

Nurse Aide Guide for Success

Trainee Name: _____

Recommend that you find a positive coworker that you go to for advice and clarification of duties as needed.

I. Customer Service

- Customer Service and serving residents and families in a courteous manner _____
- Greet All Residents, Families, and Visitors with a Smile _____
- Internal Customer Service (Other Departments) _____
- Serving people in a professional, courteous manner _____
- Telephone courtesies _____
- Uniforms (clean, pressed, including wearing of name tag) _____
- Conduct toward fellow employees – Teamwork _____
- Review of Facility/Corporate Mission Statement _____
- Familiarize yourself with management staff – Chain of Command _____
- Health and Personal Confidentiality – Discussions of staff/ residents _____
- HIPAA regulations related to Social Media (Facebook, Twitter, etc.) _____

II. General Information

- Facility Code of Conduct _____
- Time clock procedures _____
- Arrival and Leave per scheduled time _____
- Cameras are located throughout the facility for your safety and security _____
- Pay days _____
- Schedule Location and call in and time off procedures _____
- Personal telephone/Cellphone/Camera/Bluetooth use _____
- Break Policy _____
- General tour of the facility _____
- Schedule Location, Call-in, and Request Procedures _____
- Activity Responsibilities _____
- Familiarize yourself with facility policy and procedures for Resident's with dementia and/or behavioral issues. _____

III. Essential Job Functions

General Duties

- CNA Shift Report/Walking Rounds _____
- Shift Routine/Assignment _____
- Location of Supplies and Linens/Clean and Dirty _____
- Communication:
 - Shift report with Nurse _____
 - Change of Condition Reporting (Confusion, Pain, Skin, Bowels, Urine, ADL function, Weight Loss) _____
 - Call Light System and Responsibilities _____
 - Reporting Maintenance Issues _____
 - Complaint Reporting _____
- Abuse and Neglect Reporting _____
- Oral and Nail Care _____
- Skin care/incontinent program and turning schedule _____
- Emergency Transportation/Appointment Responsibilities _____
- Therapy & Restorative Responsibilities (gait belt use) _____
- How to Call for Emergency Assistance _____
- End of life care for expired residents _____
- What time do certain tasks need to be completed (bed making, hydration/snacks) _____
- How do I find out specific care for my residents? (Side rails, wheelchair cushion, adaptive equipment and fall precautions/transfer needs) _____

Continues



Dietary

- Dietary slips (diet/fluid orders) _____
- Meal intake documentation _____
- Dining Rooms – Seating Chart & Table Set Up _____
- Hall Trays/Set up and Supervision _____
- Snack/Hydration Times and Procedures _____
- Infection Prevention Procedures _____

Documentation

- Flow sheets and Tracking Logs - paper and electronic (ADL's/Behaviors) _____
- Location of Charts and Care Plans _____
- Admissions, Transfers & Discharges – Responsibilities _____
 - Weights and Heights _____

Equipment

- Scales – weighing guideline/procedures _____
- Whirlpool tub _____
- Mobility monitors-Fall Alarm _____
- Respiratory _____
- Oxygen tanks _____
- Oxygen concentrator _____
- Low beds, scoop mattress _____
- Side Rails & Fall Prevention Techniques _____
- Emergency Cart/AED _____
- Transfer equipment (Hoyer Lift, sit to stand) _____
- Fire pulls station and extinguisher _____

IV. Safety

- Fire Training _____
- Material Safety Data Sheet Awareness -- Ensure all hazards items (Shave cream, hand gel, toothpaste, razors, etc.) are secured _____
- Incident/Accident Reporting - Report any accidents immediately to supervisor _____
- Proper emergency and first aid procedures _____
- Eye Wash Station _____
- Review of Disaster Preparedness Procedures _____
- Wander Guard System – potential exit seeking residents _____

V. Infection Control

- Procedures for Universal Precautions _____
- Procedures for Isolation _____
- Appropriate use of Personal Protective Equipment (PPE) _____
- Hand washing and Glove Use _____
- Use of a hopper with PPE (soiled utility) _____
- Handling Clean and Dirty Linen _____
- Shower Rooms and Equipment – Cleaned and Sanitized between each resident _____
- Location and Procedure for Infectious Waste _____

If using this form as part of orientation have staff member sign and date:

Employee: _____ **Date:** _____

