

**KANSAS NURSE AIDE  
Part I – NATCEP Task Checklist**

Trainee's Name \_\_\_\_\_  
Social Security # \_\_\_\_\_

**Complete during the 1st 20hrs of clinicals- Original copy to be given to the student.**

Trainee II status is valid for employment, limited to four months from the beginning date of this approved course. Tasks may be assessed in a licensed adult care home, hospital or laboratory setting.  
**Note: The NATCEP Task Checklist is the property of the trainee. Unless the student is repeating the course, the course instructor should provide it to the trainee upon satisfactory performance.**

| Resident Care  | Date |
|--|------|
| 1. Describe the nurse aide's role and scope of responsibility in delivering resident care. Identify who is responsible for the actions of the nurse aide.  |      |
| 2. Describe how the nurse aide promotes resident rights, including the right to dignity, privacy, and freedom from abuse, neglect and exploitation. Demonstrate respect for resident rights.   |      |
| 3. Describe attitudes and behaviors that promote resident's independence.  |      |
| 4. Describe attitudes and behaviors that enhance communication among trainee, resident, resident's family, and staff. Give examples and/or demonstrate.  |      |
| 5. Describe safety precautions to avoid resident injuries. Describe fire/disaster safety measures.   |      |
| 6. Demonstrate practices that reduce the transfer of infection (including standard precautions) in resident's living area, bathroom, and when handling soiled articles.  |      |
| 7. Demonstrate effective handwashing technique and use of waterless hand cleaner, after contact with body fluids or excretions, before and after resident contact, and when assisting with eating.   |      |
| 8. Use clean (disposable) gloves when in contact with blood, body fluids, broken skin or mucous membrane. Properly remove and dispose of gloves.   |      |
| 9. Demonstrate techniques used to assist resident with eating, encouraging independence. Identify safety precautions. Identify measures to promote fluid intake.   |      |
| 10. Simulate the abdominal thrust (Heimlich maneuver) technique for complete airway obstruction.   |      |
| 11. Assist or provide a bath using shower or tub or sponge bath and bedbath, while (a) encouraging independence and (b) providing privacy, safety, comfortable room and water temperature.   |      |
| 12. Assist and/or dress/undress, while encouraging appropriate personal choices and independence.  |      |
| 13. Assist with urination and bowel elimination needs. Provide for safety and privacy while using toilet, commode, bedpan, or urinal. Demonstrate perineal care.   |      |
| 14. Demonstrate safe transfers using transfer belt and mechanical lift, from (a) bed to chair/wheelchair, (b) chair to toilet/commode. Identify safe body mechanics for personal and resident safety. <b>(Students under 18 should demonstrate ability to assist in use of power lifts, but should not operate lift by him/herself.)</b> |      |
| 15. Demonstrate assisting resident (a) to sitting position, (b) repositioning in bed (turning, moving toward head of bed), (c) log-rolling turn in bed.  |      |
| 16. Assist with ambulation, utilizing assistive devices when needed.   |      |
| 17. Assist and/or provide grooming assistance for resident including oral care (mouth, gums, teeth or dentures), nail care (soaking and filing), hair care (brushing and/or combing), beard care or shaving.   |      |
| 18. Assist and/or provide a shampoo (sink, whirlpool, shower or bed).  |      |
| 19. Describe and demonstrate skin care. Describe what, when and to whom observations are reported.   |      |
| 20. Demonstrate accurate measurement and recording of vital signs (a) temperature, (b) pulse, (c) respirations, (4) blood pressure. Demonstrate accurate measurement and recording of weight and height. Describe what, when and to whom observations are reported.  |      |

**Submit a copy of this form to the WCO [instructor submission link](#) on the day the 1st 20hrs are completed.**

This checklist fulfills Part I of course # \_\_\_\_\_ which began on (date) \_\_\_/\_\_\_/\_\_\_ at (training facility) \_\_\_\_\_ in (city) \_\_\_\_\_. The trainee has demonstrated safe performance of these tasks at a beginning level and will continue with Part II of the Kansas Nurse Aide Training and Competency Evaluation Program.

Instructor Name \_\_\_\_\_ Instructor # \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# **CNA STUDENT ROSTER COMPLETE ON LAST DAY OF CLINICALS**

## **PART 2 ROSTER CHECKLIST**

Refer to the State Roster of students registered for this class.  
List each of those students below listed on that roster.

### **PLEASE PRINT**

|                  |                     |                    |  |   |
|------------------|---------------------|--------------------|--|---|
| Instructor Name: |                     |                    |  |   |
| Clinical Site:   |                     |                    |  |   |
| Approval #       |                     |                    |  |   |
|                  | Students First Name | Students Last Name | Student successfully passed clinicals<br>(mark with "X") | Student did not complete clinicals<br>(mark with "X") |
| 1                |                     |                    |  |   |
| 2                |                     |                    |  |   |
| 3                |                     |                    |  |   |
| 4                |                     |                    |  |   |
| 5                |                     |                    |  |   |
| 6                |                     |                    |  |   |
| 7                |                     |                    |  |   |
| 8                |                     |                    |  |   |
| 9                |                     |                    |  |   |
| 10               |                     |                    |  |   |
|                  |                     |                    |  |   |
|                  |                     |                    |  |   |
|                  |                     |                    |  |   |
|                  |                     |                    |  |   |

Submit this form to the [instructor submission link](#) **ON** the last day of clinicals after the students complete all 45hrs successfully.