  

CMS COVID-19 Flexibilities:

Nurse Aide Competency Checklist

[Due to the COVID-19 pandemic, CMS announced in a March 28 memo entitled, “Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities): CMS Flexibilities to Fight COVID-19” that it is temporarily waiving the federal](https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf) requirements at 42 CFR §483.35(d), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under this regulation. Facilities are still required to meet regulatory expectations under

§483.35(d)(1)(i), and ensure the nurse aide (NA) is competent to provide care. The list of NA competencies on the checklist below provides the most common skills a NA performs, and serves as a guide to ensuring compliance with §483.35(d)(1)(i). This checklist does not replace or supersede the need for a facility to follow their state’s regulatory requirements for NA training and work requirements. Facility leaders should check with their state’s department of health to determine if state waivers or changes in the state’s requirements have been granted for CNA training and work requirements.

# §483.35 (c) says:

“The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”

Competency, as defined in §483.35, is “a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.” **AAPACN’s Nurse Aide Competency Checklist** is intended to assist the facility in providing documentation of a nurse aide’s competency to perform the care procedures noted in the checklist below.

# F726 of the *State Operations Manual* Appendix PP states that methods of evaluating competencies may include the following:

* Lecture with return demonstration for physical activities;
* A pre- and post-test for documentation issues;
* Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
* Reviewing adverse events that occurred as an indication of gaps in competency; or
* Demonstrated ability to perform activities that are in the scope of practice an individual is licensed or certified to perform.

The licensed nurse will evaluate the nurse aide’s competency to perform care procedures. If competency has been achieved, the licensed nurse enters the date and their initials to document the validation of competency.

***Note:*** *the list provided below is a guide to assist with ensuring competency. Please refer to your facility assessment for additional competencies needed to meet the care of the residents unique to your facility.*

|  |  |  |
| --- | --- | --- |
| **Care Procedure** | **Date Competency Achieved** | **Competency Verified by Initials** |
| **Vital Signs and Other Measurements** | | |
| **Obtain blood pressure** |  |  |
| **Obtain temperature** |  |  |
| **Obtain pulse** |  |  |
| **Obtain respirations** |  |  |
| **Obtain oxygen saturation/pulse oximetry** |  |  |
| **Obtain accurate weight** |  |  |
| **Obtain accurate height** |  |  |
| **Infection Control** | | |
| **Hand hygiene** |  |  |
| **Donning PPE** |  |  |
| **Doffing PPE** |  |  |
| **Linen handling** |  |  |
| **Follow directions to use transmission-based precautions—standard, contact, and droplet. Include airborne if facility is equipped to do so.** |  |  |
| **Activities of Daily Living** | | |
| **Bed bath** |  |  |
| **Shower** |  |  |
| **Tub bath** |  |  |
| **Oral care** |  |  |
| **Denture care** |  |  |
| **Dressing** |  |  |
| **Shaving** |  |  |
| **Hair care** |  |  |
| **Nail care** |  |  |
| **Peri care - female** |  |  |
| **Peri care - male** |  |  |
| **Catheter care** |  |  |
| **Colostomy care** |  |  |
| **Assist with bedpan** |  |  |
| **Assist with urinal** |  |  |
| **Make occupied bed** |  |  |
| **Make unoccupied bed** |  |  |
| **Feed dependent resident** |  |  |
| **Set up meal tray** |  |  |
| **Assist resident with ambulating** |  |  |
| **Transfer resident with a gait belt** *(weight-bearing and non-weight-bearing)* |  |  |
| **Transfer resident using a mechanical lift** |  |  |
| **Turning and repositioning resident/bed mobility** |  |  |

**Nurse Aide Name:**

|  |  |  |
| --- | --- | --- |
| **Care Procedure** | **Date Competency Achieved** | **Competency Verified by Initials** |
| **Activities of Daily Living** *(Continued)* | | |
| **Apply splint/brace** |  |  |
| **Apply anti-embolism stocking(s)** |  |  |
| **Use of pressure-relieving devices** |  |  |
| **Passive and active range of motion** |  |  |
| **Catalog and store resident’s personal items** |  |  |
| **Provide post-mortem care** |  |  |
| **Safety** | | |
| **Demonstrate the Heimlich maneuver and when to use it** |  |  |
| **Follow directions for accident and incident prevention and management** *(fall, elopement, choking, code, injury)* |  |  |
| **Care and Communication** | | |
| **Communicate with a resident who has cognitive impairment** |  |  |
| **De-escalate behavioral expressions in cognitively-impaired residents** |  |  |
| **Report change in resident condition to the nurse** |  |  |
| **Documentation** | | |
| **ADLs** |  |  |
| **Meal consumption** |  |  |
| **Fluid intake** |  |  |
| **Fluid output** *(urine and emesis)* |  |  |
| **Behaviors** |  |  |
| **Bowel movements** |  |  |
| **Toileting/incontinence** |  |  |
| **Additional Skills** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Nurse Aide Name:**