



DIRECT CARE STAFF COMPETENCY CHECKLIST

Ambulation with Commode Use
Assisting with a Shower or Tub Bath
Back Rub
Bed Bath
Blood Pressure
Clean Catch - Female
Male Clean Catch
Compression Stockings
Dressing/Undressing
Empty Catheter Drainage Bag
Hair Care
Hearing Aids
Making an Unoccupied Bed
Mechanical Lift
Obtaining Temperature - Electronic Device
Oral Care - Assist Brushing Teeth
Shaving Disposable/Electric Razor
Thickened Liquids
Urinal Assist

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Assist With Commode Use

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Use Standard Precautions and infection control measures when providing care			
Wash hands and apply gloves			
Close the privacy curtain or close the bedroom door.			
Place the commode close to and parallel with the bed.			
Raise or remove the seat cover.			
Assist the resident to a standing position <i>according to the care plan.</i>			
If the resident service plan indicates resident can be left alone, place the call bell within reach otherwise stay with the resident and provide as much privacy as possible.			
When resident has finished, assist the resident with hygiene. <i>Do not place toilet tissue in commode if a specimen is required or if output is being recorded</i>			
If necessary use disposable washcloth and skin cleanser to clean perineal area.			
Remove gloves, wash hands and assist resident to bed or chair <i>according to the service plan.</i>			
Provide the resident with supplies to wash and dry their hands.			
Put on clean gloves, empty and clean the commode according to facility policy.			
Measure urine or obtain specimen if indicated.			
Remove and dispose gloves and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Assisting with a Shower or Tub Bath

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Assist the resident to the shower or tub			
Provide privacy by closing the door or curtain			
Shower-Turn shower on and adjust water temperature within recommended range.			
Tub-Fill tub halfway with water and adjust water temperature within recommended range.			
<i>Water temperature should be adjusted to 100 degrees to less than 120 to 125 degrees F, with the lower temperature suggested for older adults.</i>			
Apply non-sterile gloves and maintain standard precautions throughout bathing process			
Assist the resident to get in and out of the shower or tub <i>according to their service plan and manufacturer's recommendations.</i>			
If the resident's service plan permits, place call device within reach and provide the resident privacy			
If assistance with bathing is required per the service plan, encourage the resident to perform as much of the bathing process as they are able.			
<i>Never leave a confused resident alone!</i>			
Assist the resident out of the shower or tub when bathing is complete per <i>their individual service plan and manufacturers recommendations.</i>			
Assist resident with drying as needed and dressing as appropriate.			
Remove gloves and assist resident to their room. Leave call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Apply non-sterile gloves			
Clean shower or tub according to facility policy. Dispose of soiled linens according to facility policy.			

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Remove gloves and wash hands			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Back Rub

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Place the body lotion into the basin of warm water to warm the body lotion.			
Wash hands and apply gloves if indicated			
Use Standard Precautions and infection control measures when providing care			
Raise the bed to a comfortable working height.			
Half-fold the bedspread, blanket, and sheet toward the foot of the bed and loosen or remove the resident's gown or shirt.			
Pour a small amount of warm lotion into the palm of your hand.			
Rub the palms of your hands together to spread and warm the lotion.			
With the palms of both hands gently massage the back from the buttocks upward to the shoulder and back of the neck using long, firm circular strokes.			
Assess the resident's skin condition for any redness, rashes, broken skin, or tender places as you perform this procedure.			
Dry the resident's back by gently patting the skin with a towel and assist the resident to redress.			
Discard disposable supplies in designated containers.			
Make the resident comfortable. Lower the bed into height appropriate position.			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and after performing care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Bed Bath

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Use Standard Precautions and infection control measures when providing care			
Place clean equipment on protective barrier on bedside stand. Arrange supplies for easy access			
Wash and dry hands thoroughly. Lower the headrest and/or the knee rest of the bed as tolerated. Put on gloves.			
Raise the bed level to a working position that is comfortable for both you and the resident.			
Loosen all bedding from underneath the mattress. Remove blanket and place it on the back of the chair.			
Place the bath blanket over the top sheet. Without exposing the resident, remove the top sheet from underneath the bath blanket. Place the top sheet into the soiled laundry container.			
Keeping the resident covered as much as possible, remove his/her gown or pajamas. Place soiled gown or pajamas into the soiled laundry container.			
Fill the washbasin two-thirds full of warm water and test water temperature per facility policy.			
Place washbasin on the overbed table.			
Face, Ears and Neck:			
Place bath towel over the resident's chest.			
Make a "mitten" out of the washcloth.			
Wash the resident's eyes from the nose to the outside of the face using water only.			
After washing one eye, fold the washcloth and wash the other eye.			
Wash the resident's face. Use soap only if requested by the resident.			

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Rinse and dry the face by gently patting it with the bath towel.			
Wash the resident's ears and neck. Rinse well and dry.			
Arms and Hands:			
Place a towel (lengthwise) under the resident's arm farthest from you.			
Wash the resident's shoulder, underarm, and arm. Rinse well and pat dry.			
Place the washbasin on the towel.			
Place the resident's hand into the water. Wash, rinse and dry the hand.			
Check the resident's fingernails, nail beds, and between the fingers. Provide nail care only when instructed.			
Repeat for the other arm.			
Chest and Abdomen:			
Place the bath towel over the resident's chest. Fold the top of the bath blanket down to the abdomen.			
Raise the bath towel and wash the resident's chest. Rinse well and dry.			
Cover the resident's entire chest area with a bath towel.			
Fold the bath blanket down to the pubic area.			
Wash the resident's abdomen.			
Rinse the abdomen well and pat dry.			
Pull the bath blanket back above the abdomen and chest.			
Remove the bath towel from the abdomen. Do not expose the resident.			
Change the bath water.			
Legs and Feet:			
Fold the bath blanket back from the resident's leg farthest from you. Expose only the one leg.			
Place a bath towel (lengthwise) under the leg and foot.			
Wash and rinse the leg and thigh and pat dry. (Note: If the resident's condition allows, place the washbasin on the towel and gently flex the knee. Place the foot directly into the washbasin.)			
Wash the foot with the leg and thigh if the resident's medical condition prohibits bending the knee.			

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Observe the toenails and the skin between the toes for redness and cracking of the skin.			
Dry the foot and between the toes carefully.			
Put the bath blanket back over the leg.			
Change the bath water.			
Repeat for the other leg.			
Back:			
Instruct the resident to turn on his/her side with his/her back toward you. (Note: Be sure the side rail is up on the opposite side of the bed to prevent the resident from rolling out of bed.)			
If the resident cannot turn by himself or herself, assist as needed.			
Place a bath towel (lengthwise) close to the resident's back. Wash the back from the hairline to the waist using long, firm, circular strokes. Rinse well and pat dry. Wash, rinse and pat dry the buttocks.			
When washing the resident's back, pay particular attention to bony prominences (e.g., shoulder blades, hips, and elbows).			
Massage (at least 90 seconds) the back and buttocks with warm body lotion. (Note: Place the body lotion into the basin of warm water to warm the body lotion.)			
Remove the towel and reposition the resident on his or her back.			
Change the bath water.			
Perineum:			
Wash, rinse well, and dry the genital and anal areas.			
Always wash the anal area last to avoid contaminating the urinary tract with fecal matter.			
If the resident can perform this task, he/she may do so. Allow for privacy at all times.			
Empty and clean the washbasin with hot, soapy water.			
Discard disposable supplies and laundry in the designated containers. Remove gloves and discard in the designated container.			
Lower bed to lowest position.			
Return washbasin to designated storage area.			
Remove gloves if used and wash hands			

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Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Blood Pressure

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Use Standard Precautions and infection control measures when providing care			
Select an appropriate arm for the application of the cuff; check service plan for restrictions			
Have the resident assume a comfortable lying or sitting position with the forearm supported at the level of the heart and the palm of the hand upward.			
Expose the brachial artery by removing garments or raise a sleeve (if it is not too tight), above the area where the cuff will be placed.			
Palpate the location of the brachial artery. Center the bladder of the cuff over the brachial artery, about midway on the upper arm, line up the artery marking on the cuff with the resident's brachial artery.			
Wrap the cuff around the arm smoothly and snugly, and fasten it. Do not allow clothing to interfere with the proper placement of the cuff.			
Lightly press the stethoscope's bell over the brachial artery just below the cuff's edge.			
Rapidly inflate the cuff to 180mmHg. Release air from the cuff at a moderate rate (3mm/sec).			
Listen with the stethoscope and simultaneously observe the sphygmomanometer. The first knocking sound (Korotkoff) is the subject's systolic pressure. When the knocking sound disappears, that is the diastolic pressure (such as 120/80). Allow remaining air to escape quickly.			
Note the residents blood pressure.			
If blood pressure is going to be repeated, wait at least 1 minute or use other arm.			
When measurement is completed, remove the cuff.			

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Clean the bell of the stethoscope with an alcohol wipe and store per facility policy.			
Remove and dispose gloves and wash hands.			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Clean Catch - Female

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves			
Use Standard Precautions and infection control measures when providing care			
Assist resident to the bathroom or on bedpan.			
Open specimen container; do not touch the inside of the cup or the cover.			
Open towelette. Separate the folds of the urinary opening with gloved hand and clean moving from the front to the back.			
Clean one side and discard towelette.			
New towelette: Clean middle and discard towelette.			
New towelette: Clean other side and discard towelette.			
Continue to hold the folds open and instruct the resident to begin urinating into the toilet/bedpan, bring the container into the stream to collect a clean, mid-stream specimen.			
Instruct the resident to finish urination into the toilet/bedpan.			
Secure the cover on the specimen container.			
Label the container with the residents name.			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Male Clean Catch

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves			
Use Standard Precautions and infection control measures when providing care.			
Assist resident to the bathroom or provide a urinal.			
Open specimen container; do not touch the inside of the cup or the cover.			
Open towelette. Retract foreskin (if present) and use the towelette to clean the entire head of the penis.			
Instruct the resident to begin urinating into the toilet/urinal and bring the container into the stream to collect a clean, mid-stream specimen.			
Bring the specimen container into the stream and collect a clean, mid-stream specimen.			
Instruct the resident to finish urination into the toilet/urinal.			
Secure the cover on the specimen container.			
Label the container with the residents name.			
Remove gloves and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Compression Stockings

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Use Standard Precautions and infection control measures when providing care			
Applying			
Assist the resident to a supine position.			
Expose legs one at a time.			
Stand at the foot of the bed. Place hand inside stocking and grasp the heel securely. Turn stocking inside-out to the heel area, place foot inside the stocking.			
Using your fingers and thumbs, carefully grasp edge of stocking and pull up smoothly over the ankle and calf, toward the knee. Make sure the stocking is distributed evenly.			
Pull forward on the toe section. If the stocking has a toe window, make sure it is properly positioned.			
The top of knee high stockings should be 1-2 inches below the patella.			
Thigh high stockings should be positioned approximately midway between knee and groin			
Return the resident to a position of comfort.			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Dressing/Undressing

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Assisting the resident with undressing:			
Use Standard Precautions and infection control measures when providing care			
Ask the resident to sit down in a chair or on the edge of the bed, per resident service plan			
Remove the resident's shoes and socks/stockings.			
While undressing, support the resident from his or her strong side.			
Assist the resident as necessary in unbuttoning or unzipping his or her top.			
<p>If the resident is wearing a dress:</p> <ol style="list-style-type: none"> 1. Assist resident to standing unless contraindicated per service plan. 2. Lift dress above the buttocks and assist resident back to a seated position. 3. Pull the dress over the resident's head and slide the sleeves from the resident's arms, strong side first. 			
<p>If the resident is wearing pants:</p> <ol style="list-style-type: none"> 1. Assist resident to standing unless contraindicated per service plan or have resident lie on the bed. 2. Assist the resident as necessary in unbuttoning and/or unzipping the slacks. 3. Slide the slacks below the buttocks. 4. If the resident is standing, assist resident to seated position. 5. Slide the slacks from the strong leg first. 			

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Proceed with steps for assisting the resident with dressing (below), or if the resident is ready for bed and prefers to sleep in undergarments, assist resident into bed per service plan.			
Assisting the resident with dressing:			
<ol style="list-style-type: none"> 1. While dressing, support the resident from weak side. 2. If lying down, assist resident in putting on clean undergarments, socks/stockings and slacks while in a lying position. 3. Assist the resident to a seated position. Allowing the resident a moment to get used to sitting up. 4. Assist the resident with his or her shirt, blouse, dress and putting on appropriate footwear. 			
Place soiled clothing and linen into the soiled laundry container.			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Empty Catheter Drainage Bag

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather necessary supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Use Standard Precautions and infection control measures when providing care			
Wash hands and apply clean gloves			
Set the measuring container on paper towel on floor			
Open drainage port and empty contents into container			
Close drainage port			
Leave urinary drainage bag hanging below bladder level			
Set container on clean paper towel at eye level to read measurement			
Empty urine into toilet			
Rinse/dry container and store per policy			
Remove gloves and wash hands			
Document output of urine, the amount and time			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Hair Care

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Use Standard Precautions and infection control measures when providing care			
Drape towel around resident's shoulder as necessary.			
Brush/comb the resident's hair carefully, gently, and thoroughly. Style the hair according the resident's wishes.			
Brush/comb small amounts of hair at a time.			
If the resident cannot sit up, separate the hair into small sections. Brush/comb each section separately using a downward motion.			
Clean the brush and comb as necessary. Store the brush and comb in the bedside stand. Clean the overbed table and return it to its proper position.			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Hearing Aids

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves			
Use Standard Precautions and infection control measures when providing care			
There are a number of different manufacturer's of hearing aids, always follow manufacturers instructions.			
Inserting a hearing aid			
Determine if earmold is for left or right ear.			
Check that battery is inserted turn aid off and make sure volume is at lowest setting.			
Inspect earmold to identify ear canal portion; some earmolds are fitted for only ear canal and concha; others for all contours of ear; canal portion can be used as a guide for correct insertion.			
Line up parts of earmold with corresponding parts of resident's ears.			
Gently press earmold into ear while rotating it backward.			
Adjust the other components of a behind the ear or body of hearing aid			
Turn hearing aid on and adjust volume according to resident need.			
Removing a hearing aid			
Turn aid off and lower volume.			
Remove earmold by rotating it slightly forward and pulling outward.			
If aid will not be used for several days, remove battery (prevent corrosion).			
Store aid in safe place, preferably case designed for safe storage, mark with resident name, avoid exposure to heat and moisture to prevent damage.			
Remove gloves and wash hands			

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Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Making an Unoccupied Bed

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Adjust bed to a comfortable height, usually elbow height of the caregiver. Lower side rails if raised.			
Use Standard Precautions and infection control measures when providing care			
Apply gloves.			
Loosen all linen as you move around the bed, from the head of the bed on the far side to the head of the bed on the near side.			
Remove pillow case and place in the center of the sheets.			
Snugly roll all of the soiled linen inside the bottom sheet.			
Hold linen away from your body and place directly into the laundry hamper. <i>Do not place on floor or furniture or hold against your clothing.</i>			
Remove gloves and wash hands			
If precautions dictate the use of gloves, apply clean gloves.			
Place the bottom sheet on the mattress securing corners.			
Place top sheet and blanket on bed, tuck under the foot of the bed and miter the corners. <i>Refer to resident service plan if tucking bedding at foot of the bed is contraindicated.</i>			
Apply clean pillow cases and place on pillows the bed.			
Apply bedspread if used.			
Lower bed to appropriate level.			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			

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Promote resident rights and safety during and post care			
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DIRECT CARE STAFF COMPETENCY CHECKLIST
Mechanical Lift

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Use Standard Precautions and infection control measures when providing care			
There are a number of manufacturers of mechanical lifts, follow manufacturers procedure for use of a specific lift.			
<i>The following are safety reminders when using any mechanical lift:</i>			
Always use at least 2 staff members to perform the procedure.			
Ensure the battery is charged before the procedure.			
Clear a path and ensure there is space for the lift to pivot and move the resident freely to the receiving surface.			
Ensure the receiving surface is stable and locked.			
Choose the appropriate sling size.			
Check sling for any signs of wear, do not use if there are any signs of wear.			
Examine all hooks and fasteners to ensure that they have no visible signs of damage			
Place resident in lift sling per manufacturer's recommendation and only lift the resident as high as necessary to complete the transfer.			
Once the lift is completed:			
Remove gloves if used and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Obtaining Temperature – Electronic Device

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves if indicated			
Remove the device from charging unit and remove probe from recording unit.			
Apply a disposable probe cover sliding until it snaps into place.			
Place the probe beneath the resident's tongue in the posterior sublingual pocket and ask the resident to close their lips around the probe.			
Hold the probe in place until you hear an audible beep.			
Note the temperature reading.			
Remove the probe from the resident's mouth.			
Dispose of the probe cover by holding the probe over an appropriate receptacle and pressing the probe-release button.			
Remove gloves if used and wash hands			
Return the thermometer probe to the storage unit and return the device to the charging unit.			
Leave assist devices within reach of resident			
Leave call light within reach of resident			
Use Standard Precautions and infection control measures when providing care			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Oral Care – Assist Brushing Teeth

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Use Standard Precautions and infection control measures when providing care			
Wash hands and apply gloves			
Moisten the toothbrush with fresh water or with mouthwash solution and apply toothpaste			
If the resident cannot independently brush his or her teeth place a towel across their chest and:			
1. Ask the resident to open his or her mouth.			
2. Place the toothbrush at the gumline (45° angle) with the bristles pointed toward the gums.			
3. Brush the teeth gently downward from the gumline for the top teeth, and upward from the gums on the bottom teeth.			
Ask the resident to rinse with water or mouthwash or assist the resident with rinsing.			
Instruct the resident to spit the rinse solution into the emesis basin or sink, not to swallow			
Dry the resident's face and chin area, and remove towel if one was placed.			
Remove and discard gloves and wash hands			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Shaving Disposable/Electric Razor

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Wash hands and apply gloves.			
DISPOSABLE RAZOR			
Fill basin half full of warm water (115°F), take to the resident's bedside and place it on the bedside stand or overbed table.			
If the resident can sit up, raise the head of the bed.			
Remove eyeglasses if used and place them on the bedside stand or overbed table.			
Spread a towel under the resident's chin.			
Soak washcloth in the warm water, dampen the resident's face with the washcloth to aid in softening the beard. (Encourage resident to participate in the process by handing the resident the warm washcloth).			
Apply shaving cream/gel using a generous amount, to assist in eliminating razor cuts, hair pulling, and skin irritation.			
Begin at the sideburns and work downward over the cheek, chin, lips and nose. Keep the skin tight as you shave and rinse the razor after each stroke.			
Use an upward stroke under the chin and jaws keeping the skin tight and rinse the razor often.			
Once you have completely shaved the resident, rinse remaining shaving cream from the resident's face. Dry the face and remove the towel from under the resident's chin.			
Dispose of the razor in a designated sharps container.			
Apply after shave lotion/balm if permitted.			
ELECTRIC RAZOR			
Apply pre-shave lotion if desired.			
Plug the razor in and turn to "on." (Note: Do not use an electric razor if the resident is using oxygen.)			

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Shave the cheek areas, around the mouth, and down the neck. Encourage the resident to draw skin taut or pull skin taut with free hand. Have the resident tilt head back while shaving neck, if able.			
For a razor with flat or flexible head, use short up-and-down motion with the grain of beard.			
For a razor with circular head, use small, circular motions			
Apply after-shave lotion/balm as permitted.			
Remove gloves if used and wash hands			
Leave assist devices within reach of resident			
Leave call light within reach of resident			
Use Standard Precautions and infection control measures when providing care			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during care			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Thickened Liquids

AREA OBSERVED	MET	NOT MET	COMMENTS
Determine the type of thickened liquids the physician has ordered			
Three types of Thickened Liquids			
<ul style="list-style-type: none"> • Nectar-thick liquids — are easily pourable and comparable to apricot nectar or thicker cream soups. • Honey-thick liquids — are slightly thicker, less pourable, and drizzle from a cup or bowl. • Pudding-thick liquids — hold their own shape. They're not pourable and usually require a spoon to eat. 			
Follow manufacturers instructions for the use of commercial thickening powders.			
Tips:			
Do not add ice cubes to thickened liquids as when the ice melts, it thins the drink.			
The resident should stay in an upright position while drinking and stay upright for 15 to 30 minutes afterward.			
When using powdered thickening products, allow the drink to sit one to two minutes to reach the correct thickness prior serving or drinking.			
When thickening hot drinks, be aware that the beverage tends to get thicker as it cools off.			

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DIRECT CARE STAFF COMPETENCY CHECKLIST
Urinal - Assist

AREA OBSERVED	MET	NOT MET	COMMENTS
Gather supplies			
Introduce self to resident; greet resident by name			
Explain the procedure to the resident prior to beginning			
Use Standard Precautions and infection control measures when providing care			
Wash hands and apply gloves			
If resident is in bed, place protective pad on bed under buttocks			
If the resident can place or position the urinal on his own, allow him to do so. If the resident cannot place or position the urinal, gently lift his penis and place it inside the urinal. Position the urinal at an angle between his legs.			
Unless contraindicated per service plan, provide privacy, remove gloves and wash hands.			
Instruct resident to turn on call light when finished			
Apply gloves prior to removing urinal			
Assist with peri care as needed			
<i>If resident is on output monitoring, measure the amount of urine and document according to facility protocol.</i>			
Empty contents of urinal in toilet			
Rinse and dry urinal and store per facility protocol			
Remove and dispose gloves, wash hands			
Offer resident a damp washcloth or hand wipe to cleanse hands after urinal use			
Leave assist devices and call light within reach of resident			
Ask resident about comfort and/or additional needs prior to leaving			
Promote resident rights and safety during and post care			

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