

D&S Diversified Technologies LLP

Headmaster LLP

California Nurse Aide Candidate Handbook

UPDATED: November 2024

Version 6

Update made November 2024:

The Identification section (CDPH 932 information) has been updated. (page 14)

Contact Information

Questions regarding: testing process, test scheduling and eligibility to test (800) 393-8664

Questions regarding: obtaining information on official regulations and guidelines for nurse aides • updating your name, address or requesting a duplicate CNA certificate • verification of current nurse aide certification • renewal, reciprocity and equivalency information • obtaining information regarding approved training programs

(916) 327-2445 (800) 236-9747

| | | (800) 236-9747 |
|--|---|--|
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| California Department of Public Health (CDPH) | | |
| Professional Certification Branch (PCB) - Aide and Technician | | |
| Certification Section (ATCS) | Monday through Friday | Phone #: (916) 327-2445 |
| PO Box 997416, MS 3301 | 9:00AM – 12:00PM | |
| Sacramento, CA 95899-7416 | and | Phone #: (800) 236-9747 |
| Email: cna@cdph.ca.gov | 1:00PM – 4:00PM | |
| Web Site: | Pacific Time (PT) | |
| https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx# | | |

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Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and 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 program's purpose is to ensure that candidates seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the nurse aide competency examination process and is designed to help prepare candidates for testing. The examination has two parts: a multiple-choice knowledge test and a skill test. Candidates must pass both parts to be identified and listed on the California Nursing Assistant Registry.

The California Department of Public Health (CDPH) has approved D&S Diversified Technologies, LLP (D&SDT)-Headmaster, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (800)393-8664 or go to D&SDT-Headmaster's <u>California Nurse Aide (NA) webpage</u> or at <u>www.hdmaster.com</u> and click on 'California CNA'. The information in this handbook will help you prepare for your examination.

California Licensing and Certification Program

The California Department of Public Health, Professional Certification Branch, Aide and Technician Certification Section is primarily responsible for certifying nurse assistants by ensuring applicants adhere to the <u>California Health and Safety Code</u>, Section 1337-1338.5.

Information regarding licensing and certification can be obtained at:

Aide and Technician Certification Section P.O. Box 997416, MS 3301 Sacramento, CA 95899-7416 Phone Number: (916) 327-2445

Email: cna@cdph.ca.gov

Web Site: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx#

Certified Nursing Assistant (CNA) Initial Application - CDPH 283B

REMINDER: You must complete and submit directly to CDPH a Certified Nursing Assistant (CNA) Initial Application (CDPH 283B): https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph283b.pdf

You may submit this CNA initial application (CDPH 283B) through the new CDPH Online Submission Portal.
 Please see the link below for directions and more information.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Online-Submission-Page.aspx#

CNA REGISTRY PLACEMENT REJECTION

The primary reason for the rejection of placement on the CNA Registry is that the CNA applicant did not submit a "CNA Initial Application" to CDPH upon starting a CNA training program, as required by CNA regulations.

Without this initial application on file, test results cannot be accepted into the CDPH CNA database, and the applicant remains ineligible for certification.

Another common reason for rejections, although not as frequent, is the applicant's personal information discrepancies. If the name, social security number, or date of birth listed on the CNA testing application does not match the information provided on the initial application that CDPH has on file, the test results will also be rejected.

Recommendations for applicants to avoid their test results being rejected: Call CDPH and-

- Confirm that your initial application is on file with CDPH.
- Ensure that the name, date of birth, and social security number they have on file with D&SDT-Headmaster match exactly with the information on record with CDPH.

Americans with Disabilities Act (ADA)

ADA Compliance

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

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

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

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

The California Nurse Aide Competency Exam

Payment Information

| Exam Description | Price |
|---|-------|
| Knowledge Exam or Retake | \$35 |
| Audio Version of the Knowledge Exam or Retake | \$45 |
| Skill Exam or Retake | \$95 |

Complete your TMU© Account

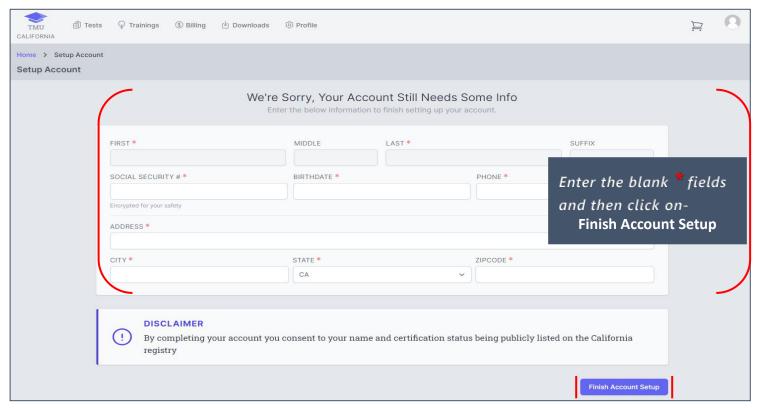
Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

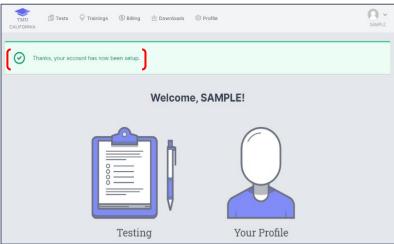
<u>IMPORTANT</u>: Before you can test, you must sign in to TMU© using your secure Email or Username and Password and complete your demographic information.

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

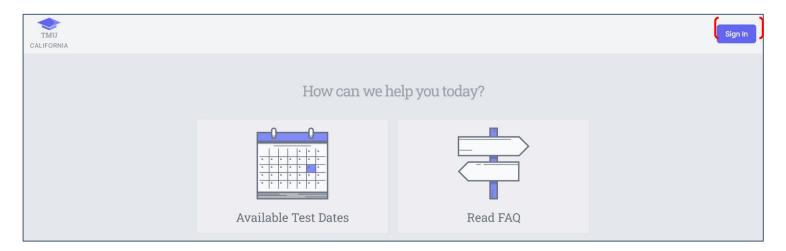
If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you cannot sign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

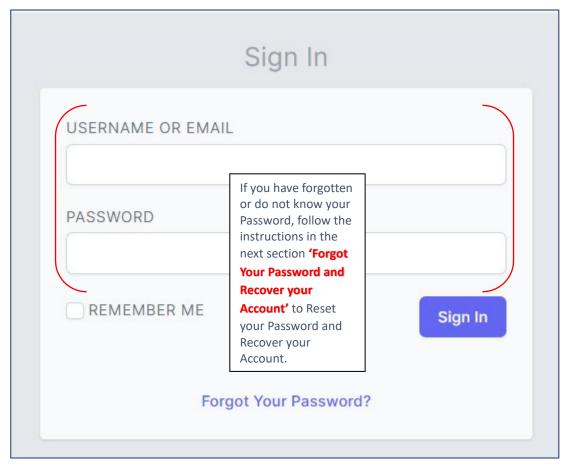
Screen you will see the first time you sign in to your TMU© account with the **demographic information you need** to enter to complete your record:





This is the California CNA TMU© main page ca.tmutest.com:





FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT

If you do not remember your password, follow the 'Forgot Your Password and Recover Your Account' instructions on the next page to reset your password and recover your account.

Sign In USERNAME OR EMAIL PASSWORD REMEMBER ME Sign In Click onForgot Your Password? Forgot Your Password?

Type in your Email Address

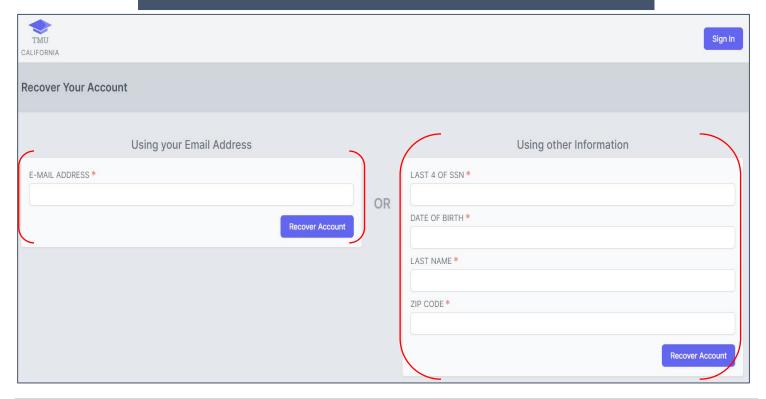
Click on – Recover Account

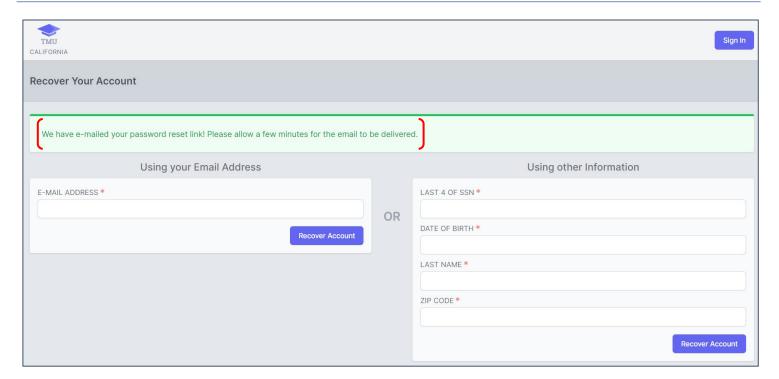
An email with the reset link will be emailed to you.

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

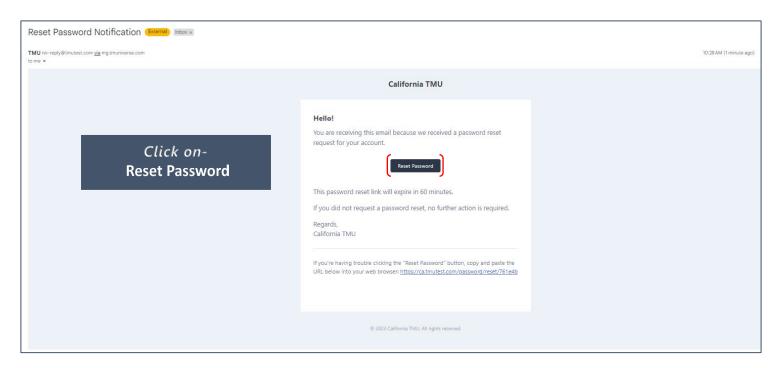
-OR- If you have already updated your demographic information, you can type in the requested data under Using Other Information

Click on - Recover Account

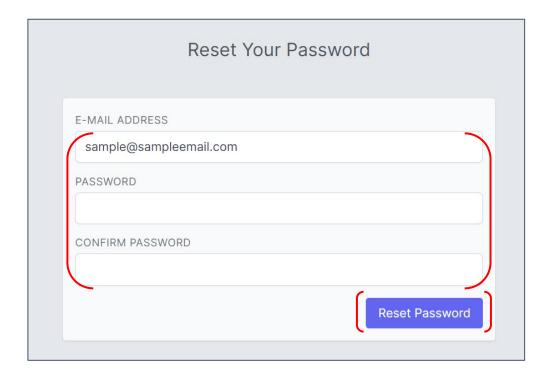




This is what the email will look like (check your junk/spam folder for the email):

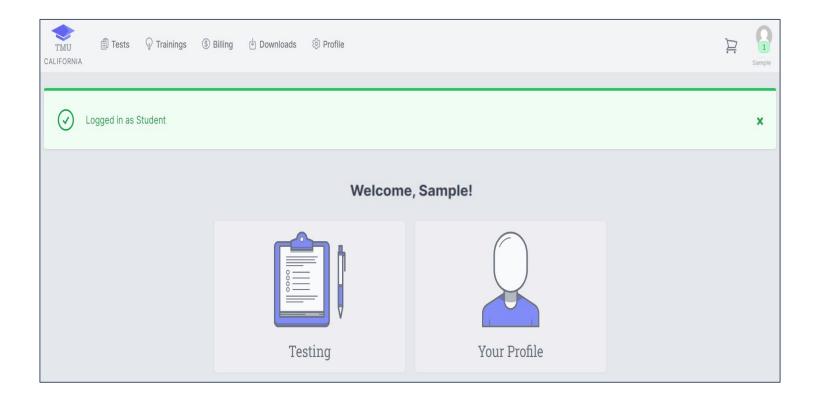


Note: If you do not reset your password right away, the link expires in 60 minutes, and after that time, you will need to request a new link.



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

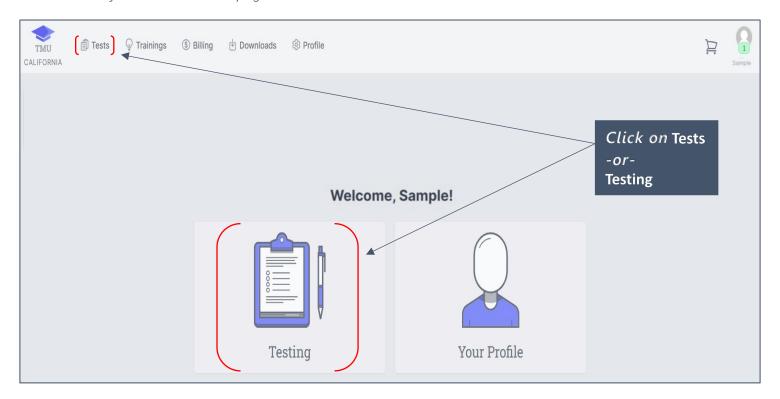
This is the home screen you will see once you have reset your password:



Schedule a California Nurse Aide Exam

Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database and your testing fee has been paid (see instructions under 'Self-Pay of Testing Fees'), you may schedule your exam date online at the California TMU© webpage, <u>ca.tmutest.com</u>, using your Email or Username and Password (see instructions under 'Schedule a Test Event'). If you are unable to sign in with your email or are unable to schedule or reschedule your test date, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours, 5:00AM to 5:00PM PT, Monday through Friday, excluding holidays.

This is the California TMU© main page:



Self-Pay of Testing Fees in TMU©

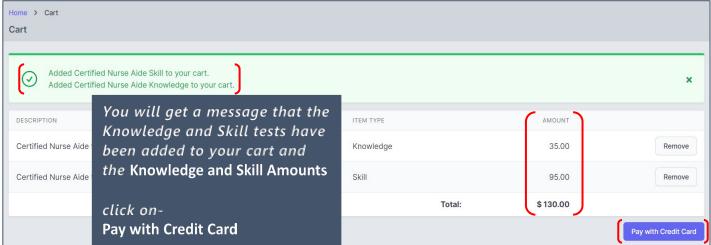
Testing fees must be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their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

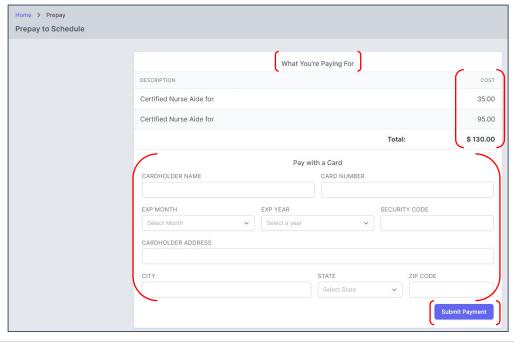
Securely processed Visa or MasterCard credit/debit card information is required when paying testing fees online.



Under Scheduling, click on the box to the left of Exam to select the test component – a checkmark will appear in the box.

Then click on-Add Selected Items to Cart





Enter the Credit Card information and then click on-Submit Payment

You will receive a receipt of the transaction.

For special circumstances only: You may also pay your testing fees with a money order or cashier's check via a paper Payment Form. Please email california@hdmaster.com to request a paper payment form.

Once your testing fees are paid, you can choose a test site and date. Follow the instructions in the next section to schedule or reschedule a test event.

SCHEDULE A TEST EVENT

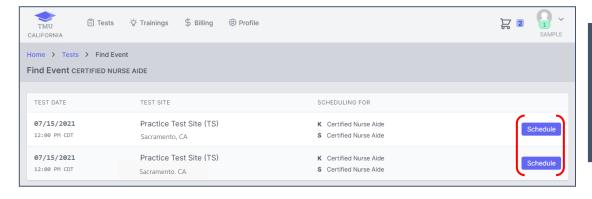


All eligible test
events will appear
in this format.

To select a test
site and test date,

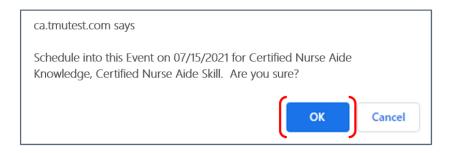
click on –

Schedule to the
right of the test
date you want to

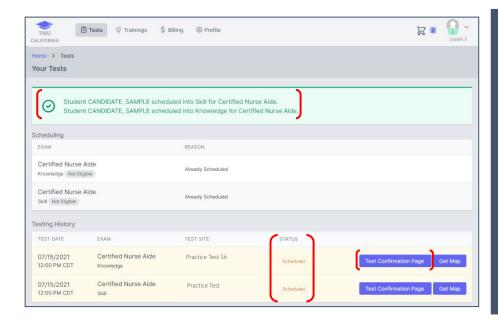


To select a test site and test date, click on – Schedule

schedule into.



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



This screen confirms you are scheduled for a test date to take your knowledge and/or skills exam.

Your status shows Scheduled and a note at the top of your screen also shows you are scheduled.

Click on-

Test Confirmation Page to see your test confirmation with important reminders for testing.

TEST CONFIRMATION LETTER

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

The body of the test confirmation letter will refer you to read the California candidate handbook, as it will give you specific instructions on what time to arrive, ID requirements, dress code, etc.

Note: Please read the candidate handbook to avoid a no-show status for your test event for not adhering to the policies of testing, etc.

It is important you read this letter!

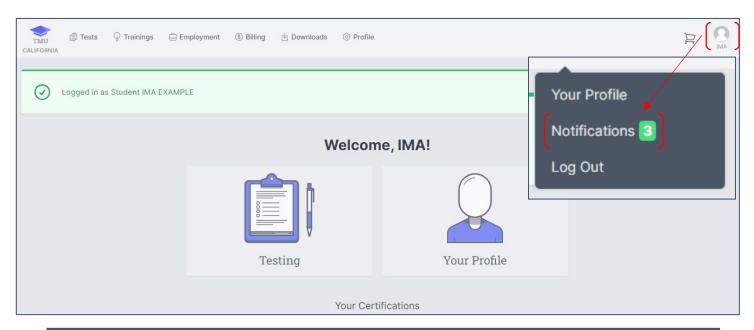


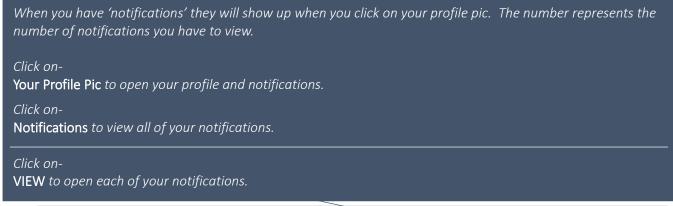
Please see the 'Remotely Proctored Knowledge Exam Option' under the Knowledge/Audio Exam section if you want to take your knowledge exam remotely from home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, Monday through Friday, excluding holidays, 5:00AM to 5:00PM PT.

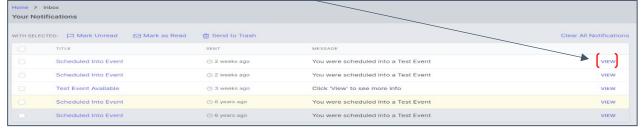
Note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

Check/View your TMU© Notifications

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







Notification example:



Criteria to Waive the Nurse Aide Training Requirement

If you are presently enrolled in (or completed) a Registered Nurse, Licensed Vocational Nurse, or Licensed Psychiatric Technician program, have received medical training in military services, or have received the above license(s) from a foreign country or U.S. state, you may not have to take further training. You may qualify to take the Competency Evaluation.

Please see further information under "How to Complete your Equivalency Package" on the CDPH website at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx#

Time Frame for Testing from Training Program Completion

You must schedule a test date within two (2) years of your date of training program completion. After two years, you must complete another CDPH-approved training program to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are available on the testing calendar in the California TMU© <u>ca.tmutest.com</u>.

Exam Check-In

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

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

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

If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.

Testing Attire

The following testing attire requirements will be followed at testing sites:

- You must be in full clinical attire (scrubs).
 - Scrubs and shoes can be any color/design.
- No open-toed shoes are allowed.
- Long hair must be pulled back.

Note: You will not be admitted for testing if you are not wearing scrubs attire, appropriate shoes, and 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.

Other testing attire information:

- You may bring a standard watch with a second hand.
- Bluetooth-connected devices, smartwatches, fitness monitors, etc., are not allowed.

Identification and CDPH 283B or CDPH *932

You must bring-

1. UNITED STATES (US) GOVERNMENT-ISSUED, *SIGNED, UNEXPIRED, PHOTO-BEARING FORM OF IDENTIFICATION

Only original IDs are accepted. Photocopies, faxes, images, or mobile or electronic/digital versions (for example; Apple or Google Wallet) of IDs *are not allowed*. Examples of the forms of US government-issued, acceptable photo IDs are:

- State-issued Driver's License
 - The renewal receipt received from the California Department of Motor Vehicles (DMV) is not allowed for identification as it does not have a signature or a photo, and it states on the receipt that it is not valid.
- State-issued Identification Card
- Signed US Passport (Foreign Passports and Passport Cards are not acceptable)
 - Exception: A signed foreign passport with a US VISA is acceptable (the VISA does not have a signature).
- Permanent Resident Card (Green Card or Alien Registration Card)/Employment Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS) (*now accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to present day. If issued before January 1, 2023, may contain a fingerprint in place of a signature)
- **Tribal Identification Card** (a signed photo ID with an expiration date (not expired) issued by a <u>federally recognized</u> Tribal Nation/Indian Tribe)
- US Military Identification Card (*accepted without a signature or fingerprint, but will have a bar code or may contain a fingerprint in place of a signature)

2. You are required to bring:

- a. your Application for Nurse Assistant Certification (CDPH 283B) with original signature from the RN responsible for your training and that is dated after you have completed training
- -or-
- b. (*SEE C BELOW) an original California Department of Public Health (CDPH) Certified Nurse Assistant Competency Evaluation Approval Letter (CDPH 932) with an embossed stamp and original signature from CDPH.

c. *Candidates are now receiving an email from CDPH with the CDPH 932 form as an attachment. <u>See note below</u>: You may show the RN Test Observer at check-in the email you received from CDPH with the attached CDPH 932. The CDPH 932 online form attached to the email you receive will have a box with a red stamp that states CDPH 99 Approved by HPCTS for Exam, and there is no longer a wet ink signature as it now states HPCTS Representative. We are still accepting the old CDPH 932 forms with the embossment in tandem with the new form.

<u>NOTE</u>: You are not required to print the attached exam approval (CDPH 932). You may show the email you received from CDPH with the attachment at check-in.

The **FIRST** and **LAST** names listed on your ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names entered in the California nurse aide TMU© database by your training program. You may call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your US government-issued ID or log in to your TMU© account at <u>ca.tmutest.com</u> using your Email or Username and Password to check on or change your demographic information.

If you need to update or correct your demographic information, please complete the <u>DEMOGRAPHIC</u> CHANGE/CORRECTION REQUEST FORM.

Please note:

- You will not be admitted for testing if you do not bring proper/valid identification and your completed
 CDPH 283B or CDPH 932 form (or email of exam approval from CDPH).
 - Be sure your identification is not expired.
 - Check to ensure that the FIRST and LAST printed names on your identification card match your current name of record in TMU©.
- A driver's license or state-issued ID card with a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match, your ID is not proper/valid, or it has a hole punched in it, this is considered a NO SHOW, and you will have to reschedule and pay for another test and date.

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

Instructions for the Knowledge, Remotely Proctored Knowledge and Skill Exams

Test instructions for the knowledge and skills exams will be provided in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the Instructions can be found in your TMU© account under the Downloads tab (*see paragraph below).

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

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

Testing Policies

The following policies are observed at each test site:

- Make sure you have signed in to your TMU© account at <u>ca.tmutest.com</u> well before your test date to update your password and complete your demographic information. Refer to this handbook's 'Complete Your TMU© Account' section for instructions and information.
 - If you have not signed in and completed/updated your TMU© account 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 for up to 5 hours (if taking both components on-site) in the worst-case scenario.
 - Scheduling time frames and the time at the test site may be significantly shorter.
- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam. Any exam fees paid will NOT be refunded.
 - If you are scheduled for a remotely proctored knowledge exam, please see the procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- If you do not bring valid and appropriate US government-issued, non-expired, *signed photo ID and your completed CDPH 283B or CDPH 932 form (see details in this handbook's 'Identification' section), you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
- The FIRST and LAST names listed on your ID presented to the RN Test Observer during sign-in at your test event DO NOT MATCH THE FIRST AND LAST NAMES that were entered in the California Nursing Assistant TMU© database, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you do not wear full clinical attire and appropriate shoes with 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 do not show up for your exam day, or are considered a NO-SHOW STATUS (see details in this handbook's 'No-Show Status' section) for any reason, any test fees paid will NOT be refunded. You must re-pay your testing fees online in your TMU© account using your Email or Username and Password to schedule another exam date.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS**: Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your items and electronic devices, and you will collect these items when you complete your test(s).
 - All electronic devices must be **turned off**.
 - Smartwatches, fitness monitors, or Bluetooth-connected devices must be removed from your wrist or body and turned off.
- Anyone caught using any electronic recording device or cheating during testing will be removed from the testing room(s), have their test scored as a failed attempt, forfeit all testing fees, and will be reported to their training program and the California Department of Public Health (CDPH).

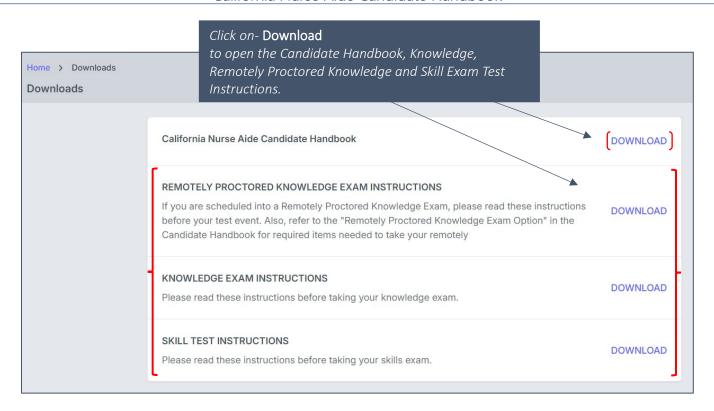
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink, or study material while waiting to test.
- Translators, foreign language dictionaries of any kind, using language translators that are not pre-approved and electronic dictionaries <u>are not allowed</u>.
- You may not remove any notes or other materials from the testing room.
- You are prohibited from eating, drinking, or smoking (e-cigarettes or vaping) during the exam.
- You are not allowed to leave the testing room (knowledge test room/remotely proctored test event 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/event to finish your exam.
- If you are discovered cheating, causing a disturbance of any kind, engaging in any misconduct, visibly impaired, or trying 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 any testing fees paid, and you will be reported to your training program and the California Department of Public Health (CDPH).
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed.
 - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you are ill (sick). Call D&SDT-Headmaster at (800)393-8664 immediately to reschedule (see the <u>note</u> below).
 - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call D&SDT-Headmaster at (800)393-8664 immediately if you are on doctor's orders to reschedule (see the note below).

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

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

Access the Candidate Handbook and Testing Instructions





Security

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

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

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

Reschedule a Test Event

All candidates may reschedule for free online at <u>ca.tmutest.com</u> up until one (1) business day before 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 online by signing in to your TMU© account at **ca.tmutest.com**. (See instructions under 'Schedule a Test Event'.)

Example: If you are scheduled to take your exam on a Friday, you would need to reschedule by the close of business on Wednesday before your exam. D&SDT-Headmaster's regular business hours are 5:00AM to 5:00PM PT, Monday through Friday, excluding holidays.

| The scheduled test date is on a: | Reschedule before 5:00PM PT the previous: |
|----------------------------------|---|
| Monday | The previous Thursday |
| Tuesday | The previous Friday |
| Wednesday | The previous Monday |
| Thursday | The previous Tuesday |
| Friday | The previous Wednesday |
| Saturday | The previous Thursday |
| Sunday | The previous Thursday |

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

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the California Nurse Aide Competency exam at all.

SCHEDULED IN A TEST EVENT

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid by filling out and submitting the <u>Refund Request Form</u> on D&SDT-Headmaster's California webpage at <u>www.hdmaster.com</u> at least one (1) full business day before your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.
 - <u>Example</u>: If you are scheduled to take your exam on a Friday, you would need to request a refund by close of business (D&SDT-Headmaster is open until 5:00PM Monday through Friday Pacific Time) the Wednesday before your scheduled exam.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days will not be issued.

NOT SCHEDULED IN A TEST EVENT

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

Unforeseen Circumstances Policy

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

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

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

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

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

See more information under 'No-Show Exceptions'.

No-Show Status

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day before your scheduled testing event, **excluding** Saturdays, Sundays, and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO-SHOW STATUS.** You will forfeit all fees paid and must sign in to your TMU© account to repay or submit a new testing fee to schedule yourself for 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 in this handbook's 'Reschedule a Test Event' and 'Refund of Testing Fees Paid' sections), a NO SHOW STATUS will exist. 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:**

Car breakdown or accident: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within 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.
- Medical emergency or illness: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a doctor's note showing your name and the provider of service name (or be on the provider's letterhead) must be submitted within three (3) business days of the missed exam date. If we do not receive proof within 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, fax, or email, and an obituary or letter showing your name and the provider of service name submitted on your behalf from the funeral home for immediate family must be submitted within seven (7) business days from a missed exam date. If we do not receive proof within the 7-business day time frame, you will have to pay as though you were a no-show. (The immediate family includes the parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- Remotely proctored testing issues: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a no-show.
 - **Internet outage or issue:** Documentation showing your name and the provider of service name from the Internet provider showing outage date and times.
 - **Computer or cell phone issue:** If the computer or cell phone fails to work for any reason, documentation showing your name and the provider of service name from a computer repair technician/shop or other appropriate documentation.

Candidate Feedback – Exit Survey

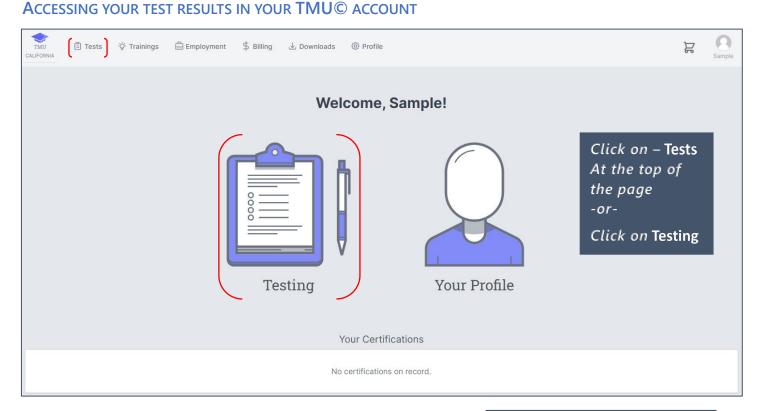
Candidates are provided the opportunity to complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not affect the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination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

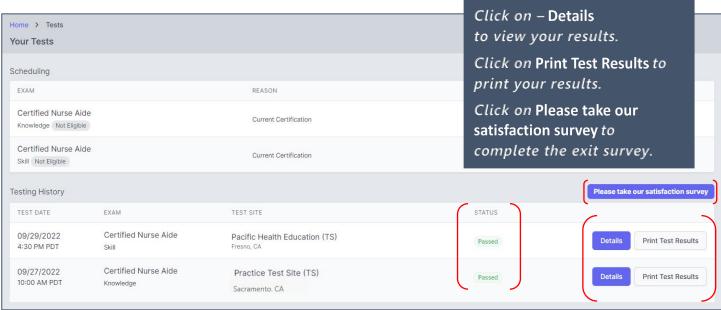
Test Results

After you have completed both the Knowledge Exam 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© account after 7:00PM (PT) the business day after your test event.

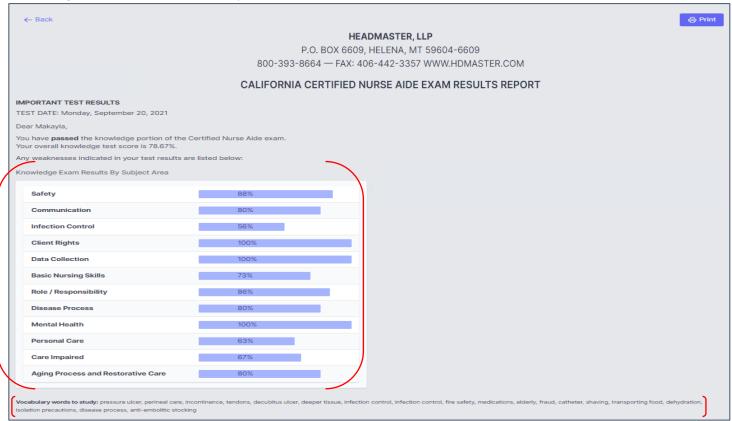
Note: D&SDT-HEADMASTER does not send postal mail test results letters.

Sign in to your TMU© account at ca.tmutest.com to view your test results.

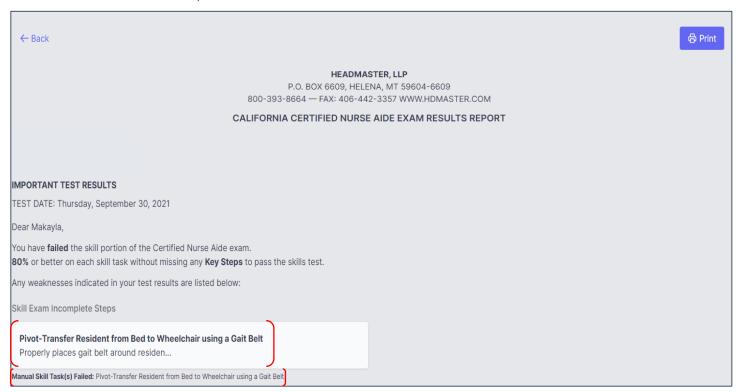




Knowledge Exam Test Results Example:



Skill Exam Test Results Example:



NOTE: Federal and State regulations allow healthcare facilities to employ students for up to 120 days from the day employment and training is offered in an approved facility-based nurse aide training and competency evaluation program. However, if you fail three (3) attempts on either portion of the state competency exam, the facility can no longer employ you to perform nurse aide duties.

Test Attempts

You have **three (3) attempts** to pass the exam's knowledge and skill test portions **within two (2) years** from your date of nursing assistant training program completion. If you do not complete testing within two years from completion of training, you must complete a new California Department of Public Health-approved training program to become eligible to further attempt California NA examinations.

Retaking the Nurse Aide Exam

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

You can schedule a test or re-test online by signing in to your TMU© account at <u>ca.tmutest.com</u>. (See this handbook's 'Schedule a Test Event' for rescheduling instructions.) You will need to pay with a credit/debit card (Visa or MasterCard) before you can schedule.

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (800)393-8664 during regular business hours, 5:00AM to 5:00PM PT, Monday through Friday, excluding holidays. We can assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

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

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 5:00AM to 5:00PM PT Monday through Friday, excluding holidays, and discuss the test outcome you are questioning before committing to paying the \$25 non-refundable test review request deposit. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a \$25 non-refundable test review deposit fee. To request a review, complete and submit the <u>Test Review Request and Payment Application</u>, available on the California TMU© main page (before you log in to your account) at <u>ca.tmutest.com</u>. Test Review Requests must be received within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a California nurse aide is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the review results are in your favor, D&SDT-Headmaster will refund your test review deposit. If the determination of the review is <u>not in your favor</u>, the \$25 test review fee *is not refundable*.

D&SDT-Headmaster will review your detailed recollection, your knowledge test markings, and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s).

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

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

The Knowledge/Audio Exam

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

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have **60 minutes** to complete the **75-question** Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?"). The Knowledge Test Proctor will have scratch paper and a basic calculator during your knowledge exam.

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

All test sites in California utilize electronic TMU© testing using Internet-connected computers. The Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers.

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

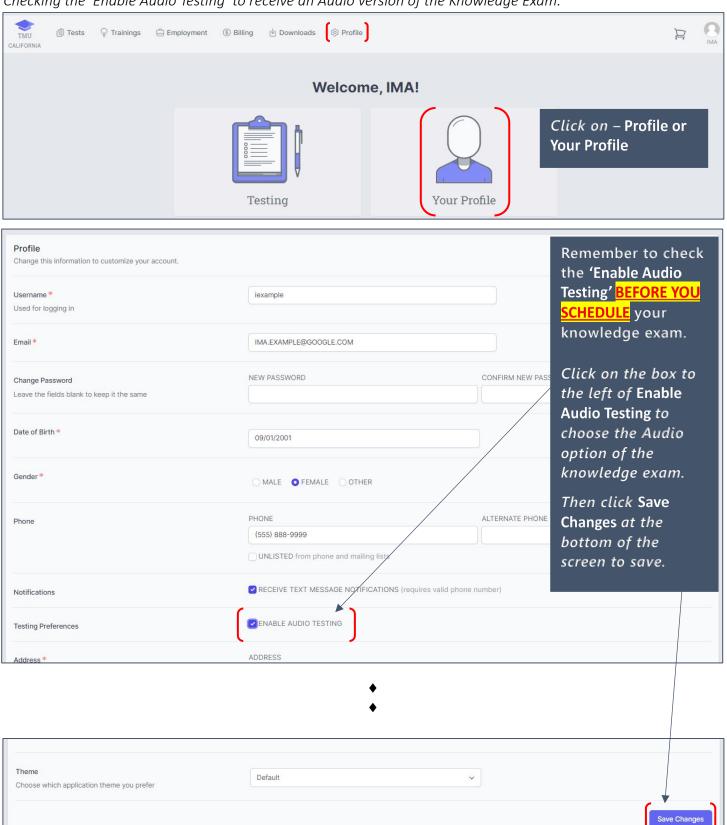
The Knowledge Test Proctor will provide you with a code at the test event to start your test.

An audio (oral) version of the knowledge exam is available. However, you must request an Audio version before you submit your testing fee payment. There is an additional \$10 charge for an Audio version of the Knowledge Exam (the total for a Knowledge AUDIO version is \$40). The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer. Bluetooth-connected devices are not allowed. When taking an Audio version of the Knowledge exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

Select an Audio Version of the Knowledge Exam

To select the audio version of the knowledge exam, see the instructions on the next page.

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



Translators, foreign language dictionaries of any kind, using language translators that are not pre-approved, and electronic dictionaries <u>are not allowed</u>.

If needed, you may do math calculations on the scratch paper provided by the KTP. If you need a calculator, please quietly alert the Knowledge Test Proctor; one will be provided.

• Any scratch paper and/or provided calculator must be left with the KTP when done testing.

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 California Department of Public Health (CDPH).

Remotely Proctored Knowledge Exam Option

You will have the option to take the knowledge exam remotely from your home, etc. Because this is done in a remotely proctored environment and not in person, your Application for Nurse Assistant Certification (CDPH 283B) or Certified Nurse Assistant Competency Evaluation Approval Letter (CDPH 932) form will not be noted that you tested by the RN administering the exam.

<u>REMINDER</u>: You have three (3) attempts to pass the exam's knowledge and skill test portions within two (2) years from your date of nursing assistant training program completion. If you do not successfully complete testing within two years from completion of training, you must complete a new California Department of Public Health-approved training program to become eligible to further attempt California NA examinations.

REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

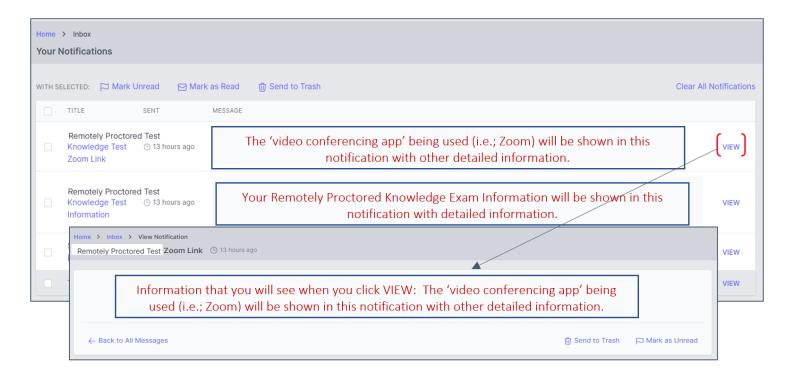
- An updated version of Google Chrome as your Internet browser.
 - TMU© does not support Internet Explorer.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam.
- A smartphone to access the 'video conferencing app' (e.g., Zoom) that you must download.
 - You will receive email information about the 'video conferencing app' (for example, Zoom, etc.) you will need before test day.
 - The night before your scheduled remotely proctored knowledge exam, you will receive an email 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.
- If you have selected the Audio version of the knowledge exam, you will provide your own wired earbuds or headphones, which you must show to the remote proctor at check-in. Earbuds or headphones cannot be Bluetooth-connected devices.
 - The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer.
 - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

You will need to sign in to your TMU© account using your Username or Email and Password and follow the instructions in this handbook's 'Schedule a Test Event' section. Please ensure you have met the 'Remotely Proctored Knowledge Exam Candidate Requirements' listed above before scheduling a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam will be the 'Remotely Proctored Knowledge Exam.'
- Once scheduled, a test confirmation will be sent via email and/or text message, and a notification will be generated in your TMU© account for you to view (see this handbook's 'Test Confirmation Letter' and the 'Check/View your Notifications' sections for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for, will be emailed to you and in your notifications.
 - Remember For this information, check your 'NOTIFICATIONS' under your profile pic in your TMU© account. Please refer to this handbook's 'Check/View your TMU© Notifications' section.

See the screenshot below showing examples of what a notification regarding your remotely proctored knowledge exam will entail:



REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You must be signed in to the remotely proctored exam link (for example, Zoom, etc., waiting room) for the check-in process with the remote test proctor **prior (10-20 minutes)** to the start time listed on your test confirmation. If you are not signed into the remotely proctored exam waiting room prior (at least 10 minutes) to the time listed on your

test confirmation, you will not be allowed to test, considered a No Show, forfeit your testing fees paid, and have to pay for another test date.

- You must show your mandatory identification and **CDPH 283B or CDPH 932 form/email** to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see this handbook's 'ldentification' section for specifics.
- You must show your surroundings to the remote Proctor during check-in before starting your remotely proctored knowledge exam.

REMOTELY PROCTORED KNOWLEDGE EXAM POLICIES

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

- The 'video conferencing app' (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
- If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect. Otherwise, the remote proctor will disconnect you from the exam, and your test will be scored as a failed attempt.
- Your device must <u>not be muted</u> during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** You need to test in a distraction and interruption-free area just like you would if you were sitting in the knowledge test room at a test site.
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored knowledge testing issues under this handbook's 'No Show Exceptions' section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you must show the remote Proctor both sides of the scratch paper and calculator.
 - At the end of your exam, you will be asked to show both sides of the scratch paper to the remote Proctor *again*. You will then be told you must tear up the scratch paper in view of the remote Proctor and told to mute your phone before tearing up the scratch paper.
- Translators, foreign language dictionaries of any kind, using language translators that are not pre-approved, and electronic dictionaries **are not allowed**.

Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 5:00AM to 5:00PM PT, Monday through Friday, excluding holidays, if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

Knowledge Exam Content

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

SUBJECT AREAS

| SUBJECT AREA | NUMBER OF QUESTIONS | Subject Area | Number of Questions |
|------------------------------------|---------------------|-------------------------|---------------------|
| Aging Process and Restorative Care | 4 | Infection Control | 6 |
| Basic Nursing Skills | 15 | Mental Health | 6 |
| Care Impaired | 5 | Personal Care | 4 |
| Communication | 5 | Resident Rights | 8 |
| Data Collection | 4 | Role and Responsibility | 6 |
| Disease Process | 4 | Safety | 8 |

Self-Assessment Reading Comprehension Exam

The following passages and corresponding questions will assess your reading comprehension required for the knowledge portion of the state competency evaluation. If you miss more than three (3) questions, you should consider utilizing the audio option for the knowledge exam.

PASSAGE 1

Paul and Ben are twins. They are identical in features but opposite in personality. Paul likes to wear dark colors. Ben likes to wear bright colors. Paul likes to read quietly, and Ben likes to watch football games with friends.

- 1. Paul can be classified as an
 - a. omnivert
 - b. extrovert
 - c. introvert
 - d. ambivert
- 2. Ben can be classified as an
 - a. omnivert
 - b. extrovert
 - c. introvert
 - d. ambivert
- 3. Paul and Ben have identical
 - a. noses
 - b. shoes
 - c. earrings
 - d. tattoos

PASSAGE 2

Amy is from the state of Montana. Amy lives in an apartment with her parents and her brother, Nick. Tomorrow, Amy is flying to the state of Oregon. Amy is bringing three books of 3 different colors with her. Nick doesn't understand why she needs three books. The yellow one is a Spanish-English dictionary. The red one is a tourist guide to Oregon. The blue one is about horses, which Amy feels is the most important.

Amy will not need her United States of America passport because she won't be leaving the country.

- 4. Amy is from
 - a. Wisconsin
 - b. Montana
 - c. Oregon
 - d. Wyoming
- 5. Amy resides in a(n)
 - a. house
 - b. farm
 - c. condo
 - d. apartment
- 6. Amy lives in
 - a. Canada
 - b. America
 - c. Mexico
 - d. Peru
- 7. Amy lives with her
 - a. aunt
 - b. grandmother
 - c. father
 - d. sister
- 8. Amy's brother's name is
 - a. Nick
 - b. Loren
 - c. Chad
 - d. Jared
- 9. Tomorrow, Amy is going to
 - a. Montana
 - b. Canada
 - c. Wisconsin
 - d. Oregon

- 10. The type of book that is yellow is a(n)
 - a. dictionary
 - b. animal interest
 - c. tourist
 - d. guidebook
- 11. Amy believes the most important book is the color
 - a. red
 - b. black
 - c. yellow
 - d. blue

PASSAGE 3

Katherine did not like being called by her full name. She preferred to be called Katie. Katherine's mother wanted her to understand why she was given that legal name. Her mother shared a story about a strong-willed woman who overcame adversities, and her name was Katherine. Katherine then embraced her given name.

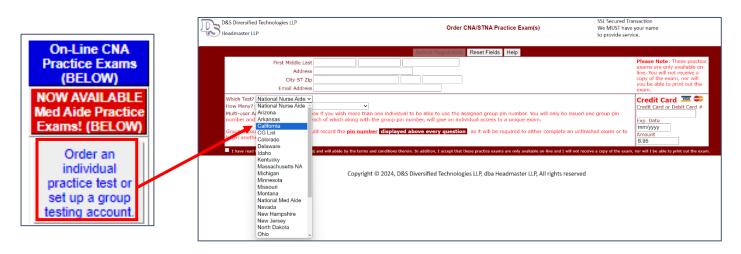
- 12. Katherine is a
 - a. last name
 - b. middle name
 - c. legal name
 - d. nickname
- 13. The purpose of Katherine's mother sharing the story with Katherine is to
 - a. entertain
 - b. persuade
 - c. inform
 - d. describe

Answers: 1. C | 2. B | 3. A | 4. B | 5. D | 6. B | 7. C | 8. A | 9. D | 10. A | 11. D | 12. C | 13. C

Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten-question online static practice test available on our website at www.hdmaster.com. Candidates may purchase complete practice tests randomly generated based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

NOTE: Select **CALIFORNIA** from the dropdown list of states for the practice exams you purchase.



The following are samples of the kinds of questions that you will find on the Knowledge/Audio exam:

1. Clean linens that touch the floor should be:

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

2. 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 Exam

- The Skill Test evaluates your performance when demonstrating CDPH-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 ID that you showed the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed **thirty (30) minutes** to complete your three or four tasks. After fifteen (15) minutes have elapsed, you will be alerted that 15 minutes remain.

- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all **key** steps (in **bold** font) and 80% of all non-key steps on each task assigned to pass the Skill Test.
- 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 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

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

| RECORDING FORM | - |
|----------------|----------|
|----------------|----------|

| Candidate's Name: | PLEASE PRINT |
|------------------------|----------------------------|
| PULSE:be | eats RESPIRATIONS: breaths |
| BLOOD PRESSURE: | |
| URINARY OUTPUT: | ml |
| GLASS 1: GLASS 2: | |
| TOTAL FLUID INTAKE: | ml FOOD INTAKE:% |
| Candidate's Signature: | |

Skill Test Tasks

You will be assigned one of the following mandatory tasks with embedded hand washing using soap and water as your first task:

- Assist Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Donn PPE (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output and Remove
 PPE with Hand Washing
- Perineal Care for a Female with Hand Washing [DEMONSTRATED ON A MANIKIN]

You will also receive an additional two (2) or three (3) 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.

Skill Tasks Listing

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

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer.

For all of the tasks, the steps will be performed on a live resident actor, except for catheter care for a female and perineal care for a female, which will be demonstrated on a manikin.

You will be scored only on the steps listed. You must score 80% on each task without missing any key steps (the bolded steps) to pass the skill component of your competency evaluation. If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be one of the first mandatory tasks to start each Skill Test. The other tasks included in your skill test are randomly chosen so that every skill test is comparable in difficulty and has an average length of time to complete.

The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

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

APPLY AN ANTI-EMBOLIC STOCKING TO ONE LEG

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Raise bed height.
- 4. Provide for resident's privacy.
- 5. Provide for resident's privacy by only exposing one leg.
- 6. Roll, gather, or turn the stocking down inside out to at least the heel.

- 7. Place the foot of the stocking over the resident's toes, foot, and heel.
- 8. Roll -or- pull the top of the stocking over the resident's foot, heel, and up the leg.
- 9. Check toes for possible pressure from stocking.
- 10. Adjust stocking as needed.
- 11. Leave the resident with a stocking that is smooth/wrinkle-free.
- 12. Lower bed.
- 13. Place the call light or signal calling device within easy reach of the resident.
- 14. Maintain respectful, courteous interpersonal interactions at all times.
- 15. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.

ASSIST A DEPENDENT RESIDENT WITH A MEAL IN BED

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Ask the resident to state their name and verify that the name matches the name on the diet card.
- 4. Position the resident in an upright, sitting position BEFORE feeding, at least 75-90 degrees.
- 5. Protect clothing from soiling by using a napkin, clothing protector, or towel.
- 6. Provide hand hygiene for the resident BEFORE feeding. (Candidate may use a disposable wipe and dispose of it in a trash can —or- wash resident's hands with soap and a wet washcloth —or- they may rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 7. Ensure the resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, the hands must be dry.)
- 8. Place soiled linen in a designated laundry hamper or dispose in an appropriate container if used.
- 9. Sit in a chair, facing the resident, while feeding the resident.
- 10. Describe the food and fluid being offered to the resident.
- 11. Offer each fluid frequently.
- 12. Offer small amounts of food at a reasonable rate.
- 13. Allow resident time to chew and swallow.
- 14. Wipe the resident's hands and mouth AFTER the feeding demonstration.
- 15. Remove the clothing protector and place it in a designated laundry hamper. If a napkin is used, dispose of it in a trash container.
- 16. Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.
- 17. Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 18. The candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.
- 19. Record estimated intake as the sum total fluid consumed in mls on the previously signed recording form.
- 20. The candidate's calculation must be within 30mls of the RN Test Observer's calculation.
- 21. Place the 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 your hands together until they are completely dry.

ASSIST RESIDENT TO AMBULATE USING A GAIT BELT

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Obtain a gait belt for the resident.
- 4. Assist the resident in putting on non-skid shoes/footwear.
- 5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 6. Lock bed brakes to ensure resident's safety.
- 7. Lock wheelchair brakes to ensure resident's safety.
- 8. Bring the resident to a sitting position.
- 9. Place a gait belt around the resident's waist to stabilize the trunk.
- 10. Tighten gait belt.
- 11. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 12. Face the resident.
- 13. Grasp the gait belt on both sides with an upward grasp.
- 14. Bring the resident to a standing position.
- 15. Stabilize the resident.
- 16. Ambulate the resident at least ten steps to the wheelchair.
- 17. Assist the resident in pivoting/turning and sitting in the wheelchair in a controlled manner that ensures safety.
- 18. Use proper body mechanics at all times.
- 19. Remove gait belt.
- 20. Place the call light or signaling device within 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 your hands together until they are completely dry.

ASSIST RESIDENT WITH THE USE OF A BEDPAN, MEASURE AND RECORD URINE OUTPUT WITH HAND WASHING

(One of the possible first mandatory tasks.)

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Put on gloves.
- 5. Position resident on bedpan safely and correctly. (The pan is not upside down, it is centered, etc.)
- 6. Raise the head of the bed to a comfortable level.
- 7. Leave tissue within reach of the resident.
- 8. Leave the call light or signaling device within reach of the resident.
- 9. Step behind the privacy curtain to provide privacy for the resident.

- 10. When the RN Test Observer indicates the candidate returns.
- 11. Lower the head of the bed.
- 12. Gently remove the bedpan.
- 13. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.
- 14. Place the graduate on a designated level flat surface.
- 15. Pour bedpan contents into the graduate.
- 16. With the graduate at eye level, measure output.
- 17. Empty equipment used into the designated toilet/commode.
- 18. Rinse equipment used and empty rinse water into the designated toilet/commode.
- 19. Return equipment to storage.
- 20. Wash/assist the resident in washing and drying hands with soap and water.
- 21. Place soiled linen in a designated laundry hamper.
- 22. Remove gloves, turning them inside out as they are removed, and dispose in a trash container.
- 23. Record output in mls on the previously signed recording form.
- 24. The candidate's recorded measurement is within 25mls of the RN Test Observer's reading.
- 25. Place the call light or signaling device within easy reach of the resident.
- 26. Maintain respectful, courteous interpersonal interactions at all times.
- 27. Turn on water.
- 28. Wet hands and wrists thoroughly.
- 29. Apply soap to hands.
- 30. Rub hands together using friction with soap.
- 31. Scrub/wash hands together with soap for at least twenty (20) seconds.
- 32. Scrub/wash with interlaced fingers pointing downward with soap.
- 33. Wash all surfaces of your hands with soap.
- 34. Wash wrists with soap.
- 35. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
- 36. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 37. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
- 38. Discard paper towels to a trash container as used.
- 39. Turn off the faucet with a clean, dry paper towel and discard the paper towel to a trash container as used.
- **40. Do not re-contaminate hands at any time during the hand washing procedure.** (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)

CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

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

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Fill a basin with comfortably warm water.
- 5. Put on gloves.
- 6. Expose the area surrounding the catheter, only exposing the resident between the hip and knee.
- 7. Hold the catheter where it exits the urethra with one hand.

- 8. While holding the catheter, clean at least 3-4 inches down the drainage tube.
- 9. Clean with strokes only away from the urethra.
- 10. Use a clean portion of the washcloth for each stroke.
- 11. While holding the catheter, rinse at least 3-4 inches down the drainage tube.
- 12. Rinse using strokes only away from the urethra.
- 13. Rinse using a clean portion of the washcloth for each stroke.
- 14. Pat dry.
- 15. Do not allow the tube to be tugged/pulled at any time during the procedure.
- 16. Replace the top cover over the resident.
- 17. Place soiled linen in a designated laundry.
- 18. Empty equipment.
- 19. Rinse equipment.
- 20. Dry equipment.
- 21. Return equipment to storage.
- 22. Remove gloves, turning them inside out as they are removed, and dispose in a trash container.
- 23. Place the call light or signaling device within easy reach of the resident.
- 24. Maintain respectful, courteous interpersonal interactions at all times.
- 25. Turn on water.
- 26. Wet hands and wrists thoroughly.
- 27. Apply soap to hands.
- 28. Rub hands together using friction with soap.
- 29. Scrub/wash hands together with soap for at least twenty (20) seconds.
- 30. Scrub/wash with interlaced fingers pointing downward with soap.
- 31. Wash all surfaces of your hands with soap.
- 32. Wash wrists with soap.
- 33. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
- 34. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 35. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
- 36. Discard paper towels to trash a container as used.
- 37. Turn off the faucet with a clean, dry paper towel and discard the paper towel to a trash container as used.
- **38.** Do not re-contaminate hands at any time during the hand washing procedure. (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)

DENTURE CARE – CLEAN AN UPPER OR LOWER DENTURE

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- **3.** Line the bottom of the sink with a protective lining that will help prevent damage to the dentures. (*Towels, washcloths, or paper towels are all acceptable.*)
- 4. Put on gloves.
- 5. Apply denture cleanser (paste) to denture brush (or toothbrush).
- 6. Remove the denture from the cup.
- 7. Handle the denture carefully to avoid damage.

8. Rinse the denture under cool running.

- 9. Thoroughly brush the inner surfaces of an upper or lower denture.
- 10. Thoroughly brush the outer surfaces of an upper or lower denture.
- 11. Thoroughly brush the chewing surfaces of an upper or lower denture.
- 12. Rinse all surfaces of the denture under cool running water.
- 13. Rinse the denture cup and lid.
- 14. Place the denture in the rinsed cup.
- 15. Add cool, clean water to the denture cup and replace the lid on the denture cup.
- 16. Rinse equipment.
- 17. Return equipment to storage.
- 18. Discard the sink protective lining in an appropriate container.
- 19. Remove gloves, turning them inside out as they are removed, and dispose in a trash container.
- 20. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 21. Place the call light or signaling device within easy reach of the resident.
- 22. Maintain respectful, courteous interpersonal interactions at all times.

DONN PPE (GOWN AND GLOVES), EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT AND REMOVE PPE WITH HAND WASHING

(One of the possible first mandatory tasks.)

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Unfold the gown.
- 3. Face the back opening of the gown.
- 4. Place arms through each sleeve.
- 5. Secure the neck opening.
- 6. Secure the gown at the waist, ensuring the back flaps cover the clothing as completely as possible.
- 7. Put on gloves.
- 8. The cuffs of gloves overlap the cuffs of the gown.
- 9. Explain the procedure to the resident.
- 10. Provide for resident's privacy.
- 11. Place a barrier on the floor under the drainage bag.
- 12. Place the graduate on the previously placed barrier.
- 13. Open the drain to allow the urine to flow into the graduate until the bag is completely empty.
- 14. Avoid touching the graduate with the tip of the tubing.
- 15. Close the drain.
- 16. Wipe the drain with an alcohol wipe AFTER emptying the drainage bag.
- 17. Place the graduate on a level, flat surface.
- 18. With the graduate at eye level, measure output.
- 19. Empty the graduate into the designated toilet/commode.
- 20. Rinse equipment, emptying rinse water into the designated toilet/commode.
- 21. Return equipment to storage.
- 22. Record the output in mls on the previously signed recording form.

- 23. The candidate's recorded measurement is within 25mls of the RN Test Observer's measurement.
- 24. Place the call light or signaling device within easy reach of the resident.
- 25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Remove gloves BEFORE removing the gown with one glove hand, grasping the other glove at the palm to remove.
- 27. Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning inside out as it is removed.
- 28. Dispose of gloves in the trash container without contaminating yourself.
- 29. Unfasten the gown at the waist.
- 30. Unfasten the gown at the neck.
- 31. Remove the gown without touching the outside of the gown.
- 32. While removing the gown, turn the gown inward and keep it inside out.
- 33. Dispose of the gown in a designated container without contaminating yourself.
- 34. Turn on water.
- 35. Wet hands and wrists thoroughly.
- 36. Apply soap to hands.
- 37. Rub hands together using friction with soap.
- 38. Scrub/wash hands together with soap for at least twenty (20) seconds.
- 39. Scrub/wash with interlaced fingers pointing downward with soap.
- 40. Wash all surfaces of hands with soap.
- 41. Wash wrists with soap.
- 42. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
- 43. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 44. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
- 45. Discard paper towels to trash a container as used.
- 46. Turn off the faucet with a clean, dry paper towel and discard the paper towel to a trash container as used.
- **47. Do not re-contaminate hands at any time during the hand washing procedure.** (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)

DRESS A RESIDENT WITH AN AFFECTED (WEAK) SIDE IN BED

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Raise bed height.
- 5. Keep the resident covered while removing the gown.
- 6. Remove the gown from the unaffected side first.
- 7. Place the soiled gown in a designated laundry hamper.
- 8. Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.
- 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 the 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 the affected (weak) side leg first.

- 12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
- 13. Leave the resident comfortably/properly dressed (pants pulled up to the waist front and back and shirt completely buttoned).
- 14. Lower bed.
- 15. Place the 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 your hands together until they are completely dry.

FOOT CARE - ONE FOOT

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Fill a basin with comfortably warm water.
- 4. Remove a sock from the resident's (right/left) foot. (The scenario read to you will specify right or left.)
- 5. Immerse the resident's foot in warm water.
 - a. You may verbalize the 5 to 20 minutes of soaking time after you begin soaking the foot.
- 6. Use water and a soapy washcloth.
- 7. Wash entire foot.
- 8. Wash between toes.
- 9. Rinse entire foot.
- 10. Rinse between toes.
- 11. Dry foot thoroughly.

12. Dry thoroughly between toes.

- 13. Apply lotion to the top and bottom of the foot.
- 14. Avoid getting lotion between the resident's toes.
- 15. If any excess lotion is on the foot, wipe with a towel/washcloth.
- 16. Replace the sock on the resident's foot.
- 17. Empty equipment.
- 18. Rinse equipment.
- 19. Dry equipment.
- 20. Return equipment to storage.
- 21. Placed soiled linens in a designated laundry hamper.
- 22. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands your hands together until they are completely dry
- 23. Place the call light or signaling device within easy reach of the resident.
- 24. Maintain respectful, courteous interpersonal interactions at all times.

MODIFIED BED BATH- FACE AND ONE ARM, HAND AND UNDERARM

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Raise bed height.
- 5. Cover the resident with a bath blanket.
- 6. Remove the remaining top covers. Fold to the bottom of the bed or place aside.
- 7. Remove the resident's gown without exposing the resident and place the soiled gown in a designated laundry hamper.
- 8. Fill a basin with comfortably warm water.
- 9. Beginning with eyes, wash eyes WITHOUT SOAP using a clean portion of the washcloth for each stroke, washing the inner aspect to the outer aspect.
- 10. Wash the resident's face WITHOUT SOAP.
- 11. Pat dry face.
- 12. Place a towel under the resident's arm, exposing one arm.
- 13. Wash the resident's arm with soap.
- 14. Wash the resident's hand with soap.
- 15. Wash the resident's underarm with soap.
- 16. Rinse arm.
- 17. Rinse hand.
- 18. Rinse underarm.
- 19. Pat dry arm.
- 20. Pat dry hand.
- 21. Pat dry underarm.
- 22. Assist the resident in putting on a clean gown.
- 23. Empty equipment.
- 24. Rinse equipment.
- 25. Dry equipment.
- 26. Return equipment to storage.
- 27. Place soiled linen in a designated laundry hamper.
- 28. Lower bed.
- 29. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 30. Place the call light or signaling device within easy reach of the resident.
- 31. Maintain respectful, courteous interpersonal interactions at all times.

MOUTH CARE—BRUSH A RESIDENT'S TEETH

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.

- 3. Provide for resident's privacy.
- 4. Drape the resident's chest with a towel to prevent soiling.
- 5. Put on gloves BEFORE cleaning the resident's mouth.
- 6. Wet the toothbrush and apply a small amount of toothpaste.
- 7. Gently brush the inner surfaces of the resident's upper and lower teeth.
- 8. Gently brush the outer surfaces of the resident's upper and lower teeth.
- 9. Gently brush the chewing surfaces of the resident's upper and lower teeth.
- 10. Gently brush the resident's tongue.
- 11. Assist the resident in rinsing their mouth.
- 12. Wipe the resident's mouth.
- 13. Remove soiled linen.
- 14. Place soiled linen in the designated laundry hamper.
- **15. Empty container.** (The container may be an emesis basin or a disposable cup.)
- 16. Rinse the emesis basin, if used, or discard disposable items in a trash can.
- 17. Dry emesis basin, if used.
- 18. Rinse the toothbrush.
- 19. Return equipment to storage.
- 20. Remove gloves, turning them inside out as they are removed, and dispose in a trash container.
- 21. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 22. Place the call light or signaling device within easy reach of the resident.
- 23. Maintain respectful, courteous interpersonal interactions at all times.

PASSIVE RANGE OF MOTION FOR A RESIDENT'S HIP AND KNEE

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Raise bed height.
- 5. Position resident supine (bed flat).
- 6. Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 7. Gently move the resident's entire leg away from the body.
 - a. Abduction
- 8. Gently return the resident's leg toward the body.
 - a. Adduction
- 9. Gently complete abduction and adduction of the hip at least three times.
- 10. Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 11. Gently bend the resident's knee and hip toward the resident's trunk.
 - a. Flexion of hip and knee at the same time.
- 12. Gently straighten the resident's knee and hip.
 - a. Extension of hip and knee at the same time.

- 13. Gently complete flexion and extension of the knee and hip at least three times.
- 14. Do not force any joint beyond the point of free movement.
- 15. The candidate <u>must ask</u> at least once during the PROM exercise if there is/was any discomfort/pain.
- 16. Lower bed.
- 17. Place the call light or signaling device within easy reach of the resident.
- 18. Maintain respectful, courteous interpersonal interactions at all times.
- 19. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.

PASSIVE RANGE OF MOTION FOR A RESIDENT'S SHOULDER

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Raise bed height.
- 5. Position resident supine (bed flat).
- 6. Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 7. Gently raise the resident's straightened arm up and over the resident's head to ear level.
 - a. Flexion
- 8. Gently bring the resident's arm back down to the side of the resident's body.
 - a. Extension
- 9. Gently complete flexion and extension of the shoulder at least three times.
- 10. Continue the same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 11. Gently move the resident's entire arm away from the side of the resident's body to shoulder level.
 - a. Abduction
- 12. Gently return the resident's arm to the side of the resident's body.
 - a. Adduction
- 13. Gently complete abduction and adduction of the shoulder at least three times.
- 14. Do not force any joint beyond the point of free movement.
- 15. The candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.
- 16. Lower bed.
- 17. Place the call light or signaling device within easy reach of the resident.
- 18. Maintain respectful, courteous interpersonal interactions at all times.
- 19. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

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

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Fill a basin with comfortably warm water.
- 5. Raise bed height.
- 6. Put on gloves.
- 7. Turn the resident or raise hips and place a waterproof pad under the resident's buttocks.
- 8. Expose the perineal area only.
- 9. Separate labia. (It is helpful if you verbalize separating labia as you demonstrate separating labia.)
- 10. Use water and a soapy washcloth (peri-wash or no-rinse soap is not allowed).
- 11. Clean one side of the labia from front to back.
- 12. Use a clean portion of the washcloth and clean the other side of the labia from front to back.
- 13. Use a clean portion of the washcloth, clean the vaginal area from front to back.
- 14. Use a clean washcloth and rinse from one side of the labia from front to back.
- 15. Use a clean portion of the washcloth and rinse the other side of the labia from front to back.
- 16. Use a clean portion of the washcloth, rinse the vaginal area from front to back.
- 17. Pat dry.
- 18. Assist the resident (manikin) to turn onto the side, away from the candidate, toward the center of the bed.
 - a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.
- 19. Use a clean washcloth with water and soap (peri-wash or no-rinse soap is not allowed).
- 20. Wash from vagina to rectal area.
- 21. Use a clean portion of the washcloth with any stroke.
- 22. Use a clean washcloth and rinse the rectal area from front to back.
- 23. Use a clean portion of the washcloth with any stroke.
- 24. Pat dry.
- 25. Safely remove the waterproof pad from under the resident's buttocks.
- 26. Position the resident on their back.
- 27. Place soiled linen in a designated laundry hamper.
- 28. Empty equipment.
- 29. Rinse equipment.
- 30. Dry equipment.
- 31. Return equipment to storage.
- 32. Remove gloves, turning them inside out as they are removed, and dispose in a trash container.
- 33. Lower bed.
- 34. Place the call light or signaling device within easy reach of the resident.
- 35. Maintain respectful, courteous interpersonal interactions at all times.
- 36. Turn on water.
- 37. Wet hands and wrists thoroughly.
- 38. Apply soap to hands.
- 39. Rub hands together using friction with soap.

40. Scrub/wash hands together with soap for at least twenty (20) seconds.

- 41. Scrub/wash with interlaced fingers pointing downward with soap.
- 42. Wash all surfaces of your hands with soap.
- 43. Wash wrists with soap.
- 44. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
- 45. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 46. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
- 47. Discard paper towels to trash a container as used.
- 48. Turn off the faucet with a clean, dry paper towel and discard the paper towel to a trash container as used.
- **49. Do not re-contaminate hands at any time during the hand washing procedure.** (Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)

POSITION RESIDENT IN BED ON THEIR SIDE

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Position the bed flat.
- 5. Raise bed height.
- 6. Raise the side rail or direct the RN Test Observer to stand on the side of the bed opposite the working side to provide safety.
- 7. From the working side of the bed gently move the resident's upper body toward yourself.
- 8. From the working side of the bed gently move the resident's hips toward yourself.
- 9. From the working side of the bed gently move the resident's legs toward yourself.
- 10. Gently assist/turn the resident to slowly roll onto the side toward the raised side rail or toward the RN Test Observer standing at the side of the bed.
- 11. Place or adjust the pillow under the resident's head for support.
- 12. Reposition the resident's arm and shoulder so that the resident is not lying on their arm.
- 13. Place a support device under the resident's upside arm.
- 14. Place a support device behind the resident's back.
- 15. Place a support device between the resident's knees.
- 16. Lower bed.
- 17. Place the call light or signaling device within easy reach of the resident.
- 18. Maintain respectful, courteous interpersonal interactions at all times.
- 19. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.

TRANSFER RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.

- 3. Provide for resident's privacy.
- 4. Obtain a gait belt for the resident.
- 5. Assist the resident in putting on non-skid shoes/footwear.
- 6. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 7. Lock bed brakes to ensure resident's safety.
- 8. Lock wheelchair brakes to ensure resident's safety.
- 9. Bring the resident to a sitting position.
- 10. Place a gait belt around the resident's waist to stabilize the trunk.
- 11. Tighten gait belt.
- 12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 13. Face the resident.
- 14. Grasp the gait belt on both sides with an upward grasp.
- 15. Bring the resident to a standing position.
- 16. Assist the resident to pivot in a controlled manner that ensures safety.
- 17. Lower the resident into the wheelchair in a controlled manner that ensures safety.
- 18. Position the resident with the resident's hips touching the back of the wheelchair.
- 19. Remove gait belt.
- 20. Place the call light or signaling device within 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 your hands together until they are completely dry.

VITAL SIGNS – TAKE AND RECORD THE RESIDENT'S MANUAL BLOOD PRESSURE

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2 Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Position resident with forearm supported in a palm-up position.
- 5. Position the resident with the forearm approximately at the heart level.
- 6. Roll the resident's sleeve up about 5 inches above the elbow if the actor is wearing a top with sleeves.
- 7. Apply the appropriate size cuff around the resident's upper arm just above the elbow.
- 8. Line cuff arrows up with the resident's brachial artery.
- 9 Clean the earpieces of the stethoscope and place the stethoscope earpieces in your ears.
- 10. Clean the diaphragm of the stethoscope.
- 11. Locate the resident's brachial artery with your fingertips.
- 12. Place the stethoscope diaphragm over the brachial artery.
- 13. Hold the stethoscope diaphragm snugly in place.
- 14. Inflate the cuff to 160-180 mmHg.
- 15. Slowly release air from the cuff to the disappearance of pulsations.
- 16. Remove cuff.
- 17. Record the blood pressure reading on the previously signed recording form.

- 18. The candidate's recorded diastolic and systolic blood pressure are within 6mmHg of the RN Test Observer's recorded blood pressure.
- 19. Place the 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 your hands together until they are completely dry.

VITAL SIGNS – COUNT AND RECORD RESIDENT'S RADIAL PULSE AND RESPIRATIONS

- 1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Locate the resident's radial pulse by placing fingertips on the thumb side of the resident's wrist.
- 4. Count the resident's radial pulse for one full minute.
 - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 5. Record your radial pulse rate reading on the previously signed recording form.
- 6. The candidate's recorded radial pulse rate is within four (4) beats of the RN Test Observer's recorded rate.
- 7. Count the resident's respirations for one full minute.
 - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 8. Record your respiration reading on the previously signed recording form.
- 9. The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.
- 10. Place the 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 your hands together until they are completely dry.

Knowledge Exam Vocabulary List

| abandonment |
|----------------------|
| abdominal thrust |
| abductor wedge |
| abnormal vital signs |
| abuse |
| accidents |
| accountable |
| activities |
| acute |
| adaptive devices |
| adduction |
| ADL |
| admitting resident |
| advance directives |
| afebrile |
| affected side |
| aging process |
| agitation |
| AIDS |
| alternative therapy |
| Alzheimer's |
| ambulation |
| amputees |
| anatomy |
| anemia |
| angina |
| anterior |
| anti-embolic/elastic |
| stockings/TED hose |
| antibiotics |
| anxiety |
| aphasia |
| apical |
| apnea |
| arthritis |
| aspiration |
| assault |
| assistive device |
| atherosclerosis |
| atrophy |
| |

| attitudas |
|------------------------|
| attitudes |
| audiologist |
| authorized duty |
| bacteria |
| basic needs |
| bath water temperature |
| bathing |
| bed cradle |
| bed height |
| bed making |
| bedrails |
| bedrest |
| behavior |
| behavioral care plan |
| beliefs |
| biohazard |
| bipolar disorder |
| bladder training |
| blood pressure |
| body alignment |
| body language |
| body mechanics |
| body temperature |
| bone loss |
| bowel program |
| brain stem |
| break time |
| breathing |
| brittle bones |
| burns |
| call light |
| cancer |
| cardiopulmonary |
| resuscitation |
| cardiovascular system |
| care impaired |
| care plan |
| cast |
| cataract |
| catheter |

| death and dying |
|---------------------------|
| defense mechanism |
| dehydration |
| delegation |
| demanding resident |
| dementia |
| dentures |
| dependability |
| depression |
| dermatitis |
| developmental disability |
| diabetes |
| dialysis |
| diaphragm |
| diastolic |
| diet |
| dietitian |
| difficulty talking |
| digestion |
| dilate |
| dirty linen |
| discharging resident |
| disease |
| disinfection |
| disoriented |
| disposing of contaminated |
| materials |
| disrespect |
| dizziness |
| DNR |
| documentation |
| domestic abuse |
| dorsiflexion |
| dressing |
| droplets |
| dry skin |
| dying |
| dysphagia |
| dyspnea |
| dysuria |
| edema |
| electrical equipment |
| elimination |
| |

| emesis |
|---------------------|
| emotional abuse |
| emotional labiality |
| emotional needs |
| emotional stress |
| emotional support |
| empathy |
| emphysema |
| enema |
| epilepsy |
| essential behaviors |
| ethics |
| etiquette |
| eyeglasses |
| facility policy |
| falls |
| false imprisonment |
| fasting |
| faulty equipment |
| fecal impaction |
| feces |
| feeding |
| fingernail care |
| fire safety |
| first aid |
| flatus |
| Foley catheter |
| foot board |
| foot drop |
| Fowler's |
| fracture pan |
| fractures |
| fraud |
| frayed cord |
| gait belt |
| gastric feedings |
| gastrostomy tube |
| geriatrics |
| gerontology |
| gestures |
| gifts |
| gloves |
| glucometer |

| grand mal seizure |
|-------------------------|
| grieving process |
| group settings |
| hand washing |
| health-care team |
| hearing aid |
| hearing impaired |
| heart |
| heat application |
| Heimlich maneuver |
| helping residents |
| hemiplegia |
| hepatitis B |
| hip prosthesis |
| HIPAA |
| HIV |
| holistic care |
| hormones |
| hospice |
| Huntington's |
| hyperglycemia |
| hypertension |
| immobility |
| immune |
| impaired |
| impairment |
| in-house transfer |
| incontinence |
| indwelling catheter |
| infection |
| infection control |
| initial observations |
| in-service |
| insomnia |
| intake |
| intake and output (I&O) |
| integumentary system |
| inter-generational care |
| interpersonal skills |
| invasion of privacy |
| ischemia |
| isolation |
| IV care |
| |

| jaundice |
|-----------------------------|
| job application |
| job description |
| job interview |
| lactose intolerance |
| life support |
| lift/draw sheet |
| linen |
| listening |
| living will |
| log rolling |
| loose teeth |
| male perineal care |
| Maslow |
| masturbation |
| material safety data sheets |
| mealtime |
| measuring height |
| measuring temperature |
| mechanical lift |
| medical asepsis |
| medical record |
| medications |
| memory loss |
| mental health |
| metastasis |
| microorganism |
| military time |
| mistakes |
| mistreatment |
| mobility |
| mouth care |
| moving |
| MSDS |
| mucous membrane |
| Multiple Sclerosis |
| musculoskeletal |
| nail care |
| nares |
| neglect |
| non-contagious disease |
| non-verbal communication |
| nosocomial |
| |

| NDO |
|-----------------------------|
| NPO |
| nurse's station |
| nursing assistant role |
| nutrition |
| objective |
| OBRA |
| obsessive-compulsive |
| occupied bed |
| ombudsman |
| oral care |
| oral temperature |
| orientation |
| oriented |
| orthopneic |
| orthosis |
| osteoporosis |
| ostomy bag |
| output |
| overbed table |
| oxygen |
| palliative care |
| paralysis |
| paranoia |
| Parkinson's |
| pathogen |
| patience |
| perineal care |
| peripheral vascular disease |
| peristalsis |
| person-centered care |
| personal belongings |
| personal care |
| personal hygiene |
| personal items |
| personal values |
| pet therapy |
| petit mal seizure |
| phone etiquette |
| physical needs |
| physical therapist |
| physician's authority |
| plate rim |
| pleura |
| picara |

| podiatrist |
|-------------------------|
| policy book |
| polydipsia |
| positioning |
| positive attitude |
| postmortem care |
| postural hypotension |
| PPE |
| precautions |
| prefix |
| pressure ulcer/injury |
| preventing falls |
| privacy |
| professional boundaries |
| progressive |
| pronation |
| prostate gland |
| prosthesis |
| providing privacy |
| psychiatrist |
| psychological needs |
| psychosocial |
| PTSD |
| pulse |
| pureed diet |
| QID |
| quadriplegia |
| quality of life |
| radial |
| range of motion |
| reality orientation |
| rectal temperature |
| refusal |
| regulation |
| rehabilitation |
| rejection |
| religious service |
| reminiscing |
| renewal |
| reporting |
| reposition |
| resident abuse |
| resident-centered care |

| resident independence |
|---------------------------|
| resident pictures |
| resident right |
| resident safety |
| resident treatment |
| resident trust |
| resident unit |
| Resident's Bill of Rights |
| resident's chart |
| resident's environment |
| residents |
| respectful treatment |
| respiration |
| respiratory system |
| responding to resident |
| behavior |
| responsibility |
| restorative care |
| restraint |
| rights |
| rigor mortis |
| risk factor |
| rotation |
| safety |
| sanitizer |
| scale |
| seclusion |
| secretions |
| seizure |
| self-esteem |
| semi-Fowlers |
| sensory system |
| sexual abuse |
| sexual needs |
| shampoo tray |
| sharing information |
| shaving |
| side rails |
| Sitz bath |

| skilled care facility |
|-----------------------|
| skin integrity |
| skin observation |
| slander |
| smoking |
| social needs |
| social worker |
| soiled linen |
| specimen |
| spilled food |
| spills |
| spiritual needs |
| sputum specimen |
| stages of grief |
| standard precautions |
| STAT |
| state survey |
| state tested |
| stealing |
| stereotypes |
| stethoscope |
| stool specimen |
| stress |
| stroke |
| subjective |
| suicide |
| sundowning |
| supplemental feedings |
| suprapubic |
| suspected abuse |
| swelling |
| tachycardia |
| telephone etiquette |
| temperature |
| tendons |
| terminal illness |
| thick fluid |
| thickened liquids |
| threatening resident |
| |

| thrombus |
|-------------------------------|
| TIA |
| tips |
| transfers |
| transporting |
| transporting food |
| transporting linens |
| treating residents with |
| respect |
| tub bath |
| tubing |
| twice daily |
| tympanic |
| unaffected |
| unconscious |
| uniform |
| unopened mail |
| urinary catheter bag |
| urinary elimination |
| urinary system |
| urinary tract infection (UTI) |
| validation therapy |
| varicose veins |
| vision change |
| vital signs |
| vocabulary |
| vomitus |
| walker |
| wandering resident |
| warm application |
| water faucets |
| water pitcher |
| waterless hand soap |
| weakness |
| weight |
| well-being |
| wheelchair safety |
| white blood cells |
| withdrawn resident |
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| Notes: | |
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