**All Staff Resident Visitation Competency Checklist**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **All Staff** | Staff verbalize the protocol used to screen resident visitors prior to visit and can document information for each visitor |  |  |  |  |  |  |  |
| Staff monitors and verbalizes how to coach visitors in proper use of facial coverings and completion of hand hygiene |  |  |  |  |  |  |  |
| Staff verbalizes understanding of the facility Visitation Plan and ways to implement it |  |  |  |  |  |  |  |
| Staff knows where the designated visit locations are |  |  |  |  |  |  |  |
| Staff verbalizes the need to assist residents to the designated visit location |  |  |  |  |  |  |  |
| Prior to and following resident/guest visits staff verbalizes knowledge of disinfection procedures |  |  |  |  |  |  |  |
| Following training staff verbalize the need to follow Standard precautions and other transmission-based precautions |  |  |  |  |  |  |  |
| Staff demonstrate ability to document resident/guest visits into the medical record |  |  |  |  |  |  |  |
| Staff demonstrate PPE application and removal and purpose for type of precaution needed |  |  |  |  |  |  |  |
| Staff know how, when and to whom personal and resident symptoms of COVID-19 are reported |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**References:**

* Centers for Medicare & Medicaid Services. QSO-20-39-NH, “Nursing Home Visitation-COVID-19”; September 17, 2020, Revised 03/10/2021: <https://www.cms.gov/files/document/qso20-39-NH>
* Centers for Disease Control and Prevention. “Using Personal Protective Equipment (PPE)”, August 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
* Centers for Disease Control and Prevention. “Preparing for COVID-19 in Nursing Homes” Updated Nov. 20, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
* Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for States and Local Officials”; May 18, 2020, Revised 09/28/20; CMS; QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-pdf>