

# Crenshaw Community Hospital Annual Skills Fair

Name: \_\_\_\_\_

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

## PCT-ER (Patient Care Tech):

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 Explanation | Demonstration | Test | Meets Requirements | Comments | Educator |
|-------------------------------------|--------------------|---------------|------|--------------------|----------|----------|
| Fingerstick Glucose                 |                    |               | Yes  |                    |          |          |
| Body Mechanics                      |                    |               | Yes  |                    |          |          |
| COVID Prevention                    |                    |               | Yes  |                    |          |          |
| CPI-NVCI                            |                    |               | Yes  |                    |          |          |
| Fall Prevention                     |                    |               | Yes  |                    |          |          |
| Infection Control – PPE & Isolation |                    |               | Yes  |                    |          |          |
| Handwashing                         |                    |               | Yes  |                    |          |          |
| Urine Sample Collection             |                    |               | Yes  |                    |          |          |
| EKG                                 |                    |               | Yes  |                    |          |          |
| Rapid Response                      |                    |               | Yes  |                    |          |          |
| Vital Signs                         |                    |               | Yes  |                    |          |          |
| HCAHPS - AIDET                      |                    |               | Yes  |                    |          |          |
| Core Measures                       |                    |               | Yes  |                    |          |          |
| Risk Management                     |                    |               | Yes  |                    |          |          |
| Safety                              |                    |               | Yes  |                    |          |          |
| HIPAA                               |                    |               | Yes  |                    |          |          |
| EMTALA – 72 Hour Hold               |                    |               | Yes  |                    |          |          |
| Annual Certifications               |                    |               |      |                    |          |          |
| UTD                                 |                    |               |      |                    |          |          |
| Employee Health UTD                 |                    |               |      |                    |          |          |

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

\_\_\_\_\_  
Manager's Signature/Date