

Cross Training for COVID-19 Checklist

Signing this form indicates that the below named nurse has reviewed these topics during “Cross Training for COVID-19,” and has agreed to seek supervision if needed when performing the skill independently.

Employee Name: _____ Date: _____

Employee Signature: _____ Home unit: _____

☐ Completed Cross Training COVID-19 Didactic Orientation

☐ Completed Skills Stations

☐ Glucometer access + competency checklist

☐ BCMA

☐ EKGs

☐ Telemetry Packs

☐ Restraints

☐ Bladder scan

☐ Completed PennChart Modules (#1 and # 4-12)

[PennChart IP Nurse Review Tutorials](#)

☐ Completed Knowledge Link Modules

☐ Medication Administration Safety (HS.10015.ITEM.MEDCALC)

☐ Restraint Management for Nurses (HS.10015.ITEM.RMRN)

☐ BCMA Outpatient Infusion Scanning (HS.20001.ITEM.BCMAOPINFSCAN)

☐ POCT: Bedside Glucose Testing (HS.10010.ITEM.POCT112B)

☐ Caring for Patients with Diabetes Information-PAH RNS (HS.10002.ITEM.CPDIRN)

☐ Completed Qualtrics Intranet Scavenger Hunt

☐ Badge Access/Security

CNES Name: _____ Signature: _____ Date: _____