



Competency Evaluation Assessment: CNAs and PCAs

| Skills Check | Competent | Needs Improvement | Date | Initials | Retest Date/initials |
|--|-----------|-------------------|------|----------|----------------------|
| Principles, goals and boundary issues related to personal support services | | | | | |
| Observation, Reporting documentation of Patient Status and care of Services provided | | | | | |
| Basic Infection Control Procedures | | | | | |
| Hand washing | | | | | |
| Gloves | | | | | |
| Disposing of hazardous materials | | | | | |
| Appropriate and safe techniques in personal hygiene and grooming | | | | | |
| Bed bath | | | | | |
| Tub and Shower safety | | | | | |
| Mouth Care | | | | | |
| Hair Care | | | | | |
| Nail Care | | | | | |
| General Skin Care | | | | | |
| Shaving | | | | | |
| Shampoo- sink, shower, tub | | | | | |
| *Patient positioning | | | | | |
| *Range of motion | | | | | |
| Make bed | | | | | |
| Urinal | | | | | |
| Bedpan | | | | | |
| Commode | | | | | |
| Care of the incontinent patient | | | | | |
| Foley catheter care | | | | | |
| Wheelchair | | | | | |
| Assist with ambulation | | | | | |
| Safe transfer techniques | | | | | |
| Hoyer lift | | | | | |
| Body Mechanics | | | | | |
| Body systems and functions | | | | | |