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for aging in Oregon*

**Summary of Proposed Revisions to CNA 1 & CNA 2 Curricula Content
and
Standards for Training Programs, Certification & Authorized Duties for
CNAs/CMAs**

The Oregon State Board of Nursing (OSBN) established a workgroup to review the CNA 2 authorized duties and training curricula. The workgroup is recommending collapsing the acute care, restorative aide and dementia care CNA 2 curricula into one curriculum for CNA 2. In doing so, certain items in the CNA 2 curriculum have been moved to the CNA 1 curriculum.

Attached are drafts of proposed revisions made by the workgroup to the following:

- [Curriculum Content for CNA 1](#)
- [Curriculum Content for CNA 2](#)
- [Division 61, Standards for CNA & CMA Training Programs](#)
- [Division 62, Standards for Certification of CNAs & CMAs](#)
- [Division 63, Standards and Authorized Duties for CNAs & CMAs](#)
- [CNA 2 Authorized Duties Competency Validation Form](#)
- [CNA Lab/Clinical Skills Checklist](#)

OSBN staff requests written comments on the proposed revisions by August 11th in order to take the revisions to the board for the first reading on September 25, 2014. They are particularly interested in learning from long term care providers whether there are tasks they believe should be added to the curricula.

Please submit your comments on the proposed revisions to Ruth Gulyas at rgulyas@leadingageoregon.org by August 8th.

SUMMARY OF PROPOSED CHANGES

The major new items included in the CNA 1 curriculum content are cultural competence and caregiver self-care. It is also proposed that the number of hours of instruction for CNA 1 be increased from 150 to 155 hours (80 hours classroom and 75 hours clinical experience).

The major new content in the CNA 2 curriculum are coaching and mentoring peers; crisis intervention; SBARR; adjusting oxygen rate of flow; discontinuing a saline lock; applying and removing delivery device and turning continuous positive airway devices on and off; establishing and maintaining a sterile field; changing wound vac canisters; and pausing and resuming established post pyloric, jejunostomy and gastronomy tube feeding to provide personal care. Part of the rationale for adding some of these tasks is

to allow CNAs to perform tasks presently being performed by technicians within acute care settings.

It is also proposed that as of January 1, 2015 all current CNAs in acute, dementia or restorative care will have a general CNA 2 certification. It will be incumbent for these "grandfathered" CNAs to:

- Not assume an assignment, duty, or responsibility unless competency has been established and maintained;
- Not perform duties or tasks for which the CNA 2 has not demonstrated; knowledge, skill, and ability to an Oregon RN with at least one year of nursing experience;
- Inform employer of any current CNA 2 authorized duties that were not obtained within his/her original CNA 2 training program curriculum; and
- Maintain documentation to support any attained CNA 2 knowledge or skill competency that was not obtained within his/her original CNA 2 training program curriculum (*see attached competency validation form*).

LeadingAge Oregon members participating in the workgroup were Deborah Packwood from Dallas Retirement Village and Cheryl Molstad from Providence Benedictine Nursing Center.