

D&S Diversified Technologies Vermont & New Hampshire Candidate Handbook

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VERSION 7.0

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All changes/ updates in are denoted in red

Mouth Care – Comatose Resident has been REMOVED and replaced with Mouth Care of Resident

Contact Information

Questions regarding test applications-test scheduling-eligibility to test:

Diversified Technologies..... 8:00 am to 6:00 pm M-F..... (877) 851-2355
333 Oakland Avenue 8:00 am to 2:00 pm Sat.
Findlay, OH 45840 Fax..... (419) 422-8367

Questions about Licensure and LNA Programs:

Vermont Nursing Assistant Licensure 7:45 am to 4:30 pm M-F.....(802) 828-2396
National Life Building North Floor 2 Fax(802) 828-2484
Montpelier, Vermont 05609

New Hampshire Board of Nursing 8:00 am to 4:30 pm M-F.....(603) 271-2323
21 South Fruit St Suite 16
Concord, NH 03301-2431

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Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide related knowledge and skills. The purpose of a nurse aide competency evaluation program is to ensure that Candidates who are seeking to be nursing assistants understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook, describing the process of taking the nursing assistant competency test, is designed to help prepare Candidates for testing. There are two parts to the nursing assistant competency test—a multiple-choice Written Test and a Skill Test. Candidates must pass both parts of the test to be identified as State tested and listed on the State LNA Registry.

Vermont & New Hampshire have approved D&S Diversified Technologies to provide tests and scoring services for Nursing Assistant Testing. To learn how to apply to take Nurse Aide Tests, please contact D&S DT at toll free 877-851-2355. This handbook should be kept for future reference.

ADA Accommodations

A candidate for examination who has a disability, but is otherwise qualified, shall not be deprived of the opportunity to take the licensing exam solely by reason of that disability.

Special accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board:

1. A letter of request from the student;
2. A letter from the program administrator of the candidate's nursing assistant education program. This letter should describe accommodations and modifications which have been made for the candidate during their education program; and
3. Documentation of the disability by an appropriate specialist with detailed information of the special accommodations needed.

Applying to take the Nurse Aide Test

1. Complete form 1101. (On-line registration is also available at www.hdmaster.com) Please print neatly and remember to double check your address, phone number, and social security number before signing the 1101 (if it is not signed your application will be returned.) Please check option 1 or 2. If you completed a nursing assistant training course within the past 24 months check Box 1. If you are CURRENTLY enrolled in a pre-licensure approved RN or LPN program contact the Vermont Board of Nursing office at 802-828-2396 for approval forms for VERMONT CANDIDATES. After you receive VBON approval, mail form 1101 and testing fees to D&S DT. If you are employed or have an offer of employment from an approved Medicare/Medicaid skilled long-term care facility the facility must complete the lower portion of form 1101 and the Nursing Supervisor for that facility must sign and date form 1101.
2. Complete Form 1402. A listing of test dates is available on our web site at www.hdmaster.com or call our office to have a list faxed or mailed to you. If you choose a test date from our Fixed testing

schedule, write your first choice and second choice under Option 2: Fixed Test Dates. Fill out Option 1: Approved Flexible Test Sites if you are pre-scheduled to take a test through your nursing assistant training program. You will be scheduled to take the written and skill tests on the same day. Under PAYMENT OPTIONS please mark the appropriate boxes. (The skill test consists of five skill tasks) Anyone wishing to fax their application will be charged the \$5.00 Priority Fax Service fee and their application will move ahead of mailed in applications. You will need to write your credit card information on Form 1402 if you are paying for your own test.

- ☞ Applicants wishing to test in less than 10 business days from the date D&S receives their application may request and pay a \$15 Express Service Fee per candidate plus \$19.50 for overnight shipping.
 - ☞ **Applications sent in without training rosters will be returned.**
 - ☞ Incomplete applications will be returned to the candidate (missing information, payment, or signature(s))
 - ☞ Candidates may not send personal checks or cash.
 - ☞ We accept Money Orders, Cashier Checks, and Facility Checks, Master card or Visa.
 - ☞ Applications must be received in the Findlay office 10 business days before the requested test date excluding Sundays & Holiday
 - ☞ D&S will notify the candidate via mail or email of their test date and time. If you do not hear from D&S within 5 business days of sending your application, please call our toll free number at 1-877-851-2355.
3. A copy of the training roster provided to you by the LNA training program. If you are a nursing student VBON will provide you with an approval letter to send in place of the training roster.

Retaking the Nursing Assistant Test

1. Mail or fax your failure letter (Form 1301) along with Form 1402 and your payment to D&S. Please ensure you pick a test date from the testing schedule (form 1700) and write it on Form 1402 under Option 2.
2. If you lost your failure letter, you may submit Form 1101 and Form 1402 or call D&S DT for another copy of your failure letter or visit our website at hdmaster.com, click on Vermont, then on-line test results.
3. D&S DT does not schedule re-test dates over the telephone. You will need to submit your retest application to D&S either by fax (\$5.00 Fax fee) or by mail.

The Written Test

The Written Test Proctor will hand out materials and give instructions for taking the Written Test. You will have a maximum of ninety (90) minutes to complete the 72 question Written Test. You will be told when fifteen (15) minutes are left. You may not ask questions about the content of the Written Test (such as "What does this question mean?") Fill in only one (1) oval on the answer sheet for each question, *or select a, b, c, or d with mouse or keyboard if taking a WEBETEST®.* **DO NOT mark in the testing booklet.** Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have an overall score of 75% or higher to pass the written part of the LNA exam.** If you request to take the written test orally. Procedures will be the same however you will be given a cassette tape to read the exam to you. You may stop and rewind the tape any time during your 90 minutes.

Written Test Content Outline

The Written Test consists of 72 multiple-choice questions. Questions are selected from subject areas based on the Vermont/New Hampshire test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- 1) Safety (8)
- 7) Communication (7)

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|--------------------------|--|
| 2) Infection Control (7) | 8) Data Collection (5) |
| 3) Personal Care (7) | 9) Basic Nursing Skills (9) |
| 4) Mental Health (5) | 10) Role and Responsibility (7) |
| 5) Care Impaired (4) | 11) Disease Process (4) |
| 6) Resident Rights (5) | 12) Older Adult Growth & Development (4) |

The Skill Test

The purpose of the Skill Test is to evaluate your nurse assistant skills. You will find a complete list of skill tasks in this handbook. Handwashing and Fluid Intake or Feeding a Resident will be two (2) of the required skills you will need to perform. Three (3) additional tasks will be randomly selected from the skills task list for you to perform on your skill exam. The steps that are listed for each task are the steps required for a nursing assistant to completely demonstrate the skill task. You will be scored on these steps. You must have a score of 80% on each task *without missing any key steps* (the **Bolded** steps) to pass the skill portion of the test. If you fail a single task you will have to take another skill test with five tasks on it, one of which will be one of the tasks you failed.

What To Expect

- ☞ Each of the five scenarios associated with your five randomly assigned tasks will be read to you immediately before you do each task.
- ☞ Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the five scenarios repeated anytime during your skill test.
- ☞ Be sure you understand all instructions before you begin because you may not ask questions once the Skill Test begins.
- ☞ You will be given forty-five (45) minutes to complete the five (5) tasks. You must correctly perform all five (5) tasks in order to pass the Skill Test. You will be told when 15 minutes remain.
- ☞ If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 45 minutes or until you tell the RN Test Observer you are finished with the Skill Test. Once the Skill Test has begun, the RN Test Observer may not answer questions.

REMEMBER ALL STEPS MUST ACTUALLY BE PHYSICALLY PERFORMED TO RECEIVE CREDIT FOR THAT STEP...

All changes/ updates in are denoted in red

Manual Skills Listing

Skill 1—Handwashing

1. Introduce yourself to the resident.
2. Identifies resident by name
3. Turn on water.
4. Wet hands.
5. Apply liquid soap to hands.
6. Rub hands together using friction.
7. Interlace fingers pointing downward.
8. Wash all surfaces of hands and wrist with liquid soap.
9. Rinse hands thoroughly under running water with fingers pointed downward.
10. Dry hands on clean paper towel(s).
11. Turn off faucet with a **SECOND** (last) clean dry paper towel.
12. Discard paper towels into trash container as used.
13. **Does not re-contaminate hands at any point during the procedure.**

Skill 2—Ambulation With Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to be performed to the resident and obtains gait belt.
3. **Locks bed brakes to ensure resident's safety.**
4. **Locks wheelchair brakes to ensure resident's safety.**
5. Lowers bed to lowest position.
6. Brings resident to sitting position and places gait belt around waist to stabilize trunk.
7. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
8. Assists resident to put on non-skid slippers.
9. Brings resident to standing position, using proper body mechanics.
10. Grasp gait belt, stabilize and ambulates resident at least 10 steps.
11. Assists resident to turn and sit in a controlled manner that ensures safety. Removes gait belt.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Identifies that hands should be washed.

Skill 3—Ambulation with Walker (GAIT BELT NOT PERMITTED)

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to resident.
3. **Locks bed wheels to ensure resident's safety.**
4. **Locks wheelchair brakes to ensure resident's safety.**
5. Brings resident to sitting position
6. Assists resident to put on non-skid slippers.
7. Positions walker and **stabilizes it with one hand and/or foot in front of the walker. Insures resident stabilizes walker.**
8. Brings resident to standing position, using proper body mechanics.
9. Positions self behind and slightly to side of resident.
10. Stabilizes resident and ambulates resident at least 10 steps.
11. Assists resident to turn and sit in the wheelchair, using correct body mechanics.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Identifies that hands should be washed.

Skill 4—Bedpan and Output-

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains the procedure to resident.
3. Gathers equipment and supplies.
4. Pull curtains to provides privacy.
5. Raises bed to appropriate working height.
6. Candidate puts on gloves and positions resident on bedpan correctly using correct body mechanics.
7. **Removes gloves and sanitizes hands.**
8. Raises head of bed to comfortable level.
9. Leaves call light and tissue within reach of resident and Candidate steps away to a separate area of room.
10. The candidate returns when signaled by the RN Test Observer. Candidate uses sanitizing gel and applies new gloves.
11. Candidate assists resident in discarding tissue in trash container.
12. Gently removes bedpan and holds for the Observer while a known quantity of fluid is poured into the bedpan.
13. Candidate pours into graduate for measurement.
14. Empties, rinses, dries bedpan and graduate and returns equipment to storage.
15. Removes and disposes of gloves and disposes of gloves in the appropriate container.
16. Washes own hands and assists resident to wash and dry hands or uses sanitizer gel.
17. Records output on pad.
18. **Candidate's recorded output is within 30ccs of RN Test Observer's reading.**
19. Lowers bed if raised.
20. Maintains respectful, courteous interpersonal interactions at all times.

21. Leaves call light or signaling device within easy reach of the resident.
22. Identifies that hands should be washed

Skill 5—Blood Pressure (A blood pressure range will be given to the candidate.)

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to resident.
3. Pulls curtain to provide privacy.
4. Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. **Rolls resident's sleeve up above the elbow.**
6. Locates brachial artery by feeling brachial pulse just above bend of elbow.
7. Applies the cuff around the upper arm just above the elbow **and aligns the cuff directly over brachial artery.**
8. Cleans diaphragm and cleans earpieces of stethoscope appropriately and places in ears.
9. Places stethoscope over brachial artery.
10. Holds stethoscope snugly in place.
11. **Inflates cuff 30mmHG above the established systolic parameter designated by the Test Observer.**
12. Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
13. Records reading on paper provided.
14. **Candidate's recorded systolic and diastolic blood pressure is within + or - 6mmHg of the Test Observers.**
15. Utilizes appropriate equipment and returns to storage.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signal calling device within easy reach of the resident.
18. Identifies that hands should be washed

Skill 6—Fluid Intake

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains the procedure to resident.
3. Candidate observes dinner tray. Three known capacity containers will have varying fluid levels. Candidate must use supplied pad and pencil or calculator for calculations.
4. Candidate records total fluid **the resident drank** in cc or ml on I & O sheet.
5. **Candidates total documented fluid must be + or – 30 cc of correct total.**
6. Maintains respectful, courteous interpersonal interactions at all times.
7. Leaves call light or signal calling device within easy reach of the resident
8. Identifies that hands should be washed.

Skill 7—Denture Care

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to resident.
3. Gathers equipment and supplies.
4. Lines sink with a protective lining that would help prevent damage to the dentures. (Paper towel, or washcloth)
5. Applies tooth paste/**cleaning solution** to brush or **toothette.**
6. Puts on gloves and removes dentures from cup.
7. Handles dentures carefully to avoid damage and avoids contact with protective barrier.
8. Applies toothpaste and thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper and lower dentures. Toothettes may be utilized instead of a toothbrush as long as the candidate demonstrates cleaning of all of the surfaces listed. (Upper, lower, or both dentures can be used.)
9. Rinses dentures using clean cool water.
10. Places dentures in rinsed cup.
11. Adds cool clean water to denture cup.
12. Rinses and dries equipment and returns to storage.
13. Discards protective lining in an appropriate container.
14. Removes gloves and disposes of gloves in an appropriate container.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.
18. Identifies that hands should be washed.

Skill 8—Dressing Resident with One Sided Weakness

(It is ok to ask resident to assist)

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains the procedure to the resident.
3. Pulls curtains to provide privacy.
4. Removes top linen and folds to the foot of the bed.
5. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth
6. **When dressing the resident in pants, the Candidate assists the resident to raise his/her buttocks or turns resident from side to side. Pants are drawn over the buttocks and up to the resident's waist, dressing from the weak side first.**
7. Removes gown from unaffected side first.
8. Places used gown in laundry hamper.
9. **When dressing the resident in a shirt or blouse, the Candidate inserts his/her hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the weak side first. (You may ask the resident to lean forward.)**
10. Resident dressed in a safe manner and is **appropriately** dressed.
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signaling device within easy reach of the resident.
13. Identifies that hands should be washed.

Skill 9—Feeding the Resident

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Gathers all equipment and supplies.
4. Candidate looks at diet card and verbalizes that resident has received the correct tray
5. Protects clothing from soiling by using napkin, clothing protector, or towel on chest area.
6. **Sanitizes resident's hands with gel or uses a wet wash cloth to clean resident's hands.**
7. Discards soiled linen appropriately.
8. Candidate applies hand sanitizing gel and positions self at eye level facing the resident while feeding resident.
9. Describes the foods being offered to the resident.
10. Offers water or other fluid frequently.
11. Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.
12. Wipes resident's face at least once and as needed during meal **with the provided napkin.**
13. Removes clothing protector, disposes in linen hamper, leaves resident clean and in a position of comfort.
14. Records intake in percentage of total solid food eaten on paper provided.
15. Records intake of fluid in ccs/mls on pad and total calculations.
16. **Candidate is within 25% of the solids and within 60ccs of the fluids consumed.**
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signaling device within easy reach of the resident.
19. Identifies that hands should be washed.

Skill 10—Mouth Care of a Resident (Newly Added Skill)

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Pulls curtain to provide privacy.
4. Gathers all equipment and supplies and washes hands with sanitizing gel.
5. Drapes the chest with towel to prevent soiling.
6. Candidate puts on gloves.
7. Wets brush and applies toothpaste to toothbrush (cleaning solution and toothettes may be used).
8. **Brushes resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth**
9. Cleans tongue.
10. Assists resident in rinsing mouth.

11. Wipes resident's mouth, removes soiled linen, and places in appropriate container.
12. Empties, rinses and dries emesis basin. Rinses toothbrush. Returns emesis basin and toothbrush to storage.
13. Removes gloves by turning inside out and disposes of gloves in the appropriate container.
14. Leaves resident in position of comfort.
15. Identifies that hands should be washed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.

Skill 11—Nail Care One Hand

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Gathers equipment and supplies
4. Immerses nails in comfortably warm water and soaks for at least five (5) minutes. (The five minutes may be verbalized.)
5. Dries hands thoroughly, being careful to dry between fingers.
6. Gently cleans under nails with orange stick and wipes stick on towel between each nail.
7. Files each fingernail.
8. Empties, rinses and dries equipment and returns to storage. Discards towel in linen hamper.
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signaling device within easy reach of the resident.
11. Identifies that hands should be washed.

Skill 12—Partial Bed Bath-

Entire Face, One Arm, One Hand and One Underarm

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Gathers equipment and supplies
4. Pulls curtains to provide privacy. Raises bed to appropriate working level.
5. Covers resident with a bath blanket.
6. Removes top bed linens. Folds to resident's waist.
7. Removes resident's gown without exposing resident and discards in linen hamper.
8. Fills basin with comfortably warm water.
9. Washes and dries face **WITHOUT SOAP**.
10. Places towel under arm, exposing one arm.
11. Washes arm, hand and underarm using soap and water.
12. With second clean wash cloth rinses arm, hand, underarm and dries entire area.
13. Assists resident to put on a clean gown. (**Resident must be dressed completely in a new clean gown.**)
14. Empties, rinses and dries equipment and returns to storage. Disposes of soiled linen in appropriate container.
15. Lowers bed if it was raised.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.
18. Identifies that hands should be washed.

Skill 13 — Perineal Care for a Female

1. Identifies that hands should be washed.
2. Explains procedure to the resident. (Mannequin)
3. Gathers all equipment and supplies.
4. Pulls curtain; provides privacy.
5. Raises the bed to the appropriate height.
6. Fills basin with comfortably warm water.
7. Raises side rail opposite working side of bed or asks test observer to stand on the opposite side of the bed.
8. Turns resident to side and places waterproof pad (with waterproof pad correctly) under resident's buttocks then returns resident to back.

9. Puts on gloves.
10. Exposes perineum only.
11. Verbalizes separating labia.
12. **With a clean wash cloth, uses water and soap, cleans both sides and middle of labia from top to bottom using a clean portion of a washcloth with each stroke.**
13. Rinses and dries both sides and middle from top to bottom with a clean portion of the cloth for each stroke. Covers the exposed area with the bath blanket.
14. Removes gloves and uses sanitizing gel. Applies new gloves.
15. Assists resident (mannequin) to turn onto side away from the candidate.
16. With a new washcloth, cleans to the anal area.
17. Using water, washcloth and soap cleans area from vagina to anal area with single strokes.
18. Rinses and dries area from vagina to anal area.
19. Removes waterproof pad from under buttocks.
20. **Disposes of soiled linen and bath blanket in an appropriate container.**
21. **Removes gloves and disposes of gloves in the appropriate container.**
22. **Position resident (mannequin) on their back.**
23. **Empties, rinses, and dries equipment and returns to storage.**
24. Lowers bed if it was raised.
25. Lowers side rail if side rail was used.
26. Places call light or signaling device within reach of resident
27. Maintains respectful, courteous, interpersonal interactions at all time.
28. Identifies that hands should be washed.

Skill 14—Position Resident on Side (Test Observer will designate side)

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains what is to be done and how the resident may help.
3. Gathers equipment and supplies.
4. Pulls curtains to provides privacy.
5. Positions bed flat. Raises bed to appropriate working height.
6. Raises side rail on side opposite working side of the bed, IF BED HAS SIDE RAILS.
7. From the working side—moves upper body toward self by placing both hands underneath resident.
8. Moves hips toward self by placing both hands underneath resident.
9. Moves legs toward self by placing both hands underneath resident.
10. **Candidate moves to positioning side of bed and rolls resident toward self.**
11. Insures that the resident's face never becomes obstructed by the pillow. (Candidate must verbally identify checking face).
12. Checks to be sure resident is not lying on his/her down side arm.
13. **Maintains correct body alignment (Candidate must verbally identify checking body alignment) ** NO LONGER A KEY STEP**
14. Places support devices such as pillows, wedges, blankets, etc to protect bony prominences, under head, upside arm, behind back and between knees.
15. Lowers bed if it was raised.
16. Lowers side rail if it was raised.
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signaling device within easy reach of the resident.
19. Identifies that hands should be washed.

Skill 15—Range of Motion Hip & Knee

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Pulls curtains to provide privacy.
4. Positions resident supine (on back) and in good body alignment.
5. Provides support to extremity at all times by placing one hand under the knee and the other hand under the **heel or ankle.**
6. Moves the entire leg away from the body. (abduction)

7. Moves the entire leg back toward the body. (adduction)
8. Completes abduction and adduction of the hip three times.
9. Continue to correctly support extremity and bend the resident's knee and hip toward the resident's trunk. (flexion of the hip and knee at the same time)
10. Straighten the knee and hip. (extension of knee and hip at the same time)
11. Complete flexion and extension of knee and hip three times.
12. **Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if he/she is causing any pain or discomfort.**
13. Leaves resident in a comfortable position.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.
16. Identifies that hands should be washed.

Skill 16— Range of Motion One Shoulder

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to the resident.
3. Pulls curtains to provide privacy.
4. Positions resident on back (may be supine or in a raised position) in good body alignment.
5. Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
6. Raises resident's arm up and over the resident's head. (flexion)
7. Brings the resident's arm back down to the resident's side. (extension)
8. Completes full range of motion for shoulder through flexion and extension three times.
9. Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
10. Return the resident's arm to the side of the resident's body. (adduction)
11. Complete full range of motion for shoulder through abduction and adduction three times.
12. **Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if he/she is causing any pain or discomfort.**
13. Leaves resident in a comfortable position.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.
16. Identifies that hands should be washed.

Skill 17— Stand- Pivot Transfer from Bed to Wheelchair using a Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains the procedure to be performed to the resident and obtains a gait belt.
3. Positions wheelchair along the head or foot of bed, with one wheel touching the bed.
4. **Locks wheelchair brakes to ensure resident's safety.**
5. **Locks bed brakes to ensure resident's safety.**
6. Lowers bed to lowest position.
7. Assists resident to sitting position with feet flat on floor, applies non skid slippers and places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
8. Brings resident to a standing position using proper body mechanics.
9. Grasp the gait belt, stabilizes resident and transfers resident from bed to wheelchair.
10. Assists resident to turn/pivot and sit in a controlled manner that ensures safety.
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signaling device within easy reach of the resident.
13. Identifies that hands should be washed.

Skill 18— Stand- Pivot Transfer from Wheelchair to Bed using a Gait Belt

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains the procedure to be performed to the resident and obtains a gait belt.

3. Positions wheelchair at the foot or head of the bed **with at least one wheel touching the bed.**
4. **Locks wheelchair brakes to ensure resident's safety.**
5. **Locks bed brakes to ensure resident's safety.**
6. Lowers bed to lowest position.
7. Places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
8. Brings resident to a standing position using proper body mechanics.
9. Grasp the gait belt, stabilizes resident and transfers resident from wheelchair to bed.
10. Assists resident to turn/pivot and sit in a controlled manner that ensures safety.
11. Removes gait belt.
12. Removes non-skid slippers.
13. Assists resident to lie down in bed.
14. Leaves resident comfortable and in good body alignment.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.
17. Identifies that hands should be washed.

Skill 19— Vital Signs - Temperature, Pulse and Respiration

*** Tympanic or Oral thermometer may be used

1. Introduces self to resident and identifies that hands should be washed.
2. Identifies resident by name and explains procedure to resident.
3. Gathers equipment and supplies.
4. Provides for resident's privacy.
5. Correctly turns on digital oral/ tympanic thermometer and places sheath on thermometer.
6. Gently inserts bulb end of thermometer in mouth under tongue.
7. Holds thermometer in place for appropriate length of time.
8. Removes thermometer and Candidate reads and records the temperature reading on paper provided.
9. **Candidate's recorded temperature varies no more than .1 degree from Test Observer's.**
10. Candidate discards sheath appropriately.
11. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
12. Counts pulse for 60 seconds. Then records on the sheet of paper provided.
13. **Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.**
14. Candidate counts respirations for 60 sec and records results on sheet of paper provided.
15. **The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signaling device within easy reach of the resident.
18. Identifies that hands should be washed.

Skill 20— Weighing

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. Zeros scale before weighing resident. A digital scale is not allowed. **(This step is no longer a key step.)**
4. Assists resident to stand and walks them to the scale at least 5 steps.
5. Assists resident to step on scale.
6. Checks that resident is balanced and centered on scale with arms at side and not holding on to anything that would alter reading of the weight.
7. Appropriately adjusts weights until scale is in balance or observes analog scale.
8. Reads weight.
9. Safely returns resident to **chair** and assists to sitting position.
10. Records weight on paper provided.
11. **Candidate's recorded weight varies no more than 2 lb. from RN Test Observer's reading.**
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Identifies that hands should be washed.

Test Day

- ☞ You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start.
- ☞ You must bring a GOVERNMENT ISSUED **SIGNED, NON-EXPIRED, PHOTO ID (STATE ID, DRIVERS LIC, MILITARY ID, PASSPORT)**. **You will not be admitted for testing if you do not bring proper ID.** Your test notification card and map should be with you, although they are not required.
- ☞ **Appropriate clinical attire including closed toe shoes, if candidate comes to testing without clinical attire they will not be tested and will be considered a no show at which time they must re-submit a new application and re-pay. NO EXCEPTIONS!!!**
- ☞ You must bring several sharpened Number 2 pencils with erasers. **DO NOT BRING or USE INK PENS.** The scanner can't read ink marks on your answer sheet.

Testing Policy

The following policies are observed at each test site—

- ☞ **If you arrive late for your confirmed test, or if you do not bring appropriate ID (GOVERNMENT ISSUED SIGNED, NON-EXPIRED, PHOTO ID (STATE ID, DRIVERS LIC, MILITARY ID, PASSPORT), you will not be admitted to the Test and any test fees paid will NOT be refunded.** If you **NO SHOW** for your testing day you will forfeit any testing fees paid or be charged a **NO SHOW** fee for the test date missed and must re-submit forms 1402 and 1101 to schedule another test date.
- ☞ **Appropriate clinical attire including closed toe shoes, if candidate comes to testing without clinical attire they will not be tested and will be considered a no show at which time they must re-submit a new application and re-pay. NO EXCEPTIONS!!!**
- ☞ **Cellular phones, beepers, bluetooth head sets or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings.**
- ☞ You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected and returned to you when you have completed the test. Testing staff is not responsible for lost or stolen personal items. The only exception is a language translation word for word manual (**NO DEFINITIONS OR WRITING IN THE BOOK OR CANDIDATE WILL NOT BE ABLE TO USE**) and you must show your manual to the Observer at check in and to the written test proctor before you start the written test.
- ☞ You may not take any notes or other materials from the testing room.
- ☞ You are not permitted to eat, drink, be excused to the bathroom, or smoke during the test.
- ☞ **Candidates may not have coats or hooded apparel on the head area during testing for security reasons.**
- ☞ If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and the Vermont Board of Nursing.
- ☞ **No visitors, instructors, guests, pets or children are allowed at the testing site, if you bring visitors, instructors, guests, pets, or children you will be ask to leave and forfeit your testing fee. You must then reapply and repay for your testing.**
- ☞ You may not test if you have any type of physical limitation (excluding preapproved ADA's) that would prevent you from performing your duties as an LNA examples: Cast, Braces, Crutches, etc.) Call D&S immediately if you are on doctor's orders and you must fax a doctor's order within 5 working days of your scheduled testing day to qualify for a free reschedule .

Reschedule/Cancellation Policy

Reschedules - An individual may reschedule any time up to the business day preceding a scheduled test day. (Call 1-877-851-2355) Reschedules must be requested from D&S DT and are subject to a \$35 reschedule fee for each reschedule request made after seven business days prior to a scheduled test event. Reschedule fees must be paid in full prior to a reschedule taking place. No reschedule fees will be funded by the Vermont DAIL.

Cancellations - A request may be made in writing to cancel a test any time up to 24 business hours prior to a scheduled test time and qualify for a full refund of any testing fees paid minus a \$29 cancellation fee for self pay in advance candidates (Non-DAIL funded tests.)

No Shows- If you are scheduled for your test and don't show up without notifying D&S DT within 24 business hours prior to your scheduled testing time you will be considered a **NO SHOW** and forfeit any test fees paid as payment for services requested and provided and must submit a new application with payment to be scheduled for a new test date if you are a self pay candidate (Non-DAIL funded candidate.) If you are a DAIL funded candidate then you must pay the NO SHOW fee in order to be scheduled for another test day.

Facilities that are reimbursed for training and testing costs by DAIL in VERMONT will be charged a Reschedule fee of \$35, a Cancellation fee of \$29, or a No Show fee of \$40 for any candidate that does not test once testing services are requested. These fees may be passed on to the candidate as they are not considered part of training or testing costs as referred to in the OBRA regulations. These fees partially offset D&S costs incurred for services requested and resulting work that is performed because of the work request. No Reschedules, Cancellations, or No Show fees will be funded (reimbursed) by the Vermont Department of Disabilities, Aging, and Independent Living. If a reschedule or cancellation request is not received prior to the business day preceding a scheduled test date a NO SHOW status will exist and new application forms 1101 and 1402 (along with a full test fee for advance paid test candidates or the No Show fee for DAIL (VERMONT) reimbursed candidates) must be submitted to D&SDT to secure a new test date and time.

Please provide the following documentation for cases where these circumstances caused you to miss a scheduled test date:

*A tow bill faxed with 48 hours of the test date, if we do not receive proof within that time frame you will have to pay as though you were a No Show.

*Doctor notes within 5 working days if we do not receive proof within that time frame you will have to pay as though you were a No Show.

*Obituaries of immediate family only within 14 business days from the missed test date or you will be considered a No Show.

Required Identification

Government Issued, signed, non-expired photo ID. Examples: State ID, Drivers license, Military ID, Passport. If you do not have an ID, you must obtain a non-drivers ID for testing purposes. Below is the link for information to assist you in obtaining your ID.

<http://www.aot.state.vt.us/dmv/LICENSES/NONDRIVERID.htm>

Security

Anyone who removes or tries to remove test material or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials, other than this candidate handbook, may not be brought to the test site. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, which will result in a NO SHOW status in our computer scoring system and your name will be reported to the appropriate agency.

Test Results

After you have successfully passed both the Written Test and Skill Test, you will be eligible to complete licensure with the VBON or the NHBON and placed on the LNA Registry. If you fail, you may reapply to retake the LNA test up to two times. Procedures for reapplying and detailed test diagnostics are included with a failure notification letter or email that you will receive in addition to the information found on page 3.

After you have completed your testing day test results are now available on our web site at www.hdmaster.com click on Vermont then on-line test results. **Results will be available 3-5 days after your testing event. Excluding Sundays and holidays for paper testing and within 24-48 hours for electronic testing excluding Sundays and holidays**

Disputing your Test Results

If you want to dispute your skills test results, you have 10 business days from your testing date to submit a written request for review of your test materials. To file for a dispute on your exam you must write a letter describing in complete detail of each step that you performed and why you are disputing your results. Disputes can be mailed to PO Box 418, Findlay OH 45839 or emailed to hdmastereast@hdmaster.com. All disputes need to be made Attention Jessica LaBean. The review process for your dispute is as follows.

- 1) Dispute letter received by D&S DT within 10 business days
- 2) Your testing materials will be reviewed and the test observer may be contacted by D&S for further detail.
- 3) Once investigation is complete you will be contacted by mail with 2-4 weeks.

On-Line Test Notification

On-Line test notification can be accessed on our web site at hdmaster.com to check your testing date, time and location. All information can be accessed by clicking on Vermont LNA in the drop down box on our web page and entering in your social security number.

Written Practice Test

Available on our web site at www.hdmaster.com we offer a free written test question of the day and a free ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on your State test plan, and each practice test taken will be unique. A mastery learning testing method is used. This means candidates must get the question they are on correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group practice test purchase plans are available. Visit www.hdmaster.com for more details.

Sample Questions

The following questions are samples of the kinds of questions that you will find on the Written/Oral Test. Check your answers to these questions using the answers below. Also, visit our web site for additional sample questions at www.hdmaster.com

1. Clean linens that touch the floor should be:

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

2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident

- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

Ans: 1C, 2A, 3D

UPDATED WRITTEN TEST VOCABULARY LIST
VERISON 7.0 VT/NH CANDIDATE HANDBOOK
DEC 12, 2011

abandonment	alternating pressure mattress	assistive device
abdominal thrust	Alzheimer's	atherosclerosis
abduction	ambulation	atrophy
abduction pillow	amputees	audiologist
abductor wedge	anger	axillary temperature
abnormal vital signs	angina	back strain
absorption	anorexia	bacteria
abuse	antibacterial	bargaining
accidents	antibiotics	basic needs
activities	antiembolic	basic skin care
addiction	anxiety	bath water temperature
adduction	aphasia	bathing
ADL	apical	battery
admission	apnea	bed cradle
admitting resident	appropriate response	bed height
affected side	arteries	bed making
aging	arthritis	bed position
aging process	aseptic	bedpan
agitation	aspiration	bedrest
AIDS	assault	bedsore
		behavioral care plan

BID	care plan	communication
bipolar disorder	care planning	compensation
bladder training	cast	competency evaluation
blindness	cataracts	confidentiality
blood pressure	catheter	confused resident
bodily fluids	catheter care	congestive heart failure
body alignment	cc's in an ounce	constipation
body fluids	central nervous system	constrict
body language	cerebral vascular accident	contact isolation
body mechanics	charge nurse	contamination
body systems	chemotherapy	contracture
body temperature	chest pain	converting measures
bowel program	CHF	COPD
BP	choking	coughing excessively
brain stem	chronic	cueing
breathing	circulation	cultural
brittle bones	clarification	CVA
broken equipment	cleaning	cyanosis
burnout	clear liquid diet	cyanotic
burns	clergy	decubitus ulcer
call light	cognitively impaired	deeper tissue
cancer	cold application	defense mechanism
cardiac arrest	colostomy	dehydration
cardiopulmonary resuscitation	colostomy care	delusions
cardiovascular system	combative resident	dementia
care impaired	comfort care	denial

denture care	dysphagia	feces
dentures	dyspnea	feeding
depression	dysuria	financial abuse
diabetes	edema	fire
dialysis	elastic stockings	flatus
diarrhea	elderly	flexed
diastolic	elevate head	flexion
diet	elimination	fluid intake
dietitian	emesis basin	Foley catheter
digestion	emotional abuse	foot board
dilate	emotional needs	foot care
dirty linen	emotional stress	foot drop
discharging resident	emotional support	Fowler's position
disease	empathy	fractures
disinfection	emphysema	fraud
disoriented	end of life care	frayed cord
disposing of contaminated materials	endocrine system	free from disease
disrespectful treatment	enema	frequent urination
dizziness	enteral nutrition	gait belt
DNR	ethics	gastric feedings
documentation	evacuation	gastrostomy tube
dressing	extension	geriatrics
droplets	extremity	germ transmission
drowsy	eye glasses	gerontology
drug tolerance	falls	gloves
dying	fecal impaction	grand mal seizure

grieving process	hyperventilation	IV care
group settings	hypoglycemia	jaundice
hair care	I&O	job application
hallucination	ileostomy	job description
hand tremors	immobility	kidney failure
hand washing	immune	laxatives
hazardous substance	impaired	lift/draw sheet
health-care team	impairment	linen
hearing aid	incident report	liquid diet
hearing impaired	incontinence	liquid food
hearing loss	indwelling catheter	listening
heart muscle	infection	living will
heat application	infection control	log roll
height	in-house transfer	low sodium diet
hemiplegia	initial observations	macular degeneration
hepatitis A	input and output	making occupied bed
hepatitis B	in-service programs	male perineal care
hip prosthesis	insomnia	mask
HIPAA	insulin	Maslow
HIV	intake	masturbation
holistic care	intake and output	MDS
hormones	integumentary system	measuring height
hospice	interpersonal skills	measuring temperature
hydration	intravenous therapy	mechanical lift
hyperglycemia	isolation	mechanical soft diet
hypertension	isolation precautions	medical asepsis

medical record	nutrition	partial assistance
medications	objective	passive
memory loss	objective data	pathogens
mentally impaired	OBRA	patience
metastasis	observation	perineal care
microorganisms	obsessive compulsive	peristalsis
minerals	occupied bed	personal care
mobility	ombudsman	personal items
morning care	open-ended questions	personal stress
mouth care	oral care	personal values
moving	oral temperature	pet therapy
mucous membrane	orientation	phantom pain
multiple sclerosis	orthopedic	phone etiquette
musculoskeletal	osteoporosis	physical needs
myocardial infarction	ostomy bag	physical therapist
nail care	output	physician's authority
nasal cannula	overbed table	plaque
needles	oxygen	podiatrist
neglect	oxygen use	policy book
negligence	pain	positioning
new resident	palliative care	post mortem care
non-contagious disease	paralysis	postural hypotension
nonverbal communication	paranoia	postural supports
nosocomial	paraphrasing	PPE
NPO	parenteral nutrition	pressure ulcers
nursing assistant's role	Parkinson's	preventing falls

preventing injury	reporting	rigor mortis
prioritizing	reposition	risk factor
privacy	resident abuse	safety
PRN	resident belongings	safety and security need
progressive	resident centered care	sanitizer
projection	resident identification	scabies
prone	resident independence	scale
prostate gland	resident rights	security
prosthesis	resident treatment	seizure
protective equipment	resident trust	self-actualization
psychological needs	resident unit	self-esteem
PTSD	residents	semi fowlers
pulmonary disease	Resident's Bill of Rights	sensory system
pulse	resident's chart	sexual abuse
pureed diet	resident's environment	sexual harassment
quadriplegia	resident's families	sexual needs
quality of life	respectful treatment	sexuality
radial	respirations	sharps container
range of motion	respiratory symptoms	shaving
rationalization	respiratory system	shearing of skin
reality orientation	responding to resident behavior	side rails
rectal	restorative care	skin integrity
refusal	restraint	slander
rehabilitation	resuscitation	sleep
religious service	rights	smoking
reminiscing	rigidity	social needs

social worker	tips	UTI
soiled linen	toenails	validation
specimen	toileting schedule	validation therapy
spills	trachea	violent behavior
spiritual needs	tracheostomy	vision change
sputum	transfer belt	vital signs
standard precautions	transfers	vitamins
stealing	transport bag	vocabulary
sterilization	transporting food	vomitus
stethoscope	trochanter roll	walker
stress	tub bath	wandering resident
stroke	tube feeding	warm application
strong side	tuberculosis	water faucets
subjective	tubing	water intake
subjective data	twice daily	water temperature
suicide	tympanic	weak side
sundowning	unaffected	weakness
supine	unconscious	weighing
supplemental feedings	unsteady	weight
swelling	urethral	well balanced meal
systolic	urinary catheter bag	wheelchair safety
telephone etiquette	urinary problems	white blood cells
terminal illness	urinary system	withdrawn resident
thick fluids	urination	workplace violence
thickened liquids	urine	
threatening resident	urine filter	