

Texas Curriculum for Nurse Aides in Long-Term Care Facilities

**Texas Health and Human Services
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TEXAS
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Services

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Course Objectives

To prepare nurse aides with the knowledge, skills and abilities essential for the provision of basic care to residents in long-term care facilities. After completing this course, participants will be able to:

- provide person-centered basic care to residents of long-term care facilities.
- communicate and interact therapeutically with residents and their families, with sensitivity to the physical, social, and mental needs of residents.
- assist residents in attaining and maintaining maximum functional independence.
- protect, support and promote the rights of residents.
- provide safety and preventive measures in the care of residents.
- demonstrate skill in observing, reporting and documentation.
- function effectively as a member of the health care team.

1. Course Outline

1.1 Introduction to Long-term Care

Key Terms

Abuse - the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.

Airborne Precautions - actions taken to minimize the transmission of infectious agents that remain infectious when suspended in the air.

Alcohol Based Hand Rub or Sanitizer - a 60-90% alcohol containing preparation designed for use on the hands to reduce the number of microorganisms.

Antiseptic Hand Wash - washing hands with water and soap containing an antiseptic agent.

Biohazardous Waste - items that are contaminated with blood, body fluids, feces, or other body substances that may be harmful.

Bloodborne Pathogens - microorganisms that are present in human blood and can cause disease.

Competency Evaluation Program (CEP) - A hands-on skills examination and a written or oral examination approved by HHSC that tests the competency of a nurse aide.

Contaminated - dirty or soiled with microorganisms.

Contact Precautions - measures that are intended to prevent the transmission of infectious agents that are spread by direct or indirect contact with a resident.

Culture Change - the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected.

Dementia - Dementia is an umbrella term for a group of signs and symptoms that describe decline in a person's mental ability that is severe enough to interfere with his/her daily life.

Droplet Precautions - actions designed to reduce or prevent the transmission of pathogens spread through close respiratory secretions.

Employee Misconduct Registry (EMR) - a registry maintained by HHSC, in accordance with Texas Health and Safety Code, Chapter 253, to track findings of reportable conduct by an unlicensed employee of a facility. The EMR lists persons who are not employable in a facility.

Hand Hygiene - washing hands with water and soap or soap/detergent containing an antiseptic agent or thoroughly and correctly applying an Alcohol Based Sanitizer.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - a law which protects the privacy of individually identifiable health information and includes; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information, and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze resident safety events and improve resident safety.

Infection - establishment of an infective organism on a suitable host (person), which results in signs and symptoms (such as fever, redness, heat).

Infection Control - Infection control prevents or stops the spread of infections in healthcare settings. Facilities are required to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Infectious Disease - Infectious diseases are illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and can cause an infection.

Infection Preventionist - the person(s) designated by the facility to be responsible for the infection prevention and control program.

Isolation - practices employed to reduce the spread of infectious organisms, usually including the separation of the resident with an easily transmitted disease from other residents.

Long-Term Care (LTC) - services that help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves.

Material Safety Data Sheet - A Material Safety Data Sheet (MSDS) is a safety document required by the Occupational Safety and Health Administration (OSHA) that contains data about the physical properties of a particular hazardous substance. The MSDS is a nine-section safety document detailing the toxicity, use, storage, handling and emergency procedures of hazardous substances. It is intended to provide employees with safety measures for handling or working with hazardous substances.

Medical Asepsis: practices used to remove or destroy pathogens and prevent their spread from one person or place to another person or place, also called clean technique.

Microorganism (Germ, Pathogen) - a living organism so small that it can only be seen with the aid of a microscope and that often causes disease.

Minimum Data Set (MDS) – a 52-page assessment document used to record a complete assessment of a nursing facility residents health status and functional capabilities.

Misappropriation of Resident Property – the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent.

Neglect – the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Nurse Aide - An individual providing nursing or nursing-related services to residents in a facility under the supervision of a licensed nurse who has successfully completed a NATCEP approved by the state or has been determined competent by waiver or reciprocity and is listed as active on the Nurse Aide Registry. This definition does not include an individual who is a licensed health professional or a registered dietitian or who volunteers such services without monetary compensation.

Nurse Aide Training and Competency Evaluation Program (NATCEP) - A program approved by HHSC to train and evaluate an individual’s ability to act in the capacity of a nurse aide for the purpose of working in a nursing facility.

Omnibus Budget Reconciliation Act (OBRA) - a federal law passed in 1987 that establishes regulations for nursing facilities and nurse aide training in facilities.

Occupational Safety and Health Administration (OSHA) - a government agency mandated to protect the employee by establishing and monitoring workplace safety requirements.

Parasite - an organism that lives within or upon another organism or host (person or an animal).

Person-Centered Care - care that aims to be resident focused, to promote independence and autonomy, to provide choice and control and to be based on a collaborative team philosophy. It takes into account the resident's needs and views and builds relationships with his/her family members.

Personal Protective Equipment (PPE) - protective items or garments worn alone or in combination to protect the body or clothing from contact with infectious agents. These include but are not limited to gloves, gowns, masks and protective eye wear. PPE is defined by the Occupational Safety and Health Administration (OSHA), as "specialized clothing or equipment, worn by an employee for protection against infectious materials."

Registry - a state listing of all individuals who have satisfactorily completed a NATCEP or a CEP approved by HHSC or qualified by waiver or reciprocity and are deemed active and employable in a nursing facility. Nurse aides who have a finding entered on the registry of committing an act of abuse, neglect, or misappropriation of resident or consumer property are deemed unemployable in a nursing facility pursuant to 42 Code of Federal Regulation (CFR), §483.156.

Resident - A person accepted for care or residing in a facility.

Standard Precautions - infection prevention practices that apply to all residents regardless of infection status.

Texas Health and Human Services Commission (HHSC) - Department that regulates the nurse aide registry and training programs.

Transmission Based Precautions (Isolation Precautions) – steps taken to prevent the spread of infection by identifying potentially infectious individuals and using airborne, contact, and/or droplet precautions as indicated, in addition to standard precautions.

Procedural Guidelines Used in this Section

- Procedural Guideline #1 – Fainting and Falls
- Procedural Guideline #2 – Seizures
- Procedural Guideline #3 – Clearing the Obstructed Airway (Heimlich maneuver)
- Procedural Guideline #4 – Personal Protective Equipment (PPE)
- Procedural Guideline #6 – Hand Washing
- Procedural Guideline #8 – Communication and Interpersonal Skills

1.1.1 Introductions

Notes to Instructor:

- Discuss how today's nurse aide came about, how they are essential to the health care team and how it can be an entry point to a nursing profession.
- The first 16 hours of content (Section I "Introduction to LTC") MUST be completed prior to any direct contact with a resident. (see §556.3(j). It should not be used as the orientation to a specific facility.
- Distribute a copy of the Texas Nurse Aide Candidate Handbook to each student.
- Stress the importance of updating nurse aide certification by submitting employment verification.

Student Objectives:

- Identify 5 of the aspects of Person-Centered Care.
- State the intent of OBRA.
- Describe the OBRA requirements for nurse aide training and placement on the Texas Registry.
- Discuss who can work as a nurse aide in a nursing facility.
- Discuss the benefits of this course to residents, nurse aides and LTC facilities.
- State the purpose of the LTC facility.
- Describe the types of residents in LTC facilities.

- Discuss common needs we all share.
- Explain the resident's right to privacy of person and condition.
- Describe a common belief or feeling about aging and discuss whether it is true.
- Define Dementia.
- List 5 signs/symptoms that may be seen in Dementia.

Introduction to Course

1. History and importance of a nurse aide
2. Course content and student objectives
3. Class and clinical schedules
4. Textbooks/references
5. Course requirements and assignments

Introduction to Person Centered-Care

1. Person-centered care is a care concept that recognizes that individuals have unique values, personal histories and personalities and that each person has an equal right to dignity, respect, and to participate fully in his/her environment.
2. The goal of person-centered care honors the importance of keeping the person at the center of his/her care and decision-making process.
3. In person-centered care, those providing the care must actively listen and observe to be able to adapt to each individual's changing needs, regardless of his/her condition or disease process.
4. In long-term care, the person-centered care model is extremely important to ensuring that everyone is treated as an individual with the focus not being placed on his/her illness, abilities, or inabilities.
5. Making sure that people are involved in and central to their care is now recognized as a key component of providing for a high quality of health care.
6. There are many aspects of person-centered care that should be accounted for:
 - A. Respecting one's values and putting them at the center of their care;

- B. Taking into account someone's preferences and expressed needs;
 - C. Coordinating and integrating care;
 - D. Working together to make sure there is good communication with the individual and that information and education is effectively passed along;
 - E. Making sure people are physically comfortable and safe;
 - F. Providing emotional support;
 - G. Involving the individual's family and friends;
 - H. Making sure there is continuity between and within the services that the person is receiving; and
 - I. Making sure people have access to appropriate care when they need it.
7. Person-centered care is about focusing care on the needs of the person in all areas of care, including:
- A. Activities of Daily Living (ADLs) by ensuring that the resident is allowed to make choices on what they want to wear, when he/she want to take/receive a shower, and how he/she want to have his/her hair done, just to name a few.
 - B. Dining and Nutrition to ensure that the resident is provided with the food that he/she wants to eat, when to consume each meal, and whether or not to eat in the dining room or his/her personal room.
 - C. Activities to ensure that a resident is provided with meaningful activities that he/she wants to do, when he/she wants to do them, and how he/she wants to do them (to the best of his/her abilities).

Introduction to OBRA

1. The Omnibus Budget Reconciliation Act (OBRA) of 1987 is a federal law that establishes regulations for nursing facilities and nurse aide training in facilities.
2. The intent of OBRA is to improve the quality of life for residents in nursing facilities.
3. OBRA facility regulations focus on:
 - A. Resident rights, restorative care, psychosocial care and preventive care to maintain maximum physical and mental wellness of residents.

- B. State inspection of facilities for compliance with regulations with penalties for noncompliance.
4. OBRA nurse aide training regulations include:
- A. The facility must assure that nurse aides complete an approved Nurse Aide Training and Competency Evaluation Program (NATCEP) and be placed on the Nurse Aide Registry within 4 months of their date of hire by the facility.
 - a. The first 16 hours of training must be completed prior to any direct contact with a resident.
 - b. After the first 16 hours, nurse aides can perform only those skills for which they have been trained and found to be proficient by the instructor.
 - B. An approved Nurse Aide Training Program must be at least 100 clock hours in length (including 60 classroom and 40 clinical training hours). The nurse aide must pass the training program to be eligible to take the state test.
 - a. The state test (CEP) includes:
 - (1) A written or oral exam.
 - (2) A skills test consisting of 5 randomly selected skills.
 - (3) The nurse aide must pass the skills and written test before being placed on the registry. The nurse aide has 3 opportunities to pass each test and must meet competency within two years of his or her training completion date.
 - b. State registry requirements include:
 - (1) Each individual listed on the registry must keep the department informed of his or her current address and telephone number.
 - (2) Nurse aide certification expires 24 months after being entered into the registry. Nurse aides must submit verification of paid employment prior to the expiration date to continue certification.
 - (3) Nurse aides renewing certification after September 1, 2013 must complete 24 hours of in-service education every two years.
5. HHSC does not recertify nurse aides that are listed on the Employee Misconduct Registry (EMR) or have been convicted of a criminal offense listed in Texas Health and Safety Code, §250.006.

- A. A finding of abuse, neglect or misappropriation of resident property may be entered into the registry. If a finding is entered, the nurse aide will not be employable as a nurse aide in LTC facilities.
- B. See Appendix D: Texas Administrative Code, Title 26, Part 1, Section 556.9 and Section 556.12.

Residents in Long-term Care Facilities

1. Purpose of LTC facilities
 - A. Designed to meet the needs of persons who cannot care for themselves but do not need hospital care.
 - B. LTC facilities meet the needs of those who may be:
 - a. Alert and oriented
 - b. Confused and disoriented
 - c. Needing complete care
 - d. Geriatric
 - e. Disabled
 - f. Physically
 - g. Mentally
 - h. Requiring skilled nursing care (short-term care)
 - i. Pediatric
 - j. Needing post-acute care
 - k. Terminally ill needing hospice care
 - l. Other
2. Needs common to residents
 - A. Physical
 - B. Psychosocial
 - C. Privacy
3. Myths and feelings about aging

Dementia in Long-term Care

1. Dementia is an umbrella term for a group of signs and symptoms that describe decline in a person's mental ability that is severe enough to interfere with his/her daily life.
2. There are over 100 different types of dementia, with the most common types of dementia being:
 - A. Alzheimer's Disease: the most common type of dementia, accounting for 60%- 80% of all cases of dementia. The abnormalities seen in Alzheimer's Disease include deposits of protein fragment beta-amyloid (plaques); twisted strands of protein tau (tangles); and evidence of nerve cell damage and death in the brain.
 - B. Vascular dementia (also known as multi-infarct): the second most common type of dementia, accounting for approximately 10% of all dementias. This type of dementia shows, in brain imaging that there are blood vessel problems.
 - C. Dementia with Lewy Bodies: the third most common type of dementia that shows Lewy bodies, which are abnormal clumps of the protein alpha-synuclein that develop in the cortex of the brain.
3. Knowing how the different types of dementia affect the brain will help you to understand why some people with dementia behave in the ways that they do.
4. A resident may present with different signs and symptoms, depending on the area of the brain that is being affected. The different signs and symptoms may include (not all- inclusive):
 - A. Trouble remembering things;
 - B. Impaired communication;
 - C. Poor judgment;
 - D. Disorientation;
 - E. Confusion;
 - F. Behavior changes;
 - G. Problems with planning;
 - H. Sleep disturbances; and

- I. Difficulty with walking, speaking, and swallowing.
5. As with any disease process that affects the brain, there is the possibility for behavioral issues that may be due to his/her inability to communicate. As his/her condition progresses, the resident may start to display behaviors that may be out of character. These behaviors are often the result of an unmet need such as hunger, thirst, pain, needing to use the bathroom, being comfortable, and many others.
6. The behaviors that may be seen include aggression, agitation, depression, hallucinations, suspicions, repetition in speech or actions, and wandering, to name a few.
7. Understanding these behaviors is the first step in being able to assist someone with the possible unmet needs, which could possibly decrease the behaviors or eliminate them all together.

1.1.2 Role of the Nurse Aide in LTC

Student Objectives:

- Discuss the history of the nurse aide.
- Discuss possible career ladder.
- Discuss the importance of their role in taking care of the residents.
- State the qualities of an effective nurse aide.
- List the responsibilities of the nurse aide to the resident, the facility and other staff.
- Discuss the role of the nurse aide in relation to the other health care team members.
- What should the nurse aide do if asked to perform a task which is beyond scope?
- Discuss examples of how a nurse aide's relationship with a resident would be appropriate or inappropriate.
- Discuss whether or not it is appropriate for a nurse aide to accept a gift from a resident.

Nurse Aides

1. The nurse aide may work in various health care settings and is usually the primary “hands on” caregiver.
2. Where they started and possible progress to other health care professions
3. Importance of their job and the skills they provide are essential to improved quality of life for those they provide care to.

Qualities of an Effective Nurse Aide

1. Professional and compassionate attitude
2. Responsible nature
3. Ability to communicate effectively
4. Maintenance of high ethical standards

Responsibilities of Nurse Aides

1. To the resident – job description
2. To the facility – commitment to professionalism
3. To the staff – cooperation, dependability, and conflict resolution
4. All members of the health care team focus their efforts on a care plan devised to meet the needs of the individual.

Relationship of the Nurse Aide to the Residents

1. Appropriate professional relationships
2. Inappropriate relationships
3. The goal of person-centered care honors the importance of keeping the person at the center of his/her care and decision-making process.

1.1.3 Safety Measures

Notes to Instructor:

- Integrate the principles of safety throughout this course

Student Objectives:

- Discuss the importance of safety in the long-term care facility.
- Demonstrate/Act out unsafe behaviors and situations.
- Describe physical changes that may be associated with aging that increase the risk of accidents.
- Identify physical changes that are beyond the resident's control.
- Recognize safety hazards and describe how to maintain environmental safety in the long- term care facility.
- Describe how to lock out unsafe or broken equipment.
- Describe the procedure to follow for reporting incidents and accidents.
- Describe the importance of Material Safety Data Sheets (MSDS), where they are located, and how they are used in your facility.
- Demonstrate proper use response to a resident's call signal following facility policy.
- Demonstrate correct identification of resident prior to giving care following facility policy and resident's plan of care.
- Describe different types of oxygen delivery.
- State safety precautions to take when oxygen is in use.
- Identify measures to prevent fires according to facility policy.
- In your facility, locate the emergency fire and disaster plans, emergency exits, alarm system, and fire extinguishers.

Safety is Everyone's Concern

1. Some older individuals may not realize that some activities may be harmful to them.
2. The most common cause of accidents for LTC residents is falls.
3. Communicate with residents about his/her safety while maintaining his/her right to choices about his/her care and activities.
4. The resident has the right to a safe environment.
5. Think about safety first when you enter an area and last when you leave the area.

6. Safety is integrated throughout this course.

Physical Changes in Residents that Increase Risks

1. Decreased vision.
2. Impaired hearing.
3. Tremors or shaking.
4. Dizziness when position is changed from lying to sitting or sitting to standing.
5. Slower reflexes.
6. Mental changes such as forgetfulness or confusion.
7. Weakness due to illness, injury, or shrinking of unused muscles.

Providing a Safe Environment

1. Recognize and report unsafe conditions that nurse aides are unable to correct.
2. Keep hallways and resident rooms clean, dry, and free of obstacles.
3. Keep equipment and supplies on one side of the hallway so that residents have an unobstructed path
4. Pick up any objects on the floor
5. Wipe spills immediately and place a wet floor sign
6. Keep beds in prescribed position and wheels locked.
7. Follow facility policy for use of side rails.
8. Maintain adequate lighting.
9. Report all equipment not in proper working order and use it according to facility policy and manufacturer's directions. Unsafe or broken equipment should be identified and removed from service according to facility policy.
10. Properly transport residents according to his/her plan of care. Properly transport equipment according to facility policy and manufacturer's recommendation.
11. Instruct residents to use handrails.
12. Check soiled linen for sharp or misplaced articles.
13. Set brakes on wheelchairs during transfers or when parking the chair.

14. Keep all chemicals in locked area legibly labeled and in their original container. Do not store chemicals in the same area as food products.
15. Keep hazardous materials, sharp objects and plants away from confused residents.
16. Ensure appropriate footwear is worn by staff and residents.
17. Provide call signals to all residents and remind resident to call for help.
18. Always identify residents before beginning care.
19. Follow recommended safety precautions for all procedures.
20. Report any change in condition such as loss of appetite.
21. Keep resident's preferred belongings within easy reach.
22. Avoid the use of any clothing that could cause residents to trip.
23. Use shower chairs in showers. Do not transport resident in shower chair or leave unattended in tub or shower.

Accidents and Incidents

1. "Incident" – An occurrence or event that interrupts normal procedures or precipitates a crisis
2. "Accident" – An unexpected, undesirable event
3. Role of the nurse aide in recognizing and reporting incidents and accidents
4. **Unsafe or broken equipment** should be "locked out" so that it cannot be used. The person who discovers broken equipment should "tag" is following facility policy.
5. **The Hazardous Communication Employee Right to Know** program is designed to make employees aware of the proper uses and hazards of chemicals in the workplace.

Answering Call Signals

1. Ensure that all residents have access to a call signal at all times and know how to use it.
2. The call signal may be the resident's only means of getting help in an emergency.
3. Know and follow facility policy for using call signals.

4. In general, all staff are responsible for answering call signals, even if it's not his/her assigned resident.
5. Know the various signals for resident rooms, bathrooms, etc. in your facility.
6. Know how to turn call signals off/on.
7. Know timelines for answering call signals.
8. Proper responses when answering call signals.

Identifying Residents

1. Resident identification systems:
 - A. Identification bands
 - B. Name on door
 - C. Pictures
 - D. Sensor bracelets for residents that wander
2. Follow facility policy and procedure for identifying residents.

Oxygen Safety

1. Types of oxygen delivery systems and how they are used:
 - A. Cannula
 - B. Mask
2. Know the liter flow ordered by the doctor, monitor liter flow when in the room and notify nurse of incorrect liter flow.
3. Safety precautions when oxygen is used:
 - A. Post oxygen signs on door, over bed and follow facility policy.
 - B. Check with nurse before using electrical equipment such as razors, fans, radios, televisions.
 - C. Never use flammable liquids such as nail polish remover.
 - D. Be sure that the oxygen cylinder is secured on base and/or chained to a carrier or wall.
 - E. Immediately report smoking/smoking materials when oxygen is in use.
 - F. Use only cotton blankets – not wool or synthetic.

G. If tank is empty report to nurse.

Fire Prevention and Safety

1. Fire Prevention
 - A. Supervise smoking in designated areas/monitor for smoking materials in rooms.
 - B. Allow no open flames near oxygen.
 - C. Report frayed wiring or faulty electrical equipment.
 - D. Report concerns of overloaded electrical outlets.
2. Fire emergency rules
 - A. Stay calm and do not panic, run or scream.
 - B. Follow the steps of RACE:
 - a. R = Remove all residents from the immediate vicinity of the fire.
 - b. A = Activate the alarm system.
 - c. C = Contain the fire and smoke by closing all doors and windows.
 - d. E = Extinguish the fire, if it is small enough to contain.
3. Remove combustible supplies and equipment from hallways.
4. Remember that smoke kills. In a smoke-filled area, stay close to the floor because smoke rises.
5. Know facility policy regarding fire emergency rules.

Natural Disasters

1. Tornado
2. Hurricane
3. Other natural disasters
4. Other Safety Regulations
 - A. **The Safe Medical Device Act of 1991** requires that the Food and Drug Administration (FDA) be notified of any death or serious injury caused by any type of medical device.
 - B. **The Texas Concealed Handgun Law** prohibits carrying a concealed weapon in a hospital, nursing home or other health care facility.

- C. **The Occupational Safety and Health Administration (OSHA)** is mandated by the government to protect the employee.
 - a. OSHA inspects LTC facilities for compliance with personal protective equipment, standard precautions, Material Safety Data Sheets (MSDS), and tuberculosis testing and exposure.
- D. **OSHA** also requires each facility to have an eyewash station within a reasonable distance of where hazardous chemicals are used and a total body wash station. Facility shower rooms satisfy both requirements.
- E. **Video recorders may be in use** – Audio Electronic Monitoring (AEM)

1.1.4 Emergency Measures

- State the general procedure to follow in an emergency in your facility
- Describe and/or demonstrate laboratory skills in emergency measures for:
 - ▶ Fainting/syncope
 - ▶ Falls and suspected fractures
 - ▶ Seizures
 - ▶ Vomiting and aspiration
 - ▶ Clearing the obstructed airway (Heimlich Maneuver)
- NOTE: Do not practice forceful abdominal thrusts on human subjects as part of training

General Measures for Emergency Care

1. Stay with the resident and call for help. Be sure the nurse is notified
2. Do not move the resident unless there is immediate danger
3. Remain calm and reassure the resident
4. Start emergency measures that you are trained to perform while waiting for help to arrive
5. Remain with the resident after help arrives to assist and answer questions as needed
6. Know facility procedure and phone numbers for reporting emergencies
7. Know where emergency equipment and supplies are located

Appendix D. Texas Administrative Code

Title 26	Health and Human Services
Part 1	Health and Human Services Commission
Chapter	556 Nurse Aides

The following Nurse Aide rule revisions effective April 2021 address the definitions and requirements for online training, CEPs, and Nurse Aide Renewal.

- [§556.2. Definitions.](#)
- [§556.3. Nurse Aide Training and Competency Evaluation Program \(NATCEP\) Requirements.](#)
- [§556.6. Competency Evaluation Requirements.](#)
- [§556.9. Nurse Aide Registry and Renewal](#)

Title 26	Health and Human Services
Part 1	Health and Human Services Commission
Chapter 556	Nurse Aides
Rule §556.12	Findings and Inquiries

- [§556.12 Findings and Inquiries](#)

Appendix E. Glossary of Terms

A.M. Morning

AD *acronym:* Alzheimer's Disease

ADL *acronym:* Activities of Daily Living

AIDS *acronym:* Acquired Immune Deficiency Syndrome

b.i.d. abbreviation: Latin bis in die meaning "twice a day"

BP acronym: Blood Pressure

cc abbreviation: cubic centimeter

CDC acronym: Centers for Disease Control

CEP acronym: Competency Evaluation Program

CPR abbreviation: cardiopulmonary resuscitation

CVA abbreviation: cerebrovascular accident – a general term which encompasses such problems as stroke and cerebral hemorrhage.

EMS *acronym:* Emergency Medical Service

mmHg *abbreviation for:* millimeters of mercury to measure the partial pressure of a gas (as for measurement of blood pressure).

HIV *abbreviation:* human immunodeficiency virus

I & O *acronym:* Intake and Output

IV *abbreviation:* Within or into a vein.

LTC *acronym:* Long Term Care

ml *abbreviation:* measures, milliliter

mm *abbreviation:* measures, millimeter

MDS *acronym:* Minimum Data Set

MRSA *acronym:* Methicillin Resistant Staphylococcus Aureus

MSDS *acronym:* Material Safety Data Sheets

NATCEP *acronym:* Nurse Aide Training and Competency Evaluation Program

NPO Do not take anything by mouth.

OBRA *acronym:* Omnibus Reconciliation Act of 1987

°F *abbreviation:* Degrees Fahrenheit

OSHA *acronym:* Occupational Safety And Health Administration

oz *abbreviation:* Italian word "onza" meaning ounce or ounces (fluid measure)

P *abbreviation:* Pulse

P.M. Evening

PPE *acronym:* Personal Protective Equipment worn by health care workers such as gloves, gowns, masks.

R *abbreviation:* Respiration

SoB *abbreviation:* Shortness of Breath

STAT A common medical abbreviation derived from the Latin word "statim" which means immediately. Used to imply "urgent" or "rush."

T *abbreviation:* Temperature

- AX *abbreviation:* Temperature taken at the axilla (under arm area).

TAC *acronym:* Texas Administrative Code

TB *abbreviation:* commonly used for tuberculosis

TPR *acronym:* Temperature/Pulse/Respiration

USDA *abbreviation:* United States Department of Agriculture

VRE *acronym:* Vancomycin Resistant Enterococcus

Appendix F. Reference Page

1. [Centers for Disease Control and Prevention](#) Web Resources
 - A. [Standard Precautions](#)
 - B. [Transmission - based Precautions](#)
 - C. [Contact Precautions – Example Sign](#)
 - D. [Droplet Precautions – Example Sign](#)
 - E. [Airborne Precautions – Example Sign](#)
 - F. [Video: Demonstration of Donning \(Putting On\) Personal Protective Equipment \(PPE\)](#)
 - G. [Video: Demonstration of Doffing \(Taking Off\) Personal Protective Equipment \(PPE\)](#)
 - H. [Video Demonstration: Disinfect Your Shoes](#)
 - I. [CDC recommendations on PPE Sequence](#)
 - J. [How to Remove Gloves](#)
 - K. [Fight Germs. Wash Your Hands!](#)
 - L. [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)
 - M. [Do’s and Don’ts of Facemask Usage](#)
 - N. [Proper Respirator Usage](#)
 - O. [Guidelines for Handling Sharps](#)
 - P. [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
 - Q. [CDC recommendations on the use of PPE when caring for someone with COVID-19](#)
 - R. [Quarantine and Isolation](#)
2. [Centers for Medicare & Medicaid Services \(CMS\) – Minimum Data Set \(MDS\) Manual](#)
3. [Department of State Health Services - Audiovisual Library](#)
4. [Environmental Protection Agency \(EPA\): Registered Disinfectants](#)
5. [Behavioral & Environmental Interventions \(HHSC\)](#)
6. [Employability Checks \(HHSC\)](#)

- A. Nurse Aide Registry (NAR)
- B. Employee Misconduct Registry (EMR)
- 7. [Information regarding Culture Change \(HHSC\)](#)
- 8. [Information regarding Infection Control \(HHSC\)](#)
- 9. [Nurse Aide Competency and Evaluation Program \(NATCEP\) website \(HHSC\)](#)
- 10. [Nurse Aide Registry \(NAR\) website \(HHSC\)](#)
- 11. [Maslow's Hierarchy of Needs](#)
- 12. [National Council of State Boards of Nursing \(NCSBN\)](#)
- 13. [Professional Boundaries, Leader to Leader \(NCSBN\)](#)
- 14. [Social media \(NCSBN\)](#)
- 15. [Osha Guidance for Contaminated Laundry](#)
- 16. [Prometric Texas Nurse Aide website](#)
- 17. [Texas Department of Public Safety Crime Record Service](#)
- 18. [The Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) Privacy and Security Rules website](#)