

44:04:18:15. Nurse aide curriculum. The curriculum of the nurse aide training program must address the medical, psychosocial, physical, and environmental needs of the patients or residents served by the nursing facility. Each unit of instruction must include behaviorally stated objectives with measurable performance criteria. The nurse aide training program must consist of at least 75 hours of classroom and clinical instruction, including the following:

(1) Sixteen hours of training in the following areas before the nurse aide has any direct contact with a patient or resident:

- (a) Communication and interpersonal skills;
- (b) Infection control;
- (c) Safety/emergency procedures, including the Heimlich maneuver;
- (d) Promoting patients' and residents' independence; and
- (e) Respecting patients' and residents' rights;

(2) Sixteen hours of supervised practical training, with enough instructors to ensure that nursing care is provided with effective assistance and supervision. The ratio may not be less than one instructor for each eight students in the clinical setting;

(3) Instruction in each of the following content areas:

(a) Basic nursing skills:

- (i) Taking and recording vital signs;
- (ii) Measuring and recording height and weight;
- (iii) Caring for the patients' or residents' environment;
- (iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and
- (v) Caring for patients or residents when death is imminent;

(b) Personal care skills, including the following:

- (i) Bathing;
- (ii) Grooming, including mouth care;
- (iii) Dressing;
- (iv) Toileting;
- (v) Assisting with eating and hydration;
- (vi) Feeding techniques;
- (vii) Skin care; and
- (viii) Transfers, positioning, and turning;

(c) Mental health and social services:

- (i) Modifying aides' behavior in response to patients' or residents' behavior;

- (ii) Awareness of developmental tasks associated with the aging process;
- (iii) How to respond to patients' or residents' behavior;
- (iv) Allowing the patient or resident to make personal choices, providing and reinforcing other behavior consistent with the patient's or resident's dignity; and
- (v) Using the patient's or resident's family as a source of emotional support;

(d) Care of cognitively impaired patients or residents, including the following:

- (i) Techniques for addressing the unique needs and behaviors of individuals with dementia;
- (ii) Communicating with cognitively impaired patients or residents;
- (iii) Understanding the behavior of cognitively impaired patients or residents;
- (iv) Appropriate responses to the behavior of cognitively impaired patients or residents; and
- (v) Methods of reducing the effects of cognitive impairments;

(e) Basic restorative nursing services, including the following:

- (i) Training the patient or resident in self-care according to the patient's or resident's abilities;
- (ii) Use of assistive devices in transferring, ambulation, eating, and dressing;
- (iii) Maintenance of range of motion;
- (iv) Proper turning and positioning in bed and chair;
- (v) Bowel and bladder control care training; and
- (vi) Care and use of prosthetic and orthotic devices;

(f) Residents' rights, including the following:

- (i) Providing privacy and maintaining confidentiality;
- (ii) Promoting the patients' or residents' right to make personal choices to accommodate their needs;
- (iii) Giving assistance in reporting grievances and disputes;
- (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities;
- (v) Maintaining care and security of patients' or residents' personal possessions;
- (vi) Promoting the patient's or resident's right to be free from abuse, mistreatment, and neglect and understanding the need to report any instances of such treatment to appropriate facility staff;
- (vii) Avoiding the need for restraints.

Source: 21 SDR 118, effective January 2, 1995.

General Authority: SDCL 34-12-29.
Law Implemented: SDCL 34-12-29.

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