

Non-Certified Caregiver - Basic Nursing Skills

*Based upon Emergency Blanket Waiver

Name:	Title:	Hire Date:

			uation ck One)			k One)	ion	
	Skill Area	Competency Demonstrated/ Meets	Needs Additional Training	O = Per W = Wr	ls Demor formance itten Test bal Test	Observa	ation	Verification (Initials/Date)
		Standards		D	0	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:							
	OralAxillary							
	TympanicRectal							
	 Temporal Artery 							



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		Standards		D	0	w	V	
Demonstrate reco	rding and							
reporting tempera	ture							
measurements.								
Identify the "norm	al" or average							
pulse rate.								
Identify variations								
"normal" pulse tha	at should be							
reported:								
	ınding, weak)							
• Rate								
• Rhythm								
Demonstrate the a	iccurate taking of							
a radial pulse.								
Demonstrate how								
report pulse meas								
Identify the averag	ge respiratory							
rate.								
Describe and dem								
measure respirato								
Identify and repor	t variations in							
respiratory rates								
Demonstrate how								
report the respirat	ory rate							
measurement.								
Describe blood pre	essure.							



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		Standards I	D	0	W	٧		
	Identify the "normal" or average							
	blood pressure.							
	Identify instruments to check blood							
	pressure:							
	 Sphygmomanometer 							
	Stethoscope							
	Demonstrate correct procedure for							
_	obtaining a blood pressure.							
	Demonstrate how to record and							
	report blood pressure							
	measurements.							
Measuring and recording height and	Describe and demonstrate how to							
weight	weigh a resident accurately:							
o.g	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							
	 Identify devices and 							
	techniques used to assist							



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		Standards		D O W V				
Bed-making Techniques and Comfort Measures	with independence while eating. 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 Demonstrate linen handling and bed making: Unoccupied, Occupied							
	Handling of soiled linen							



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		Standards		D	0	W	٧	
Bathing	Identify general guidelines to							
	follow when bathing the resident							
	including measures for dignity,							
	privacy, and safety.							
	Demonstrate perineal care:							
	• Female							
	Male							
	Demonstrate performance of:							
	Bed bath							
Grooming	Demonstrate hair care:							
	 Combing/Brushing 							
	• Shampoo							
	Demonstrate beard care:							
	Shaving/Trimming							
	Safety with electric razors							
	 Combing/Brushing 							
	 Shampoo 							
	Demonstrate nail care:							
	 Fingernails only 							
	(Diabetic residents will be							
	done by nurses only)							
Oral Care	Discuss general practices for oral							
	hygiene:							
	Brushing							
	 Inspection 							



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		Standards	_	D	0	W	V	
	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:							



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		Standards		D	0	w	V	
	Handling							
	Identify observations employee should report about the catheterized resident.							
Toileting	Demonstrate correct procedure for assisting a resident with a: 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: Color Form Frequency							



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		Standards		D	0	W	V	
	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. • Demonstrates turning and repositioning							
	Demonstrate how to report and record changes in skin condition.							
Transfers, positioning, and	Define and discuss ergonomics							
turning	Define body mechanics.							



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		Standards	weets I raining —		0	W	V	
	Identify and demonstrate the rules of good body mechanics.							
	Demonstrate general principles for lifting and moving residents. • Gait belt use • Assisting to a sitting position. • Bed mobility • Transfer from bed/chair to chair/bed • Transfer to/from bed/stretcher 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.							
Identification of Signs and Symptoms of COVID-19	Identify that people with COVID- 19 have had a wide range of symptoms reported – ranging							



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from mild symptoms to severe illness. Identify the symptoms of COVID-19 that may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea							



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Identify facility procedure for use, donning and doffing PPE	 Gloves Gowns Eye Protection Goggles Face Shield Masks Respirators 							
Describes the Care of COVID-19 Residents	 Transmission-based Precautions PPE Cleaning and Disinfection Reporting change of condition Residents wearing masks Restriction of Visitors No communal dining No group activities Dementia care and COVID-19 							



Skill Area		Evaluation (Check One)		Method of Evaluation (Check One)				
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				D	0	W	V	
Describe steps for employee who develops signs or symptoms of COVID- 19	 Immediately cease work, report to supervisor, leave premises Testing 							
Other (Describe)								
Other (Describe)								

References

- Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. July 15, 2020: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. June 18, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/quidance-risk-assesment-hcp.html
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Professionals about Coronavirus (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist 3 13.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/ADMINSTRATIVE FILE)