



## Nursing Competencies

Name: \_\_\_\_\_ NA

### Handwashing Competency

| Question  | True | False |
|---|------|-------|
| Health care providers should wash hands with soap and water when hands are visibly soiled, after caring for a resident with a known or suspected illness, before eating and after using the restroom. |      |       |
| Hand hygiene is the most important weapon in preventing the spread of disease   |      |       |
| Hands must be washed for at least 20 seconds  |      |       |

### Utilizing a Lift for Transfers

| Question  | True | False |
|---|------|-------|
| Nurse exams the sling for durability, tears, loose threads, or loose seams prior to each use. |      |       |
| Each lift has an emergency off and release button   |      |       |
| Each lift has a manufacturer weight limit   |      |       |
| A total lift requires a 2 person assist for safety purposes                                   |      |       |

### Gait Belt Transfers

| Question   | True | False |
|--|------|-------|
| Utilization of a gait belt does not take the place of using safe patient handling equipment                      |      |       |
| Gait belt should be snug but comfortable, you should be able to place your hand between the patient and the belt |      |       |
| Gait belts have a 600lb weight limit   |      |       |

Personal Protective Equipment

| Question  | True | False |
|---|------|-------|
| When applying PPE the gown is the first piece to be donned  |      |       |
| When removing gown, pull the gown away from neck and shoulders touching the inside of the gown inside out, roll into bundle and discard |      |       |
| N95 mask requires FIT testing to be completed annually  |      |       |

Indwelling Urinary (foley) Catheter Care

| Question  | True | False |
|---|------|-------|
| Urinary drainage system works best when the bag is below the bladder        |      |       |
| Routine hygiene with soap and water to the periurethral area is recommended |      |       |

Please print complete and sign. Signature acknowledges that I have participated in the educational zoom provided by CCU and I am competent in the above procedures.

Return completed and signed form to [Creds@compassionatecarepa.com](mailto:Creds@compassionatecarepa.com)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_