

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
Statutory Authority: 31 Delaware Code, Section 512 (31 **Del.C.** §512)
16 **DE Admin. Code** 3220

FINAL

ORDER

3220 Training and Qualifications for Nursing Assistants and Certified Nursing Assistants

NATURE OF THE PROCEEDINGS:

The Department of Health and Social Services (“Department”) / Division of Long Term Care Residents Protection (DLTCRP) initiated proceedings to establish Regulation **3220 Training and Qualifications for Certified Nursing Assistants**.

The Department’s proceedings to establish the regulation was initiated pursuant to 29 Delaware Code Section 10114 and its authority as prescribed by 16 Delaware Code Section 1124 and 31 Delaware Code Section 512.

The Department published its notice of proposed regulation changes pursuant to 29 Delaware Code Section 10115 in March 01, 2017 Delaware *Register of Regulations*, requiring written materials and suggestions from the public concerning the proposed regulations to be produced by March 31, 2017, at which time the Department would receive information, factual evidence and public comment to the said proposed regulations.

SUMMARY OF FINAL AMENDMENT

The proposal establishes Regulation 3220 Training and Qualifications for Certified Nursing Assistants. The proposed change will establish the regulation as required by 16 **Del.C.** §3007A.

Statutory Authority

29 *Del.C.* Chap. 79, “Department of Health and Social Services.”

16 *Del.C* §3220, “Training and Qualifications for Certified Nursing Assistants.”

Background

DLCTRP is revising these regulations pursuant to 16 *Del.C* §3220.

Summary of Final Amendment

The proposal establishes regulation which detail the Department of Health and Social Services’ authority to promulgate rules and regulations related to the Training and Qualifications for Certified Nursing Assistants. The comments we received did not result in substantive revisions to the published proposed regulation. Therefore, we are publishing these regulations as final.

SUMMARY OF COMMENTS RECEIVED WITH AGENCY RESPONSE AND EXPLANATION OF CHANGES

The Governor’s Advisory Council for Exceptional Citizens (“GACEC”), and the State Council for Persons with Disabilities (SCPD) submitted comments and suggestions. DLTCRP has considered each comment and responds as follows:

Comment 1: In §2.3.10, there appears to be an extraneous comma after the “CNA.”

Response: The DLTCRP disagrees; the comma is appropriate.

Comment 2: In Appendix A, Psychosocial Needs Module. Competencies Section, 6th bullet, there is a reference to “self?care”.

Response: DLTCRP agrees. Revised as recommended.

Comment 3: In Appendix A, Physical Needs Module, Competencies Section, 15th bullet from the end, there is a reference to “self?help”.

Response: Revised as recommended.

Comment 4: The qualifications of trainers may benefit from enhancement. An RN with only 2 years of overall

experience and 1 year of clinical experience (§3.2.1) and supplemental personnel (e.g. occupational, physical or speech therapist) with only 1 year of experience (§3.6.1) are authorized to serve as CNA training program instructors. These are relatively weak credentials to teach a wide array of skills to CNA trainees. While a nurse with 1 year of clinical experience in an NSF may have been exposed to many types of needs, a nurse with more years of experience would generally have greater exposure to a variety of patients and treatment modalities.

Response: The DLTCRP disagrees; the requirements/qualifications are adequate.

Comment 5: § 3.10 lists minimum equipment to be available for training. It would benefit from some additions. Appendix A, Psychosocial Skills Module, Competencies Section, includes the following skill: "Recognize and utilize augmentative communication devices and methods of nonverbal communication." Likewise, Appendix A, Physical Needs Module, Competencies Section, includes the following skill: "Demonstrate use of assistive devices." It would therefore make sense to include a typical AAC device in the list of minimum equipment in §3.10.

Response: The DLTCRP disagrees; the lists of equipment required include equipment that is regularly used by CNAs. Facilities must take responsibility for teaching CNAs how to use specialized instruments for residents with special needs and it becomes included in the resident-centered care plan.

Comment 6: Appendix A, Physical Needs Module, Competencies Section, includes the following recital: "Assist the resident/patient with ambulation aids, including, but not limited to cane, quad-cane, walker, crutches, wheelchair and transfer aids, such as a mechanical lift." These forms of AT are included in §3.10 with the exception of the mechanical lift. DMMA may wish to consider adding a mechanical lift to the list of minimum equipment.

Response: The DLTCRP disagrees; mechanical lift is listed at 3.10.19.

Comment 7: Appendix A, Physical Needs Module, Competencies Section, includes the following recitals: "Assist the resident /patient with oral hygiene, including prosthetic devices" and "Administer oral hygiene for the unconscious resident/patient." In contrast, §3.10 omits all oral hygiene devices, including water flossers, electric toothbrushes, and ultrasonic denture cleaners.

Response: The DLTCRP disagrees; minimum oral hygiene needs are addressed at 3.10.17.

Comment 8: Appendix A, Physical Needs Module, Competencies Section, includes the following recital: "Accurately measure and record with a variety of commonly used devices; blood pressure, height and weight, and temperature, pulse, respiration. Section 3.10 would benefit from the addition of a pulse oximeter.

Response: The DLTCRP disagrees; pulse oximetry is used by nurses not CNAs,-therefore, it is not included in the list of devices.

Comment 9: Per Section 2.3.7, CNAs are exempt from fulfilling recertification requirements if on active military duty in a "theater of hostilities." This may be unduly narrow and could be expanded to cover active duty military not in a "theater of hostilities." Furthermore, granting such individuals only 30 days to complete 24 hours of community education post deployment is seemingly too short a timeframe.

Response: The DLTCRP disagrees as the timeframe is directly in line with requirements with nurse license renewal when a nurse is on active military duty.

Comment 10: Section 3.3.2 requires instructors to have "experience teaching adults in a group classroom/clinical setting." There are two concerns with this provision. First, experience teaching in a classroom versus a clinical setting should not be treated as interchangeable. Second, the Division may wish to adopt a more precise experience standard than the "open ended" provision in (§3.3.2)

Response: The DLTCRP disagrees. This requirement was developed by a group of nurse educators and determined appropriate for teaching CNAs.

Comment 11: §4.3.1 could be clarified to note that it only applies to CNAs who have previously worked in a facility. Otherwise, the 80 hour orientation requirement in §4.1.1 would apparently apply.

Response: The DLTCRP disagrees. Temporary agency staff are not facility employees and may never be assigned or choose to work at a facility after only one shift.

Comment 12: §5.3.6 could be improved by clarifying an individual's option to be represented by an attorney of the individual's choice.

Response: Revised as recommended.

Decision and Effective Date

The Division of Long Term Care Residents Protection finds that the rules and regulations shall be adopted with the changes as final in the form proposed. These changes will become effective ten days following publication of this Final

IT IS SO ORDERED this 12th day of April 2017 by the Delaware Department of Health and Social Services.

Kara Odom Walker, MD, MPH, MSHS
Secretary, DHSS

~~3220 Training and Qualifications for Nursing Assistants and Certified Nursing Assistants~~

4.0 Definitions

~~“Advanced Practice Nurse” means an individual whose education and licensure meet the criteria outlined in 24 Del.C. Ch. 19 and who is certified in at least one of the following specialty areas: (1) Adult nurse practitioner; (2) Gerontological clinical nurse specialist; (3) Gerontological nurse practitioner; (4) Psychiatric/mental health clinical nurse specialist; (5) Family nurse practitioner.~~

~~“Assisted Living Facility” means a residential arrangement for fee licensed pursuant to 16 Del.C. Ch. 11.~~

~~“CE Track” means the Division’s website www.CNADECE.org used for recording and tracking CNA continuing education hours counted toward CNA recertification requirements.~~

~~“CE Hour” means continuing education offered by an education provider consisting of 60 minutes of instruction. For formal college nursing courses completed, one (1) semester hour is equivalent to five (5) CE hours.~~

~~“Certified Nursing Assistant (CNA)” means a duly certified individual under the supervision of a licensed nurse, who provides care which does not require the judgment and skills of a licensed nurse. The care may include, but is not limited to, the following: bathing, dressing, grooming, toileting, ambulating, transferring and feeding, observing and reporting the general well-being of the person(s) to whom they are providing care.~~

~~“Department” means the Department of Health and Social Services.~~

~~“Direct Supervision” means actually observing students performing tasks.~~

~~“Division” means the Division of Long Term Care Residents Protection.~~

~~“Education Provider” means a facility, agency or other entity that offers continuing education courses approved by the Division. Education Provider approval is contingent upon the education provider recording attendance, confirming participant identity and otherwise ensuring that CE hours are accurately recorded in CE Track.~~

~~“General Supervision” means providing necessary guidance for the program and maintaining ultimate responsibility.~~

~~“Intermediate Care Facility” means a facility licensed pursuant to 16 Del.C. Ch. 11 with a license designated for intermediate care beds.~~

~~“Licensed Nurse” means a licensed practical nurse, registered nurse and/or advanced practice nurse whose education and licensure meet the criteria in 24 Del.C. Ch. 19.~~

~~“Licensed Nursing Facility” means a residential institution, as defined in 16 Del.C., §1102(4), which provides services to residents which include resident beds, continuous nursing services, and health and treatment services for individuals who do not currently require continuous hospital care. Care is given in accordance with physician’s orders and requires the competences of a registered nurse (RN).~~

~~“Licensed Practical Nurse (LPN)” means a nurse who is licensed as a practical nurse in Delaware or whose license is recognized to practice in the State of Delaware, and who may supervise LPN’s, CNA’s, NA’s and other unlicensed personnel.~~

~~“Nursing Assistant (NA)” means an individual who has completed the requisite training to become a Certified Nursing Assistant but is awaiting certification.~~

~~“Nursing Related Services” means those health related services that include supervision of, and direct assistance to, individuals in their activities of daily living and/or those physical and psychosocial basic skills encompassed in the certified nursing assistant curriculum.~~

~~“Nursing Services Direct Caregivers” means those individuals, as defined in 16 Del.C., §1161(e), assigned to the direct care of nursing facility residents.~~

~~“Physician” means a physician licensed to practice in the State of Delaware.~~

~~“Registered Nurse (RN)” means a nurse who is a graduate of an approved school of professional nursing and who is licensed in Delaware or whose license is recognized to practice in the State of Delaware.~~

~~“Rehabilitation” means the restoration or maintenance of an ill or injured person to self-sufficiency at his or her highest attainable level.~~

~~“Resident” means a person admitted to a nursing facility or similar facility licensed pursuant to 16 Del.C. Ch 11.~~

~~“Restraint” “Chemical Restraints” mean psychopharmacologic drugs that are used for discipline or convenience and not required to treat medical symptoms.~~

~~“Physical Restraints” mean any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.~~

~~“Senior Certified Nursing Assistant” means a Certified Nursing Assistant who has met the requirements and training specified in Section 4 of these regulations.~~

~~“Skilled Care Facility” means a facility licensed pursuant to 16 Del.C. Ch. 11 with a license designated for skilled care beds.~~

~~“Student” means a person enrolled in a course offering certification as a CNA.~~

~~“Training Materials Developer” means an agency or other entity which markets Division approved continuing education training materials and courses to education providers.~~

~~6 DE Reg. 1505 (5/1/03)~~

~~14 DE Reg. 169 (09/01/10)~~

~~16 DE Reg. 632 (12/01/12)~~

2.0 General Training Requirements And Competency Test

Each Nursing Assistant/Certified Nursing Assistant employed by any nursing facility either as contract/ agency or facility staff shall be required to meet the following:

~~2.1 An individual shall complete a nursing assistant training course approved by the Department on the recommendation of the CNA Training Curriculum Committee. The Committee shall consist of individuals with experience in the knowledge and skills required of CNAs.~~

~~2.2 Nursing Assistants are required to pass a competency test provided by the Department or by a contractor approved by the Department.~~

~~2.3 Nursing Assistants shall take the competency test within 30 days of completion of an approved program. Nursing assistants who fail to obtain a passing score may repeat the test two additional times. Nursing assistants who fail to obtain a passing score after testing three times must repeat the CNA training program before retaking the test. The certificate of completion of an approved program, a prerequisite to testing, must be dated within 24 months of the available testing date. Nursing assistants who are trained in a facility and are counted for staffing purposes pursuant to 16 Del.C. §1162(f) must pass the test within 90 days of completion of the facility program to continue to be counted in staffing calculations.~~

~~2.4 In order to qualify for recertification, a CNA must, during each 24 month certification period: (1) complete 24 hours of approved continuing education including 6 hours of dementia training and 2 hours of patient abuse prevention training and (2) perform at least 64 hours of nursing related services for pay under the supervision of a licensed nurse or physician. A CNA who does not perform at least 64 hours of nursing related services in a certification period, fails to complete the required continuing education, or fails to renew certification before the expiration date, must pass the competency test again. Nursing assistants who fail to obtain a passing score after testing three times must repeat the CNA training program before additional testing will be permitted.~~

~~2.4.1 The CNAs dementia specific training shall include:~~

~~2.4.1.1 communicating with persons diagnosed as having Alzheimer’s disease or other forms of dementia; the psychological, social, and physical needs of those persons; and~~

~~2.4.1.2 safety measures which need to be taken with those persons; and~~

~~2.4.1.3 prevention of patient abuse that shall include: definitions and signs and symptoms of abuse and neglect, reporting requirements and prevention strategies.~~

~~2.4.2 CE Track commenced operations January 1, 2012. CE hours earned after January 1, 2012, must be recorded in CE Track in order to be counted for recertification.~~

~~2.4.3 Training Materials Developers shall enter courses in CE Track for Division approval prior to offering courses to education providers.~~

~~2.4.4 Education Providers shall enter courses in CE Track for Division approval prior to offering a class.~~

~~2.4.5 Education Providers shall enter classes into CE Track.~~

~~2.4.6 Education Providers shall enter CNA class attendance into CE Track within fourteen (14) working days from class completion. No CE hours will be considered for CNA recertification requirements if attendance is not entered by the Education Provider in CE Track.~~

- 2.5 A Certified Nursing Assistant trained and certified outside the State of Delaware in a program that equals or exceeds the federal nurse aide training program requirements in the Code of Federal Regulations §483.152 cannot work in Delaware without a Delaware certificate. Delaware certification is required prior to being employed as a CNA. The Department will grant reciprocity if the following conditions are met:
- 2.5.1 The CNA must have a current certificate from the jurisdiction where he or she currently practices, except that candidates from the State of Maryland must hold a current Geriatric Nursing Assistant certificate.
 - 2.5.2 The CNA must have 3 months of full-time experience as a CNA performing nursing related services for pay under the supervision of a licensed nurse or physician, or have completed a training and competency evaluation program with the number of hours at least equal to that required by the State of Delaware.
 - 2.5.3 The CNA must be in good standing in the jurisdiction where he/she is currently certified.
 - 2.5.4 The CNA submits \$30 to the Department to cover the costs associated with granting the reciprocity.
- 2.6 Nursing students who are currently enrolled in a nursing program and have satisfactorily completed a Fundamentals/Basic Nursing course with a 75 hour clinical component in a long term care setting will be deemed to meet the training requirements. These individuals will be approved to take the competency test upon submission of a letter from their school of nursing attesting to current enrollment status and satisfactory course completion as described.
- 2.7 Nursing students who have graduated from an RN or LPN program within 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training and competency evaluation program requirements and are eligible for certification upon submission of a sealed copy of their diploma. Individuals who have graduated from an RN or LPN program more than 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training program requirements and are eligible to take the competency test upon submission of a sealed copy of their diploma.
- 2.8 For the purpose of calculating minimum staffing levels, any individual who has completed all of the classroom training and half of the clinical training in a facility sponsored training program may be considered as a member of such facility's staff while undergoing the last 37.5 hours of clinical training at such facility.
- 2.9 A nursing assistant who is employed by, or who has received an offer of employment from, a federally certified nursing facility on the date on which the aide begins a nurse aide training and competency evaluation program may not be charged for any portion of the program including tuition, any tests taken and fees for textbooks or other required course materials.
- 2.10 If a Certified Nursing Assistant who is not employed, or does not have an offer to be employed as a nurse aide becomes employed by, or receives an offer of employment from, a federally certified nursing facility not later than 12 months after completing a nurse aide training and competency evaluation program, the federally certified nursing facility shall reimburse all documented personally incurred costs in completing the program. Facilities shall accept as documentation canceled checks, paid receipts, written verification from a training program or other written evidence which reasonably establishes the CNA's personally incurred costs. Such costs include tuition, tests taken and fees for textbooks or other required course materials. Such costs shall be reimbursed in equal quarterly payments with full reimbursement to coincide with the CNA's completion of one year of employment including the orientation period.
- 2.11 Any nursing facility which reimburses a Certified Nursing Assistant for documented personally incurred costs of a nurse aide training and competency evaluation program shall notify the Division of Long Term Care Residents Protection of such reimbursement. Notice of such reimbursement shall be entered in the CNA Registry database and information regarding such reimbursement shall be available to facilities upon request.

~~6 DE Reg. 1505 (5/1/03)~~

~~8 DE Reg. 1014 (1/1/05)~~

~~14 DE Reg. 169 (09/01/10)~~

~~15 DE Reg. 192 (08/01/11)~~

~~15 DE Reg. 1010 (01/01/12)~~

~~16 DE Reg. 632 (12/01/12)~~

3.0 CNA Training Program Requirements

- 3.1 General. Program approval must be obtained from the Division prior to operating a CNA program. To obtain approval, the curriculum content for the Certified Nursing Assistant training programs shall meet each of the following requirements:
- 3.1.1 The curriculum shall include material that will provide a basic level of both knowledge and demonstrable skills for each individual completing the program.
 - 3.1.2 The program shall be a minimum of 150 hours in length, consisting of: (1) classroom instruction including laboratory time of 75 hours, and (2) clinical skills training of 75 hours in a Delaware licensed skilled and

~~Intermediate care nursing facility or a certified nursing facility defined in 42 CFR § 483.5(a). Additional hours may be added in either of these areas or both.~~

- ~~3.1.3 Classroom instruction and demonstrated proficiency in each skill shall be completed prior to students' performing direct resident care. Programs shall maintain documentation of required skills that each student has successfully demonstrated to the RN instructor.~~
- ~~3.1.4 The training of nursing assistant must be done by or under the general supervision of a RN who possesses a minimum of two years of nursing experience, at least 1 year of which must be in the provision of long term care facility services. The required one year of full-time (35-hours per week) long term care experience can be met by work experience in, or supervision or teaching of students in a Delaware licensed skilled and Intermediate care nursing facility or a certified nursing facility defined in 42 CFR § 483.5(a).~~
- ~~3.1.5 All instructors (classroom and clinical) must have completed a course in teaching adults or have experience teaching adults in a group classroom/clinical setting or in the case of high school programs, be a state licensed high school teacher. Instructors do not have to have one year of long term care experience if the school has identified a RN supervisor as described in 3.1.4. The RN supervisor shall be available to all instructors, shall assist in developing lesson plans based on experience in taking care of nursing home residents, shall periodically ensure and document that instructors are operating effectively and that the program is operating in accordance with all state and federal regulations. Classroom ratios of student to instructor shall not exceed 24:1.~~
- ~~3.1.6 LPN instructors are limited to instruction of students during the clinical phase of the CNA training program and must have at least three years of nursing experience and must work under the general supervision of a RN.~~
- ~~3.1.7 Clinical instructors shall provide general supervision of students at all times during clinical instruction. Clinical instructors shall provide direct supervision to students in the clinical setting while the student is learning a competency until proficiency has been both demonstrated and documented. Clinical and laboratory ratios of student to Registered Nurse or Licensed Practical Nurse instructor shall not exceed 8:1.~~
- ~~3.1.8 Other personnel from the health profession may supplement the instructor, including but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activity specialist, speech/language/hearing therapists and resident rights experts. Supplemental personnel must have at least 1 year of experience in their respective fields.~~
- ~~3.1.9 Programs must notify the Division in writing (which may be faxed) at least 21 days prior to implementing permanent and/or substantial changes to the program or the program's personnel. Examples of substantial changes include, but are not limited to, instructor(s), clinical or classroom site, major revision of course structure, change in textbook. The 21 day time period may be waived by the Division for good cause shown.~~

3.2 Equipment

All programs shall have available at a minimum the following equipment:

- 3.2.1 Audio/Visual (Overhead projector and/or TV with VCR)
- 3.2.2 Teaching Mannequin, Adult, for catheter and perineal care
- 3.2.3 Hospital Bed
- 3.2.4 Bedpan/Urinal
- 3.2.5 Bedside commode
- 3.2.6 Wheelchair
- 3.2.7 Scale
- 3.2.8 Overbed Table
- 3.2.9 Sphygmomanometer
- 3.2.10 Stethoscope
- 3.2.11 Resident Gowns, linens and at least four (4) pillows
- 3.2.12 Thermometers
- 3.2.13 Crutches
- 3.2.14 Canes (Variety)
- 3.2.15 Walker
- 3.2.16 Gait Belt

- 3.2.17 Miscellaneous Supplies: i.e., Bandages, Compresses, Heating Pad, Hearing Aid, Dentures, Toothbrushes, Razors, bath and emesis basins and compression stockings.
- 3.2.18 Foley Catheter Drainage Bag
- 3.2.19 Hydraulic Lift
- 3.2.20 Adaptive eating utensils/equipment

3.3 Curriculum Content

The following material identifies the minimum competencies that the curriculum content shall develop. Nursing assistants being prepared to work in skilled, intermediate, or assisted living facilities either as direct or contract staff shall master each competency. All demonstrable competencies for each student must be documented as mastered by the RN instructor in order for a student to qualify as successfully having completed that section of programming.

3.3.1 The Nursing Assistant Role And Function

Introduces the characteristics of an effective nursing assistant: personal attributes, on-the-job conduct, appearance, grooming, health and ethical behavior. Also presented are the responsibilities of the nursing assistant as a member of the resident care team. Legal aspects of resident care and resident rights are presented. Relevant Federal and State statutes are also reviewed.

Competencies:

3.3.1.1 Function as a nursing assistant within the standards described below:

- 3.3.1.1.1 Define the role and functions of the nursing assistant and provide awareness of the legal limitations of being a nursing assistant.
- 3.3.1.1.2 Recognize the responsibilities of the nursing assistant as a member of the health care team. Understand the relevant State and Federal regulations for long term care and legalities of reporting and documenting incidents and accidents.
- 3.3.1.1.3 Understand the role of Long Term Care advocates, investigators and surveyors.
- 3.3.1.1.4 Identify the "chain of command" in the organizational structure of the health care agency.
- 3.3.1.1.5 Maintain personal hygiene and exhibit dress practices which meet professional standards.
- 3.3.1.1.6 Recognize the importance of punctuality and commitment to the job.
- 3.3.1.1.7 Differentiate between ethical and unethical behavior on the job.
- 3.3.1.1.8 Understand the role, responsibility and functional limitations of the nursing assistant.

3.3.1.2 Demonstrate behavior that maintains resident's rights.

- 3.3.1.2.1 Provide privacy and maintenance of confidentiality.
- 3.3.1.2.2 Promote the resident's right to make personal choices to accommodate individual needs.
- 3.3.1.2.3 Give assistance in resolving grievances.
- 3.3.1.2.4 Provide needed assistance in going to and participating in resident and family groups and other activities.
- 3.3.1.2.5 Maintain care and security of resident's personal possessions as per the resident's desires.
- 3.3.1.2.6 Provide care which ensures that the residents are free from abuse, mistreatment, neglect or financial exploitation and report any instances of such poor care to the Division of Long Term Care Residents Protection. Discuss the psychological impact of abuse, neglect, mistreatment, misappropriation of property of residents and/or financial exploitation.
- 3.3.1.2.7 Maintain the resident's environment and care through appropriate nursing assistant behavior so as to keep the resident free from physical and chemical restraints.
- 3.3.1.2.8 Discuss the potential negative outcomes of physical restraints, including side rails.

3.3.2 Environmental Needs Of The Resident

Key Concepts: Introduces the nursing assistant to the need to keep residents safe from injury and infection in the long term care setting. The nursing assistant is taught why and how to use infection control and isolation techniques. Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

Competencies:

3.3.2.1 Apply the basic principles of infection control.

- 3.3.2.1.1 Identify how diseases are transmitted and understand concepts of infection prevention.
- 3.3.2.1.2 Demonstrate proper hand washing technique.
- 3.3.2.1.3 Demonstrate appropriate aseptic techniques in the performance of normal duties and understand the role of basic cleaning, disinfecting, and sterilization tasks.

~~3.3.2.1.4 Demonstrate proper isolation and safety techniques in the care of the infectious resident and proper handling and disposal of contaminated materials.~~

~~3.3.2.2 Assist with basic emergency procedures.~~

~~3.3.2.2.1 Follow safety and emergency procedures.~~

~~3.3.2.2.2 Identify safety measures that prevent accidents to residents.~~

~~3.3.2.2.3 Recognize signs when a resident is choking or may have an obstructed airway.~~

~~3.3.2.2.4 Assist with clearing obstructed airway.~~

~~3.3.2.2.5 Call for help when encountering convulsive disorders, loss of consciousness, shock, hemorrhage, and assist the resident until professional help arrives.~~

~~3.3.2.2.6 Follow disaster procedures.~~

~~3.3.2.2.7 Report emergencies accurately and immediately.~~

~~3.3.2.2.8 Identify potential fire hazards.~~

~~3.3.2.3 Provide a safe, clean environment.~~

~~3.3.2.3.1 Identify the resident's need for a clean and comfortable environment. Describe types of common accidents in the nursing home and their preventive measures. Be aware of the impact of environmental factors on the resident in all areas including but not limited to light and noise levels.~~

~~3.3.2.3.2 Report unsafe conditions to appropriate supervisor. Use the nurse call system effectively.~~

~~3.3.2.3.3 Report evidence of pests to appropriate supervisory personnel.~~

~~3.3.2.3.4 Report nonfunctioning equipment to appropriate supervisory/charge personnel.~~

~~3.3.2.3.5 Prepare soiled linen for laundry.~~

~~3.3.2.3.6 Make arrangement of furniture and equipment for the resident's convenience and to keep environment safe.~~

~~3.3.3 Psychosocial Needs Of The Resident~~

~~Key Concepts: Focus is placed on the diverse social, emotional, recreational and spiritual needs of residents in a long term care setting. The curriculum shall describe some of the physical, mental, and emotional changes associated with aging and institutionalization, and present ways in which the nursing assistant may effectively communicate with residents and their families.~~

~~Competencies:~~

~~3.3.3.1 Demonstrate basic skills by identifying the psychosocial characteristics of the populations being served in the nursing facility including persons with mental retardation, mental illness and persons with dementia, Alzheimer's disease, developmental disabilities and other related disorders.~~

~~3.3.3.1.1 Indicate the ways to meet the resident's basic human needs for life and mental well-being.~~

~~3.3.3.1.2 Modify his/her own behavior in response to resident's behavior. Respect the resident's beliefs recognizing cultural differences in holidays, spirituality, clothing, foods and medical treatments.~~

~~3.3.3.1.3 Identify methods to ensure that the resident may fulfill his/her maximum potential within the normal aging process.~~

~~3.3.3.1.4 Provide training in, and the opportunity for, self-care according to the resident's capabilities.~~

~~3.3.3.1.5 Demonstrate principles of behavior management by reinforcing appropriate behavior and reducing or eliminating inappropriate behavior. For persons with dementia, recognize that cognitive functions are impaired, determine what the resident is trying to communicate and respond appropriately.~~

~~3.3.3.1.6 Demonstrate skills which allow the resident to make personal choices and promote the resident's dignity.~~

~~3.3.3.1.7 Utilize resident's family as a source of emotional support and recognize the family's need for emotional support.~~

~~3.3.3.1.8 Recognize how age, illness and disability affect memory, sexuality, mood and behavior, including wandering.~~

~~3.3.3.1.9 Recognize aggressive behavior and learn management techniques. Recognize that certain behaviors, such as wandering, are a form of communication. Learn to apply strategies to promote safe behaviors.~~

~~3.3.3.1.10 Discuss how appropriate activities are beneficial to residents with cognitive impairments.~~

~~3.3.3.1.11 Recognize and utilize augmentative communication devices and methods of nonverbal communication.~~

3.3.3.2 Demonstrate appropriate and effective communication skills.

- 3.3.3.2.1 Demonstrate effective verbal and nonverbal communications in keeping with the nursing assistant's role with residents, their families and staff.
- 3.3.3.2.2 Observe by using the senses of sight, hearing, touch and smell to report resident behavior to the licensed nurse.
- 3.3.3.2.3 Document observations using appropriate terms and participate in the care planning process.
- 3.3.3.2.4 Recognize the importance of maintaining the resident's record accurately and completely.
- 3.3.3.2.5 Communicate with residents according to their state of development. Identify barriers to effective communication. Recognize the importance of listening to residents.
- 3.3.3.2.6 Participate in sensitivity training in order to understand needs of residents with physical or cognitive impairments.

3.3.4 Physical Needs of the Resident

Key Concepts: Presents the basic skills which nursing assistants use in the physical care of residents. The nursing assistant will learn basic facts about body systems and what is needed to promote good functioning. The nursing assistant will learn to provide physical care to residents safely and to keep the resident nourished, hydrated, clean, dry and comfortable. The nursing assistant will also learn to make observations regarding residents and to record and/or report observations. The nursing assistant will be introduced to the basics of range of motion and learn to integrate range of motion into routine personal care activities.

Competencies:

3.3.4.1 Apply the principles of basic nutrition in the preparation and serving of meals.

- 3.3.4.1.1 Incorporate principles of nutrition and hydration in assisting residents at meals.
- 3.3.4.1.2 Understand basic physiology of nutrition and hydration.
- 3.3.4.1.3 Understand basic physiology of malnutrition and dehydration.
- 3.3.4.1.4 Identify risk factors for poor nutritional status in the elderly:
 - 3.3.4.1.4.1 compromised skin integrity
 - 3.3.4.1.4.2 underweight or overweight
 - 3.3.4.1.4.3 therapeutic or mechanically altered diet
 - 3.3.4.1.4.4 poor dental status
 - 3.3.4.1.4.5 drug-nutrient interactions
 - 3.3.4.1.4.6 acute/chronic disease
 - 3.3.4.1.4.7 depression or confusion
 - 3.3.4.1.4.8 decreased appetite
- 3.3.4.1.5 Recognize how the aging process affects digestion.
- 3.3.4.1.6 Accurately calculate and document meal intake and report inadequate intake or changes in normal intake.
- 3.3.4.1.7 Accurately calculate and document fluid intake and report inadequate intake or changes in normal intake.
- 3.3.4.1.8 Recognize and report signs and symptoms of malnutrition and dehydration.
- 3.3.4.1.9 Understand concepts of therapeutic diets including dysphagia diets and the related risks associated with dysphagia including aspiration and aspiration pneumonia.
- 3.3.4.1.10 Incorporate food service principles into meal delivery including:
 - 3.3.4.1.10.1 distributing meals as quickly as possible when they arrive from the kitchen to maintain food temperature.
 - 3.3.4.1.10.2 assisting residents with meal set up if needed (i.e., opening packets or cartons, buttering bread if desired).
 - 3.3.4.1.10.3 serving meals to all residents seated together at the same time.
 - 3.3.4.1.10.4 offering appropriate substitutions if the residents don't like what they have received.
- 3.3.4.1.11 Utilize tray card or other mechanism to ensure the resident is served his/her prescribed diet and identify who to notify if a resident receives the wrong diet.
- 3.3.4.1.12 Demonstrate understanding of how to read menus.
- 3.3.4.1.13 Assist residents who are unable to feed themselves.
- 3.3.4.1.14 Demonstrate techniques for feeding someone who:
 - 3.3.4.1.14.1 bites down on utensils

- 3.3.4.1.14.2 can't or won't chew
- 3.3.4.1.14.3 holds food in mouth
- 3.3.4.1.14.4 pockets food in cheek
- 3.3.4.1.14.5 has poor lip closure
- 3.3.4.1.14.6 has missing or no teeth
- 3.3.4.1.14.7 has ill fitting dentures
- 3.3.4.1.14.8 has a protruding tongue or tongue thrust
- 3.3.4.1.14.9 will not open mouth
- 3.3.4.1.15 Demonstrate proper positioning of residents at mealtime.
- 3.3.4.1.16 Demonstrate skills for feeding residents who:
 - 3.3.4.1.16.1 are cognitively impaired
 - 3.3.4.1.16.2 have swallowing difficulty
 - 3.3.4.1.16.3 have sensory problems
 - 3.3.4.1.16.4 have physical deformities
- 3.3.4.1.17 Demonstrate positioning techniques for residents who:
 - 3.3.4.1.17.1 have poor sitting balance
 - 3.3.4.1.17.2 must take meals in bed
 - 3.3.4.1.17.3 fall forward when seated
 - 3.3.4.1.17.4 lean to one side
 - 3.3.4.1.17.5 have poor neck control
 - 3.3.4.1.17.6 have physical deformities
- 3.3.4.1.18 Demonstrate use of assistive devices.
- 3.3.4.1.19 Identify signs and symptoms that require alerting a nurse, including:
 - 3.3.4.1.19.1 difficulty swallowing or chewing
 - 3.3.4.1.19.2 coughing when swallowing liquids
 - 3.3.4.1.19.3 refusal of meal
 - 3.3.4.1.19.4 choking on food or fluids
 - 3.3.4.1.19.5 excessive drooling
 - 3.3.4.1.19.6 vomiting while eating
 - 3.3.4.1.19.7 significant change in vital signs
- 3.3.4.1.20 Incorporate principles of a pleasant dining environment when assisting residents at mealtime including ensuring adequate lighting and eliminating background noise.
- 3.3.4.1.21 Demonstrate positive interaction with residents recognizing individual resident needs.
- 3.3.4.1.22 Ensure residents are dressed appropriately.
- 3.3.4.1.23 Allow residents to eat at their own pace.
- 3.3.4.1.24 Encourage independence and assist as needed.
- 3.3.4.1.25 Recognize and report as appropriate the risk factors and signs and symptoms of malnutrition, dehydration and fluid overload.
- 3.3.4.1.26 Accurately calculate and document intake and output including meal percentages and fluids.
- 3.3.4.2 Demonstrate understanding of basic anatomy and physiology in the following areas:
 - 3.3.4.2.1 Respiratory system
 - 3.3.4.2.2 Circulatory system
 - 3.3.4.2.3 Digestive system
 - 3.3.4.2.4 Urinary system
 - 3.3.4.2.5 Musculoskeletal system
 - 3.3.4.2.6 Endocrine system
 - 3.3.4.2.7 Nervous system
 - 3.3.4.2.8 Integumentary system
 - 3.3.4.2.9 Sensory system
 - 3.3.4.2.10 Reproductive system
- 3.3.4.3 Recognize abnormal signs and symptoms of common illness and conditions. Examples are:
 - 3.3.4.3.1 Respiratory infection — Report coughing, sneezing, elevated temperatures.

- 3.3.4.3.2Diabetes — Report excessive thirst, frequent urination, change in urine output, drowsiness, excessive perspiration and headache. Understand the healing process as it relates to diabetes.
- 3.3.4.3.3Urinary tract infection — Report frequent urination, burning or pain on urination, elevated temperature, change in amount and color of urine, blood or sediment in urine and strong odors.
- 3.3.4.3.4Cardiovascular conditions — Report shortness of breath, chest pain, blue color to lips, indigestion, sweating, change in pulse, edema of the feet or legs.
- 3.3.4.3.5Cerebral vascular conditions — Report dizziness, changes in vision such as seeing double, change in blood pressure, numbness in any part of the body, or inability to move arm or leg.
- 3.3.4.3.6Skin conditions — Report break in skin, discoloration such as redness, black and blue areas, rash, itching.
- 3.3.4.3.7Gastrointestinal conditions — Report nausea, vomiting, pain, inability to swallow, bowel movement changes such as color, diarrhea, and constipation.
- 3.3.4.3.8Infectious diseases.
- 3.3.4.4 Provide personal care and basic nursing skills as directed by the licensed nurse in the appropriate licensed entity.
 - 3.3.4.4.1Provide for resident's privacy and dignity when providing personal care.
 - 3.3.4.4.2Assist the resident to dress and undress.
 - 3.3.4.4.3Assist the resident with bathing and personal grooming.
 - 3.3.4.4.4Observe and report condition of the skin.
 - 3.3.4.4.5Assist the resident with oral hygiene, including prosthetic devices.
 - 3.3.4.4.6Administer oral hygiene for the unconscious resident.
 - 3.3.4.4.7Demonstrate measures to prevent decubitus ulcers, i.e., positioning, turning and applying heel and elbow protectors.
 - 3.3.4.4.8Assist the resident in using the bathroom. Understand consequences of not assisting resident to the bathroom.
 - 3.3.4.4.9Assist the resident in using a bedside commode, urinal and bedpan.
 - 3.3.4.4.10Demonstrate proper bed making procedures for occupied and unoccupied beds.
 - 3.3.4.4.11Feed residents oral table foods in an appropriate manner. Demonstrate proper positioning of residents who receive tube feeding.
 - 3.3.4.4.12Distribute nourishment and water.
 - 3.3.4.4.13Accurately measure and record with a variety of commonly used devices:
 - 3.3.4.4.13.1 Blood pressure
 - 3.3.4.4.13.2 Height and weight
 - 3.3.4.4.13.3 Temperature, pulse, respiration
 - 3.3.4.4.14Assist the resident with shaving.
 - 3.3.4.4.15Shampoo and groom hair.
 - 3.3.4.4.16Provide basic care of toenails unless medically contraindicated.
 - 3.3.4.4.17Provide basic care of fingernails unless medically contraindicated.
 - 3.3.4.4.18Demonstrate proper catheter care.
 - 3.3.4.4.19Demonstrate proper perineal care.
 - 3.3.4.4.20Assist the licensed nurse with a physical examination.
 - 3.3.4.4.21Apply a non-sterile dressing properly.
 - 3.3.4.4.22Apply non-sterile compresses and soaks properly and safely.
 - 3.3.4.4.23Apply cold and/or heat applications properly and safely.
 - 3.3.4.4.24Demonstrate how to properly apply elastic stockings.
 - 3.3.4.4.25Demonstrate proper application of physical restraints including side rails.
- 3.3.4.5 Demonstrate skills which incorporate principles of restorative care under the direction of a licensed nurse.
 - 3.3.4.5.1Assist the resident in bowel and bladder training.
 - 3.3.4.5.2Assist the resident in activities of daily living and encourage self-help activities.

- 3.3.4.5.3 Assist the resident with ambulation aids, i.e., cane, quadcane, walker, crutches, wheelchair and transfer aids, i.e., hydraulic lifts.
- 3.3.4.5.4 Perform range of motion exercise as instructed by the physical therapist or the licensed nurse.
- 3.3.4.5.5 Assist in care and use of prosthetic devices.
- 3.3.4.5.6 Assist the resident while using proper body mechanics.
- 3.3.4.5.7 Assist the resident with dangling, standing and walking.
- 3.3.4.5.8 Demonstrate proper turning and/or positioning both in bed and in a chair.
- 3.3.4.5.9 Demonstrate proper technique of transferring resident from low and high bed to chair.
- 3.3.4.6 Demonstrate safety and emergency procedures including proficiency in the Heimlich maneuver and certification in cardiopulmonary resuscitation (CPR).
- 3.3.4.7 Provide care to resident when death is imminent.
 - 3.3.4.7.1 Discuss own feelings and attitude about death.
 - 3.3.4.7.2 Explain how culture and religion influence a person's attitude toward death.
 - 3.3.4.7.3 Discuss the role of the CNA, the resident's family and significant others involved in the dying process.
 - 3.3.4.7.4 Discuss the stages of death and dying and the role of the nurse assistant.
 - 3.3.4.7.5 Provide care, if appropriate, to the resident's body after death.

5 DE Reg. 1908 (4/1/02)

14 DE Reg. 169 (09/01/10)

16 DE Reg. 632 (12/01/12)

4.0 Mandatory Orientation Period

4.1 Skilled And Intermediate Care Facilities

4.1.1 General Requirements

- 4.1.1.1 All Nursing Assistants hired to work in a skilled or intermediate care facility, after completing 150 hours of training, shall undergo a minimum of 80 hours of orientation at least 40 of which shall be clinical. An exception to this requirement is that any Nursing Assistant who has undergone 150 hours of training, sponsored by the facility where the Nursing Assistant will be employed immediately thereafter, shall only be required to complete additional facility specific orientation of 40 hours in the same facility.
- 4.1.1.2 All Certified Nursing Assistants hired to work in a skilled or intermediate care facility shall undergo a minimum of 80 hours of orientation; at least 40 of which shall be clinical.
- 4.1.1.3 While undergoing orientation, Nursing Assistants shall have direct physical contact with residents only while under the visual observation of a Certified Nursing Assistant or licensed nurse employed by the facility.
- 4.1.1.4 Any Certified Nursing Assistant or Nursing Assistant undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.

4.1.2 Orientation Program Requirements

- 4.1.2.1 The mandatory orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:
 - 4.1.2.1.1 Tour of the facility and assigned residents' rooms
 - 4.1.2.1.2 Fire and disaster plans
 - 4.1.2.1.3 Emergency equipment and supplies
 - 4.1.2.1.4 Communication (including the facility chain of command) and documentation requirements
 - 4.1.2.1.5 Process for reporting emergencies, change of condition and shift report
 - 4.1.2.1.6 Operation of facility equipment and supplies, including scales, lifts, special beds and tubs.
 - 4.1.2.1.7 Review of the plan of care for each assigned resident including:
 - 4.1.2.1.7.1 ADL/personal care needs
 - 4.1.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules
 - 4.1.2.1.7.3 Bowel and bladder training programs
 - 4.1.2.1.7.4 Infection control procedures
 - 4.1.2.1.7.5 Safety needs
 - 4.1.2.1.7.5.1 Role and function of the CNA/NA
 - 4.1.2.1.7.5.2 Resident rights/abuse reporting

4.1.2.1.7.5.3Safety and body mechanics: transfer techniques

4.1.2.1.7.5.4Vital signs

4.1.2.1.7.5.5Psychosocial needs

4.1.2.1.7.5.6Facility policies and procedures

4.1.1.2 Nursing Assistants shall satisfactorily demonstrate competency in clinical skills including:

4.1.1.2.1Taking and recording vital signs

4.1.1.2.2Measuring and recording height and weight

4.1.1.2.3Hand-washing and infection control techniques

4.1.1.2.4Caring for the resident's environment

4.1.1.2.5Bathing and skin care, including foot and nail care

4.1.1.2.6Grooming and mouth care, including denture care

4.1.1.2.7Dressing

4.1.1.2.8Toileting, perineal and catheter care

4.1.1.2.9Assisting with eating and hydration

4.1.1.2.10Proper feeding techniques

4.1.1.2.11Positioning, turning and transfers

4.1.1.2.12Range of motion

4.1.1.2.13Bowel and bladder training

4.1.1.2.14Care and use of prosthetic and orthotic devices

4.1.1.2.15Assisting with ambulation

4.1.1.2.16Measuring intake and output

4.1.1.2.17Use of elastic stockings, heel and ankle protectors

4.1.1.2.18Bedmaking skills

4.2 Assisted Living Facilities

4.2.1 General Requirements

4.2.1.1 Nursing Assistants hired to work in an assisted living facility, after completing 150 hours of instruction, shall undergo a minimum 64 hours of orientation, at least 24 of which shall be clinical. An exception to this requirement is that any Nursing Assistant who has undergone 150 hours of training in a training program sponsored by the facility where the Nursing Assistant will be employed immediately thereafter shall only be required to complete an additional 32 hours of facility specific orientation in the same facility.

4.2.1.2 Certified Nursing Assistants hired to work in an assisted living facility shall undergo a minimum of 64 hours of orientation at least 24 of which shall be clinical.

4.2.1.3 While undergoing orientation, Nursing Assistants shall have direct physical contact with residents only while under the visual observation of a Certified Nursing Assistant or licensed nurse employed by the facility.

4.2.1.4 Any Certified Nursing Assistant or Nursing Assistant undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements as set forth by the Department.

4.2.2 Orientation Program Requirements

4.2.2.1 The mandatory orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:

4.2.2.1.1Tour of the facility and assigned residents' rooms

4.2.2.1.2Fire and disaster plans

4.2.2.1.3Emergency equipment and supplies

4.2.2.1.4Communication and documentation requirements

4.2.2.1.5Process for reporting emergencies, change of condition and shift report

4.2.2.1.6Operation of facility equipment and supplies, including but not limited to scales, lifts, and wheelchairs.

4.2.2.1.7Review of the plan of care for each assigned resident including:

4.2.2.1.7.1ADL/personal care needs

4.2.2.1.7.2Nutrition, hydration and feeding techniques and time schedules

4.2.2.1.7.3Bowel and bladder training programs

- 4.2.2.1.7.4 Infection control procedures
- 4.2.2.1.7.5 Safety needs
- 4.2.2.1.8 Role and function of the CNA/NA
- 4.2.2.1.9 Resident rights/abuse reporting
- 4.2.2.1.10 Safety and body mechanics: transfer techniques
- 4.2.2.1.11 Vital signs
- 4.2.2.1.12 Psychosocial needs
- 4.2.2.1.13 Facility policies and procedures
- 4.2.2.2 Nursing Assistants shall satisfactorily demonstrate competency in clinical skills including:
 - 4.2.2.2.1 Taking and recording vital signs
 - 4.2.2.2.2 Measuring and recording height and weight
 - 4.2.2.2.3 Hand-washing and infection control techniques
 - 4.2.2.2.4 Caring for the resident's environment
 - 4.2.2.2.5 Bathing and skin care
 - 4.2.2.2.6 Grooming and mouth care, including denture care
 - 4.2.2.2.7 Dressing
 - 4.2.2.2.8 Toileting, perineal and catheter care
 - 4.2.2.2.9 Assisting with eating and hydration
 - 4.2.2.2.10 Proper feeding techniques
 - 4.2.2.2.11 Positioning, turning and transfers
 - 4.2.2.2.12 Range of motion
 - 4.2.2.2.13 Bowel and bladder training
 - 4.2.2.2.14 Care and use of prosthetic and orthotic devices
 - 4.2.2.2.15 Assisting with ambulation
 - 4.2.2.2.16 Measuring intake and output
 - 4.2.2.2.17 Use of elastic stockings, heel and ankle protectors
 - 4.2.2.2.18 Bed making skill

4.3 Temporary Agencies

4.3.1 General Requirements

- 4.3.1.1 All Certified Nursing Assistants employed by temporary agencies and placed in a facility in which they have not worked within the previous six (6) months shall undergo a minimum of two (2) hours of orientation prior to beginning their first shift at the facility.
- 4.3.1.2 Any Certified Nursing Assistant employed by a temporary agency and undergoing orientation shall not be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.
- 4.3.1.3 Nursing Assistants employed by a temporary agency must be certified prior to placement in any nursing home.

4.3.2 Orientation Program Requirements

- 4.3.2.1 The mandatory two-hour orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:
 - 4.3.2.1.1 Tour of the facility and assigned residents' rooms
 - 4.3.2.1.2 Fire and disaster plans
 - 4.3.2.1.3 Emergency equipment and supplies
 - 4.3.2.1.4 Communication and documentation requirements
 - 4.3.2.1.5 Process for reporting emergencies, change of condition and shift report
 - 4.3.2.1.6 Operation of facility equipment and supplies including but not limited to scales, lifts, special beds and tubs
 - 4.3.2.1.7 Review of the plan of care for each assigned resident including:
 - 4.3.2.1.7.1 ADL/personal care needs
 - 4.3.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules
 - 4.3.2.1.7.3 Bowel and bladder training programs
 - 4.3.2.1.7.4 Infection control procedures

5.0 ~~Voluntary Senior Certified Nursing Assistant Certification~~

5.1 ~~Training Requirements and Competency Test~~

~~Any Certified Nursing Assistant may pursue designation as a Senior Certified Nursing Assistant and shall be so designated if such individual meets the following minimum requirements:~~

- ~~5.1.1 Has been a Certified Nursing Assistant for a minimum of three years, in good standing with no adverse findings entered on the Nurse Aide Registry;~~
- ~~5.1.2 Has successfully completed an additional 50 hours of advanced training in a program approved by the Department;~~
- ~~5.1.3 Has passed a competency test provided by the Department or by a contractor approved by the Department.~~

5.2 ~~Voluntary Senior CNA Curriculum~~

~~The Senior CNA program must meet the same requirements as those specified in Section 2 of these regulations in terms of classroom ratios of students to instructors. The Senior CNA curriculum must meet the following minimum course content, which will provide an advanced level of knowledge and demonstrable skills. All demonstrable competencies shall be documented by the RN instructor.~~

5.2.1 ~~Leadership Training And Mentoring Skills~~

~~Key Concepts: Senior Certified Nursing Assistants will learn how to teach new Nursing Assistants standards of care. Senior CNAs will learn how to be a role model and preceptor for new Nursing Assistants and CNAs. Senior CNAs will learn how prepare assignments, conduct team meetings and resolve conflicts.~~

~~Competencies: Function effectively as a team leader and mentor/preceptor within the facility.~~

- ~~5.2.1.1 Define the role and functions of an effective team leader and mentor.~~
- ~~5.2.1.2 Identify principles of adult learning.~~
- ~~5.2.1.3 Recognize various learning styles and communication barriers.~~
- ~~5.2.1.4 Assess learner knowledge.~~
- ~~5.2.1.5 Reserved~~
- ~~5.2.1.6 Demonstrate effective communication techniques.~~
- ~~5.2.1.7 Recognize the importance of teamwork.~~
- ~~5.2.1.8 Actively participate in resident care plan and team meetings.~~
- ~~5.2.1.9 Identify strategies for conflict management.~~
- ~~5.2.1.10 Learn how to prepare assignments, assist with scheduling and other administrative duties.~~

5.2.2 ~~Dementia Training~~

~~Key Concepts: The senior CNA will gain greater knowledge of Alzheimer's Disease and related dementias. The senior CNA will gain the skills necessary to effectively care for residents exhibiting signs and symptoms of dementia. The senior CNA will act as a role model and resource person for other CNAs.~~

~~Competencies: Demonstrate appropriate skills and techniques necessary to provide care to residents exhibiting signs and symptoms of dementia.~~

- ~~5.2.2.1 Recognize signs and symptoms of Alzheimer's Disease and related disorders.~~
- ~~5.2.2.2 Identify types of dementias.~~
- ~~5.2.2.3 Discuss methods for managing difficult behavior.~~
- ~~5.2.2.4 Demonstrate effective communication techniques.~~
- ~~5.2.2.5 Recognize specific issues that arise in providing care to persons with Alzheimer's Disease and other memory loss conditions and appropriate interventions for dealing with these problems including, but not limited to, agitation, combativeness, sundown syndrome, wandering.~~

5.2.3 ~~Advanced Geriatric Nursing Assistant Training~~

~~Key Concepts: The senior CNA will gain greater knowledge of anatomy and physiology with emphasis on the effects of aging. The senior CNA will effectively carry out restorative nursing skills as specified in the resident's plan of care.~~

~~Competencies:~~

- ~~5.2.3.1 Verbalize understanding of anatomy, physiology and pathophysiology of common disorders of the elderly.~~
 - ~~5.2.3.1.1 Describe the effects of aging on the various organs and systems within the body.~~

- 5.2.3.1.2 Describe signs and symptoms of common disorders.
- 5.2.3.1.3 Describe the pathophysiology of common disorders.
- 5.2.3.1.4 Identify measures to assist residents with common medical problems (e.g., promoting oxygenation in residents with breathing problems).
- 5.2.3.1.5 Observe, report and document condition changes using appropriate medical terminology.
- 5.2.3.1.6 Recognize basic medical emergencies and how to respond appropriately.
- 5.2.3.2 Maintain or improve resident mobility and the resident's ability to perform activities of daily living. Understand the reasons for rehabilitation (physiologically), reasons for, and benefits of Restorative Nursing and be able to demonstrate the same.
 - 5.2.3.2.1 Assist the resident with exercise routine as specified in his/her care plan.
 - 5.2.3.2.2 Carry out special rehabilitation procedures as ordered including working with the visually impaired, special feeding skills/devices, splints, ambulatory devices and prostheses.
 - 5.2.3.2.3 Identify ways to prevent contractures.
 - 5.2.3.2.4 Effectively communicate with the Rehabilitation Department.

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6.0 Train-the-trainer Program Requirements

6.1 Each train-the-trainer program shall meet the following minimum requirements:

6.1.1 Training Course Content

- 6.1.1.1 Role of Trainer
- 6.1.1.2 Communication techniques
- 6.1.1.3 Demonstration skills
- 6.1.1.4 Teaching a process
- 6.1.1.5 Teaching techniques
- 6.1.1.6 Training techniques
- 6.1.1.7 Developing a formal training plan

6.1.2 Course Management Information

- 6.2.1.1 Training time shall consist of sixteen minimum hours.
- 6.2.1.2 The train-the-trainer instructor must have formal educational preparation or experience with skills of adult learning. Or in the case of High School Programs be a state-licensed high school teacher.

3220 Training and Qualifications for Certified Nursing Assistants

1.0 Definitions

"Activities of Daily Living (ADLs)" means normal daily activities including but not limited to ambulating, transferring, range of motion, grooming, bathing, dressing, eating and toileting.

"Advanced Practice Nurse" means an individual whose education and licensure meet the criteria outlined in 24 Del.C. Ch. 19.

"Certified Nursing Assistant (CNA)" means a duly certified individual under the supervision of a nurse, who provides care which does not require the judgment and skills of a nurse.

"Chemical Restraint" means psychopharmacologic drugs that are used for discipline or convenience and not required to treat medical symptoms.

"Department" means the Department of Health and Social Services.

"Direct Supervision" means actually observing students performing tasks.

"Division" means the Division of Long Term Care Residents Protection.

"Facility" means a Nursing Facility, Assisted Living Facility or Intermediate Care Facility for Persons with Intellectual Disabilities licensed pursuant to 16 Del.C. Ch. 11.

"Full-Time" means working a minimum of 35 clock hours per week.

"General Supervision" means providing necessary guidance for the program and maintaining ultimate responsibility.

"Nurse" means a licensed practical nurse (LPN), registered nurse (RN) and/or advanced practice nurse (APRN) whose education and licensure meet the criteria in 24 Del.C. Ch. 19.

"Nursing Related Services" means services that include but are not limited to the following: bathing, dressing, grooming, toileting, ambulating, transferring and feeding, observing and reporting the general well-being of the person(s) to whom a qualified person is providing care.

"Physical Restraint" means any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's/patient's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

"Resident/Patient" means a person residing in a facility licensed pursuant to 16 Del.C. Ch. 11 or a person receiving care in a licensed acute or outpatient healthcare setting.

"Student" means a person enrolled in a course offering certification as a CNA.

2.0 Requirements and Procedures for CNA Certification

2.1 Initial certification

2.1.1 To be eligible to take the examination for certification for CNA, the applicant must be a graduate of a Department approved program for CNA.

2.1.2 A certificate of completion must be issued from the approved program before filing an application for testing.

2.1.2.1 The certificate of completion must be dated within 24 months of the testing date.

2.1.2.2 Certificates of completion older than 24 months are no longer valid.

2.1.3 An application for testing shall be filed, along with a non-refundable fee, with the test vendor approved by the Department.

2.1.4 Students must take and pass both the written and clinical portions of the competency test to become certified.

2.1.5 Students shall take the competency test within 30 days of completion of an approved program.

2.1.5.1 Students who fail to obtain a passing score may repeat the test two additional times.

2.1.5.2 Students who fail to obtain a passing score after testing three times must repeat the CNA training program before retaking the test.

2.1.6 Nursing students who are currently enrolled in a nursing program will be deemed to meet the CNA educational requirements provided they have:

2.1.6.1 Satisfactorily completed a Fundamentals/Basic Nursing course and

2.1.6.2 Satisfactorily completed 75 hours of supervised clinical practicum in a long term care setting.

2.1.6.3 Nursing students will be approved to take the CNA competency test upon submission of a letter from their school of nursing attesting to current enrollment status and satisfactory course completion as described.

2.1.7 Individuals who have graduated from an RN or LPN program in the United States within 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training and competency evaluation program requirements and are eligible for certification upon submission of a sealed copy of their diploma.

2.1.8 Individuals who have graduated from an RN or LPN program in the United States more than 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training program requirements and are eligible to take the competency test upon submission of a sealed copy of their diploma.

2.1.9 Foreign trained nurses are eligible to sit for the state competency test if they meet the following requirements:

2.1.9.1 The nurse must have been issued a certificate of licensure by the licensing agency in the state, territory or country where the nursing program is located.

2.1.9.2 The nurse must submit a certificate issued by the Commission on Graduates of Foreign Nursing Schools or other Board of Nursing approved agency as evidence of the educational requirements of a curriculum for the preparation of professional nurses which is equivalent to the approved professional schools in Delaware.

2.1.9.3 The nurse must submit official English translations of all required credentials.

2.1.10 CNA certification shall be granted, for a period of 2 years (24 months) to all CNAs who meet the requirements.

2.2 Reciprocity

2.2.1 Delaware CNA certification is required prior to being employed as a CNA in the State.

- 2.2.2 A CNA trained and certified in a State other than Delaware must have completed a program that equals or exceeds the federal nurse aide training program requirements in the Code of Federal Regulations §483.152.
- 2.2.3 The Department will grant reciprocity to the out-of-state applicant provided the CNA:
- 2.2.3.1 Has a current CNA certificate from the jurisdiction where he or she currently practices.
- 2.2.3.1.1 Applicants from the State of Maryland must hold a current Geriatric Nursing Assistant certificate.
- 2.2.3.2 Within the last 24 months, has completed 3 months of full-time experience, equal to 420 clock hours, as a CNA performing nursing related services for pay under the supervision of a nurse or physician, or has completed a training and competency evaluation program with the number of hours at least equal to that required by the State of Delaware.
- 2.2.3.3 Is in good standing in the jurisdiction where he/she is currently certified.
- 2.2.3.4 Has submitted the required reciprocity fee along with the application.
- 2.2.4 CNA certification shall be granted, for a period of 2 years (24 months) to all CNAs who meet the requirements.
- 2.3 Certification Renewal**
- 2.3.1 CNA certification shall be effective for two (2) years following the date of issue and shall expire two (2) years following such date, unless it is suspended, revoked, or surrendered prior to the expiration date.
- 2.3.2 CNAs must apply for certification renewal at least 30 days prior to the expiration date of the certification.
- 2.3.2.1 The required renewal fee must accompany the application for renewal.
- 2.3.2.2 The CNA must be able to prove that he/she has completed the requirements outlined in subsection 2.3.4.
- 2.3.3 A certification renewal will not be issued to a CNA who has not completed the requirements for renewal as outlined in subsection 2.3.4 and/or has not submitted an application for renewal and/or has not submitted the renewal fee.
- 2.3.4 In order to qualify for recertification, a CNA must complete the following during each 24 month certification period and prior to certification expiration:
- 2.3.4.1 24 hours of approved continuing education which must include:
- 2.3.4.1.1 Six (6) hours of dementia training and
- 2.3.4.1.2 Two (2) hours of resident/patient abuse prevention training.
- 2.3.4.2 Perform at least 64 hours of nursing related services for pay under the supervision of a nurse.
- 2.3.5 A CNA who fails to complete the requirements outlined in subsection 2.3.4 must take and pass the competency test again.
- 2.3.5.1 Payment of the testing fee is required when applying to take the competency test.
- 2.3.6 A CNA who fails to renew the certification prior to the expiration date but has completed the requirements outlined in subsection 2.3.4 may still renew the certification up to 30 days past the certification's expiration.
- 2.3.6.1 A late payment fee of \$25.00 (in addition to the renewal fee) must be submitted with the renewal application.
- 2.3.7 The certification of any CNA who is on active military duty with the armed forces of the United States and serving in a theater of hostilities on the date that recertification is due shall be deemed to be current and in full compliance with this chapter until the expiration of 30 days after such CNA is no longer on active military duty in a theater of hostilities.
- 2.3.8 The certification of a CNA who fails to renew on time or during the 30-day late renewal period is considered lapsed.
- 2.3.8.1 A CNA with a lapsed certification is not permitted to work as a CNA in the State of Delaware.
- 2.3.8.2 The CNA must take and pass the CNA competency test in order to work as a CNA in the State of Delaware.
- 2.3.9 Individuals who fail to obtain a passing score on the written and/or clinical portions of the competency test after testing three times must repeat the CNA training program before additional testing will be permitted.
- 2.3.10 A CNA, who is certified in Delaware, may not use the certification from another State for the purpose of applying for reciprocity to avoid Delaware's continuing education requirements.

3.0 CNA Training Program Requirements

- 3.1 Program approval must be obtained from the Division prior to operating a CNA program.

- 3.2 All training must be done by or under the general supervision of an RN.
 - 3.2.1 The RN must possess a minimum of two years of RN experience, at least 1 year of which must be in the provision of nursing home facility services that meets federal skilled nursing home requirements.
 - 3.2.1.1 The required one year of full-time nursing facility experience can be met by work experience in, or supervision or teaching of students, in a Delaware licensed nursing facility.
 - 3.2.1.2 The RN supervisor shall:
 - 3.2.1.2.1 be available to all instructors;
 - 3.2.1.2.2 assist in developing lesson plans based on experience in taking care of nursing facility residents;
 - 3.2.1.2.3 ensure that instructors are qualified and proficient in teaching the CNA curriculum;
 - 3.2.1.2.4 evaluate and document the proficiency of instructor every 6 months; and
 - 3.2.1.2.5 ensure that the program is operating in accordance with all state and federal regulations.
- 3.3 All instructors (classroom and clinical) must have:
 - 3.3.1 Completed a course in teaching adults or
 - 3.3.2 Experience teaching adults in a group classroom/clinical setting or
 - 3.3.3 In the case of high school programs, met the requirements for teaching as required by the Department of Education.
- 3.4 LPN instructors are limited to instruction of students during the clinical phase of the CNA training program.
 - 3.4.1 LPN instructors must have at least three years of LPN experience, and
 - 3.4.2 LPN instructors must work under the general supervision of an RN.
- 3.5 Clinical instructors shall provide general supervision of students at all times during clinical instruction.
 - 3.5.1 Clinical instructors shall provide direct supervision to students in the clinical setting while the student is learning a competency until proficiency has been both demonstrated and documented.
- 3.6 Personnel from other health professions may supplement the nurse instructor.
 - 3.6.1 Supplemental personnel must have at least 1 year of experience in their respective fields.
 - 3.6.2 Supplemental personnel may include: RNs, LPNs, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activity specialist, speech/language/hearing therapists, resident/patient rights experts and others.
- 3.7 Programs must notify the Division in writing at least 30 days prior to implementing permanent and/or substantial changes to the program or the program's personnel.
 - 3.7.1 Substantial changes include, but are not limited to: instructor(s), clinical or classroom site, major revision of course structure, change in textbook.
 - 3.7.2 The program may request a waiver of the 30-day time period for good cause.
- 3.8 Classroom ratios of student to instructor shall not exceed 24:1.
- 3.9 Clinical and laboratory ratios of student to RN or LPN instructor shall not exceed 8:1.
- 3.10 Minimum equipment required:
 - 3.10.1 Audio/Visual
 - 3.10.2 Teaching Mannequin, Adult, for catheter and perineal care
 - 3.10.3 Hospital Bed
 - 3.10.4 Bedpan/Urinal
 - 3.10.5 Bedside commode
 - 3.10.6 Wheelchair
 - 3.10.7 Scale
 - 3.10.8 Overbed Table
 - 3.10.9 Sphygmomanometer
 - 3.10.10 Stethoscope
 - 3.10.11 Resident/patient gowns, linens and at least four (4) pillows
 - 3.10.12 Thermometers
 - 3.10.13 Crutches
 - 3.10.14 Canes (Variety)
 - 3.10.15 Walker
 - 3.10.16 Gait Belt

- 3.10.17 Miscellaneous supplies: i.e., bandages, compresses, heating pad, hearing aid, dentures, toothbrushes, razors, bath and emesis basins and compression stockings.
- 3.10.18 Foley Catheter Drainage Bag
- 3.10.19 Mechanical lift
- 3.10.20 Adaptive eating utensils/equipment
- 3.11 Curriculum Content and Competencies
 - 3.11.1 The curriculum content for the CNA training programs shall meet each of the following requirements:
 - 3.11.1.1 The material will provide a basic level of both knowledge and demonstrable skills for each individual completing the program.
 - 3.11.1.2 The program shall be a minimum of 150 clock hours in length.
 - 3.11.1.2.1 75 clock hours of classroom instruction including laboratory time, and;
 - 3.11.1.2.2 75 clock hours of clinical skills training in a Department approved Delaware licensed nursing facility.
 - 3.11.1.2.3 Additional hours may be added in either of these areas or both.
 - 3.11.2 Specific curriculum content and expected competencies are outlined in APPENDIX A.
- 3.12 Students must master each skill competency as observed by the RN instructor prior to performing the skill on a resident/patient in a nursing facility. All demonstrable competencies for each student must be documented by the RN instructor as the competency is mastered by the student in order for a student to qualify as successfully having completed that section of programming.
- 3.13 A student may not work in a facility as a CNA until he/she has completed a CNA training program and passed the CNA competency test.

4.0 Mandatory Orientation Period

- 4.1 Nursing Facilities General Requirements
 - 4.1.1 All CNAs hired to work in a facility shall undergo a minimum of 80 clock hours of orientation, at least 40 of which shall be clinical.
 - 4.1.2 Any CNA undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements. Orientation may also be considered as part of the 64 hour work requirement for certification renewal.
 - 4.1.3 If a CNA who is not employed, or does not have an offer to be employed as a CNA, becomes employed by, or receives an offer of employment from a federally certified nursing facility not later than 12 months after completing a nurse aide training and competency evaluation program, the federally certified nursing facility shall reimburse all documented personally incurred costs in completing the CNA Training program.
 - 4.1.3.1 Facilities shall accept as documentation: canceled checks, paid receipts, written verification from a training program or other written evidence which reasonably establishes the CNA's personally incurred costs.
 - 4.1.3.2 Such costs include tuition, tests taken and fees for textbooks or other required course materials.
 - 4.1.3.3 Such costs shall be reimbursed in equal quarterly payments with full reimbursement to coincide with the CNA's completion of one year of employment including the orientation period.
 - 4.1.3.4 Any nursing facility which reimburses a CNA for documented personally incurred costs of a nurse aide training and competency evaluation program shall notify the Division of such reimbursement.
 - 4.1.3.5 Notice of such reimbursement shall be entered in the CNA Registry database and information regarding such reimbursement shall be available to facilities upon request.
- 4.2 Orientation Program Requirements
 - 4.2.1 The mandatory orientation program shall be under the supervision of a nurse and must include:
 - 4.2.1.1 Tour of the facility and assigned residents' rooms
 - 4.2.1.2 Fire and disaster plans
 - 4.2.1.3 Emergency equipment and supplies
 - 4.2.1.4 Communication (including the facility chain of command) and documentation requirements
 - 4.2.1.5 Process for reporting emergencies, change of condition and shift report
 - 4.2.1.6 Operation of facility equipment and supplies, including scales, lifts, special beds and tubs
 - 4.2.1.7 Review of the plan of care for each assigned resident/patient including:
 - 4.2.1.7.1 ADL/personal care needs
 - 4.2.1.7.2 nutrition, hydration and feeding techniques and time schedules

4.2.1.7.3 bowel and bladder training programs

4.2.1.7.4 infection control procedures

4.2.1.7.5 safety needs

4.2.1.8 Role and function of the CNA

4.2.1.9 Resident/patient rights; abuse reporting

4.2.1.10 Safety and body mechanics; transfer techniques

4.2.1.11 Vital signs

4.2.1.12 Psychosocial needs

4.2.1.13 Facility policies and procedures

4.3 Temporary Agency Requirements

4.3.1 All CNAs employed by temporary agencies and placed in a facility in which they have not worked within the previous six (6) months shall undergo a minimum of two (2) hours of orientation prior to beginning their first shift at the facility.

4.3.2 Any CNA employed by a temporary agency and undergoing orientation shall not be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.

4.3.3 The mandatory two-hour orientation program shall be under the supervision of a nurse and must include:

4.3.3.1 Tour of the facility and assigned resident/patient rooms

4.3.3.2 Fire and disaster plans

4.3.3.3 Emergency equipment and supplies

4.3.3.4 Communication and documentation requirements

4.3.3.5 Process for reporting emergencies, change of condition and shift report

4.3.3.6 Operation of facility equipment and supplies including but not limited to scales, lifts, special beds and tubs

4.3.3.7 Review of the plan of care for each assigned resident/patient including:

4.3.3.7.1 ADL/personal care needs

4.3.3.7.2 Nutrition, hydration and feeding techniques and time schedules

4.3.3.7.3 Bowel and bladder training programs

4.3.3.7.4 Infection control procedures

4.3.3.7.5 Safety needs

5.0 Discipline

5.1 Reasons for Disciplinary Action Include but are not limited to:

5.1.1 A conviction or substantiation of a crime or offense relating to the provision of care/services in a court of law.

5.1.2 Behavior that fails to conform to legal and accepted healthcare standards and thus may adversely affect the health and welfare of a resident/patient.

5.1.3 Performing acts beyond the authorized scope of the CNA.

5.1.4 Inaccurately and willfully recording, falsifying, or altering a resident/patient or agency/facility record related to care provision.

5.1.5 Abuse, neglect, mistreatment or financial exploitation of a resident/patient.

5.1.6 Leaving a resident/patient assignment except in documented emergency situations.

5.1.7 Failing to safeguard resident/patient dignity and right to privacy when providing services.

5.1.8 Violating the confidentiality of information concerning residents/patients.

5.1.9 Performing CNA duties when unfit to perform procedures and make decisions because of physical or mental impairment or dependence on alcohol or drugs.

5.1.10 Practicing as a CNA with an expired certification.

5.1.11 Allowing another person to use her/his CNA certification or impersonating another person holding a certificate.

5.1.12 Committing fraud, misrepresentation or deceit in taking the CNA test or in obtaining certification.

5.1.13 Failing to comply with the requirements for mandatory continuing education.

5.1.14 Failing to take appropriate action or follow policies and procedures designed to safeguard the resident/patient.

5.1.15 Having a certificate revoked or suspended in another state for reasons which would preclude certification in this state.

5.1.16 Failing to report abuse, neglect, mistreatment or financial exploitation of a resident/patient.

5.2 Types of Disciplinary Action

5.2.1 Refusal to issue a certification.

5.2.2 Revocation or suspension of a certification.

5.2.3 Issuance of a letter of reprimand.

5.2.4 Refusal to renew a certification.

5.2.5 Placement on the Adult Abuse Registry.

5.2.6 Flag on the CNA Registry.

5.3 Administrative Hearings

5.3.1 All hearings shall be conducted in accordance with the Administrative Procedures Act, 29 Del.C. Ch. 101.

5.3.2 A CNA for whom disciplinary action is recommended shall be notified by certified mail at his/her home address of the disciplinary action that shall be imposed.

5.3.3 A CNA for whom disciplinary action is recommended shall be offered a right to an administrative hearing.

5.3.4 All requests for an administrative hearing must be received in writing, postmarked within 20 calendar days of the date of the notice of disciplinary action.

5.3.5 Failure to request an administrative hearing within the appropriate timeframe will lead to imposition of the disciplinary action.

5.3.6 Procedural rights. The parties shall be given the opportunity to:

5.3.6.1 Examine, at a reasonable time before the date of the hearing and during the hearing, all documents and records to be used by either party at the hearing;

5.3.6.2 Bring witnesses;

5.3.6.3 Establish all pertinent facts and circumstances;

5.3.6.4 Present an argument without undue interference; **[and]**

5.3.6.5 Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses[; and

5.3.6.6 Be represented by an attorney of the individual's choice.]

5.3.7 Hearing decisions must be based exclusively on evidence introduced at the hearing.

5.3.8 The record must consist only of:

5.3.8.1 The transcript or recording of testimony and exhibits;

5.3.8.2 All papers and requests filed in the proceeding; and

5.3.8.3 The decision of the hearing officer.

5.3.9 The impartial decision must:

5.3.9.1 Summarize the facts;

5.3.9.2 Identify the regulations pertinent to the decision; and

5.3.9.3 Specify the reasons for the decisions.

5.3.10 The hearing officer shall:

5.3.10.1 Render a written decision within thirty business days of the hearing and notify the individual and the Division.

5.3.10.2 Notify the parties that this is the final decision of the Department with the right to an appeal pursuant to the Administrative Procedures Act, 29 Del.C. Ch. 101.

APPENDIX A

MODULE: The Nursing Assistant Role and Function

- : Introduces the characteristics of an effective nursing assistant including but not limited to: personal attributes, on-the-job conduct, appearance, grooming, health and ethical behavior.
- : Presents the responsibilities of the nursing assistant as a member of the resident/patient care team.
- : Teaches legal aspects of resident/patient care and rights.
- : Relevant Federal and State statutes are reviewed.

COMPETENCIES:

- Define the role and functions of the nursing assistant and provide awareness of the legal limitations of being a nursing assistant.
- Recognize the responsibilities of the nursing assistant as a member of the health care team. Understand the relevant State and Federal regulations for long term care and legalities of reporting and documenting incidents and accidents.
- Understand the role of long term care advocates, investigators and surveyors.
- Identify the "chain of command" in the organizational structure of the health care agency.
- Maintain personal hygiene and exhibit dress practices which meet professional standards.
- Recognize the importance of punctuality and commitment to the job.
- Differentiate between ethical and unethical behavior on the job.
- Understand the role, responsibility and functional limitations of the nursing assistant.
- Demonstrate behavior that maintains resident/patient rights.
- Provide privacy and maintenance of confidentiality.
- Promote the resident/patient right to make personal choices to accommodate individual needs.
- Give assistance in resolving grievances.
- Provide needed assistance in going to and participating in resident/patient and family groups and other activities.
- Maintain care and security of resident/patient personal possessions as per the resident/patient desires.
- Provide care which ensures that the residents/patients are free from abuse, mistreatment, neglect or financial exploitation and report any instances of same to the Division.
- Discuss the psychological impact of abuse, neglect, mistreatment, misappropriation of property and/or financial exploitation of residents/patients.
- Maintain the resident/patient environment and care through appropriate nursing assistant behavior so as to keep the resident/patient free from physical and chemical restraints.
- Discuss the potential negative outcomes of physical restraints, including side rails.

MODULE: Environmental Needs of the Resident/Patient

- Introduces the nursing assistant to the need to keep residents/patients safe from injury and infection in the long term care setting.
- The nursing assistant is taught why and how to use infection control and isolation techniques.
- Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

COMPETENCIES:

- Apply the basic principles of infection control.
- Identify how diseases are transmitted and understand concepts of infection prevention.
- Demonstrate proper hand washing technique.
- Demonstrate appropriate aseptic techniques in the performance of normal duties and understand the role of basic cleaning, disinfecting, and sterilization tasks.
- Demonstrate proper isolation and safety techniques in the care of the infectious resident/patient and proper handling and disposal of contaminated materials.
- Assist with basic emergency procedures.
- Follow safety and emergency procedures.
- Identify safety measures that prevent accidents to residents/patients.
- Recognize signs when a resident/patient is choking or may have an obstructed airway.
- Assist with clearing obstructed airway.
- Call for help when encountering convulsive disorders, loss of consciousness, shock, hemorrhage, and assist the resident/patient until professional help arrives.
- Follow disaster procedures.
- Report emergencies accurately and immediately.
- Identify potential fire hazards.
- Provide a safe, clean environment.
- Identify the resident's/patient's need for a clean and comfortable environment.
- Describe types of common accidents in the nursing home and their preventive measures.
- Be aware of the impact of environmental factors on the resident/patient in all areas including but not limited to light and noise levels.
- Report unsafe conditions to appropriate supervisor. Use the nurse call system effectively.
- Report evidence of pests to appropriate supervisory personnel.
- Report nonfunctioning equipment to appropriate supervisory/charge personnel.
- Prepare soiled linen for laundry.

- Make arrangement of furniture and equipment for the resident's/patient's convenience and to keep environment safe.

MODULE: Psychosocial Needs of the Resident/Patient

- Focus is placed on the diverse social, emotional, recreational and spiritual needs of residents/patients in a long term care setting.
- The curriculum shall describe some of the physical, mental, and emotional changes associated with aging and institutionalization, and present ways in which the nursing assistant may effectively communicate with residents/patients and their families.

COMPETENCIES:

- Demonstrate basic skills by identifying the psychosocial characteristics of the populations being served in the nursing facility including persons with intellectual/developmental disabilities, mental illness, dementia and other related disorders.
- Indicate the ways to meet the resident's/patient's essential needs for physical and psycho-social well-being.
- Modify his/her own behavior in response to resident's/patient's behavior.
- Respect the resident's/patient's beliefs recognizing cultural differences in holidays, spirituality, sexual orientation, gender identification, clothing, foods and medical treatments.
- Identify methods to ensure that the resident/patient may fulfill his/her maximum potential within the normal aging process.
- Provide training in, and the opportunity for, **[self-care self-care]** according to the resident's/patient's capabilities.
- Demonstrate principles of behavior management by reinforcing appropriate behavior and reducing or eliminating inappropriate behavior.
- For persons with dementia, recognize that cognitive functions are impaired, determine what the resident/patient is trying to communicate and respond appropriately.
- Demonstrate skills which allow the resident/patient to make personal choices and promote the resident's/patient's dignity.
- Utilize resident's/patient's family as a source of emotional support and recognize the family's need for emotional support.
- Recognize how age, illness and disability affect memory, sexuality, mood and behavior, including wandering.
- Recognize aggressive behavior and learn management techniques.
- Recognize that certain behaviors, such as wandering, are a form of communication.
- Learn to apply strategies to promote safe behaviors.
- Discuss how appropriate activities are beneficial to residents/patients with cognitive impairments.
- Recognize and utilize augmentative communication devices and methods of nonverbal communication.
- Demonstrate appropriate and effective communication skills.
- Demonstrate effective verbal and nonverbal communications in keeping with the nursing assistant's role with residents/patients, their families and staff.
- Observe by using the senses of sight, hearing, touch and smell to report resident/patient behavior to the nurse.
- Document observations using appropriate terms and participate in the care planning process.
- Recognize the importance of maintaining the resident's/patient's record accurately and completely.
- Communicate with residents/patients according to their state of development.
- Identify barriers to effective communication.
- Recognize the importance of listening to residents/patients.
- Participate in sensitivity training in order to understand needs of residents/patients with physical or cognitive impairments.
- The CNAs dementia specific training shall include:
 - Communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons;
 - Safety measures which need to be taken with those persons; and
 - Prevention of patient abuse that shall include: definitions and signs and symptoms of abuse and neglect, reporting requirements and prevention strategies.

MODULE: Physical Needs of the Resident/Patient

- Presents the basic skills which nursing assistants use in the physical care of residents/patients.
- The nursing assistant will learn basic facts about body systems and what is needed to promote good functioning.
- The nursing assistant will learn to provide physical care to residents/patients safely and to keep the residents/patients nourished, hydrated, clean, dry and comfortable.
- The nursing assistant will also learn to make observations regarding residents/patients and to record and/or report observations.

- The nursing assistant will be introduced to the basics of range of motion and learn to integrate range of motion into routine personal care activities.

COMPETENCIES:

- Apply the principles of basic nutrition in the preparation and serving of meals.
- Incorporate principles of nutrition and hydration in assisting residents/patients at meals.
- Understand basic physiology of nutrition and hydration.
- Understand basic physiology of malnutrition and dehydration.
- Identify risk factors for poor nutritional status in the elderly:
 - Compromised skin integrity
 - Underweight or overweight
 - Therapeutic or mechanically altered diet
 - Poor dental status
 - Drug-nutrient interactions
 - Acute/chronic disease
 - Depression or confusion
 - Decreased appetite
- Recognize how the aging process affects digestion.
- Accurately calculate and document meal intake and report inadequate intake or changes in normal intake.
- Accurately calculate and document fluid intake and report inadequate intake or changes in normal intake.
- Recognize and report signs and symptoms of malnutrition and dehydration.
- Understand concepts of therapeutic diets including dysphagia diets and the related risks associated with dysphagia including aspiration and aspiration pneumonia.
- Incorporate food service principles into meal delivery including:
 - Distributing meals as quickly as possible when they arrive from the kitchen to maintain food temperature.
 - Assisting residents/patients with meal set-up if needed (i.e. opening packets or cartons, buttering bread if desired).
 - Serving meals to all residents/patients seated together at the same time.
 - Offering appropriate substitutions if the residents/patients don't like what they have received.
 - Utilize tray card or other mechanism to ensure the resident/patient is served his/her prescribed diet and identify who to notify if a resident/patient receives the wrong diet.
 - Demonstrate understanding of how to read menus.
 - Assist residents/patients who are unable to feed themselves.
- Demonstrate techniques for feeding someone who:
 - Bites down on utensils
 - Can't or won't chew
 - Holds food in mouth
 - Pockets food in cheek
 - Has poor lip closure
 - Has missing or no teeth
 - Has ill-fitting dentures
 - Has a protruding tongue or tongue thrust
 - Will not open mouth
- Demonstrate proper positioning of residents/patients at mealtime.
- Demonstrate skills for feeding residents/patients who:
 - Are cognitively impaired
 - Have swallowing difficulty
 - Have sensory problems
 - Have physical deformities
- Demonstrate positioning techniques for residents who:
 - Have poor sitting balance
 - Must take meals in bed
 - Fall forward when seated
 - Lean to one side
 - Have poor neck control
 - Have physical deformities
- Demonstrate use of assistive devices.
- Identify signs and symptoms that require alerting a nurse, including:
 - Difficulty swallowing or chewing
 - Coughing when swallowing liquids

- Refusal of meal
- Choking on food or fluids
- Excessive drooling
- Vomiting while eating
- Incorporate principles of a pleasant dining environment when assisting residents/patients at mealtime including, but not limited to:
 - Ensuring adequate lighting
 - Eliminating background noise
 - Sitting at the resident/patient level
 - Being engaged with the resident/patient
- Demonstrate positive interaction with residents/patients recognizing individual resident/patient needs.
- Ensure residents/patients are dressed appropriately.
- Allow residents/patients to eat at their own pace.
- Encourage independence and assist as needed.
- Recognize and report, as appropriate, the risk factors and signs and symptoms of malnutrition, dehydration and fluid overload.
- Accurately calculate and document intake and output including meal percentages and fluids.
- Demonstrate understanding of basic anatomy and physiology in the following areas:
 - Respiratory system
 - Circulatory system
 - Digestive system
 - Urinary system
 - Musculoskeletal system
 - Endocrine system
 - Nervous system
 - Integumentary system
 - Sensory system
 - Reproductive system
- Recognize abnormal signs and symptoms of common illness and conditions. Examples are:
 - Respiratory infection - Report coughing, sneezing, elevated temperatures.
 - Diabetes - Report excessive thirst, frequent urination, change in urine output, drowsiness, excessive perspiration and headache. Understand the healing process as it relates to diabetes.
 - Urinary tract infection - Report frequent urination, burning or pain on urination, elevated temperature, change in amount and color of urine, blood or sediment in urine and strong odors.
 - Cardiovascular conditions - Report shortness of breath, chest pain, blue color to lips, indigestion, sweating, change in pulse, edema of the feet or legs.
 - Cerebral vascular conditions - Report dizziness, changes in vision such as seeing double, change in blood pressure, numbness in any part of the body, or inability to move arm or leg.
 - Skin conditions - Report break in skin, discoloration such as redness, bruising, rash, itching.
 - Gastrointestinal conditions - Report nausea, vomiting, pain, inability to swallow, bowel movement changes such as color, diarrhea, and constipation.
 - Infectious diseases.
- Provide personal care and basic nursing skills as directed by the nurse in the appropriate licensed entity.
- Provide for resident/patient privacy and dignity when providing personal care.
- Assist the resident/patient to dress and undress.
- Assist the resident/patient with bathing and personal grooming.
- Observe and report condition of the skin.
- Assist the resident/patient with oral hygiene, including prosthetic devices.
- Administer oral hygiene for the unconscious resident/patient.
- Demonstrate measures to prevent decubitus ulcers, including, but not limited to positioning, turning and applying heel and elbow protectors.
- Assist the resident/patient in using the bathroom. Understand consequences of not assisting resident/patient to the bathroom.
- Assist the resident/patient in using a bedside commode, urinal and bedpan.
- Demonstrate proper bed making procedures for occupied and unoccupied beds.
- Feed resident/patient oral table foods in an appropriate manner. Demonstrate proper positioning of resident/patient who receives tube feeding.
- Distribute nourishment and water.
- Accurately measure and record with a variety of commonly used devices:
 - Blood pressure

- Height and weight
- Temperature, pulse, respiration
- Report significant change in vital signs.
- Assist the resident/patient with shaving.
- Shampoo and groom hair.
- Provide basic care of toenails unless medically contraindicated.
- Provide basic care of fingernails unless medically contraindicated.
- Demonstrate proper catheter care.
- Demonstrate proper perineal care.
- Assist the nurse with a physical examination.
- Apply a non-sterile dressing properly.
- Apply non-sterile compresses and soaks properly and safely.
- Apply cold and/or heat applications properly and safely.
- Demonstrate how to properly apply compression stockings.
- Demonstrate proper application of physical restraints including side rails.
- Demonstrate skills which incorporate principles of restorative care under the direction of a nurse.
- Assist the resident/patient in bowel and bladder training.
- Assist the resident/patient in activities of daily living and encourage **[self-help self-help]** activities.
- Assist the resident/patient with ambulation aids, including, but not limited to cane, quad-cane, walker, crutches, wheelchair and transfer aids, such as a mechanical lift.
- Perform range of motion exercise as instructed by the physical therapist or the nurse.
- Assist in care and use of prosthetic devices.
- Assist the resident/patient while using proper body mechanics.
- Assist the resident/patient with sitting on the side of the bed, standing and walking.
- Demonstrate proper turning and/or positioning both in bed and in a chair.
- Demonstrate proper technique of transferring resident/patient from low and high bed to chair.
- Demonstrate safety and emergency procedures including proficiency in the Heimlich maneuver and certification in cardiopulmonary resuscitation (CPR).
- Provide care to resident/patient when death is imminent.
- Discuss own feelings and attitude about death.
- Explain how culture and religion influence a person's attitude toward death.
- Discuss the role of the CNA, the resident's/patient's family and significant others involved in the dying process.
- Discuss the stages of death and dying and the role of the nurse assistant.
- Provide care, if appropriate, to the resident's/patient's body after death.

5 DE Reg. 1908 (04/01/02)

6 DE Reg. 1505 (05/01/03)

8 DE Reg. 1014 (01/01/05)

14 DE Reg. 169 (09/01/10)

15 DE Reg. 1010 (01/01/12)

16 DE Reg. 632 (12/01/12)

20 DE Reg. 901 (05/01/17) (Final)