



KATHY HOCHUL
Governor

Department of Health

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 9, 2022

Re: DAL NH 22-21
Nurse Aide Training Program
Certification

Dear Nursing Home Administrator:

The New York State Department of Health (NYSDOH) is extending the federal nursing home nurse aide training program (NATP) curriculum requirement of 75-hours of training and the nurse educator requirements set forth in 42 CFR §483.152 (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152>). NYSDOH is also adopting the federal requirement for CNA in-service training of 12 hours in a year as set forth in 42 CFR §483.95 (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.95>). This extension of the federal requirements will continue until such time as they are adopted into state regulation and align with federal requirements for NATP. The NYSDOH Nursing Home NATP Curriculum (Attachment 1) and the Certified Nurse Aide (CNA) Training Program Checklist (Attachment 2) remain unchanged.

The NATP curriculum delineates topics of instruction with a total of 75 hours of training. These hours must consist of 16 hours of supervised practical training prior to resident contact, and 59 hours of classroom instruction. The required clinical skills checklist has been developed and provided as an evaluation tool for the NATP. The checklist must be completed for each nurse aide trainee and retained in the employee record.

Facilities will evaluate their Nurse Aide (NA) candidates' and residents' needs, allotting curriculum content topic time frames to be tailored for their specific facility. As an example, the NA working in a dementia unit may require more training time in dementia care, reducing the amount of training time on other topics in the curriculum. Each topic and lesson contained in the mandated curriculum must be taught, regardless of the resident population of the nursing home.

Facilities may develop and utilize a combination of online and/or in-person classroom training instruction. If online training is proposed, additional information will be required and subject to approval by the Department. The additional required information is addressed in the Online Training Submissions List (Attachment 3).

The requirements for instructors who train nurse aides are as follows:

- The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services;

- Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.
- In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training; and
- Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields

Once an NA receives certification, the facility must complete a performance review of each CNA at least every twelve months. The CNA must attend in-service education sufficient to ensure the continuing competence of the CNA not less than twelve hours of in-service in a twelve-month period.

The Nurse Aide Training Program Flowchart (Attachment 4) outlines the NATP process. Facilities interested in initiating a Nursing Home Nurse Aide Training Program may request an application from the NYSDOH. When approved, the Department will send a confirmation letter to the facility with a NATP Program ID Code to use for the NYS CNA exam applications.

Application requests and any other questions concerning the NATP should be directed to NATP.DOH@health.ny.gov.

Sincerely,

Sheila McGarvey
Deputy Center Director
Office of Aging and Long-Term Care

Attachments

1. Nursing Home NATP Curriculum
2. CNA Training Program Checklist
3. Online Training Submissions List
4. NATP Flowchart

Nursing Home NATP Curriculum

The content outline provides an easy-to-read listing of the units, topics and lessons required to be taught during the state-approved nursing home nurse aide training program. For each lesson, minimum classroom and laboratory training times have been identified. No lesson may be eliminated, reduced, substituted, or replaced. The facility may increase the minimum training times for a lesson and/or include additional lessons to this mandated training program curriculum as appropriate for the facility resident population and trainees. In such instances, the NATP would be longer than 75-hours.

| NURSE AIDE TRAINING PROGRAM COURSE CONTENT OUTLINE Total Training Time = 75 Hours | | | | | | |
|--|--------------------------|---|------------------------|--|------------|-----------------|
| | Unit Training | LESSONS | | TRAINING TIMES For Facility Use | | |
| | | | Unit Totals | Class | Lab | Clinical |
| UNIT I: Introductory Curriculum | | | | | | |
| A. Communication and Interpersonal Skills (Core Values) | | | | | | |
| | | 1. Theories of basic human needs | | | | |
| | | 2. Diversity | | | | |
| | | 3. The resident, resident's family, and visitors (others) | | | | |
| | | (i) types of communication | | | | |
| | | (ii) effective communication | | | | |
| | | (iii) active listening | | | | |
| | | (iv) residents are people too | | | | |
| | | 4. The health care team | | | | |
| | | (i) multi discipline - comprehensive care planning | | | | |
| | | (ii) resident record/chart | | | | |
| | | (iii) observation and reporting | | | | |
| | | 5. Confidentiality | | | | |
| | | (i) conversations | | | | |
| | | (ii) information and records | | | | |
| B. Infection Control | | | | | | |
| | | 1. Micro organisms | | | | |
| | | (i) types | | | | |
| | | (ii) environment | | | | |
| | | 2. The process of infection | | | | |
| | | (i) chain of infection [BCC Unit II-A] | | | | |
| | | (ii) nosocomial infection | | | | |

Attachment 1

| | | | | | | |
|---|--|--|--|--|--|--|
| | | (iii) risk factors | | | | |
| | | (iv) types of infection | | | | |
| | | (v) infection control program | | | | |
| | | 3. Medical asepsis | | | | |
| | | (i) hand washing | | | | |
| | | (ii) concept of clean and dirty [BCC Unit II-] | | | | |
| | | (iii) care of supplies and equipment | | | | |
| | | 4. Universal precautions | | | | |
| | | 5. Blood borne pathogens | | | | |
| | | (i) blood borne diseases | | | | |
| | | (ii) Hepatitis B virus | | | | |
| | | (iii) Hepatitis C virus | | | | |
| | | (iii) HIV | | | | |
| | | 6. exposure control | | | | |
| C. Safety and Emergency Procedures, including the Heimlich maneuver | | | | | | |
| | | 1. OSHA | | | | |
| | | 2. environmental | | | | |
| | | (i) floors | | | | |
| | | (ii) equipment | | | | |
| | | (iii) building structure | | | | |
| | | 3. Resident risk factors | | | | |
| | | (i) impaired judgement | | | | |
| | | (ii) impaired vision and hearing senses | | | | |
| | | (iii) impaired mobility | | | | |
| | | (iv) medications | | | | |
| | | 4. Accidents and incidents | | | | |
| | | (i) introduction and definitions | | | | |
| | | (ii) common types - falls, burns, misidentification, restraints, missing residents, choking/suffocation | | | | |
| | | (iii) reporting | | | | |
| | | 5. Disaster plan | | | | |
| | | 6. Responding to emergency codes | | | | |
| | | 7. Fire safety | | | | |
| | | (i) causes of fire and prevention | | | | |
| | | (ii) response to fire | | | | |
| | | (iii) response to alarms | | | | |
| | | (iv) how to use fire extinguisher | | | | |
| | | (v) evacuating residents | | | | |
| | | 8. Choking and Heimlich maneuver | | | | |
| | | [minimum performance skills: (7.4) using an ABC fire extinguisher; (8) Heimlich Maneuver] | | | | |
| D. Promoting Residents' Independence | | | | | | |
| | | 1. Physical effects of aging process | | | | |
| | | 2. Emotional/Social effects of aging | | | | |
| | | 3. Methods to promote independence | | | | |
| | | (i) choice | | | | |
| | | (ii) patient vs. resident | | | | |
| | | (iii) selfcare | | | | |
| | | 4. Quality of Life, Quality of Care | | | | |

Attachment 1

| | | | | | |
|--|--|---|--|--|--|
| E. Respecting Residents' Rights | | | | | |
| | | 1. Basic human rights | | | |
| | | 2. Patient abuse reporting law | | | |
| | | (i) kinds of abuse | | | |
| | | (ii) requirements of law | | | |
| | | (iii) effects of law | | | |
| UNIT II: Basic nursing skills | | | | | |
| MUST TEACH ALL LESSONS FROM UNIT II-D FIRST THEN, MAY BEGIN SUPERVISED CLINICAL TRAINING TIME WITH RESIDENTS, WHEN APPROPRIATE. | | | | | |
| A. Taking and recording vital signs | | | | | |
| | | 1. The Respiratory and Circulatory Systems | | | |
| | | 2. Overview | | | |
| | | 3. Taking and recording respirations | | | |
| | | 4. Taking and recording temperatures | | | |
| | | 5. Taking and recording radial pulse & blood pressure | | | |
| | | [minimum performance skills: (2) measure and record respiration; (3) measure and record oral temperature using a non-digital thermometer; measure and record rectal temperature using a non-digital thermometer; (4) measure and record radial pulse] | | | |
| B. Measuring and recording height and weight | | | | | |
| | | 1. Measuring/recording height | | | |
| | | 2. Measuring/recording weight | | | |
| | | [minimum performance skills: (1) measure and record height; (2) measure and record weight using a balance scale and a chair scale] | | | |
| C. Caring for the resident's environment | | | | | |
| | | 1. Components and care of the resident's environment | | | |
| | | 2. Isolation Precautions | | | |
| | | 3. Occupied bed | | | |
| | | [minimum performance skills: (1) makes an unoccupied bed; use of personal protective equipment (PPE) - disposable gloves, gown, goggles and mask; (2) follows isolation procedures in disposal of soiled linen; and (3) make an occupied bed;] | | | |
| D. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor | | | | | |
| | | 1. identifying and reporting abnormal functioning of body systems | | | |
| E. Freedom from pain | | | | | |
| | | 1. Pain management | | | |
| | | 2. Recognizing and reporting pain | | | |
| F. Care for resident when death is imminent | | | | | |
| | | 1. Care of resident and significant others at time of death | | | |
| | | 2. Providing postmortem care for resident | | | |
| | | [minimum performance skills: (2) provides postmortem care] | | | |
| UNIT III: Personal care skills | | | | | |
| A. Overview for personal care | | | | | |
| | | 1. Core Concepts/Values and Indirect Care Skills | | | |
| | | 2. Organizing, prioritizing, flexibility | | | |

Attachment 1

| | | | | | | |
|---|--|--|--|--|--|--|
| B. Bathing | | | | | | |
| LESSONS 1 - 4 FROM UNIT III-B MUST BE TAUGHT BEFORE UNIT III-B LESSONS 5 AND 6 | | | | | | |
| | | 1. Overview | | | | |
| | | 2. Complete bed bath | | | | |
| | | 3. Partial bed bath | | | | |
| | | 4. AM and PM care | | | | |
| | | 5. Shower | | | | |
| | | 6. Tub/whirlpool | | | | |
| | | [minimum performance skills: (2) give a complete bed bath; (3) give a partial bed bath; and (4) provide AM and PM care to resident; (5) give a resident a shower; and (6) give a resident a tub/whirlpool bath; (1) indirect care/core values] | | | | |
| C. Grooming | | | | | | |
| | | 1. Overview | | | | |
| | | 2. Hair Care | | | | |
| | | (i) shampooing | | | | |
| | | (ii) brushing and combing | | | | |
| | | 3. Mouth Care | | | | |
| | | (i) conscious resident – partial assist, total assist | | | | |
| | | (ii) unconscious resident | | | | |
| | | (iii) dentures | | | | |
| | | (iv) edentulous | | | | |
| | | 4. Shaving a Resident | | | | |
| | | 5. Hand and Nail Care | | | | |
| | | 6. Foot Care | | | | |
| | | [minimum performance skills: (2) provide hair care - shampoo and grooming; (3) provides mouth care - natural teeth, dentures, no teeth (4); shave a resident with a safety razor; (5) provide hand and nail care; (6) provides foot care] | | | | |
| D. Dressing | | | | | | |
| | | 1. Overview | | | | |
| | | 2. Assisting the resident | | | | |
| | | (i) dependent dresser | | | | |
| | | (ii) independent dresser/minimal assistance | | | | |
| | | 3. Adaptive equipment | | | | |
| | | (i) glasses | | | | |
| | | (ii) hearing aids | | | | |
| | | (iii) artificial limbs | | | | |
| | | [minimum performance skills: (2) dress a resident - dependent resident, independent resident, (3) dress a resident with adaptive devices – hearing aids and glasses; and provide hearing aid care] | | | | |
| E. Toileting | | | | | | |
| | | 1. The Urinary system | | | | |
| | | 2. The Reproductive System | | | | |
| | | 3. Perineal care | | | | |
| | | (i) male resident | | | | |
| | | (ii) female resident | | | | |
| | | 4. Assisting with bedpan/urinal | | | | |
| | | 5. Using the bedside commode | | | | |
| | | 6. The incontinent resident | | | | |

Attachment 1

| | | | | | | |
|--|--|---|--|--|--|--|
| | | (i) bladder | | | | |
| | | (ii) bowel | | | | |
| | | 7. Urinary catheter care (cysto / indwelling / external) | | | | |
| | | (i) catheter care | | | | |
| | | (ii) emptying urinary drainage bag | | | | |
| | | 8. Measuring / reporting intake and output | | | | |
| | | 9. Digestive system | | | | |
| | | 10. Colostomy care | | | | |
| | | 11. Collecting specimens | | | | |
| | [minimum performance skills: (2) provide perineal care - female resident, male resident; (3) toilets a resident - offers/removes and cleans the bedpan ; offers/removes and cleans the urinal; (4) toilets a resident - using the commode; (5) provide perineal care – incontinent resident; (6.1) provide care for an indwelling catheter; (6.2) caring for urinary drainage apparatus - leg bag; (7) measure and record intake, measure and record urinary output; (9) provide routine ostomy care; (10) collect routine urine specimen, collect stool specimen] | | | | | |
| ALL LESSONS FROM UNIT III, TOPICS F AND G MUST BE TAUGHT TOGETHER | | | | | | |
| F. Assisting with eating and hydration | | | | | | |
| | | 1. The Endocrine System | | | | |
| | | a. Overview | | | | |
| | | b. Diabetes | | | | |
| | | 2. Nutrition and a balanced diet | | | | |
| | | 3. Fluid balance | | | | |
| | | 4. Therapeutic diets | | | | |
| | | 5. Nutritional supplements | | | | |
| | | 6. The dining experience | | | | |
| G. Proper feeding techniques | | | | | | |
| | | 1. Adaptive devices for feeding | | | | |
| | | 2. Assisting residents with dysphagia - | | | | |
| | | 3. Assistance for independent eaters | | | | |
| | | 4. Partial assistance with feeding [included with independent eaters] | | | | |
| | | 5. Total assistance with feeding | | | | |
| | | 6. Other methods of providing food/fluids | | | | |
| | [minimum performance skills: (2,3,4,5) provide assistance when eating - partial feeding resident, dependent feeding resident, self-feeding resident] | | | | | |
| H. Skin care and Alternations in Skin | | | | | | |
| | | 1. The integumentary system | | | | |
| | | 2. Healthy skin | | | | |
| | | 3. Alterations in skin | | | | |
| | | 4. Protective Devices | | | | |
| | | 5. The Back rub | | | | |
| | [minimum performance skills: (4) use of protective devices; (5) give a resident a back rub;] | | | | | |
| I. Transfers, positioning, and turning | | | | | | |
| | | 1. The Musculoskeletal system | | | | |
| | | 2. The Musculoskeletal system - abnormalities and age-related changes | | | | |
| | | 3. Residents with fractures | | | | |
| | | 4. Body mechanics | | | | |

Attachment 1

| | | | | | |
|--|--|---|--|--|--|
| | | 5. Positioning the resident in bed and chair [15 minutes – BCC Unit III-E1b | | | |
| | | 6. Transfer with one assist | | | |
| | | 7. Transfer with two assist | | | |
| | | 8. Mechanical lift: chair to bed and bed to chair | | | |
| | | 9. Transfer with a transfer belt | | | |
| | | 10. Lift sheets | | | |
| | [minimum performance skills: (5) position the resident in bed on side ; positioning the resident in bed using trapeze, side rails and other positioning devices; (5) or (1) assist resident to move up in bed; (6) transfer resident with one person – pivoting, transfer resident from bed to wheelchair; (7) transfer resident with two persons – pivoting, lifting; (8) using the mechanical lift; (9) using a transfer belt to transfer a resident; (10) using a lift sheet to position or move a resident.] | | | | |
| J. Ambulation | | | | | |
| | | 1. The Nervous System | | | |
| | | a. Overview | | | |
| | | b. Seizure | | | |
| | | c. CVA/Stroke | | | |
| | | 2. One assist | | | |
| | | 3. Assistive devices including transfer belt | | | |
| | | 4. Safety principles | | | |
| UNIT IV: Mental health and social service needs | | | | | |
| A. Developmental tasks that occur with the aging process | | | | | |
| | | 1. Changes in behavior and body, concept of loss | | | |
| B. How to respond to resident behaviors | | | | | |
| | | 1. Human behavior | | | |
| | | (i) negative behavior | | | |
| | | (ii) appropriate interventions | | | |
| C. Modifying aide's behavior in response to resident's behavior | | | | | |
| | | 1. Therapeutic intervention | | | |
| | | (i) verbally and/or physically aggressive behavior | | | |
| | | (ii) inappropriate or self-destructive behavior | | | |
| D. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity. | | | | | |
| | | 1. Personal choice and a sense of control | | | |
| | | (i) cultural diversity | | | |
| | | (ii) resident dignity | | | |
| | | (iii) resident confidentiality | | | |
| E. Family as a source of emotional support | | | | | |
| | | 1. Who is family | | | |
| | | (i) family reaction to placement | | | |
| | | (ii) family adjustment to placement | | | |
| | | (iii) family dynamics | | | |
| UNIT V: Care of Cognitively Impaired Residents | | | | | |
| A. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others) | | | | | |
| | | 1. Understanding cognitively impairment and dementia - causes and symptoms | | | |

Attachment 1

| | | | | | | |
|---|--|---|--|--|--|--|
| | | 2. Alzheimer's disease | | | | |
| B. Communicating with cognitively impaired residents | | | | | | |
| | | 1. Verbal communication | | | | |
| | | 2. Non-verbal communication | | | | |
| C. Understanding behaviors of cognitively impaired residents | | | | | | |
| | | 1. Identifying behaviors and causes | | | | |
| | | (i) common behaviors - wandering, agitation, depression, combativeness, sundowner syndrome, confusion, sexual aggression | | | | |
| | | (ii) causes of behaviors | | | | |
| | | (iii) family and staff reactions and behaviors | | | | |
| D. Appropriate responses to the behavior of cognitively impaired residents | | | | | | |
| | | 1. Behavior management techniques | | | | |
| | | 2. Accommodating and redirecting behaviors | | | | |
| E. Methods of reducing the effects of cognitive impairments | | | | | | |
| | | 1. Environmental methods | | | | |
| | | 2. Interpersonal methods | | | | |
| | | 3. Systematic methods | | | | |
| | | (i) reality orientation | | | | |
| | | (ii) reminiscence therapy | | | | |
| | | (iii) validation therapy | | | | |
| UNIT VI: Basic Restorative Services | | | | | | |
| A. Training the resident in self care according to the resident's abilities | | | | | | |
| | | 1. Introduction to restorative nursing care | | | | |
| B. Use of assistive devices in transferring, ambulating, eating and dressing | | | | | | |
| | | 1. Understanding the role of PT, OT and the use of assistive devices in restorative nursing care | | | | |
| | | 2. Use of assistive devices in eating | | | | |
| | | 3. Use of assistive devices in dressing | | | | |
| | | [minimum performance skills: VIB(1) assist resident to ambulate; use a transfer belt to ambulate a resident, assist with adaptive equipment for ambulating – cane, walker, VIB(2) assist with adaptive equipment for feeding – cup, utensils, plate and vision impaired set-up] | | | | |
| C. Maintenance of range of motion | | | | | | |
| | | 1. Maintenance of ROM | | | | |
| | | (i) Upper Extremities | | | | |
| | | (ii) Lower Extremities | | | | |
| | | [minimum performance skills: VI(6) perform ROM lower extremities – hip, knee, ankle, toes; perform ROM upper extremities – shoulder, elbow, wrist, fingers] | | | | |
| D. Proper turning and positioning in bed and chairs | | | | | | |
| | | 1. Turning and positioning in bed | | | | |
| | | 2. Proper positioning and re-positioning in a chair | | | | |
| | | [minimum performance skills: (1), (5) assist resident to move up in bed; position resident in bed on side; (2) position and reposition a resident in chair with a positioning device; (1 and 2) using positioning devices – pillow; blankets] | | | | |
| E. Bowel and bladder training | | | | | | |
| | | 1. Bowel training | | | | |
| | | 2. Bladder training | | | | |
| F. Care and use of prosthetic and orthotic devices | | | | | | |

Attachment 1

| | | | | | |
|--|--|--|--|--|--|
| | | 1. Care and use of prosthetic and orthotic devices used in a restorative nursing environment | | | |
| | | [minimum performance skills: (1) applies hand splint] | | | |
| | | | | | |
| UNIT VII: Resident's Rights | | | | | |
| | | | | | |
| A. Providing privacy and maintenance of confidentiality | | | | | |
| | | 1. Dignity | | | |
| | | 2. Personal privacy | | | |
| | | 3. Confidentiality | | | |
| | | (i) personal information | | | |
| | | (ii) medical information | | | |
| B. Promoting resident's rights | | | | | |
| | | 1. Basic rights of residents | | | |
| | | (i) methods to promote | | | |
| | | (ii) how rights are violated | | | |
| | | 2. The importance of religious belief | | | |
| | | 3. Human sexuality | | | |
| C. Giving assistance in resolving grievances and disputes | | | | | |
| | | 1. Problem solving | | | |
| | | 2. Facility policy | | | |
| | | 3. Resident council | | | |
| | | 4. DOH | | | |
| | | 5. Ombudsman program | | | |
| D. Providing needed assistance in getting to and participating in resident and family groups and other activities | | | | | |
| | | 1. Choice | | | |
| | | 2. Religious/spiritual | | | |
| | | 3. Community including religious | | | |
| | | 4. Privacy | | | |
| | | 5. Consenting adults | | | |
| | | 6. Importance of activities | | | |
| E. Maintaining care and security of resident's personal possessions | | | | | |
| | | 1. Respect of all personal belongings | | | |
| | | 2. Misappropriation of resident property | | | |
| F. Promoting the resident's rights to be free from abuse, mistreatment, and neglect and the need to report any instance of such treatment to appropriate facility staff. | | | | | |
| | | 1. Understand and recognize all forms of abuse | | | |
| G. Avoiding the need for restraints in accordance with current professional standards | | | | | |
| | | 1. Restraints | | | |
| | | 2. Restraint safety | | | |
| | | (i) application of waist restraints | | | |
| | | (ii) monitoring and release policy | | | |
| | | 3. Restraint free environment | | | |
| | | (i) alternative to restraints | | | |
| | | [minimum performance skills: (2.1) applies waist restraint] | | | |
| SUPERVISED CLINICAL TRAINING WITH NURSING HOME RESIDENTS - HOURS | | | | | |
| | | | | | |
| a. | | Training on the resident unit with residents, under the direct supervision of a nurse, other than the unit charge nurse. | | | |

Attachment 1

| | | | | | | |
|---|--|---------------------------------|--------------|--------------|------------|-----------------|
| b. | This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training. | | | | | |
| c. | During this time, the nurse aide trainee practices, with residents in real situations, the skills learned during the training program, prior to the return demonstration to the program coordinator or primary instructor. | | | | | |
| d. | The nurse aide trainee, enrolled in a training program, may work in the nursing home, performing those tasks or skills that the trainee has successfully demonstrated as part of the training program to the program coordinator/primary instructor. Such work time is scheduled outside of training time. | | | | | |
| | | | | | | |
| | | | TOTAL | Class | Lab | Clinical |
| TOTAL NURSE AIDE TRAINING PROGRAM = (in minutes) | | | | | | |
| | | Training time in hours = | | | | |

CNA Training Program Checklist

CLINICAL SKILLS PERFORMANCE EVALUATION CHECKLIST RECORD

CNA TRAINEE: _____

FACILITY NAME: _____

CNA INSTRUCTOR: _____ CLINICAL SUPERVISOR: _____

DATE OF CNA TRAINING: FROM ____ / ____ / ____ TO ____ / ____ / ____

| CLINICAL SKILL | DATE INITIAL DEMO. BY INSTR. | INST INITIALS | DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY TRAINEE | PC/PI INITIALS | COMMENTS |
|--|--|------------------|---|-------------------|----------|
| UNIT I. INTRODUCTORY CURRICULUM | | | | | |
| 1. Hand washing | | | | | |
| 2. Using an ABC fire extinguisher | | | | | |
| 3. Heimlich maneuver | | | | | |
| UNIT II. BASIC NURSING SKILLS | | | | | |
| 4. Measure / Record Respiration | | | | | |
| 5. Measure / Record Oral Temp (Non-Digital Thermometer) | | | | | |
| 6. Measure / Record Rectal Temp (Non-Digital Thermometer) | | | | | |
| 7. Measure / Record Radial Pulse / Blood Pressure | | | | | |
| 8. Measure / Record Height | | | | | |
| 9. Measure / Record Weight (Balance Scale / Chair Scale) | | | | | |
| 10. Make unoccupied bed | | | | | |
| 11. Make occupied bed | | | | | |
| 12. Use of Personal Protective Equipment (PPE) | | | | | |
| a. gloves | | | | | |
| b. gown | | | | | |
| c. mask | | | | | |
| d. goggles | | | | | |
| 12A .COVID-19 : Core Principles of Infection Control & Prevention | | | | | |
| 13. Follow isolation procedures in the disposal of soiled linen | | | | | |
| 14. Provide post-mortem care | | | | | |
| UNIT III. PERSONAL CARE SKILLS | | | | | |
| 15. Give complete bed bath | | | | | |
| 16. Give partial bed bath | | | | | |
| 17. Provide AM and PM care | | | | | |
| 18. Give shower | | | | | |
| 19. Give tub bath / whirlpool bath | | | | | |
| 20. Provide hair care | | | | | |
| a. shampoo resident | | | | | |
| b. grooming, brushing, combing | | | | | |
| 21. Provide mouth care (natural teeth) | | | | | |
| 22. Provide mouth care (no teeth) | | | | | |
| 23. Provide mouth care (unconscious) | | | | | |
| 24. Provide denture care | | | | | |
| 25. Shave resident | | | | | |
| 26. Provide hand and nail care | | | | | |
| 27. Provide foot care | | | | | |
| 28. Dress resident | | | | | |

Attachment 2

| CLINICAL SKILL | DATE | INST INITIALS | DATE | PC/PI INITIALS | COMMENTS |
|--|----------------------------------|------------------|---|-------------------|----------|
| | INITIAL DEMO. BY INSTR. | | FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY TRAINEE | | |
| a. care of eyeglasses | | | | | |
| b. care of hearing aides | | | | | |
| 29. Perineal care – female | | | | | |
| 30. Perineal care – male | | | | | |
| 31. Perineal care – incontinent resident | | | | | |
| 32. Assist with bedpan (offer / remove / clean) | | | | | |
| 33. Assist with urinal (offer / remove / clean) | | | | | |
| 34. Use bedside commode | | | | | |
| 35. Urinary catheter care | | | | | |
| 36. Care of / emptying of urinary drainage bag | | | | | |
| 37. Measure / Record Food and Fluid Intake | | | | | |
| 38. Measure / Record Urinary Output | | | | | |
| 39. Provide ostomy care | | | | | |
| 40. Collect urine specimen | | | | | |
| 41. Collect stool specimen | | | | | |
| 42. Feed resident | | | | | |
| a. set-up tray | | | | | |
| b. partial assistance | | | | | |
| c. total assistance | | | | | |
| d. adaptive devices | | | | | |
| e. residents with dysphasia | | | | | |
| f. alternative feeding methods | | | | | |
| 43. Provide skin care | | | | | |
| a. protective devices | | | | | |
| b. give back rub | | | | | |
| 44. Position resident in chair | | | | | |
| 45. Move resident up in bed | | | | | |
| 46. Position resident on side in bed | | | | | |
| 47. Transfer resident | | | | | |
| a. one assist | | | | | |
| b. two assist | | | | | |
| c. mechanical lift | | | | | |
| d. transfer belt | | | | | |
| e. lift sheets | | | | | |
| UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS | | | | | |
| 48. Response with abusive resident | | | | | |
| UNIT V: CARE OF CONGITIVELY IMPAIRED RESIDENTS | | | | | |
| 49. Communication skills | | | | | |
| UNIT VI: BASIC RESTORATIVE SERVICES | | | | | |
| 50. Assist with ambulation using gait belt | | | | | |
| 51. Easing resident (about to fall) to floor during ambulation | | | | | |
| 52. Ambulation assistive devices | | | | | |
| 53. Ambulation adaptive equipment | | | | | |
| 54. Feeding adaptive equipment | | | | | |
| 55. Range of motion to upper extremities | | | | | |
| 56. Range of motion to lower extremities | | | | | |
| 57. Use of positioning devices in bed | | | | | |
| 58. Use of positioning devices in chair | | | | | |
| 59. Use of prosthetic / orthotic devices | | | | | |
| 60. Apply hand splint | | | | | |
| UNIT VII: RESIDENT'S RIGHTS | | | | | |
| 61. Apply waist restraint | | | | | |

| KNOWLEDGE PERFORMANCE EVALUTIONS | DATE | PC/PI INIT. | PASS OR FAIL? | If Failed, DATE OF SUCCESSFUL PERFORMANCE EVALUATION FOR UNIT | PC/PI INIT. |
|--|------|-------------|---------------|---|-------------|
| UNIT I: INTRODUCTORY CURRICULUM | | | | | |
| UNIT II: BASIC NURSING SKILLS | | | | | |
| UNIT III: PERSONAL CARE SKILLS | | | | | |
| UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS | | | | | |
| UNIT V: CARE OF COGNITIVELY IMPAIRED RESIDENTS | | | | | |
| UNIT VI: BASIC RESTORATIVE SERVICES | | | | | |
| UNIT VII: RESIDENT'S RIGHTS | | | | | |
| DATE OF FINAL NATP PERFORMANCE EVALUATION | | | | | |
| ADMINISTRATION DATE OF STATE COMPETENCY EXAMINATIONS | | | | | |

NOTES/COMMENTS: _____

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Certified Nurse Aide Trainee has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Certified Nurse Aide trainee.

Signatures

| | | | |
|--|--|-------|--|
| Signature of Primary Instructor: | | Date: | |
| Signature Facility Director of Nursing | | Date: | |
| Signature of Certified Nurse Aide Trainee: | | Date: | |

DATE(S) OF STATE NURSING HOME NURSE AIDE CERTIFICATION COMPETENCY EXAMINATION:

| DATE | CLINICAL SKILLS TEST P/F | WRITTEN/ORAL TEST P/F |
|--------------------------------|--------------------------|-----------------------|
| 1 ST Attempt: _____ | _____ | _____ |
| 2 nd Attempt: _____ | _____ | _____ |
| 3 rd Attempt: _____ | _____ | _____ |

Online Training Submissions List

Facilities proposing an online CNA Training Program for classroom instruction, must submit policies and procedures that address the following listed below and wait for approval from NYSDOH before initiating an online program.


1. Admission/Enrollment Criteria: how students will be selected for Online Training, enrollment details, how required documentation will be obtained.
2. Attendance/Trainee Verification: how attendance will be taken, and the documentation maintained; how trainees' identity will be verified for attendance, and attendance requirements for Online Training.
3. Curriculum and Learning Materials: how the curriculum will be presented in an online environment, how textbooks and other learning resources will be provided to the trainees, required topics, language in which the course will be taught, learning objectives and time allotted for each module. Online training programs must use the home care curriculum and the approved textbooks.
4. Technological Platform: description of the platform for the online component, specific equipment needed to access the training and how the system will be tested prior to beginning training. A description of how trainees will access the online training and how the Nurse Instructor will be trained on the use of the technological platform.

Please Note: If your agency chooses to change technological platforms after your initial approval for Online Training, updated Policies and Procedures must be submitted to the Department for approval prior to the change taking place.


5. IT Support: how IT support will be provided to Nurse Instructors and trainees, and how issues with equipment, accessibility or connectivity will be addressed.
6. Confidentiality: how the confidentiality of student information and training/testing materials will be maintained.
7. Testing: how trainees will be scheduled and monitored for in-person testing.
8. Skills: how trainees will be scheduled for in-person skills assessments and Supervised Practical Training (SPT) and how these will be conducted.
9. Program Monitoring and Evaluation: description of the evaluation design and methodology that will be used to ensure the continued quality of hybrid training. Agencies are encouraged to identify metrics that are demonstrative of the quality of the training.

Nurse Aide Training Program Flowchart

42 CFR 483.152 minimum of 75 training hours




To provide Nursing Home Nurse Aide training pilot program, facilities must submit a Nursing Home Nurse Aide Training Program Application to DOH for approval. DOH will send a confirmation letter with a NATP Program ID Code to use for the NYS CNA exam applications. These requirements remain unchanged.




Requirements


The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services;
Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides under the supervision of the DON.
Minimum of 75 hours total; of which 16 hours of supervised practical training for a net of 59 hours of Instruction.



At start of the NATP training class, instructor submits CNA exam application for each CNA trainee to Prometric, with the expected class completion date, name of facility, address, their signature and use the facility CNA Pilot Program Training Code provided in the approval letter from DOH. (This assists in scheduling CNA tests).



Completion of training program results in receiving program certificate and eligibility to sit for the NYS CNA exams, written and clinical. Continue current protocol of allowing 3 attempts to pass each exam. If unsuccessful after 3 attempts, CNA will need to repeat the NATP program to be eligible to sit for the NYS CNA exams again.



Passing the standardized NYS CNA exams proctored by Prometric staff results in being listed in the New York State Nurse Aide Registry as a certified nurse aide.