

HCA Skills Summary Checklist

The following summary list could be used as an organizational tool to identify learning needs and record practice of HCA skills in the lab and clinical settings. It is not intended to replace scenario-based lab skills testing or assessment of meeting program learning outcomes for practice education placements.

This is a summary list only. It is expected that additional procedure criteria for each skill would be provided by the program in a lab skills manual. The program may wish to indicate skills with additional safety-related considerations (e.g., instructor is present for the first time demonstration of a skill in the clinical setting, two person mechanical lift policy, etc.).

Student Name: _____ has demonstrated completion of the following personal care and assistance skills.

Completion Criteria

- A check mark indicates that the skill was completed in a safe and efficient manner in accordance with established procedures and criterion.
- Reviewed by identifier – Full name to be provided for first instances along with initials may be used thereafter for repeat reviewer.

HCA Skills Summary List	Peer Review (in Lab)	Instructor Review (in Lab)	Instructor Review (in Clinical)
Prevents Infection			
<ul style="list-style-type: none"> ● Handwashing 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Gloving 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Donning and removing gloves 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Donning and removing gown 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

<ul style="list-style-type: none"> ● Donning and removing mask 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Other, e.g., Double bagging 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Promotes Personal Hygiene			
<ul style="list-style-type: none"> ● Oral hygiene 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Denture care 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Partial bath 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Complete bed bath 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Perineal care 	<input type="checkbox"/> Perineal care of the penis Reviewed by: Date: <input type="checkbox"/> Perineal care of the vulva Reviewed by: Date:	<input type="checkbox"/> Perineal care of the penis Reviewed by: Date: <input type="checkbox"/> Perineal care of the vulva Reviewed by: Date:	<input type="checkbox"/> Perineal care of the penis Reviewed by: Date: <input type="checkbox"/> Perineal care of the vulva Reviewed by: Date:

<ul style="list-style-type: none"> ● Grooming 	<input type="checkbox"/> Male Reviewed by: Date: <input type="checkbox"/> Female Reviewed by: Date:	<input type="checkbox"/> Male Reviewed by: Date: <input type="checkbox"/> Female Reviewed by: Date:	<input type="checkbox"/> Male Reviewed by: Date: <input type="checkbox"/> Female Reviewed by: Date:
<ul style="list-style-type: none"> ● Dressing and undressing 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Applying compression stockings 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Skin care 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Relieving pressure 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Assists with Movement			
<ul style="list-style-type: none"> ● Body mechanics 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Moving a client 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Positioning a client in chair 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

<ul style="list-style-type: none"> ● Positioning a client in bed – supine 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Positioning a client in bed – lateral 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Positioning a client in bed – Sims 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Positioning a client in bed – Fowlers 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Transferring a client; one-person transfer 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Transferring a client; Hemi transfer 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Use of a sit-to-stand lift 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Use of a full lift 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> ● Use of a ceiling lift 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

Promotes Exercise and Activity			
<ul style="list-style-type: none"> Assisting with walking devices 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Assisting with wheelchairs 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Preventing falls 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Responding to falls 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Assisting with range of motion exercises 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Provides Elimination Assistance			
<ul style="list-style-type: none"> Application of continence products (1 piece/2 piece) 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Assisting with bedpans 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Assisting with urinals 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

● Assisting with commodes	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Suppository administration	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Enema administration	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Ostomy care	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Care of indwelling urinary catheter	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Applying a condom catheter	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Collecting specimens	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Promotes Client Well-Being			
● Supporting transitions	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Supporting comfort	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

<ul style="list-style-type: none"> Supporting rest 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Changes Bed Linens			
<ul style="list-style-type: none"> Occupied bed 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Unoccupied bed 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Promotes Healthy Nutrition and Fluid Intake			
<ul style="list-style-type: none"> Assisting a client with eating/fluid intake 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Feeding a client 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Measuring and recording intake 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
Measures Vital Signs			
<ul style="list-style-type: none"> Height 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
<ul style="list-style-type: none"> Weight 	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

● Pulse	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Respiration	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Temperature	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:
● Reporting and recording	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:	<input type="checkbox"/> Reviewed by: Date:

Instructor Name _____ Instructor Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

Note: This sample tool has been included to align with Suggested Course Assessment 2 included in the [Healing 3: Personal Care and Assistance](#) course and Suggested Course Assessment 1 included in the [Practice Experience in Multi-Level and/or Complex Care](#) course.