

Exam Blueprint and Specialty Competencies

Introduction – Blueprint for the Community Health Nursing Certification Exam

The primary function of the Blueprint for the CNA Community Health Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates' competence in community health nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising community health nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

Description of Domain

The CNA Community Health Nursing Certification Exam is a criterion-referenced exam.¹ A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Community Health Nursing Certification Exam, the content consists of the competencies of a fully competent practising community health nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

Developing the List of Competencies

Several highly experienced community health nurses from various regions in Canada developed the current list of competencies. These competencies were reviewed by additional groups of community health nurses throughout the country. A framework of competencies was developed representing the nine domains of community health nursing. The final list of competencies was approved by the Community Health Nursing Certification Exam Committee.

Assumptions

Core to the profession of community health nursing is the assumption that all aspects of nursing assessment and interventions are provided from the perspective of health promotion with the aim of improving the health of communities.

¹ Criterion-referenced exam: An exam that measures a candidate's command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).

In developing the list of competencies for community health nurses, the following assumptions were made.

Health

- Health includes biological, psychological, social, cultural, developmental, environmental and spiritual well-being.
- Wellness is influenced by the determinants of health.
- Health is a resource for living and is not merely the absence of disease.
- Health exists within the framework of chronic illness, disability, frailty and aging.
- Health is the extent to which an individual, family, group, aggregate or community is able to realize aspirations and to function in his/her environment.
- Health is a personal concept and is viewed within the context of the client's personal, cultural and ethnic value system.
- Health behaviour may be directed towards promotion, protection, prevention, maintenance, rehabilitation/restoration or palliation.

The client

- The client(s) of community health nurses may be an individual, family, group, aggregate, community, population system or society.
- The family and community are defined by the client.
- The client is viewed within the biological, psychological, social, cultural, developmental, environmental and spiritual dimensions of a total life experience.
- Individuals have a right to the resources necessary for health.
- Health is the focus from which nursing actions flow.
- All clients' have strengths; these are assessed, and nursing interventions include activities that build on these strengths.
- Clients are active partners.
- Clients are self-directed and expect to take responsibility for decisions.
- Assessment of the client includes health status, strengths, assets, resources, concerns and goals. Assessment is carried out with the active involvement of the client.
- It is the individual's responsibility to maintain his/her health.

The environment

- People and their physical, social, psychological and spiritual environment are interdependent.
- Community health nursing practice is influenced by legislation, policy and social environment.
- Community health nurses understand scientific principles and underpinning of the relationship between individuals and population and the environment.

The community health nurse

- Community health nursing is a specialty with a number of subspecialties such as home health nursing and public health nursing, First Nations health nurses, street nurses and outpost nurses.
- Community health nurses work where people live, work, learn, worship and play.
- Community health nursing takes place in a variety of settings that include homes, community health centres, clinics, mobile clinics, schools, daycare centres, housing complexes, workplaces, recreational facilities, community places and the street.
- Community health nurses work as part of integrated, interdisciplinary teams that include citizens, clients, family, caregivers, volunteers, different levels of provider and multiple disciplines.
- Community health nursing demonstrates knowledge of the role of advocacy, ethics, risk management, change theory and communication.
- Health promotion and prevention are a fundamental component of community health nursing practice.
- Community health nurses work with a unique degree of autonomy and demonstrate constant accommodation and creativity working with the client and family to modify and organize the home environment to enable health and healing.
- Community health nurses work in collaboration with their client to continually adapt their practice to the setting of care (including the client's home and community), maintaining constant vigilance to the unique safety considerations of treatment in the home or the community.
- Community health nurses promote care decisions that build on the capacity inherent in the individual/community.
- The community health nurse works both independently and in collaboration with the client and other health-care providers.
- Community health nurses work in a continuous rather than an episodic process.
- Collaboration is a key element to community health nursing.

- Community health nursing integrates the values of caring and the principles of primary health care into daily practice.
- Community health nursing utilizes the nursing process and the community health nursing process which includes environmental influence, multiple ways of knowing, individual/community participation and empowerment.
- Community health nurses use a specialized and expanding body of knowledge in their practice.
- Community health nursing integrates best practices and evidenced-based practice and acknowledges a responsibility to promote research within the specialty area.
- Community health nursing uses adult-learning principles.
- Community health nurses are involved in setting goals and objectives for health programs/services based on community health assessments.
- Community health nurses set priorities based on evidence and regulatory/policy requirements.
- Community health nurses develop proposals, programs, policies and procedures that meet the needs of the organization and target population.
- Community health nurses implement and evaluate programs/services for continuous improvement.
- Community health nurses provide statistical and/or narrative reports (e.g., trends and analyses).
- Community health nurses assist with mentoring staff and preceptoring students.
- Community health nurses maintain professional competence through ongoing education, research and skill development.

Competency Categories

The competencies are classified under a nine-category classification scheme. Some of the competencies lend themselves to one or more of the categories; therefore these nine categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others more discrete and specific nursing behaviours.

Percentage of Competencies in Each Group

The following table presents the number and the percentage of competencies in each category.

Table 1: Percentage of Competencies in Each Group

Category	Number of competencies	Percentage of the total number of competencies
Facilitating Access to Services in an Efficient and Effective Manner	4	3%
Restoring and Maintaining Health and Providing End-of-Life Care	34	22%
Promoting Health and Preventing Illness and Injury of Vulnerable Individuals, Populations, Aggregates and Targeted Groups within the Community	27	18%
Promoting Health and Wellness Across the Lifespan	17	11%
Providing Infection, Prevention and Control and Communicable Disease Services	38	25%
Being Involved in Emergency Preparedness/Disaster Management	3	2%
Promoting a Healthy Environment	14	9%
Building Community Capacity to Improve Health	5	3%
Demonstrating Professional Responsibility and Accountability	10	7%

Competency Sampling

Using the grouping and guidelines, the Community Health Nursing Certification Exam will consist of approximately 165 questions; the categories have been given the following weights in the total examination.

Table 2: Competency Sampling

Categories	Approximate weights in the total examination
Facilitating Access to Services in an Efficient and Effective Manner	5-15%
Restoring and Maintaining Health and Providing End-of-Life Care	10-20%
Promoting Health and Prevention Illness and Injury of Vulnerable Individuals, Populations, Aggregates and Targeted Groups within the Community	5-15%
Promoting Health and Wellness Across the Lifespan	10-20%
Providing Infection, Prevention and Control and Communicable Disease Services	1-20%
Being Involved in Emergency Preparedness/Disaster Management	1-10%
Promoting a Healthy Environment	5-15%
Building Community Capacity to Improve Health	5-15%
Demonstrating Professional Responsibility and Accountability	5-15%

Technical Specifications

In addition to the specifications related to the competencies, other variables are considered during the development of the Community Health Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

Structural variables: Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice) and any special functions of exam questions (e.g., independent questions).

Contextual variables: Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., client culture, client health situation or health-care environment).

Structural Variables

Exam Length: The exam consists of approximately 165 multiple-choice questions.

Question Presentation: The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the client's health-care situation). Independent questions stand alone. In the Community Health Nursing Certification Exam, 55 to 65 per cent of the questions are presented as independent questions and 35 to 45 per cent are presented within cases.

Taxonomy for Questions: To ensure that competencies are measured at different levels of cognitive ability, each question on the Community Health Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application or critical thinking.²

1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a client's record).

2. Application

This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories while providing care to clients (e.g., applying nursing principles to the care of clients).

3. Critical Thinking

The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The community health nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments about the needs of clients.

² These levels are adapted from the taxonomy of cognitive abilities developed in Bloom, 1956.

The following table presents the distribution of questions for each level of cognitive ability.

Table 3: Distribution of Questions for Each Level of Cognitive Ability

Cognitive ability level	Percentage of questions on the Community Health Nursing Certification Exam
Knowledge/Comprehension	20-30%
Application	40-50%
Critical Thinking	25-35%

Contextual Variables

Client Culture: The Community Health Nursing Certification Exam is designed to include questions representing the variety of cultural backgrounds encountered while providing community health nursing care in Canada. Although the exam does not test candidates' knowledge of specific values, beliefs and practices linked to individual cultures, it is intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. Cultural issues are integrated within the exam without introducing cultural stereotypes.

Client Health Situation: In the development of the Community Health Nursing Certification Exam, the client is viewed holistically.

Health-Care Environment: It is recognized that community health nursing is practised in a variety of settings. For the purposes of the Community Health Nursing Certification Exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the candidate.

Conclusions

The Blueprint for the Community Health Nursing Certification Exam is the product of a collaborative effort between CNA, ASI, CHNAC and a number of community health nurses across Canada. Their work has resulted in a compilation of the competencies required of practising community health nurses and has helped determine how those competencies will be measured on the Community Health Nursing Certification Exam. A summary of these guidelines can be found in the summary chart: Community Health Nursing Certification Development Guidelines.

It is recognized that community health nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.

Summary Chart

Community Health Nursing Certification Exam Development Guidelines

Structural Variables	
Examination Length and Format	Approximately 165 objective questions (e.g., multiple choice)
Question Presentation	55-65% independent questions 35-45% case-based questions
Cognitive Ability – Levels of Questions	Knowledge/Comprehension 20-30% of questions Application 40-50% of questions Critical Thinking 25-35% of questions
Competency Categories	<p>Facilitating Access to Services in an Efficient and Effective Manner (4) 5-15% of questions</p> <p>Restoring and Maintaining Health and Providing End-of-Life Care (34) 10-20% of questions</p> <p>Promoting Health and Preventing Illness and Injury of Vulnerable Individuals, Populations, Aggregates and Targeted Groups within the Community (27) 5-15% of questions</p> <p>Promoting Health and Wellness across the Lifespan (17) 10-20% of questions</p> <p>Providing Infection Prevention and Control and Communicable Disease Services (38) 10-20% of questions</p> <p>Being Involved in Emergency Preparedness/Disaster Management (3) 1-10% of questions</p> <p>Promoting a Healthy Environment (14) 5-15% of questions</p> <p>Building Community Capacity to Improve Health (5) 5-15% of questions</p> <p>Demonstrating Professional Responsibility and Accountability(10) 5-15% of questions</p>
Contextual Variables	
Client	The client of community health nurses may be an individual, family, group, aggregate, community, population system or society.
Client Health Situation	In the development of the Community Health Nursing Certification Examination, the client is viewed within the biological, psychological, social, cultural, developmental, environmental and spiritual dimensions of a total life experience.
Client Culture	Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.
Health-Care Environment	It is recognized that community health nursing is practised in a variety of settings. Therefore, for the purposes of the Community Health Nursing Certification Exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the candidate.

The Community Health Nursing Certification Exam List of Competencies

1. Facilitating Access to Services in an Efficient and Effective Manner

The community health nurse:

- 1.1 organizes delivery of services in a cost-effective manner based on identified priorities (e.g., location, resources, staffing, volunteers, transportation, access, parking, processes, supplies, target population, advertising, time of day, security, cleaning, partnering).
- 1.2 coordinates stakeholders to develop or implement comprehensive plan of care (e.g., case conference, social services, community agencies).
- 1.3 identifies effective strategies to ensure access to services (e.g., case finding, outreach, referrals, meeting people where they live, work and play, advocacy).
- 1.4 implements and evaluates strategies designed to ensure access (e.g., attendance, time, location, transportation, financial costs, child care services, senior care, legislation and policy considerations).

2. Restoring and Maintaining Health and Providing End-of-Life Care

The community health nurse:

- 2.1 assesses clients to determine whether community health nursing intervention is needed (e.g., referral and follow-up, outreach, case finding, intake, triage).
- 2.2 manages caseload (e.g., frequency of visit, time of visit, acuity of the situation, support system, geographic location, length of visit, health history, safety, resource management, documentation).
- 2.3 assesses clients requiring the following care:
 - 2.3a wound care (e.g., signs and symptoms of infection, diet, response to treatment, comfort, mobility, skin integrity, cause, type, stage, co-morbidity, impact of the home environment, individual and family capacity, type of wound care products);
 - 2.3b infusion therapy (e.g., fluid balance, medication, patency of central lines and peripheral lines, appropriateness of ambulatory infusion pumps, opportunity for safe handling and disposal of products, side effects, response to treatment, individual and family capacity, impact of the home environment);
 - 2.3c glucose monitoring (e.g., blood levels, equipment, signs and symptoms of hyperglycemia and hypoglycemia, response to treatment, diet, individual and family capacity, impact of the home environment);
 - 2.3d pain management (e.g., polypharmacology, alternative pain therapies, pain assessment, total pain, response to treatment, individual and family capacity, impact of the home environment);

- 2.3e enterostomal therapy (e.g., opportunity for safe handling and disposal of products, skin integrity, appropriateness of products, body image, diet, sexuality, individual and family capacity, impact of the home environment);
 - 2.3f enteral feeding (e.g., nutrition, appropriateness of products and equipment, individual and family capacity, impact of the home environment);
 - 2.3g dialysis (e.g., dietary regime adherence, fluid intake, weight, equipment, opportunity of safe handling and disposal of products, infection control, sexuality, medication regime adherence, individual and family capacity, impact of the home environment);
 - 2.3h catheterization: intermittent and indwelling (e.g., environment, products, infection, body image, sexuality, fluid output, individual and family capacity, impact of the home environment);
 - 2.3i tracheotomy care (e.g., respiratory function, device, equipment, supplies, body image, emergency plan, skin integrity, individual and family capacity, impact of the home environment);
 - 2.3j ventilator (e.g., respiratory function, equipment, supplies, power sources, emergency plan, support system, client and family capacity, impact of the home environment);
 - 2.3k medication administration: oral, subcutaneous, intramuscular, intravenous, inhalation, epidural, intradermal (e.g., type of medication, safe storage, route, dose, administration time, medication regime adherence, response to treatment, side effects, security, individual and family capacity, impact of the home environment);
 - 2.3l nutrition (e.g., diet, food security, culture, age, equipment, breastfeeding, hydration, weight, individual and family capacity, impact of the home environment);
 - 2.3m phototherapy (e.g., equipment, bilirubin levels, hydration, breastfeeding, individual and family capacity, impact of the home environment);
 - 2.3n chronic disease management (e.g., diabetes, obesity and activity, hepatitis C, congestive heart failure, COPD, MS, children with special needs, mental health conditions, individual and family capacity, impact of the home environment);
 - 2.3o end-of-life care (e.g., pain management, symptom control, individual and family capacity, impact of the home environment); and
 - 2.3p palliative care (e.g., pain management, symptom control, individual and family capacity, impact of the home environment).
- 2.4 implements and evaluates client-centred plans of care in collaboration with the client, family and other service providers for the following situations:
- 2.4a wound care (e.g., dressing change, dieting counselling, health teaching, topical application, coordinating services and resources, promoting mobility, administering medication and other comfort measures, consultation, referral, building individual and family capacity, selecting appropriate wound care product);
 - 2.4b infusion therapy (e.g., fluid replacement, administering medication, administering TPN, management of central lines and peripheral lines, management of infusion pumps, safe handling and disposal of products, referral, consultation, health teaching, counselling, troubleshooting equipment and lines, building individual and family capacity);

- 2.4c glucose monitoring (e.g., health teaching about diet and blood testing, administering insulin, exercise program, referral and follow-up, blood testing, building individual and family capacity);
- 2.4d pain management (e.g., health teaching about total pain, counselling on medication regime and comfort measures, health teaching about breakthrough pain management, administering medication, referral, mobility tolerance, monitoring medication usage, building individual and family capacity);
- 2.4e enterostomal therapy (e.g., safe handling and disposal of products, health teaching regarding detection and prevention of impaired skin integrity, selecting products, health teaching and counselling regarding body image, diet, elimination and sexuality, building individual and family capacity);
- 2.4f enteral feeding (e.g., nutrition counselling, selecting products, equipment troubleshooting, identifying financial sources, health teaching regarding hydration and weight, building individual and family capacity);
- 2.4g dialysis (e.g., nutrition counselling, fluid balance, health teaching regarding target weight, equipment troubleshooting, safe handling and disposal of products, infection control, health teaching and counselling regarding sexuality, referral, consultation, building individual and family capacity);
- 2.4h catheterization: intermittent and indwelling (e.g., adjusting care to environment, selecting products, hydration, health teaching regarding clean and sterile technique, infection control, health teaching and counselling regarding sexuality and body image, building individual and family capacity);
- 2.4i tracheotomy care (e.g., suction, equipment troubleshooting, tracheotomy care, selecting supplies, health teaching regarding body image, self-care, referral, consultation, airway management, emergency and safety plan, building individual and family capacity);
- 2.4j ventilator (e.g., airway management, providing mouth care, equipment troubleshooting, supplies, power supplies, emergency plan, arranging respite care, coordinating services and resources, building individual and family capacity);
- 2.4k medication administration: oral, subcutaneous, intramuscular, interavenous, inhalation, epidural, intradermal (e.g., administering medication, health teaching on medication use, referral and consultation, identifying financial sources, direct observation therapy for TB, building individual and family capacity);
- 2.4l nutrition (e.g., health teaching on diet and proper food handling, identifying financial resources, supporting and promoting breastfeeding, coordinating services and resources, referral, building individual and family capacity);
- 2.4m phototherapy (e.g., health teaching regarding use of equipment, hydration, referral and follow-up, consultation, blood testing, building individual and family capacity);
- 2.4n chronic disease management (e.g., health teaching, monitoring, referral and follow-up, consultation, counselling of client and family, respite care, medication administration, anticipatory guidance, building individual and family capacity);
- 2.4o end-of-life care (e.g., monitoring, total pain management, respite care, counselling, build individual and family capacity); and
- 2.4p palliative care (e.g., counselling, medication administration, advocacy, respite care, building individual and family capacity).

3. Promoting Health and Preventing Illness and Injury of Vulnerable Individuals, Populations, Aggregates and Targeted Groups within the Community

The community health nurse:

- 3.1 identifies demographics (e.g., number of persons, age characteristics, gender characteristics, racial/ethnic characteristics, residence/geographical location, average household income, educational level of head of household, occupation of head of household, economic indicators for the geographic area, such as unemployment rates, income, job sources, transportation to jobs, family composition).
- 3.2 accesses relevant data sources (e.g., observation, epidemiological data, surveillance data, client records, organization records and reports, interviews, electronic data source, web-based resources).
- 3.3 chooses appropriate data collection techniques and tools to evaluate intervention (e.g., questionnaire, monitoring, client feedback, observation, survey, focus group).
- 3.4 interprets the following data using informal and formal sources:
 - 3.4a demographics (e.g., number of persons, age characteristics, gender characteristics, racial/ethnic characteristics, residence/geographical location, average household income, educational level of head of household, occupation of head of household, economic indicators for the geographic area, such as unemployment rates, income, job sources, transportation to jobs, family composition);
 - 3.4b observational data (e.g., trends, unusual events, community-identified concerns, number of calls on same issue, walk-about, drive-about);
 - 3.4c epidemiological data (e.g., incidence rates, prevalence, medical health officer reports, mapping of income levels, education levels, languages);
 - 3.4d surveillance data (e.g., health events);
 - 3.4e client records (e.g., number of visits, trends, outcomes);
 - 3.4f organization records and reports (e.g., number of influenza cases, hospital emergency visits); and
 - 3.4g interviews with community stakeholders and agencies (e.g., emergent and resurgent health trends, significant events, safety concerns).
- 3.5 implements and evaluates interventions to improve health of vulnerable individuals, populations, aggregates and targeted groups within the community (e.g., low-income families, substance users, migrant families, refugees, homeless, pregnant and parenting teens, seniors, persons living with chronic disease, victims of violence, persons with literacy challenges, persons with special needs, children at risk, school-age children, isolated individuals and families, persons with STI, families using the food bank, preschool children), such as:
 - 3.5a health teaching;
 - 3.5b case reporting;
 - 3.5c case finding;
 - 3.5d advocacy;
 - 3.5e coalition building;
 - 3.5f community organizing;

- 3.5g social marketing;
- 3.5h policy development and enforcement;
- 3.5i screening;
- 3.5j surveillance;
- 3.5k counselling;
- 3.5l consultation;
- 3.5m collaboration;
- 3.5n facilitation;
- 3.5o negotiation/mediation;
- 3.5p case coordination;
- 3.5q disease or health event investigation;
- 3.5r outreach; and
- 3.5s referral.

4. Promoting Health and Wellness across the Lifespan

The community health nurse:

- 4.1 identifies the determinants of health (e.g., social environment, physical environment, biology and genetic endowment, income and social status, social support networks, employment and working conditions, education/literacy, healthy child development, gender, culture, personal health practices and coping skills and health services).
- 4.2 assesses the health needs of the following:
 - 4.2a child-bearing family–prenatal period (e.g., access to prenatal care, access to health and community services, previous pregnancy history, food security, nutritional status of the mother, pre-existing health conditions, medications, mental health status, addiction, dental health, preparation for childbirth, infant feeding options, preparation for parenting, abuse and neglect, immunization, sexuality, housing, education, finances, support system, literacy, activities/rest, culture, physical, emotional, psychological and spiritual well-being, signs and symptoms of potential complications such as hypertension, diabetes, social changes, potential postpartum depression, family functioning, strengths, individual and family capacity);
 - 4.2b child-bearing family–postpartum period (e.g., access to postpartum care, access to health and community services, previous childbearing history, nutritional status of the mother, pre-existing health conditions, medications, mental health status, addiction, dental health, breastfeeding, family planning, sexuality, housing, education, activities/rest, finances, support system, literacy, culture, physical, emotional, psychological and spiritual well-being, signs and symptoms of potential complications such as inability to void, episiotomy and lochia, abuse/neglect, immunization, social changes, family functioning, sibling adjustment, newborn behaviour, strengths, actual/potential postpartum depression, attachment and bonding, individual and family capacity);

- 4.2c child-bearing family–parenting (e.g., access to parenting services, access to health and community services, previous parenting history, breastfeeding, nutrition, parenting skills, normal growth and development, family planning, sexuality, housing, education, finances, support system, literacy, culture, physical, emotional, psychological and spiritual well-being, abuse/neglect, immunization, social changes, family functioning, strengths, individual and family capacity);
 - 4.2d infant (e.g., access to newborn care, immunization status, nutrition, safety and security, nurturing, attachment, stimulation, physical, emotional, psychological and spiritual growth and development, cry, behaviour, access to health and community services, culture, special needs, strengths, individual and family capacity);
 - 4.2e children (e.g., immunization status, nutrition, safety and security, nurturing, behaviour, stimulation, physical, emotional, psychological and spiritual growth and development, socialization, access to health and community services such as vision and oral, access to child care, equipment, screening, inclusion, access to education, physical activity, culture, sexuality, special needs, strengths, individual and family capacity, activities of daily living);
 - 4.2f youth (e.g., immunization status, nutrition, safety and security, nurturing, stimulation, physical, emotional, psychological and spiritual growth and development, socialization, access to health and community services, access to child care, equipment, body image, self-esteem, peer and adult relationships, inclusion, sexuality, contraceptive use, access to education, physical activity, culture, special needs, strengths, individual and family capacity, activities of daily living);
 - 4.2g adult (e.g., immunization status, nutrition, safety and security, nurturing, stimulation, social support, access to health and community services, equipment, body image, self-esteem, relationships, inclusion, housing, food security, work, finances, sexuality, physical activity, physical, emotional, psychological and spiritual growth and development, culture, strengths, individual and family capacity, activities of daily living); and
 - 4.2h older adult (e.g., immunization status, nutrition, safety, nurturing, stimulation, social support, access to health and community services and illness services, equipment, security, body image, self-esteem, relationships, inclusion, housing, food security, activity, finances, physical activity, physical, emotional, psychological and spiritual growth and development, culture, strengths, sexuality, individual and family capacity, activities of daily living, medication regime).
- 4.3 implements and evaluates interventions to improve health:
- 4.3a child-bearing family–prenatal care (e.g., ensuring access to prenatal care, anticipatory guidance, case management, health teaching, advocacy, communicable disease control, promotion of breastfeeding, outreach, case finding, referral and follow-up, counselling, consultation, building individual and family capacity);
 - 4.3b child-bearing family–postpartum care (e.g., anticipatory guidance, health teaching promotion of effective breastfeeding, promotion of maternal/family self-care, consultation, communicable disease control, outreach, case management, building individual and family capacity, bereavement support);
 - 4.3c child-bearing family–parenting (e.g., anticipatory guidance, health teaching, referral to programs/other services, counselling, relationship building, consultation, establishing partnerships with community resources, advocacy, communicable disease control, case finding, outreach, case management, building individual and family capacity);

- 4.3d infant (e.g., parental anticipatory guidance, counselling, health teaching on developmental milestones and injury prevention, referral and follow-up, immunization, communicable disease control, collaboration, partnership, advocacy, consultation, case finding, outreach, building individual and family capacity);
- 4.3e child (e.g., parental anticipatory guidance and counselling, health teaching on developmental milestones and injury prevention, referral and follow-up, immunization, communicable disease control, collaboration and partnership with preschool and school community, advocacy, community development, consultation, case finding, outreach, case management, building individual and family capacity, bereavement support);
- 4.3f youth (e.g., immunization, communicable disease control, health teaching, collaboration, partnership, advocacy, community development, consultation, policy development, referral and follow-up, case finding, harm reduction, outreach, case management, building individual and family capacity, bereavement support);
- 4.3g adult (e.g., immunization, communicable disease control, health teaching, collaboration, partnership, advocacy, consultation, referral and follow-up, case finding, harm reduction, outreach, building individual and family capacity, bereavement support); and
- 4.3h older adult (e.g., immunization, communicable disease control, health teaching, collaboration, partnership, advocacy, referral and follow-up, consultation, case finding, harm reduction, outreach, building individual and family capacity, bereavement support).

5. Providing Infection Prevention and Control and Communicable Disease Services

The community health nurse:

- 5.1 understands the principles of immunization:
 - 5.1a informed consent;
 - 5.1b screening;
 - 5.1c anaphylaxis;
 - 5.1d valid and invalid contraindications to vaccinations;
 - 5.1e monitoring;
 - 5.1f cold chain; and
 - 5.1g immunity.
- 5.2 monitors immunization rates.
- 5.3 educates clients on the benefits and risks of immunization to the population.
- 5.4 conducts surveillance activities (e.g., unusual age distribution, a large number of cases, mortality rate, morbidity rate, temporal or geographic cluster, prevalence, incidence).
- 5.5 Interprets surveillance findings (e.g., trends, outbreaks).

- 5.6 implements and evaluates action based on surveillance findings (e.g., reporting to appropriate authority, implementing policy).
- 5.7 differentiates various types of immunity:
 - 5.7a active;
 - 5.7b passive;
 - 5.7c cross; and
 - 5.7d herd.
- 5.8 understands the modes of transmission of vaccine-preventable communicable disease: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.9 implements appropriate infection control practices to prevent transmission of infectious/communicable diseases (e.g., routine practices including hand hygiene, personal protective practices and personal protective equipment, additional precautions, airborne droplet and contact precautions, gloving, isolation, cleaning, disinfection, sterilization of equipment).
- 5.10 recognizes symptoms of communicable diseases that are vaccine preventable (e.g., diphtheria, tetanus, polio, measles, mumps, rubella, varicella, meningococcal, hepatitis B, influenza, pneumococcal, hepatitis A, smallpox, typhoid, yellow fever, tuberculosis).
- 5.11 understands transmission of vaccine-preventable communicable diseases: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.12 implements and evaluates nursing interventions to prevent spread of vaccine-preventable disease (e.g., immunizing, screening, case finding, referral and follow-up, reporting, health teaching, consultation and communication, infection control practices, screening).
- 5.13 recognizes symptoms of communicable diseases that are non-vaccine-preventable (e.g., febrile respiratory illness [FRI], HIV, STI, hepatitis C).
- 5.14 understands transmission of non-vaccine-preventable communicable disease: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.15 implements and evaluates nursing interventions to prevent spread of non-vaccine-preventable communicable diseases (e.g., screening, case finding, outreach, referral and follow-up, reporting, health teaching, consultation and communication, infection control practices, screening).
- 5.16 recognizes symptoms of health-care-acquired infections (e.g., MRSA, VRE).
- 5.17 understands transmission of health-care-acquired infections: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.18 implements and evaluates nursing interventions to prevent spread of health-care-acquired infections (e.g., screening, follow-up, reporting, health teaching, consultation and communication, infection control practices).
- 5.19 recognizes symptoms of emerging and resurgent infectious diseases (e.g., West Nile, hantavirus pulmonary syndrome, febrile respiratory illness [FRI], tuberculosis, *Clostridium difficile*).

- 5.20 understands transmission of emerging and resurgent infectious diseases: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.21 implements and evaluates nursing practices and interventions to prevent spread of emerging and resurgent infectious disease (e.g., screening, case finding, outreach, health teaching, consultation and communication, referral and follow-up, infection control practices, treatment, routine practices and additional precautions).
- 5.22 recognizes symptoms of common food-borne illnesses (e.g., E. coli, hepatitis A, salmonella, parasitic).
- 5.23 understands transmission of common food-borne illnesses: host, agent and environment.
- 5.24 implements and evaluates nursing interventions to prevent spread of common food-borne illnesses (e.g., screening, case finding, health teaching, consultation and communication, referral and follow-up, infection control practices, treatment).
- 5.25 recognizes symptoms of parasitic infections (e.g., lice, ring worm, scabies).
- 5.26 understands transmission of parasitic infections: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.27 implements and evaluates nursing interventions to prevent spread of parasitic infections (e.g., screening, health teaching, consultation and communication, referral and follow-up, infection control practices, treatment).
- 5.28 recognizes symptoms of common water-borne illnesses (e.g., shigella, E. coli, entamoeba, cryptosporidium).
- 5.29 understands transmission of water-borne illnesses: agent/organism, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
- 5.30 implements and evaluates nursing interventions to prevent spread of water-borne illnesses (e.g., screening, health teaching, health communication, referral and follow-up, infection control practices, treatment).
- 5.31 defines the concepts of pandemic, epidemic and endemic outbreaks.

6. Being Involved in Emergency Preparedness/Disaster Management

The community health nurse:

- 6.1 plans nursing interventions following notice of emergency or disaster events that impact on the health of the community (e.g., contaminated water supply, bioterrorism, environmental or natural events/disasters, human-made such as pollution, structural collapse, transportation accidents).
- 6.2 implements activities to decrease risk of emergencies or disasters (e.g., policies to reduce weapon carrying by adolescents on school property, teaching to reduce infections caused by food-borne pathogens, teaching regarding symptoms of bioterrorism, teaching regarding fire hazards, preparedness, capacity building, pandemic flu preparedness planning).
- 6.3 participates in the implementation and evaluation of components of disaster plans at the workplace and in the community (e.g., emergency numbers, use of 911, water, gas and electricity main switches, roles and responsibilities of individuals and organizations, type and amount of supplies required, levels of disaster, mental health, case finding, triage, screening, surveillance, shelter management, outreach, recovery, capacity building).

7. Promoting a Healthy Environment

The community health nurse:

- 7.1 conducts a health assessment of the social and physical environment in the following settings:
 - 7.1a school and daycare (e.g., playground, classroom, washroom, safety of cafeteria equipment, bullying, accessibility to washroom, cafeteria noise, food handling practices, food choices);
 - 7.1b community (e.g., geographical location, social and cultural diversity, municipality services, access to transportation, access to food supplies);
 - 7.1c home (e.g., scatter rugs, crowding, smoking, lack of shelter, substance use, unsafe stairs, access to wheelchair, disability accommodations, mould, pestilence, fire risks, animals, violence, potential for aggression, exposure to the elements, hazardous waste);
 - 7.1d built environment (e.g., traffic, noise, housing, sanitation, lighting, roads);
 - 7.1e natural environment (e.g., water quality, air quality, soil, sun, well water, fluoridation, second-hand smoke, stubble burning, forest fire smoke, allergens);
 - 7.1f recreational and community facilities (e.g., availability and accessibility of facilities, wheelchair accessibility, baby friendly, temperature control, mould, second-hand smoke); and
 - 7.1g workplace (e.g., location of where nursing care is provided, location of where client works, baby friendly, sick-building syndrome, second-hand smoke, risk for injury of the nurse).
- 7.2 implements and evaluates health promotion activities to build a healthy social and physical environment in the following settings:
 - 7.2a school and daycare (e.g., reporting, health teaching, consultation, collaboration, referral, health-promoting schools, coalition building, capacity building, healthy public policy);
 - 7.2b community (e.g., consultation, collaboration, referral, advocacy, lobbying, policy development, coalition building, capacity building, healthy public policy);
 - 7.2c home (e.g., consultation, collaboration, referral, advocacy, lobbying, reporting, health teaching, policy development, coalition building, capacity building, healthy public policy);
 - 7.2d built environment (e.g., consultation, collaboration, referral, advocacy, lobbying, reporting, health teaching, policy development, coalition building, capacity building, healthy public policy);
 - 7.2e natural environment (e.g., consultation, collaboration, referral, advocacy, lobbying, reporting, health teaching, policy development, coalition building, capacity building, healthy public policy);
 - 7.2f recreational and community facilities (e.g., consultation, collaboration, referral, advocacy, lobbying, reporting, health teaching, policy development, coalition building, capacity building, healthy public policy); and
 - 7.2g workplace (e.g., consultation, collaboration, referral, advocacy, lobbying, reporting, health teaching, policy development, capacity building, coalition building, healthy public policy).

8. Building Community Capacity to Improve Health

The community health nurse:

- 8.1 identifies community health issues and needs with the community stakeholders (e.g., community needs assessment data, trends, opinions of community leaders, national issues, evidence, citizen-expressed needs, organization or other program expressed needs, observations).
- 8.2 assesses the readiness of the community for action and change (e.g., perception of needs, key formal and informal leaders, potential financial and human resources, decision-makers, ability to mobilize, anticipated opposition, urgency, general level of community awareness, previous history and response to change).
- 8.3 assesses the barriers that impede action and change (e.g., coping skills, level of understanding, participation level, perceived negative impact, lack of financial resources, mismatch with the cultural values, leaders not trusted or liked).
- 8.4 develops a plan of action with the community stakeholders (e.g., goals, purpose, activities, costs, resources, strategy, how, who, when, why, where, communication strategy).
- 8.5 implements and evaluates with community stakeholders the community plan to address an agreed upon health issue (e.g., community organization, policy development, coalition building, advocacy, collaboration and partnership, communication campaigns, social marketing).

9. Demonstrating Professional Responsibility and Accountability

The community health nurse:

- 9.1 identifies potential and real role conflicts when working in a community setting (e.g., boundary issues, resource allocation, guest in the home/community, voluntary relationship, legislated mandate, differing values between client and community health nurse, unclear role with other health-care providers, role overlap).
- 9.2 acts in accordance with the Code of Ethics of CNA (e.g., abandonment, service discontinuation, transfer to other service providers, consent).
- 9.3 implements and evaluates interventions to prevent or intervene when role conflict occurs (e.g., defining role and responsibilities, communicating, maintaining confidentiality, respecting client's right to refuse service, enforcing legislation as required such as child protection, Public Health Act, power of attorney, obtaining informed consent, clarifying role with other health-care providers, respecting cultural differences, sharing vision of healthy community and health).
- 9.4 balances the rights of individuals and the rights of communities (e.g., immunization programs, fluoridated water supply, communicable disease control, needle exchange programs, tobacco legislation).
- 9.5 recognizes risk-to-self situations (e.g., client drug use during a home visit, inclement weather, exposure to harmful substances, unsafe neighbourhood, unsafe home, abusive and violent situations, pets, driving).
- 9.6 identifies actual and potential situations that put others at risk (e.g., sexual abuse, physical, verbal, financial and emotional abuse).

- 9.7 implements and evaluates nursing interventions to deal with actual and potential situations that put others at risk (e.g., reporting to appropriate authority).
- 9.8 implements and evaluates action to prevent or intervene during risk-to-self situations (e.g., delaying service if in risky situation, obtaining colleague assistance, routine practices and additional precautions).
- 9.9 uses formal and informal networks to facilitate access to health resources (e.g., lobbying, testifying, issuing press releases, disseminating information, working with legislators, interviewing, assertiveness, negotiation, self-management, legal knowledge, conflict management).
- 9.10 interprets legislation, regulations and standards to promote health and prevent adverse health events (e.g., informed consent, vulnerable persons act, child protection, Public Health Act, organizational policies, human rights, labour laws, power of attorney).
- 9.11 ensures a client-centred care approach by integrating the consent to treatment process in all nursing care activities.