



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

H. Martin Lancaster, President

March 22, 2006

MEMORANDUM

TO: Chief Academic Officers
Senior Continuing Education Administrators
Nurse Aide Coordinators

FROM: Barbara Boyce
Director of Continuing Education
North Carolina Community College System

Hazel Slocumb,
Nurse Aide Training and Registry Administration
Division of Facility Services

SUBJECT: Nurse Aide I Skill Administration for Competency Evaluation

During recent monitoring visits, the Nurse Aide Training Consultants from the Division of Facility Services have noted that several community college programs were not using the correct competency evaluation guidelines when administering the competency evaluation to Nurse Aide I students. For your convenience, we have attached the most current Nurse Aide I Skills Administration for Competency Evaluation guidelines. These guidelines have been approved for use in all community colleges and their continued program approval is contingent on implementing the protocols listed in the guidelines.

The Division of Facility Services has requested that all colleges sign the attached confirmation form which states that they have reviewed the Nurse Aide I Skills Administration for Competency Evaluation guidelines included with this memo and will implement the procedures accordingly. Confirmation forms should be mailed directly to the name and address below by March 31, 2006. Failure to do so may result in your program being withdrawn from the list of colleges approved to offer a Nurse Aide I competency evaluation program.

**NC Division of Facility Services
Nurse Aide Training and Registry Administration
2709 Mail Service Center
Raleigh, NC 27699-2709**

If you have further questions, please contact Hazel Slocumb at (919) 855-3970 or Barbara Boyce at (919) 807-7158.

BAB/ji
Attachments

c: Presidents
Dr. Larry Keen
Dr. Delores Parker

**CC06-054
Email**

Division of Facility Services
Nurse Aide Training Administration

Skills Administration for Competency Evaluation

Administration of the skills portion of competency evaluation consists of two distinct, yet dependent, components: Mandatory Skills and Random Selection. The applicant may not progress to the Random Selection portion of competency until s/he successfully completes the Mandatory Skills component. In both the Mandatory Skills component and Random Selection, the applicant should be allowed to complete each skill before the determination of competency for that skill (or skill set for combined handwashing and vital signs) is determined.

Individuals who successfully complete the Mandatory Skills component will progress to the Random Selection Process. Individuals who do not successfully complete handwashing must not progress to Oral Temperature, Pulse, Respiration, and Blood Pressure.

Mandatory Skills

The following skills must be successfully demonstrated by the applicant prior to progression to the Random Selection. Handwashing must be successfully demonstrated prior to demonstration of vital signs.

Procedure #	Performance Skill
2	Handwashing
33.1.0	Oral Temperature, Pulse, Respiration, and Blood Pressure (TPR/BP)

Random Selection

At least one skill from each of the following five categories must be randomly selected and successfully demonstrated by the applicant. Because the applicant has already successfully demonstrated the skill of handwashing prior to advancing to the Random Selection pool, handwashing does not have to be demonstrated in this component of competency. The applicant must, however, indicate at the appropriate point when handwashing would occur.

Category I – Personal Care

Procedure #	Performance Skill
23.1	Giving Partial Bed bath
16	Providing Oral Hygiene for the Unconscious Resident
20	Caring for Hair
22	Dressing and Undressing
25	Giving Perineal Care
26	Giving a Backrub

Category II – Hydration/Feeding/Elimination/Assistance with Eating

Procedure #	Performance Skill
9	Assistance with Dining
35	Measuring and Recording Fluid Intake/Output
38	Assisting with Use of Bed Pan
39	Assisting with Use of Urinal
40	Providing Catheter Care
41	Emptying Urinary Drainage Bag

Category III – Transfers, Positioning, Turning

Procedure #	Performance Skill
53	Assisting to Ambulate Using Cane or Walker
56	Assist to Dangle, Stand and Walk
57	Transferring from Bed to Chair
59	Moving Up in Bed
61	Turning Toward You (side/lying)

Category IV – Infection Control/Prevention of Complications

Procedure #	Performance Skill
3	Putting On and Taking Off Mask and Protective Eyewear
4	Putting On and Taking Off Gown and Gloves
48	Assisting with Coughing and Deep Breathing Exercises
50	Applying Non-Sterile Dressing
55	Performing Range of Motion Exercises

Category V - Special Procedures

Procedure #	Performance Skill
8	Performing Heimlich Maneuver
12	Making Closed Bed
14	Making Occupied Bed
34	Measuring and Recording Height and Weight
42	Collecting Routine Urine Specimen
49	Applying and Removing Elastic Stockings (TED hose)



**North Carolina Department of Health and Human Services
 Division of Facility Services
 Health Care Personnel Registry Section
 2709 Mail Service Center • Raleigh, North Carolina 27699-2709
 www.ncnar.org**

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 Carmen Hooker Odom, Secretary
 Robert J. Fitzgerald, Director

Jesse Goodman, Section Chief
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Confirmation Form

Nurse Aide I Skills Administration for Competency Evaluation
 (Revised: 12_2003-2)

College:

Please print full name _____

The Division of Facility Services requests that all colleges sign this confirmation form which signifies that they have reviewed the Nurse Aide I Skills Administration for Competency Evaluation guidelines (revised 12_2003-2) and will implement the procedures accordingly.

	<u>Signature</u>	<u>Date</u>
Senior Continuing Education Administrator or Chief Academic Officer:	_____	_____
Nurse Aide Program Coordinator/Director:	_____	_____

Confirmation forms should be mailed directly to the name and address below by March 31, 2006. Failure to do so may result in your program being withdrawn from the list of colleges approved to offer a Nurse Aide I competency evaluation program.

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