## SAMPLE FORM (May be used by provider)

## NURSE ASSISTANT TRAINING PROGRAM SKILLS CHECK LIST

| Student Name  | Enroll Data     |             |        | *Social  | Security Number |                               |
|---|-----------------|-------------|--------|----------|-----------------|-------------------------------|
| Student Name  | Enroll Date     |             |        | Social   | Security Number |                               |
| Training Program  | Completion Date |             |        | Clinical | Site Name       |                               |
| Instructor's Name   | Title           |             |        |          | 1               | nitials                       |
|   |                 |             |        |          |                 |                               |
| Signature   |                 |             |        |          |                 |                               |
| Clinical<br>Date<br>Hours<br>Clinical<br>Date<br>Hours                                  |                 |             |        |          |                 |                               |
|   |                 | S = Satisfa |        |          | Jnsatisfactory  |                               |
| NURSE ASSISTANT TRAINING PROGRAM<br>SKILLS DEMONSTRATED                                 |                 | S/U         | COMMEN | ITS      | DATE PERFORME   | ED LICENSED NURSE<br>INITIALS |
| MODULE 6: Medical and Surgical Asepsis (8 H   | ours Clinical)  |             |        |          |                 |                               |
| 1) Hand washing   |                 |             |        |          |                 |                               |
| 2) Proper handling of linen   |                 |             |        |          |                 |                               |
| 3) Universal precautions  |                 |             |        |          |                 |                               |
| Gloving   |                 |             |        |          |                 |                               |
| Gowning   |                 |             |        |          |                 |                               |
| Apply mask  |                 |             |        |          |                 |                               |
| 4) Double bagging trash/waste   |                 |             |        |          |                 |                               |
| MODULE 5: Body Mechanics (4 Hours Clinical)   | )               |             |        |          |                 |                               |
| 1) Use of gait belt   |                 |             |        |          |                 |                               |
| <ol> <li>Helping the helpless resident up to the hea<br/>with two assistants</li> </ol> | d of the bed    |             |        |          |                 |                               |
| 3) Turning and positioning the resident   |                 |             |        |          |                 |                               |
| Supine  |                 |             |        |          |                 |                               |
| Side-lying  |                 |             |        |          |                 |                               |
| Use of lift sheet   |                 |             |        |          |                 |                               |
| 4) Assisting transfer from bed to chair or when   | elchair         |             |        |          |                 |                               |
| 5) Assisting transfer from chair or wheelchair  | to bed          |             |        |          |                 |                               |
| 6) Mechanical lift  |                 |             |        |          |                 |                               |
| MODULE 2: Resident's Rights (1 Hour Clinical)   | )               |             |        |          |                 |                               |
| 1) Knocks on door before entering   |                 |             |        |          |                 |                               |
| 2) Pulls privacy curtains during personal care  |                 |             |        |          |                 |                               |
| 3) Keeps resident information confidential  |                 |             |        |          |                 |                               |
| 4) Treats resident with respect and dignity   |                 |             |        |          |                 |                               |
| 5) Encourages resident to make choices  |                 |             |        |          |                 |                               |
| 6) Explains procedure to resident   |                 |             |        |          |                 |                               |

| MODULE 14: Rehabilitative/Restorative Care (4 Hours               | II    |  |
|---|-------|--|
| Clinical)   |       |  |
| 1) Range of motion exercises                                      |       |  |
| 2) Assisting the resident to ambulate with gait belt              |       |  |
| 3) Assisting the resident to ambulate with walker                 |       |  |
| <ul><li>4) Assisting the resident to ambulate with cane</li></ul> |       |  |
| 5) Rehabilitative devises   | Туре: |  |
| MODULES 4 and 12: Emergency Procedures and Prevention             |       |  |
| of Catastrophe (2 Hours Clinical)                                 |       |  |
| 1) Applying postural supports (safety devises)                    |       |  |
| 2) Applying soft wrist/ankle restraint as safety device           |       |  |
| 3) Heimlich maneuver for the conscious resident                   |       |  |
| 4) Heimlich maneuver for the unconscious resident                 |       |  |
| 5) Positioning of call light                                      |       |  |
| 6) Demonstrates fire/disaster procedures                          |       |  |
| 7) Handles O2 safely  |       |  |
| 8) Use of fire extinguisher                                       |       |  |
| MODULE 8: Patient Care Skills (44 Hours Clinical)                 |       |  |
| 1) Back rub   |       |  |
| 2) Bed bath/partial bath  |       |  |
| 3) Tub bath   |       |  |
| 4) Shower   |       |  |
| 5) Assisting with oral hygiene                                    |       |  |
| 6) Mouth care of the unconscious resident                         |       |  |
| 7) Denture care   |       |  |
| 8) Nail care  |       |  |
| 9) Combing the resident's hair                                    |       |  |
| 10) Shampoo of bedridden resident                                 |       |  |
| 11) Shampoo with shower or tub bath                               |       |  |
| 12) Medicinal shampoo   |       |  |
| 13) Shaving – electrical shaver                                   |       |  |
| 14) Shaving – razor blade   |       |  |
| 15) Dressing and undressing the resident                          |       |  |
| 16) Changing the clothes of resident with IV                      |       |  |
| 17) Assist in the use of urinal                                   |       |  |
| 18) Assist in the use of the bedpan                               |       |  |
| 19) Assisting resident to commode/toilet                          |       |  |
| 20) Bladder retraining  |       |  |
| 21) Bowel retraining  |       |  |
| 22) Perineal care   |       |  |
| 23) Artificial limbs  |       |  |
| 24) Splints   |       |  |
| 25) Applying a behind-the-ear hearing aid                         |       |  |
| 26) Removing a behind-the-ear hearing aid                         |       |  |
| 27) Removing, cleaning, and reinserting an artificial eye         |       |  |
|   |       |  |

| MODULE 10: Vital Signs (6 Hours Clinical)                                       |              |     |
|---|--------------|-----|
| Measure and Record Vital Signs 1) Temperature                                   |              |     |
| Oral  |              |     |
| Axillary  |              |     |
| Rectal  |              |     |
| Electronic  |              |     |
| 2) Pulse: radial  |              |     |
| 3) Pulse: apical  |              |     |
| 4) Respiration  |              |     |
| 5) Blood pressure   |              |     |
| MODULE 9: Resident Care Procedures (20 Hours Clinical)                          |              |     |
|   |              |     |
|   |              |     |
| Sputum specimen   |              |     |
| Urine specimen: clean catch   | <b>↓ ↓ ↓</b> |     |
| Stool specimen  | <u> </u>     |     |
| 2) Occupied bed making  | <u> </u>     |     |
| 3) Unoccupied bed making  |              |     |
| <ol> <li>Administering the commercially prepared cleansing<br/>enema</li> </ol> |              |     |
| 5) Administering enemas – tap water, soap suds                                  |              |     |
| 6) Administering laxative suppository   |              |     |
| 7) Empty urinary bags   |              |     |
| 8) Care of resident with tubing   |              |     |
| Oxygen  |              |     |
| • IV  |              |     |
| Gastrostomy   |              |     |
| Nasogastric   |              |     |
| Urinary catheter  |              |     |
| 9) Antiembolic hose, elastic stockings (TED Hose)                               |              |     |
| 10) Admitting the resident  |              |     |
| 11) Transferring the resident   |              |     |
| 12) Discharging the resident  |              |     |
| 13) Application of nonsterile dressing  |              |     |
| 14) Application of nonlegend topical ointments                                  |              |     |
| MODULE 7: Weights and Measures (1 Hour Clinical)                                |              |     |
| 1) Measuring oral intake  |              |     |
| 2) Measuring urinary output   | + + +        |     |
| 3) Measuring the height of resident in bed                                      |              |     |
| 4) Weighing the resident in bed   |              |     |
| 5) Measuring and weighing the resident using an upright                         |              |     |
| scale<br>6) Documents in military time  |              |     |
| MODULE 11: Nutrition (6 Hours Clinical)   | + +          |     |
| 1) Feeding the helpless resident  | + +          |     |
| 2) Assisting the resident who can feed self                                     | + + +        |     |
| ,   |              | 1 1 |

| 3)    | Verifying that resident has been given correct diet tray   |  |  |
|-------|--|--|--|
| 4)    | Use of feeding assistance devices                          |  |  |
| MODUL | E 15: Observation and Charting (4 Hours Clinical)          |  |  |
| 1)    | Reports appropriate information to change nurse            |  |  |
| 2)    | Documents V/S, ADLs timely/correctly                       |  |  |
| 3)    | Documents changes in resident's body<br>functions/behavior |  |  |
| 4)    | Participates in resident care planning                     |  |  |
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## INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT \*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.