ATTACHMENT 14 - CNA ORIENTATION CHECKLISTS

Method of Instruction Key:	Method of Evaluation Key:	Self-Asse	essment by	Employee		Valida	tion of Co	mpetency
M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	D = demonstration O = observed V = verbalized P = Post test	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
A. GETTING INTO THE SYSTEM	1							
Attends New Employee Orientation and I	Patient Care Orientation		ı		E			Attendance
Meets with Manager for Initial meeting/pa expectations, locker assignment, keys, k					М			V
Position description, unit expectations								V
Locker assignment, keys, key pad acces	ses							V
Schedule, assignment of preceptor, orier	ntation expectations							V
Tour								V
Provides copy of BLS card, manager rev NO LAPSE)	iews requirements and expectations (ie,				М			V
Unit communication								V
Chain of command for nursing and physi	cians		N/A					V
Telephone, copier, fax, VA and UK page	r systems							D,O
On call schedule								V
Nurse call system								D,O
Unit staffing schedule, requesting time of	f							V
PI board and activities								V
Clinical Privileges look up for resident an RN)	d attending physicians (as delegated by							D,O
Accessing facility and service memorand manuals	ums, Lippincott and Mosby procedure				D			D,O
Incident reporting			N1/A		D			D,O
Report of Contact			N/A		D			D,O,V
Patient compliant procedure - resolve at	the point of service, then follow chain of				D			D,O,V

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command for resolution prior to referring Commitment, Advocacy, Respect, Excelle	to the patient advocate (ICARE) Integrity, ence			-	D			D,O,V
B. SAFETY/INFECTION CONTRO	DL							
Patient identification procedures (full nam	ne, full social)				D			
Universal Protocol					PP, D, VT			D,O
Code Cart or AED, RRT procedures (cod	e cart location and QA checks)				D,VT			D,O
Completion of respiratory fit testing (if applicable)					E,D			D,O
Review of Emergency Operations Proced	dures (red book)		N1/A		D			D,O
MSDS sheet review (locate and search)		-			D			D,O
Oxygen cut off valve location and proced					D			D,O
Infection Control (manual location and un swabbing procedures, handwashing expe					D			D,O
Fire alarm and extinguisher location and locations and fire rated doors)	procedures (RACE, PASS, evacuation				D			D,O
Arm Band Color notifications					D			D,O
DNR procedures (as delegated by RN)					D			D,O
Reusable Medical Equipment Procedures applicable to unit including noncritical cle					D, RME tool			D,O
Intentional rounding					D			D,O
Ticket to Ride process and handoff comm	nunication (SBAR report)				D			D,O
Suicide precautions (1:1 observation with	in arm length)				C, D			D, O, V
Demonstrates appropriate use of Red-Ba	ig Waste				D			D,O
Demonstrates and adheres to specific isc	plation procedures				D			D,O
Demonstrates proper care of linen (clean	and soiled)				D			D,O

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Identifies and locates personal protective procedure for putting on and removing m					D D			D,O D,O
Disposes of needles/sharps in designate	d container				D			D,O
Temp Trak					C, D			D,O, V
Preventing misconnections (trace back p	rior to connecting any tubing)				D			D,O
Post procedure vitals (unless otherwise of hourly x 4 or until patient becomes stable measurements to RN)					D			D,O
Verbalizes that all critical results go direct	tly to the provider				E			V
C. EQUIPMENT, TUBES, DRAIN	S							
Blood glucose monitor procedures (include	des hypoglycemia protocol expectations)				D			
Blanket warmer (as applicable)					D			D, O
TempTrak					D			D, O
Safe Patient Handling (as applicable to u	nit)							
Maxi-lift Maxi-lift					D, VT			
Bedside Monitors/Vital sign machines					D,VT			D,O
Bi-pap/CPAP within scope					D,VT			D,O
Arjo MaxiSky 600					D,VT			D,O
Carendo Bath Chair					D,VT			D,O
EQ Mover					D,VT			D,O
Ergo Slide	-				D,VT			D,O
Evacusled					D,VT			D,O
HoverJack					D,VT			D,O
HoverMatt					D,VT			D,O

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Maxi Lite Arjo					D,VT			D,O
Maxi move Arjo					D,VT			D,O
Stand Ambulation Sara PLUS					D,VT			D,O
Stand Assist Sara 3000					D,VT			D,O
Total Lift II Transfer Transport Chair					D,VT			D,O
D. OTHER								
Stocking and supply responsibilities					D,C			D,O
Breaking down and setting up rooms					D,C			D,O
12 Lead ECG (performing)					D,C, VT			D,O
Bed or Stretcher (use of, obtaining accur	ate weights)				D,C			D,O
Unit monitors as applicable					D, C			D, O
Suction Canisters- Set up and disassemi	oly				D,C			D,O
Respiratory Fit Testing as applicable to u	nit				D, C			D, O
Oxygen					D,C			D,O
Discontinue use per delegation of	of RN/LPN				D,C			D,O
Use of oxygen cylinder					D,C			D,O
How to check oxygen flow					D,C			D,O
Use of mask and cannula					D,C			D,O
CLINICAL SKILLS					,			,
Vital signs					D,C			D,O
Bathing patient (shaving, per-icare etc.)					D,C			D,O
Skin Care Protocols					D,C,PP			D,O

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Method of Instruction Key:	Method of Evaluation Key: D = demonstration	Self-Asse	ssment by	Employee		Valida	ition of Co	mpetency
M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	V = verbalized P = Post test on	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Fall Prevention Protocol					D,C,PP			D,O
Sitter Algorithm					D,C,PP			D,O
Central Line Bundle (as applicable to role	9)				D,C			D,O
I&O (drains, oral, etc.)					D,C			D,O
Patient weight					D, C			D, O
Documentation (rounding, vital sign, EDI applicable)	S board, Care tracker, CPRS as				D, C			D, O
Post mortem care					D,C			D,O
Oral Care					D,C			D,O
Catheter Care					D,C			D,O
Reports pain and observations to RN/LPN	I during personal care rounds				D,C			D,O
Collects specimens (clean catch, UA, 24h	r urine)				D,C			D,O
Phlebotomy (as applicable)					D,C			D,O
Labeling requirements for specimens in t	he presence of the patient				D,C			D,O
TOILETING					D,C			D,O
Assists patient with bowel and bladder m	anagement				D,C			D,O
Demonstrates procedure for usage of:	-				D,C			D,O
Bedpan					D,C			D,O
Urinal					D,C			D,O
Bedside commode					D,C			D,O
Toilet top specimen collection					D,C			D,O
 Condom Catheter application 								
Demonstrates proper procedure for cathe	eter care and incontinence care				D,C			D,O

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Method of Instruction Key:	Method of Evaluation Key:	Self-Asse	essment by	Employee		Valida	tion of Co	mpetency
PP = Protocol/Procedure/ Memorandum Review V	D = demonstration O = observed V = verbalized P = Post test	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Demonstrates proper procedure for using	bladder scanner and documenting				D,C			D,O
results Demonstrates proper procedure for remo	oval of urinary drainage catheter	 			D,C			D,O
Applies fecal pouch	, ,				D,C			D,O
Applies condom catheter (urine collection	n device)				D,C			D,O
Applies ostomy pouch (mature stoma on	ly)				D, C			D,O
Obtains urine specimens according to pro	otocol:				D,C			D,O
Routine urinalysis					D,C			D,O
Clean catch C&S					D,C			D,O
24 hour urine collection					D,C			D,O
Demonstrates proper procedure for strain	ning urine for kidney stones				D,C			D,O
Documents bowel movements and urinar	ry output on Nursing flowsheet				D,C			D,O
Reports any changes in stool and/or urin	e to nurse				D,C			D,O
DIETARY CARE:					D,C			D,O
Identifies and differentiates various diet	orders and supplemental feedings				D,C			D,O
Sets up meal trays					D,C			D,O
Demonstrates correct positioning for feed	ding a patient and dysphasia precautions				D,C			D,O
Demonstrates feeding a patient					D,C			D,O
Maintains calorie count and documents a	11 1				D,C			D,O
Estimates percentage of meal eaten and	records oral intake on Nursing flowsheet				D,C			D,O
PATIENT SAFETY:					D,C			D,O
Ensures side rails are up (<3;4 side rails	•				D,C			D,O
Ensures nurse call bell is within patient re	each				D,C			D,O

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Ensures patient ID band is on					D,C			D,O
Answers patient call light promptly					D,C			D,O
Utilizes bed and/or chair alarms, as appro	opriate				D,C			D,O
Maintains seizure precautions, as approp	riate				D,C			D,O
Maintains 1:1 surveillance of SI Patient in	n arms reach at all time				D,C			D,O
POSITIONING, TRANSFER AND TUR	NING:							
Demonstrates proper positioning and turn	ning a patient				D,C			D,O
Aware of patient safety precautions wher risk, tubes and drains)	n ambulation/transferring patients (fall				D,C			D,O
Utilizes Safe Patient Handling Equipment	when necessary				D,C			D,O
Transfers patient from stretcher to bed/ta	able and back				D,C			D,O
Transfers patient from bed to chair and b	pack				D,C			D,O
Ambulates patient with unsteady gait					D,C			D,O
Ambulates patient with tubes/drains					D,C			D,O
Demonstrates range of motion (ROM) ex	ercises				D,C			D,O
RESPIRATORY CARE:								
Assists patient to turn/cough/deep breath	ne				D,C			D,O
Recognizes and reports signs and sympton	oms of respiratory distress				D,C			D,O
Assists patient with incentive spirometry					D,C			D,O
Performs oral suctioning with yankauer c	atheter				D,C			D,O
Collects sputum specimens according to	protocols				D,C			D,O
Performs pulse oximetry					D,C			D,O
CARDIAC CARE:								

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Recognizes and reports signs and sympton	oms of chest pain/pressure				D,C			D,O
Reports redness, pain or swollen areas of	f extremities				D,C			D,O
Demonstrates proper procedure for apply	ying/removing Antiembolic stockings				D,C			D,O
UNIT SPECIFIC:								
ED								
Phlebotomy					D, C, VT			D, O
Use of Accuvein					D, C			D, O
Zoll monitor (turning it on and placing lea	ads on the patient)				D, C			D, O
Dialysis								
RO water system and checks					D, C			D, O
Bypassing RO		-			D, C, VT			D, O

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

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Position Title: Nursing Assistant/TECH	Employee Name:	Unit: <u>List Unit here</u>
Employee:	Date	
Supervisor:	 Date	

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Method of Instruction Key:	Method of Evaluation Key:	Self-Asse	ssment by	Employee		Valida	tion of Co	mpetency
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A. GETTING INTO THE SYSTEM								
Attends New Employee Orientation and F	Patient Care Orientation							
 Completes Modules as assigned for initial training needed 	by Learning Resource Center signed up				E			DOVP
Attends appropriate computer tra	ining (CPRS, TMS, Swank)				E			DOV
Meets with Manager for Initial meeting/pa	perwork							
 Functional Statement, unit expec 	tations, annual proficiencies				М			D V
 Locker assignments, keys, key page 	ad accesses, mail box				М			D V
 Schedule, assignment of precept 	or, orientation expectations				М			D V
• Tour					М			D V
 Provides copy of BLS card, mana expectations (ie, NO LAPSE) 	ager reviews requirements and				М			D V
Unit Communications								
 Chain of command for nursing ar 	nd providers				М			D V
 Telephone, copier, fax, VA pager 	systems				С			D V
 ON Call schedule (Location) 					С			D V
 Nurse Call system 					C D			D V
 Unit staffing schedule, requesting 	time off, Comp time, OT]			M			D V
Call in Sick]			M			D V
 Performance Improvement board 	l and activities]			M			D V
 Access email via Outlook and Vis 	sta/Gui]			C D			D V
Accessing facility and service memorand	ums]			C D			D V
Report of Contact					C D			D V

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Veteran complaint procedure-resolve at t command for resolutions prior to referring Integrity, Commitment, Advocacy, Respe	to the Veteran advocate (ICARE)				C D			D V
Patient Abuse					C D			D V
B. SAFETY/INFECTON CONTRO	L			_				
Veteran identification procedure (full nam	e, full social)				С			D O V
Code Blue, AED, ambu bag	,	1			C VT			D O V
Completion of respiratory fit testing		1			С			D O V
Review of Emergency Operation Procedu	ures (red book)	1			С			D O V
MSDS sheet review (locate and search)		1			С			D O V
Oxygen cut off valve location and proced	ure	1			С			D O V
Infection Control (manual location and un swabbing procedures, hand washing exp CDIFF)					С			D O V
Fire alarm and extinguisher locations and locations and fire rated doors)	I procedures (RACE, PASS, Evacuation				С			D O V
Arm Band Color notifications (AND/DNR Risk, Allergies.)	Intermediate, AND/DNR Comfort, Fall				С			D O V
Incident Reporting, (ASSIST)					С	_		D O V
Allow Natural Death, AND/DNR procedur	es (as delegated by RN)				С			D O V
Reusable Medical Equipment Procedures	s including non critical cleaning schedule				С			D O V
Report and tag broken equipment					E			D O V
Contingency Plan for Computer Outage					E			D O V

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Fall Prevention, Sitter Algorithm					С				O V
Ticket to Ride process and handoff comm	nunications (SBAR report)				CE			D	Ο Λ
Demonstrates and adheres to specific Iso	plation procedures								O V
Demonstrations appropriate handling of F	Red-Bag waste				С				0 V
Demonstrates proper care of linen (clear	n and soiled)				CE				0 V
Identifies, locates, applies and removes	PPE: masks, gowns, gloves				С				O V
Disposes of needles/sharps in designated	d container				С				O V
Temp Trak	Temp Trak				C D				O V
PICC line/ Central line bundle - SAGE b	ath				С				O V
Suicide Precautions (1:1 observation with	nin arm length)				CE				0
Veteran Elopement and Wanderguard					С				O V
Review of National Patient Safety Goals					С				O V
Veteran Transfer (In house, Inter Facility	and Outside)				С				O V
Evacusled					С			D	ОР
C. EQUIPMENT, TUBES, DRAINS	S								
Blood glucose monitor procedures (include	des hypoglycemia, protocol expectations)				C D			D	O V
Bladder Scanner, use and cleaning					C D				
Wound Vac					C D			D	0
Vital Signs machines (blood pressure, temperature)					C D			D	0
Wheelchair safe use, W/C non-skid cush	Wheelchair safe use, W/C non-skid cushion and procedure for report broken				C D			D	0
Oxygen, Wall and Portable, securing tank	k for transport, masks				C D				0
BIPAP, CPAP as directed by RN/LPN					C D			D	0

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Bed and chair alarms, floor mats, hip pro	otectors				C D			D O		
Use of bed scale, floor scale					C D			D O		
Feeding tubes: PEG, J-tube, dobbhoff					C D			D O		
Bowel Management System					C D			D O		
Foley Catheter, Supra Pubic Catheter, C	CUD				C D			D O		
Follows RME policy for cleaning equipme	ent				C D			D O		
Safe Handling Equipment (as applicable	e to unit)				C D			D O		
Arjo MaxiSky 600 Ceiling Lift					C D			D O		
Carendo Bath Chair					C D			D O		
HoverMat					C D			D O		
Arjo Maxi Move					C D			D O		
Arjo Stand Assist Sara 3000					C D			D O		
Arjo Sara Stedy					C D			D O		
Stryker Zoom (motorized stretcher)					C D			D O		
Broda Chairs					C D			D O		
Bariatric Equipment					C D			D O		
Oxygen Wall and Portable:										
Securing and use of tank for transp	ort				C D			D O		
How to check Oxygen flow					C D			D O		
Use of mask and cannula					C D			D O		
Discontinuing use per delegation of	RN/LPN				C D			D O		
D. OTHER										
Stocking and supply responsibilities					C D			D O		

Position Title: CLC Nursing Assistant/TECH Employee Name:

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Breaking down and setting up resident ro					C D			D O	
Bed or Stretcher (use of and accurate we	eights)				C D			D 0	
Treatment Sheets					C D			D 0	
Suction Canisters – Set up and disassem	bly				C D			D 0	
Interdisciplinary Plan of Care					C D			D O	
Care Tracker documentation					C D			D O	
CLINICAL SKILLS									
Vital Signs, pulse oximeter					C D			D O	
protocol	Performs FSBG and reports results to licensed staff, implements hypoglycemia protocol				C D			D O	
Intake and Output: bowel movement, Urir RN/LPN	nary output, drains as directed by				C D			D O	
Bathing veteran, bed bath/shower, shav	ing, peri-care								
Bathing veteran using Arjo tub					C D			D O	
Performs oral care, oral suctioning									
Performs ostomy care-empties pouch and changes appliance on mature stoma sites with sustained skin integrity					C D			D O	
Demonstrates proper procedure for strain	ing urine for kidney stones				C D			D O	
Reports changes in intake and output, pa	•								
Applies non-medicated topical creams/oRN/LPN	intments/shampoo as directed by				C D			D O	
Obtains weights via floor scale, bed					PP C D			D O	
Applies CUD					C D			D O	

Unit: ____

Position Title: <u>CLC Nursing Assistant/TECH</u> Employee Name: ______ Unit: ____

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Obtains nonsterile urine specimen and st	erile urine specimen from closed system				C D			D	0
Applies, removes heat/cold therapy, such heating cooling equipment under direction					C D			D	0
Applies/changes nonsterile dressings suc nonstick, mepilex, intrasite gel.	Applies/changes nonsterile dressings such as transparent, hydrocolloidal,				C D			D	0
Performs 12 lead ECG as applicable/train	ned				C D			D	0
Performs venipuncture as applicable/train	ned				C D			D	0
Assists with administering cleansing and	Assists with administering cleansing and non-medicated enemas				C D			D	0
DIETARY CARE:									
Identifies and differentiates various diet o	rders and supplemental feedings				CD			D	0
Sets up meal trays					C D			D	0
Demonstrates correct positioning and fee	ding a veteran								
Demonstrations use of dysphagia precau	tions with veteran meals				CD			D	0
Maintains Calorie Count and documents	appropriate form				CD			D	0
Estimates percentage of meal eaten and	documents appropriate form				C D			D	0
RESIDENT SAFETY:					C D			D	0
Ensures side rails are up (less than 3, 4	side rails = restraint)				CD			D	0
Maintains seizure precautions, as appropriate					CD			D	0
Demonstrates Intentional Rounding and	Documentation				C D			D	0
Demonstrates iBed safety alarms and chair alarms					C D			D	0
POSITIONING, TRANSFER AND TURN	ING:								
Demonstrates proper turning and position	ning of a veteran				C D			D	0

Position Title: CLC Nursing Assistant/TECH Employee Name:

Method of Instruction Key:	Method of Evaluation Key:	Self-Assessment by Employee			Validation of Comp			mpetency
M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	ocol/Procedure/ Memorandum N Session Ining Package (TMS, Swank) Practice tration/simulation O = observed V = verbalized P = Post test		Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Aware of veteran safety precautions when risk, tubes and drains)	n ambulation/transferring residents (fall				C D			D O
Utilizes Safe Handling Equipment when n	necessary				C D			D O
Transfers veteran from stretcher to bed a	nd back				C D			D O
Transfers veteran from bed to chair and b	pack				C D			D O
Ambulates veteran with unsteady gait, us	ses gait belt appropriately				C D			D O
Ambulates veteran with tubes/drains	Ambulates veteran with tubes/drains				C D			D O
Demonstrates range of motion (ROM) ex	rercises				C D			D O
Completes Restorative Nurse Care Competencies (CLC ONLY): Bed mobility/resident transfer, Toileting Program/CUD, Progressive Ambulation, Eating/Swallowing, Prosthetic Care, Communication, AROM and PROM exercise programs.					E D VT			D O
RESPIRATORY CARE:								
Obtains sputum specimen					C D			D O
Assists veteran to turn, cough, deep brea	th				C D			D
Recognizes and reports signs and sympto	ms of respiratory distress				C D			D O
Assists veteran with Incentive Spirometry	,				C D			D O
Performs oral suctioning with Yankauer ca	atheter				C D			D O
CHEST PAIN:					C D			
Recognizes and reports signs and sympto	oms of chest pain/pressure				C D			D O
Demonstrates proper procedure for apply	Demonstrates proper procedure for applying/removing anti-embolic stockings				C D			D O
Reports redness, pain or swollen areas or	extremities				C D			D O
SKIN CARE:								

Unit: ____

Position Title: <u>CLC Nursing Assistant/TECH</u> Employee Name: ______ Unit: _____

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Turns and positions veteran q 2 hr and p					C D			D O
Recognizes and reports reddened areas of	on pressure points				C VT			D O
Applies lotions, barrier creams, as appro					C D			D O
Maintains resident in proper alignment,	<u> </u>				C D			D O
Uses pillows to elevate heels or extremitic appropriote	es as needed, applies boots as				C D			D O
Documents per unit standards					C D			D O
Ensures chair cushions in wheelchair					C D			D O
Completes NDNQI Pressure Ulcer Training	g Swank				S			
OTHER:								
Completes HPNA Palliative Care Modules					C D			D O
Utilizes disturbed/disruptive behavior technique					C D			D O
Care of residents with dementia; communibehavioral expressions of unmet needs, preducing interventions, BWAB					C D			D O

Lexington VA Orientation Competency Checklist Position Title: CLC Nursing Assistant/TECH				Unit:			
	· ·						
Preceptor Signature	es:						
Preceptor Initials	Preceptor Signatures		Preceptor Initials	Preceptor Signature			
Employee and Sup	ervisor Signature (comple	etion of orientation):					
Employee:			Dat	e			
Supervisor:			Date				