

**CERTIFIED NURSING ASSISTANT**  
**JOB DESCRIPTION**

**OBJECTIVE:** Assists nursing personnel in provision of basic care for residents and necessary unit tasks and functions in compliance with The Nurse Connection policies, and procedures, applicable health care standards and New York State Department of Health.

**ORGANIZATION:** The Certified Nurses Aide functions as a member of the health care team under the direction of the RN or LPN and reports to the Nursing Supervisor in conformity with Agency and regulatory policy.

**QUALIFICATIONS:**

1. Candidate must have current and valid NYS Certification for Nursing Assistants.
2. Must be at least 18 years of age.
3. Compassionate, mature, sympathetic and professional at all times.
4. Good organization and communication skills
5. Ability to read, write, understand and carry out directions.
6. The candidate must successfully complete any/all required pre-employment evaluation test(s) per policy.
7. Candidate will have the physical ability to perform job-related duties, which may require lifting, standing bending, transferring, stooping, stretching, walking, pushing and pulling.
8. A health examination must be successfully completed prior to assignment to verify that he/she is free from communicable disease and physically capable of performing assigned duties.
9. Six consecutive full time months of CNA experience post certification in long term care.

**RESPONSIBILITIES:** *Assists patients in the following areas:*

1. Personal care functions including:
  - a. Bathing (bed, tub, shower or sponge bath)
  - b. Skin Care
  - c. Toileting (bedpan, urinal, commode and/or toilet)
  - d. Grooming (shampoo, nailcare & shaving)
  - e. Oral Hygiene (denture care)
  - f. Assist with dressing and undressing
2. Assists with feeding of residents.
3. Measuring and recording intake and output.
4. Weigh residents using upright, chair and bed scale.
5. Assists in turning and positioning of residents.
6. Proper transfer techniques.
7. Demonstrates appropriate knowledge for safe use of medical equipment (cane, crutches, walkers, Hoyer Lift, side rails, brace, splints, oxygen).
8. Helps keep residents' rooms clean and supplied.

9. Make and change beds (unoccupied and occupied).
10. Transports residents, supplies and equipment as needed.
11. Assists nurses and other personnel as needed.
12. Ambulate residents who require minimal assistance.
13. Simple, non-sterile dressings.
14. Perform skin assessment and notify RN of any abnormalities in skin integrity.
15. Applies heat or cold compresses as directed by a RN.
16. Answer residents calls and takes appropriate action.
17. Collects and labels specimens (urine, stool, sputum).
18. Measures and records vital signs/weights and reports variations in vital signs to RN.
19. Immediately reports any changes in client's condition or incidents to the Nursing Supervisor.
20. Participates in case conferences with other members of the healthcare team as appropriate
21. Maintains confidentiality in relation to all clients, healthcare staff and documentation.
22. Meets annual inservice requirements in accordance with Agency policy and state regulations.
23. Maintains and enhances skill through attending appropriate staff development training
24. Appearance is professional and complies with agency dress code.
25. Maintains a cooperative manner towards client/family and all members of the healthcare team.

**Signature Acknowledging Receipt**

*To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed above are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

I am submitting this form by electronic means. By signing this form electronically, I certify that my answers are correct and complete to the best of my knowledge. Failure to provide correct information could result in termination of employment or other action.

**Step 1. Check the box below**

\* By checking this box and typing my name below, I am electronically signing this form.

**Step 2. Type in your first name, middle initial last name and date below:**

**Date:**

**Verify: (Please Leave Blank)** \_\_\_\_\_ **Date:** \_\_\_\_\_