

Nursing Assistant-Registered (NAR)
Verification of Clinical Hours and Competency
(Valid Only During COVID-19 Crisis)

Background

During the COVID-19 crisis, nursing assistant students are considered essential. To facilitate adequate numbers of nursing assistants to meet the public's care needs, nursing assistant training programs are allowed to provide classroom/didactic instruction in a live online format. This includes the federally-required training that students must have prior to contact with residents if they are working as nursing assistants-registered (NARs). Students must be enrolled to complete their training while working as an NAR or if they choose to volunteer as an NAR.

When students provide care as NARs, the facility is responsible to ensure the NARs are competent to perform nursing assistant tasks. The NAR demonstrates competency for these tasks to a licensed nurse in the facility.

Because many NARs may not be checked off for competency in the skills lab setting by their instructor during the COVID-19 crisis, it is critically important that a nurse at the facility does so.

NARs enrolled in a training program during the COVID-19 crisis may receive clinical hours' credit for their NAR work or volunteer experience if the supervising licensed nurse documents the NAR's competency using this form (please see page 2).

Qualifying standards for NAR work or volunteer experience listed in emergency rules must be met to count.

Instructions

- The training program provides the checklist to students who choose to work or volunteer as an NAR.
- The NAR works with their supervising licensed nurse who initials each skill the NAR has demonstrated competency (corresponding to skills assigned to the NAR in the work or volunteer experience).
- The NAR provides a signed checklist to the training program and to the facility and keeps a copy.
- The training program keeps the checklist in the student file, after also verifying the NAR's (student's) competency in skills lab on the program's usual competency checklist form; the program must have a checklist signed by the supervising nurse and NAR to award clinical credit.
- The facility where the NAR is employed or volunteering keeps a copy of the signed checklist in the NAR's file; this documentation may be requested during survey.

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NAR (Student) Name: _____

Training Program Name: _____

Name of Healthcare Facility: _____

<p>1. Basics prior to resident contact</p> <p><input type="checkbox"/> Communication/interpersonal skills <input type="checkbox"/> Infection control <input type="checkbox"/> Safety/emergency procedures, including the Heimlich maneuver <input type="checkbox"/> Promoting residents' independence <input type="checkbox"/> Respecting residents' rights</p>	<p>4. Mental health and social service needs</p> <p><input type="checkbox"/> Modifying aide's behavior in response to residents' behavior <input type="checkbox"/> Awareness of developmental tasks associated with the aging process <input type="checkbox"/> How to respond to resident behavior <input type="checkbox"/> Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity <input type="checkbox"/> Using the resident's family as a source of emotional support</p>	<p>7. Residents' rights</p> <p><input type="checkbox"/> Providing privacy and maintenance of confidentiality <input type="checkbox"/> Promoting the residents' right to make personal choices to accommodate their needs <input type="checkbox"/> Giving assistance in resolving grievances and disputes <input type="checkbox"/> Providing needed assistance in getting to and participating in resident and family groups and other activities; <input type="checkbox"/> Maintaining care and security of residents' personal possessions <input type="checkbox"/> Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff <input type="checkbox"/> Avoiding the need for restraints in accordance with current professional standards.</p>
<p>2. Basic nursing skills</p> <p><input type="checkbox"/> Taking and recording vital signs <input type="checkbox"/> Measuring and recording height and weight <input type="checkbox"/> Caring for the residents' environment <input type="checkbox"/> Recognizing abnormal changes in body functioning and reporting to a supervisor <input type="checkbox"/> Caring for residents when death is imminent</p>	<p>5. Care of cognitively impaired residents</p> <p><input type="checkbox"/> Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others) <input type="checkbox"/> Communicating with cognitively impaired residents <input type="checkbox"/> Understanding the behavior of cognitively impaired residents <input type="checkbox"/> Appropriate responses to the behavior of cognitively impaired residents <input type="checkbox"/> Methods of reducing the effects of cognitive impairments</p>	
<p>3. Personal care skills, including, but not limited to</p> <p><input type="checkbox"/> Bathing <input type="checkbox"/> Grooming, including mouth care <input type="checkbox"/> Dressing <input type="checkbox"/> Toileting <input type="checkbox"/> Assisting with eating and hydration <input type="checkbox"/> Proper feeding techniques <input type="checkbox"/> Skin care <input type="checkbox"/> Transfers, positioning, turning</p>	<p>6. Basic restorative services</p> <p><input type="checkbox"/> Training the resident in self-care according to the resident's abilities <input type="checkbox"/> Use of assistive devices in transferring, ambulation, eating, and dressing <input type="checkbox"/> Maintenance of range of motion <input type="checkbox"/> Proper turning and positioning in bed and chair <input type="checkbox"/> Bowel and bladder training <input type="checkbox"/> Care and use of prosthetic and orthotic devices</p>	

Supervising Nurse's Attestation: Under my supervision, the NAR named on this form demonstrated competency for each skill I initialed above.

Printed Name: _____

Signature: _____ Date: _____

NAR Attestation: All information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____