

2019 NOVEL CORONAVIRUS ILLNESS (COVID-19) GUIDANCE

TITLE: Guidance for Training Programs for Certified Nurse Aides

DATE: **March 24, 2020** (Revised 9/14/2021)

TIME: 10:00

TO: CNA Course Administrators and Adult Care Homes

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

SUMMARY: KDADS will allow hours worked as a CNA Trainee II to count for the 25 hours of hands on training needed to complete the training course.

GUIDANCE:

To become a licensed Certified Nurse Aide in Kansas, a student must complete a 90-hour course approved by KDADS (K.A.R 26-50-12). That 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 should include 25 hours of additional classroom instruction and 25 hours of supervised clinical instruction in a licensed adult care home environment.

Under K.A.R 26-50-20, students that complete Part I of the certified nurse aide program including the nurse aid training and competency evaluation program task checklist may be employed as a nurse aide trainee II. Any individual that has been determined to have training equivalent to the nursing aide training and upon receiving written approval from KDADS also can work as a nurse aide trainee II. A Nurse aide trainee II can provide direct care to patients for up to 4 months from the beginning date of their CNA course or written approval from KDADS under the direct supervision of a Registered Nurse or Licensed Practical Nurse.

KDADS will temporarily allow a modifications to these rules. Please note: These modifications are available only to approved course sponsors 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.

1. Hours worked as a nurse aide Trainee II will satisfy the requirement for 25 hours of supervised clinical instruction in the second section of the CNA training for approved KDADS courses that have started on or before January 1, 2022. The Facility Coordinator that employees the nurse aide Trainee II will provide, documentation of hours worked to the student's CNA course instructor. The course instructor must provide this documentation to KDADS Health Occupations Credentialing including the student identifier and course number before allowing the student to take the qualifying exam for CNA certification. A new form is attached to this guidance for this purpose.

KANSAS NURSE AIDE
Part I – NATCEP Task Checklist

Trainee's Name _____
 Social Security # _____

Trainee II status is valid for employment, limited to four months from the beginning date of this approved course. Tasks may be assessed in a licensed adult care home, hospital or laboratory setting. **Note: The NATCEP Task Checklist is the property of the trainee. Unless the student is repeating the course, the course instructor should provide it to the trainee upon satisfactory performance.**

Resident Care	Date
1. Describe the nurse aide's role and scope of responsibility in delivering resident care. Identify who is responsible for the actions of the nurse aide.	
2. Describe how the nurse aide promotes resident rights, including the right to dignity, privacy, and freedom from abuse, neglect and exploitation. Demonstrate respect for resident rights.	
3. Describe attitudes and behaviors that promote resident's independence.	
4. Describe attitudes and behaviors that enhance communication among trainee, resident, resident's family, and staff. Give examples and/or demonstrate.	
5. Describe safety precautions to avoid resident injuries. Describe fire/disaster safety measures.	
6. Demonstrate practices that reduce the transfer of infection (including standard precautions) in resident's living area, bathroom, and when handling soiled articles.	
7. Demonstrate effective handwashing technique and use of waterless hand cleaner, after contact with body fluids or excretions, before and after resident contact, and when assisting with eating.	
8. Use clean (disposable) gloves when in contact with blood, body fluids, broken skin or mucous membrane. Properly remove and dispose of gloves.	
9. Demonstrate techniques used to assist resident with eating, encouraging independence. Identify safety precautions. Identify measures to promote fluid intake.	
10. Simulate the abdominal thrust (Heimlich maneuver) technique for complete airway obstruction.	
11. Assist or provide a bath using shower or tub or sponge bath and bedbath, while (a) encouraging independence and (b) providing privacy, safety, comfortable room and water temperature.	
12. Assist and/or dress/undress, while encouraging appropriate personal choices and independence.	
13. Assist with urination and bowel elimination needs. Provide for safety and privacy while using toilet, commode, bedpan, or urinal. Demonstrate perineal care.	
14. Demonstrate safe transfers using transfer belt and mechanical lift, from (a) bed to chair/wheelchair, (b) chair to toilet/commode. Identify safe body mechanics for personal and resident safety. (Students under 18 should demonstrate ability to assist in use of power lifts, but should not operate lift by him/herself.)	
15. Demonstrate assisting resident (a) to sitting position, (b) repositioning in bed (turning, moving toward head of bed), (c) log-rolling turn in bed.	
16. Assist with ambulation, utilizing assistive devices when needed.	
17. Assist and/or provide grooming assistance for resident including oral care (mouth, gums, teeth or dentures), nail care (soaking and filing), hair care (brushing and/or combing), beard care or shaving.	
18. Assist and/or provide a shampoo (sink, whirlpool, shower or bed).	
19. Describe and demonstrate skin care. Describe what, when and to whom observations are reported.	
20. Demonstrate accurate measurement and recording of vital signs (a) temperature, (b) pulse, (c) respirations, (4) blood pressure. Demonstrate accurate measurement and recording of weight and height. Describe what, when and to whom observations are reported.	

This checklist fulfills Part I of course # _____ which began on (date) ___/___/___ at (training facility) _____ in (city) _____. The trainee has demonstrated safe performance of these tasks at a beginning level and will continue with Part II of the Kansas Nurse Aide Training and Competency Evaluation Program.

Instructor Name _____ Instructor # _____

Signature _____ Date: _____

February 2007

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
HEALTH OCCUPATIONS CREDENTIALING
503 S. Kansas Ave
Topeka, KS 66603-3404

TRAINEE II EMPLOYMENT VERIFICATION FORM

TRAINEE II: COMPLETE THIS SECTION

Social Security Number ____-____-____

Date of Birth: ____/____/____

Name: _____
(Last) (First) (M.I.)

Alias: _____

Address: _____
(Street) (City/State) (Zip)

Phone Number (Home) _____ Work Number: _____

Course Instructor's Name: _____

Course Instructor's Email Address: _____

Signature _____ Date: _____

EMPLOYER: COMPLETE THIS SECTION

***Only complete this form for the Trainee II listed above if they have worked a minimum of 25 HRS in Adult Care Home Setting performing activities of daily living. For the Trainee II to receive credit towards their clinical hours, this completed form needs to be sent directly to the Trainee II's course instructor listed above.**

Employer's name and mailing address: _____

Telephone number () _____

I certify that the Trainee II named above is employed by our facility to perform duties of activities of daily living

_____ to _____ Total Hours _____

Signature _____ Date: _____

Title _____