

## CCA Lab Skills

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NOVA SCOTIA COMMUNITY COLLEGE

Nova Scotia Community College  
Nova Scotia

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## About this Course Manual

### HOW TO ACCESS AND USE THIS MANUAL

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This manual is available in the following formats:

- **Online web-book.** You can read this manual online on a computer or mobile device in one of the following browsers: Chrome, Firefox, Edge, and Safari.
- **PDF.** You can download in two different PDF formats.
  - Digital PDF – optimized for digital use, reading on a computer or tablet.
  - Print PDF – optimized for printing.
- **eBook.** Download the EPUB file.
  - Most tablets and eReaders (including iPad and Kobo) and smartphones (including iPhone and Android) can read eBook files in EPUB format.

### PRINT VERSION

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This manual contains links to external web-based resources.

For users of a print edition, url links are listed in the *Important Links* section of this manual.

### PURPOSE

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The Lab Skills Evaluation Manual provides the student and faculty with a consistent skill assessment tool outlining the requirements for successful completion of the lab skills required in the NSCC Continuing Care Program. Demonstrated skills will be assessed and the grade will be Pass/Fail.

Inspired by the format used in the NSCC Practical Nursing Program (2011). *Nursing Skills Performance Checklist*, the Continuing Care Lab Skills Evaluation Manual was developed to meet the requirements of the Continuing Care Assistant Program.

Content is based on the provincial standard curriculum requirements which are incorporated in the NSCC Continuing Care Curriculum and found in the primary text used in the program: *Sorrentino's Canadian Textbook for the Support Worker* published by Sorrentino, Remmert & Wilk.

## *NSCC Mission, Vision & Values*

### MISSION

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Building Nova Scotia's economy and quality of life through education and innovation.

### VISION

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Transforming Nova Scotia one learner at a time.

### VALUES

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**Accessibility** – We commit to opening pathways and providing equitable opportunities for students to engage fully in our programs and services.

**Diversity** – We are intentional in our efforts to build diversity as a core strength. We recognize diversity of knowledge, worldview and experience as an asset and a key driver of success in advancing innovation, creativity, and excellence.

**Employee Success** – We believe that engaged people make the difference in our environment of continuous learning. Teamwork and creativity are encouraged, and innovation is expected to ensure the success of our students and our organization.

**Inclusion** – We are committed to creating a culture of genuine inclusion that is free from discrimination and harassment and where our students, employees, and the communities we serve are treated with fairness, dignity, and respect.

**Innovation** – We believe there is always a better way. We find it by inspiring curiosity, openness, and creativity in the pursuit of excellence.

**Public Accountability** – We work with integrity in every area of the College and believe we must be fundamentally accountable for the public's trust in all that we do.

**Safety** – NSCC is dedicated to ensuring the health and safety of our students and employees. We are committed to working collaboratively to foster a culture of safety, and to improving safety practices, across the organization.

**Student Success** – We empower students with applied learning, services and supports to propel them on their way to career success and fulfillment.

**Sustainability** – We commit to the continuous development of the social, economic, cultural, and environmental sustainability of the College and our communities.



## Introduction

The Lab Skills Evaluation Manual provides the student and faculty with a consistent skill assessment tool outlining the requirements for successful completion of the lab skills required in the NSCC Continuing Care Program. Demonstrated skills will be assessed and the grade will be Pass/Fail.

Inspired by the format used in the NSCC Practical Nursing Program. Nursing Skills Performance Checklist, the Continuing Care Lab Skills Evaluation Manual was developed to meet the requirements of the Continuing Care Assistant Program. Content is based on the provincial standard curriculum requirements which are incorporated in the NSCC Continuing Care Curriculum and found in the primary text used in the program: *Sorrentino's Canadian Textbook for the Support Worker* published by Sorrentino, Remmert & Wilk.

### SKILLS EVALUATION – SUCCESSFUL PERFORMANCE

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The student must competently perform each skill. All criteria will be evaluated using the Continuing Care Assistant Skills Checklist. If the student does not successfully pass the skill demonstration or test on the first attempt, they must consult with the faculty to set learning goals and schedule a retest. The student may only be retested twice after the original attempt. If unsuccessful after the retests, the student will receive a 'Fail' for lab and will be required to repeat the course.

Successful demonstration of skill is required to pass the course. The faculty's signature indicates the student is competent to perform the skill.

In this manual, the skills are arranged according to the course in which they are applicable.

## Evaluation Rubric

### CONTINUING CARE ASSISTANT SKILLS RATING CODE

Assessment Area	1 - Beginning	2 - Developing	3 Expected Level	4 - Exemplary
Preparedness	Is unprepared - unsure of how to proceed. Dress and language may be inappropriate.	Very nervous, but able to proceed with frequent cuing. Often unable to provide rationale or answer questions. Dress and language are appropriate.	Nervous and somewhat organized but is prepared for skill. Able to provide rationale and answers to questions. Dress and language are appropriate.	Well prepared, confident approach. Able to provide rationale and answers to questions. Dress and language are appropriate for lab.
Organization	Does not gather equipment prior to beginning skill. Unsure of necessary supplies needed to perform skill. Uses incorrect terminology. Does not know how to use equipment.	Does not gather all necessary equipment and leaves often to obtain missing items. At times uses incorrect terminology. Unsure of correct use of some equipment. Takes more time than expected to complete skill.	Gathers most necessary equipment needed to perform skill. Uses correct terminology and knows how to use equipment. Completes skill within allotted time.	Organizes, gathers and prepares all necessary supplies. Uses correct terminology and knows how to use equipment. Demonstrates good time management.
Performance	Unable to perform skill with prompting or instruction. Does not provide for client privacy. Does not use proper body mechanics. Consistently breaks infection control principles. Uses inappropriate communication for workplace.	Able to carry out procedure with frequent cuing. Occasionally fails to maintain infection control or safety principles. Often uses poor body mechanics. Does not provide for client privacy. At times, uses inappropriate communication for workplace.	Able to carry out procedure, identifies and corrects errors without prompting or instruction. Follows safety and infection control principles. Uses proper body mechanics. Provides for client privacy. Communicates appropriately for workplace.	Carries out procedure without error or prompting. Follows all safety and infection control principles. Uses good body mechanics. Uses critical thinking skills throughout demonstration. Provides for client privacy. Uses excellent communication skills for workplace environment.
Post Procedure	Safety and/or comfort measures are not taken. Area left untidy. Failed to document care or report observations.	Safety measures taken with prompting. Did not ensure client's comfort. Area left untidy. Documented care and reported observations according to policy with prompting.	Ensures client safety and comfort. Left client area tidy with prompting. Documented care and reported observations according to policy.	Leaves client's area clean and tidy. Ensures client safety and comfort. Documented care and reported observations according to policy.

# **BODY MECHANICS AND ACTIVITY**

## Back Care Performance Checklist

Why exercise is good for your back:

- When abdominal and back muscles are toned, they work together like a natural corset for your back, providing support and improving posture.
- Fit muscles have better control and more power in reserve, giving smoother motion during lifting and moving.
- Fitness reduces fatigue, helping you avoid tired habits like not lifting correctly.
- Exercise makes bones denser and stronger.
- With stretching, exercise increases flexibility, helps you use good posture for lifting and sitting.
- Strengthening your large muscle groups such as the quadriceps, will help prevent injury to your back.

The following exercises are examples in one program designed to prevent back injuries. Other programs may be used to achieve the objective of demonstrating back care exercises.

### BACK CARE EXERCISES<sup>1</sup>

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#### Chest and shoulder stretch

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- Stand with your feet shoulder-width apart.
- Clasp hands behind your back.
- Straighten and raise your arms, making sure your chest does not collapse.
- Lift your chest to your chin.
- Hold for 15 seconds, and then relax.
- Repeat three times.
- You should feel a stretch in the chest and front shoulders.

#### Tall stretch

---

- While standing or sitting, grasp your hands together above your head, with your palms up and shoulders relaxed.
- Stretch arms up.
- Do not hold your breath or arch your back.
- Hold for 15 seconds.

1. Adapted from Work Safe BC. (2014). *Back Talk: An Owner's Manual for Backs*. <https://www.worksafebc.com/en/resources/health-safety/books-guides/back-talk-an-owners-manual-for-backs?lang=en>

- This is a good stretch to do anytime, anywhere.

### **Calf stretches**

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- Stand with one foot in front of the other.
- Bend the front leg while keeping the back leg straight- push your back heel to the floor.
- Bend your forward knee until a comfortable stretch is felt in your back calf. You can hold on to a wall or chair for balance.
- Hold for 15 seconds.
- Repeat three times on each leg.

### **Quadriceps stretch**

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- Balance or use a stable object for support.
- Stand straight and grasp your right foot with your left hand behind you.
- Gently pull your foot towards your buttocks until you feel a gentle stretch down the front of your leg.
- Hold for 15 seconds, and then relax.
- Repeat three times on each leg.
- If you can't reach your foot you can hold onto your pants or socks.

### **Side bends**

---

- Start with your feet hip-width apart, hands on hips.
- Bend slowly to the left and then slowly to the right.
- Do not tilt forward.
- Repeat 10 times.
- Standing lower back stretch
- Stand with your feet hip-width apart, feet firmly planted on the ground, with your hands supporting your lower back and keeping your chin to your chest.
- Gently arch your back.
- Hold for 15 seconds.
- You should feel a stretch in your lower back and possibly front hips.

### **Wall slides to strengthen back, hip, and leg muscles**

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- Stand with your back against a wall and feet shoulder-width apart.
- Slide down into a crouch until your knees are bent to 90 degrees.

### **Upper back stretch**

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- Sit with one leg straight out in front, and the other leg bent with the foot against the inner thigh.
- Leaning forward from the hips, reach hands down the leg as far as comfortable, keeping the back as straight as possible.

- Do not round the back while leaning forward.
- Reach toward the toes.
- Hold the stretch for 15 seconds.
- Repeat 2 to 3 times.
- Single/double knee to chest
- Lie on your back on a firm surface.
- Clasp your hands behind the thigh and pull it towards your chest keeping the opposite leg to maintain this position for 30 seconds.
- Switch legs and repeat 5 times.

### Bridge

---

- Lie on your back with your knees bent.
- Keep your back in a neutral position, not arched and not pressed into the floor.
- Avoid tilting your hips.
- Tighten your abdominal muscles.
- Raise your hips off the floor until your hips are aligned with your knees and shoulders.
- Hold for 3 deep breaths.
- Return to the start position and repeat.

### Segmental rotation

---

- Lie on your back with your knees bent and your back in a neutral position.
- Tighten your abdominal muscles.
- Keeping your shoulders on the floor let your knees fall slowly to the left.
- Go only as far as is comfortable.
- You should feel a stretch, but no pain.
- Hold for 3 deep breaths.
- Return to the start position.
- Repeat the exercise to the right.

### Bird dog

---

- Start on your hands and knees.
- Place your hands directly below your shoulders and align your head and neck with your back.
- Tighten your abdominal muscles.
- Raise your right arm off the floor and reach ahead.
- Hold for three deep breaths.
- Lower your right arm and repeat with your left arm.
- Raise your right leg off the floor.
- Tighten your trunk muscles for balance.
- Hold for three deep breaths.

- Lower your right leg and repeat with your left leg.
- For added challenge, raise your left arm and your right leg at the same time. Repeat with your right arm and left leg.

Assessment: Demonstrates Basic Back Care Exercises

Attempt #:

Comments:

Completed Date:

Signature:

# *Positioning Clients Performance Checklist*

## POSITIONING CLIENTS

---

Check care plan for direction and client needs. Assess the client's status before undertaking the activity. Consider the client's preferences. Explain the procedure to the client. Perform hand hygiene.

### **Fowler's Position**

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- Head of bed 45to 60°.
- Keep the spine straight; support the head with a pillow.
- Support the arms with pillows.

### **Supine Position– the back-lying position**

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- The bed is flat.
- The head and shoulders are supported on a pillow.
- Arms and hands are at the client's sides.
- Pillows support the arms and hands.
- A small pillow is under the thighs.

### **Lateral Position– side-lying on the left or right side.**

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- A pillow is under the head and neck.
- The upper leg is placed in front of the lower leg.
- The upper leg and thigh are supported with pillows.
- The upper hand and arm and the back are supported by pillows.

### **Sims' Position– a left side-lying position.**

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- The upper leg is flexed.
- The lower leg is not lying under the upper leg.
- The lower arm is behind the client.
- Pillows are used to support the head and shoulders, the upper leg and the upper arms and hand.



### 30° Lateral Position

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- Place pillows under head, shoulder, and leg to lift up hip to avoid pressure on the hip.

### Sitting Position

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- The back and buttocks are against the back of the chair.
- The feet are flat on the floor or on wheelchair footrests.
- The backs of the knees and calves are slightly away from the edge of the seat.
- Paralyzed arms are supported on elevated armrests.

### Repositioning in a chair or wheelchair

---

Clients are repositioned so that their back and buttocks are against the back of the chair. Follow the steps as outlined in the physiotherapist's session. If the client can help:

- Lock the wheelchair wheels.
- Stand in front of the client and block their knees and feet with yours.
- Apply a transfer belt.
- Position the client's feet flat on the floor.
- Position the client's arms on the armrests. Grasp the transfer belt on each side while the client leans forward.
- Lift the client as they push with their arms and feet.
- If a transfer belt is not available, put your arms under the client's arms and place hands around the client's shoulder blades.
- Ask the client to push with his or her feet and arms on the count of three.
- As client pushes with arms and feet, push the client's knees with your knees. The client will be naturally repositioned back into the wheelchair.

### Infants

---

- Always lay babies on their backs for sleep.
- Do not lay the baby on soft bedding products such as pillows.

Perform hand hygiene. Ensure comfort and safety. Tidy area.

Assessment: Positioning Clients

Attempt #:

Comments:

Completed Date:

Signature:

# *Comfort and Positioning Devices Performance Checklist*

## COMFORT AND POSITIONING DEVICES

---

Check care plan for direction and client preferences. Assess the client's status before undertaking the activity.

Explain procedure to client. Provide privacy. Perform hand hygiene.

Assemble equipment to be used; bed cradle, pillows, turning sheets, hand grips(rolls), splints, footboard, flannel blanket for trochanter roll.

Turning sheet is used for turning/lifting and positioning of clients.

- Roll sheet close to client and support shoulder and hip girdles when moving client with sheet.
- Use correct body mechanics when moving client.

Use pillows to support limbs and torso and maintain good body alignment for the client.

Trochanter roll

- Fold flannel blanket to a length that fits client from above the hip to above the knee.
- Roll bath blanket leaving the end loose and place under the client, tucking the roll alongside hip to support hip and preventing external rotation.

Bed Cradle and Foot Boards

- Place bed cradle at bottom of bed and secure each side to mattress. Bring top linens over bed cradle.
- Place soles of client's feet flat against footboard to prevent plantar flexion.

Hand rolls and Splints

- Apply hand roll or grip under fingers, avoiding the palm of the hand.
- Secure splint properly to client's limb or digits according to care plan.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record actions and observations according to agency policy.

## Assessment: Comfort and Positioning Devices

Attempt #:

Comments:

Completed Date:

Signature:

# *Moving a Client Up in Bed Performance Checklist*

## MOVING A CLIENT UP IN A BED

---

Check care plan for direction and client needs.

- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client.
- Provide for privacy.
- Request help as needed.

Raise bed to a comfortable working height.

- Lower the head of the bed so it is as flat as client can tolerate.

Fold back top sheet.

- Place the pillow against the headboard.
- Make sure the turning sheet is in position under the person.

Lower the bed rails.

- Stand with a broad base of support.
- Bend hips and knees.
- Roll the sides of the lift sheet up close to the person.

Grasp the rolled-up lift sheet firmly near the person's shoulders and pelvis.

- Make sure the person's head is supported.
- Ask the person to tuck chin into chest.
- Explain that you will move on the count of "3."
- The person pushes against the bed with the feet if able.

Slide the person up in bed on the count of "3", maintaining proper body mechanics. Repeat if necessary.

Unroll the lift sheet.

- Put the pillow under the person's head and shoulders.
- Replace top sheet.

Provide for safety and comfort.

- Place the call bell within reach.
- Return the bed to its lowest position.
- Follow the care plan for bed rail use.

Perform hand hygiene.

Report and record observations, according to agency policy.

Assessment: Moving a Client up in Bed

Attempt #:

Comments:

Completed Date:

Signature:

# Assisting Client Out of Bed performance Checklist

## ASSISTING CLIENT OUT OF BED

---

Check care plan for degree of assistance and equipment client needs. Assess the client's status before undertaking the activity.

- Request help as necessary.

Ensure client has appropriate footwear.

- Gather and position equipment as required, walker, cane, ambulation belt, sliding board, wheelchair or mechanical lift, etc.

Perform hand hygiene.

- Decide what side of the bed to use.
- Move furniture away.

Assisting client to sit at side of the bed: *Use for transfers to chair or pre-ambulation*

- Position the client in a side-lying position facing you.
- Make sure bed is in its lowest position and bed wheels are locked.
- Help the client to a sitting position. Raise head of the bed.
- Stand near the client's waist on the side of the bed on which the client will be sitting. Lower the bed rail if it is up.
- Turn to face the client.
- Stand with a broad base of support.
- Slide one arm under the client's neck and shoulders. Grasp the far shoulder. Place your other arm over the client's hip. Assist client to sitting position.
- Do not pull the client too close to the edge of the bed.
- Client's feet touch the floor.

Does not leave the client alone.

- Remain in front of the client.
- Place both hands on the client's shoulders for support, as necessary.
- Check color, breathing ask if client feels OK.

Assist client to stand for ambulation or assist client to transfer to chair. Transferring Client to chair: armchair or wheelchair

- Place wheelchair on client's strong side. Lock wheelchair wheels. Raise the footrests or swing them out of the way. Apply the transfer belt, if used.

- Move client to strong side.
- Angle chair at 45 degrees.
- Lower or raise bed to wheelchair height if possible.
- Support knee of weak side.
- Place one hand under hip and the other around shoulder girdle.
- Turn feet in direction required and turn the client so that they can grasp the far arm of the chair. Maintain correct posture.
- Remove transfer belt if used.

Assisting client to transfer with a sliding board.

- Client must be able to assist you.(Upper body strength)
- Secure board between bed and chair.
- Client sits on board and is assist to move/slide across board to chair in small increments. Ensure shearing does not occur during the slide.
- Remove board and assist client to comfortable position.

Assisting client to transfer to tub or shower chair.

- Position wheelchair at a 45° angle to shower chair.
- Lock wheelchair wheels.
- Swing wheelchair footrests away or removed from chair.
- Assist client to stand. Client uses grab bar or shower chair armrests for support.
- Hold transfer belt or keep hands around the person's shoulder blades.
- Block client's feet and knees with your feet and knees.
- Have the person hold the grab bar and assist with undressing.
- Lower onto shower chair, remove transfer belt if used.
- Assist client to lift legs over side of tub as necessary.

To assist client into car from wheelchair

- Position wheelchair at 45° angle to car seat. Consider location of car door. Lock wheelchair and remove footrests or swing them out of the way.
- Assist client to stand, block client's feet and knees with feet and knees.
- Lower client onto car seat, remove transfer belt if used.
- Assist client to lift legs into car.
- Assist client to secure seat belt.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record action and observations according to agency policy.

**Assessment: Assisting Client out of Bed**

Attempt #:

Comments:

Completed Date:

Signature:



## *Mechanical Lift Performance Checklist*

### ASSISTING THE CLIENT OUT OF BED USING A MECHANICAL LIFT

---

Check care plan for direction and client needs.

- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Assess equipment before using. Explain the procedure to the client.
- Provide for privacy.
- Second person needed to assist.

Center the sling under the client by turning the client from side to side to position the sling.

Place the chair at the head of the bed.

- Lock the bed wheels and lower the bed to its lowest position.

Raise the lift so that it can be positioned over the client.

- Attach the sling to the swivel bar.

Raise the head of the bed.

- Cross the client's arms over the chest.
- Ensure that client does not hold onto swivel bar.

Raise the lift high enough to clear the bed. Reassess, then raise higher.

- Ask assistant to support the client's legs.
- Move the lift and client away from the bed

Position the lift so that the client's back is toward the chair.

- Lower and guide the client into the chair ensuring good body alignment.

Lower the swivel bar to unhook the sling, making sure the bar does not bump into the client.

- Remove the sling from under the client, unless instructed otherwise.

Perform hand hygiene.

- Provide for safety and comfort.

Report and record action and observations according to agency policy.

**Assessment: Assisting the Client out of Bed using a Mechanical Lift**

Attempt #:

Comments:

Completed Date:

Signature:

## Assisting with Ambulation Performance Checklist

### ASSISTING WITH AMBULATION

---

Check care plan for direction, degree of assistance and equipment client needed. Assess the client's status before undertaking the activity. Perform hand hygiene. Explain the procedure to the client. Provide for privacy. Request help if necessary.

Prepare client and ensure appropriate footwear, adequate lighting and a clear path. Gather equipment as required: walker, cane, ambulation belt.

Perform hand hygiene.

Observe for dizziness prior to ambulating.

Apply transfer belt if used and assist client to standing position using proper posture. Observe client's balance.

Assisting ambulation with one person:

- Ensure client is not lightheaded and assist to stand. Position self on client's stronger side holding belt if used.
- If client began to fall – use wide base of support and allow client to slide to the floor.
- Assist client to return to bed or chair if weak or dizzy.

Assisting ambulation with two persons

- One person to stand on each side of the client while holding onto ambulation belt.
- Step in unison with client.
- Continue according to client tolerance.

Return client to bed or chair.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record action and observations according to agency policy.

Assessment: Assisting with Ambulation

Attempt #:

Comments:

Completed Date:

Signature:

## *Performing Range of Motion Exercises*

### *Performance Checklist*

#### PERFORMING RANGE OF MOTION EXERCISES

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Review client's care plan for instructions on which exercises need to be performed.

Explain procedure to client. Provide for privacy and warmth. Assess the client's status before undertaking the activity.

Observe client's comfort level.

Wash hands and assess for tubes or drains.

- Apply gloves if wound drainage or lesions.

Perform exercises slowly and gently, support joint with cupped hand.

Repeat each movement 5 times during exercise period or as directed by care plan and if tolerated by client.

Lower the bed rail near you if up. Elevate bed to the proper working height. Position the person supine.

- Exercise the neck if allowed by your employer and if your supervisor instructs you to do so. Place your hands over the person's ears to support the head. Support the jaws with your fingers. Flexion, Extension, Rotation, Lateral flexion.
- Exercise the shoulder: Grasp the wrist with one hand. Grasp the elbow with your other hand. Flexion, Extension, Hyperextension, Abduction, Adduction, Internal rotation, External rotation.
- Exercise the elbow: Grasp the person's wrist with one hand. Grasp the elbow with your other hand. Flexion, Extension.
- Exercise the forearm: Pronation, Supination.
- Exercise the wrist: Hold the wrist with both of your hands. Flexion Extension, Hyperextension, Radial flexion, Ulnar flexion.
- Exercise the fingers: Abduction, Adduction, Extension, Flexion.
- Exercise the thumb: Hold the person's hand with one hand. Hold the thumb with your other hand. Abduction, Adduction, Opposition, Flexion, Extension.
- Exercise the hip: Support the leg. Place one hand under the knee. Place your other hand under the ankle. Flexion, Extension, Abduction, Adduction, Internal rotation.
- Exercise the foot and ankle: Pronation, Supination, Dorsiflexion, Plantar, Flexion.

Monitor for pain through ROM exercises. Do not force joint beyond point of discomfort.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record action and observations according to agency policy.

Assessment: Performing Range of Motion Exercises

Attempt #:

Comments:

Completed Date:

Signature:

## CARE SETTING MANAGEMENT

# *Making an Unoccupied/Closed Bed Performance Checklist*

## MAKING AN UNOCCUPIED BED

---

1. Check the care plan for directions and client needs. Perform hand hygiene. Explain the procedure to the client.
2. Collect clean linens in this order:
  - Bedspread
  - Blanket or comforter or flannel
  - Top sheet
  - Incontinence or turning pad or slider system sheet (as necessary)
  - Bottom sheet (flat or fitted)
  - Pillowcases
3. Place linen on a clean surface.
4. Follow employer policy for disposing dirty linen.
  - Place laundry bag near bed if this is an option in your facility.
5. Raise the bed to a comfortable working height.
6. Put on gloves to remove dirty linens
7. Remove dirty linen. Roll each piece away from you and place in the appropriate laundry bag.
  - Roll each piece individually, looking for personal items and sharps.
8. Remove and discard gloves. Perform hand hygiene.
9. Make the bed with clean linens, in the following order, as applicable:
  - **Mattress pad**
    - Place on mattress, unfolding lengthwise
  - **Bottom sheet**
    - Place on the mattress pad, unfold lengthwise.
    - Place the centre crease in the middle of the bed, with the large hem at the top and the small hem at the bottom. Hem stitching should be face down.
    - Position the lower edge of the sheet so that it is even with the bottom of the mattress.

- Open the sheet. Fan fold it towards the other side of the bed.
  - Tuck the top of the sheet under the mattress, tightly. Mitre the corners.
  - Pull the bottom sheet tight, tuck bottom of the sheet under the mattress. Mitre the corners
  - **Incontinence pad or turning pad**
  - **Top sheet**
    - Unfold lengthwise
    - Place the centre crease in the middle
    - Place the wide hem even with the top of the mattress, with the hem stitching outward.
    - Open the sheet, and fan-fold it to the other side.
  - **Blanket**
    - Unfold lengthwise
    - Place the centre crease in the middle
    - Put the upper hem about 15-20cm from the top of the mattress, with the hem stitching downward.
    - Open the blanket, fan-fold it to the other side.
  - **Bedspread**
    - Unfold lengthwise
    - Place the centre crease in the middle
    - Place the upper hem even with the top of the mattress.
    - Open the blanket, fan-fold it to the other side.
    - Make sure the bedspread facing the door is even and covers all the top linen.
10. Tuck all the top linens together at the foot of the bed. The bedding should be smooth and tight. Make a mitered corner.
  11. Go to the other side of the bed. Straighten all top linens. Work from the head of the bed to the foot of the bed.
  12. Tuck in the top linens together at the foot of the bed. Make a mitred corner.
  13. Turn the top hem of the bedspread under the top hem of the blanket to make a cuff.
  14. Turn the top sheet over the bedspread.
  15. Pillowcase
    - Place pillow on the bed
    - Open the pillowcase so that it is flat on the bed.
    - Fold the pillowcase edges under together and tuck them in next to the pillow.
    - Place the pillow on the bed. The open end should be facing away from the door.
  16. Post-Procedure: attach call bell to the bed. Lower the bed to its lowest position. Raise bedrails, according to agency policy. Lock the bed wheels. Store clean leftover linens according to agency policy. Remove linen bag from room.
  17. Perform hand hygiene.



Assessment: Unoccupied Bed

Attempt #:

Comments:

Completed Date:

Signature:

# *Making an Occupied Bed Performance Checklist*

## MAKING AN OCCUPIED BED

---

1. Check the care plan for directions and client needs. Ensure you have a second staff member to assist, if necessary for patient safety. Perform hand hygiene. Explain the procedure to the client.
2. Collect clean linens in this order:
  - Mattress pad (if used)
  - Bottom sheet (flat or fitted)
  - Incontinence or turning pad or slider system sheet (as necessary)
  - Top sheet (flat)
  - Blanket or comforter or flannel
  - Bedspread
  - Pillowcases
3. Place linen on a clean surface.
4. Provide for privacy and remove call bell.
5. Follow employer policy for disposing dirty linen.
  - Place laundry bag near bed if this is an option in your facility.
6. Raise the bed to a comfortable working height and lower the head of the bed as flat as possible.
7. Apply gloves
8. Loosen top linen at the foot of the bed.
9. Remove the bedspread and blanket separately. Fold them if you will reuse them. Place each over a chair.
10. Leave the top sheet on your client for privacy and warmth.
11. Position the client on the side of the bed opposite to where you will begin.
  - Adjust the pillow for comfort
  - Ensure side rail is up.
12. Loosen old bottom linens from the head of the bed to the foot of the bed.
13. Fan fold old bottom linens one at a time toward the client, beginning with the old incontinence pad.
  - If heavily soiled, remove incontinence pad immediately or roll tightly to contain.

14. Provide peri-care as necessary (see Personal Care Skills).
15. Place a clean incontinence pad over the old one. Fan-fold toward the client, tucking it next to the client.
16. Place the clean bottom sheet on the mattress, with the hem stitching away from the client. Unfold the sheet so that the crease is in the middle and the small hem is even with the bottom of the mattress.
17. Make a mitred corner at the head of the bed. Tuck the sheet under the mattress from the head to foot.
18. Pull the clean incontinence pad toward you, over the bottom sheet. Fan-fold both toward the client.
19. Raise the bedrail on the side you are on and move to the other side of the bed.
20. Explain to the client that they will roll over a bump. Help the client turn to the other side. Adjust the pillow as necessary.
21. Remove the soiled incontinence pad and loosen bottom linen on that side. Remove each piece of bottom linen one at a time, rolling each piece away from you.
22. Discard dirty linen according to agency policy.
23. Remove and discard gloves, perform hand hygiene.
24. Straighten and smooth mattress pad, if used.
25. Pull the fan-folded clean bottom sheet and incontinence pad toward you, ensuring they are smooth without wrinkles. Make a mitred corner at the top. Tuck the sheet under the mattress from the head to the foot of the bed.
26. Place the client in the supine position.
27. Put a clean top sheet on the bed. Unfold it lengthwise with the crease in the middle and the large hem even with the top of the mattress.
28. Ask the client to hold the clean top sheet while you pull the old top sheet out.
  - If they cannot assist, you can tuck the clean top sheet under their shoulders.
29. Place the blanket on the bed and unfold lengthwise with the centre crease in the middle
  - Put the upper hem about 15-20cm from the top of the mattress, with the hem stitching downward.
30. Place the bedspread on the bed and unfold lengthwise with the centre crease in the middle
  - ensure the upper hem even with the top of the mattress.
31. Turn the top hem of the bedspread under the blanket to make a cuff. Bring the top sheet down over the bedspread to form a cuff.
32. Go to the foot of the bed. Make a toe pleat using the top linens.
33. Lift the mattress corner with one arm, tuck all top linens under the mattress together. Make a mitred corner.
34. Raise the bedrail.
35. Go to the other side of the bed and lower the bedrail.
36. Straighten and smooth top linens.
37. Tuck the top linens under the mattress and make a mitred corner
38. Change pillowcase(s).
39. Raise the HOB according to client care plan or preference.

40. Post-Procedure: provide for comfort and safety. Ensure call bell is within reach. Lower the bed to its lowest position and raise bedrails according to policy. Remove privacy measure as necessary. Perform hand hygiene.

#### Assessment: Making an Occupied Bed

Attempt #:

Comments:

Completed Date:

Signature:

## Laundry Performance Checklist

### Washing Clothing

1. Check the care plan for directions and client needs. Check with the client for preferences.
2. Gather laundry items that require washing.
3. Read instructions on the washer, dryer, and laundry products.
4. Read the garment labels on the items to be washed.
5. Sort laundry per the client's wishes. If the client does not have a preference sort by:
  - Fabric type
  - Separate heavily soiled or stained items
  - Garment labels that have special instructions (ie. Hand wash; dry clean)
  - Colour (whites, darks, coloured fabrics)
6. Close zippers, buttons, hooks.
7. Check pockets for items and remove.
8. **Presoak:** heavily soiled and stained items. Soak in bleach for 30 min, in the hottest water safe for the items.
9. Select the correct cycle and temperature:

Laundry Items	Cycle	Temperature
Heavily soiled items; cloth diapers; whites	Regular	Hot
Moderately soiled items; permanent press fabric	Permanent Press	Warm
Bright colours; colours that might run; fragile fabrics; light soiled garments	Permanent Press	Cold
Delicates; items with labels requesting it	Delicate	Cold

\*Wash garments with colours that may run separately.

10. Loading the washing machine:
  - If the machine requires you to select the water level, judge the appropriate level for the load size.
  - Do not overload the machine
  - Wash bulky items separately
  - Use a measuring cup for detergent and softener.
  - Front loading machines: clean out rubber gasket for hair and lint. Ensure you wipe down and keep the door open to prevent mildew buildup.

### 11. Loading the dryer:

- Remove lint from the filter after each load.
- Do not overload the dryer
- Choose the temperature based on the garment label
  - Wool garments should not go in the dryer; lay flat to dry.
- Add a sheet of fabric softener, per the care plan and client preferences.
- Remove garments soon after dryer stops
- Remove lint from the filter

Assessment: Laundry

Attempt #:

Comments:

Completed Date:

Signature:

## *Cleaning Living Rooms Performance Checklist*

### CLEANING LIVING ROOMS

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1. Review the client's care plan for instructions and preferences.
2. Check supplies and equipment.
3. With client's permission, remove clutter.
4. If appropriate and with client's permission, open the windows
  - Ensure that you close windows when you are done cleaning/using cleaning supplies
5. Remove dirty dishes, empty ashtrays.
6. Flyers or newspapers should be bundled or recycled per municipal regulations and client preferences.
7. Look under couch/chair cushions for food debris or other articles
  - *Be careful of sharps*
  - Sweep or vacuum crumbs of furniture
  - Plump up throw pillows/cushions and fold any throw blankets.
8. With client's permission, use a clean, hot soapy cloth to wipe high-touch surfaces (door handles, doors, light switches). Dry with a dry cloth.
9. Following the care plan (and with client's permission), use a damp cloth or client's preferred product to dust all surfaces
  - Side tables
  - Coffee table
  - TV stand
  - Book cases
  - Etc.
10. Following the care plan (and with client's permission), use a dry cloth to dust TV and other electronics.
11. Replenish supplies
  - Water: discard stale water, replace with fresh
  - Tissues
  - Reading materials
  - Etc.

12. Clean floors according to the type of floor surface

- Carpet: vacuum
- Hardwood: dry mop
- Other floor surfaces: sweep and damp-mop the floor
- Area rugs: shake outside, return inside and vacuum

13. Report and record observations according to agency policy.

Assessment: Cleaning Living Rooms

Attempt #:

Comments:

Completed Date:

Signature:



# *Cleaning Bathrooms Performance Checklist*

## CLEANING BATHROOMS

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1. Review the client's care plan for instructions and preferences.
2. Check supplies and equipment
3. Wear gloves
4. **Clean mirrors**
  - Wipe with paper towel and glass cleaner
  - Dry with paper towel as necessary
5. **Clean sinks and counter top**
  - With hot, soapy water and disinfectant. Rinse and dry with a clean cloth.
  - Wipe and dry taps.
6. **Clean tub, shower, and shower curtains**
  - With hot, soapy water and disinfectant. Rinse and dry with a clean cloth.
  - Wipe and dry taps.
  - Hang bath mat to dry, or place in the laundry
7. **Clean surfaces**
  - With hot, soapy water and disinfectant wipe windowsills, bathroom tiles, soap holders, and door handles.
  - Rinse and dry all surfaces
8. **Replenish supplies**
  - Toilet paper, tissues, personal care products, etc.
  - Fresh hand towels
9. **Clean toilet**
  - Ensure you are wearing gloves.
  - Clean the toilet tank with toilet bowl cleaner or disinfectant. Do not use bleach.
  - Clean the toilet bowl, outside and inside. Clean under the bowl and under/behind the seat.
  - With fresh cloths or paper towel, clean and dry the toilet seat, toilet handle, and outer surfaces.
  - Wash hands and discard gloves

**10. Clean floors**

- Sweep floors
- Damp mop floors
- Dry floors to prevent falls.

11. As necessary, place a fresh bathmat in the bathroom.

12. Empty wastebasket. Place garbage, recyclables, and compost materials into appropriate containers.

13. Report and record observations according to agency policy.

**Assessment: Cleaning Bathrooms**

Attempt #:

Comments:

Completed Date:

Signature:

## *Cleaning Bedrooms Performance Checklist*

### CLEANING BEDROOMS

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1. Review the client's care plan for instructions and preferences.
2. Check and gather supplies.
3. Make the bed or straighten the linens.
  - See *Bedmaking*
4. With client's permission, tidy the bedside table.
  - Remove books, paper, dirty dishes, etc.
  - Place glasses and reading material within reach.
5. With client's permission, put away clothing, shoes, other items.
  - Look for items under the bed
6. Empty the wastebasket.
  - Ensure garbage, recyclables, and compost are disposed of according to municipal regulations and client preference.
7. Replenish supplies.
  - Water: discard stale water, replace with fresh
  - Tissues, toilet paper
  - Etc.
8. With client's permission, use a clean, hot soapy cloth to wipe high-touch surfaces (door handles, doors, light switches). Dry with a dry cloth.
9. With client's permission, use a damp cloth to dust all surfaces.
  - Dressers
  - Bookshelves
  - Windowsills
  - Bedside table
  - Lamps
10. If applicable, clean the commode with toilet bowl cleaner or disinfectant.
  - Wear gloves
  - Flush contents of the commode in toilet

- Clean the commode bowl, under the bowl, and behind the seat.
- Clean and dry commode surfaces with fresh cloths or paper towel.

11. Clean floors according to the type of floor surface

- Carpet: vacuum
- Hardwood: dry mop
- Other floor surfaces: sweep and damp-mop the floor
- Area rugs: shake outside, return inside and vacuum

12. Report and record observations according to agency policy.

Assessment: Cleaning Bedrooms

Attempt #:

Comments:

Completed Date:

Signature:

# Cleaning Kitchens Performance Checklist

## CLEANING KITCHENS

---

1. Review the client's care plan for instructions and preferences.
2. Check supplies and equipment
3. **Clean surfaces** (counters, stovetops, tables)
  - Wipe surfaces with hot, soapy water. Dry.
    - Stubborn counter stains: use baking soda.
  - If contaminated with raw poultry, meat, fish, or eggs: scrub with disinfectant and rinse with boiling water. Dry with paper towel.
  - Wipe table and placemats with a second hot, soapy cloth. Dry
4. **Clean toaster/toaster oven**
  - Unplug the appliance.
  - Turn it upside down and gently shake to remove crumbs. Wipe up the crumbs.
  - Remove crumb tray and wash, if necessary, in warm soapy water. Dry carefully and replace in the toaster.
5. **Clean microwave oven**
  - To soften stains/grease splatters: place a cup of water into the microwave and microwave on High for 90 seconds.
  - With hot soapy water or diluted vinegar, wash the inside of the microwave thoroughly. Dry with a clean cloth or paper towel
6. **Clean cutting boards**
  - Wash with hot, soapy water. Rinse and pat dry with paper towels
  - If contaminated with raw poultry, meat, fish, or eggs: scrub with disinfectant and rinse with boiling water. Dry with paper towel.
7. **Wash dishes**
  - Scrape food off plates.
  - First: Wash glassware and mugs. Rinse well in hot water.
  - Second: Wash plates, bowls, utensils. Rinse well in hot water.
  - Last: pots and pans. Soak pots and pans in hot water if necessary to remove stuck food. Rinse well in hot water.
  - Place items on a drying rack to air dry. *Air drying is cleaner than towel drying.*

## 8. Using a dishwasher

- Read instructions or ask the client/family member to demonstrate its use.
- Scrape food off plates.
- Places glasses and mugs in washer upside down. Typically, on the top rack.
- Do not stack items on top of one another. Do not overfill
- Check with the client before putting pots and pans in the washer.
- Do not put the following in the washer: electrical appliances, delicate glasses, fine china, sharp knives, cast iron, wood, or most plastics.
- Use only dishwasher detergent. **Do not use other soaps or detergents.**

## 9. Clean Kitchen Sink

- Clean with hot, soapy water and scouring powder.
- If contaminated with raw poultry, meat, fish, or eggs: scrub with disinfectant and rinse with boiling water. Dry with paper towel.
- Wipe taps with hot, soapy cloth. Dry with paper towel.

## 10. Clean the Refrigerator

- Open containers and check for expired food, do not look fresh, or were made more than 2 days ago. With client's permission, discard items that fit the above criteria.
- Remove items from shelves, one shelf at a time.
- Remove a shelf, wash with a hot soapy cloth. Dry with paper towel or a clean cloth.
- Replace the clean and dry shelf; replace items on the shelf before moving on to the next shelf.
- Clean the drawers and inside of door.
- Clean all inside surfaces of the refrigerator.
- Place a small bowl or partially opened box of baking soda to absorb odours.
- Wipe the outside of the door and the handles of the refrigerator.

## 11. Dispose of Waste

- Wearing gloves, remove, sort, and discard garbage, recyclables, and organics. Place in garage, apartment chute, or per client's preference.
- Place recyclables and organics in the appropriate container per client's preference and municipal guidelines.
- Check with the client for preferences on recycling papers, cans, bottles, etc.
- Wash the empty garbage and organics container can with paper towels and hot, soapy water. Dry with paper towels
- Place a fresh bag in the container(s).

## 12. Clean Kitchen Floors

- Sweep the floors
- Damp mop the floors (unless it is hardwood; check with client for preferences).

## 13. Report and record observations according to agency policy.

Assessment: Cleaning Kitchens	
Attempt #:	
Comments:	
Completed Date:	
Signature:	

## PERSONAL CARE



## *Hand Hygiene Performance Checklist*

- Hand Sanitizer
- Remove jewelry and wristwatch.
- Apply hand sanitizer to hands, rubbing all surfaces, including between fingers.
- Allow hands to dry.

### HAND WASHING

---

- Remove jewelry and wristwatch. Remove long-sleeved clothing.
- Stand at sink without touching sink with hands or uniform.
- Prepare paper towel.
- Regulate water flow and adjust water temperature to warm without splashing.
- Wet hands and lower arms, keeping them lower than the elbows. Apply antiseptic liquid soap to hands.
- Lather hands and apply friction to all skin surfaces for at least 15 seconds including wrists; interlace fingers; rub fingernails in palms; rub thumbs in hands. Use orange stick if available.
- Rinse thoroughly, keeping hands below elbows.
- Use enough paper towel to pat dry hands from fingers to wrists and forearms. Discard used paper towel properly.
- Dispense more paper towel and use to turn off water. Discard paper towel properly.

Assessment: Cleaning Hands

Attempt #:

Comments:

Completed Date:

Signature:

## *Applying Personal Protective Equipment (PPE) Performance Checklist*

### APPLYING PPE

---

- Check care plan for direction and client needs. Perform hand hygiene.
- Prepare equipment and supplies.

Apply protective wear in order:

- Apply isolation gown with opening at the back and edges overlapping. Tie gown at the waist and neck.
- Apply mask to fit snugly over mouth and nose. Avoid touching mask while being worn.
- Apply eye protection/face shield if needed.
- Apply gloves with cuffs over the gown cuffs.

Enter client's room.

- Explain procedure. Provide privacy. Perform procedure.
- Provide for safety and comfort. Tidy area. Restock room as needed with another caregiver handing supplies at the door.

Remove protective equipment in order:

- Untie front strings.
- Remove gloves and perform hand hygiene.
- Untie neck strings.
- Carefully fold arms of gown to wrists, remove gown by rolling into a ball (inside out) and discard.
- Perform hand hygiene.
- Remove mask (first untie bottom mask string) without touching outer mask and then discard.
- Do not remove any equipment from isolation room.
- Perform hand hygiene.
- Document and report pertinent information related to procedure and client.

Assessment: Applying PPE

Attempt #:

Comments:

Completed Date:

Signature:

## Oral Care Performance Checklist

### ORAL CARE

---

Check care plan for direction and client needs. Perform hand hygiene. Explain the procedure to the client. Assess the client's status before undertaking the activity. Provide for privacy. Provide oral care in accordance with the "Brushing Up On Mouth Care" manual.

Collect gloves and items:

- Soft toothbrush
- Toothpaste
- Dental floss
- Mouthwash
- Cup
- Water
- Kidney basin
- Towel
- Paper towel
- Lip lubrication (if preferred)
- Arrange items on top of over bed table.
- Raise bed to a comfortable working height. Lower the bed rail near you if up.
- Place the towel over the client's chest.
- Adjust the over bed table so you or the client can reach it with ease.
- Put on gloves.
- Check the person's mouth for abnormalities. Report and record any abnormalities.
- Assist client as necessary.

Natural Teeth – brush minimum once daily

- Apply toothpaste to the toothbrush. Hold the toothbrush over the kidney basin; pour some water over the brush.
- Brush teeth at a 45° angle.
- Brush the person's teeth and tongue gently from back to front; massage gums with toothbrush at a 45° angle; rinse the mouth with water or mouth rinse. Hold the kidney basin or bowl under the person's chin to spit. Dry mouth with gauze if trouble with spitting.
- Floss the person's teeth using an up and down motion along the side of each tooth.

No Natural Teeth

- Gently brush tongue and palate.
- Gently massage gums with soft toothbrush at 45° to gums.
- Provide mouth rinse or other solution. Hold the kidney basin or bowl under the chin to spit.

#### To Finish

- Dry lips and apply lip lubricant. Remove the towel when done. Adjust the over bed table next to the bed. Rinse toothbrush and air-dry.
- Perform hand hygiene. Provide for safety and comfort. Tidy area.
- Report and record actions and observations according to agency policy.

Assessment: Oral Care

Attempt #:

Comments:

Completed Date:

Signature:

## Unable to Swallow Oral Care Performance Checklist

### ORAL CARE FOR THE CLIENT WHO IS UNABLE TO SWALLOW OR IS UNCONSCIOUS

- Check care plan for direction and client needs. Perform hand hygiene. Explain the procedure to the client. Assess the client's status before undertaking the activity. Provide for privacy.
- Collect and prepare supplies for oral care. Raise bed to comfortable height, lower side rail.
- Apply disposable gloves. Check mouth for abnormalities.

#### Positioning:

- Unconscious person on side with head turned well toward dependent side with head of bed lowered unless contraindicated. Place a kidney basin under the person's chin.
- For a conscious person who is unable to swallow, assist to an upright sitting position or side lying position.
- Place towel under client's head and chin.
- For an unconscious person: carefully separate upper and lower teeth/gums with padded tongue blade or commercial spacer.

#### Cleaning

- Clean mouth using a soft brush dipped in mouth rinse. Brush teeth or massage gums at a 45° angle. Brush tongue and palate. Dry teeth/tongue/palate with gauze.
- Apply a thin layer of water-soluble lubricant or client's lip balm to lips. Rinse toothbrush and air-dry.
- Reposition client and provide for safety and comfort. Perform hand hygiene. Tidy area.
- Report and record actions and observations according to agency policy.

#### Assessment: Oral Care for Client Who is Unable to Swallow or is Unconscious

Attempt #:

Comments:

Completed Date:

Signature:

## *Care of Dentures Performance Checklist*

### CARE OF DENTURES

---

Check care plan for direction and client needs. Perform hand hygiene. Explain the procedure to the client. Provide for privacy.

Prepare supplies:

- Gloves
- Denture brush or toothbrush
- Denture cup
- Denture cleaning agent
- Water glass
- Mouth rinse (or other specified solution)
- Kidney basin
- Towel
- Paper towels
- Gauze squares

Prepare Client

- Raise bed to comfortable height, lower side rail nearest you.
- Place a towel over the client's chest. Put on gloves. Ask the person to remove the dentures and place in the kidney basin or denture cup. Check mouth for abnormalities. Complete oral hygiene.

If the client is unable to do:

- Remove the dentures using gauze.
- Grasp the upper denture with thumb and index finger.
- Move the denture up and down slightly to break the seal. Gently remove the denture once seal was broken.

To Clean

- Place it in the kidney basin, bowl, or denture cup.
- Remove the lower denture by grasping it with your thumb and index finger.
- Turn it slightly and lift it out of the person's mouth.
- Take the kidney basin, denture cup, brush, and cleaning agent to the sink. Line the sink with a towel or paper towel. Rinse each denture under warm (not hot) running water. Check

each denture for problems. Return them to the denture cup.

- Apply liquid soap to the brush. Brush the dentures. Rinse dentures under running water, using warm or cool water. Place them in the denture cup and fill it with cool water.
- Clean the kidney basin or bowl. Bring the denture cup and kidney basin to the client. Lower the bed rail if up.

If the client is unable to insert dentures:

- Grasp the upper denture firmly with thumb and index finger.
- Raise the upper lip with the other hand, and insert the denture.
- Use index finger to gently press securely in place.
- Grasp the lower denture securely with thumb and index finger.
- Pull down slightly on the lower lip, and insert the denture.
- Store the dentures in a safe location if they are not worn.
- Soak dentures overnight in cool water with 1 tsp. bleach or denture cleansing product. Rinse denture before placing back in mouth.
- Remove the towel. Perform hand hygiene. Provide for safety and comfort. Tidy area.
- Report and record actions and observations according to agency policy.

#### Assessment: Care of Dentures

Attempt #:

Comments:

Completed Date:

Signature:



## *Shaving the Client Performance Checklist*

### SHAVING THE CLIENT

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Prepare supplies:

- Electric shaver or safety razor
- Basin
- Washcloth
- Towel
- Paper towel
- Shaving cream
- Soap or lotion
- Tissue
- Gloves

Prepare Client

- Raise bed to comfortable height, lower side rail nearest you. Raise the head of the bed.
- Place a towel over the client's chest. Put on gloves.

If using a blade shaver:

- Tighten the razor blade to the shaver.
- Wash the person's face. Do not dry.
- Wet a washcloth or face towel with warm water. Wring it out.
- Apply the washcloth or towel to the face for a few minutes.
- Apply shaving cream; one side at a time with your hands or use as having brush to apply lather.
- Hold the skin taut with one hand.
- Shave in the direction of hair growth.
- Use shorter strokes around the chin and lips.
- Rinse the razor often. Shake off excess water and lather.
- Apply direct pressure to any bleeding area.
- Wash off remaining shaving cream or soap.
- Dry with a towel.

- Apply aftershave or other product if person prefers.
- Hand hygiene.

If using an electric shaver:

- Put on gloves.
- Make sure the face is dry.
- Hold skin taut with one hand.
- Turn on razor.
- Place the razor over the hair growth.
- Move the razor back (single head) and forth or in a circular pattern (2 or more heads).
- Apply direct pressure to any bleeding area.
- Apply aftershave or other product if person prefers.

For legs and underarms :

- Shave using longer strokes against the direction of hair growth.

Final Steps

- Apply aftershave lotion or a product of the client's preference. Discard disposable razor into sharps container. Remove the towel and gloves.
- Perform hand hygiene. Provide for safety and comfort. Tidy area.

Assessment: Shaving the Client

Attempt #:

Comments:

Completed Date:

Signature:

## *Hair Care Performance Checklist*

### ASSISTING THE CLIENT WITH HAIR CARE

---

Check care plan for direction and client needs.

- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client.
- Provide privacy.
- Put on gloves if risk of contact with blood or body fluid.

Collect the following:

- Comb and brush
- Bath towel
- Mirror
- Other grooming items according to client's culture and/or preference

Place the towel across the person's shoulders.

- Part the hair into 2 sections.
- Divide one side into 2 sections.
- Brush each section.
- Start at the scalp, and brush toward the hair ends.
- If tangled or matted, start at ends of hair and work toward the scalp.
- For curly hair, use a wide tooth comb and comb from the hairline upward.

Caring for a wig:

- Shampooing – Smooth out a straight hair wig or fluff a curly hair wig with a wire brush or pick. Wash in cool water using wig shampoo or baby shampoo. Immerse and soak for 2 minutes. Rinse well, squeeze out excess water – do not twist wig.
- Drying – Towel blot and air dry. Do not use dryer or other source of heat.
- Storing – Store on head stand to maintain shape. Cover with hair net if available. Do not store near heat source or in humid areas.

Shampooing Client's Hair:

- Collect the following: comb and brush, 2 bath towels, shampoo, conditioner, waterproof pad, shampoo tray, pitcher containing warm water, bucket
- Place the waterproof pad and shampoo tray under the head and shoulders. Place a bath

towel across the shoulders.

- Comb hair to remove snarls and tangles.
- Hold a dampened washcloth over the eyes. It should not cover the nose or mouth. Use the pitcher or nozzle to wet the hair.
- Use a small amount of shampoo. Work up a lather with both hands. Start at the hairline. Work toward the back of the head, or, for the person leaning forward, start at the back of the head and work toward the hair line.
- Massage the scalp with fingertips.
- Rinse the hair. Apply conditioner. Rinse the hair. Squeeze water from the person's hair.
- Cover hair with a bath towel. Rub the hair and scalp with the towel.
- Dry the person's face with the towel.
- Dry and style the hair.
- Perform hand hygiene.
- Provide for safety and comfort.
- Tidy area.
- Report and record actions and observations according to agency policy.

#### Assessment: Assisting the Client with Hair Care

Attempt #:

Comments:

Completed Date:

Signature:

## *Nail and Foot Care Performance Checklist*

### ASSISTING THE CLIENT WITH NAIL AND FOOT CARE

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy. Collect basin, towels, clippers and orange stick, soap and warm water. Put on gloves. Apply face mask and goggles as necessary.

#### Fingernail Care:

- Soak client's fingers in basin for no more than 5 minutes. Remove the basin. Dry the hands and between the fingers thoroughly.
- Clean under fingernails with orange stick. Use a towel to wipe the orange stick after each nail.
- Clip fingernails straight across with nail clippers, clip the nails in a gentle curve so that the nails are even with or just below the tips of the fingers, according to the client's care plan and following employer's policies.
- Perform hand hygiene.

#### Foot Care:

- Place the basin on the bathmat. Assist client to put the feet into the basin.
- Soak for no more than 5 minutes if not contraindicated.
- Wash the feet with soap and a washcloth. Rinse the feet and between the toes. Remove the feet from the basin.
- Clean under nails with orange stick.
- Dry thoroughly, especially between the toes. Use a towel to wipe the orange stick after each nail. Clip toenails straight across only if client has been assessed and approved by RN/LPN supervisor and according to agency policy. Do not clip toenails immediately after soaking feet.
- With nail clippers, clip the nails in a gentle curve *only* if the client has been assessed and approved by RN/LPN supervisor and according to agency policy. If the client's foot has been soaking, wait 5 to 10 minutes before starting with nail care.
- File toenails with emery board.
- Apply lotion to the tops and soles of the feet. Do not apply lotion between the toes.
- Provide for safety and comfort. Remove gloves. Perform hand hygiene. Tidy area.
- Report and record actions and observations according to agency policy.

**Assessment: Assisting the Client with Nail and Foot Care**

Attempt #:

Comments:

Completed Date:

Signature:

## *Complete Bed Bath Performance Checklist*

### COMPLETE BED BATH INCLUDING PERINEAL CARE AND BACK MASSAGE

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Prepare equipment and supplies:

- Basin
- Gloves
- Washcloths
- Towels
- Waterproof pad
- Soap
- Paper towels
- Medicated, non-medicated lotions/creams
- Other equipment as preferred by client.
- Offer client bedpan or urinal.

Cleaning

- Perform hand hygiene. Raise bed to a comfortable working height. Lower side rail and position client supine toward side closest to you.
- Drape client with bath blanket and remove top covers. Remove gown without exposing client.
- Place towel across shoulders. Wash client's eyes from inner to outer canthus with plain warm water. Dry gently using a separate washcloth for each eye. Repeat washing as needed.
- Wash, rinse, and dry forehead, cheeks, nose, neck and ears.
- Remove bath blanket from client's arm. Place towel lengthwise under arm. Support arm at the elbow; wash arm, shoulder, and axilla.
- Place basin on folded bath towel beside client. Immerse client's hand in water for 3 – 5 minutes (optional). Wash hand making sure to wash well between fingers, dry well.
- Repeat for the other arm.
- Cover client's chest with bath towel. Wash, rinse, dry well, paying special attention to skin folds under breasts. Change bath water, as necessary.
- Position bath towel to cover chest & abdomen. Wash, rinse, dry abdomen well giving special attention to umbilicus & abdominal folds.

- Expose far leg and place bath towel under leg. Wash, rinse & dry well. Then, place the towel under the client's feet. Wash the client's feet. Repeat for the other leg and foot. Change bath water as necessary.
- Cover client with blanket, raise side rail & change bath water.
- Position client in a side lying position.
- Lower side rail & place bath towel lengthwise along client's back. Wash, rinse, & dry back from neck to buttocks.

Provide back massage.

- Expose back, shoulders, upper arms and buttocks only.
- Warm lotion.
- Stroke up from buttocks to the shoulders using long strokes.
- Knead skin by grasping skin between your thumb and fingers. Start at buttocks and move up to shoulder and then down from shoulder to buttocks. Repeat on other half of the back.
- Repeat steps for 3 – 5 minutes.
- Position client in a supine position. Rotate bath blanket to diamond shape to expose only genitalia. Change wash cloth and bath water.

Perform Perineal Care:

- For females: Position client in a supine position. Assist client to flex knees & spread legs. Place bath towel under buttocks. Separate labia majora and in the first stroke, wash the labia on the side farthest from you. Clean downward from top to bottom with one stroke. The second stroke should then wipe the labia closest to you. Use a separate section of the cloth for each stroke and stroke in only one direction, from top to bottom. Using a clean section of the cloth, perform the third stroke, wiping down the centre of the perineum, cleaning from the pubic area toward the rectal area in one stroke. Cleanse thoroughly around the clitoris and vaginal orifice.
- For males: Place bath towel under penis. Retract foreskin if uncircumcised. Wash tip of penis using circular motion from urinary meatus outward toward base of penis. Rinse & dry well. Inspect skin. Return foreskin to natural position. Gently bathe scrotum, rinse & dry well. Dispose of soiled washcloth & gloves.
- Assist client to lateral position. Wash anal area from front to back. Rinse & dry well.
- Cover client with bath blanket & raise side rail. Dispose of soiled gloves, washcloth & towel. Perform hand hygiene.
- Apply deodorant, lotion and non-medicated lotions, creams, or ointments as directed by care plan.
- Report and record actions and observations according to agency policy.

Assessment: Complete Bed Bath, Perineal Care and Back Massage

Attempt #:

Comments:

Completed Date:

Signature:



## *Tub Baths and Showers Performance Checklist*

### ASSISTING WITH TUB BATHS AND SHOWERS

---

- Check care plan for direction and client needs.
- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client. Provide for privacy. Do not leave client alone during procedure.
- Follow agency policy to ensure tub/shower is clean before and after use and the floors are dry before client enters the area.
- Check equipment for safety prior to using.
- Place rubber bathmat in tub if available.
- Obtain additional assistance if needed.
- Wash hands and apply gloves.
- Assist client with transfer to tub or shower as directed by care plan.
- Adjust water temperature to a comfortable setting – no more than 40.5C. Direct water away from client while adjusting temperature. Allow client to check water temperature when possible.
- Direct water spray toward the client during the shower.
- Place items in client's reach if able to wash him/herself or wash client in order as bed bath.
- Place a damp washcloth over client's eyes and shampoo the client's hair.
- Drain tub, assist client to dry, cover client with a large bath towel or bath blanket. Assist out of tub/shower.
- Assist client with deodorant and other products according to client preference. Apply non-medicated lotions, creams, and ointments as directed by the care plan. Assist client to dress. Dry and style hair.
- Perform hand hygiene. Provide for safety and comfort. Tidy area.
- Report and record actions and observations according to agency policy.

Note: Whirlpool – Theory delivered. Student to demonstrate skill during Skills Development Clinical Placement.

**Assessment: Assisting with Tub Baths and Showers**

Attempt #:

Comments:

Completed Date:

Signature:

## *Caring for Assistive Devices Performance Checklist*

### CARING FOR ASSISTIVE DEVICES: EYEGLASSES AND HEARING AIDS

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Explain procedure to client.

Care of eyeglasses:

- Remove glasses by holding the part of the frame sitting on both ears; lift frame off the ears and bring the glasses down and away from the face.
- Wash lenses with warm water and dry with soft tissue or cloth according to client's preference.
- Holding the frame that sits on both ears, gently replace glasses.
- Store glasses in their case in a safe place when not in use.

Care of hearing aids:

- Remove hearing aid from behind the ear or gently pull the ear up and back to remove aid from in the ear.
- Observe for damage, clogs or moisture.
- Wipe hearing aid with dry soft cloth or hearing aid brush to remove visible debris. Do not get aid wet.
- Using the tools from the manufacturer clean the small tubes to remove any hardened wax.
- Turn the hearing aid off and check batteries are in and replace as needed. Remove batteries when not in use.
- Place hearing aids in their case and store in a safe place when not in use.
- To replace hearing aid – pull ear up and back and insert aid into ear.
- Report and record actions and observations according to agency policy.

Assessment: Caring for Assistive Devices: Eyeglasses and Hearing Aids

Attempt #:

Comments:

Completed Date:

Signature:

## *Anti-Embolism/Compression Garments Performance Checklist*

### COMPRESSION GARMENTS: STOCKINGS AND ARM SLEEVES

- Check care plan to determine type and size of sleeve or stocking to apply.
- Explain procedure to client. Assess the client's status before undertaking the activity.
- Wash hands and collect supplies.
- Provide for privacy.
- Raise bed to comfortable working height.
- Lower bed rail on side nearest to you.
- Place client in a supine position.

#### Stockings

- Expose the leg; turn the garment inside out down to the heel.
- Slide the foot of the stocking over the toes, foot and heel.
- Assess the toe and heel opening before pulling stocking up.
- Grasping the top of stocking, pull it up the leg.
- The stocking must be even and snug with no wrinkles, twists or creases. Avoid rubbing legs to smooth stocking.

#### Arm Sleeve

- Fold the sleeve in half; slide the folded sleeve on up to the elbow.
- Pull the folded part of the sleeve onto the upper arm to just below the axilla.
- The seam should be towards the back of the arm across the elbow.
- Perform hand hygiene. Provide for safety and comfort. Tidy area.
- Report and record actions and observations according to agency policy.

Assessment: Compression Garments: Stockings and Arm Sleeves

Attempt #:

Comments:

Completed Date:

Signature:

## *Bedpan and Urinal Assistance Performance Checklist*

### ASSISTING THE CLIENT – BEDPAN AND URINAL

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#### Steps

- Check care plan for direction and client needs.
- Perform hand hygiene.
- Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.
- Request help as needed.
- Determine appropriate type of bedpan to use.
- Check if a specimen is required.
- Collect equipment: bedpan, waterproof pad, tissue, and gloves.
- Raise bed to a comfortable working height.
- Ensure that client is properly positioned.
- Position bed as flat as can be tolerated by client.
- Remove upper bed linens.
- Have client roll to the opposite side or assist client to roll to the opposite side.
- Place waterproof pad under the client's buttocks.
- Press bedpan into mattress and have client roll back onto bedpan.

#### Alternate method – if client is able:

- Instruct client to flex knees and hips.
- Place waterproof pad under buttocks.
- Place bedpan under client's buttocks.
- Raise client's head (unless contraindicated).
- Ensure that client is comfortable, and bedpan is properly placed.
- Replace upper linens over client for warmth and privacy.
- Place call signal and toilet tissue within reach.
- Ensure that bed is in its lowest position and side rails up.
- Allow client privacy but monitor status.
- Remove gloves and wash hands.
- Respond to client's call signal immediately.

- Position client's bedside chair for bedpan placement.
- Collect necessary supplies (basin of warm water, toilet tissue, and washcloths as needed).
- Apply gloves. Remove the upper linens and assist client to wipe perineal area as needed.
- Lower head of bed. Remove the bedpan.
- Have (or assist) client roll to opposite side and maintain stability of bedpan.
- Wipe anal area.
- Cover bedpan and remove.

#### Alternatively

- Have client flex knees and lift hips.
- Cover and remove bedpan.
- Offer partially soapy face cloth and hand towel for client to wash hands. Return client to comfortable position. Lower bed to lowest position and raise side rails as needed.
- Empty contents of bedpan – measure and/or obtain specimen as required. Rinse bedpan. Remove gloves and perform hand hygiene.

#### Urinal for male clients:

- Collect equipment – urinal, gloves and waterproof pad if used.
- Assist client to sit on side of bed and to standing position if able.
- Give client the urinal or position urinal if client unable to.
- If client is unable to stand, assist him to a comfortable position.
- Position the urinal and place penis in the urinal if client unable to.
- Provide for privacy and safety. Wash hands.
- Respond to call signal. Apply clean gloves, assist client to remove urinal as necessary. Assist client with hand washing.
- Take urinal to bathroom and empty, note output if ordered. Rinse urinal with cold water and clean with disinfectant.
- Perform hand hygiene.
- Provide for safety and comfort.
- Tidy area.
- Report and record observations according to agency policy.

#### Assessment: Assisting the Client: Bedpan and Urinal

Attempt #:

Comments:

Completed Date:

Signature:

# *Application of Incontinent Devices Performance Checklist*

## APPLICATION OF INCONTINENT DEVICES

---

### Prepare

- Check care plan for direction and client needs.
- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client.
- Provide for privacy.
- Request help as needed.

### Steps

- Collect correct type and size of product, linens, basin and soap and tissue.
- Apply gloves.
- Remove soiled briefs and appropriately discard.
- Perform peri-care and wash buttocks.
- Remove gloves and perform hand hygiene.

### For pull on briefs:

- Standing client: Assist client to place briefs over feet and legs. Pull briefs up for standing client.
- For client lying: Ask client to raise hips, pull briefs up.
- For client who is unable to lift hips: Pull briefs over legs, turn client on side, pull brief up over buttocks, turn client to other side and repeat.

### For tabbed briefs:

- Standing client: Place briefs and fasten Velcro or sticky tabs. Pull up client's outer garment.
- For client lying: Ask client to raise hips, place brief under buttocks, ask client to place hips back on bed; bring front of brief to the front of client and fasten tabs.
- For client who is unable to lift hips: Turn client on side, tuck brief under hip and bring over buttocks, turn client to other side and repeat. Position client on his/her back. Bring front of brief to the front of client and fasten tabs.

### To Finish

- Perform hand hygiene.
- Provide for safety and comfort.
- Tidy area.
- Report and record observations according to agency policy.

Assessment: Application of Incontinent Devices

Attempt #:

Comments:

Completed Date:

Signature:



## *Assisting Client to a Commode or Toilet Performance Checklist*

### ASSISTING CLIENT TO A COMMUNE OR TOILET CHECKLIST

---

#### Prepare

- Check care plan for direction and client needs.
- Perform hand hygiene.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client.
- Provide for privacy.
- Request help as needed.
- Collect equipment: commode, tissue, blanket, transfer belt if being used and gloves.
- Place the commode next to the bed at 45° angle.

#### Steps

- Help client to sit on the side of the bed. Assist the client to put on appropriate footwear.
- Assist the client to the commode using a transfer belt if necessary or assist to bathroom.
- Cover client with a blanket.
- Place the call bell and toilet tissue within reach. (Stay with the client, if necessary, providing as much privacy as possible).
- Remove gloves. Wash hands. Leave the room and close door.
- Respond to client's call signal. Wash hands. Put on gloves. Help the client with peri-care as needed.
- Assist client from commode and with hand hygiene.
- Remove and cover the commode container. Take the container to the bathroom. Empty, clean and disinfect. Obtain specimen if ordered.
- Return the commode to its proper place.
- Remove soiled gloves.

#### To finish

- Perform hand hygiene.
- Provide for safety and comfort.
- Tidy area.
- Report and record observations, according to agency policy.

**Assessment: Assisting the Client to a Commode or Toilet**

Attempt #:

Comments:

Completed Date:

Signature:

# *Colostomy or Ileostomy Change Performance Checklist*

## CHANGING A COLOSTOMY OR AN ILEOSTOMY POUCH

---

### Prepare

- Check care plan for direction and client needs.
- Perform hand hygiene.
- Apply gloves.
- Assess the client's status before undertaking the activity.
- Explain the procedure to the client.
- Provide for privacy.
- Check pouch to determine if routine care or changing is needed.
- If not changing pouch, collect syringe or cup, warm water, tissue and bedpan for routine care. Remove clamp and empty contents of pouch into bedpan or toilet, rinse with water to remove debris, and replace clamp.

### Gather equipment for changing pouch:

- Pouch
- Measuring device
- Scissors
- Skin barrier
- Powder or paste if client prefers
- Basin of warm water
- Towel
- Washcloth
- Toilet tissue
- Bedpan

### Steps

- Position client correctly and comfortably.
- Place towel across lower abdomen.
- Remove used pouch and skin barrier. Place in bedpan.
- Wipe away stool with tissue.

- Gently clean peristomal skin using warm water and soft cloth, pat dry.
- Observe stoma and peristomal skin for color and condition.
- Measure stoma using guide if required.
- Cut opening, apply paste or powder if client uses, remove backing from barrier and apply without gaps. Smooth barrier with hand for approximately 30 seconds to 1 minute.
- Secure clamp to pouch.
- Properly dispose of old pouch and soiled equipment.

To finish

- Perform hand hygiene.
- Provide for safety and comfort.
- Tidy area.
- Report and record observations, according to agency policy.

Assessment: Changing a Colostomy or an Ileostomy Pouch

Attempt #:

Comments:

Completed Date:

Signature:

## *Providing Catheter Care Performance Checklist*

### PROVIDING CATHETER CARE

---

Check care plan for direction and client needs. Perform hand hygiene. Apply gloves. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Collect the following items for perineal care:

- Gloves
- Waterproof pad
- Catheter clamp
- Leg bag, if using

Raise bed to a comfortable working height. Empty drainage bag and note color, consistency and amount of urine (measure).

Lower the bed rail near you. Cover the person with a blanket. Drape the person for perineal care. Place the waterproof pad under the buttocks. **Perform perineal care.**

Apply soap to a clean, wet washcloth. Clean the catheter from the meatus down the catheter about 10 cm using one stroke. Do not tug or pull on the catheter. Repeat as needed with a clean area of the washcloth. Use a clean washcloth if needed.

Rinse the catheter. Rinse from the meatus down the catheter about 10 cm (4 inches), using one stroke. Do not tug or pull on the catheter. Repeat as needed with a clean area of the washcloth. Use a clean washcloth if needed.

Secure the catheter. Coil and secure tubing. Remember to keep catheter lower than the bladder. Secure drainage bag to bed.

Change to leg bag: Clamp the catheter, let urine drain from below the clamp site into the drainage tubing. Place the waterproof pad under the leg. Disconnect the catheter from the drainage tubing. Do not let anything touch the ends. Wipe the end of the catheter and leg bag tubing with an antiseptic wipe if contaminated. Connect the tubing into the catheter. Secure the leg bag to the client's leg. Apply sterile cap to catheter drainage bag. Discard the old drainage bag per agency policy.

Applying and removing a condom catheter: follow the first four steps. Apply gloves.

- To remove: remove the tape and roll condom off the penis and discard. Provide perineal care.
- To apply: Remove the backing from condom. Roll the condom onto the penis leaving a 1-inch space between condom and catheter. Secure condom with the tape from the package (elastic tape), applying in a spiral and not completely around penis. Connect to drainage bag.

Return the bed to its lowest position. Replace bed rails.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Clean and return equipment to its proper place. Discard disposable items.

Report and record observations according to agency policy.

Assessment: Providing Catheter Care

Attempt #:

Comments:

Completed Date:

Signature:

## *Specimen Collection Performance Checklist*

### SPECIMEN COLLECTION

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Collect equipment:

- Bedpan
- Urinal
- Commode
- Hat-specimen pan (if using)
- Toilet tissue
- Gloves
- Equipment for peri-care.
- Sterile specimen container and antiseptic wipes for mid-stream urine specimen.

Prepare equipment and assist client with perineal care as needed. Perform hand hygiene and put on gloves.

Collect specimen:

Random Urine Specimen

- Ask client to urinate into receptacle. Remind client not to put tissue into the receptacle.
- Label the specimen container with client's name, and other information according to policy.
- Apply gloves. Pour 120 ml of urine into the specimen container. Discard remainder of urine.
- Place/store specimen according to policy or supervisor's instructions.

Midstream Urine Specimen

- Obtain sterile specimen container and label as in second step above. Perform hand hygiene and apply gloves.
- Provide perineal care; using the antiseptic wipe (or cloth with antiseptic solution) clean around the urinary meatus (front to back for female, circular motion for male)
- Open the lid to the specimen container taking care not to touch the inside of the lid or the container.
- Ask the client to void; hold the container to collect the urine to approximately 60 ml; allow the client to finish voiding.
- Place lid on container; store specimen according to policy or supervisor's instructions.

Stool Specimen

- Perform hand hygiene and apply gloves.
- Collect equipment see step 2: tongue blade, appropriate specimen container labeled with client's information according to policy.
- Remind client to void first so the specimen is not contaminated with urine. Assist client to bedpan/commode or toilet (with specimen pan). Instruct client not to put toilet tissue into the receptacle.
- Collect about 30 ml of stool (from the middle of the stool) using a tongue blade and place into specimen container, replace lid and put specimen into plastic bag.
- Discard remaining stool/tongue blade and tissue.
- Store specimen according to policy or supervisor's instructions.

Discard gloves and perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations according to agency policy.

#### Assessment: Specimen Collection

Attempt #:

Comments:

Completed Date:

Signature:



# *Dressing and Undressing the Client Performance Checklist*

## DRESSING AND UNDRESSING THE CLIENT

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Collect clothing as requested by client.

Raise the bed to a comfortable working height. Place the client in the supine position.

Do not expose the client during the procedure. Undress unaffected side first.

Back-opening garments:

- Slide the garment onto the arm and shoulder of the unaffected side.
- Slide the garment onto the arm and shoulder of the affected side.
- Raise the client's head and shoulders. Bring the sides of the garment to the back.

If the client is in the side-lying position:

- Turn the client toward you. Bring one side of the garment to the client's back.
- Turn the client away from you. Bring the other side of the garment to the client's back.
- Fasten buttons, zippers, etc. Place the client in the supine position.

Front-opening garments:

- Slide the garment onto the arm and shoulder on the affected side.
- Raise the client's head and shoulders.
- Bring the side of the garment around to the back.
- Help the client lie down. Slide the garment onto the arm and shoulder of the unaffected arm.

If the client is not able to raise head and shoulders:

- Turn the client toward you. Tuck the garment under the client.
- Turn the client away from you. Pull the garment out from under the client.
- Turn the client back to the supine position. Slide the garment over the arm and shoulder of the unaffected side.
- Fasten buttons, zippers, etc.

Pullover garments:

- Place the client in the supine position. Bring the neck of the garment over the head.
- Slide the arm and shoulder of the garment onto the client's affected side.
- Raise the client's head and shoulders. Bring the garment down. Slide the arm and shoulder of the garment onto the unaffected side.

Place socks and footwear on the client.

Place pants on the client

- Slide the pants over the feet and up the legs. Ask the client to raise hips and buttocks off the bed and bring the pants up over the buttocks and hips.

If the client is not able to raise the hips and buttocks:

- Turn the client onto the unaffected side. Pull the pants over the buttock and hip on the affected side.
- Turn the client onto the affected side. Pull the pants over the buttock and hip on the unaffected side.
- Place the client in the supine position.
- Fasten buttons, zipper, and belt if worn.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Undressing the Client: Upper body clothing to remove front-opening garments

- Undo buttons, etc.
- Slide the garment off the shoulder and arm on the unaffected side. Raise the client's head and shoulders. Bring the garment over to the affected side. Lower the client's head and shoulders. Remove the garment from the affected side.

If you cannot raise the client's head and shoulders:

- Turn the client toward you. Tuck the removed part of the garment under the client. Turn him or her onto the side away from you.
- Pull the side of the garment out from under the client. Make sure he or she will not lie on it when supine. Return the client to the supine position. Remove the garment from the affected side.

Undressing the Client: Lower body clothing

- Remove footwear.
- Loosen buttons, etc. Remove belt if worn.
- Ask client to lift hips and buttocks up off the bed.
- Slide the pants down over the hips and buttocks.

If the client cannot lift his/her hips off the bed:

- Turn the client toward their affected side. Slide the pants off the hip and buttock on the unaffected side.
- Turn the client toward their unaffected side. Slide the pants off the hip and buttock on the affected side.
- Slide the pants down the legs and over the feet.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations according to agency policy.

Assessment: Dressing and Undressing the Client

Attempt #:

Comments:

Completed Date:

Signature:

## Feeding a Client Performance Checklist

### FEEDING A CLIENT

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Position client in the fowlers position, or upright in a chair. Drape a napkin across the client's chest & lap.

Prepare the food for eating. Tell the client what foods are on the tray. Consider client's preferences.

Serve foods in the order the client prefers. Alternate between solid and liquid foods. Use a teaspoon for safety. Fill spoon 1/3 to 1/2 full. Allow time for chewing. Do not rush the client.

Sit at eye level with client. Focus on the client during the meal. Talk with the client and encourage the client to eat. Wipe the client's mouth with a napkin as soon as a spill occurs.

Assisting the visually impaired client with a meal: Tell the client the location of foods and fluids on the table or tray by using numbers on the clock to identify the location. If the client is being fed, describe what they are being fed.

Note how much was eaten, and which foods were eaten. Measure and record intake, if ordered. Remove the tray.

Assist client to wash face and hands. Assist with oral hygiene.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations according to agency policy.

#### Assessment: Feeding a Client

Attempt #:

Comments:

Completed Date:

Signature:

## **SKILLS AND MEDICATIONS**

### **LABORATORY SKILLS**

# *Measuring Height and Weight Performance Checklist*

## MEASURING HEIGHT AND WEIGHT

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Ask the client to void.

Bring the scale and paper towels to the person's room, or if client is able, assist to scale.

Balance Beam Scale:

- Place paper towel on platform.
- Raise the height rod.
- Move the weights to zero (0). The pointer is in the middle.
- Have the person remove their footwear. Assist as needed.
- Help the person stand on the scale platform
- Move the weights until the balance pointer is in the middle.
- Record the weight on your notepad.
- Ask the person to stand straight.
- Lower the height rod until it rests on the person's head.
- Record the height on your notepad.
- Disinfect the scale platform after use according to employer policy.

Chair Scale:

- Transfer from the wheelchair to the chair scale.
- Make sure to position feet on the foot platform.
- Move the weights until the balance pointer is in the middle.
- Record the weight.

Electronic Scale::

- Zero the scale.
- Assist client onto scale as in Balance Beam scale steps.
- Record weight.

Return scale to its proper place. Clean or disinfect according to agency policy.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations according to agency policy.

Assessment: Measuring Height and Weight

Attempt #:

Comments:

Completed Date:

Signature:

# *Measuring Temperature and Pulse Performance Checklist*

## MEASURING TEMPERATURE, PULSE RESPIRATIONS, PULSE OXIMETRY

---

Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Collect equipment:

- thermometer
- probe cover
- watch
- pulse oximeter and sensor
- tissue
- towel

Temperature:

For an oral temperature, ask the person not to eat, drink, smoke or chew gum for at least 20 minutes before.

- Position the person for an oral, axillary or tympanic temperature.
- Insert the probe or thermometer tip into disposable cover.

Oral Temperature

- Ask the client to open mouth and raise the tongue.
- Place the tip of the thermometer at the posterior of the tongue.
- Ask the client to lower the tongue and close their mouth.
- Instruct the client not to talk or bite down.
- Remove at 3 minutes or when alarm indicates it is completed. Remove and discard probe cover.
- Note temperature. Report and record temperature.

Tympanic Temperature:

- Ask the client to turn head so that the ear is in front of you.
- Pull up and back on the ear to straighten the ear canal (with children pull the ear down and forward).
- Gently insert the probe making sure the probe seals the ear canal.



- Press timer button and remove from ear when alarm sounds. Remove and dispose of probe cover.
- Note temperature. Report and record temperature.

#### Axillary Temperature:

- Assist the client to remove arm from the sleeve without exposing client.
- Dry the axilla with the towel.
- Place the tip of the thermometer in the center of the axilla, pointing upward.
- The tip of the probe is in contact with the client's skin.
- Ask the client to place their arm over the chest to hold the thermometer in place or hold the thermometer in place if client cannot do it.
- Keep the thermometer in place until alarm sounds indicating it is completed.
- Remove thermometer. Remove and discard probe cover.
- Note temperature. Report and record temperature.
- Assist client to replace sleeve.

Record name and temperature on notepad noting the temperature site: A for axillary, T for tympanic, or O for oral.

#### Radial Pulse:

- Have the person sit or lie down.
- Locate the radial pulse using index and middle fingers.
- Note rate and rhythm.
- Count the pulse for 30 seconds. Multiply the number of beats by 2; or count the pulse for 1 minute if required by agency policy.
- Count the pulse for 1 minute if irregular.
- Record on notepad noting the strength of the pulse and if it was regular or irregular.

#### Respirations

- Continue to hold the client's wrist after taking the radial pulse.
- Begin counting when the chest rises. Count each rise and fall of the chest as 1 respiration.
- Count for 30 seconds noting rate, depth and regularity. Multiply number of breaths by 2.
- If respirations are abnormal or irregular, count for full minute.
- Record respiratory rate and other observations on notepad.

#### Pulse Oximetry

- Ensure client is not wearing nail polish.
- Check that sensor cable is connected to the oximeter and clip sensor to finger.
- Turn on the oximeter and ensure alarms are turned on.
- Compare client's radial pulse to pulse on display, note any discrepancy and report to supervisor.
- Read the SpO2 and document according to policy.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations, according to agency policy.

Assessment: Measuring TPR and Pulse Oximetry

Attempt #:

Comments:

Completed Date:

Signature:

## *Measuring Blood Pressure Performance Checklist*

### MEASURING BLOOD PRESSURE

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Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Collect the following equipment:

- Blood pressure cuff
- Stethoscope
- Antiseptic wipes

Wipe the stethoscope ear pieces and diaphragm with the wipes.

Have the person sit or lie down. Make sure the room is quiet. Ask the person not to speak while you measure the blood pressure.

Position the person's arm level with the heart, the palm up.

Stand no more than 1 metre (3 feet) away from the manometer.

Expose the upper arm. Squeeze the cuff to expel any remaining air. Close the valve on the bulb.

Find the brachial artery at the inner aspect of the elbow.

Place the arrow on the cuff over the brachial artery. Wrap the cuff around the upper arm at least 2.5 cm (1 inch) above the elbow. Make sure cuff is even and snug.

Locate the radial or brachial pulse. Inflate the cuff until you can no longer feel the pulse. Note this point. Deflate cuff. Place the diaphragm over the brachial artery. Do not place it under the cuff.

Place the stethoscope earpieces in your ears. Inflate the cuff 30 mm Hg beyond the point where you no longer felt the pulse.

Deflate the cuff at an even rate of 2 to 4 mm per second. Turn the valve counterclockwise to deflate the cuff.

Note the point where the first sound was heard – this is the systolic reading.

Continue to deflate the cuff. Note the point where the sound disappears – this is the diastolic reading.

Deflate the cuff completely. Remove it from the person's arm. Remove the stethoscope. Clean the earpieces and diaphragm with the wipes.

Perform hand hygiene. Provide for safety and comfort. Tidy area.

Report and record observations, according to agency policy.

**Assessment: Measuring Blood Pressure**

Attempt #:

Comments:

Completed Date:

Signature:

## *Oxygen Therapy Performance Checklist*

### OXYGEN THERAPY

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Check care plan for direction and client needs. Perform hand hygiene. Assess the client's status before undertaking the activity. Explain the procedure to the client. Provide for privacy.

Check area for fire safety when oxygen is in use.

Check that the prescribed oxygen flow is being administered.

Report to the emergency contact when the prescribed oxygen flow rate is not being administered. (The agency RN supervisor and/or the oxygen vendor.)

Adjust the oxygen flow rate under the direction of the oxygen vendor and/or emergency contact and in accordance with the posted flow rate.

In the event of a power/equipment failure, set up a back-up oxygen system.

Remove the mask or nasal cannula during the delivery of relevant personal care and reapply it after care is given.

Clean equipment such as masks, nasal cannula and tubing when necessary, according to client schedule and agency policy.

Able to switch from concentrator to O<sub>2</sub> tank in case of emergency.

Document observations according to agency or facility policy.

Assessment: Oxygen Therapy

Attempt #:

Comments:

Completed Date:

Signature:

## *Application of Medicated Creams Performance Checklist*

### SKILL APPLICATION OF MEDICATED TOPICAL CREAMS, OINTMENTS AND DROPS

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Check care plan and/or refer to nurse for direction. Understands the intent of the medication and the outcomes to be achieved. CCA only applies topical medications approved by the employer/supervisor.

Demonstrates knowledge of ten rights of medication administration:

- the right medication
- the right person
- the right dose
- the right route
- the right time
- the right day
- the right reason
- the right expiry date
- the right documentation
- and the right education

Check the medication administration record for client's name, medication name, dose, route and instructions for the medication to be applied. Check the time and date it was last given. Perform hand hygiene. Gather equipment: medication, gloves, tissues (cotton balls for ears), and tongue blade if used for skin creams or ointments; basin with warm water, washcloth, towel, and other supplies as needed.

Identify client and explain the procedure. Ensure the client understands the purpose of the medicated creams, ointments, or drops. Provide for privacy. Perform hand hygiene and apply gloves.

Check expiry dates on medication. Apply the medication as prescribed. Wash and dry skin before applying medication. Wash debris from eyes, or ears if present. Perform hand hygiene and apply clean gloves.

Creams, ointments or lotions

- Squeeze medication from tube or use tongue blade to take cream/ointment from container.
- Spread small quantity smoothly and evenly with gloved hand over affected area.

Eye drops or ointments

- Ensure correct eye for medication. Tilt client's head slightly backward. Pull lower lid down with non-dominant hand, instruct client to look up. Ensure dropper or tube does not touch the eye or skin.
- Drop prescribed number of drops onto inside of lower eyelid. Apply pressure to inner corner of the eye for a few seconds.
- For ointment, pull lower lid down, instruct client to look up, squeeze ribbon of ointment along middle third of lower lid. Instruct client to close eyelids.
- Give client tissue to remove excess medication from eyes.

#### Ear drops or ointments

- Ensure correct ear for medication. Position client on side. Lift ear (pinna) upward and outward for adult (downward and back for small child). Ensure dropper does not touch the ear.
- Drop the prescribed number of drops into the ear canal.
- Gently massage the tragus.
- Place cotton ball in the ear.

Return medication to storage location. Provide for safety and comfort. Remove gloves. Perform hand hygiene.

Observe the client's response to the medicated creams, ointments, or drops. Report to the nurse when responses are new or different from expected.

Document in the medication administration record; date and time of application.

- Document on client's record: observations of the client's response, and communication with client, family, other care providers or employer.

#### Assessment: Skill Application of Medicated Topical Creams, Ointments, and Drops

Attempt #:

Comments:

Completed Date:

Signature:

# **NUTRITION AND MEAL PREPARATION LABORATORY SKILLS**



# *Meal Preparation – Breakfast Performance Checklist*

## MEAL PREPARATION: BREAKFAST

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### Planning

- Check care plan for allergies or dietary restrictions.
- Consider client preferences and type of diet ordered.
- Consider staple and food availability when planning meal.
- Include choices from all food groups when planning meal.
- Consider portion sizes as per Canada Food Guide.

### Preparation

- Demonstrate and maintain appropriate hand/personal hygiene.
- Maintain safety and sanitation of food and eating areas.
- Prepare meals using a variety of cooking methods.
- Prepare food textures according to care plan.
- Dispose of garbage, compost and recyclables in proper containers.

### Serving Meal

- Prepare table for meal according to client's needs.
- Safely deliver food to table.
- Serve hot food while hot and cold food while cold.

Assist client with eating as necessary.

### After Meal

- Clear the table after the meal. Rinse and wash the dishes in hot soapy water and dish soap or rinse and place in the dishwasher.
- Dispose of garbage, compost and recyclables in proper containers.
- Safely store leftovers in appropriate containers. Label containers with date and time they were stored.
- Wipe off cooking surfaces, counters and appliances with clean soapy water and dry.

Return client to bed or chair. Perform hand hygiene. Provide for safety and comfort. Tidy area.

Measure intake if required. Report and record observations, according to agency policy.

**Assessment: Meal Preparation – Breakfast**

Attempt #:

Comments:

Completed Date:

Signature:

# *Meal Preparation – Main Meal Performance Checklist*

## MEAL PREPARATION: MAIN MEAL

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### Planning and Participation

- Check care plan for allergies or dietary restrictions.
- Consider client preferences and type of diet ordered.
- Participate within a group to plan grocery list, and shop on a limited budget.
- Consider client's stage of development when planning meal for appropriate food choice for client.
- Include choices from all the food groups when planning meal.
- Identify safety measures in the kitchen.
- Demonstrate awareness of fire safety in the kitchen.

### Preparation

- Demonstrate portion sizes as per Canada Food Guide.
- Demonstrate and maintain appropriate hand/personal hygiene.
- Maintain safety and sanitation of food and eating areas.
- Prepare basic food items indicated in nutrition handbook.
- Prepare meals using a variety of preparation techniques.
- Prepare meals using a variety of cooking methods.
- Prepare food textures according to care plan.
- Prepare meal with limited food available or use leftovers to make a different meal.
- Dispose of garbage, compost and recyclables in proper containers.

### Serving Meal

- Prepare table for meal according to client's needs.
- Safely deliver food to table.
- Serve hot food while hot and cold food while cold.

Assist client with eating as necessary.

### After Meal

- Clear table after meal, rinse and wash dishes in hot soapy water and dish soap or rinse and place in dishwasher. Set and start dishwasher if used.

- Dispose of garbage, compost and recyclables in proper containers.
- Safely store leftovers in appropriate containers. Label containers with date and time they were stored.
- Wipe off cooking surfaces, counters and appliances with clean soapy water and dry.

Assist client to chair, ensure safety and comfort.

Wash hands.

Measure intake if required. Report and record observations according to agency policy.

Assessment: Meal Preparation – Main Meal

Attempt #:

Comments:

Completed Date:

Signature:

## **ADDITIONAL LABORATORY SKILLS ATTEMPTS**

## *Additional Attempt Forms*

Assessment:

Attempt #:

Comments:

Completed Date:

Signature:

Assessment:

Attempt #:

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Completed Date:

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Signature:



*Additional Comments Forms*

Additional Comments

Skill:  
Instructor:  
Date:

Additional Comments

Skill:  
Instructor:  
Date:

## *Important Links*

CCA Scope of Practice and CCA Competency Framework	<a href="https://www.novascotiacc.ca/about-us/scope-of-practice-and-cca-competency-framework/">https://www.novascotiacc.ca/about-us/scope-of-practice-and-cca-competency-framework/</a>
Program Fees	<a href="https://www.nsc.ca/programs-and-courses/programs/programfees/program.aspx?pfid=81">https://www.nsc.ca/programs-and-courses/programs/programfees/program.aspx?pfid=81</a>
NSCC APA Subject Guide	<a href="https://subjectguides.nsc.ca/apa-7-ed">https://subjectguides.nsc.ca/apa-7-ed</a>
NSCC Research Subject Guide	<a href="https://subjectguides.nsc.ca/Research/Documentation">https://subjectguides.nsc.ca/Research/Documentation</a>
APA Quick Reference Guide	<a href="https://subjectguides.nsc.ca/ld.php?content_id=35548338">https://subjectguides.nsc.ca/ld.php?content_id=35548338</a>

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