

## COVID-19 Personal Care Attendant Simulation/Competency Check-Off

Name \_\_\_\_\_

PROCEDURES	(✓) and Initials of Observer Indicate Competence Per Return Demonstration
<b>Hand Hygiene:</b>	
<b>Hand wash</b> ( <i>Wash hands when visibly soiled or prior to giving care-Duration of entire procedure: 40-60 seconds</i> )	
Turn on faucet with a clean paper towel.	
Adjust water to acceptable temperature.	
Angle arms down holding hands lower than elbows. Wet hands and wrists.	
Apply enough soap to cover all hand and wrist surfaces. Work up a lather.	
Rub hands palm to palm.	
Right palm over top of left hand with interlaced fingers and vice versa.	
Palm to palm with fingers interlaced.	
Backs of fingers to opposing palms with fingers interlocked.	
Rotational rubbing, of left thumb clasped in right palm and vice versa.	
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Clean finger nails (Minimum duration of 20 seconds).	
Rinse hands with water down from wrists to fingertips.	
Dry thoroughly with single use towels.	
Use towel to turn off faucet and discard towel.	
<b>Hand rub-</b> <i>Duration of Entire Procedure: 20-30 seconds</i>	
Apply a quarter sized amount of the product in a cupped hand and cover all surfaces.	
Rub hands palm to palm.	
Right palm over left dorsum with interlaced fingers and vice versa.	
Palm to palm with fingers interlaced.	
Backs of fingers to opposing palms with fingers interlocked.	
Rotational rubbing of left thumb clasped in right palm and vice versa.	
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. (Minimum duration of 10 seconds).	
Allows hands to dry.	
<b>Gloving</b>	
Wash hands.	
If right-handed, slide one glove on left hand (reverse, if left-handed).	
With gloved hand, slide opposite hand in the second glove.	
Interlace fingers to secure gloves for a comfortable fit.	
Check for tears/holes and replace glove, if necessary.	

If wearing an isolation gown, pull the cuff of the gloves over the sleeves of the gown.	
Perform procedure.	
Remove first glove by grasping outer surface of other glove, just below cuff and pulling down.	
Pull glove off so that it is inside out.	
Hold the removed glove in a ball of the palm of your gloved hand. Do not dangle the glove downward.	
Place two fingers of ungloved hand under cuff of other glove and pull down so first glove is inside second glove.	
Dispose of gloves without touching outside of gloves and contaminating hands.	
Wash hands.	
<b>Gowning</b>	
Wash your hands.	
Open gown and hold out in front of you. Let the clean gown unfold without touching any surface.	
Slip your hands and arms through the sleeves and pull the gown on.	
Tie neck ties in a bow.	
Overlap back of the gown and tie waist ties.	
Put on gloves; extend to cover wrist of gown.	
Perform procedure.	
Remove gloves.	
Untie the neck, then waist ties	
Pull away from neck and shoulders, touching inside of gown only.	
Fold gown with clean side out and place in laundry or discard if disposable.	
Wash your hands.	
<b>Masking</b>	
Wash your hands.	
Place upper edge of the mask over the bridge of your nose and tie the upper ties. If mask has elastic bands, wrap the bands around the back of your head and ensure they are secure.	
Place the lower edge of the mask under your chin and tie the lower ties at the nape of your neck.	
If the mask has a metal strip in the upper edge, form it to your nose.	
Perform procedure.	
If the mask becomes damp or if the procedure takes more than 30 minutes, you must change your mask.	
If wearing gloves, remove them first.	
Wash your hands.	
Untie each set of ties and discard the mask by touching only the ties. Masks are appropriate for one use only.	
Wash your hands.	

<b>Resident Observed Fallen or On the Floor (Falling or Fainting)</b>	
Call for nurse and stay with resident.	
Check if resident is breathing.	
Do not move resident. Leave in same position until the nurse examines the resident.	
Talk to resident in calm and supportive manner.	
Apply direct pressure to any bleeding area with a clean piece of linen.	
Take pulse and respiration.	
Assist nurse as directed. Check resident frequently according to facility policy and procedures. Assist in documentation.	
<b>Choking-Heimlich Maneuver</b>	
Call for nurse and stay with resident.	
Ask if resident can speak or cough.	
If not able to speak or cough, move behind resident and slide arms under resident's armpits.	
Place your fist with thumb side against abdomen midway between waist and ribcage.	
Grasp your fist with your other hand.	
Press your fist into abdomen with quick inward and upward thrust.	
Repeat until object is expelled.	
Assist with documentation.	
<b>Initial Steps- Applicable Every Time the Resident Room is Entered</b>	
Ask nurse about resident's needs, abilities and limitations, if necessary and gather necessary supplies.	
Knock and identify yourself before entering the resident's room. Wait for permission to enter the resident's room.	
Greet resident by name per resident preference.	
Identify yourself by name and title.	
Explain what you will be performing; encourage resident to help as able.	
Gather supplies and check equipment.	
Close curtains, drapes and door. Keep resident covered, expose only area of resident's body necessary to complete procedure.	
Wash your hands.	
Wear gloves as indicated by Standard Precautions.	
Use proper body mechanics. Raise bed to appropriate height and lower side rails (if raised).	
<b>Final Steps/Observations to Report to the Nurse-Applicable Every Time the Resident Room is Exited</b>	
Remove gloves, if applicable, and wash your hands.	
Be certain resident is comfortable and in good body alignment. Use proper body mechanics.	
Lower bed height and position side rails (if used) as appropriate.	
Place call light and water within resident's reach.	
Ask resident if anything else is needed.	
Thank resident.	
Remove supplies and clean equipment according to facility procedure.	

Open curtains, drapes and door according to resident's wishes.	
Perform a visual safety check of resident and environment.	
Report unexpected findings to nurse.	
Document procedures according to facility procedure.	
<b>Oral Temperature (Electronic)</b>	
Do not take oral temperature for a resident who is unconscious, uses oxygen, or who is confused/disoriented.	
Remove thermometer from storage/ battery charger.	
Perform initial steps.	
Position resident comfortably in bed or chair.	
Put on disposable sheath and place thermometer under the tongue and to one side, press button to activate the thermometer.	
The resident should be directed to breathe through their nose.	
Instruct resident to hold thermometer in mouth with lips closed. Assist as necessary.	
Leave thermometer in place until signal is heard, indicating the temperature has been obtained.	
Read the temperature reading on the face of the electronic device, remove the thermometer, discard the sheath, and record the reading.	
Perform final steps.	
Return thermometer to storage/battery charger.	
Report unusual reading to nurse.	
<b>Axillary Temperature</b> - <i>Often taken when inappropriate to take an oral temperature; particularly if resident is confused or combative</i>	
Remove thermometer from storage/ battery charger.	
Perform initial steps.	
Position resident comfortably in bed or chair.	
Put on disposable sheath, remove resident's arm from sleeve of clothing/gown, wipe armpit and ensure it is dry. Hold thermometer in place with end in center of armpit and fold resident's arm over chest.	
Press button to activate the thermometer.	
Hold thermometer in place until signal is heard, indicating the temperature has been obtained.	
Read the temperature reading on the face of the electronic device, remove the thermometer, discard the sheath, and record the reading.	
Assist the resident to return arm through sleeve of clothing/gown.	
Perform final steps.	
Return thermometer to storage/battery charger.	
Report unusual reading to nurse.	
<b>Unoccupied Bed</b>	
Perform initial steps	
Collect clean linen in order of use.	
Carry linen away from your uniform	
Place linen on clean surface (bedside stand, over bed table or back of chair).	

Place bed in flat position.	
Loosen soiled linen. Roll linen from head to foot of bed and place in barrel/hamper at door or room or in bag and place at foot of bed or seat of chair.	
Fanfold bottom sheet to center of bed and fit corners.	
Fanfold top sheet to center of bed.	
Fanfold blanket over top sheet.	
Tuck top linen under foot of mattress and miter corner.	
Move to other side of bed.	
Fit corners of bottom sheet, unfold top linen, tuck it under foot of mattress, and miter corner.	
Fold top of sheet over blanket to make cuff.	
With one hand, grasp the clean pillow case at the closed end, turning it inside out over your arm.	
Using the same hand that has the pillow case over it, grasp one narrow edge of the pillow and pull the pillow case over it with your free hand.	
Place the pillow at head of bed with open edge away from the door.	
<u>For open bed:</u> make toe pleat and fanfold top linen to foot of bed with top edge closest to center of bed.	
<u>For closed bed:</u> pull bedspread over pillow and tuck bedspread under lower edge of pillow. Make toe pleat.	
Removed soiled linens.	
Perform final steps.	
<b>Assist Resident to Move to Head of Bed</b>	
Perform initial steps. Ask another CNA to assist you if needed.	
Lower head of bed and lean pillow against head board. Adjust bed height as needed.	
Ask resident to bend knees, put feet flat on mattress.	
Place one arm under resident's shoulder blades and the other arm under resident's thighs. If a draw sheet or pad is under resident, 2 caregivers should grasp the sheet or pad firmly, with trunk centered between hands.	
Ask resident to push with feet on count of three.	
Place pillow under resident's head.	
Perform final steps.	
<b>Assisting Resident to the Supine Position</b>	
Perform initial steps.	
Lower head of bed.	
Move resident to head of bed if necessary.	
Position resident flat on back with legs slightly apart.	
Align resident's shoulder and hips.	
Use supportive padding and/or float heels, if necessary.	
Perform final steps.	
<b>Assisting Resident to the Lateral Position</b>	
Perform initial steps.	

Place resident in supine position.	
Move resident to side of bed closest to you.	
Cross resident's arms over chest.	
Slightly bend knee of nearest leg to you or cross nearest leg over farthest leg at ankle.	
Place your hands under resident's shoulder blade and buttock. Turn resident away from you onto side.	
Place supportive padding behind back, between knees and ankles and under top arm.	
Perform final steps.	
<b>Assisting Resident to the Fowler's Position</b>	
Perform initial steps.	
Move resident to supine position.	
Elevate head of bed 45 to 60 degrees.	
Use supportive padding if necessary.	
Perform final steps.	
<b>Occupied Bed</b>	
Perform initial steps	
Collect clean linen in order of use.	
Carry linen away from your uniform	
Place linen on clean surface (bedside stand, over bed table or back of chair).	
Lower head of bed and adjust bed to a safe working level, usually waist high. Lock bed wheels.	
Drape the resident	
The caregiver will make the bed one side at a time. The caregiver will raise the side rail on far side of bed (if rail not in use, ensure there is a second caregiver on the opposite side of the bed to ensure that the resident does not roll over the side of bed). Assist resident to turn onto side moving away from you toward raised side rail (or second caregiver).	
Loosen bottom soiled linen on the side of bed on which you are working.	
Roll bottom soiled linen toward resident and tuck it snugly against the resident's back.	
Place clean bottom linen on unoccupied side of bed and roll remaining clean linen under resident in the center of the bed.	
Smooth bottom sheet out and ensure there are no wrinkles. Roll all extra material toward resident and tuck it under the resident's body.	
Raise the side rail nearest you (or remain in place if a second caregiver is being utilized) and assist the resident to turn onto clean bottom sheet. Move to opposite side of bed, as resident will now be facing away from you.	
While resident is lying on side, loosen soiled linen and roll linen from head to foot of bed, avoiding contact with your skin or clothing.	
Place soiled linen in barrel/hamper or bag at foot of bed or on seat of chair.	
Pull clean bottom linen as was done on the opposite side.	
Assist resident to roll onto back, keeping resident covered and comfortable.	

Unfold the top sheet placing it over the resident. Request the resident to hold the clean top sheet. While slipping the bath blanket or previous sheet out from underneath the clean sheet.	
Assist resident with blanket over the top sheet and tuck the bottom edges of the top sheet and blanket under the bottom of the mattress. Miter the corners and loosen the top linens over the resident's feet.	
Remove pillow and remove the soiled pillow case by turning it inside out.	
With one hand, grasp the clean pillow case at the closed end, turning it inside out over your arm.	
Using the same hand that has the pillow case over it, grasp one narrow edge of the pillow and pull the pillow case over it with your free hand.	
Place the pillow under resident's head with open edge away from the door.	
Assist resident to comfortable position and return the bed to the appropriate position.	
Removed soiled linens from room – carrying away from uniform.	
Perform final steps.	
<b>Sit on Edge of Bed Prior to Transfer to Chair</b>	
Perform initial steps.	
Adjust bed height to lowest position.	
Move resident to side of bed closest to you.	
Raise head of bed to sitting position, if necessary.	
Place one arm under resident's shoulder blades and the other arm under resident's thighs.	
On count of three, slowly turn resident into sitting position with legs dangling over side of bed.	
Allow time for resident to become steady. Check for dizziness – 10-15 seconds.	
Assist resident to put on shoes or slippers.	
Move resident to edge of bed so feet are flat on floor.	
Perform final steps.	
<b>Using a Gait Belt to Assist with Ambulation</b>	
Perform initial steps.	
Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness. Assist resident to put on non-skid socks / footwear.	
Place belt around resident's waist with the buckle in front (on top of resident's clothes) and adjust to a snug fit ensuring that you can get your hands under the belt. Position one hand on the belt at the resident's side and the other hand at the resident's back.	
Assist the resident to stand on count of three.	
Allow resident to gain balance. Ask the resident if dizzy.	
Stand to side and slightly behind resident while continuing to hold onto belt.	
Walk at resident's pace.	
Return resident to chair or bed and remove belt.	
Perform final steps.	
<b>Transfer to Chair</b>	
Perform initial steps.	

Place chair on resident's unaffected side. Brace firmly against side of bed.	
Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness. Assist resident to put on non-skid socks / footwear.	
Stand in front of resident and apply gait belt around resident's abdomen.	
Grasp the gait belt securely on both sides of the resident.	
Ask resident to place his hands on your upper arms.	
On the count of three, help resident into standing position by straightening your knees.	
Allow resident to gain balance, check for dizziness.	
Move your feet 18 inches apart and slowly turn resident.	
Lower resident into chair by bending your knees and leaning forward.	
Align resident's body and position foot rests. Remove gait belt.	
Perform final steps.	
<b>Transfer to Wheelchair</b>	
Perform initial steps.	
Place wheelchair on resident's unaffected side. Brace firmly against side of bed with wheels locked and foot rests out of way.	
Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness. Assist resident to put on non-skid socks / footwear.	
Stand in front of resident and apply gait belt around the resident's abdomen	
Grasp the gait belt securely on both sides of the resident.	
Ask resident to place his hands on your upper arms.	
On the count of three, help resident into standing position by straightening your knees. Stand toe to toe with resident	
Allow resident to gain balance, check for dizziness.	
Move your feet to shoulder width apart and slowly turn resident.	
Lower resident into wheelchair by bending your knees and leaning forward.	
Align resident's body and position foot rests. Remove gait belt.	
Unlock wheels. Transport resident forward through open doorway after checking for traffic.	
Transport resident up to closed door, open door and back wheelchair through doorway.	
Take resident to destination and lock wheelchair.	
Perform final steps.	
<b>Walking</b>	
Perform initial steps.	
Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness. Assist resident to put on non-skid socks / footwear.	
Apply gait belt. Assist resident to stand on count of three.	
Allow resident to gain balance, check for dizziness.	
Stand to side and slightly behind resident. Holding the gait belt at the resident's back.	
Walk at resident's pace.	
Perform final steps.	
<b>Assist with Walker</b>	

Perform initial steps.	
Assist resident to sit on edge of bed. Encourage resident to sit for a few seconds to become steady. Check for dizziness. Assist resident to put on non-skid socks / footwear.	
Place walker in front of resident as close to the bed as possible. Apply gait belt.	
Have resident grasp both arms of walker. Holding the gait belt at the resident's back.	
Brace leg of walker with your foot and place your other hand on top of walker.	
Assist resident to stand on count of three, check for balance and dizziness.	
Stand to side and slightly behind resident.	
Have resident move walker ahead 6 to 10 inches, then step up to walker moving the weak or injured leg forward to the middle of the walker while pushing down on the handles of the walker, and then bringing the unaffected leg forward even with the weak/injured leg.	
Perform final steps.	
<b>Bed Bath/Perineal Care</b>	
Perform initial steps.	
Offer resident urinal or bedpan.	
Provide Resident privacy.	
Fill bath basin with warm water and have resident check water temperature for comfort, if able.	
Put on gloves. Cover with bath blanket and lower top sheet to foot of bed.	
Fold washcloth and wet.	
Gently wash eye from inner corner to outer corner, using a different part of cloth to wash other eye.	
Wet washcloth and apply soap, if requested. Wash, rinse and pat dry face, neck, ears and behind ears.	
Remove resident's gown.	
Place towel under far arm.	
Wash, rinse and pat dry hand, arm, shoulders and underarm.	
Repeat steps with other arm.	
Place towel over chest and abdomen. Lower bath blanket to waist.	
Lift towel and wash, rinse and pat dry chest and abdomen.	
Pull up bath blanket and remove towel.	
Uncover and place towel under far leg.	
Wash, rinse and pat dry leg and foot. Be sure to wash, rinse and dry well between the toes.	
Repeat with other leg and foot.	
Change bath water and gloves, wash hands and use clean gloves and towel.	
Assist resident to spread legs and lift knees, if possible.	
Wet and soap folded washcloth.	
<b><u>Catheter Care:</u></b>	

If resident has catheter, check for leakage, secretions or irritation. Gently wipe four inches of catheter from meatus out.	
<b>Perineal Care:</b>	
Wipe from front to back and from center of perineum to thighs. If washcloth is visibly soiled, change cloths.	
<u>For Females:</u>	
<ul style="list-style-type: none"> <li>• Separate labia. Wash urethral area first.</li> <li>• Wash between and outside labia in downward strokes, alternating from side to side and moving outward to thighs. Use different part of washcloth for each stroke.</li> <li>• Rinse off soap and dry using same technique.</li> </ul>	
<u>For Males:</u>	
<ul style="list-style-type: none"> <li>• Pull back foreskin if male is uncircumcised. Wash and rinse the tip of penis using circular motion beginning with urethra.</li> <li>• Continue washing down the penis to the scrotum and inner thighs. Rinse off soap and dry. Return foreskin over the tip of the penis.</li> </ul>	
Change water in basin. Wash hands and change gloves. With a clean washcloth, rinse area thoroughly in the same direction as when washing.	
Gently pat area dry with towel in same direction as when washing.	
Assist resident to lateral position, facing away from you.	
Wet and soap washcloth.	
Clean anal area from front to back. Rinse and pat dry thoroughly.	
Change bath water and gloves. Use clean washcloth and towel.	
Wash, rinse and pat dry from neck to buttocks.	
Return to supine position.	
Wash hands and change gloves	
Help resident put on clean gown.	
Perform Final Steps	
Report any reddened areas, abrasions or bruises to the nurse.	
<b>Dressing a Dependent Resident</b>	
Perform initial steps.	
Assist resident to choose clothing.	
Move resident onto back.	
Provide privacy.	
Guide feet through leg openings of underwear and pants, affected leg first. Pull garments up legs to buttocks.	
Slide arm into shirt sleeve, affected side first.	
Turn resident onto unaffected side. Pull lower garments over buttocks and hip. Tuck shirt under resident.	
Turn resident onto affected side. Pull lower garments over buttocks and hip and straighten shirt.	

Turn resident onto back and slide arm into shirt sleeve, align and fasten garments.	
Perform final steps.	
<b>Application of Incontinent Brief</b>	
Perform initial steps.	
Put on gloves.	
Provide the resident privacy.	
Unfasten and remove brief resident is currently wearing and place in small plastic trash bag for disposal in soiled utility bag.	
Provide perineal care as indicated.	
Wash hands and change gloves.	
Place back of brief under resident's hips, plastic side of disposable brief away from resident's skin.	
Bring front of brief between resident's legs and up to his/her waist.	
Fasten each side of brief and adjust fit.	
Apply resident's clothing.	
Perform final steps.	
<b>Assist to Bathroom</b>	
Perform initial steps.	
Assist resident to put on non-skid socks/ footwear. Apply gait belt.	
Walk with resident into bathroom.	
Assist resident to lower garments and sit.	
Provide resident with call light and toilet tissue if resident has been identified as safe to be provided privacy and not mandated to remain attended by staff.	
Put on gloves.	
Assist resident to wipe area from front to back.	
Remove gloves. Wash hands.	
Assist resident to raise garments.	
Assist resident to wash hands.	
Walk with resident back to bed or chair.	
Perform final steps.	
<b>Urinal</b>	
Perform initial steps.	
Raise head of bed to sitting position.	
Put on gloves.	
Offer urinal to resident or place urinal between his legs and insert penis into opening.	
Cover resident.	
Give resident call light and toilet paper.	
Leave resident and return when called.	
Remove and cover urinal.	
Take urinal to bathroom, check urine for color, odor, amount and characteristics and report unusual findings to nurse.	
Dispose of urine, rinse urinal, sanitize and return urinal according to facility policies.	

Remove gloves. Wash hands	
Assist resident to wash hands.	
Perform final steps.	
<b>Oral Care for the Alert and Oriented Resident</b>	
Perform initial steps. Check with nurse if the resident is on swallowing precautions.	
Raise head of bed so resident is sitting up.	
Put on gloves.	
Drape towel under resident's chin.	
Wet toothbrush and put on apply small amount of toothpaste.	
First brush upper teeth and then lower teeth.	
Hold emesis basin under resident's chin.	
Ask resident to rinse mouth with water and spit into emesis basin.	
If requested, give resident mouthwash diluted with half water.	
Check teeth, mouth, tongue and lips for odor, cracking, sores, bleeding and discoloration. Check for loose teeth. Report unusual findings to nurse.	
Remove towel and wipe resident's mouth.	
Remove gloves.	
Perform final steps.	
<b>Assisting with Hearing Aids</b>	
Perform initial steps.	
Gently clean resident's ear with a damp washcloth. Clean hearing aid of wax and dirt when needed according to manufacturer's instructions.	
Insert hearing aid into resident's ear.	
Assist to adjust the volume control to a desired level.	
Perform final steps.	
Report any abnormalities to nurse.	
Keep hearing aid in safe place when not in use.	
<b>Denture Care</b>	
Perform initial steps.	
Raise head of bed so resident is sitting up.	
Put on gloves.	
Drape towel under resident's chin.	
Remind resident that you are going to remove their dentures. Remove upper dentures by placing your index finger at the ridge on top of the right upper denture and gently moving them up and-down to release suction. Turn lower denture slightly to lift out of mouth.	
Put dentures in denture cup marked with resident's name and take to sink.	
Line sink with towel and fill halfway with water.	
Apply denture cleaner to toothbrush.	
Hold dentures over sink and brush all surfaces.	
Rinse dentures under warm water, place in a clean cup and fill with cool water.	

Clean resident's mouth with swab if necessary. Help resident rinse mouth with water or mouthwash diluted with half water, if requested.	
Check teeth, mouth, tongue and lips for odor, cracking, sores, bleeding and discoloration. Check for loose teeth. Report unusual findings to nurse.	
Help resident place dentures in mouth, if requested. Moisturize the lips.	
Remove gloves.	
Perform final steps.	
<b>Float Heels</b>	
Perform initial steps.	
Lift resident's lower extremity.	
Inspect the skin, especially the heels.	
Place a full pillow under calves, leaving heels in the air and free from pressure. (Perform not use rolled pillows or blankets.)	
Perform final steps.	
<b>Nasal Cannula Care</b>	
Perform initial steps.	
Put on gloves.	
Remove nasal cannula and clean nostrils with a soft cloth or tissue once each shift or as needed.	
Note any redness or irritation of the nares or behind the ears and notify nurse if present. Continue procedure only if instructed.	
Replace nasal cannula. Perform not cinch side up too tightly.	
Remove gloves.	
Perform final steps.	
<b>Assist to Eat</b>	
Perform initial steps. Ask is residents needs to use the bathroom and wash hands.	
Confirm diet card/tray. Check name, diet, utensils and condiments.	
Confirm any adaptive equipment is present, if indicated.	
Assist to protect the resident's clothing, if desired.	
Assist to open carton(s), arrange food items within reach, season foods per resident preference, etc.	
Offer assistance if resident appears to be having difficulty during meal.	
Offer to assist in cleansing resident's hands/face following the meal.	
Assist resident to room or location of choice.	
Perform final steps. Measure I&O's if required.	
<b>Passing Fresh Ice Water</b>	
Perform initial steps.	
Obtain cart, ice container, ice scoop and go to ice machine. Keep ice scoop covered.	
Fill container with ice using ice scoop.	
Replace ice scoop in proper covered container, or cover it with a clean towel or plastic bag to prevent contamination.	

Proceed to resident rooms, noting any fluid restriction(s) prior to pass and any residents who require thickened liquids.	
Empty water from pitcher and bedside glass into the sink. If resident is on I&O's – record intake of water.	
Take pitcher into hall and fill it with ice. NOTE: Do not touch the pitcher with the ice scoop.	
Replace the scoop in covered container, clean towel or plastic bag between rooms to prevent contamination.	
Return to resident's room and fill pitcher with water at bathroom sink, not allowing pitcher to touch faucet.	
Pour fresh water into bedside glass and leave a straw with the glass, if needed.	
Offer the resident a drink of fresh water if resident is present.	
Repeat procedure until all residents have been provided with fresh ice water.	
Perform final steps.	

My signature below indicates competence exhibited upon return demonstration.

\_\_\_\_\_  
 Licensed Nurse Signature \_\_\_\_\_  
Date

I acknowledge that I have exhibited competence, thus approved to complete the above procedures. Should I be requested to perform tasks beyond those for which I have been trained, I must decline and notify my direct supervisor.

\_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
Date