**C.N.A. Competency Checklist for Infection Prevention and Control**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **C.N.A.s** | State the triad of infection control (e.g., reservoir host, transmission, susceptible host) |  |  |  |  |  |  |  |
| Define terms related to infection prevention and control:  a. Sepsis (dirty) microorganisms present  b. Asepsis (clean) germ free condition  c. Medical sepsis/systemic infection  d. Susceptible  e. Microorganisms  f. Contamination  g. Sterile  h. Pathogens  i. Carrier  j. Nosocomial infection/Healthcare acquired infection (HAI)  k. Infection  l. Inflammation  m. Clean  n. Chain of infection  o. Colonized  p. Disinfect  q. Quarantine  r. Isolation precautions  s. Standard precautions  t. Contact precautions  u. Droplet precautions  v. Airborne precautions |  |  |  |  |  |  |  |
| State examples of possible pathogens (*e.g.,* bacteria, viruses, yeast, *Streptococcus*, *Staphylococcus*, and *C- difficile*.) |  |  |  |  |  |  |  |
| State factors that promote the growth of micro-organisms (*e.g.,* food temperature too high/too low, moisture) |  |  |  |  |  |  |  |
| State factors that promote the spread of micro-organisms (e.g., lack of hand washing, artificial nails, direct contact with body secretions, indirect contact with objects that contain body secretions, droplets spread by coughing, contaminated food or water, insect bites or stings |  |  |  |  |  |  |  |
| Demonstrate hand hygiene using alcohol-based hand rub (ABHR). |  |  |  |  |  |  |  |
| Demonstrate hand hygiene using soap and water. |  |  |  |  |  |  |  |
| State when to wash one’s hands. |  |  |  |  |  |  |  |
| Demonstrate cleaning a resident’s unit – sleeping area and bathroom |  |  |  |  |  |  |  |
| Demonstrate handling bed linens correctly – removing dirty linens and applying clean linens. |  |  |  |  |  |  |  |
| Demonstrate handling of contaminated articles correctly. |  |  |  |  |  |  |  |
| Demonstrate cleaning of bathtub/whirlpool. |  |  |  |  |  |  |  |
| Demonstrate cleaning of bedpan and urinal. |  |  |  |  |  |  |  |
| State the difference between disinfection and sterilization. |  |  |  |  |  |  |  |
| Demonstrate putting on and taking off gloves. |  |  |  |  |  |  |  |
| Demonstrate putting on and taking off gown. |  |  |  |  |  |  |  |
| Demonstrate putting on and taking off other Personal Protective Equipment (*e.g.,* masks, face shield, goggles) |  |  |  |  |  |  |  |
| Demonstrate appropriate handling of soiled linens. |  |  |  |  |  |  |  |
| Demonstrate appropriate handling of contaminated linens. |  |  |  |  |  |  |  |
| Demonstrate appropriate disposable of razors and similar sharp waste. |  |  |  |  |  |  |  |
| Identify signs and symptoms of infections. |  |  |  |  |  |  |  |
| Demonstrate/state proper peri care to avoid infections such as UTIs |  |  |  |  |  |  |  |
| Demonstrate/state proper indwelling catheter care to avoid infections |  |  |  |  |  |  |  |
| Demonstrate how to report and to document signs and symptoms of infections. |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

LTC Survey Pathways (Download) CMS-20062 “Sufficient and Competent Nurse Staffing Review”

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

Ohio NATCEP Standards and Guidelines June 27, 2018 (Download)

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/nurse-aide-training-and-competency-evaluation-program-natcep/resources/nacteptrainingstandardsandguideliens>

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

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

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