



CLINICAL SKILLS ASSESSMENT & DEMONSTRATION FOR COMPANION CARE ASSISTANT

Employee: Please check Yes or No at time of hire and annually for **Adult** and/or **Pediatric** experience

RN Supervisor: Please date and initial after observation & demonstration

Name: _____ **Job Title:** _____ **Date:** _____

Initial ____ **Annual** ____

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Bed:	Make an occupied Bed						
	Make an unoccupied Bed						
Environment and Safety:	Maintenance of clean & safe environment						
	Fire/Emergency Management Manual						
	Understanding Emergency procedures						
	Encourages patient to perform own personal hygiene if able						
	Avoids use of condescending language						
	Recognizes abuse/neglect potential.						
	Maintains patient confidentiality						

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS	
		YES	NO	YES	NO	INITIALS	DATE
Infection Control:	Hand Washing						
	Removing gloves						
	Recognizes risk of infection						
	Infection Control Manual						
Feeding:	Offer fluid/nutrition appropriate to patient's diet						
	Ensures safe nutrition(cuts food into small bites to prevent choking)						
Other:	Adheres to standard of attendance						
	Adheres to standard of quality of work						
	Provides personalized services						
	Offers assistance to others(e.g. family, staff)						
	Adheres to professional dress code						
	Maintains professional attitude in clients home						
	Accepts assigned task from nurse supervisor						

Comments: _____

Name & Signature of RN Supervisor: _____

Signature of Staff Member: _____ Name: _____