



COVID-19 Pandemic Competency Checklist

Non-Certified Caregiver - Basic Nursing Skills

**Based upon Emergency Blanket Waiver*

Name: _____ Title: _____ Hire Date: _____

Skill Area		Evaluation (Check One)		Method of Evaluation (Check One)				Verification (Initials/Date)
		Competency Demonstrated/ Meets Standards	Needs Additional Training	D = Skills Demonstration O = Performance Observation W = Written Test V = Verbal Test				
				D	O	W	V	
Observational Skills	Identify observations to be made during resident care.							
	Describe how to report and record observations.							
Taking and recording vital signs	Identify abbreviations of vital signs							
	Identify types of thermometers and situations in which they are used							
	Demonstrate how to care for thermometers							
	Demonstrate each method of checking temperature: <ul style="list-style-type: none"> • Oral • Axillary • Tympanic • Rectal • Temporal Artery 							

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Demonstrate recording and reporting temperature measurements.							
Identify the “normal” or average pulse rate.							
Identify variations from the “normal” pulse that should be reported: <ul style="list-style-type: none"> • Force (bounding, weak) • Rate • Rhythm 							
Demonstrate the accurate taking of a radial pulse.							
Demonstrate how to record and report pulse measurements.							
Identify the average respiratory rate.							
Describe and demonstrate how to measure respiratory rate.							
Identify and report variations in respiratory rates							
Demonstrate how to record and report the respiratory rate measurement.							
Describe blood pressure.							

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	Identify the “normal” or average blood pressure.						
	Identify instruments to check blood pressure: <ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope 						
	Demonstrate correct procedure for obtaining a blood pressure.						
	Demonstrate how to record and report blood pressure measurements.						
Measuring and recording height and weight	Describe and demonstrate how to weigh a resident accurately: <ul style="list-style-type: none"> • Balance scale • Wheelchair scale • Bed scale • Lift scale 						
	Demonstrate the care of eyeglasses						
	Demonstrate the care of hearing aids.						
	Demonstrate eating and/or feeding assistance <ul style="list-style-type: none"> • Identify devices and techniques used to assist 						

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	with independence while eating. <ul style="list-style-type: none"> • Demonstrate assistance residents with meals. • Describe and identify signs and symptoms of dysphagia. • State how to identify and intervene with a choking victim. • Special diet • Mechanically altered food and/or fluids • Supplemental feedings • Sufficient time to eat • Elevate head of bed • Sitting posture • Describe methods to encourage fluid intake. • Monitor fluid intake 						
Bed-making Techniques and Comfort Measures	Demonstrate linen handling and bed making: <ul style="list-style-type: none"> • Unoccupied, • Occupied • Handling of soiled linen 						

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Bathing	Identify general guidelines to follow when bathing the resident including measures for dignity, privacy, and safety.							
	Demonstrate perineal care: <ul style="list-style-type: none"> • Female • Male 							
	Demonstrate performance of: <ul style="list-style-type: none"> • Bed bath 							
Grooming	Demonstrate hair care: <ul style="list-style-type: none"> • Combing/Brushing • Shampoo 							
	Demonstrate beard care: <ul style="list-style-type: none"> • Shaving/Trimming • Safety with electric razors • Combing/Brushing • Shampoo 							
	Demonstrate nail care: <ul style="list-style-type: none"> • Fingernails only (Diabetic residents will be done by nurses only) 							
Oral Care	Discuss general practices for oral hygiene: <ul style="list-style-type: none"> • Brushing • Inspection 							

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<ul style="list-style-type: none"> Denture fit 								
	Demonstrate the correct method for brushing a resident's teeth.							
	Demonstrate how to safely care for the resident's dentures.							
	Describe and demonstrate safe mouth care for the unconscious resident and those who cannot take food orally.							
Dressing	Demonstrate dressing and undressing a resident.							
Urinary Elimination/Catheter	Describe normal and abnormal appearance of urine.							
	Identify signs and symptoms of urinary tract infections (UTIs).							
	Demonstrate measures to provide skin care and comfort for the incontinent resident.							
	Demonstrates catheter care: <ul style="list-style-type: none"> Hygiene Emptying Securing 							

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	<ul style="list-style-type: none"> Handling 						
	Identify observations employee should report about the catheterized resident.						
Toileting	Demonstrate correct procedure for assisting a resident with a: <ul style="list-style-type: none"> Bed pan Fracture pan Urinal Bedside commode Toilet Changing incontinent products 						
Intake and Output	Demonstrate the procedure for measuring and recording fluid intake.						
	Demonstrate the procedure for measuring and recording fluid output.						
Bowel Elimination	Describe "normal" and "abnormal" BMs: <ul style="list-style-type: none"> Color Form Frequency 						

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	Identify what is meant by constipation and fecal impaction.						
	Identify signs and symptoms that may indicate a resident has a fecal impaction.						
	Demonstrate care for the resident who is incontinent of feces.						
	Demonstrate how to record and to report changes in bowel elimination.						
Skin care	Describe the signs and symptoms of skin problems.						
	Identify body locations that are prone to skin breakdown.						
	Discuss ways to prevent skin breakdown. <ul style="list-style-type: none"> • Demonstrates turning and repositioning 						
	Demonstrate how to report and record changes in skin condition.						
Transfers, positioning, and turning	Define and discuss ergonomics						
	Define body mechanics.						

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Identify and demonstrate the rules of good body mechanics.							
Demonstrate general principles for lifting and moving residents. <ul style="list-style-type: none"> • Gait belt use • Assisting to a sitting position. • Bed mobility • Transfer from bed/chair to chair/bed • Transfer to/from bed/stretchers 							
Describe correct body alignment and why it is important.							
Identify the safety precautions involved in the use of wheelchairs and geriatric chairs.							
Demonstrate safety precautions involved in the operation of lifts to move residents.							
Other (Describe)							
Other (Describe)							



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References

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Evaluating and Reporting Persons Under Investigation (PUI). <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Providers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Centers for Disease Control and Prevention. "Healthcare Personnel Preparedness Checklist for 2019-nCoV that can be downloaded and completed by the Infection Preventionist at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>

Centers for Medicare and Medicaid Services. COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers. <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Local and State Public Health Department – COVID-19 Response and Pandemic Plan.

***I certify that I have received orientation in the above-mentioned areas.**

***Employee:**

Evaluator/Trainer:

(PLACE IN EMPLOYMENT/ADMINISTRATIVE FILE)