

	Renfrew Centre 300 - 2889 East 12th Avenue Vancouver, BC V5M 4T5 www.cachwr.bc.ca	Toll Free Phone: 1-833-725-1699 Toll Free Fax: 1-877-494-3222 Email: info@cachwr.bc.ca
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Health Care Assistant¹ (or equivalent) Nurse Manager / Nurse Supervisor Competency Reference Form

Re: Health Care Assistant _____ (insert applicant's name)

Applicant Email Address: _____ Applicant Phone Number: _____

The applicant named above is applying for Health Care Assistant registration in BC. This form is required, and is to be completed and confirmed by the applicant's previous or current out of province **Nurse Manager / Nurse Supervisor**. The Nurse Manager / Supervisor is a nursing professional most familiar with the applicant's practice during the time of employment. This form must be completed by a nursing professional who has **observed and supervised the applicant's performance** in the past three (3) years.

Once completed, the Nurse Manager/ Supervisor must email this form directly to the BC Care Aide Registry at info@cachwr.bc.ca

Name and Address of Employer: _____

I _____ (Nurse Manager/Supervisor Full Name), attest that I have observed and supervised the above named individual/applicant consistently, safely and effectively perform the following:

Health Care Assistant (HCA) Skills and Core Competencies	Applicant Meets ² (Indicate Yes or No)
1. Providing individualized, age appropriate client-centred care in accordance with the care plan, and in collaboration with other health care team members	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Problem-solving and time management when carrying out care-giving procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Providing care in an ethical, responsible and accountable manner	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Communicating effectively in English in all skill areas (listening, speaking, reading / comprehending instructions, and writing) with clients, families and other health care team members to provide safe and competent care	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Observing, gathering data and making reasonable inferences to support safe and competent care	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Reporting and recording in English in a clear, accurate and timely manner (verbally, in writing and, if applicable, and in electronic formats), with attention to changes in client status	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹ *Examples of Health Care Assistant occupation and/or education program names in other Canadian provinces and territories: Health Care Aide (Alberta and Manitoba), Continuing Care Assistant (Saskatchewan), Personal Support Worker (Ontario, New Brunswick and Northwest Territories), Home and Continuing Care Worker (Nunavut), Continuing Care Assistant (Nova Scotia), Resident Care Worker (PEI), Home Support Worker / Personal Care Attendant (Newfoundland & Labrador)*

²**Meets Skill or Competency:** Defined as the ability to consistently, safely and effectively demonstrate the expected ability, set of skills and behaviours

Health Care Assistant (HCA) Skills and Core Competencies	Applicant Meets ² (Indicate Yes or No)
7. Supporting clients experiencing cognitive and/or mental health challenges and/or client responsive behaviours	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Promoting client safety and recognizing safety risks (i.e. asking for help/seeking clarification when a situation changes or directions are unclear, responding appropriately to client behaviours to prevent injury to client, self and others, preventing and responding to falls)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Preventing infection (i.e. hand washing, gloving, standard precautions and isolation procedures)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Promoting personal hygiene (i.e. oral hygiene, bathing – partial and complete, perineal care, grooming and dressing, skin care)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Moving, positioning and transferring a client (i.e. correct body mechanics, positioning and turning in bed, use of lifts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Promoting client exercise and activity (i.e. assisting with walking devices and wheelchairs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Promoting healthy nutrition and fluid intake (i.e. providing safe care and assistance to clients when eating and drinking, dependent feeding, measuring and recording intake and output)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Providing elimination assistance (i.e. bowel and urinary care, collection of specimens)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Measuring vital signs and non-clinical measurements, and documentation (i.e. height, weight, pulse, respiration, temperature)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you indicated that any of the competencies or skills were not met (indicated no), please provide more information here:	

I verify that _____ (applicant's name) has worked successfully at _____ (employer name) in _____ (specify type of setting) from (date) _____ to (date) _____. I have observed that this individual is able to provide safe, effective, and competent client care.

Nurse Manager / Supervisor Signature: _____ Date: _____

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Nurse Manager / Supervisor license number and province/territory: _____

Phone: _____ Email: _____