

**Unlicensed Assistive Personnel**

**UAP**

**Curriculum**

**Long-Term Care Module**

**2013**

**State of New Jersey  
Department of Law and Public Safety  
Division of Consumer Affairs  
New Jersey Board of Nursing  
Homemaker-Home Health Aide**

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# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section I. Introduction to the Role of the UAP Nurse Aide in Long-Term Care

### Section I. Introduction to the Role of the UAP Nurse Aide in Long-Term Care

#### Performance Objectives:

Upon completion of Section I, and with core knowledge, the student will demonstrate the job knowledge and related skills needed to define the role of the nurse aide within the long-term care setting.

#### Enabling Objectives:

The student will:

- Identify ways of encouraging independence and choice for a resident;
- Identify ways of providing privacy for a resident;
- Recognize rights of the resident in a Long-Term Care Facility (LTCF);
- Describe how and to whom an identified resident abuse situation is reported;
- Describe how resident and/or family grievances are handled; and
- Discuss means of protecting the resident's personal property.

#### Content Map:

- I. Introduction to the role of the UAP: Nurse Aide in Long-Term Care
  - A. Concept of Long-Term Care
    1. Purpose
      - a. Provision of care
      - b. Prevention of injury or disease
      - c. Rehabilitative or restorative care
    2. Federal and New Jersey State requirements
      - a. Nurse aide
        - (1) Training course
        - (2) Competency testing
          - (a) Skills
          - (b) Knowledge: written/oral
        - (3) Criminal background investigation (CBI)
        - (4) Registry
          - (a) Abuse registry
          - (b) Nurse aide's responsibilities
            - i Change of address or name notification
            - ii Renewal



## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section I. Introduction to the Role of the UAP Nurse Aide in Long-Term Care

- (ii) Ombudsman
- b. Understand the effects of institutionalization and the potential losses experienced by the resident
  - (1) Loss of identity (e.g. retirement, changes in family and/or community role)
  - (2) Loss of independence
  - (3) Loss of mobility
  - (4) Loss of health
  - (5) Loss of loved ones (e.g. friends/spouse)
  - (6) Loss of personal possessions and space (change in living space, leaving home and belongings)
  - (7) Loss of real-world experiences (lack of community involvement)
- c. Understand and support the resident's need for:
  - (1) Customary daily routine
  - (2) Sense of control over life and environment
  - (3) Recognition of individuality
- d. Contribute to the nursing process
  - (1) Through observing and reporting physical and mental changes in the resident
  - (2) By performing tasks as delegated by the professional registered nurse (RN)

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section II. Foundations for Working with People

### Section II. Foundations for Working with People

#### A. Cognitive changes that affect behavior

##### Performance Objectives:

Upon completion of section II, and with core knowledge, the student will demonstrate the communication and psychosocial skill needed to function as an effective nurse's aide within the long-term care setting.

##### Enabling Objectives:

The student will:

- Identify factors that contribute to depression in the resident of a long-term care facility;
- Recognize behaviors associated with depression, delirium and dementia;
- Discuss important consideration when providing care to the resident with Alzheimer's disease or other dementias;
- Identify approaches that may decrease agitated behavior in the confused resident;
- Demonstrate communication skills effective with the confused or disoriented resident;
- Discuss the use of reality orientation and reminiscence with confused residents;
- Demonstrate basic skills in reality orientation;
- Discuss emotional reactions resident and family members may experience with resident's admission;
- Identify supportive ways of interacting with family members;
- Discuss how unmet social needs can affect changes in the resident's mood and behavior; and
- Identify ways the nurse aide can assist resident in getting to and participating in activities.

##### Content Map:

- II. Foundations for Working with People
  - A. Cognitive changes that affect behavior
    - 1. Depression
      - a. Prevalence in long-term care facility: 42% of institutionalized elderly
      - b. Contributing factors
        - (1) Institutionalization
        - (2) Changes in health
        - (3) Losses
        - (4) Medications
        - (5) Illness
        - (6) Biochemical changes in the body
          - (a) Endocrine

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section II. Foundations for Working with People

- i. Changes in estrogen levels
    - c. Potential indicators of depression
      - (1) Depressed mood, feeling sad, hopeless and/or discouraged
      - (2) Marked diminished interest or pleasure in activities – apathetic and/or withdrawn
      - (3) Significant insight loss or insight gain
      - (4) Insomnia or hypersomnia
      - (5) Fatigue or loss of energy
      - (6) Feelings of worthlessness, low self-esteem or inappropriate guilt
      - (7) Diminished ability to think or difficulty making decisions
      - (8) Psychomotor agitation or retardation – excessive activity, usually nonproductive and repetitious or slowing of physical movements, actions and speech
      - (9) Recurrent thoughts of death, thoughts of suicide or suicide attempt
      - (10) Other
    - d. Supportive care and treatment
- 2. Delirium
  - a. Defined as organic brain syndrome, characterized by global cognitive impairment – but has abrupt onset and relatively brief or transient duration
  - b. Symptoms and behaviors
    - (1) Acute onset
      - (a) Disorganized thinking
      - (b) Disorientation
      - (c) Memory impairment
      - (d) Sleep disturbances
    - (2) Alteration in level of consciousness (LOC)
      - (a) Difficulty staying awake or hypervigilance
    - (3) Frequent changes and fluctuation in levels of delirium with lucid intervals alternating with levels of confusion
    - (4) If cause can be identified and treated and physical state of resident improves, delirium clears
  - c. Causes
    - (1) Dehydration
    - (2) Low blood oxygen
    - (3) Malnutrition
    - (4) Post-operative state

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section II. Foundations for Working with People

- (5) Subclinical infections (may not develop classical signs with fever); e.g. pneumonia urinary tract infection (UTI)
  - (6) Medications
  - (7) Stroke
  - (8) Other
  - d. Supportive care and treatment
3. Dementia
- a. Causes
    - (1) Parkinson's Disease
    - (2) Multi-infarct
    - (3) Brain tumors
    - (4) Alcoholism – organic brain syndrome (OBS)
    - (5) Nutritional and metabolic disorders
    - (6) Alzheimer's Disease
      - (a) Current theories and myths
      - (b) Stages and characteristics
      - (c) Behavioral manifestations
        - i. Factors and potentially aggravate or worse behavioral problems
        - ii. Approaches and strategies for reducing the effects of cognitive impairments or behavioral problems
          - (i) Maintain route
          - (ii) Control noise level
          - (iii) Understand patterns of behavior  
(association with past life experiences:  
e.g. wandering every day at 4:00 p.m.,  
time that resident left work every day)
          - (iv) Involve in meaningful activity
          - (v) Accept recall deficits: select activities which rely on remote
            - Reminiscences
            - Music, sing-a-longs
          - (vi) Communication
            - Need for repetition
            - Use of touch
            - Short, simple statements

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section II. Foundations for Working with People

- Avoid arguments or overcorrection of resident's statements
- Validation (validate and address fears, concerns, etc.)
- Reality orientation (use of cues, techniques)
- (vii) Rewards and promises
- (viii) Distraction
- iii. Nurse aide's responses to behavior
  - (i) Remain calm
  - (ii) Do not take behavior personally
  - (iii) Be aware of resident's personal space
  - (iv) Try to understand need behind behavior and alternate way to address need
  - (v) Use distraction or redirecting, as appropriate
  - (vi) Never punish or scold
  - (vii) Limit setting
  - (viii) Use communication skills to include validation
  - (ix) Separate from resident (to ensure both the safety of the resident and the nurse aide) if nurse aide experiences escalating feelings of anger regarding resident's actions
  - (x) Report cognitive and behavioral changes to the nurse in charge

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section II. Foundations for Working with People

### B. Adjustments to Institutional Living

#### Content Map:

#### III. Foundations for Working with People

##### A. Adjustments to institutional living

##### 1. Admission

##### a. Emotional responses

(1) Resident

(2) Family

##### b. Supportive care

(1) Resident

(a) Acknowledge adjustment period

(b) Provide resident with opportunities to verbalize feelings

(c) Learn about resident as an individual

(d) Encourage resident to make decisions and feel a sense of control in his/her environment

(e) Encourage familiarity with residents, staff and facility

(f) Other

(2) Family members

(a) Expect questions and concerns

i. Do not avoid family members, greet and introduce self

(i) Provide information on care given and planned

ii. Acknowledge concerns, and address as mutual concerns

(i) Do not respond defensively

(ii) Refer to nurse in charge

(b) Include family in planning resident's care

i. Obtain information from families about resident's needs, preferences, etc.

(c) Acknowledge the role importance of family in resident's life

i. Potential emotions experienced with visits

ii. Potential stressor of managing visitation with other life responsibilities and logistics

(d) Provide family members with an opportunity to verbalize feelings

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section II. Foundations for Working with People

- i. Maintain nonjudgmental response to involvement and choices of family member(s)

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section II. Foundations for Working with People

### C. Resident's Need for Activity, Recreation and Social Interaction

#### Content Map:

- II. Foundations for Working with People
  - A. Resident's need for activity, recreation and social interaction
    - 1. Concept
      - a. Need for meaningful activity
        - (1) Quality of life issue
          - (a) Social needs
          - (b) Recreational needs
          - (c) Sense of purpose
          - (d) Awareness and involvement in everyday events
          - (e) Sense of competency
          - (f) Other
      - b. Importance of variety
    - 2. Types and value of activities
      - a. Passive recreation: sensory needs
        - (1) Movies, television, audio recordings
      - b. Arts and crafts
        - (1) Fine motor coordination
        - (2) Creative expression
        - (3) Mental activity: following directions
        - (4) Sense of productivity when "making something"
        - (5) Meet social needs with group participation
      - c. Physical activities: games, walks, exercise classes, dances
        - (1) Range-of-motion
        - (2) Improve circulation
          - (1) Improve self-esteem
          - (2) Meet social needs with group participation
      - b. Mental activities: games, discussion groups, reading, information programs, pet therapy
        - (1) Encourage memory skills
        - (2) Enhance feelings of self-esteem
        - (3) Meet social needs with group participation
      - c. Hobbies: gardening, birds, collectibles, music, drama, writing articles, following sports
        - (1) Sense of fulfillment in pursuing interests
        - (2) Self-esteem in sense of expertise and competency

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section II. Foundations for Working with People

- d. Community service work: youth group, adopt foster grandchildren, prepare and present programs for special needs children
  - (1) Sense of purpose
  - (2) Improved self-esteem and pride in ability to contribute
  - (3) Social needs addressed with participation
- 2. Appropriateness of functions
  - a. Individual interest
  - b. Desire for companionship
  - c. Energy level
  - d. Self-confidence
- 3. Role of the nurse aide in supporting recreational needs of the resident
  - a. Approach to resident(s)
    - (1) Keep informed of scheduled activities
      - (a) Know each individual resident's preferences
    - (2) Project enthusiasm when talking about activities (marketing)
    - (3) Understand resident's concerns and address if possible
      - (a) Concerns about appearance
      - (b) Concerns about body functions and needs
      - (c) Social concerns (shyness)
      - (d) Returning back to unit on time
    - (4) Support and encourage each resident, especially when hesitant
    - (5) Allow each resident to feel control and exercise his/her right to make own choices about activities
    - (6) Support each resident's social needs
      - (a) Engage residents in conversation
        - i. Learn each resident's favorite conversational topic
      - (b) Facilitate introductions to other residents
  - b. Assist residents in their preparation for activity
    - (1) Address physical needs: toileting, dressing, grooming, feeding, maintaining proper hydration, etc.
    - (2) Assist in a timely manner, avoid rushing resident

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section III. Safety Foundations for a Safe Resident Environment

### Section III. Safety: Foundations for a Safe Resident Environment

#### A. General Safety: environmental, physical and emotional

##### Performance Objectives:

Upon completion of Section III, and with core knowledge, the student will demonstrate the job knowledge and related skills necessary to provide a safe environment for residents.

##### Enabling Objectives:

The student will:

- Describe at least four ways of adjusting the physical environment for the physical comfort and safety, health and enjoyment of residents;
- Recognize the responsibility of the nurse aide in maintaining an orderly, sanitary, pleasant and safe environment for residents;
- List at least two ways to prevent hyperthermia;
- Describe a resident unit;
- Discuss the importance of adequate supervision and assistive/protective devices in reducing the risk of accidents;
- Demonstrate skill in the use of protective devices intended to protect the resident;
- Discuss physical and emotional hazards to the restrained resident;
- Discuss why the use of physical restraint should be avoided; and
- Discuss how to meet a resident's needs without the use of restraints.

##### Content Map:

- II. Safety: Foundations for a Safe Resident Environment
  - A. General Safety: environmental, physical and emotional
    - 1. Maintaining a pleasant environment in the facility
      - a. Environmental controls
        - (1) Ventilation
        - (2) Temperature
          - (a) Hyperthermia
            - i. Heat alert
          - (b) Hypothermia
        - (3) Humidity
        - (4) Lighting
        - (5) Noise
          - (a) Staff
          - (b) Resident

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section III. Safety Foundations for a Safe Resident Environment

- (c) Public address system
  - b. Resident's unit
    - (1) Description
    - (2) Arrangement
    - (3) Equipment and use
      - (a) Call signals
      - (b) Lights
      - (c) Bed
        - i. Types
          - (i) Manual
          - (ii) Electric
          - (iii) Special
        - (d) Over-the-bed table
        - (e) Other
      - (4) Reporting defective or missing equipment
      - (5) Personal preferences
        - (a) Homelike
        - (b) Resident's consent to rearrange, store or discard items
        - (c) Hoarding tendencies
  - c. Bathrooms and shower rooms
    - (1) Same sex and cohabitant use
  - d. Responsibilities for maintaining an orderly, sanitary and safe environment for residents
    - (1) Nurse aide
    - (2) Housekeeping
    - (3) Maintenance
    - (4) Other
- 2. Decreasing the risk of accidents
  - a. Identifying high-risk residents for falls and accidents
    - (1) Protective measures
      - (a) Increase supervision
      - (b) Alarms (chair, bed, door, etc.)
      - (c) Protective devices/equipment
        - i. Cushioning devices and postural supports
        - ii. Side rails (padded)
        - iii. Foot rests
        - iv. Locking mechanism on wheels of chairs, beds, stretchers
        - v. Recliner/Gerichair

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section III. Safety Foundations for a Safe Resident Environment

- vi. Special mattresses or pads
      - vii. Bed cradle
      - viii. Other
    - (d) Floor mats
    - (e) Railings (*note: may be considered restraint*)
    - (f) Other
  - b. Restraint reduction
    - (1) Resident's rights – Omnibus Budget Reconciliation Act (OBRA)
      - (a) Least restrictive restraints
      - (b) Monitoring
    - (2) Possible negative outcomes and hazards related to use of restraints
      - (a) Physical
        - i. Malnutrition
        - ii. Incontinence
        - iii. Decreased bone and muscle strength
          - (i) Inability to move and ambulate
        - iv. Impaired circulation
        - v. Injury to skin and soft tissue: bruising, cuts, redness of skin, pressure sores
        - vi. Impaired respirations
          - (i) Death by asphyxiation
      - (b) Mental/emotional/social
        - i. Mental distress
        - ii. Withdrawal and decreased participation
        - iii. Inability to ambulate
        - iv. Increased sleep disorders
        - v. Contribute to depression and feelings of hopelessness and dependency

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section III. Safety Foundations for a Safe Resident Environment

### B. Responding to Facility Emergencies: Fire and Disaster

#### Enabling Objectives:

The student will:

- Describe a nurse aide's responsibilities upon discovering a fire emergency;
- Discuss a nurse aide's response to the fire alarm; and
- Demonstrate "lifesaving-carry" for evacuating non-ambulatory residents in a fire or disaster emergency.

#### Content Map:

- III. Safety: Foundations for a Safe Resident Environment
  - B. Responding to facility emergencies: fire and disaster
    1. General policy and procedures
      - a. Ensure immediate life safety of self and residents
      - b. Directions from nurse in charge
      - c. Reassurance of residents
      - d. Other
    2. Measures to ensure timely and safe response
      - a. Know the location of alarms
      - b. Ensure that access to alarms and extinguishers is not blocked
      - c. Ensure that fire doors are not blocked, and can close freely
      - d. Know expected role and assignment in responding to an alarm
      - e. Know facility code and announcement for location of fire
      - f. Backup telephone notification of the fire department
      - g. Remain calm
      - h. Other
    3. Order of response to fire emergency: **R.A.C.E.**
      - a. **R**emove
      - b. **A**larm/alert
      - c. **C**onfine/Contain
      - d. **E**xtinguish
    4. Fire extinguishers
      - a. Kinds
      - b. Use
      - c. Return demonstration: **P.A.S.S.**
        - (1) **P**ull
        - (2) **A**im
        - (3) **S**queeze
        - (4) **S**weep

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section III. Safety Foundations for a Safe Resident Environment

5. Evaluations
  - a. Order (secure immediate life safety)
    - (1) Ambulatory
    - (2) Wheelchair
    - (3) Residents in bed
      - (a) Fire-carry/evacuation techniques: return demonstrations
  - b. Fire zones
  - c. Evacuating residents out of building and/or off-site
    - (1) Ensuring immediate life safety
    - (2) Address basic physical and emotional needs of the residents
    - (3) Types of provisions (local schools, churches, etc.)
      - (a) Supplies: blankets, clothing, linen, incontinence pads, etc.
      - (b) Food
      - (c) Records
6. Fire safety considerations
  - a. Danger of smoke
    - (1) Stay low
    - (2) Block doorways
    - (3) Protective face covering
  - b. Checking for heat before entering doorway
  - c. Elevators disengaged
  - d. Stop, drop and roll
  - e. Uses for blankets during fire emergency
    - (1) Pull out resident as a fire-carry during evacuation
    - (2) Temporary restraint during evacuation suffocate flame

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section III. Safety Foundations for a Safe Resident Environment

### C. Standard Precautions for Infection Control in Long-Term Care

#### Enabling Objectives:

The student will:

- Discuss the importance of cleanliness and sanitation in a LTCF;
- Describe the responsibilities of the housekeeping and maintenance staff in maintaining an orderly, sanitary and safe environment for the residents; and
- Demonstrate techniques for cleaning various resident care items and equipment used in care.

#### Content Map:

- III. Safety: Foundations for a Safe Resident Environment
  - A. Standard precautions for infection control in long-term care
    1. Disposal of waste products/body fluids
    2. Linens: handling
      - a. Clean
      - b. Dirty –
        - (1) Soiled
        - (2) Hamper systems
    3. Personal clothing: handling
      - a. Clean
      - b. Dirty
        - (1) Soiled
        - (2) Hamper systems
        - (3) Family/resident washing
    4. Infection precautions
      - a. Universal
      - a. Respiratory
      - b. Strict
  2. Cleanliness and sanitation
    - a. Utility areas
      - (1) Clean
      - (2) Dirty
    - b. Storage
      - (1) Equipment
      - (2) Linens
        - (a) Closets
        - (b) Carts
    - c. Resident's items and equipment
      - (1) Personal care items belonging to each resident

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section III. Safety Foundations for a Safe Resident Environment

- (a) Cleaning and storage
  - i. Cleaning and storage
  - ii. Disposable items (replace if stained or retaining odor; label with resident's name according to facility policy)
    - (i) Bedpan
    - (ii) Urinal
    - (iii) Bath basin
    - (iv) Emesis basin
    - (v) Denture cup
    - (vi) Other
  - iii. Wheelchairs/Gerichairs
  - iv. Over-the-bed table
  - v. Other
- (2) Shared equipment
  - (a) Disinfection procedures
  - (b) Cleaning and storage
    - i. Scales
    - ii. Shower chairs and stretchers
    - iii. Wheelchairs/Gerichairs
    - iv. Tubs
    - v. Other
- d. Responsibilities of various staff members for cleanliness and sanitation
  - (1) Safe storage of cleaning and disinfecting agents

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section III. Safety Foundations for a Safe Resident Environment

### D. Emergencies

#### Enabling Objectives:

The student will:

- Discuss guidelines for responding to client-related emergencies;
- Indicate the importance of calling for help when discovering an emergency; and American Red Cross (ARC) standards.

#### Content Map:

##### III. Safety: Foundations for a Safe Resident Environment

###### A. Emergencies

1. Define emergency
2. Emergency preparedness and response
  - a. Immediate action to be taken
    - (1) Assess the area; observe for life-threatening conditions; ensure immediate life safety
    - (2) Call for help
    - (3) Do not move the injured resident
    - (4) Check ABCs (airway, breathing, circulation)
    - (5) Stay calm
    - (6) Know your limitations
    - (7) Address immediate safety of environment to prevent further injury
    - (8) Reassure the resident frequently
    - (9) Keep bystanders away
    - (10) As directed by the nurse – obtain emergency equipment: suction machine, CPR board, emergency medication box, oxygen, mechanical lift, etc., call 911/EMS as directed
    - (11) Other
3. Guidelines for handling emergencies
  - a. Falls
  - b. Assessing ABCs
  - c. Choking
    - (1) Heimlich maneuver/abdominal thrust
  - d. Respiratory distress
  - e. Seizures
  - f. Chest pain
    - a. Shock
    - b. Cardiac arrest

# Unlicensed Assistive Personnel (UAP) Long-Term Care Module

## Section IV. Safety: Systems and Related Care

### Section IV. Safety: Systems and Related Care

#### A. Musculoskeletal System

##### Performance Objectives:

Upon completion of Section IV, and with core knowledge, the student will perform personal care procedures, applying principles of safety and the protection of resident rights.

##### Enabling Objectives:

The student will:

- Recognize the need to encourage self-care;
- Identify ways the nurse aide can encourage self-care
- Identify assistive devices used to promote independence and self-care; and
- Demonstrate transfer techniques while utilizing proper body mechanics and observing the resident's safety, while also respecting the resident's rights at all times.

##### Content Map:

#### IV. Safety: Systems and Related Care

##### A. Musculoskeletal system

#### 1. Restorative and rehabilitative care

##### a. Plan of Care

#### (1) Interdisciplinary team

##### (a) Role of various team members

##### (b) Nurse aide's support of restorative plan

#### i. Consult plan of care and review rehabilitation goals

##### (i) Reinforce plan when providing care to resident

#### ii. Encourage independence and self-care

##### (i) Promotes dignity, self-esteem

##### (ii) Hazards of learned dependency

#### iii. Provide adaptive devices to enable self-care

##### (i) Ambulation

##### (ii) Feeding

##### (iii) Dressing

##### (iv) Others

#### iv. Allow time for self-care activities; avoid rushing resident

## Unlicensed Assistive Personnel (UAP) Long-Term Care Module

### Section IV. Safety: Systems and Related Care

- v. Place activities as needed for energy reserves and rest periods
  - vi. Promote emotional and physical benefits of activity
    - (i) Integrate “range of motion” movements into all activities (e.g. reaching for sleeve, brushing hair, turning self onto side, etc.)
2. Body alignment
- a. Postural supports to maintain alignment
    - (1) Bed
    - (2) Wheelchair/Gerichair
  - b. Readjusting misalignment
3. Procedures related to musculoskeletal system
- a. Transfer resident from bed to stretcher and from stretcher to bed

# Recommended Content/Hour Allocation Outlines

## B. Upper Gastrointestinal System

### Enabling Objectives:

The student will:

- Provide examples of assistive devices used to encourage self-feeding;
- Identify activities that promote appetite;
- Demonstrate the following procedures while applying the principles of safety, and respecting the resident's rights:
  - a. Serving meal trays; and
  - b. Feeding a dependent resident.

### Content Map:

#### IV. Safety: Systems and Related Care

##### A. Upper Gastrointestinal System

##### 1. Meeting the nutritional needs of the resident

##### a. Promoting appetite at mealtimes

(1) Address elimination and hygiene needs

(2) Ensure proper positioning

(a) Ambulate resident into dining room and sit in regular chair, if possible

(1) Adjust environmental conditions

(a) Noise level

i. Benefits of music

(b) Odors

(c) Visual distractions: exposed dressings, drainage bags, etc.

(d) Other

(2) Provide for social needs

(a) Encourage meals in dining area vs. room

(b) Make recommendations for appropriate table partners

##### b. Promoting independence with feeding

(1) Assistive/adaptive devices

(2) Provide assistance as needed in set-up of tray/meal

##### c. Procedures related to upper GI system

(1) Serving meal trays

(a) Comparing dietary card to tray

(b) Ensuring proper identification of resident

i. Importance of serving proper meals  
(therapeutic/modified diets)

(2) Feeding dependent resident

(a) Routine

## Recommended Content/Hour Allocation Outlines

(b) Swallowing precaution

# Appendices

## Appendix A

### Responsibility of the Agency to the Homemaker-Home Health Aide

A. Licensed home-care agency or facility is to provide the following:

1. Compliance with federal and state employment laws;
2. Mandatory taxes to be withheld;
3. Mandatory in-services for the homemaker-home health aide;
4. Job description;
5. Personnel policies;
6. Identify service policies and procedures; and
7. Policies on client/family/homemaker-home health aide confidentiality

B. Supervision by a professional registered nurse

1. Client-specific Plan of Care

## Appendix B

### Recommended Content/Hour Allocation Outlines

#### I. UAP Curriculum Content Outline

I. UAP Curriculum Content Outline			Hours
Section I		Introduction to the role of the UAP in nursing care settings	2.00
Section II		Foundations for working with people	6.00
Section III		Safety	
	A	Conditions	1.50
	B	Fire	2.00
	C	Standard Precautions for Infection Control	2.00
	D	Body Mechanics	0.50
	E	Emergencies	1.50
Section IV		Systems and Related Care	
	A	Musculoskeletal	6.00
	B	Integumentary System	9.75
	C	Gastrointestinal System: Upper	4.00
	D	Gastrointestinal System: Lower	2.00
	E	Urinary System	3.00
	F	Cardiovascular and Respiratory System	4.00
	G	Neurological System	0.75
	H	Endocrine System	1.00
	I	Reproductive System	1.00

## Appendices

	J	Immune System	1.00
	K	Rest and Sleep	0.50
	L	Death and Dying	1.50
		<b>UAP Classroom Hours</b>	50.00
		<b>UAP Clinical/Laboratory Hours</b>	16.00
		<b>UAP Curriculum Total Hours</b>	66.00
Training of UAP transferring from another setting i.e. NA or H-HHA			
Step 1	Establish Competency of Knowledge and Skills by facility.		
Step 2	Optional: Knowledge and Skill Competency remediation plan.		
Step 3	Module (institutional, LTC or Home Care)		
Step 4	Competency testing and application to state registry (as applicable: NA or H-HHA)		

### II. Home Care/Hospice Recommended Hour Allocation Outline

<b>II. Home Care/Hospice Recommended Hour Allocation Outline</b>		<b>Hours</b>
UAP Curriculum Classroom Hours		50.00
UAP Curriculum Clinical/Laboratory Hours		16.00
<b>UAP Curriculum - Total Course Hours</b>		66.00
<b>Home Care - Module Hours</b>		10.00
<b>Curriculum Total</b>		76.00
Training of UAP transferring from another setting with Home Care Module		
Step 1	Establish Competency of Knowledge and Skills by facility.	
Step 2	Optional: Knowledge and Skill Competency remediation plan.	
Step 3	Home Care Module	
Step 4	Agency Competency testing, H-HHA Application and CBI	

### III. Long Term Care Recommended Hour Allocation Outline

<b>III. Long Term Care Recommended Hour Allocation Outline</b>		<b>Hours</b>
UAP Curriculum Classroom Hours		50.00
UAP Curriculum Clinical/Laboratory Hours		16.00
<b>UAP Curriculum - Total Course Hours</b>		66.00
<b>Long Term Care - Module Hours</b>		6.00
<b>Long Term Care - Clinical Hours</b>		18.00
<b>Long Term Care - Total Module Hours</b>		24.00
<b>Total Course Hours</b>		90.00
Training of UAP transferring from another setting as NA with LTC Module		
Step 1	Establish Competency of Knowledge and Skills by facility.	
Step 2	Optional: Knowledge and Skill Competency remediation plan.	
Step 3	Long Term Care Module	
Step 4	Agency Competency testing, H-HHA Application and CBI	

## Appendix C

### Unlicensed Assistive Personnel Core Curriculum Checklist for Demonstration of clinical Skill Competencies

Directions:

When the Unlicensed Assistive Personnel (UAP) completes the theory and clinical components of the UAP CORE Curriculum, the instructor may use the Clinical Skills Competency Checklist to validate the UAP's knowledge and clinical skill application.

Validation of the UAP's clinical competencies is required for the UAP to:

1. Demonstrate safe execution of selected nursing tasks which the Registered Professional Nurse may delegate for client care in acute care, long-term care and home health care/hospice care settings.
2. Successfully complete the UAP CORE Curriculum.

The CORE Curriculum requirement for the UAP to successfully validate his or her clinical skills is the achievement of 100% of the competencies listed in the Clinical Skills Checklist within 12 months of commencing the UAP CORE Curriculum Program, and with the understanding that remediation will be necessary if any item on the Clinical Skills Checklist is failed three times.

# UAP CORE Curriculum

Student's Name: \_\_\_\_\_  
Last
First
Middle

Course Dates: \_\_\_\_\_

## Checklist for Clinical Skill Competencies

Instructions: The student must demonstrate competency in the skills listed below. The skills listed below are **required skills** must be demonstrated on an individual in a supervised practical training setting<sup>1</sup> The skills listed as **recommended skills** may have competency demonstrated in the classroom or lab setting.

Required Skills	Pass	Fail	Required Skills	Pass	Fail
	Date (Instructor's Initials)	Date (Instructor's Initials)		Date (Instructor's Initials)	Date (Instructor's Initials)
1. Hand washing			12. Pivot Transfer		
2. Applying and removing gloves			13. Assist client to ambulate		
3. Bed bath			14. Feed dependent client		
4. Assist client to shower			15. Backrub/skin care		
5. Routine mouth care			16. Incontinence/perineal care		
6. Denture Care			<b>Recommended Skills</b>		
7. Shave			1) Measure and record I&O		
8. Bed making			2) Indwelling catheter care		
9. <input type="checkbox"/> Unoccupied <input type="checkbox"/> Occupied			3) Empty catheter drainage bag		
10. Move and position client in bed			4) Apply a condom catheter		
11. Range-of-Motion exercises			5) Collect a urine specimen		

<sup>1</sup> "Supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of an RN.

Instructions: The student must demonstrate competency in the skills listed below. The skills listed below are **required skills** must be demonstrated on an individual in a supervised practical training setting<sup>1</sup> The skills listed as **recommended skills** may have competency demonstrated in the classroom or lab setting.

17. Assist with elimination: <input type="checkbox"/> Bedpan <input type="checkbox"/> Urinal			6) Apply and remove personal protective equipment <input type="checkbox"/> Gown <input type="checkbox"/> Mask/Shield/Goggles		
18. Vital Signs: <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Respirations			7) Shampoo hair in bed		
19. Fingernail care			8) Apply antiembolism hose		
20. Foot care			9) Transfer client with mechanical lift		
			10) Mouth care for unconscious or debilitate client		

Theory Instructor(s):

Instructor's signature (1): \_\_\_\_\_

Instructor's signature (2): \_\_\_\_\_

Student's signature \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Instructor(s):

Instructor's signature (1): \_\_\_\_\_

Instructor's signature (2): \_\_\_\_\_

Student's signature \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix D

### Skills Laboratory Equipment List:

Equipment	Number of items	Comments
1. Adult scale		
2. Alternating mattress or the like, egg crate mattress		
3. Assistive devices/equipment (e.g. extension stick, sock donner, button loop)		
4. Bedpan (regular and fracture pan)		
5. Cane		
6. Catheter equipment (tubing, drainage bags, leg bags)		
7. Colostomy/ileostomy equipment		
8. Commode		
9. Crutches		
10. Enteral feeding equipment		
11. Feeding utensils (e.g. plate guard, rocking spoon)		
12. Gowns/gloves/masks/face shields		
13. Hi-rise toilet seat		
14. Hospital bed		
15. Hoyer lift		
16. Infant/child equipment (e.g. bathtub, formula, scale, hi-chair)		
17. Old clothes for practice with dressing and donning		
18. Over-the-bed table		

Equipment	Number of items	Comments
19. Oxygen equipment (nasal cannula, mask, tank, concentrator)		
20. Personal care items (e.g. emesis & bathing basins, toothettes, denture cups combs)		
21. Shower chair/bench/hand rail		
22. Sink (for hand washing RDC)		
23. Slide board		
24. Slings/immobilizers (e.g. leg immobilizer, ace wraps)		
25. Thermometer (electronic)		
26. Transfer belt		
27. TV, AV equipment		
28. Urinal		
29. Walker(e.g. rolling, platform)		
30. wheelchair		