

D&S Diversified Technologies
Vermont - New Hampshire Candidate Handbook -
EFFECTIVE-JANUARY 1ST, 2010- VERSION 5.0

3 NEW SKILLS: BLOOD PRESSURE, PERI CARE OF FEMALE AND WEIGHING

Changes in are denoted in red. A new vocabulary list has been added.

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 Saturday
 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 over night shipping.
- ☞ 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

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 80% or better on the written portion of the test to pass the written portion.

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) |
| 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 thirty-five (35) 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 35 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**

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. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
7. Assists resident to put on non-skid slippers.
8. Brings resident to standing position, using proper body mechanics.
9. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates resident at least 10 steps.
10. Assists resident to pivot and sit in a controlled manner that ensures safety. Removes gait belt.
11. Identifies that hands should be washed.

12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

Skill 3—Ambulation with Walker (Gait Belt Optional)

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 and places gait belt around waist (if used) to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
6. Assists resident to put on non-skid slippers.
7. Positions walker and stabilizes walker - insures resident has stabilized walker.
8. Brings resident to standing position, using proper body mechanics.
9. Positions self behind and slightly to side of resident.
10. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, assists resident to walk at least 10 steps.
11. Assists resident to pivot and sit in the wheelchair, using correct body mechanics.
12. Identifies that hands should be washed.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signaling device within easy reach of the resident.

Skill 4—Blood Pressure

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 about 5 inches above the elbow.
6. Applies the cuff around the upper arm just above the elbow.
7. Cleans earpieces of stethoscope appropriately and places in ears.
8. Locates brachial artery by feeling brachial pulse just above bend of elbow.
9. Places stethoscope over brachial artery.
10. Holds stethoscope snugly in place.
11. Inflates cuff until Candidate no longer hears the resident's brachial pulse and inflates an additional 30mm.
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 - 4mmHg of the Test Observers.**
15. Utilizes appropriate equipment and returns to storage.
16. Identifies that hands should be washed.
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signal calling device within easy reach of the resident.

Skill 5—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 consumed in cc or ml on I & O sheet.
5. **Candidates total documented fluid must be + or – 30 cc of correct total.**
6. Identifies that hands should be washed
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leaves call light or signal calling device within easy reach of the resident

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

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. Lines sink with a protective lining that would help prevent damage to the dentures. (Paper towel, or washcloth)
4. Puts on gloves and removes dentures from cup.
5. Handles dentures carefully to avoid damage and avoids contact with protective barrier.
6. 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)
7. Rinses dentures using clean cool water.
8. Places dentures in rinsed cup.
9. Adds cool clean water to denture cup.
10. Rinses and dries equipment and returns to storage.
11. Discards protective lining in an appropriate container.
12. Removes gloves and disposes of gloves in an appropriate container.
13. Identifies that hands should be washed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.

Skill 8—Dressing Resident with Left Side Weakness

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. Keeps resident covered while removing gown.
5. Removes gown from unaffected side first.
6. Places used gown in laundry hamper.
7. When dressing the resident in a shirt or blouse, the Candidate inserts their hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the weak side first.
8. When dressing the resident in pants, the Candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the weak side first.
9. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth.
10. Leaves the resident in correct body alignment and comfortably dressed.
11. Identifies that hands should be washed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

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 needed equipment.
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.
6. Washes and dries resident's hands with a wet wash cloth and towel before feeding. (Cleaning of the face has been removed)
7. Discards soiled linen appropriately.
8. Sits down 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 hands and face during meal.
13. 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 on pad.
- 16. Candidate is within 25% of the solids and within 60ccs of the fluids consumed.**
17. Identifies that hands should be washed.
18. Maintains respectful, courteous interpersonal interactions at all times.
19. Leaves call light or signaling device within easy reach of the resident.

Skill 10— Mouth Care of Comatose 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. Pulls curtain to provide privacy.
4. Gathers all needed supplies and washes hands with sanitizing gel.
5. Positions resident on side with head turned well to one side (candidate may ask test observer to assist with turning if desired), to avoid choking or aspiration.
6. Drapes chest/bed as needed to protect from soiling.
7. Puts on gloves, uses swab and cleaning solution. (The option of using a toothbrush and toothpaste has been removed)
8. Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth. (MUST BE VERBALIZED AS YOU PERFORM THE STEP)
9. Gently and thoroughly cleans the gums and tongue. (MUST BE VERBALIZED AS YOU PERFORM THE STEP)
10. Washes face with clean wet washcloth and dries with clean dry towel.
11. Returns bed to lowest position if bed was raised.
12. Rinses and dries equipment and returns to storage and discards disposable items in waste container.
13. Discards towel and washcloth in linen hamper.
14. Removes gloves and disposes properly.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Identifies that hands should be washed.
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. Immerses nails in comfortably warm water and soaks for at least five (5) minutes. (The five minutes may be verbalized.)
4. Dries hands thoroughly, being careful to dry between fingers.
5. Gently cleans under nails with orange stick.
6. Files each fingernail.
7. Empties, rinses and dries equipment and returns to storage. Discards towel in linen hamper.
8. Identifies that hands should be washed.
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signaling device within easy reach of the resident.

Skill 12—Partial Bed Bath-Face, Arm, Hand and 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. **Pulls curtains to provide privacy.** Raises bed to appropriate working level.
4. Covers resident with a bath blanket.
5. Removes top bed linens. Fanfolds to resident's waist.
6. Removes resident's gown without exposing resident.
7. Fills basin with comfortably warm water.
8. Washes and dries face **WITHOUT SOAP.**
9. Places towel under arm, exposing one arm.
10. Washes arm, hand and underarm using soap and water.
11. **With second clean wash cloth** rinses arm, hand, underarm and dries entire area.
12. Assists resident to put on a clean gown **and dispose of removed gown in the appropriate container.**
13. **Empties, rinses and dries equipment and returns to storage.** Disposes of soiled linen in appropriate container.
14. Lowers bed if it was raised.
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 13 Perineal Care for a Female

1. Identifies that hands should be washed.
2. Explains procedure to the resident. (Mannequin)
3. Pulls curtain; provides privacy.
4. Raises the bed to the appropriate height.
5. Fills basin with comfortably warm water.
6. Raises side rail opposite working side of bed or asks test observer to stand on the opposite side of the bed.
7. Turns resident to side and places waterproof pad under resident's buttocks then returns resident to his/her back OR raises hips and places waterproof pad under buttocks.
8. Puts on gloves.
9. Exposes perineum only.
10. Verbalizes separating labia.
11. **Using water and soapy washcloth, cleans one side of labia from top to bottom using a clean portion of a washcloth with each stroke.**
12. Cleans other side of labia from top to bottom using a clean portion of a washcloth with each stroke.
13. Rinses and dries the area from top to bottom. 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 the rectal area.
17. **Using water, washcloth and soap cleans area from vagina to rectal area with single strokes.**
18. Rinses and dries area from vagina to rectal area.
19. Removes waterproof pad from under buttocks.
20. Position resident (mannequin) on their back.
21. Disposes of soiled linen and bath blanket in an appropriate container.
22. Empties rinses and dries equipment and returns to storage.
23. Turns gloves inside out as they are removed. Disposes of gloves in the appropriate container.
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. Identifies that hands should be washed.

Skill 14—Position Resident on Left 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. Pulls curtains to provides privacy.
4. Positions bed flat. Raises bed to appropriate working height.
5. Raises side rail on left side of the bed, *IF BED HAS SIDE RAILS*
6. From the right side—moves upper body toward self.
7. Moves hips toward self.
8. Moves legs toward self.
9. **Candidate moves to (L) side of bed, if side rail wasn't raised and turns resident toward self, otherwise may remain on right side and "turns resident towards resident's left raised side rail" and insures that the resident's face never becomes obstructed by the pillow.**
10. Checks to be sure resident is not lying on his/her left arm.
11. Maintains correct body alignment.
12. **Places support devices such as pillows, wedges, blankets, etc. to maintain correct body alignment and protect bony prominences, under head and right arm, behind back, between knees.**
13. Lowers bed if it was raised.
14. Lowers side rail if it was raised.
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 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. Correctly supports joints at all times by placing one hand under the knee and the other hand under the heel.
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 joints 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 they are causing any pain or discomfort.**
13. Leaves resident in a comfortable position.
14. Identifies that hands should be washed.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.

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 they are causing any pain or discomfort.**
13. Leaves resident in a comfortable position.
14. Identifies that hands should be washed.
15. Maintains respectful, courteous interpersonal interactions at all times.

16. Leaves call light or signaling device within easy reach of the resident.

Skill 17— 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 and puts on non-skid slippers.
7. Assists resident to sitting position 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. With one hand grasping the gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, transfers resident from bed to wheelchair.
10. Assists resident to pivot and sit in a controlled manner that ensures safety.
11. Identifies that hands should be washed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

Skill 18— 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.
- 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. With one hand grasping the gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, transfers resident from wheelchair to bed.
10. Assists resident to 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. 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 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. Provides for resident's privacy.
4. Correctly turns on digital oral/ tympanic thermometer and places sheath on thermometer.
5. Gently inserts bulb end of thermometer in mouth under tongue.
6. Holds thermometer in place for appropriate length of time.
7. Removes thermometer and Candidate reads and records the temperature reading on paper provided.
- 8. Candidate's recorded temperature varies no more than .1 degree from Test Observer's.**
9. Candidate discards sheath appropriately.
10. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
11. Counts pulse for 60 seconds. Then records on the sheet of paper provided.
- 12. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.**
13. Candidate counts respirations for 60 sec and records results on sheet of paper provided.

14. The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
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 20- Weighing

1. Introduces self to resident and identifies that hands should be washed.
2. Explains procedure to resident.
3. **Balances scale before weighing resident or zeros if the scale at the test site is an analog scale. A digital scale is not allowed.**
4. **Insures resident's safety. Locks wheelchair brakes.**
5. Assists resident to stand and walks them to the scale.
6. Assists resident to step on scale.
7. 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.
8. Appropriately adjusts weights until scale is in balance or observes analog scale.
9. Reads weight.
10. Safely returns resident to wheelchair and assists to sitting position.
11. Records weight on paper provided.
12. **Candidate's recorded weight varies no more than 2 lb. from RN Test Observer's reading.**
13. Identifies that hands should be washed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signaling device within easy reach of the resident.

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.
- ☞ 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 IS REQUIRED FOR TESTING**
- ☞ **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 dictionary that you must show 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, guests, pets or children are allowed at the testing site, if you bring visitors, 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.

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 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

Written Test Vocabulary List

abandonment	bedsore	congestive heart failure
abdominal thrust	behavioral care plan	constipation
abduction	BID	constrict
abduction pillow	biohazard	contact isolation
absorption	bladder training	contamination
acceptance	blindness	contracture
accidents	blood pressure	converting measures
activities	bodily fluids	COPD
adduction	body alignment	coughing excessively
ADL	body fluids	CPR
admission	body language	CVA
admitting resident	body mechanics	cyanosis
affected side	body temperature	cyanotic
aging process	bowel program	decubitus ulcer
AIDS	brain stem	deeper tissue
alarms	break time	dehydration
alternating pressure mattress	breathing	delusions
Alzheimer's	broken equipment	demanding resident
ambulation	burnout	dementia
amputees	burns	denial
anger	call light	dentures
anorexia	cancer	depression
antibacterial	cardiac arrest	dermatitis
antibiotics	cardiopulmonary resuscitation	diabetes
antiembolic stockings	cardiovascular system	dialysis
antisepsis	care plan	diarrhea
anxiety	cast	diastolic
aphasia	cataracts	diet
apical	catheter care	dietitian
appropriate response	central nervous system	digestion
arteries	cerebral vascular accident	discharging resident
arthritis	charge nurse	disinfection
aseptic	chemotherapy	disoriented
aspiration	chest pain	disoriented resident
assistive device	choking	disposing of contaminated
atherosclerosis	chronic	materials
atrophy	circulation	disrespectful treatment
attitudes	clarification	dizziness
audiologist	cleaning	DNR
axillary temperature	cleaning spills	documentation
back strain	clear liquid diet	draw/lift
bacteria	clergy	dressings
bargaining	cold compress	droplets
basic needs	colostomy	drowsy
basic skin care	colostomy bag	dry skin
bath water temperature	combative resident	dying
bathing	comfort care	dysphagia
bed cradle	communication	dyspnea
bed height	compensation	dysuria
bed position	confidentiality	edema
bedrest	confused resident	elastic stockings

electrical equipment
elimination
emesis basin
emotional abuse
emotional needs
emotional stress
emotional support
empathy
emphysema
end of life care
endocrine system
enteral nutrition
ethics
evacuation
extension
extremity
eye glasses
facility policy
falls
faulty equipment
fecal impaction
feeding
fingernail care
fire
fire safety
flexed
flexion
fluid intake
Foley catheter
foot board
foot care
foot drop
Fowler's position
fractures
frequent urination
gait belt
gastrostomy tube
geriatrics
germ transmission
gerontology
gloves
grand mal seizure
grieving process
group settings
hair care
hallucination
hand tremors
hand washing
hazardous substance
health-care team
hearing aid
hearing impaired
heart muscle

height
Heimlich maneuver
hemiplegia
hip prosthesis
HIPAA
hospice care
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
immobility
immune system
impairment
incident report
incontinence
indwelling catheter
infection
infection control
in-house transfer
initial observations
input and output
in-service programs
insulin
intake and output
integumentary system
interpersonal skills
intravenous therapy
isolation
jaundice
job application
job description
job interview
kidney failure
laxatives
lift/draw sheet
linen
liquid diet
liquid food
low sodium diet
making occupied bed
mask
Maslow
mealtime
measuring height
mechanical soft diet
medical asepsis
medical record
medications
memory loss
mentally impaired
metastasis
microorganisms

minerals
mistakes
mistreatment
mobility
money
morning care
mouth care
moving
mucous membrane
musculoskeletal system
myocardial infarction
nail care
nasal cannula
needles
neglect
negligence
new resident
non-contagious disease
nonverbal communication
nosocomial infection
NPO
nurse's station
nursing assistant's role
nutrition
objective
OBRA
observation
official records
ombudsman
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
overbed table
oxygen
pain
paralysis
paranoia
paraphrasing
parenteral nutrition
Parkinson's
partial assistance
passive
pathogens
patience
perineal care
peristalsis
personal care
personal items

personal protective
equipment
personal stress
pet therapy
phantom pain
physical needs
physical therapist
physician's authority
plaque
podiatrist
policy book
positioning resident
positive attitude
post mortem care
postural hypotension
postural supports
pressure ulcers
preventing falls
preventing injury
prioritizing
privacy
PRN
progressive
projection
prone
prostate gland
prosthesis
protective equipment
providing privacy
psychological needs
pulmonary disease
pulse
quadriplegia
radial
ramps
range of motion
rationalization
rectal
reddened/discolored area
rehabilitation
religious service
reminiscing
reporting
reposition resident
resident abuse
resident belongings
resident identification
resident independence
resident unit
residents
Resident's Bill of Rights
resident's chart
resident's environment

resident's families
respectful treatment
respirations
respiratory symptoms
responding to resident
behavior
restorative care
restraints
resume
resuscitation
rights
rigidity
safety and security need
saliva
scabies
scale
security
seizure
self-actualization
self-esteem
sensory system
sexual expression
sexual needs
sharps container
shaving
shearing of skin
side rails
skin integrity
slander
sleep
smoking
social needs
social worker
soiled linen
specimen
spilled food
spills
spiritual needs
sputum test
standard precautions
state survey
stealing
sterilization
stethoscope
stomach
stool specimen
stress
stroke
strong side
subjective
suicide
sundowning
supine

supplemental feedings
suspected abuse
swelling
systolic
telephone etiquette
temperature
tendons
terminal illness
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
tracheostomy
transfers
transport bag
transporting food
treating residents with
respect
tub bath
tube feeding
tuberculosis
tubing
twice daily
tympanic temperatures
unaffected
unconscious
uniform
unopened mail
unsteady
urethral
urinary catheter bag
urinary system
urination
urine
urine filter
urine specimen
vaginal drainage
validation therapy
vision change
vital signs
vitamins
vomitus
walker
wandering resident
water faucets
water intake
water temperature
weak side
weakness
weighing
weight

well balanced meal
wheelchair safety
white blood cells
withdrawal