

## 2019 NOVEL CORONAVIRUS ILLNESS (COVID-19) GUIDANCE

**TITLE:** Guidance for Training Programs for Certified Nurse Aides

**DATE:** March 24, 2020

**TIME:** 10:00

**TO:** CNA Course Administrators and Adult Care Homes

**FROM:** Health Occupations Credentialing  
Scott Brunner, Deputy Secretary State Hospitals and Facilities

**SUMMARY:** KDADS will allow hours worked as a CNA Trainee II to count for the 25 hours of hands on training needed to complete the training course.

### GUIDANCE:

To become a licensed Certified Nurse Aide in Kansas, a student must complete a 90-hour course approved by KDADS (K.A.R 26-50-12). That course has two parts. Part I includes 20 hours of didactic or classroom training and 20 hours of supervised laboratory and clinical instruction. Part II should include 25 hours of additional classroom instruction and 25 hours of supervised clinical instruction in a licensed adult care home environment.

Under K.A.R 26-50-20, students that complete Part I of the certified nurse aide program including the nurse aid training and competency evaluation program task checklist may be employed as a nurse aide trainee II. Any individual that has been determined to have training equivalent to the nursing aide training and upon receiving written approval from KDADS also can work as a nurse aide trainee II. A Nurse aide trainee II can provide direct care to patients for up to 4 months from the beginning date of their CNA course or written approval from KDADS under the direct supervision of a Registered Nurse or Licensed Practical Nurse.

KDADS will temporarily allow 2 modifications to these rules under the authority of Governor Kelly's executive order.

1. Hours worked as a nurse aide Trainee II will satisfy the requirement for 25 hours of supervised clinical instruction in the second section of the CNA training. The Facility Coordinator that employs the nurse aide Trainee II will provide documentation of hours worked to the student's CNA course instructor. The course instructor must provide this documentation to KDADS Health Occupations Credentialing including the student identifier and course number before allowing the

student to take the qualifying exam for CNA licensure. A new form is attached to this guidance for this purpose.

2. The 4-month limit on Trainee IIs providing direct patient or resident care in a health care setting will be extended by 2 months. For Trainee IIs approved to work with starting dates between January 1, 2020 through March 19, 2020 will be able to continue working as a Trainee II for 6 months from the approval date.

On the attached Part 1-NATCEP Task checklist (aka 40HR Checklist), the bottom of the form refers to the CNA course number as well as the beginning date of the course. Currently if an individual is employed as a Trainee II, they are eligible to work for 4 months from that date. KDADS will extend that date by two months allowing the student to work for a total of 6 months. For example, if the beginning date of the course was January 23, 2020 a student would be eligible to work until May 23, 2020. With the exception authorized, that student could work until July 23, 2020.

**KANSAS NURSE AIDE**  
**Part I – NATCEP Task Checklist**

Trainee's Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Trainee II status is valid for employment, limited to four months from the beginning date of this approved course. Tasks may be assessed in a licensed adult care home, hospital or laboratory setting. **Note: The NATCEP Task Checklist is the property of the trainee. Unless the student is repeating the course, the course instructor should provide it to the trainee upon satisfactory performance.**

Resident Care	Date
1. Describe the nurse aide's role and scope of responsibility in delivering resident care. Identify who is responsible for the actions of the nurse aide.	
2. Describe how the nurse aide promotes resident rights, including the right to dignity, privacy, and freedom from abuse, neglect and exploitation. Demonstrate respect for resident rights.	
3. Describe attitudes and behaviors that promote resident's independence.	
4. Describe attitudes and behaviors that enhance communication among trainee, resident, resident's family, and staff. Give examples and/or demonstrate.	
5. Describe safety precautions to avoid resident injuries. Describe fire/disaster safety measures.	
6. Demonstrate practices that reduce the transfer of infection (including standard precautions) in resident's living area, bathroom, and when handling soiled articles.	
7. Demonstrate effective handwashing technique and use of waterless hand cleaner, after contact with body fluids or excretions, before and after resident contact, and when assisting with eating.	
8. Use clean (disposable) gloves when in contact with blood, body fluids, broken skin or mucous membrane. Properly remove and dispose of gloves.	
9. Demonstrate techniques used to assist resident with eating, encouraging independence. Identify safety precautions. Identify measures to promote fluid intake.	
10. Simulate the abdominal thrust (Heimlich maneuver) technique for complete airway obstruction.	
11. Assist or provide a bath using shower or tub or sponge bath and bedbath, while (a) encouraging independence and (b) providing privacy, safety, comfortable room and water temperature.	
12. Assist and/or dress/undress, while encouraging appropriate personal choices and independence.	
13. Assist with urination and bowel elimination needs. Provide for safety and privacy while using toilet, commode, bedpan, or urinal. Demonstrate perineal care.	
14. Demonstrate safe transfers using transfer belt and mechanical lift, from (a) bed to chair/wheelchair, (b) chair to toilet/commode. Identify safe body mechanics for personal and resident safety. (Students under 18 should demonstrate ability to assist in use of power lifts, but should not operate lift by him/herself.)	
15. Demonstrate assisting resident (a) to sitting position, (b) repositioning in bed (turning, moving toward head of bed), (c) log-rolling turn in bed.	
16. Assist with ambulation, utilizing assistive devices when needed.	
17. Assist and/or provide grooming assistance for resident including oral care (mouth, gums, teeth or dentures), nail care (soaking and filing), hair care (brushing and/or combing), beard care or shaving.	
18. Assist and/or provide a shampoo (sink, whirlpool, shower or bed).	
19. Describe and demonstrate skin care. Describe what, when and to whom observations are reported.	
20. Demonstrate accurate measurement and recording of vital signs (a) temperature, (b) pulse, (c) respirations, (4) blood pressure. Demonstrate accurate measurement and recording of weight and height. Describe what, when and to whom observations are reported.	

This checklist fulfills Part I of course # \_\_\_\_\_ which began on (date) \_\_\_/\_\_\_/\_\_\_ at (training facility) \_\_\_\_\_ in (city) \_\_\_\_\_. The trainee has demonstrated safe performance of these tasks at a beginning level and will continue with Part II of the Kansas Nurse Aide Training and Competency Evaluation Program.

Instructor Name \_\_\_\_\_ Instructor # \_\_\_\_\_

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

February 2007

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
HEALTH OCCUPATIONS CREDENTIALING  
503 S. Kansas Ave  
Topeka, KS 66603-3404

**TRAINEE II EMPLOYMENT VERIFICATION FORM**

**TRAINEE II: COMPLETE THIS SECTION**

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone Number (Home) \_\_\_\_\_ Work Number: \_\_\_\_\_

Course Instructor's Name: \_\_\_\_\_

Course Instructor's Email Address: \_\_\_\_\_

Signature \_\_\_\_\_

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

**EMPLOYER: COMPLETE THIS SECTION**

**\*Only complete this form for the Trainee II listed above if they have worked a minimum of 25 HRS in Adult Care Home Setting performing activities of daily living. For the Trainee II to receive credit towards their clinical hours, this completed form needs to be sent directly to the Trainee II's course instructor listed above.**

Employer's name and mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

**I certify that the Trainee II named above is employed by our facility to perform duties of activities of daily living**

\_\_\_\_\_ to \_\_\_\_\_ Total Hours \_\_\_\_\_

Signature \_\_\_\_\_

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

Title \_\_\_\_\_

Interstate and Allied Health candidates also have the option to work as a Trainee II for 4 months. If approved for this period by KDADS, the candidate will receive an Approval to Schedule letter which will reference the Trainee II period at the bottom of the letter, as shown on the attached document. KDADS will extend that date by two months allowing the student to work for a total of 6 months. For example, if the approval date of the course was March 6, 2020 the individual would be eligible to work until July 6, 2020. With the exception authorized, that student could work until September 6, 2020.

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503 South Kansas Avenue  
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kdads.wwwmail@ks.gov  
www.kdads.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

### **APPROVAL TO SCHEDULE**

March 20, 2020

Dear Tester Dude:

This is to inform you that have been approved to take the Kansas State Nurse Aide test. You need to contact Allied Health Career Training LLC to schedule a test date.

**Contact Information:**

**You will not be allowed to test if you are late or do not have a picture I.D. and social security card. It is required for admittance. You should arrive 30 minutes prior to the test.**

**There will be a fee to be paid to Allied Health Career Training LLC for testing.**

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**INTERSTATE AND ALLIED HEALTH CANDIDATES ONLY:**

Application Approval Date for: **03/06/2020**

**Interstate and Allied applicants may work as a Trainee II for a single four-month period from the above approval date. This date will not be extended.**