

2019 NOVEL CORONAVIRUS ILLNESS (COVID-19) GUIDANCE

TITLE: Guidance for Training Programs for Certified Nurse Aides/Certified Medication Aides-Clinical Portion

DATE: **January 26, 2021** (Revised 9/14/2021)

TIME: 8:00 AM

TO: CNA/CMA Course Administrators and Adult Care Homes

FROM: Health Occupations Credentialing
Scott Brunner, Deputy Secretary State Hospitals and Facilities

SUMMARY: KDADS will allow 25 hours of clinical instruction for part two of the KS CNA course and 25 hours of clinical instruction for KS CMA course to be completed in a simulated lab environment.

GUIDANCE:

Nurse Aide Training Program

To become a Certified Nurse Aide (CNA) in Kansas, a student must complete a 90-hour course approved by KDADS (K.A.R 26-50-12). A Kansas CNA course has two parts. Part I includes 20 hours of didactic or classroom training and 20 hours of supervised laboratory and clinical instruction. Part II is advanced training and should include a minimum of 25 hours didactic or classroom instruction combined with 25 hours supervised clinical instruction in a licensed adult care home environment. The clinical portion in part II may be done at the end of the didactic portion.

Medication Aide Training Program

To become a Certified Medication Aide (CMA) in Kansas, an individual must hold a Kansas Certified Nurse Aide certification and a student must complete a 75-hour course approved by KDADS (K.A.R 26-50-30.) Each medication aide course shall consist of at least 75 hours and shall include at least 25 hours of clinical instruction in a licensed adult care home environment.

KDADS will temporarily allow a modification to these rules. Please note: These modifications are available only to approved course sponsor whom cannot locate a clinical site, and have exhausted all options. Not to be used for non-vaccinated students or students choosing not go to specific clinical site.

CNA and CMA courses KDADS has approved with start dates beginning on or before January 1, 2022 will be allowed to have current students complete the required 25 hours of supervised clinical instruction in a simulated laboratory setting. A simulated laboratory setting is defined in K.A.R. 26-50-10 as “an enclosed area in a school, institution, adult car home or other facility that is similar to an adult care home resident’s room.” The simulated laboratory may serve as a setting for trainees to practice basic nursing skills with the

instructor and to demonstrate basic nurse aide skills for competency evaluation. **Per 42 C.F.R 483.152 (a) (3) a minimum 16 hours of the 25 required must be hands on with an actual person. This could be a fellow student, instructor or volunteer.**

Schools that use simulated laboratories to complete the 25 hours of clinical training, must complete the Kansas Nurse Aide Part II NATCEP Checklist for students (Attachment 1.) The completed checklist, with any additional duties or skills included at the discretion of the instructor and documented on the checklist must be retained by the school and provided to the student upon completion.

CMA instructors must continue to complete the skills checklist

The school sponsoring the CNA or CMA course must complete the attestation form in Attachment 2 demonstrating that there are no Adult Care Homes available for students to complete the 25 hours of clinical instruction requirements within a reasonable distance of the school, within the timeframe needed to complete the course, or with sufficient spaces to be available for all students. This document must be provided to the KDADS Educational Administrator before the 25 hours of clinicals can be held in a simulated lab.

The school sponsoring the course will also be required to complete the “COVID-19 Notice of CNA/CMA training program exception (Clinical Portion)” form for each student. This document must be retained by the school and provided to CNA and CMA students upon completion of the course. This document is included in Attachment 3.

Questions about this guidance should be directed to the Health Occupations Credentialing Unit of KDADS at 785-296-1250 and Education Administrator Mike Hays (Mike.Hays@ks.gov) (Cc tabetha.mojica@ks.gov)

Attachment 1- CNA Part II Checklist

KANSAS NURSE AIDE Part II - NATCEP Checklist Resident Care Knowledge and Skill	Date	Comments
1. Identify responsibilities of nurse aide in health care delivery system; identify delivery settings; name health care profession responsible for actions of the nurse aide.		
2. Demonstrate professional attitude and behavior which enhances communication between the trainee and the resident, resident's family members, and staff. Describe appropriate confidentiality.		
3. Demonstrate good work ethics, including attendance and positive attitude.		
4. Demonstrate responsibility for resident rights by offering choices, promoting independence and the client's right to be free of abuse, neglect or exploitation.		
5. Define abuse, neglect, and exploitation; describe proper reporting and consequences of abuse, neglect and exploitation. The toll-free number for reporting abuse, neglect or exploitation is 1-800-842-0078.		
6. Describe safety precautions to avoid resident injuries. Describe fire escape and severe weather plans.		
7. Utilizing proper body mechanics, demonstrate techniques of making an occupied and unoccupied bed using measures to: (1) provide for resident's comfort, (2) prevent the transfer of microorganisms while handling linen and (3) prevent skin irritations/pressure ulcers.		
8. Following the concepts of standard precautions, demonstrate practices which reduce the transfer of infection: keeping resident's immediate area clean, disposing of soiled articles in proper receptacles, and cleaning equipment after resident use.		
9. Use disposable gloves when in contact with body fluids (blood, urine, vomitus, excrement, saliva). Demonstrate proper disposal of gloves.		
10. Demonstrate effective handwashing techniques following all rules of asepsis, including washing hands when entering and leaving the resident's room and between resident's care.		
11. Demonstrate feeding techniques, guarding for safety and encouraging independence of resident. Demonstrate knowledge of the importance of fluid intake. Describe swallowing strategies.		
12. Assist and/or provide a bath using shower, tub or bed bath, while providing for: (a) privacy, (b) safety, (c) comfortable room and water temperature. Use proper body mechanics.		
13. Observe skin, recognize need for and provide skin care. Describe when, what and to whom observations need to be reported. Identify pressure points and recognize non-blanching, reddened areas.		
14. Demonstrate methods for bed, chair and wheelchair to prevent pressure areas.		
15. Assist and/or provide oral care to include care of the mouth, gums, teeth or dentures.		
16. Assist with or provide nail care. Do not provide nail care to diabetics or those with impaired circulation-requires special assistance.		
17. Assist and/or dress/undress, allowing for appropriate personal choices while encouraging independence.		
18. Assist with urination and bowel elimination needs, meeting the resident's needs and providing for safety and privacy, while using the toilet, commode, bedpan, or urinal.		
19. Demonstrate appropriate care for incontinent resident, including toileting, perineal care, what and		

when to report.		
20. Demonstrate ability to obtain accurate input and output. Demonstrate ability to add cubic cm.		
21. Demonstrate proper catheter care and discuss safety issues involved in wearing a catheter.		
22. Describe/demonstrate colostomy care.		
23. Demonstrate proper body alignment and positioning in bed and chair using devices and pillows as necessary.		
24. Utilizing proper body mechanics, demonstrate safe transfer, using the gait belt and/or mechanical lift from: (1) bed to chair, (2) chair to toilet/commode. Utilizing proper body mechanics, demonstrate (1) logroll to side of bed, (2) up to sitting position. Make sure equipment is safe and clean and pathway is clear before transferring.		
25. Demonstrate turning, repositioning resident.		
26. Assist with ambulation, utilizing assistive devices when needed. The resident should wear skid-proof shoes for safety. Be aware of signs or complaints of dizziness.		
27. Demonstrate accurate measurement and recording of weight and height, measurement and recording of vital signs:(1) temperature, (2) pulse, (3) respirations, (4) blood pressure. Report to supervisor any change in resident's measurements.		
28. Demonstrate the abdominal thrust (Heimlich maneuver) technique.		
29. Describe or demonstrate communication technique with cognitively impaired resident.		
30. Describe/demonstrate maintenance and evaluation of sensory devices such as eyeglasses—clean and worn; hearing aids on and working properly. Inform nurse of problems immediately.		
31. Describe how to work with residents who have special needs such as fall, elopement, skin risks and combativeness. Demonstrate knowledge of resident safety measures such as Wanderguard system (or other "alert the staff" systems), use of personal alarms.		
32. Describe oxygen usage and storage.		
33. Describe/demonstrate the care of resident after death.		

Student's Name _____ **Course Number** _____

Instructor Name _____ **Instructor #** _____ **Signature**

Date ____/____/____

Attachment 2 – Course Sponsor Request for Exception

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Completed by the Sponsor: Requesting exception to use a Simulated labs in lieu of clinical instruction in an adult care home for the required 25hrs of clinicals for CNA/CMA. (A simulated laboratory setting is defined in K.A.R. 26-50-10 as “an enclosed area in a school, institution, adult care home or other facility that is similar to an adult care home resident’s room.”)

Facility ID# _____

Course # _____

Course Type: _____

Sponsoring School/Facility Requesting the Exception: _____

Location of Simulation Lab: _____

Reason for requesting exception: (mark those that apply)

____ Due to COVID-19, there are no Adult Care Homes allowing CNA/CMA students in their facility to complete clinicals within a reasonable distance.

____ Due to COVID-19, there are no Adult Care Homes allowing CNA/CMA students in their facility to complete the required 25hrs of clinical instruction in a timely manner. **Please explain:**

____ Due to COVID-19, the Adult Care Homes allowing CNA/CMA students in their facility do not have enough capacity to allow students to complete clinicals.

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge, give permission to the department to verify any information provided on this application and on any attachments, and acknowledge and agree to the statements and policies outlined in SECTION A and any of its attachments.

____/____/____

Sponsoring School/Facility (please print)

Signature

Date

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

COVID-19 Notice of CNA/CMA training program exception (Clinical Portion)

Due to the COVID19 Pandemic of 2020, certain exceptions have been made regarding the Nurse Aide and Medication Aide training program. One of the exceptions is allowing the required 25 hours of clinical instruction to be completed in a simulated lab environment instead of a licensed adult care home. A simulated laboratory setting is defined in K.A.R. 26-50-10 as “an enclosed area in a school, institution, adult car home or other facility that is similar to an adult care home resident’s room.” A simulated laboratory may serve as a setting for trainees to practice basic nursing skills with the instructor and to demonstrate basic nurse aide skills for competency evaluation.

The individual listed below completed a course that was provided with this exception. Additional supervision/training might be needed upon hiring due to lack of clinical experience/exposure in a licensed adult care home.

This document confirms _____ Completed 25 Hours of clinicals
Students Name
in a simulated lab environment _____ to complete the KS _____ training
location CNA or CMA
program.

Instructor Signature _____ Date ____/____/____
Student Signature _____ Date ____/____/____
Facility Representative _____ Date ____/____/____

Copy of form retained by School for 36 months from the date of completion

Copy of form in Facilities employee file for 36 months from the date of employment

Student will keep a copy to present to each employer if hired as a CNA in an adult care home

“Students should retain a copy in their records until no longer useful”