| Crenshaw Community Hospital Annual Skills Fair | Name: | Date: |
|--|-------|-------|
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Float Nurses or AOC, includes ER Nurse Competencies

By signing, the employee does attest that he/she has received and understands all of the below education/skills provided by Crenshaw Community Hospital.

| Competency Skill | Verbal | Demonstration | Test | Meets | Comments | Educator |
|---|-------------|---------------|------|--------------|----------|----------|
| | Explanation | | | Requirements | | |
| General Education | | | Yes | | | |
| Special Services – POC* | | | Yes | | | |
| Suicide Risk Assessment* | | | Yes | | | |
| * Suicide Leveling | | | Yes | | | |
| * LWBS / AMA | | | Yes | | | |
| * Patient Elopement | | | Yes | | | |
| * Multi Care Plan | | | Yes | | | |
| *Activity/ Group/ Nurses Notes | | | Yes | | | |
| * Body Audit – Comprehensive Body & Skin Assessment | | | Yes | | | |
| * Environmental / Maintenance Rounds & Follow Thru | | | Yes | | | |
| * MHT / Alternate Rounding | | | Yes | | | |
| *Linen/Gown Assessment | | | Yes | | | |
| Basic Mental Health | | | Yes | | | |
| Behavioral Unit Rules | | | Yes | | | |
| Crisis Prevention | | | Yes | | | |
| Medication – New Psych Meds | | | Yes | | | |
| Hand-Off Communication | | | Yes | | | |
| PICC / Central Line / PICC Removal | | | Yes | | | |
| Fingerstick | | | Yes | | | |
| Blood Administration / Blood Warmer | | | Yes | | | |
| IV Therapy (LPN) | | | Yes | | | |

| IV Insertion & Care | Yes | |
|-------------------------------------|-----|--|
| IV Pump Operation | Yes | |
| Skin / Wound Care | Yes | |
| NG Tube | Yes | |
| G-Tube | Yes | |
| Body Mechanics | Yes | |
| Medical Immobilization | Yes | |
| Fall Prevention | Yes | |
| COVID Prevention | Yes | |
| Infection Control – PPE & Isolation | Yes | |
| Handwashing | Yes | |
| Reportable Diseases | Yes | |
| Urine Sample Collection | Yes | |
| Blood Culture Collection | Yes | |
| Sepsis | Yes | |
| Bloodborne Infectious Disease | Yes | |
| EKG | Yes | |
| EZ-IO | Yes | |
| Chest Tubes | Yes | |
| CROFAB | Yes | |
| Rabies | Yes | |
| Rapid Response | Yes | |
| Stroke Alert | Yes | |
| CPI-NVCI | Yes | |
| CPSI | Yes | |
| Vital Signs | Yes | |
| Ventilator | Yes | |
| Medication Errors & MAR | Yes | |
| Medication - Ketamine | Yes | |
| Medication – Critical Meds | Yes | |
| HCAHPS - AIDET | Yes | |
| Core Measures | Yes | |

| AMA/LWBS | Yes | |
|------------------------------|-----|--|
| Risk Management | Yes | |
| Safety | Yes | |
| HIPAA | Yes | |
| EMTALA – 72 Hour Hold | Yes | |
| Hand-Off Communication | Yes | |
| Annual Certifications UTD | | |
| Employee Health UTD | | |

| Employee Signature | Manager's Signature/Date |
|---------------------------|--------------------------|