

CRITERIA FOR APPROVAL OF EDUCATION PROGRAMS

AND

GUIDELINES FOR THE TRAINING AND EMPLOYMENT

OF LONG-TERM CARE NURSE AIDES

IN

WEST VIRGINIA

**Nurse Aide Training & Competency Evaluation Program
Office of Health Facility Licensure and Certification
West Virginia Division of Health & Human Resources
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INTRODUCTION

Background

Passage of the Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 (OBRA) in December, 1987 constituted the culmination of congressional awareness that improvements in long term care are needed.

The process for granting nurse aide credentials is one of the principal mechanisms established by OBRA for ensuring provision of improved quality of care in nursing homes participating in the Medicare and/or Medicaid reimbursement programs. The concept of requiring education, evaluation and registration of those who provide nursing related services to residents of nursing facilities and distinct parts of hospitals has received support from consumers, providers of care, regulatory groups and concerned citizens.

Purpose

The purpose of this document is to assist long term care nurse aide education programs in applying to the Division of Health & Human Resources for initial and ongoing program approval. This approval criteria is designed to ensure that all approved programs meet the minimum requirements of the Health Care Financing Administration (HCFA) which sets the standards and conditions of participation for the Medicare/Medicaid certification of nursing facilities. This approval process assures nursing facilities that graduates of approved educational programs who pass the competency evaluations will meet the requirements to qualify as long-term care nurse aides.

The sections of OBRA pertaining to the Medicare and Medicaid requirements of the nurse aide education program are Sections 4201 and 4211 respectively. These Sections amend Sections 1819 and 1919 of the Social Security Act. The requirements set forth herein are based at least on OBRA requirements or the federal instructions mentioned below.

OBRA directed each state to specify those approved nurse aide training and competency evaluation programs for nurse aides employed by Medicare or Medicaid certified nursing facilities on or after January 1, 1990.

Federal Regulation 483.75(e)[5] specifies that an individual cannot serve as a nurse aide until the facility receives verification from the state registry that the individual has met competency evaluation requirements.

Facilities are prohibited from using employees as nurse aides until that employee has completed a Nurse Aide Training and Competency Evaluation Program.

This document reflects the West Virginia Division of Health's understanding of the official transmittal of the federal implementing instructions which has been adopted by HCFA as Sections 4131-4139 of the State Operations Manual.

Changes in the federal instructions may require further changes in this document.

DEFINITIONS

Approved Long-term Care Nurse Aide Education Program - An educational program which has received the approval of the West Virginia Division of Health and which meets the criteria for preparation of nurse aides for long-term care nursing facilities. This approval will be based upon the criteria identified in this document. This program will hereafter be referred to as the Nurse Aide Training Program (NATP) in this document.

Approved Curriculum Content - Material which is required by the Division of Health as appropriate for the instructional content of a long term care nurse aide education program. All programs will be evaluated based on the total program.

Registered Nurse Aide (RNA) - A person who has completed a nurse aide education program and received a certificate of training. The registered nurse aide can be hired and work while completing the competency evaluation.

Certified Nursing Facility - A nursing facility, or distinct part of a hospital, which participates in Medicare and/or Medicaid reimbursement programs.

Classroom - A room which provides a learning environment that is adequate in size to provide safe and comfortable conditions for enrolled students, that has adequate lighting, and that has sufficient equipment, including audiovisual equipment and equipment required for simulating resident care situations.

Clinical Education - An extension of the classroom and the skills laboratory which utilizes the resources of the certified nursing facility to teach the application of skills for direct resident care. These experiences must be supervised and directed by a qualified registered nurse instructor. Clinical education must be an integral part of a nurse aide education program.

Clinical Instructor - A registered nurse who provides supervision for the nurse aide education program under the direction of the primary instructor (See Qualifications of Clinical Instructors).

Competency Based Education - An educational process planned and directed by the instructor for focusing the learning experience with stated behavioral objectives which includes the condition of performance and level of achievement. These behavioral objectives identify observable actions or behaviors that the learner performs consistently when the condition and level of performance is attained.

Competency Evaluation - Determination of the knowledge and ability of an individual to function adequately as a nurse aide. In the nurse aide skills competency evaluation, tasks are analyzed to determine specific steps which must be performed to complete the tasks

adequately. These steps are used as a guide to determine the competency level.

Curriculum - The total components of the instructional program including but not limited to, content, lesson plans, method of presentation, use of audio visuals, plans for skills laboratory and clinical education, and experiences in the clinical setting.

Licensed Health Professional - A person who has specialized knowledge and academic preparation and who is licensed by the State of West Virginia for employment in health care, e.g., a physician, physician assistant, nurse practitioner, physical therapist, speech therapist, occupational therapist, registered professional nurse, licensed practical nurse, social worker, or psychologist.

Nurse Aide - Any individual working under the direction of a registered nurse who provides personal care services for residents in a certified nursing facility. This does not include an individual who is a licensed health professional or an individual who volunteers to provide such services without monetary compensation. The term "nurse aide" is utilized throughout this document.

Nurse Aide Training and Competency Evaluation Program (NATCEP) - The office within the West Virginia Division of Health that oversees all aspects of the RNA program.

Program Instructor(s) (PI) - A registered nurse whose major responsibilities are the instructional aspects of the NATP and the learning experience of the students. (See Qualifications of Instructors).

Program Coordinator (PC) - A registered nurse whose responsibilities include administration of, and accountability for, the nurse aide program. (See Qualifications of Program Coordinator).

Program Director (PD) - An individual whose responsibilities include administration of, and accountability for, the NAEP - must have consultation from a registered nurse. (See Qualifications of Program Directors).

Program Provider - The responsible person, group, facility or educational organization which provides an approved long-term care nurse aide education program.

Registered Long-Term Care Nurse Aide (RLTCNA) - Correct title for a Nurse Aide who has met current competency requirements and whose name is listed on the West Virginia Department of Health and Human Resources Nurse Aide Registry.

Resident - The individual to whom the services of a nurse aide are provided.

Resource Instructors - Persons with specialized knowledge and information who participate in the NATP providing expertise in their specialty thereby enhancing learning. (See Qualifications of Instructors.)

Skills Laboratory - An extension of the classroom that provides adequate contemporary equipment, supplies and work stations for the number of students assigned to the area. Such extensions are utilized primarily for skills demonstration and development.

NURSE AIDE REGISTRY

The Nurse Aide Training and Competency Evaluation Program (NATCEP) of the West Virginia Division of Health will maintain the Nurse Aide Registry for all individuals who achieve passing scores on the competency evaluation.

Registration is renewed for a two (2) year period. The nursing facility is responsible for the re-registration of nurse aides in it's employment. Each facility will be notified on a monthly basis of the nurse aides who require re-registration during that period. Other nurse aides will be notified of the procedure for continuing their registration prior to the expiration of current registration.

If a registered nurse aide does not perform nursing related services for hire for 24 consecutive months, she/he loses that registration. They must again complete an approved program and test successfully to be re-entered into the registry.

When hiring a nurse aide, a facility must contact the NATCEP office to ascertain that the individual is listed on the registry and not listed on the abuse registry.

I. Nurse Aide Registry

An individual becomes eligible to be placed on the registry following successful completion of the competency evaluation or by reciprocity from another state.

A. Competency Evaluation

A candidate becomes eligible to sit for the competency evaluation by one of the following:

1. Completion of an approved NATCEP.
2. Completion of Fundamentals of Nursing component of a nursing program which included a minimum of 32 hours clinical experience in a certified nursing facility. Eligibility will be determined by NATCEP on an individual basis.
3. Completion of a practical nursing program to the exit point for a nurse aide which included a minimum of 32 hours of clinical experience in a certified nursing facility. Eligibility will be determined by NATCEP on an individual basis.

NATCEP has contracted with an outside agency for the administration and reporting of the competency evaluation. The contracting agency is responsible for distributing information regarding those procedures.

The competency evaluation will consist of both a written and skills performance component.

Each candidate will have three (3) opportunities to pass the competency evaluation. Anyone unable to pass after three (3) attempts will be required to again complete an approved program. Upon completion, the candidate is eligible for three (3) more opportunities to pass the competency evaluation.

Candidates are expected to sit for the first available competency evaluation following completion of the education program.

Candidates must successfully complete the competency evaluation within 24 months of graduation from an education program. If more than 24 months has elapsed since completion of a program, the individual must re-take an approved nurse aide education program to be test eligible.

B. Reciprocity From Other States

Individuals who are listed on the registries of other states which have requirements substantially the same as the West Virginia requirements for education and competency evaluation may apply for inclusion in the West Virginia Nurse Aide Registry. The listing of the individual on the West Virginia registry will depend upon the individual's acceptable standing on the registry of the other state.

The NATCEP office will request reciprocity from another state upon receipt of a completed Request for Reciprocity Form (WVNATCEP-5.)

NURSE AIDE TRAINING PROGRAM

Each nurse aide education program must be competency based. The program must contain behaviorally stated objectives for each unit of instruction. Each objective must state performance criteria which are measurable and which will serve as the basis for competency evaluations. The unit objectives must be reviewed with the student at the beginning of each unit in order that each trainee will know what is expected throughout each part of the training program.

The goal of each educational program must be to prepare an entry-level nurse aide who will provide quality care to the residents of nursing facilities.

I. Application for Approval of a Program

Applications for approval of long-term care nurse aide education programs will be reviewed for meeting the criteria. The review will be based upon the completeness of the application, qualifications of instructor(s), curriculum content, and instructional components including the performance record required to meet the stated objectives, clock hours for classroom contact and clinical education, affiliation contracts when appropriate, adequate learning environment, and instructor/student ratio.

In order for a program to be approved, the following documents must be completed and submitted. (For further instruction regarding forms see Section entitled Nurse Aide Education and Competency Evaluation Program Forms)

- C. Application for Approval Form (WVNATCEP-1)
- D. Faculty Data Forms (WVNATCEP - 2, 3)
- E. Class Calendar (Exhibit B)
- F. Curriculum Content - When requested (Exhibit C)
- G. Description of Instructional Materials (WVNATCEP-8)
- H. Description of Larger Course - when applicable (WVNATCEP-9)
- I. For non-facility based programs, copies of the contracts with the nursing facilities where the clinical experience requirement will be met.

II. Requirements of an education program

- A. The minimum acceptable number of hours of a nurse aide education program is 120 hours. At least 55 of the 120 hours must be instructor supervised clinical practice. The remaining hours must be classroom instruction and skills development in the classroom laboratory.
- B. The time frame for completion of a training course must be minimum of four

(4) weeks with a recommended minimum of six (6) weeks in order to allow for assimilation and retention of knowledge.

- C. A calendar-type format should be submitted with the initial application to show classroom/clinical hours and length of program. A sample copy that can be used as a guide is included in this document.
- D. Ratio of instructors to students: A ratio of one (1) instructor to no more than 20 students is recommended for the classroom and classroom laboratory to assure that each student is provided with effective instruction and demonstration.

In the clinical setting the ratio of one (1) registered nurse instructor to ten (10) students must be maintained in order to assure that each student is provided with effective assistance.

- E. The curriculum must contain instruction in all subjects as documented in the Section entitled "Curriculum Content" (Exhibit B) **Note: CPR has been eliminated from the required curriculum.**
- F. Criteria for student evaluations will be part of the program, and will include:
 - 1. Attendance Policy
 - 2. Minimum passing score for classroom and clinical performance.
 - 3. Method for evaluation of skills lab practice and clinical performance.
- G. A description of how each nurse aide student shall be clearly identified as a student during all clinical education must be included with the application. Identification should be recognizable to residents, family members, visitors and staff. (Just a name tag will not meet this requirement.)

III. Program Faculty

The nurse aide education program must employ sufficient faculty to meet the instructional requirements.

Program providers must seek approval for each instructor that they employ. (There is no State certification or blanket approval of instructors.)

- A. **Program Coordinator** - The program coordinator's role includes assuming the administrative responsibilities of, and accountability for, the nurse aide education program. This role may be filled by the director of nursing services if qualified assistants are available and on duty to assure full-time coverage of nursing service responsibilities. The director of nursing service may not function as a program instructor.

The program coordinator must:

- 1. Be a West Virginia Registered Nurse
- 2. Have two (2) years experience as a Registered Nurse with at least one of those years in long-term care. This experience could be obtained through a

3. certified nursing facility, or a certified distinct part of a hospital.
3. Attend the Educate-the-Educator or qualify for exemption.

B. **Program Director** - The program director is responsible for administration of, and accountability for, the nurse aide program. The individual who holds the position of a program director must work in consultation with a registered nurse who meets the instructor criteria. This title is appropriate for directors of training in adult vocational , American Red Cross, OIC, and other non-facility based training programs.

C. **Program Instructor(s)** - The program instructors responsibilities include all aspects of instruction and the learning experience of the students. The instructor may also function concurrently as the program coordinator. An individual in this position must:

1. Be a West Virginia Registered Nurse
2. Have two (2) years experience as a Registered Nurse with at least one of those years in long-term care. This experience could be obtained through a certified nursing facility, or a certified distinct part of a hospital.
3. Attend the Educate-the-Educator or qualify for exemption.

Qualifying conditions for exemption from Educate-the-Educator. The applicant must:

- a. Hold a Vocational Certificate from the West Virginia Department of Education; or
- b. Holds a vocational permit and is enrolled in the West Virginia Vocational Teach Education Program and has clinical teaching experience in a long-term care setting;
- c. Has at least one year of experience as an instructor in nursing in a college or university nursing program accredited by the West Virginia Board of Nursing and has had clinical teaching experience of at least six (6) months in a long-term setting.

After a six month period, an individual who is not exempt may not be a coordinator or instructor unless that individual has successfully completed the Educate-the-Educator Program.

NOTE:

Completion of the Educate-the-Educator Program does not qualify an individual to be a Program Coordinator or Primary Instructor if the experience criteria is not met.

D. **Clinical Instructor** - A Registered Nurse who meets the same qualifications as the program instructor, under the direction of the program instructor, may serve as a clinical instructor for nurse aides. The clinical instructor is exempt from the Educate-the-Educator.

No instructor is to be assigned other duties when assigned as an instructor.

- E. **Resource Instructors** - Resource instructors are persons with specialized knowledge and information in a specific area who participate in the nurse aide program providing expertise in their specialty thereby enhancing learning. For example, registered nurses, licensed practical nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, ombudsmen, and registered long-term care nurse aides. Many of these persons will have appropriate licensure or certification in the health care field.

NOTE: At no time is an resource instructor an acceptable substitute a program or clinical instructor. **6**

IV. Non-Approval of a Program

A program will not be approved if:

- A. the submitted documentation is incomplete
- B. the nursing home submitting the program falls into one of the following categories:

If within the previous two (2) years the facility:

- 1. Has operated under a waiver of the nurse staffing requirements;
- 2. Has been subject to an extended or partial extended survey as defined in the enforcement portion of OBRA; or
- 3. Has been subject to certain sanctions, including a civil money penalty of \$5,000 or more, denial of payment, appointment of temporary management, closure, or transfer.

NOTE: The above conditions also prohibit a facility from serving as a clinical training site for a non-facility based program.

V. Loss of Program Approval

Program approval will be revoked for the following reasons:

- A. If any of the conditions in B. occur.
- B. Failure to cooperate with on-site evaluations.
- C. If the program does not meet minimum standards as set forth in the initial approval.
- D. If the plan of correction following on-site review is unacceptable.
- E. Utilization of faculty who do not meet the established criteria;
- F. Utilization of faculty who have not been approved by the NAECEP for that program.
- G. Failure to submit required documents in a timely manner; i.e., a course calendar prior to starting a new class.
- H. A competency evaluation failure rate in any class of 40% or more and/or a pattern of frequent failures.

VI. Implementation and Management of the NAECEP

- A. Units I, II & III of the curriculum outline must be completed in the classroom before resident contact. Unit I.A. Introduction to Facility cannot be counted in the minimum 120 program hours.
- B. A Performance Record which lists the minimum tasks/skills required to be learned in the program is included in this document. Space is provided to note observation and demonstration, to record return demonstration, to record date of performance of the skill in the clinical setting, to note satisfactory or unsatisfactory performances and to note the date when the performance is determined to be appropriate for no further direct supervision, plus the name of instructor(s). This record will be kept current as the student progresses. A copy will be kept in the personnel file and the original given to the student upon graduation. (WVNATCEP-7)
- C. A student shall not be assigned to perform a task independently until she/he has received instruction and has been determined to be capable of performing the task without direct supervision.
- D. The instructor shall make available to each student lesson plans containing expected outcomes, course content and learning activities.
- E. A new calendar with appropriate dates must be sent to the NATCEP office at least one week before beginning each new class. (Exhibit A)

The calendar must show time of day in class and clinical, the program name, approval number and instructor's name.

A class roster must accompany the calendar. The roster should include place of employment and date of hire when applicable.

- F. Program completion forms must be submitted no more than 30 days following the last day of class. All students who have met completion requirements must be on the list.

NOTE: Program completion forms will not be accepted if a calendar has not been submitted for that class. This means that these students will not be eligible to test.

- G. Program Changes

Program Coordinators are required to report the following changes to the NATCEP office:

- 1. Faculty changes - data forms and resumes must be submitted for approval prior to appointment as an instructor.

2. Changes in instructional material.
 3. Schedule changes.
 4. Any change in clinical sites including contract(s) with new sites.
- H. A file will be maintained for complaints received regarding any aspect of the training program. Documentation of complaint resolution will be part of the file.

VII. On-Site Reviews

Federal regulations require that on-site reviews of all approved programs be conducted by the NATCEP office. These reviews will be unannounced.

VIII. Charging for Nurse Aide Education

- A. A facility **cannot** charge their employees for any part of a training program, including testing or re-testing fees.
- B. The first facility to employ a nurse aide within 12 months after completing a program for which the nurse aide has paid a fee, must reimburse the employee for the cost of the training program and testing.
- C. If that nurse aide has not yet taken the competency evaluation, the facility must pay for the test.
- D. If an employee is attending classes at a non-facility based program which charges a fee, the facility, not the employee, must pay that fee.

IX. Employment Records

In order to keep the registry current, certain information must be sent to NATCEP upon **employment** and **termination** of nurse aides.

To assist in obtaining that information, a form has been developed - **Training and Employment Record** (WVNATCEP-6)

EXHIBITS

- A. NAECEP Forms
- B. Sample Calendar
- C. Curriculum Requirements

EXHIBIT A

LIST OF NATCEP FORMS

WVNATCEP-1	Application for Approval of Education Program
WVNATCEP-2	Faculty Data
WVNATCEP-3	Resource Instructor
WVNATCEP-4a	Class Roster
WVNATCEP-4	Completion of Education Program
WVNATCEP-5	Request for Reciprocity
WVNATCEP-6	Training and Employment Record
WVNATCEP-7	Skills Performance Checklist
WVNATCEP-8	Description of Instructional Materials

WVNATCEP-9	Description of Larger Course
WVNATCEP-10	Check List for Calendars
MEMORANDUM	Dated May 15, 2001
WVNAECEP-10a	Vo-Tech Secondary Program Calendar Checklist
WVNATCEP-10b	Vo-Tech Adult Program Calendar Checklist
WVNATCEP-11	Check List for Curriculum in Calendar
WVNATCEP-12	Check List for Program Approval

**Instructional Guidelines
for
NATCEP FORMS**

1. **Application for Approval of Nurse Aide Programs (WVNATCEP-1)**
This form should be used for:
 - 1) Submitting a new program for approval.
 - 2) Requesting changes in your approved program.
 - a. Change of location for classroom or clinical setting
 - b. Change of course hours

2. **Faculty Data Form: (WVNATCEP-2)**
One form should be completed for each coordinator/director and each instructor. Attach a detailed resume, copy of R.N. license, and Educate the Educator or Vocational Certificate/Permit to each form. The Clinical Instructor is exempt from providing a Educate the Educator or Vocational Certificate/ Permit. This form should also be used for personnel changes **AS THEY OCCUR**. Failure of notification of personnel changes could result in the loss of your program approval.

3. **Resource Instructor Data Form: (WVNATCEP-3)**
One form should be completed in its entirety for each person who will be acting as a resource instructor. A resource instructor cannot be a substitute for a program or a clinical instructor.

4. **Completion of Education Program Form: (WVNATCEP-4)**
This form must be completed, legibly, and sent to the NAECEP office within 30 days following completion of the program and before the

applications are sent to the testing service. A copy of this form must be kept on file by the program provider for each completed class.

NOTE: The completed form will not be accepted if a calendar and class roster were not submitted prior to the beginning of the class.

5. **Request for Reciprocity Form: (WVNATCEP-5)**

Complete and send this form to NATCEP for each prospective nurse aide employee that may be registered in another state. The NATCEP office will check the registry in that state, including abuse status, and will return a copy of the completed form to the facility. The status of a nurse aide from another state must be verified by the WV NATCEP office prior to employment.

6. **Training and Employment Record: (WVNATCEP-6)**

A completed form must be submitted to the NATCEP within five (5) working days of employment or termination of each nurse aide.

7. **Skills Performance Record: (WVNATCEP-7)**

This lists the minimum tasks/ skills required to be learned in the program. Space is provided to note observation and demonstration, record return demonstration, record date of performance of the skill in the clinical setting, note satisfactory or unsatisfactory performances and note the date when the performance is determined to be appropriate for no further direct supervision, plus the name of instructor(s). This record will be kept current as the student progresses. A copy will be kept in the personnel file and the original given to the student upon graduation.

8. **Description of Instructional Material: (WVNATCEP-8)**

To be completed and submitted with initial request for program approval and when requesting changes in instructional materials of existing programs.

9. **Part of Larger Program: (WVNATCEP-9)**

To be submitted with initial request for program approval when that program has components other than long term care. Also, complete and submit this form if you add a component to an existing program. For example, the addition of Home Health Aide to a vocational program.

EXHIBIT B

CLASS CALENDAR

This calendar is ONLY a sample. It was devised to show you how the classroom/skills laboratory and clinical hours could be divided and integrated. You may need more time for some topics than what is shown, and less for others. Use it as a guide to help you develop your calendar.

This also shows the topics/items that you need to list on your calendar.

Your class must cover all topics listed in the curriculum.

EXHIBIT C

MINIMUM CURRICULUM REQUIREMENTS FOR THE LONG-TERM CARE NURSE AIDE TRAINING PROGRAM

UNIT I. ORIENTATION

- A. Class introduction and expectations (Cannot be counted in total hours)
 - 1. Introduction of Instructor
 - 2. Introduction of each student by self to group
 - 3. Instructor goals
 - 4. Student homework: Return with two (2) goals tomorrow
 - 5. Introduce textbooks, policy, copy of calender, Skills Check List, course outline(lesson plans) with goals and objectives
 - 6. Explain dress code for class and clinical instruction - name tags
 - 7. Review of behavior, expectations, absences and tardiness
 - 8. Review of parking and restroom locations
 - 9. Review complaint file
 - 10. Review for strict code: NO STUDENT CAN BE IN THE FACILITY WITHOUT AN R.N. INSTRUCTOR

11. Review nurse aide responsibilities for re-certification every two(2) years
12. Personal health needs and grooming
13. Review Registered Nurse Aide Registry
14. Review abuse, mistreatment, neglect and misappropriation of property
15. In-service requirements
16. State testing requirements

UNIT II. UNDERSTANDING SELF AND OTHERS

- A. Communication - exchange of information
 1. Verbal, non-verbal
 2. Communication techniques
 3. Communication formats
 4. Factors that block effective communications
- B. Interpersonal Relationships
 1. Recognizing residents basic needs - Maslow's Hierarchy of Needs
 2. Resident's individuality (physical, social, spiritual and psychological)
 3. Developing methods to deal with difficult behavior
 - a. Angry or aggressive residents
 - b. Confused residents
 - c. Depressed residents
 - d. Combative residents
 - e. Residents that display catastrophic reactions
- C. Promoting Resident Independence
 1. Promoting highest level of functioning
 2. Residents with sensory impairments, visual, hearing, speech, mobility and cognitive
- D. Residents' Rights
 1. Privacy and confidentiality
 2. Personal choice; the right of freedom to choose, including voting

3. Grievances and disputes - complaint resolutions
4. Participation in resident or family groups
5. Care and security of personal possessions
6. Freedom of abuse: physical, verbal, emotional, sexual, financial
7. To expect nursing facilities to follow policies to report and investigate suspected or reported abuse situations
8. To expect that nursing facilities will not hire personnel who have been convicted of abuse violations
9. Freedom from restraints in accordance with current professional standards including physical and chemical
10. To be informed, verbal and written, in a language the resident understands of their rights
11. To receive mail promptly and unopened and to have access to a telephone
12. To refuse to perform services for the facility
13. To self-administer medications if deemed competent by their physician
14. To receive notice of transfer or discharge

E. Abuse Issues

1. Definitions of Abuse: physical, verbal, involuntary seclusion, misappropriation of resident's property and funds, sexual, psychological/emotional, corporal punishment and neglect
2. Possible contributing factors of abuse in a work setting
 - a. Cultural differences
 - b. Lack of empathy for the variety of residents
 - c. Interactions with residents who display aggressive, demanding or inappropriate behavior
 - d. Inadequate supervision of staff
 - e. Job stress-wage, staffing issues
 - f. Personal stress
3. Ongoing instruction on dealing with above factors

- a. Accept personal responsibility for knowledge about abuse issues
 - b. Utilization of Social Services, Ombudsman
 - c. Attend in-services offered by facilities about abuse
 - d. Cultivate good/open communications with facility staff, administration, residents and families
 - e. Recognize when personal or work related stress is interfering with the ability to perform duties appropriately
4. Legal consequences of abuse violations
- a. Provide and review copy of abuse protocol with detail instructions
 - b. Review issues of personal responsibility and legal implications of witnessing but failing to protect resident and/or reporting the abuser
 - c. Discuss facility's responsibility to protect residents and report abuse
 - d. Provide Adult Protective Services (APS) 24 hour hotline number (800) 352-6513; Office of Health Facility, Licensure and Certification (304) 558-0050 or fax number (304) 558-2515 for allegations related to RN's, LPN's, resident to resident, or unknown source; incidents relating ONLY to registered nurse aides (RNA) must be reported to the Nurse Aide Training and Competency Evaluation Program (NATEP) by calling (304) 558-0688 or (304) 558-4848 or by fax (304) 558-1442. Witness should call any of these numbers if fear of retaliation from the abuser or from the nursing supervisor is a problem.
4. Reporting abuse in the facility
- a. Witnessed abuse of any type, intervene, stop abuse, provide safety for the resident
 - b. Report suspected abuse immediately to the nursing supervisor
 - 1. Suspected signs of abuse include: discoloration of skin, bleeding, fear demonstrated or voiced by the resident while providing care
 - c. All reports of abuse should be truthful
 - d. Report abuse to OHFLAC/NATCEP immediately by fax, APS immediately by phone and written within 48 hours
 - e. Required to complete an APS seven duplicate form, OHFLAC

requires an immediate form within 24 hours of the incident and a follow-up form within five (5) working days

- f. Individuals shall include any employee, volunteer or contractor of the facility shall include but not limited to: nurses, nurse aides, facility administrators and administrative staff, laundry staff and laboratory personnel
 - g. Review Abuse Protocol
 - h. Complete documentation form of receiving Abuse Protocol
6. Procedure after report of abuse is made
- a. Immediate suspension pending investigation due to allegation of abuse, witnessed, expulsion from facility, confidentiality
 - b. Notification immediately to APS, NATCEP, facility administrator, initiation of reporting forms per facility and state mandates
 - c. Full investigation conducted, confidentiality maintained
 - d. Facility will protect resident and reporter from retaliation
 - e. If allegations were unsubstantiated, nurse aide returns to facility after confidential discussion with management
 - f. If allegations were substantiated, specific actions are taken
 - 1. The NATCEP Abuse Protocol outlines these procedural steps: Investigation, notification, hearing, decision of hearing, and the appeals process
7. Procedure if nurse aide is investigated for Abuse by the NATCEP
- a. R.N. investigator investigates allegation
 - b. Investigative report is written
 - c. Report is then sent to Abuse Committee for vote. Vote for placement on the Abuse Registry is by majority vote
 - d. RNA will receive certified notification within 10 days of the Abuse Committee vote results
 - e. RNA has 30 days from the date of receipt of notice to request a hearing
 - f. RNA has the right to be represented by their own attorney at the hearing

- g. If the RNA waives their right to a hearing or the case is uncontested, the RNA's name is placed on the Abuse Registry
 - h. If the findings determine abuse did not exist or cannot be substantiated, the RNA will be notified by certified mail within 10 days of the Abuse Committee meeting
 - i. For all notifications of Abuse Committee findings, RNA will be notified by certified mail to last known mailing address
8. When a RNA is voted by the committee to be placed on the abuse registry and no hearing is held or the hearing results are for placement
- a. A RNA may have the allegation taken up by a court of law
 - b. The RNA's name is placed on the West Virginia Abuse Registry
 - c. Abuse status is shared with other state abuse registries
 - d. Employers check this registry prior to RNA employment
 - e. If neglect is substantiated the RNA may petition, after one year, to have their name removed from the Abuse Registry. Individuals under all other circumstances will not be able to work in Long-Term Care or other facilities checking with the Abuse Registry

UNIT III. THE WORKING ENVIRONMENT

- A. Procedures which protect
 - 1. Utilization of proper body mechanics
 - 2. Proper techniques for lifting, transferring, turning, positioning, and ambulation
 - 3. Discuss proper use of Gait Belts (infection control, grasping upward)
 - 4. Location and use of Material Safety Data Sheets(MSDS) OSHA requirements
 - 5. Location and use of eye wash stations
 - 6. Completion of incident/accident report (time limitations)
- B. Use of Protective Equipment
 - 1. Bed side rails. Must be M.D. ordered, this is not for all residents. If restrained, resident must be checked every 30 minutes and released every 2 hours.

2. Call lights are to be within reach of the resident
3. Beds are always returned to the lowest position for safety, fall prevention
4. Mattress overlays (location of phone number if defective)
5. Geriatric Chairs can be considered restraints, check every 30 minutes and release every 2 hours
6. Special chair cushions
7. Wheelchair locks
8. RESTRAINTS
 - a. Types. Teach importance of least restrictive devices.
 - b. Restraint reduction/elimination
 - c. Problem solving or eliminations of restraint use (restraint free alarm)
 - d. Proper application
 - e. ALL restraints including side rails, geriatric chairs and lap buddies require CHECKED EVERY 30 MINUTES, RELEASE EVERY 2 HOURS. DOCUMENTATION IS MANDATORY
 - f. Discuss MAINTAINING HIGHEST LEVEL OF FUNCTIONING
 - g. Discuss potential dangers of use
 - h. Importance of participating on the restraint reduction/elimination committee, documentation

C. Fire and Other Disasters

1. Fire prevention and safety rules
 - a. Fire safety is everyone's responsibility
 - b. Discuss supervised smoking regulations
 - c. Review items that must be 18" or less from sprinkler systems
 - d. Discuss the importance of not blocking fire alarm pull stations, exit doors or fire doors
 - e. Proper use of fire extinguishers, PASS-PULL, AIM, SQUEEZE, SPRAY and locations

- f. Review the importance of role in a fire drill
 - g. Discuss causes of fire and the three (3) substances that fuel a fire
 - h. Discuss RACER - Remove, Alarm, Contain, Extinguish, Relocate
2. Report any unsafe conditions
 3. Disaster plans (e.g., floods/tornado/fire), types, location of plans
 4. Evacuation of ambulatory and non-ambulatory patients
- D. Protection from Infection
1. Basic understanding of infection control
 - a. Universal precautions, hand washing, first line of defense, wearing gloves
 - b. Asepsis-Free of microorganisms
 - c. Infection - invasion of the body by a disease producing organism
 - d. Chain of infection
 2. Threats of infections
 - a. Factors which promote growth of microorganisms
 - b. Names of possible pathogens include: Bacteria (streptococcus, staphylococcus) and viruses
 - c. Conditions which affect bacterial growth: food, moisture, oxygen, temperature and light
 - d. Factors which promote the spread of pathogenic microorganisms: direct contact, indirect contact, air by droplets, vehicle, and vector
 - e. Practices which hinder the spread of infection: hand washing, cleaning the resident's unit, proper handling of linen, proper disposal of contaminated articles and waste, proper cleaning of equipment, resident toiletries are not shared, wearing gloves, proper disposal of uncapped sharps, and no mixing of lotions/solutions
 - f. How to refer to the OSHA Regulations and Material Safety Data Sheets for information
 3. Isolation of a Resident
 - a. Types of isolation

- b. Isolation techniques which include gown, mask and gloving
 - c. Care of the resident in isolation which includes stimulation and not seclusion
4. Signs and symptoms of infection
- a. Localized redness or warmth
 - b. Increase in temperature (elderly residents usually run a body temperature below 98.6 F orally) or chills
 - c. Confusion
 - d. Swelling and/or pain
 - e. Pus, drainage with or without odor
- E. Environment - promoting a sense of security
1. Need for safety and security
- a. Fall prevention, shoes, slippers with non-skid soles, laces tied, participate in care conferences and care planning
 - b. Avoid throw rugs
 - c. Caution when applying lotions or oils in the tub/shower
 - d. Never leave resident unattended in the tub/shower
 - e. Monitor equipment which produces heat which includes lamps or lights
 - f. Lock wheels on beds and wheelchairs
2. Establishing clean, safe, pleasant environment
- a. Keep pathways free of clutter (no throw rugs)
 - b. Water temperature 105-110 degrees F
 - c. Appropriate call light within reach and respond to call lights immediately
 - d. Always keep bed at the lowest position
 - e. Never leave a spill - clean immediately
 - f. Keep all chemicals locked and secured

- g. Discuss hazards of using powder: slips on the floor, causes respiratory problems and causes skin breakdown
- h. Cleaning colostomies in bathroom which promotes respect for the room mate and dignity and privacy for the resident

F. Heimlich Maneuver

- 1. How to identify and intervene with a choking victim
 - a. Cannot speak
 - b. Cannot breathe, gasping for air, cyanosis (blueness)
 - c. Call for help immediately, time is very important

UNIT IV. BASIC AND PERSONAL SKILLS

A. Bed making, may use fitted bottom sheets as part of state testing

- 1. Unoccupied
- 2. Occupied

B. Need for fluid and nutrition

- 1. Normal adult fluid needs - survival needs 1500 cc water daily
 - a. To maintain normal fluid balance 2000-2500 cc fluid daily
 - b. To determine daily body liquid needs: body weight in Kg X 30 cc (1 kg. = 2.2 lbs.)
- 2. Fluid needs during illness
 - a. Factors that effect increase fluid needs are illness, elevated body temperature, change in weather temperature
 - b. Symptoms of dehydration are lethargy, confusion, constipation, poor skin turgor
- 3. Fluid restrictions
 - a. Physician orders specific amount
 - b. Maintain intake and output records accurately
 - c. Reinforce licensed nurse teaching to resident and encourage compliance
 - d. Provide frequent mouth care

4. Nothing by mouth (NPO)
 - a. Reinforce licensed nurse teaching to resident
5. Nutritional needs - well balanced diets
 - a. Food guide pyramid - 6 food groups
 - b. Follow dietary ticket on meal tray - offer alternative food available for each meal posted in dining areas and on cart delivered to the floor
 - c. Proper feeding techniques - safety maintained
6. Factors affecting the nutritional state of the elderly
 - a. Worm or missing teeth - poor fitting dentures
 - b. Check resident preferences and discuss with family members
 - c. Diminished senses of smell, taste and vision
 - d. Inability to chew food - need for observation, report findings
 - e. Inability to swallow foods - may need speech therapy evaluation
 - f. Environment - free of odor or unnecessary disturbances
 - g. Clothing protectors
7. Modified diets
 - a. Low sodium and sal restrictions, residents with fluid retention, kidney and heart disease
 - b. Diabetic diet - important to monitor, report meal intake of less than 75% especially breakfast after morning insulin administered by the nurse
 - c. No concentrated sweets (NCS), no added salt (NAS)
 - d. Other diets, mechanical soft, pureed, clear liquid, dysphagia
 - e. Enteral nutrition, feeding tubes, ONLY given by an RN/LPN
 - f. Intravenous therapy by RN/LPN
8. Measuring, reporting and recording fluid and food intake
 - a. Accurate documentation and reporting when less than 75% meal

intake

9. Accurate measurement of height and weight
 - a. Ideal body weight, dietician determines ideal weight ranges
 - b. Need for participation in the weight loss committee
 - c. Calculated weight scales, same scale, same time, same clothing. If resident has a cast, document on weight record
 - d. Re-weigh if 3 lbs difference, report
 - e. Height and weight on admission to the facility
 - f. Heights measured standing or in bed procedure

10. Asepsis
 - a. Hand washing between resident contact, contact with resident utensils
 - b. Provide resident with any personal devices (glasses, hearing aide, partials/dentures)
 - c. Allow residents opportunity to use bedpan, urinal, or to change briefs
 - d. Assist residents in hand washing and mouth care

- B. Activities of daily living and hygiene
 1. Oral hygiene, eye and skin care of alert and comatose residents
 - a. Positioning and safety precautions to prevent aspiration
 - b. Daily oral care for alert residents, encourage independence, every 2 hours for comatose, unconscious residents
 - c. Proper dilution of mouth wash, resident's preference
 - d. Lubrication of lips, non-petroleum if oxygen is present

 2. Hair, nail and foot care
 - a. Contradictions for nail care; normal nail care involves trimming, filing, cleaning
 - b. Reporting needs for Podiatrist evaluation
 - c. Special diabetic foot care and observations, documentation

3. Morning and evening care; bathing and showering
 - a. Following resident's personal routines or preferences
 - b. Observing rights to privacy and dignity
 - c. Types of bathing including whirlpool
 - d. Never leave a resident unattended in the tub/shower
4. Shaving and personal grooming
 - a. Safety razors, proper disposal (not re-capped after every use), encourage independence, praise for attempts, offer after shave lotion
 - b. Electric shavers - do not use when oxygen is being used, clean after every use, no sharing of razors
 - c. Cover shoulders with a towel before combing hair
5. Dressing and undressing
 - a. Specific techniques for sided weakness, I.V. tubings
 - b. Adaptive devices - encourage independence and follow therapy suggestions
 - c. Inquire as to resident choices of clot
6. Proper perineal care (Male and Female)
7. Skin care
 - a. Proper positioning to prevent pressure. No skin to skin contact in bed, wheelchairs and Geriatric chairs.
 - b. Nursing interventions to promote and preserve skin integrity
 - c. Importance of lotions to prevent skin tears and for use during back rubs
 - d. Report any redness, blackness, and change in skin integrity
 - e. Re-positioning every 2 hours for bedfast or chair fast residents
 - f. Use of hand rolls - hand care
 - g. Prevention of contractures Range of Motion
 - h. Frequent changing of briefs with incontinent residents

- i. Proper catheter care
 - 8. Preparation for and transporting resident to shower room
 - a. Observe resident's right to privacy
 - b. Nursing process: Assess, plan, implement, evaluate for correct
 - c. Implement safety practices
- C. Vital signs - measuring, recording and reporting
 - 1. Normal values and possible causes of deviations from parameters
 - 2. Temperature - oral (not after eating or drinking hot or cold liquids), axillary, rectal parameters
 - 3. Asepsis of procedure and care for thermometers
 - 4. Pulse - rate, characteristics, locations, and parameters
 - 5. Respiration - rate, characteristics, and parameters
 - 6. Blood pressure - parameters. Alternate locations to obtain if unable to use arms due to mastectomy, cast, amputation, intravenous fluids, shunt used for dialysis or injury
- D. Need for rest and sleep
 - 1. Benefits of adequate rest and sleep
 - 2. Preparation for rest and sleep - resident routines/rituals
 - 3. Promoting rest, sleep and safety
- F. Need for elimination - bowel and bladder
 - 1. Normal functioning and normal characteristics of urine and feces
 - 2. Variations in the urinary system of the aged
 - a. Kidneys are less efficient, bladder less elastic, less holding capacity
 - b. Bladder may not completely empty and may lead to urinary tract infections

3. Assisting with elimination (routine toileting and privacy)
4. Recognizing and reporting abnormal signs
5. Urinary catheters, types, maintaining a closed system
 - a. Prevention of microorganisms from entering, including dragging on the floor, proper daily cleaning, proper emptying of collection bag
 - b. Tubing should not be disconnected at any point without sterile technique
 - c. Collection of urine specimen from catheter can only be done by an RN/LPN
 - d. Output - observation, accurate measuring, documentation, and reporting
 - e. Impactions - only removed by an RN/LPN, recognition, prevention
 - f. Accurate monitoring of bowel movements, reporting, following policy if no bowel movements occur after three (3) days, liquid seepage, constant feeling of need to have a bowel movement, and rectal pain
6. Correct procedures for bedpans, urinals, including placement and cleaning
7. Assisting to use bedside commode - proper cleaning of bedside commode and toileting privacy
8. Care of a resident who is incontinent of feces
 - a. Assess routine time of bowel movement and attempt toileting
 - b. Review special skin care as needed

UNIT V. UNDERSTANDING THE SPECIAL NEEDS OF THE ELDERLY

A. The Aging Process

1. Facts about aging
 - a. Aging and disease - difference
 - b. Functional changes - not all related to disease

- c. “Normal” function among the elderly, physical abilities, sizes and character
 - d. All old age is not the same - people from 60 to 90 years of age are different
 - 2. Characteristics of the normal aged person
 - a. Mental/emotional changes - independence, supportive environment, self actualization, and social interaction
 - b. Physical changes - the systems become less effective, functional changes to carry out activities of daily living (ADL), risk of acquiring a disease and disability increases
 - c. Common problems - length to accomplish tasks, urinary system, bowel system, visual and hearing changes, cardiovascular system, and sexual changes
 - d. Determining preferences
 - e. Developmental changes/functional changes
 - f. Mental health and social service needs
 - 2. Stereotypes and myths
 - a. Stereotypes - rigid, biased ideas about people as a group, does not consider uniqueness of the individual, may cause them to devalue themselves. Positive stereotypes - have well developed value system, wiser and more peaceful
 - b. Myths - untruths that people believe, cannot care for themselves, have no interest in life, no interest in sexuality
 - 3. Security and belongings
 - a. Orientation to room and facility
 - b. Assisting in a adjustment of life style
 - c. Providing opportunities for socialization
 - d. Need for and orientation to activities or meeting other residents
- B. Relating to the older or ill adult

1. Sensory function in assuring safety sensory deficit
 - a. Visual/hearing loss
 - b. Memory loss
 - c. Decreased mental stimulation
 - d. Prevention of isolation
 - e. Alternation of function due to medications (chemical restraint)
2. Communication needs
 - a. Residents having a communication disorder
 - b. Methods of communications
 - c. Body language (resident and nurse aide)
 - d. Importance of touch
3. Basic emotional needs
 - a. Independence
 - b. Supportive environment - protection from harm
 - c. Social interaction - contact between residents and volunteers
 - d. Recognition as an individual - respect, self-expression in crafts, reminiscing, and recognizing the past
 - e. Self actualization - respect residents beliefs, learn needs, preferences, and encourage activities to promote self actualization
4. The resident's family
 - a. Recognize role family members play
 - b. Be sensitive to emotional needs of family members
 - c. Use family as source of emotional support if possible
5. Sleep patterns
 - a. The elderly may require longer to go to sleep

- b. The elderly are less able to tolerate sleep deprivation
 - c. The elderly may need short naps during the day
 - d. The elderly may have more irregular sleep patterns
1. Sexuality in aging
 - a. Sexuality fulfills strong needs for elderly in close relationships to another
 - b. Part of a person's individuality - femininity/masculinity
 - c. Need for respect and privacy in sexual matters
 - d. Residents are to be protected from unwanted advances of others
 - e. Masturbation - allow privacy, universal precautions
 - f. Discuss resident's guaranteed rights to conjugal privacy
 6. Religious needs
 - a. Respect for beliefs
 - b. Customs and rituals
- C. Caring for the resident with specific problems/concerns
1. Characteristics of
 - a. Alzheimers disease
 - b. Organic brain syndrome
 - c. Aphasia - paralysis after CVA
 - d. Mental retardation and developmental disabilities
 - e. Physical disabilities
 - f. Chronic illness
 - g. Disorientation/confusion, i.e. loss of a mate, move to LTCF, change of bath time, medication intolerance, poor nutrition, poor fluid intake
 - h. Withdrawn behavior - loss of sight, hearing or depression

- i. Combative behavior - prevention, changing stimulus, diverting attention, removing annoyances, recognizing causes for behavior, using non-threatening approaches, explain inappropriate, reinforce reality by showing/telling what is appropriate behavior
2. Prevention of complications
 - a. Prevention and care of complications
 - b. Detecting and reporting abnormalities
 - c. Team care conference - care planning based on level of functioning
3. Resident behavior and expression of emotional needs
 - a. How behavior is security
 - b. Techniques for dealing with inappropriate behavior
 - c. Give positive reinforcement for appropriate behavior - verbal praise
 - d. Impact of praise/encouragement
 - e. Focus on resident as a person, do not "label"

UNIT VI. BASIC RESTORATIVE SKILLS

- A. Restorative care
 1. Definition - differentiate staff roles
- B. Restorative approach and attitude
 1. Restorative philosophy
 2. Impact of immobility
 - a. Skin: decubitus ulcers
 - b. Muscles: atrophy
 - c. Joints: contractures
 - d. Bones: lose calcium, bones - brittle, weak

- e. Kidneys: calcium stones
 - f. Bladder: stagnant urine predisposes to infection
 - g. Bowel: incontinence, constipation
 - h. Lungs: stasis of fluid - infection, pneumonia
 - i. Blood circulation: sluggish, clot formation
3. Measures to overcome negative effects of immobility
- a. Position change every two (2) hours
 - b. Exercise - weight bearing helps prevent loss of calcium and improves muscle tone
 - c. Adequate hydration
 - d. Adequate nutrition
 - e. Devices for maintaining position of function: splints, trochanter rolls
4. Benefits of activity - promoting mobility
- a. Definition - movement of a joint to the extent possible without causing pain , to prevent contractures, muscle atrophy
 - b. Safety factors
 - 1. NEVER force a joint to move
 - 2. Never perform therapies without training
 - 3. Monitor tips of canes, walkers, wheels on wheelchairs
 - 4. Use assistive items - shower chairs, raised toilet seats, grab bars
 - c. Types of range of motion - active, active assistive, passive
 - 1. General rules
 - a. Expose only the body part being exercised
 - b. Use good body mechanics

- c. Support the extremity being exercised
- 5. Motivation and positive attitudes
- 6. Encourage independence as condition permits
- 7. Bed mobility
- C. Documentation
 - 1. Accountability, responsibility, reporting
 - 2. Complete and accurate
 - 3. To maintain continuity of care
 - 4. To prevent regression, promote regression
 - 5. Clear, concise, spelling
- D. Bowel and bladder retraining
 - 1. Initial evaluation, admission, re-admission
 - 2. Basic goals
 - a. Establish a regular pattern of elimination
 - b. Decrease number of times resident is incontinent
 - c. Increase resident's self esteem with control of elimination
 - d. Decrease chance of other problems - impairment of the skin
 - e. Preserve integrity and function of elimination systems
 - f. Maintain resident highest level of functioning
 - 3. Components of successful program
 - 4. Choosing correct program in relationship to limited functioning
- E. Use of assistive devices
 - 1. Ambulation
 - 2. Eating

3. Dressing
- C. Assisting the resident to develop and use transferring skills, safety
 - F. Care and use of prosthetic devices
 1. Hearing aids - cleaning and storage
 2. Artificial eyes - cleaning
 3. Artificial limbs - splints
 4. Accuracy of schedule for application - removal of splints

UNIT VII. COMMUNICABLE DISEASES

- A. Definition - can be transmitted from one person to another
- B. Hepatitis
 1. Types A through E
- C. Acquired Immunodeficiency Syndrome

UNIT VIII. DEATH AND DYING

- A. Death with dignity
 1. Elizabeth Kubler Ross, Stages of Grief/Loss, Death and Dying denial, anger bargaining, depression, acceptance (DABDA)
 2. Right to die with dignity
 3. Emotional support for the resident, family, room mate, staff
 4. Religious, cultural beliefs
- B. Signs of approaching death
 1. Decreased blood circulation, cold hands and feet pale or gray mottled
 2. Eyes may star into space with no eye movement
 3. Irregular breathing, cessation, “rattling” due to mucous collecting in throat

- 4. and bronchial tubes
Perspiration
- 5. Loss of muscle tone
- 6. Pulse becomes rapid, weak, irregular
- C. Providing physical comfort, positioning, privacy, mouth care, hygiene
- D. Including the family and friends in process of caring
- E. Post mortem care
- F. Bereavement therapy for staff, identification of feelings

➤Note that CPR has been eliminated from the required curriculum. This is a portion of general orientation after hired by the facility. Instructor may teach but cannot be counted in the required hours. Orientation to the facility will also include policies and procedures, philosophy of care, tour of the facility, daily routines, organization structure, description of resident population, legal and ethical aspects, and employee rules.