

## Validation of Skills for CNA

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>*Score Key:</b><br>1 = Independent<br>2 = Performs with Supervision<br>3 = Requires Professional Development | <b>** Validation Method Key</b><br>DO = Direct Observation of Patient Care<br>WV – Written Validation<br>VV = Verbal Validation<br>SV – Simulated Validation (Observed) | <b>Frequency of Validation</b><br>◇ Core Skills – validated on hire and annually<br>* Performance Skills – validated prior to independent performance<br>● On Hire – validated on hire |
|---|---|--|

| Skill  | Self Evaluation |      |           | Skill Validation |          |          |      | Re-Validation<br>(Professional development as needed) |          |          |      |
|--|-----------------|------|-----------|------------------|----------|----------|------|---|----------|----------|------|
|  | Score*          | Date | Frequency | Score*           | Method** | Initials | Date | Score*  | Method** | Initials | Date |
| I. Infection Control                                   |                 |      | ◇         |                  |          |          |      |   |          |          |      |
| A. Hand washing  |                 |      | ◇         |                  |          |          |      |   |          |          |      |
| B. Personal protective equipment                       |                 |      | ◇         |                  |          |          |      |   |          |          |      |
| C. Bag technique                                       |                 |      | ◇         |                  |          |          |      |   |          |          |      |
| D. Hazardous materials/sharps handling and disposal    |                 |      | ◇         |                  |          |          |      |   |          |          |      |
| E. Equipment cleaning                                  |                 |      | ●         |                  |          |          |      |   |          |          |      |
| F. Other   |                 |      |           |                  |          |          |      |   |          |          |      |
| II. Vital Signs  |                 |      | ●         |                  |          |          |      |   |          |          |      |
| A. Measure radial pulse                                |                 |      | ●         |                  |          |          |      |   |          |          |      |
| B. Measure apical pulse                                |                 |      | ●         |                  |          |          |      |   |          |          |      |
| C. Measure axillary temperature                        |                 |      | ●         |                  |          |          |      |   |          |          |      |
| D. Measure oral temperature                            |                 |      | ●         |                  |          |          |      |   |          |          |      |
| E. Measure respiration                                 |                 |      | ●         |                  |          |          |      |   |          |          |      |
| F. Measure blood pressure                              |                 |      | ●         |                  |          |          |      |   |          |          |      |
| III. Bathing and Bed                                   |                 |      | ●         |                  |          |          |      |   |          |          |      |
| A. Give complete bed bath                              |                 |      | ●         |                  |          |          |      |   |          |          |      |
| B. Give a partial bath                                 |                 |      | ●         |                  |          |          |      |   |          |          |      |
| C. Give tub bath                                       |                 |      | ●         |                  |          |          |      |   |          |          |      |
| D. Perform perineal care                               |                 |      | ●         |                  |          |          |      |   |          |          |      |
| E. Perform catheter care                               |                 |      | ●         |                  |          |          |      |   |          |          |      |
| D. Give shower   |                 |      | ●         |                  |          |          |      |   |          |          |      |
| F. Shave resident with safety razor                    |                 |      | ●         |                  |          |          |      |   |          |          |      |
| G. Shave resident with electric razor                  |                 |      | ●         |                  |          |          |      |   |          |          |      |
| H. Clean dentures                                      |                 |      | ●         |                  |          |          |      |   |          |          |      |
| I. Administer oral hygiene                             |                 |      | ●         |                  |          |          |      |   |          |          |      |
| J. Clean/ cut toenails/footcare unless contraindicated |                 |      | *         |                  |          |          |      |   |          |          |      |
| K. Clean/ cut File fingernails unless contraindicated  |                 |      | *         |                  |          |          |      |   |          |          |      |

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| Skill                                  | Self Evaluation |      |           | Skill Validation |          |          |      | Re-Validation (Professional development as needed) |          |          |      |
|--|-----------------|------|-----------|------------------|----------|----------|------|--|----------|----------|------|
|  | Score*          | Date | Frequency | Score*           | Method** | Initials | Date | Score*   | Method** | Initials | Date |
| L. Shampoo hair                        |                 |      |           |                  |          |          |      |  |          |          |      |
| M. Comb resident's hair                |                 |      |           |                  |          |          |      |  |          |          |      |
| N. Care of eye glasses                 |                 |      |           |                  |          |          |      |  |          |          |      |
| O. Make unoccupied bed                 |                 |      |           |                  |          |          |      |  |          |          |      |
| P. Make occupied bed                   |                 |      |           |                  |          |          |      |  |          |          |      |
| Q. Handle clean linen                  |                 |      |           |                  |          |          |      |  |          |          |      |
| R. Handle dirty linen                  |                 |      | ◇         |                  |          |          |      |  |          |          |      |
| S. Cleanse an incontinent resident     |                 |      |           |                  |          |          |      |  |          |          |      |
| IV. Pt. movement and transfers         |                 |      |           |                  |          |          |      |  |          |          |      |
| A. Turn patient toward you             |                 |      |           |                  |          |          |      |  |          |          |      |
| B. Turn patient away from you          |                 |      |           |                  |          |          |      |  |          |          |      |
| C. Sit on edge of bed (dangling)       |                 |      |           |                  |          |          |      |  |          |          |      |
| D. Transfer resident from bed to chair |                 |      |           |                  |          |          |      |  |          |          |      |
| E. Assist with Ambulation              |                 |      |           |                  |          |          |      |  |          |          |      |
| F. Perform ROM                         |                 |      |           |                  |          |          |      |  |          |          |      |
| G. Demonstrate proper use of gait belt |                 |      | ●         |                  |          |          |      |  |          |          |      |
| V. Bowel and Bladder                   |                 |      |           |                  |          |          |      |  |          |          |      |
| A. Change an ostomy bag                |                 |      | *         |                  |          |          |      |  |          |          |      |
| B. Assist to bathroom                  |                 |      |           |                  |          |          |      |  |          |          |      |
| C. Assist to bedside commode           |                 |      |           |                  |          |          |      |  |          |          |      |
| D. Assist with bedpan/fracture pan     |                 |      |           |                  |          |          |      |  |          |          |      |
| E. Assist to use a urinal              |                 |      |           |                  |          |          |      |  |          |          |      |
| F. Change adult brief                  |                 |      |           |                  |          |          |      |  |          |          |      |
| G. Empty urinary drainage bag          |                 |      |           |                  |          |          |      |  |          |          |      |
| H. Measure & record I & O              |                 |      |           |                  |          |          |      |  |          |          |      |
| I. Foley Catheter Site Cleaning        |                 |      | ◇         |                  |          |          |      |  |          |          |      |
| VI. ADLS                               |                 |      |           |                  |          |          |      |  |          |          |      |
| A. Assist with eating                  |                 |      | ●         |                  |          |          |      |  |          |          |      |
| B. Assist with dressing                |                 |      |           |                  |          |          |      |  |          |          |      |
| C. Applying Compression Socks          |                 |      | ●         |                  |          |          |      |  |          |          |      |
| D. Enc. fluids                         |                 |      | ●         |                  |          |          |      |  |          |          |      |
| E. Apply lotion                        |                 |      |           |                  |          |          |      |  |          |          |      |
| F. Medication Reminder                 |                 |      |           |                  |          |          |      |  |          |          |      |
| VII. Documentation                     |                 |      |           |                  |          |          |      |  |          |          |      |
| A. Record/report care given            |                 |      | ●         |                  |          |          |      |  |          |          |      |
| B. Other                               |                 |      |           |                  |          |          |      |  |          |          |      |

\*Unless contraindicated

Competency Evaluator: \_\_\_\_\_ Initials: \_\_\_\_\_

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