



Temporary Nurse Aide (TNA) Bridge Skills to CNA Checklist **May 2022**

To be used for TNAs who have completed AHCA/NCAL's Temporary Nurse Aide Training Program and wish to BRIDGE to CNA Certification

CMS DEFINITION

§483.35 "Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

CMS requires that the individual employed as a nurse aide be competent to provide nursing and nursing related services at 42 CFR §483.35(d)(1)(i), and that requirement must be met.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents' needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- 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 is in the scope of practice an individual is licensed or certified to perform.

Temporary NA Name: _____

Date of Hire: _____



Preventing Infection While Providing Personal Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Standard Precautions		
Handwashing		
Using Barriers (Gloves, Gowns, Mask, etc.)		
Isolation/Transmission Based Precautions		
Cleaning, Disinfection, Sterilization		
Personal Care Routines (bathing)		
Modified Bed bath (face and one arm, Hand and Underarm)		
Shampooing		
Oral Hygiene/ Dental Care		
Denture Care-clean upper and/or lower plate		
Grooming		
Dresses Resident with Affected (Weak) arm		
Foot Care		
Shaving		
Nail Care		

Personal Safety and Emergency Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Dressing/Undressing		
Bloodborne Pathogens		
Body Mechanics		
Choking		
Injury Prevention		

Temporary NA Name: _____

Date of Hire: _____



Documentation and Core Nursing Skills

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Documentation		
Bedmaking		
Making an Occupied Bed		
Transferring a Resident using a lift		

Positioning, Moving, and Restorative Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Positioning		
Moving Up in Bed When Resident Unable		
Moving a Resident		
Stand, Pivot, Transfer		
Assisting with Walking (ambulation) with and without transfer belt		
Transfers from Bed to Wheelchair using Transfer Belt		
Performs Modified Passive Range of Motion for Knee/ankle		
Performs Modified Passive Range of Motion for one shoulder		
Applies one knee-high Elastic Stocking		

Temporary NA Name: _____

Date of Hire: _____



Nutrition and Elimination

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Assisting with Meals		
Feeds Resident who cannot feed self		
Assisting with Elimination (toileting)		
Assisting with Ostomy		
Assists with Perineal care for female		
Assists with Catheter care for female		
Assists with use of bed pan		

Advanced and Specialty Care Environments

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Oxygen Therapy		
Motivate Resident/Stop when Resists		
Specific Behavioral Symptoms		
Counts and Records Radial Pulse		
Counts and Records Respirations		
Measures and Records Blood Pressure		
Measures and Records Weight of Ambulatory Resident		

Temporary NA Name: _____

Date of Hire: _____



Measures and records Urinary Output		
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Comfort Care and End of Life

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Pain Management		
Promoting Comfort and Sleep		
End of Life Care		

Ethics and the Law in LTC

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Physical Care of Body After Death		

Attestation Statement:

I certify that _____ has been assessed and evaluated by staff and determined to be competent in these skill areas.

Date _____

Staff Training Nurse Signature

Temporary NA Name: _____

Date of Hire: _____