's chart	side r
resident's environment	skin o
resident's families	sland
respectful treatment	smok
respiration	social
respiratory symptoms	social
respiratory system	specir
responsibility	spills

restorative care
restraint
resuscitation
rights
rigor mortis
risk factor
role
rotation
safety
safety procedures
saliva
sanitizer
scale
seclusion
secretions
seizure
self-esteem
Semi-Fowlers
sensory system
sexual abuse
sexual harassment
sexual needs
sharing information
Sharp's container
shaving
shearing
side rails
skin observation
slander
smoking
social needs
social worker
specimen
spills

spiritual needs
stages of grief
standard precautions
state tested
stealing
stereotypes
stethoscope
stress
stroke
subjective data
sundowning
supine
supplemental feedings
survey
swelling
tachycardia
TED hose
temperature
tendons
terminal illness
terminology
thick fluid
threatening resident
thrombus
TIA
tips
toenails
trachea
transfer belt
transfers
transporting
transporting food
transporting linens
tub bath



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twice daily	
tympanic	
tympanic temperature	
unsteady	
urethral	
urinary catheter bag	
urinary elimination	
urinary system	
urinary tract	
urination	
urine	

unaffected
unconscious
UTI
vaginal drainage
varicose veins
vision change
vital signs
vitamins
vocabulary
vomitus
walker

wandering resident
water faucets
water pitcher
weakness
weighing
weight
well-being
wheelchair safety
white blood cells
withdrawn resident

Notes:
