

Elevating C.N.A skills and competency

Amy Nelson, RN - Policy Analyst/Procure Consultant

Rules of participation final rule phase 2

§ 483.35 Nursing services:

- ▶ The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at § 483.70(e).

Rules of participation final rule phase 2

- ▶ **Proficiency of nurse aides.** The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.
- ▶ **General rule.** A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless -
- ▶ **(i)** That individual is competent to provide nursing and nursing related services; and
- ▶ **(ii)**
 - ▶ **(A)** That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§ 483.151 through 483.154; or
 - ▶ **(B)** That individual has been deemed or determined competent as provided in § 483.150(a) and (b).

Skills demonstrated and observed for competence

The 25 CNA Tested Skills:

This is the entire list of skills and a brief description of each.

- 1. Handwashing**—Most important to reduce the spread of infection.
- 2. Donning and Doffing Gown and Gloves**—Especially with transmissible diseases like COVID-19, donning and doffing protective personal equipment (PPE), such as gowns and gloves, is extremely important.
- 3. Positioning in Fowler's Position**—This is adjusting the patient's bed to be in a semi-sitting position, which may be required when a patient is short of breath

Skills, continued

4. Positioning in Lateral Position—Moving the patient into this side-lying position may be appropriate in some scenarios.

5. Transferring from Bed to Chair Using a Gait Belt—For patients who have difficulty ambulating, using an assistive device like a gait belt may be necessary.

6. Assisting the Resident in Walking Using a Gait Belt—Gait belts can also be helpful in assisting and supporting a patient with walking.

Skills, continued

7. Making an Occupied Bed—For bedridden patients, you may need to change their sheets and make their bed while they are still in it, which can be tricky.

8. Passive Range of Motion on the Upper Body—For patients with difficulty moving their upper extremities, passive exercises of shoulders, elbows, wrists, and fingers may be needed.

9. Passive Range of Motion on the Lower Body—Especially for patients that are not ambulating, exercises of hips, knees, ankles, and toes can help prevent many complications.

Skills, continued

10. Brushing Dentures—Patients with dentures may need assistance caring for them.

11. Mouth Care—Especially for unconscious patients, mouth care is essential in preventing infections.

12. Upper Body Partial Bed Bath—For patients that have mobility issues or that are unconscious, upper body bed baths will help maintain hygiene.

13. Lower Body Partial Bed Bath—Many bedridden patients will need assistance bathing their lower body.

Skills, continued

14. Providing a Back Rub/Massage—Back rubs and massages can be a complementary or alternative therapy for pain relief.

15. Female Perineal Care—In addition to bathing, female perineal care is important for personal hygiene and also preventing infections.

16. Shaving—While shaving may seem like a cosmetic task, it can be very helpful in helping a patient maintain their appearance, and it can be risky as it involves a razor.

17. Fingernail Trimming—Similarly, fingernails can harbor bacteria, but they need to be trimmed carefully to ensure the skin is not damaged.

Skills, continued

18. Assisting Dressing with an Immobile Arm—As anyone who has had an arm injury knows, getting dressed with an immobile arm is difficult without assistance.

19. Serving and Feeding a Paralyzed Patient—When a patient is paralyzed, not only is there a physical need for assistance with eating, but there are special precautions necessary to prevent complications such as aspiration.

20. Assisting with Bedpans—For patients who are unable to get out of bed, a bedpan will be necessary for voiding.

Skills, continued

21. Measuring Height—An upright scale should be used to accurately measure a patient's height.

22. Measuring Weight—While electronic scales are helpful, you will be required to measure a patient's weight manually using an upright scale.

23. Recording Radial Pulse—As it is one of the most important vital signs, you will be required to manually measure the patient's radial pulse.

24. Recording Respirations—To be most accurate, measuring a patient's respirations should be done without telling the patient that is what you are assessing.

25. Recording Blood Pressure—While many people are reliant on machines to take a patient's blood pressure, you will need to know how to manually take one.

Opening procedures prior to care

- ▶ **Basic Procedures**

- ▶ **Before You Begin**

- ▶ When tested on each of the skills listed below, you should verbalize or perform **Opening Procedure**, which includes:

- washing your hands
- donning gloves
- greeting the patient by name
- introducing yourself by name
- explaining what you are going to do and why you will be doing it
- providing privacy if needed by pulling the privacy curtain

Closing Procedures following resident care

▶ **When You're Finished**

- ▶ Additionally, you should end each of the skill performances by verbalizing or performing **Closing procedure**, which includes:
 - checking the patient's body alignment
 - ensuring the bed is in the lowest position
 - ensuring the bed rails are raised
 - if appropriate, ensuring the call bell is within reach
 - removing gloves
 - performing hand hygiene

1. Handwashing

Here are the steps and a few tips to ensure this skill is performed correctly.

1. If you are wearing a **watch, bracelets, rings** or have **long sleeves**, make sure they are either removed or rolled up so that they will stay out of the way. Make sure any **clothing** is not touching the sink.
2. When turning on the **water**, check the **temperature**. The water should be warm but not hot enough to burn or be uncomfortable. Leave the water running while washing your hands.
3. **Wet your hands** up to your wrists and apply soap. Create a **lather** with friction for at least **20-30 seconds** if hands are not visibly soiled. If **visibly soiled**, or **after contact with bodily fluids**, wash for at least **one minute**. Work the soap around and under your **fingernails**, as this is a prime spot for germs and bacteria. Reapply soap and re-wet hands as needed.

Handwashing, continued

4. While washing your hands, make sure your **hands are lower than your elbows**, ensuring microorganisms you are attempting to wash away do not creep up your arms. If your hands **touch the counter or inside of the sink** while washing, you should **start over**.

5. Rinse hands under warm water; again, keeping your hands lower than your elbows.

6. Let hands drip; do not shake!

Handwashing, continued

7. Dry hands with a disposable paper towel. Dry from fingertips to wrist so that the potentially dirty areas above the wrist don't travel down to the fingers. **Discard** the paper towel.

8. Using a new, dry paper towel, **turn off the water faucet. Discard** that paper towel.

2. Donning and doffing gowns and gloves

Especially during a pandemic, properly donning and removing PPE, such as gowns and gloves, is very important.

1. Wash your hands

2. Choose a gown and gloves that are the right size and that are intact.

3. Unfold the gown so the opening is in the back. **Tie the gown** snugly at the neck and then the waist and ensure overlap in the back.

4. If you are asked to put on **eyewear**, you should do this after the gown and before the gloves.

Donning and doffing gowns and gloves, continued...

- 5. Put on gloves** and ensure they overlap with the cuff of the gown so no skin is exposed.
6. You may be asked to simulate or pretend you are then going to enter a patient room and perform an activity.
- 7. Remove the gown and gloves** prior to leaving the patient room.
8. First **remove the gloves**. Remove the first glove using the other gloved hand, and remove the other glove by the inside of the wrist. You want to **touch dirty-to-dirty and clean-to-clean**. **Dispose** of the gloves in the proper receptacle.

Donning and doffing gowns and gloves, continued

9. **Untie** or break the tie at the neckline and **remove the gown** by turning it inside out. **Dispose** of the gown.

10. If wearing **eyewear or a face shield**, remove it and place it in the appropriate receptacle.

11. With all the PPE removed, **wash your hands** , and exit the patient room.

► **Especially during a pandemic, but also at any time, handwashing and PPE are high priorities, so these should be skills you practice and use at all times.**

3. Positioning in Fowler's position

Fowler's Position is often used when a **patient is having difficulty breathing** as it allows the abdominal muscles to relax and the chest to expand. For Fowler's Position, **raise the head of the bed** between 30 degrees (low Fowler's or semi Fowler's) to 90 degrees (high Fowler's). High Fowler's is best when the patient is having significant difficulty breathing but, in most cases, you should ask the patient what they prefer.

4. Positioning in lateral position

Lateral position is placing a patient on their **side**, which may be done to **assist in another task** like bed-making or dressing changes, and may also be done frequently for immobile patients to **prevent bed sores**.

- Ensure that **proper body mechanics** are used by raising the bed to an appropriate height (so that you are not bending over too far) and making sure you are bending your knees and keeping your feet apart.
- Check to make sure the **patient's face is not obstructed** by the pillow throughout the positioning.
- Start with the bed in a flat position and **move the patient** to the opposite side of the bed. (You will be turning them and need to ensure they end up in the middle of the bed.) For example, if you will be positioning the patient on their left side, you will move them toward you on the right side of the bed

Lateral position, continued

- Do this in three steps, using the sheet beneath the patient to move their head, hips, and then legs.
- **Cross the residents arms** over their chest and **cross their ankles** or bend the leg closest to you.
- Then **log roll** the patient using the sheet or by placing your hands on the shoulders and hips.
- Use **supporting devices** like pillows beneath the back, head, and between legs, and ensure the patient is not lying on their bottom arm.
- Check the patient's **alignment**.

5. Transfer from bed to chair using a gait belt

- Start by placing the **wheelchair** next to the bed, ensuring the foot pedals are not in the way, and lock both the bed and wheelchair wheels.
- Lower the bed, raise the head of the bed to help the patient sit up and assist the patient in **dangling their feet** off the side of the bed. Ensure the patient is not dizzy or light-headed.
- Secure the **gait belt** around the patient's waist, allowing for two fingers in between the patient and the belt, and check to see that the patient has anti-skid footwear. If the gait belt loosens, sit the patient back on the bed and readjust.

Transfer from bed to chair using a gait belt, continued

- Ask the patient to place their feet on the floor, grab the gait belt on both sides of the waist, place your knee in between the patient's knees, and **ask the patient to stand** on the count of three by placing their hands on the mattress and pushing up while you lift with the gait belt.
- **Pivot** with the patient by taking small steps until the patient is in front of the wheelchair.
- Lower the **patient into the chair** and remove the gait belt without rubbing it against them.
- Adjust the **foot pedals** so the patient is comfortable and give the patient a blanket, if appropriate.

6. Assisting a resident with walking using a gaitbelt

- Follow the same steps to help the patient from the **bed to a standing position**.
- Stay closely **behind and to the side** of the patient and maintain upward tension on the gait belt while the patient walks (using one hand is okay).
- Encourage the patient to **walk** by placing the heel on the floor first, discouraging any sliding or shuffling. Continue, asking the patient if they are dizzy or in pain.
- Walk the necessary distance or what the patient can tolerate and then **return the patient** to sit in a chair or on the bed.
- **Remove the gait belt**, ensuring there is no friction from pulling the belt against the patient.

7. Making an occupied bed

- Begin by placing the **clean linens** on a clean chair or other clean area.
- Following the steps for **lateral positioning**, help the patient onto one side, ensuring the patient stays covered while you are making the bed.
- Loosen the **dirty linens** and roll them in toward the patient. If sheets are visibly soiled, you should change gloves and wash your hands after touching the dirty linens.
- Place the **clean linens** on the unmade side, secure the sheets on the half side of the bed, and roll the other half of the clean sheets underneath the roll of dirty linens.

Making an occupied bed continued...

- **Roll the patient** onto the other side, remove the dirty linens and dispose in the appropriate receptacle, changing gloves and washing hands if appropriate.
- Unroll the clean linens and **secure** them, ensuring there are no wrinkles beneath the patient.
- **Center the patient** in the bed, positioning appropriately.
- Add a clean **top sheet** and cover the patient with a blanket, mitering the corners at the foot of the bed.

8. Passive range of motion on the upper body

Upper body range of motion will help the patient **mobilize shoulders, elbows, wrists, and fingers.**

- With the bed at the appropriate height , safely and gently **exercise the joints** naturally, not forcing or overstretching.
- Use the appropriate patterns for each joint: **flexion, extension, abduction, adduction, and rotation.** Continue to ask the patient if they are experiencing any pain.

9. Passive range of motion to the lower body

- ▶ For lower body passive range of motion, you will help the patient mobilize the **hips, knees, ankles**, and **toes**. Follow the same procedure as with the upper body, continuing to ensure the patient is comfortable and not in pain.
- ▶ **These skills cover the basics of safe patient movement which is a very important part of patient care. Your patients will not always remain in the same place or position during your treatment and moving them safely is a priority.”**

10. Brushing dentures

For patients that use dentures, you may be asked to clean them as part of oral hygiene. Before and after washing, dentures should be kept in a **denture cup** so that they are not accidentally misplaced or thrown out. When performing this skill, perform Opening Procedure and make sure you don gloves before picking up the dentures as they may be slippery. Before removing the dentures from the cup, **line the sink** with a small towel and **fill with some water** so that if the dentures slip out of your hands, they do not hit the hard surface of the sink and break.

Brushing dentures, continued

The dentures should be **brushed like your own teeth**, ensuring the areas that come in contact with the gums are cleaned, and you should use **warm (not hot) water with denture cleaner or non-abrasive toothpaste**. While the dentures are being cleaned, place them in an **emesis basin** so that the **denture cup can be cleaned**. After cleaning, **return the dentures to the cup filled with cool water**. Dispose of trash and perform Closing Procedure.

11. Mouth care

- ▶ For patients who are unconscious, you may need to provide mouth care to keep their mouth and teeth clean. When performing this task on the skills test, make sure you perform Opening Procedure and don gloves. The **patient should be positioned** in a way that they will not aspirate any fluid, which may be on the patient's side or with their head raised no greater than 30 degrees.
- ▶ Place a **shield or covering** over the patient's clothing or chest to keep the patient clean. Using a **toothbrush or sponge-tipped applicator** and **toothpaste**, clean the patient's **mouth and tongue**. **Rinse** thoroughly, use an **emesis basin** to collect the fluid, and **suction** as needed. **Dry** the patient's face and mouth, and apply a **lip lubricant**, if available. Dispose of used items in the trash and perform Closing Procedure.

12.Upper body partial bed bath

- ▶ For unconscious or immobile patients, you may be asked to perform a partial bed bath. When performing the upper body partial bed bath, perform Opening Procedure and prepare a **basin of warm water** along with **clean washcloths**. A **barrier** should be placed between the patient and bed linens to ensure the bed stays clean and dry. **Cover the patient** with a bath blanket and only **uncover one area at a time** to maintain warmth and privacy. Using a washcloth and soap, begin by **cleaning the patient's face** and **move on to the rest** of the upper body. **Clean, rinse,** and pat **dry** all areas using a **clean cloth for each area** to avoid contamination. Following the bath, ensure the **patient is comfortable and covered**, dispose of dirty linens in the appropriate receptacle, and perform the Closing Procedure.

13. Lower body partial bed bath

Follow the same steps as mentioned above in the upper body partial bed bath, but you will **start with the hips** and bathe the **lower body**. Again, ensure that a **clean washcloth** is used on each area and that the patient is comfortable and covered when the bath is complete.

14. Providing a back rub/massage

- ▶ When providing a bath, you may also provide a back rub or massage, which may be helpful for pain management or overall comfort. After performing the Opening Procedure and donning gloves, position the **patient comfortably on their side** and ensure they are warm and covered with a bath blanket. **Uncover only the areas needed** to maintain privacy.
- ▶ When using **lotion, warm it** by rubbing it between your hands prior to applying it to the patient. **Gently rub in long, circular motions** and **work from the lower back to the upper back and back down** to the lower back for **three to five minutes**. Ensure the **patient is comfortable** throughout. At the end of the massage, **return the patient to a comfortable position**, dispose of used linens in the appropriate receptacle, cover the patient with a sheet or blanket, and perform Closing Procedure.

15. Female perineal care

For female patients, perineal care is very important in preventing urinary tract infections.

After performing Opening Procedure and donning gloves, assist the patient, if needed, into ideally a **frog-leg position**, maintaining **privacy** by keeping the area covered. A **waterproof barrier pad** can be placed under the patient, and you should prepare a basin of warm water and washcloths. Gently clean the skin of the perineal area **from front to back**, using a **clean area of a washcloth for each downward stroke**. Once the area is cleaned, **rinse**, and pat the area **dry**. Remove the waterproof barrier, dispose of dirty linens, **change your gloves**, and **assist the patient into a comfortable position** before performing Closing Procedure.

16. Shaving

Male patients that are unconscious or disabled may need assistance shaving their face to stay well-groomed. When shaving a patient, perform Opening Procedure, prepare supplies, and place a barrier under the supplies to keep your area clean and under the patient's chin to protect clothing. A towel soaked in lukewarm water can be placed on the lower part of the face to **prepare the skin**, and you can use **shaving cream** if available. In order to reduce nicks and cuts, an **electric razor** should be used. Pull the skin taut and **shave in the direction of hair growth**. After shaving, **wash** the area and pat the skin **dry**, and after disposing of dirty supplies and linens, you can perform Closing Procedure.

17. Fingernail trimming

If the fingernails become too long, the patient can accidentally scratch themselves or others. After performing Opening Procedure, the patient's fingers can **soak** in a basin of warm water and be **cleaned with soap**. **Dry** the hands and **trim the nails straight across**, being careful not to damage the skin surrounding the nails. A **nail file** can be used to smooth the nail edges. Apply **lotion** to the hands if available and perform Closing Procedure.

18. Assisting dressing with an immobile arm

If you have ever had an arm or shoulder injury, you probably know that changing clothes with one arm is very difficult. As a CNA, you may be asked to assist a patient with an immobile arm. After performing Opening Procedure and preparing clean clothes or a clean gown, maintain the patient's privacy by keeping the door closed, curtain pulled, and body covered when possible. It is usually easiest to **undress the strong, mobile side of the body first** so that the dirty garment can be smoothly removed from the immobile arm. To dress the patient, **dress the weak, immobile side first**, pulling the arm completely through the sleeve or opening, gently moving the arm without force. Encourage the **patient to assist with dressing the strong side** of the body. Dispose of dirty linens and perform Closing Procedure.

19. Serving and feeding a paralyzed resident

Patients that are paralyzed will need assistance eating and drinking. When performing this skill, after completing Opening Procedure, **verify** that you have the correct patient and the correct meal tray, being careful if the patient has any food allergies. **Drape** the resident with a towel or cloth and **cut the patient's food** into bite-sized pieces. Check the **temperature** of any warm or hot foods or drinks. **Feed the patient slowly**, allowing the patient time to chew, and **offer sips of liquids** in between bites. Dispose of trash and linens, clean the over-bed table, remove the tray, record the amount of food and drink consumed if needed, and perform Closing Procedure.

20. Assisting with bedpans

For bedridden or immobile patients, your CNA responsibilities may include assisting with bedpans to allow patients to void. After performing Opening Procedure, ask the **patient to roll onto their side** (assisting as needed), and place a **waterproof barrier** on the bed. **Guide the patient** onto the bedpan with the buttocks centered over the opening. **Drape** the resident with a sheet or blanket to maintain privacy, and **raise the head of the bed** if the patient prefers. **Step away** and **change your gloves, washing your hands** before donning new gloves.

Assisting with bedpans, continued

Return the bed to a **flat position**, and guide the **patient back onto their side** while **supporting the bedpan** to ensure the contents do not spill onto the bed. **Remove the bedpan** and place it out of the way on a barrier, on the foot of the bed or on a chair. Ensure that the genitals and buttocks are **clean** (refer to the above instructions for perineal care on technique). **Return the patient to a comfortable position** and dispose of the bedpan contents. **Change your gloves and wash your hands for at least one minute.**

21. Measuring height using an upright scale

At doctor's appointments and upon admission, the patient's height will be taken. This measurement is important because, combined with the weight, the patient's **Body Mass Index (BMI)** can be calculated. When measuring the patient's height using an upright scale, after performing Opening Procedure, ensure that the **patient can stand up** on their own. When walking to the scale, make sure the patient is wearing **non-skid footwear**, but the patient should **remove their shoes** before stepping on the scale.

Measuring height using an upright scale, continued

You can place a paper towel on the scale and ask the patient to step on the scale and stand up straight. **Lower the height bar** to the top of the patient's head and **record** the patient's height in either feet and inches, inches only, or centimeters depending on what is available on the scale. **Assist the patient off** of the scale and ensure they put on non-skid footwear before walking anywhere. You can then dispose of the paper towel and perform Closing Procedure.

22. Measuring weight using an upright scale

The patient's weight is important for both determining the **dosage** of certain medications and for monitoring a patient's **fluid status**. In order to accurately measure the patient's weight, you can follow the same steps to get the patient onto the scale as when measuring the patient's height. Before the patient steps on the scale, you will want to **“zero” or balance the scale** to make sure the reading will be accurate. After the patient steps on the scale, begin by **moving the large weight** in 50 lb increments and **then the small weight** until the scale balances. **Record** the patient's weight, assist the patient off the scale, dispose of the paper towel, and perform Closing Procedure.

23. Recording radial pulse

Taking vital signs is one of the most routine and frequent tasks you will perform as a CNA. Often, you will have a **machine** that can take these measurements for you, but you should know how to take these measurements **manually** as well. When taking the patient's pulse, you will typically use the **radial artery**, which can be found on the underside of the wrist on the same side as the thumb. After performing Opening Procedure, you should use your fingertips to take the pulse. **Avoid using your thumb** as your thumb can have its own pulse that will interfere with the reading. Using a **watch with a second hand**, count the number of pulses in one minute, **record** the reading, and perform Closing Procedure.

24. Recording respirations

When recording respirations, you **do not tell the patient** that you are counting the number of breaths they take because it can cause the patient to change their normal breathing rate. After performing Opening Procedure, tell the patient you are taking their vital signs, but do not specify that you are recording respirations. You can pretend to take the patient's pulse as you **count the number of respirations over one minute. Record** the reading and perform Closing Procedure.

25. Recording blood pressure

To **manually** take the patient's blood pressure, you will need a **blood pressure cuff**, or **sphygmomanometer**, and a **stethoscope**. **Wipe the stethoscope** ear pieces, bell, and diaphragm with alcohol and perform the Opening Procedure. The **patient's arm** should be resting in a comfortable position at the same height as their heart, and the **brachial artery** on the inner aspect of the arm should be used. The blood pressure **cuff should be wrapped snugly** about two inches above the antecubital fossa, and it should be placed **over bare skin** and not clothing or a gown. Place the stethoscope ear pieces in your ears and the diaphragm over the radial artery.

Recording blood pressure continued

Inflate the cuff until the radial pulse is fully occluded. Smoothly **release air from the cuff** at a rate of 2-4 mmHg per second, and listen for the **first sound**, which will be your **systolic** reading. Continue the release of air, and when it becomes **quiet**, this is your **diastolic** reading. Quickly **release the remaining air** from the cuff, remove the cuff, **record** the reading, and perform Closing Procedure.

The next steps toward staff skills and competency

- ▶ Develop/revise policies and procedures related to the 25 skills, if needed.
- ▶ Educate staff on policies and procedures.
- ▶ Develop competencies related to the 25 skills to be observed.
- ▶ Set up a skills lab or, observe patient care to complete competencies.
- ▶ Recruit the assistance of off shift Supervisors.

Questions?

?

How set up a skills lab

- ▶ The rooms should be set up with supplies and equipment stored to simulate a resident unit. The amount required will depend on the number of staff who will be performing skills for competency. To avoid interruptions and potential delays in the skills lab caused by needing additional supplies, it may be prudent to overstock. The facility may want to provide a table or cart in the room to place extra items and linens.
- ▶ Skills will be performed on a mannequin, a resident, or a staff member willing to play the role of a resident and they should expect that some of the following skills may be performed on him/her.

Skills to be performed

- ▶ Assistance in walking
- ▶ Measuring pulse and breathing
- ▶ Brushing teeth
- ▶ Moving an arm or leg through simple exercises
- ▶ Changing bed linens while in bed
- ▶ Moving from the bed into a wheelchair
- ▶ Cleaning and shaping nails

Skills to be performed, continued

- ▶ Placement on a bedpan (clothes on)
- ▶ Dressing
- ▶ Turning onto side in bed
- ▶ Feeding of a small snack
- ▶ Washing and applying lotion to one foot

Resident actors should be appropriate for the skills that need to be tested. For example, a person with nail tips would not be an appropriate resident actor since one of the skills is nail care. Resident actors are expected to follow the directions given by the candidate during the exam, such as moving, turning or standing when instructed to do so.

Equipment and supplies need to set up a skills lab

Resident Room Environment:

- ▶ Working hospital style-bed:
 - ▶ regular mattress (no air mattresses, etc.)
 - ▶ height of bed and head of bed must both be able to raise and lower
 - ▶ side rails on bed are optional, but preferred
 - ▶ if bed does not have a headboard, install a hook (e.g., cup hook or 3m Command wall hook) on wall at head of bed about 3 ½ feet above floor (to hold call light device)
- ▶ Paper towel dispenser at sink area; stocked with paper towels with an additional supply for use at bedside.
- ▶ Liquid soap dispenser at sink for handwashing
- ▶ Call light device (Designated device does not need to be operational; must be corded (not built into side rail); prefer if cord end secured against back of headboard. Suggested devices to simulate call lights include jump ropes or an old computer mouse.)

Equipment and supplies, continued

- ▶ Side chair (2)
- ▶ Soiled linen hamper
- ▶ Overbed table – working controls to raise and lower with level surface with wheels to move (minimum of 1 per bed; 1 additional for NAE(s) preferred)
- ▶ Bedside cabinet (night stand)- must have 3-drawers or one drawer and 2-shelves (Rubbermaid style-plastic style drawer set suffices, if 2 bottom drawers are of sufficient size to hold basins in middle drawer, and bed pan, graduate container and toilet paper in lower drawer.)
- ▶ Commode chair or toilet (required)
- ▶ Working assembled wheelchair with footrests and brakes – standard size; model with swinging and/or removable footrests

Basic supplies

- ▶ Bath Basin-rectangular (2) (shape necessary for foot care)
- ▶ Emesis basin 2
- ▶ Bedpans (fracture and regular)
- ▶ Denture
- ▶ Denture container/cup with lid
- ▶ Toothpaste (2)
- ▶ Denture brush (1)
- ▶ Lotion
- ▶ Soap for bathing (liquid soap preferred); soap dish if bar soap use

Basic supplies, continued

- ▶ Single Use and Disposable Supplies
 - ▶ Toothbrushes (individually wrapped)* (8)
 - ▶ Sponge-tip applicators (e.g., Toothettes) (individually wrapped)* (10)
 - ▶ Straws (individually wrapped)*
 - ▶ Plastic spoons and forks (6) (individually wrapped preferred)*
 - ▶ Snack-size containers of Jell-O-type gelatin, pudding or applesauce- not expired (6)
 - ▶ Emery Boards (6)
 - ▶ Orangewood Sticks (6)
 - ▶ Alcohol pads/wipes (individually wrapped) (12)
 - ▶ Gloves (non-latex- all sizes)
 - ▶ Toilet paper (1 roll)
 - ▶ Napkins
 - ▶ Drinking Cups 6-8 oz cups (8); 3-oz cups (10)
 - ▶ Hand wipes (individual)(10)
 - ▶ Tissues (1 box)

Scheduling the skills lab

- ▶ Post announcements throughout the facility and facility website for staff, at least 2 weeks prior.
- ▶ Reinforce the skills lab is a mandatory requirement and will be held annually and as needed throughout the year for educational purposes.
- ▶ Prepare policies and procedures to be reviewed and have ample supply on hand for staff to keep for future reference.
- ▶ Educate off shift Supervisor on policies and provide them with competencies to be completed on their shift for those who are unable to attend the skills lab (this should be very few people).
- ▶ Prepare a list of staff who will be required to attend and invite them personally as you see them throughout the day.

Suggestions for a successful skill lab

- ▶ Make it fun!
- ▶ Keep staff engaged.
- ▶ Provide treats.
- ▶ Make up goodie bags for those who completed the lab. Pens, notepads, hand sanitizer and small lotions are always appreciated.
- ▶ Provide staff with a certificate of completion to take home and display.
- ▶ Compliment them on their skills and show you appreciate the good work they do every day.

When the skill lab and competencies are completed

- ▶ Keep a copy of each persons competency in a binder and add to it as new competencies arise.
- ▶ Skills lab should be incorporated in the orientation process and competencies completed during the clinical orientation.
- ▶ Additional competencies will need to be developed i.e. foley care male/female, ostomy care...
- ▶ Encourage staff to recommend additional training on any skill they feel needs a refresher course.

1135 Waiver TNA to CNA

- ▶ These staff, Temporary Nurse Aides (TNAs), have performed essential work throughout the PHE, but will be required to become Certified Nurse Aides (CNAs) within four months after the Section 1135 waiver ends to continue their nursing home employment, pursuant to CMS guidance QSO-21-17-NH, available at: <https://www.cms.gov/files/document/qso-21-17-nh.pdf>. This guidance further advised that states may modify their Nurse Aide Training and Competency Evaluation Programs (NATCEPs) to allow some of the time worked by TNAs during the PHE to count towards the 75-hour training requirement for CNAs, as set forth in 42 CFR §483.152.

1135 Waiver TNA to CNA

- ▶ The curricula of the TNA to CNA Training Program delineates timeframes and topics of instruction which total 24 hours of classroom and 16 hours of lab instruction for a total of 40 hours. Thirty-five (35) additional hours will be credited for each TNA in recognition of their “on the job training” and employment providing resident care between March 1, 2020 through the end of the federal PHE.
- ▶ Training eligibility: TNAs are eligible for the TNA to CNA training program if they have performed a minimum of 30 days or 150 hours of employment as a TNA. If ineligible or otherwise unable to participate in the TNA to CNA training program, a TNA may still obtain certification as a nurse aide. However, they will need to do so by completing an approved full Nurse Aide Training Program of 100 hours or more.

Conclusion

This concludes our program on Elevating C.N.A skills and competency and How to set up a skills lab. We hope you are successful with the program we have presented.

▶ Questions?