



**American
Red Cross**

Exam Information and Study Guide

**COMPETENCY EVALUATION PROGRAM
NURSE ASSISTANT TESTING
CALIFORNIA**



**SAME DAY TEST RESULTS
800-RedCross
(800-733-2767)**

redcross.org/take-a-class/cna-testing/california-nurse-competency-test

THE COMPETENCY EVALUATION PROGRAM – AN OVERVIEW

Since 1992, the Competency Evaluation Program (CEP) of the American Red Cross (ARC) in California has tested over 375,000 candidates for skill competency. Candidates are qualified to become a Certified Nurse Assistant (CNA), after receiving a criminal record clearance from the Department of Justice (DOJ), completing training requirements approved by the California Department of Public Health (CDPH), and passing both parts (Skills Test and Written Test) of the Competency Evaluation Examination.

During the Skills Test, candidates will demonstrate four (4) skills learned from their training program. Candidates will be evaluated based on the demonstration of each skill performed, including how to follow The Six Principles of Care. The Written Test (*Nurse Assistant Written Knowledge Examination*) consists of sixty (60) multiple-choice questions with a two-hour time limit. Same day test results are provided.

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MAKE AN APPOINTMENT FOR CNA TESTING – debit and credit cards only**ONLINE REGISTRATION**

Go to: www.redcross.org/take-a-class/cna-testing

Available for all testing options – **EXCEPT RESCHEDULING**

Skills and Oral Test	\$125
Skills and Written Test	\$110
Re -Test Skills	\$70
Re-Test Written	\$40
Re-Test Oral	\$55

RESCHEDULING – Call 800-RedCross (800) 733-7267

Hours of Operation: 4:30 am – 7:00 pm (Monday – Friday)

Hours of Operation: 4:30 am – 5:00 pm (Saturday)

Rescheduling Fee - not tested (paperwork / ID issues) -changing appointment date	\$50
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***Fees not used within ninety (90) days from receipt of payment will result in forfeiture of entire Test Fee.**

CONFIRMATIONS SENT VIA EMAIL**1. Order Details Confirmation**

**confirms PAYMENT only*

2. Appointment Confirmation for CNA EXAM

**emailed by Testing Department - confirms your EXAM DATE*

Make sure to read ATTACHMENT! **Exam Information and Study Guide*

CANCELLATION (DROP) POLICY

After payment has been received, the cancellation (drop) policy is:

Late Charge	For Cancellations up to
10.0%	From 8 to 14 days before event starts
25.0%	From 3 to 7 days before event starts
50.0%	From 1 to 2 day(s) before event starts
100.0%	From 0 to 0 days before event starts
100.0%	1 day after event starts

THREE (3) ITEMS TO BRING TO THE EXAM

The Following Three (3) Items Must Be Presented at the Exam:

Item No. 1—State Application (Form CDPH 283B)

This document must include correct information. The form must be signed and dated in ink (red, blue, or green) by a Registered Nurse, who is authorized to verify that the student has completed an approved CNA training program. The signature must include the title (, RN).

OR

Item No. 1—State Approval Letter (Form CDPH 932)

This document must include correct information, be signed and dated by an ATCS Representative, have the CDPH 99 stamp, and be embossed with a State Seal.

**All names that appear on Form CDPH 283B or Form CDPH 932, must be present on:
(Valid Picture ID) and (Social Security Card or Individual Taxpayer Identification Number Card / Letter)**

Item No. 2—One (1) Valid Picture ID:

State Driver License Card
State Identification Card
U.S. Military ID Card
Passport or Passport Card
Permanent Resident Visa Card /Alien Registration Card
REAL ID (Driver License or ID Card)

Item No. 3 - Social Security Card or Individual Taxpayer Identification Number Card / Letter:

Laminated Social Security Cards and Individual Taxpayer Identification Number Cards are **not** accepted.

IDs and documents presented at the test site must be legible, current (not expired), originals (no copies), and unaltered. Receipts, printouts, and Interim / Temporary Driver Licenses are not accepted.

The only exception to **originals (no copies)** is:

A copied 283B form must be completely re-signed and re-dated in ink (red, blue, or green) by the student (“applicant”) and the Registered Nurse who is authorized to verify that the student has completed an approved CNA training program. The signature must include the title (, RN).

WHAT NOT TO BRING TO THE EXAM

Candidates are not permitted to take personal belongings such as briefcases, large bags, **study materials**, books, or papers into the examination room. American Red Cross is not responsible for lost/misplaced items.

Study materials are not allowed at the exam site, including this document titled “Exam Information and Study Guide”.

ADDITIONAL EXAM DAY INFORMATION

Recommended: Wear uniform/scrubs (any color) and non-skid, supportive shoes.
Bring a black or blue ink pen, non-perishable snacks, and water to last throughout the day.

Study materials are not allowed at the exam site.

Arrive 30 minutes prior to your appointment time. Set aside the entire day (8:00 am to 5:00 pm).
The length of the day will vary, depending on the number of students scheduled to test.

If you are late for your scheduled examination or do not bring all your required documents, you will not be allowed to test and must reschedule.

The California Department of Public Health (CDPH) allows you three (3) testing opportunities.
If you leave without completing a test, you forfeit that testing opportunity.

American Red Cross is not responsible for lost/misplaced items.

ABOUT PROFESSIONAL CONDUCT

The following actions are grounds for dismissal during registration, testing or waiting periods.
The incident will be reported to the California Department of Public Health and your examination will be scored as an automatic failure.

- Use of cell phones and electronic devices [*Electronic word-to-word translators are **not** allowed*]
- Use of study materials [*A **book** that gives word-to-word translations (**not definitions**) is allowed: **Written Test***]
- Giving help to or receiving help from anyone
- Cheating, verbal hints, coaching, pointing, suggestive body or facial gestures
- Causing a disturbance or engaging in any kind of *misconduct

**Misconduct: Behaving in an improper or unprofessional manner*



GUESTS / VISITORS

Guests, visitors, children, and pets are not permitted at the test site.

PASSING BOTH PARTS OF THE EXAM

There are two (2) parts to the Competency Exam; a Skills Test and a Written Test.

- When you pass the Skills Test, you will be given an ARC Skills Completion Card by the RN/Skill Evaluator.
- When you pass the Written Test, you will be given an ARC Written Completion Card by the Proctor.
- When you have passed both parts of the ARC Exam, you will be issued an ARC Completion Certificate.
- Successful completion of both parts of the exam and DOJ fingerprint clearance is required to be a CNA.
- The California Department of Public Health (CDPH) will mail your State *Certificate within six (6) weeks.

HOW TO VERIFY YOUR CNA CERTIFICATE ONLINE

- Verify your CNA Certification online at cvl.cdph.ca.gov (*This is a Certificate, not a License).

NOT PASSING ONE OR BOTH PARTS OF THE EXAM

If you are unsuccessful with either part of the exam, you will need to schedule a re-test:

- You are allowed three (3) attempts to pass both parts of the exam during the two (2) years that your CDPH 283B is valid or before the "must successfully pass the evaluation by" date on the CDPH 932.
- Your CDPH 283B is valid for two (2) years after the date that you completed your training program. The CDPH 932 has a "must successfully pass the evaluation by" date printed on it.
- You only pay for the part of the exam that you need to retake.
- For all testers that have one (1) ARC Skills Completion Card or one (1) ARC Written Completion Card: you will not be allowed to test without presenting your ARC Completion Card.
- For all testers that have previously tested with NNAAP: you will not be allowed to test without presenting all NNAAP Exam Results Letters.
- If you have not passed both parts of the exam, after your 3rd attempt, the examiner will retain your Form CDPH 283B or Form CDPH 932 and your ARC Skills Completion Card or ARC Written Completion Card, if you have one of these cards. You must then be re-trained.

WHAT TO EXPECT DURING YOUR SKILLS TEST

1. Turn off (“power-down”) your cell phone now. 2. Read this information carefully. 3. If you have questions, ask.

Welcome to your State Competency Exam! During the **registration** process, we need to maintain a quiet environment to focus on completing paperwork correctly, so please keep your voices down. After registration, there will be a brief **orientation**, to answer questions you may have. After orientation, **two groups** may be formed. One group will follow the Charge Nurse to complete the **skills test**, while the other group remains with the Proctor to complete the **written test**. There may be a **waiting period between tests**. The Charge Nurse will instruct **each group** to remain in a **designated waiting area**. Thank You for your cooperation.

We understand that test-taking can be stressful for some. Feeling nervous is completely normal. Please, take a deep breath and try your best to relax today.

Breaks / Lunch:

The schedule does not allow for a formal break time or lunch time, and leaving the building is **not** permitted. Feel free to eat or snack during **any waiting period** (in the areas designated by the Charge Nurse or Proctor). No eating or snacking in Written Test Room, while the test is in progress. No eating or snacking at any time in Skills Test Room. You can keep your water bottle at all times.

You will be evaluated on your demonstration of the following:

1. **Handwashing** – You will actually demonstrate at a real sink, using soap and water.
2. One (1) **Station A Skill – Personal Care**
3. One (1) **Station B Skill – Vital Signs, Measurements, or Isolation**
4. One (1) **Station C Skill – Positioning, Transferring, Restorative Care, or Bed-making**
5. Your overall demonstration of the **Six Principles of Care** at Stations A, B, and C
Infection Control – Privacy – Safety – Dignity – Independence – Communication

When you arrive at Station A, Station B, and Station C:

- You will be shown the supply area, the resident’s room and doorway, and the **SIGNS** posted on the wall: **SINK – CURTAIN – THE SIX PRINCIPLES OF CARE – NAME OF THE STATION (Station A, Station B, or Station C)**
- The **SINK** sign is a reminder that a sink is present (wherever you want it to be), so just **verbalize** when you would wash your hands.
- The **CURTAIN** sign is a reminder that a curtain is present in the resident’s room, so just **verbalize** the closing and opening of the curtain.
- The **SIX PRINCIPLES OF CARE** sign is a reminder that **all** Six (6) Principles must be demonstrated at **Station A, Station B, and Station C**.
- You will be asked to **select one card** from a group of cards that have been placed **face-down**.
- You will read the **information** printed on the card: **the skill number, the skill name, and the skill scenario (story)**.
- The last words printed on the card are: “You may begin/start now.” At this point, you will start your skill demonstration.
- Your skill card will remain **face-up** and **you may look at the card during your skill demonstration**.
- At each Station, you will have a maximum of **10 minutes** to complete your skill. As you **demonstrate** your skill, the RN/Skill Evaluator will **observe, evaluate, and document** on Skill Sheets, while **keeping you aware of time remaining**.

- All skills require an **Opening** and **Closing** Procedure.
- Depending on your skill, **your real resident** may be a **live person** or a **manikin**. **You must demonstrate your skill and communicate, as if you are really at work, caring for and speaking with a real resident.** The RN/Skill Evaluator is **not** in the resident's room with you, so please **focus on your resident**. Each resident has a real ID band with a name.
- Please tell the Charge Nurse if you have any concerns regarding **playing the role of the resident**.
- You must really use the side rails, brakes, and bed controls as you would at work; **do not pretend**. However, if the side rails, brakes, or bed controls happen to be broken, then you will need to verbalize or simulate how you would use them.
- **You must actually collect and use real supplies, including real gloves. Do not pretend to wear gloves; really wear them. Remove gloves, wash/sanitize hands and apply new gloves as needed. To avoid accidental spills and stains, do not open any containers of liquids or creams. Really collect the item, just pretend to remove the cap.**
- The RN/Skill Evaluator may possibly need to intervene during your skill demonstration if there are SAFETY CONCERNS.

Making Corrections During the Skills Test:

1. You can **verbally correct** any of the Six Principles of Care, **however, some verbal corrections may also require a re-demonstration**. The RN/Skill Evaluator will tell you if a re-demonstration is necessary. If a correction is made and time allows, the RN/Skill Evaluator will ask you to re-demonstrate by saying: *"Please show me how you would do that"*. You will then receive credit for your corrected demonstration.
2. When you are done with your "Closing Procedure", the RN/Skill Evaluator will say, *"Looking at the Six Principles of Care, which are posted on the wall, is there anything that you would like to add, change, or correct about your skill demonstration?"*
3. **The RN/Skill Evaluator is not permitted to guide or correct you during your skill demonstration.** For example, if you were to ask for guidance during your demonstration, you may hear the following:
*"Do what you think is best." "I can't advise you...do your best." "Do what you were taught to do."
 "All supplies are available." "Show me what you mean by that." "I am not in the resident's room with you."*

Your Conduct on Exam Day:

The following actions are **grounds for dismissal** during **registration, testing** or **waiting periods**.

The incident will be reported to the California Department of Public Health and your examination will be scored as an automatic failure.

- Use of cell phones and electronic devices [*Electronic word-to-word translators are **not** allowed*]
- Use of study materials [*A **book** that gives word-to-word translations (**not definitions**) is allowed: **Written Test***]
- Giving help to or receiving help from anyone
- Cheating, verbal hints, coaching, pointing, suggestive body or facial gestures
- Causing a disturbance or engaging in any kind of *misconduct
**Misconduct: Behaving in an improper or unprofessional manner*

Same-Day Test Results:

- When you have completed your last skill, the RN/Skill Evaluator at your last Station will review all Skill Sheets with you. You will be informed of your Skills Test results at this time.

THE SIX PRINCIPLES OF CARE

Each skill demonstration MUST include ALL *Six Principles of Care*. Memorizing the first six (6) letters in the word “Discipline” may be helpful to remember these principles.

1. D Dignity
2. I Infection Control
3. S Safety
4. C Communication
5. I Independence
6. P Privacy

Dignity

- Use respectful interaction with the resident at all times
- Maintain face-to-face contact whenever possible (speak directly to resident)
- Address the resident by his/her last name: (LEE, Mary H.) = “Mrs. Lee”

Infection Control

- Wash and/or sanitize hands before and after skill demonstration (repeat as needed)
 - Wear gloves and PPE when necessary; use table barriers, trash & linen bags
 - Carry linen/supplies away from uniform; keep linen off of floor
- PPE - personal protective equipment

Safety

- Validate/check ID-band; greet resident using the actual name on the band
 - Use correct body mechanics; lock brakes; use side-rails if necessary, ↑↓ Bed
 - Place call-light; provide comfort (be gentle, check alignment at FOB, use pillows)
 - Be observant regarding supplies -- use correctly
- FOB - foot of bed

Communication

- Introduce yourself with your name and your correct title
- Use good interpersonal skills (conversation, interaction, give clear directions)
- Explain the procedure (using non-medical terms); report and record

Independence

- Ask permission to perform the skill (using non-medical terms)
- Encourage resident to make choices
- Encourage resident to manage as much of care as possible

Privacy

- Knock on door before entering
- Pull the curtain; shut the door
- Drape the resident when necessary; do not over/unnecessarily expose resident’s body

“OPENING PROCEDURE”

Beginning the skill demonstration:

1. Wash / Sanitize hands
2. Knock; pause for a response; enter the room
3. Greet the resident (example: “Good morning”)
4. Introduce yourself with name/title (example: “I’m Paul, your nurse assistant”)
5. Ask for permission to check the ID band (read name on band)
6. Respectfully greet the resident by name (example: “Nice to meet you, Mr. Lim”)
7. Explain procedure and ask permission to perform skill.
8. Gather supplies (you must really gather all supplies you will need)
9. Provide privacy

“CLOSING PROCEDURE”

Ending the skill demonstration:

1. Re-verify that your resident is positioned comfortably and is correctly aligned
2. Place resident’s bed in lowest position
3. Raise side rail or rails (if necessary)
4. Place and secure the call light within reach of the resident’s hands
5. Place over-bed table within reach (i.e. holds phone, tissues, water, if applicable)
6. Open privacy curtains
7. Wash / Sanitize hands
8. Say "goodbye" and Exit room
9. Report and record

REMEMBER TO DO “DURING the SKILLS TEST”

1. Maintain a confident and professional manner. Speak up. Be natural. Breathe.
2. DO NOT RECITE “skill steps” to the RN/Skill Evaluator.
3. DEMONSTRATE the skill as you would do it in the work situation.
4. You WILL DEMONSTRATE the skill in order for the RN to EVALUATE your performance.
5. Use good interpersonal skills (conversation, interaction, give clear directions and explanations).
6. Interact with the resident in a PROFESSIONAL manner.
7. When speaking to the resident, maintain face-to-face contact when possible.
8. Remember to USE good body mechanics while performing your skill.
9. Demonstrate safety (YOUR safety, RESIDENT’S safety, EQUIPMENT safety).
10. Be safe and gentle when moving the resident’s body (do not cause pain/injury).
11. Check alignment (stand at FOB to look at resident’s body from “head-to-toe”).
12. Check for comfort (adjust pillows; check head, shoulders, bony areas, joints).
13. Demonstrate good infection control measures (throughout skill performance).
14. You must include ALL *Six Principles of Care* during each skill demonstration.

FOB - foot of bed

COMMUNICATION WITH THE RESIDENT DURING OPENING PROCEDURE

Opening Procedure:

1. Wash your hands before entering room; Simulate a "Knock" on the Door—while saying *"knock, knock"*
2. Introduce yourself and identify resident by checking the ID band— *"Good morning, my name is Sean McKnight and I'll be your Student Nurse Assistant today...may I check your ID band, please? (Check the band; read/say resident's name aloud). "Thank You... I see that your name is Mrs. Jane Wilson... it's very nice to meet you, Mrs. Wilson."*
3. Explain procedure/ask for permission to perform skill— *"Mrs. Wilson, the Nurse has asked me to take your blood pressure at this time. Is that alright with you?" ... (Resident's response is "Yes") ... "Thank You, Mrs. Wilson."*
4. Gather supplies— *"Mrs. Wilson, I'll go wash my hands again and gather the supplies I'll need...here's your call light (Place it within reach of resident's hand) ...I'll be back in just a moment."*
 - Collect all supplies needed, carrying them away from your uniform.
 - Place a barrier (example: a blue chux) on over-bed table and neatly arrange your supplies.
 - Forgot some supplies? Ensure resident's safety; wash hands; tell resident where you are going.
5. Provide privacy—Simulate closing the curtain and the door while saying *"I'll close the door and the curtain for your privacy now."*

COMMUNICATION WITH THE RESIDENT DURING CLOSING PROCEDURE

Closing Procedure:

1. Position resident comfortably in correct body alignment— *"Would you like to get back into bed?" Stand at foot of bed and say "I'm just checking to be sure you are comfortably aligned in bed." Or ask the resident, "Would you like to remain seated on your bed?"*
2. Raise side rails— *"I'll raise your side rails now, for your safety" (Tell/warn resident ahead of time). Or say to the resident "If there is an order for side rails, I will raise/lower your rails..."*
3. Return bed to lowest position— *"I'll be lowering your bed now, for your safety" (Tell/warn resident ahead of time).*
4. Place call light within reach— *"Here's your call-light Mrs. Wilson, I'm clipping it right here, next to your hand. Can you test it now by pressing the red button? Great...that's exactly how it works."*
5. Open privacy curtains— *"I'm about to leave now, Mrs. Wilson...would you prefer your curtains open or closed at this time?"*
6. Say goodbye— *"Let me double check to make sure your phone, water, TV control and tissues are within easy reach. Did you need anything else before I go? OK, Goodbye Mrs. Wilson...if you need anything, just press the call button."*
7. Wash your hands, after completing your procedure, just before you walk out of the door to leave resident's room; next, you will report and record—you can say to the resident: *"I'll report your blood pressure to the Nurse and record it in your chart."*

HOW TO MAKE CORRECTIONS DURING THE SKILL EXAM

Skill corrections that ARE allowed:

1. You can verbally correct any of the Six Principles of Care, however, some verbal corrections will also require a re-demonstration. The RN/Skill Evaluator will tell you if a re-demonstration is necessary. You have 10 minutes to complete each skill. If a correction is made and time allows, the RN/Skill Evaluator will ask you to re-demonstrate by saying *“Please show me how you would do that”*. You will then receive credit for your corrected demonstration.
2. When you are done with your “Closing Procedure”, the RN/Skill Evaluator will say, *“Looking at the Six Principles of Care, which are posted on the wall, is there anything that you would like to add, change, or correct about your skill demonstration?”*
3. This is the time that you will briefly pause to think about the skill that you just demonstrated. Carefully look at each of the Six Principles of Care. Thoughtfully review each Principle to be sure that you demonstrated all Six Principles of Care during your skill.
4. Review aloud what you did (or should have done) for each of the Six Principles of Care. Speak up, to be sure you receive credit for all corrections made at each Skill Testing Station. Tell the RN/Skill Evaluator if you have corrections while you are still being evaluated at that Station.

Examples of how to review each principle

- *“for Dignity, I would have called her by her last name...”*
- *“for Infection Control, I should have washed my hands before and after the skill...”*
- *“for Safety, I didn't check the ID band ...”*
- *“for Communication, I introduced myself, but I didn't explain what I was going to do...”*
- *“for Independence, I could have encouraged my resident to hold the mirror/ hold the basin...”*
- *“for Privacy, I should have knocked on the door and I should have closed the curtain*

Skill corrections that are NOT allowed:

1. You may not simply “read” the principles aloud. You will not get credit for saying *“I would do more Dignity, I would do more Infection Control, Safety, Communication, Independence, and I forgot to do Privacy too!”* See examples (above) for what to say when corrections are made.
2. You may not correct your entire skill demonstration “verbally”.
3. You must re-demonstrate certain verbal corrections; You will not get credit for simply saying:
 - *“I should have put the gait belt on a little tighter. It was too loose...”*
 - *“I would have raised the head of the bed a little higher...”*
 - *“I really should have wiped from front to back. Not back to front...”*

HOW TO PERFORM THE TWENTY-FOUR (24) SKILLS

These guidelines are not intended to replace your teacher's instructions, textbook, or your school's curriculum. You will demonstrate four (4) skills - Handwashing and one (1) skill at Testing Stations A, B, and C.

ENTIRE LIST OF TWENTY-FOUR (24) SKILLS

You will randomly choose one (1) Skill Card when arriving at each of the three (3) Testing Stations.

- 1: Handwashing (at a real sink, using soap and water)
- 2: Put on and Remove Gown and Gloves
- 3: Position the Resident in a Fowler's Position
- 4: Position the Resident in a Side-Lying (Lateral) Position
- 5: Transfer the Resident from Bed to Chair Using a Gait Belt
- 6: Make an Occupied Bed
- 7: Brush the Resident's Dentures
- 8: Mouth Care for an Unconscious Resident
- 9: Give the Resident a Partial Bed Bath (Upper Body) - Face-Neck-Chest-Abdomen-Arms-Hands
- 10: Give the Resident a Partial Bed Bath (Lower Body) - Hips-Legs-Feet
- 11: Give the Resident a Back Rub/Massage
- 12: Give the Resident Perineal Care (Female Resident)
- 13: Shave the Resident
- 14: Clean and Trim the Resident's Fingernails
- 15: Dress the Resident with a Paralyzed/Contracted Arm
- 16: Serve the Meal Tray and Feed the Paralyzed Resident
- 17: Measure and Record the Height of a Resident Using an Upright Scale
- 18: Measure and Record the Weight of a Resident Using an Upright Scale
- 19: Assist the Resident with the Bedpan
- 20: Count and Record the Resident's Radial Pulse
- 21: Count and Record the Resident's Respirations
- 22: ~~Take and Record the Resident's Blood Pressure: *not tested*~~
- 23: Perform Passive Range of Motion (Upper Body) - Shoulders-Elbows-Wrists-Fingers
- 24: Perform Passive Range of Motion (Lower Body) - Hips-Knees-Ankles-Toes
- 25: Assist the Resident in Walking Using a Gait Belt

Skill Testing Station – "Handwashing"

(Skill #) 1 - Each student will demonstrate Handwashing (at a real sink, using soap and water).

Skill Testing Station A – "Personal Care"

(Skill #) 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 19

Skill Testing Station B – "Vital Signs, Measurements, or Isolation"

(Skill #) 2, 17, 18, 20, 21, and ~~22~~

Skill Testing Station C – "Positioning, Transferring, Restorative Care, or Bedmaking"

(Skill #) 3, 4, 5, 6, 23, 24, and 25

Skill #1: Handwashing (at a real sink, using soap and water)

1. Remove watch, or push it up on your forearm, roll up sleeves.
2. Turn on water; adjust temperature.
3. Wet hands and wrists. Apply soap.
4. Keep hands lower than elbows. Rub hands together to make a bubbly lather.
5. Re-wet hands/wrists and re-apply soap as needed.
6. Wash hands, fingers, and wrists for about 15 seconds (not under the water).
7. Rinse hands and wrists (avoid splashing); keep hands lower than elbows.
8. Let hands drip; reach for paper towels.
9. Dry hands and wrists thoroughly (from fingertips to wrist). Discard towels.
10. Use a new clean paper towel to turn off the faucet.
11. Discard paper towel.

Skill #2: Put on and Remove Gown and Gloves

1. Wash hands.
2. Choose appropriately sized gown and gloves.
3. Examine gown and gloves for any damage.
4. Put on the gown (with opening in the back).
5. Overlap gown to fully cover uniform in the back.
6. Tie gown (securely): at the neck first, then the waist.
7. Put on gloves.
8. Pull gloves up (over) the gown cuff. (OK to make thumb-hole in gown cuff)
9. Knock, enter, and proceed with "opening procedure".
10. Perform some form of resident care.
11. Perform "closing procedure".
12. Remove PPE (at the appropriate time and place), without contaminating yourself.
13. Dispose of PPE properly (in the appropriate container and location).
14. Wash hands; exit room.
15. Report and record.

PPE - personal protective equipment

Skill #3: Position the Resident in a Fowler's Position

1. Perform "opening procedure".
2. Verbally acknowledge resident's complaint of "having difficulty breathing".
3. Adjust HOB to appropriate level as quickly as possible.
4. Re-check resident's breathing.
5. Perform comfort measures (pillows, raising FOB to prevent sliding, etc).
6. Perform "closing procedure".
7. Report and record (resident's complaint, what you did to help, and the results of your actions).

HOB - head of bed

FOB - foot of bed

Skill #4: Position the Resident in a Side-Lying (Lateral) Position

1. Perform "opening procedure".
2. Use good body mechanics: raise level of bed, bend knees, spread feet apart.
3. Safely move the supine resident to the side (edge) of bed in 3-segments.
4. Cross resident's arms over chest or prepare correct arm in "stop-sign" position.
5. Cross ankles or bend the knee of the upper (top) leg.
6. Be sure side rail is up on the side resident is turned towards.
7. Place one hand on shoulder, the other on hip, and "log-roll" the resident.
8. Support resident's back by tucking a pillow, folded lengthwise, behind back.
9. Support resident's top arm with a pillow in front of chest; use hand roll if needed.
10. Place resident's top leg slightly forward, with knee bent; support top leg with a pillow.
11. Be sure that the top leg/foot does not rest on (or rub) the lower leg/foot.
12. Stand at FOB to see if resident's body is properly aligned.
13. Resident should not be lying on his/her arm or shoulder.
14. Adjust pillow to cradle/support resident's head/face comfortably.
15. Perform "closing procedure".

FOB - foot of bed

Skill #5: Transfer the Resident from Bed to Chair Using a Gait (Safety) Belt

1. Perform "opening procedure".
2. Place chair or wheelchair near the bed.
3. Remove/fold back wheelchair footrest and lock bed/wheelchair brakes (if used).
4. Raise HOB fully to assist resident to a sitting position.
5. Lower side rail nearest to chair.
6. To Dangle: place one arm behind resident's back and the other arm under the thighs.
7. Encourage resident to assist in turning to a sitting position, placing feet flat on the floor.
8. Assist resident with robe and non-skid shoes (may do prior to dangle).
9. Stand in front of resident to apply gait belt snugly around resident's waist, with room between resident's body and belt to grasp belt (with two hands) at each side of waist.
10. Place your knee, (furthest from wheelchair), between resident's knees.
11. Use a secure, underhand (palms-up) grasp to hold belt at each side of resident's waist.
12. May instruct resident to assist (to stand) by having resident press hands on mattress.
13. On the count of "three", assist resident to stand up, maintaining palms-up grasp on belt.
14. If belt loosens upon standing, assist resident to sit on the bed for all belt adjustments.
15. Turn, taking steps along with the resident, until resident is right in front of chair.
16. Lower resident into chair, then release your 2-handed grasp and remove gait belt. Remove belt carefully, lifting it away from resident's body (to avoid injury from friction).
17. Position wheelchair footrest (if wheelchair used) and provide a lap blanket.
18. Perform "closing procedure".

HOB - head of bed

Skill #6: Make an Occupied Bed

1. Perform "opening procedure".
2. Remove and fold any reusable linen (blanket/spread) and place over a clean chair.
3. Raise side rail; roll resident away from you towards opposite side.
4. Have side rail down, only on the side where you are working.
5. For resident's comfort, leave pillow under head and top sheet in place.
6. Wear gloves while handling soiled linens, then discard gloves and wash hands.
7. Loosen and roll all dirty bottom linens toward resident and tuck against back.
8. Secure ½ of clean (fitted) bottom sheet on the bare mattress, with minimal wrinkles.
9. Roll clean (fitted) bottom sheet towards resident, tucking it under old sheets.
10. Flatten the rolled sheets and help the resident roll over the linen, towards you.
11. Raise the side rail; go to the opposite side; lower the side rail.
12. Remove dirty linens; place in linen bag (on FOB or on chair with barrier).
13. Pull clean bottom linens towards you and secure onto mattress with minimal wrinkles.
14. Center resident on back and check for comfort; raise side rail; go to FOB and check alignment.
15. Cover resident with clean top sheet. Resident can hold it as you remove the old one.
16. Place blanket/spread over top sheet and miter together at FOB; make a toe pleat.
17. Neatly fold hem of top sheet down over the blanket/spread.
18. Wear gloves (as necessary) to dispose of linens. Remove gloves and wash hands.
19. Perform "closing procedure".

FOB - foot of bed

Skill #7: Brush the Resident's Dentures

1. Perform "opening procedure".
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Take dirty dentures (already in denture cup) and supplies to sink area.
4. Line bottom of sink with a washcloth or small towel. Turn on cool water without splash.
5. Carefully place dirty dentures in emesis basin. Clean denture cup and fill with cool water.
6. Apply toothpaste (or denture cleanser) to toothbrush (or denture brush).
7. Brush all areas of dentures (on both sides of each plate) within sink.
8. Handle dentures carefully by holding/brushing one plate at a time.
9. Rinse dentures under cool, running water.
10. Place dentures back in denture cup (filled with clean, cool water).
11. Offer mouthwash solution, sponge-tipped swabs, and emesis basin for oral hygiene.
12. Clean and store equipment. Dispose of linens and trash appropriately.
13. Remove gloves and wash hands.
14. Perform "closing procedure".

Skill #8: Mouth Care for the Unconscious Resident

1. Perform "opening procedure".
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Gently position resident's head towards you. Entire body may be turned to side.
4. Place a towel or waterproof barrier under head and over chest.
5. Place emesis basin under the chin, at side of resident's face, if resident is fully on their side.
6. Open packages of sponge-tipped swabs and/or lemon glycerin swabs.
7. Prepare a small cup of mouthwash/water solution to dip sponge-tipped swabs.
8. Gently open mouth and separate teeth with a padded tongue blade.
9. Clean entire mouth (roof, tongue, cheeks, teeth, gums, lips) --use sponge-tipped swabs for cleaning and glycerin swabs for stimulating moisture and refreshing.
10. Place used swabs directly into trash bag.
11. Dry resident's face. Remove basin, towels, and waterproof barriers.
12. Apply lip lubricant.
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves and wash hands.
15. Perform "closing procedure".

Skill #9: Give the Resident a Partial Bed-Bath (Upper Body): Face-Neck-Chest-Abdomen-Arms- Hands

1. Perform “opening procedure”.
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Drape resident for warmth and privacy with a bath blanket.
4. Keep linens dry by placing a towel/waterproof barrier under limbs while washing.
5. Gently wash (with soap), rinse and pat-dry entire upper body, starting with face*.
6. Only uncover one area at a time to ensure warmth, dignity, and privacy.
7. Leave resident draped and comfortable when bath is completed.
8. Clean and store equipment. Dispose of linens and trash appropriately.
9. Remove gloves and wash hands.
10. Perform “closing procedure”.

* may omit soap for face (as desired by resident)

Skill #10: Give the Resident a Partial Bed-Bath (Lower Body): Hips-Legs-Feet

1. Perform “opening procedure”.
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Drape resident for warmth and privacy with a bath blanket.
4. Keep linens dry by placing a towel/waterproof barrier under limbs while washing.
5. Gently wash (with soap), rinse and pat-dry entire lower body, starting with hips.
6. Only uncover one area at a time to ensure warmth, dignity, and privacy.
7. Leave resident draped and comfortable when bath is completed.
8. Clean and store equipment. Dispose of linens and trash appropriately.
9. Remove gloves and wash hands.
10. Perform “closing procedure”.

Skill #11: Give the Resident a Back Rub (Massage)

1. Perform “opening procedure”.
2. Apply gloves (if necessary).
3. Place resident in a comfortable side-lying position.
4. Keep resident draped for warmth and privacy with a bath blanket.
5. Place towel on bed (behind back) to protect linens.
6. Only uncover back/partial buttocks area to ensure warmth, dignity, and privacy.
7. Squeeze lotion into palms and rub hands together to “warm” lotion.
8. Starting at the coccyx, gently rub resident’s back in large, long, circular motions.
9. Work your way up to the shoulders, massage them and continue back down to coccyx.
10. Continue back rub using circular and/or long strokes for 3-5 minutes.
11. Assist resident into position of choice.
12. Cover resident with sheet (bed linens) and remove bath blanket.
13. Clean and store equipment. Dispose of linens and trash appropriately.
14. Remove gloves (if worn) and wash hands.
15. Perform “closing procedure”.

Skill #12: Give the Resident Perineal Care (Female Resident)

1. Perform “opening procedure”.
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Gently assist resident into a supine position with knees bent and legs apart.
4. Place a linen protector under resident’s buttocks.
5. Keep resident warm and completely draped with a bath blanket.
6. Only uncover perineal area/buttocks area to ensure warmth, dignity, and privacy.
7. Wash (using soap/peri-wash), rinse, and pat dry genital area from front to back, while resident is in supine position.
8. Wash (using soap/peri-wash), rinse, and pat dry rectal area from front to back while resident is in side-lying position.
9. Use a different part of the washcloth/mitt for each wipe/stroke.
10. Remove gloves, wash, re-glove to assist resident into position of choice.
11. Cover resident with sheet (bed linens) and remove bath blanket.
12. Wear gloves to clean and store equipment. Dispose of linens and trash appropriately.
13. Remove gloves and wash hands.
14. Perform “closing procedure”.

Skill #13: Shave the Resident

1. Perform “opening procedure”.
2. Place barrier for supplies to maintain clean set-up.
3. Place clothing protector to resident’s chest area prior to shave.
4. Assess skin for abrasions, moles, and/or direction of hair growth.
5. Check razor for rust, chips, or breaks.
6. Soften beard with warm, moist cloth before applying shaving cream.
7. Apply shaving cream to resident’s face.
8. Apply gloves before shaving. Remove gloves, sanitize hands, and re-glove as needed.
9. Hold skin taut to prevent nicks.
10. Shave face using downward strokes, in direction of hair growth.
11. Rinse razor often during procedure to remove hair/excess shaving cream.
12. Wipe/rinse resident’s face of remaining lather after the shave.
13. Dry resident’s face.
14. Offer resident a mirror.
15. Offer resident choice of aftershave or shaving lotion.
16. Remove towel from resident; clean equipment and return to proper area.
17. Dispose of razor in sharps container.
18. Dispose of linens and trash appropriately.
19. Remove gloves and wash hands.
20. Perform “closing procedure”.

Skill #14: Clean and Trim the Resident's Fingernails

1. Perform “opening procedure”.
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Place towel under resident’s hands for comfort and hygiene.
4. Soak resident’s hands/fingernails in a basin of warm water. Use soap to clean them.
5. Push back cuticles gently with a washcloth and/or orange stick padded with cotton.
6. Use orange stick to clean under dirty fingernails.
7. Change water and rinse resident’s hands.
8. Dry resident’s hands thoroughly.
9. Use clippers to trim fingernails straight across.
10. Use nail file/emery board to smooth rough and sharp edges.
11. Offer lotion and gently massage resident’s hands.
12. Dispose of linens and trash appropriately.
13. Return clippers to facility designated dirty area (or to resident’s personal grooming kit).
14. Remove gloves and wash hands.
15. Perform “closing procedure”.

Skill #15: Dress the Resident with a Paralyzed and Contracted Arm

1. Perform “opening procedure”.
2. Allow resident choice of clothing/gown.
3. Pull the curtain and/or shut the door to maintain resident’s privacy.
4. Keep resident covered with a bath blanket until fully dressed.
5. Dress the resident’s paralyzed (weak) arm first, with the entire arm completely through the sleeve before dressing the other arm.
6. Move resident’s arms gently and naturally without force.
7. Encourage resident to assist with non-paralyzed arm as able.
8. Dispose of linens and trash appropriately.
9. Perform “closing procedure”.

Skill #16: Serve the Meal Tray and Feed the Paralyzed Resident

1. Perform “opening procedure”.
2. Validate/check for the correct resident by reading name printed on ID band.
3. Offer resident a washcloth for hands before meal.
4. Clean overbed table before serving the meal.
5. Select correct meal tray from meal cart by checking the diet card located on tray.
6. Compare dietary card with resident’s name; check for correct diet; be alert for allergies.
7. Verify that the food items on tray match diet (lift the plate cover “lid” to see the food).
8. Drape resident with a towel/clothing protector prior to feeding.
9. Open containers, cut meat, offer condiments, remove items NOT allowed, etc.
10. Check temperature of hot liquids/food items.
11. Allow the resident time to chew food; feed resident slowly, without rushing.
12. Offer liquids between swallows as needed.
13. Offer the resident choices during meal; encourage use of unaffected hand.
14. Offer the resident a washcloth for hands after meal.
15. Clean overbed table after meal.
16. Dispose of linens and trash appropriately.
17. Remove tray and note % of meal eaten and cc’s or ml’s of fluids taken.
18. Perform “closing procedure”.

#17: Measure and Record the Height of a Resident Using an Upright Scale

1. Perform “opening procedure”.
2. Place chair at side of scale.
3. Gather paper towel (to place on scale platform).
4. Assist resident to put on non-skid shoes.
5. Drape resident with a robe.
6. Keep one hand behind/near resident while walking to the scale.
7. Place paper towel on scale platform.
8. Assist the resident to sit on the chair to remove shoes.
9. Assist the resident to step on the scale from the side, facing away from scale.
10. Raise height bar safely.
11. Lower height bar until it touches top of resident’s head and is level with resident’s head.
12. Read resident’s height at correct location.
13. Record resident’s height, choosing words, abbreviations, or symbols:
FEET (feet, ft, or ‘) INCHES (inches, in, or “) CENTIMETERS (centimeters or cm)
14. Assist resident to step safely off of the scale.
15. Assist resident to sit on the chair and put non-skid shoes back on.
16. Remove paper towel from scale platform and discard; gloves may be worn.
17. Assist resident back to room, keeping one hand behind/near resident while walking.
18. Perform “closing procedure”.

* Note: Some testing sites have scales with multiple measurement functions.

Be familiar with multiple ways to record height:

feet/inches [ft/in] or inches [in] or centimeters [cm]

Skill #18: Measure and Record the Weight of a Resident Using an Upright Scale

1. Perform “opening procedure”.
2. Place chair at the side of the scale.
3. Gather paper towel (to place on scale platform).
4. Assist resident to put on non-skid shoes.
5. Drape resident with a robe.
6. Keep one hand behind/near resident while walking to the scale.
7. Place paper towel on scale platform.
8. Assist the resident to sit on the chair to remove shoes/robe.
9. “Zero” (balance) scale prior to the resident standing on scale platform.
10. Assist the resident to stand on scale platform.
11. Measure the resident’s weight correctly by sliding weights to appropriate areas until scale indicator balances. Begin with "large weight" clicked in place, then adjust “smaller weight”.
12. Adjust both weights, as needed, until indicator balances.
13. Read scale and record the resident’s weight in pounds (lb.) or kilograms (kg).
14. Assist the resident to step safely off the scale.
15. Assist resident to sit on the chair and put non-skid shoes/robe back on.
16. Remove paper towel from scale platform and discard; gloves may be worn.
17. Assist resident back to room, keeping one hand behind/near resident while walking.
18. Perform “closing procedure”.

*Note: Some testing sites have scales with dual measurement functions.

Be familiar with both ways to record weight:

pounds [lb] or kilograms [kg]

Skill #19: Assist the Resident with a Bedpan (Standard or Fracture)

1. Perform “opening procedure”.
2. Apply gloves. Remove gloves, sanitize hands, and re-glove as needed.
3. Assist resident to lift hips, slide linen protector and bedpan under buttocks.
4. Place the resident on the bedpan correctly with resident’s buttocks well-centered over the opening of the bedpan. (Note the direction of the bedpan)
5. Drape the resident with a bath blanket/sheet while on the bedpan.
6. Remove gloves and sanitize hands.
7. Raise HOB for resident’s comfort during bowel movement.
8. Leave call light within resident’s reach, before leaving room--to allow privacy.
9. Return to room when resident signals or after no more than 5 minutes.
10. Lower HOB for resident’s comfort during bedpan removal.
11. Wash hands and reapply gloves.
12. Turn resident to the side and remove the bedpan. Cover it and properly place it out of the way (on FOB or on chair with barrier).
13. While resident is on the side, wipe the resident from front to back.
14. Place soiled toilet paper into a prepared (cuffed) plastic trash bag.
15. Remove linen protector and discard in the trash bag.
16. Discard gloves and sanitize hands; raise side rail and lower entire bed.
17. Reapply gloves -- take bedpan to the bathroom.
18. Observe any abnormalities in bowel movement (for reporting and recording).
19. Empty bedpan into toilet.
20. Clean and rinse bedpan and store in proper area.
21. Dispose of linens and trash appropriately.
22. Remove gloves and wash hands.
23. Perform “closing procedure”.

HOB - head of bed

FOB - foot of bed

Skill #20: Count and Record the Resident's Radial Pulse

1. Perform “opening procedure”.
2. Place resident’s hand in a comfortable resting position prior to counting pulse.
3. Place your fingertips correctly on the radial artery (thumb side of wrist).
4. Count the resident’s radial pulse using a second-hand watch or clock for one (1) minute.
5. Record the resident’s radial pulse within (plus or minus) 5 beats of Evaluator’s recording.
6. Perform “closing procedure”.

Skill #21: Count and Record the Resident's Respirations

1. Perform "opening procedure".
2. Avoid telling resident that respirations are being counted; you can say "taking vital signs" while pretending to take resident's pulse.
3. Count resident's respirations using a second-hand watch or clock for one (1) minute.
4. Record resident's respirations within (plus or minus) 2 breaths of the Evaluator's recording.
5. Perform "closing procedure".

Skill #22: ~~Take and Record the Resident's Blood Pressure~~ : *not tested*

1. Perform "opening procedure".
2. Place resident's arm, with the palm up, in a comfortable resting position.
3. Clean the stethoscope's diaphragm/bell and earpieces with alcohol before use.
4. Feel for the resident's brachial artery on the inner aspect of the resident's arm.
5. Wrap the blood pressure cuff snugly around the resident's arm, approximately 1-2 inches above the antecubital area.
6. Correctly place the stethoscope earpieces in your ears.
7. Safely and correctly place the diaphragm of the stethoscope over the brachial artery.
8. Inflate the cuff.
9. Let the air out smoothly, at a safe rate (2-3 mm Hg per second), and listen for the first sound (the systolic reading).
10. Continue steady deflation as you listen for the last sound-- becomes quiet/almost silent (the diastolic reading).
11. Remember the readings to be able to record them.
12. Quickly let all air out of the cuff (completely deflate).
13. Record the blood pressure reading correctly within (plus or minus) 8 mmHg of the Evaluator's recording (systolic and/or diastolic).
14. Remove the blood pressure cuff from resident's arm.
15. Perform "closing procedure".

Skill #23: Perform Passive Range of Motion (Upper Body): Shoulders-Elbows-Wrists-Fingers

1. Perform “opening procedure”.
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.
4. Ask resident to inform you if any pain or discomfort is experienced during the exercises.
5. Safely and gently exercise the resident’s shoulder, elbow, wrist, and fingers, supporting and moving each joint gently and naturally (without force to limbs or joints).
6. Exercise each joint in as many patterns as are appropriate and safe for the joint.
Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation
7. Each pattern must be demonstrated at least 3 times for each joint.
8. Ask frequently during the exercises if the resident is having any pain.
9. Repeat exercises on the other arm.
10. Perform “closing procedure”.

Skill #24: Perform Passive Range of Motion (Lower Body): Hips-Knees-Ankles-Toes

1. Perform “opening procedure”.
2. Adjust bed to a safe and comfortable working height.
3. Lower side rail on the side you will be working on.
4. Ask resident to inform you if any pain or discomfort is experienced during the exercises.
5. Safely and gently exercise the resident’s hip, knee, ankle, and toes, supporting and moving each joint gently and naturally (without force to limbs or joints).
6. Exercise each joint in as many patterns as are appropriate and safe for the joint.
Examples of Patterns: Flexion, Extension, Abduction, Adduction, and Rotation
7. Each pattern must be demonstrated at least 3 times for each joint.
8. Ask frequently during the exercises if the resident is having any pain.
9. Repeat exercises on the other leg.
10. Perform “closing procedure”.

Skill #25: Assist the Resident in Walking Using a Gait (Safety) Belt

1. Perform “opening procedure”
2. Apply resident’s non-skid shoes and robe.
3. Stand in front of resident to apply gait belt snugly around resident's waist, with room between resident's body and belt to grasp belt (with two hands) at each side of waist.
4. Ask resident if he/she is dizzy before assisting resident to stand.
5. Use a secure, underhand (palms-up) grasp to hold belt at each side of resident’s waist.
6. May instruct resident to assist (to stand) by pressing hands on mattress.
7. On the count of "three", assist resident to a standing position, maintaining palms-up grasp.
8. If belt loosens upon standing, assist resident to sit on the bed for all belt adjustments.
9. Maintain a palms-up grasp (one hand grasping belt is OK) while walking the resident.
10. Remain slightly behind and to the side of the resident while walking.
11. Ask resident if he/she is dizzy, tired, in pain, or short of breath while walking.
12. Return resident back to the room.
13. Hold belt (with two hands) at each side of the resident’s waist, with an palms-up grasp, when seating the resident on the bed.
14. Remove belt carefully, lifting it away from resident’s body (to avoid injury from friction).
15. Perform “closing procedure”.

HEALTH & SAFETY CONSIDERATIONS AT THE TEST SITE

At the test site, it is important to maintain a safe and healthful environment for all participants and staff. You will not be allowed to test if you have any **communicable diseases, medical restrictions, physical limitations, health conditions, or injuries** that would:

- 1) Prevent you from receiving an unrestricted medical clearance to deliver **hands-on** patient care
- 2) Prevent you from fully demonstrating any of the twenty-four (24) skills
- 3) Create a hazard to yourself or others

If any of the above applies to you, it is **mandatory** that you follow the instructions below:

1. **Obtain a Medical Clearance from a Medical Authority or Specialist, including the following:**
 - Wording that states you are able to deliver hands-on patient care without any restrictions or limitations.
 - Medical Authority or Specialist: Printed Name, Title, Professional License Number, and Signature/Date
2. **Email Medical Clearance to:** Mark Prill, Competency Evaluation Program Manager at mark.prill@redcross.org

The American Red Cross Competency Evaluation Program will consider all requests on a case by case basis. Once your Medical Clearance has been received, it can take up to 2 weeks for a final decision. You will not be tested without prior approval.

ABOUT ACCOMMODATIONS

The American Red Cross complies with the provisions of the Americans with Disabilities Act (ADA), providing reasonable and appropriate accommodations to individuals with documented disabilities. If you have a documented disability that requires accommodations, you must:

1. **Obtain documentation from a Medical Authority or Specialist, including the following:**
 - Description of the disability as it falls under the Americans with Disabilities Act
 - Accommodations you were afforded during training
 - Accommodations you are requesting from the American Red Cross
 - Medical Authority or Specialist: Printed Name, Title, Professional License Number, and Signature/Date
2. **Email documentation to:** Mark Prill, Manager at mark.prill@redcross.org

The American Red Cross Competency Evaluation Program will consider all requests on a case by case basis. Once all documentation has been received, it can take up to 2 weeks for a final decision. You will not be tested without prior approval.

SAMPLE TEST QUESTIONS: NURSE ASSISTANT WRITTEN KNOWLEDGE EXAMINATION

Mark the letter of the option that best answers each question.

1. **What procedure should a Certified/Licensed Nursing Assistant/Nurse Aide (CNA/LNA/NA) follow when meeting a resident for the first time?**
 - A. Ask the resident how they are feeling and when they will be discharged.
 - B. Introduce themselves and ask to see resident's name band.
 - C. Ask the resident about their family and friends.
 - D. Explain the task that will be performed.

2. **A Certified/Licensed Nursing Assistant/Nurse Aide (CNA/LNA/NA) is walking a visually impaired resident in the hallway. What should the CNA/LNA/NA do?**
 - A. Hold the resident by the hand while walking with them.
 - B. Bring a wheelchair to allow the resident to rest.
 - C. Describe where they are going and anything in their path.
 - D. Ask other residents to avoid using the hallway at that time.

3. **A Certified/Licensed Nursing Assistant/Nurse Aide (CNA/LNA/NA) overhears residents complaining about the lack of activities available. Where should the CNA/LNA/NA recommend the residents voice their concerns?**
 - A. Morning coffee hour.
 - B. Business office.
 - C. Ice cream social.
 - D. Residents' council meeting.

4. **A Certified/Licensed Nursing Assistant/Nurse Aide (CNA/LNA/NA) finishes caring for a resident. Which infection control action should the CNA/LNA/NA always take before leaving the room?**
 - A. Sanitize the door knob.
 - B. Remind the resident to wash hands.
 - C. Sanitize the overbed table.
 - D. Wash his or her own hands.

5. **A new resident has just been admitted to a Skilled Nursing Facility. Which set of steps should a Certified/Licensed Nursing Assistant/Nurse Aide (CNA/LNA/NA) take?**
 - A. Orient the resident to their room, complete a personal belongings list, and measure the resident's vital signs, height and weight.
 - B. Greet the resident by name, send all personal belongings home with family members, and orient the resident to their room.
 - C. Provide for privacy, introduce the resident to roommate, and arrange for the resident's family to visit the following week.
 - D. Learn which activities the resident prefers, orient the resident to visiting hours, and encourage the resident to take a nap.

Answers to multiple-choice questions: 1. (B) 2. (C) 3. (D) 4. (D) 5. (A)

VOCABULARY LIST: NURSE ASSISTANT WRITTEN KNOWLEDGE EXAMINATION



CERTIFIED NURSE ASSISTANT (CNA)
LICENSED NURSING ASSISTANT (LNA)
NURSE AIDE (NA)

These TITLES are SYNONYMOUS and can vary from state to state.

ABDOMINAL THRUSTS	DIRECT	MOISTENED	REQUIRE
ABUSE	DISAPPOINTED	MOOD	RESIDENTS' COUNCIL MEETING
ACCEPTANCE	DISCARDED	NAVEL	RESIDUE
ACCOMPANY	DISCIPLINARY	NEGLECT	RESTLESS
ACTIVE RANGE OF MOTION	DISCOURAGING	NEGLIGENCE	RESTRAIN
ACTIVITIES OF DAILY LIVING (ADLs)	DISCOVERS	NONSKID SLIPPERS	RESTRAINT
ADMINISTRATOR	DISGUSTED	NONVERBAL	RESTRICT
AEROSOL	DISPOSABLE	NUMBNESS	ROUTINE
AGITATION	DIZZY	NUTRIENTS	ROUTINELY
ALIGNMENT	DRESSING	OBSERVE/OBSERVATION	RUBBING
ALLERGY	DROOLING	OFTEN	SAFE
AMBULATION	EDEMA	OMBUDSMAN	SANITIZE
ANTECUBITAL	ELEVATE	ORGANIZE	SCOLD
ANXIOUS	ELIMINATION	ORIENT	SECURITY
APPETITE	ENCOURAGE	OVERHEAD	SEEMS
APPROPRIATE	ENVIRONMENT	OVERHEARS	SEPARATE
ASPIRATION	EVACUATION	PACE	SERIOUS
ASSISTIVE/ADAPTIVE DEVICE	EXTREMITIES	PADDED TONGUE BLADE	SHIFT
ATTEND	FAMILIAR	PALM OF HAND	SHORT OF BREATH
AVOID	FATIGUE	PANIC	SHOUT
BACK RUB/BACK CARE	FORMED	PARALYSIS	SIDE RAIL
BACTERIA	FOWLERS	PARTICIPATES	SIGHING
BARRIER	FRAIL	PASSED AWAY	SITUATION
BEDREST	FREQUENT	PASSES OUT (FAINTS)	SLUMPED
BEHAVIOR	FRICTION	PASSIVE RANGE OF MOTION	SNUG/SNUGLY
BELONGINGS	GAIT	PASTY	SOCIAL
BIOHAZARD	GENTLY	PATHOGENS	SOILED
BORED	GRASP	PATIENCE	SOLID
BREAKDOWN	GRIEF	PATIENT	SPECIMEN
BRIEFLY	GROOMING	PITCHER	STATUS
BUNDLE	HALLWAY	PLATE RIM	STEP
CALL LIGHT/SIGNAL LIGHT	HEIGHT & WEIGHT	POCKETING	STRICT
CATHETER	HOSPICE	PRECAUTIONS	SUPINE
CHARTED/DOCUMENTED	HOSTILE	PREFERRED	SUPPORTIVE
CHEERY	IGNORE	PRESSURE	SWABS
CHILLS	IMAGINING	PRETENDING	SWELLING
CIRCULATE	IMMEDIATELY	PRIOR	SWOLLEN
CLARITY	IMPAIRED	PROCEDURE	SYNONYMOUS
CLEAR	INCONTINENT	PROCESS	THREAT
CLOUDY	INDIGESTION	PROGRESS	TINGES/TINGED
CLUTCHES	INFORM	PROMPTLY	TOILETED
COMFORT	INQUIRE	PRONE	TOLERATED
COMMUNE	INSERTING	PROTECTIVE	TRANSFERRED
COMPLAINT/COMPLAIN	INTAKE & OUTPUT	PROVIDE	TRIMMING
CONDIMENTS	INTERRUPT	RADIAL PULSE	UNCONSCIOUS
CONFIDENTIALITY	INVESTIGATED	RAISE	UNETHICAL
CONFUSION	IRREGULAR	RASH	UNSTEADY
CONSISTENCY	ISOLATE	REASSURANCE	UPCOMING
CONSTIPATION	JOINTS	REDDENED	UPRIGHT
CONVENIENT	LAP	REFUSE	VIOLATES
DEHYDRATION	LATERAL	REGIMEN	VISUALLY
DEMENTIA	LIMBS	REMAIN	WEAK
DENIAL	LOG ROLLING	REPLACEMENT	WITHHOLD
DIABETES	LOOSELY	REQUEST	WOUND

ABOUT THE GRIEVANCE PROCESS

When to file a grievance?

- A grievance must be received **no later than 30 days** from your exam date.

How to file a grievance?

- You can obtain an official **Grievance Form** :
 1. By requesting one from the **Charge Nurse** at the Test Site
 2. By visiting the following link: redcross.org/take-a-class/cna-testing/california-nurse-competency-test
- Please fill out the official **Grievance Form** and email it to the address provided on the form:
mark.prill@redcross.org
- You may choose to mail your **Grievance Form** to:

American Red Cross
CEP Department - Mark Prill, Manager
2227 S. Atlantic Blvd.
Commerce, CA 90040
- If not using an official Grievance Form, you may also email your **grievance statement** to: mark.prill@redcross.org

Please include the following information:

- Your name
- Your phone number(s)
- Date the Competency Exam was taken
- Location (Test Site)
- Test(s) Failed - Skills Test and/or Written Test
- Details regarding your grievance

What happens after my grievance is received?

- Your grievance will be forwarded to the Grievance Committee for review.
- You will be notified, in writing, of the Committee's decision within 15 days.



DO NOT USE CELL PHONES, TABLETS OR ANY ELECTRONIC DEVICES

DO NOT USE ANY STUDY MATERIALS