SAMPLE WRHA Competency Checklist Safe Patient Handling and Movement Program

Print Name		Facility/Unit				
Instructions: The following is a list of skills, which are someone observe you perform this competency observed and the observer's initials and then signalifying comments and initial. Once a compet HCW will be held accountable for that competer director/manager. Signatures: I have completed the self assessment.	in the clinical gn the signaturency has been ncy. You may	setting. When a re list. Complete n signed off as "0 be asked to rep	a competency is the "age speci Can Safely Perfo eat (update) the	performed correctly, the performed correctly, the perform Without Supervision competency at a later of	e observer should fill in the date receptor/reviewer should add any " or "Demonstrates Competency," the	
Preceptor/Reviewer Initials/Signature	<u>/</u>				/	
Safe Patient Handling & Movement	Self Assessment	Demonstrates Competencyt Date/Initials of Observer	Competency Repeated Date/Initials of Observer	AGE SPECIFIC CARE A-ADOLESCENT (16-18, ≥ 100 lbs) B-ADULT (19-64) C-GERIATRIC (65+)	Comments/Initials	
TLC 1-2-3		•				
4.1101/						
1. HCW safety:Looks at task and makes plan to keep HCW safe.Uses algorithm						
 2. Patient Safety: Does pro-active patient assessment to determine level of ability. Uses Mobility Screen 						
3. Team safety:Designates a leaderStates goal of the move						
Communicates with patient and team						
Variation in height and size of team members						
 Variation in ability of team members 						
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Bariatric Care	•	1	1	1	
Identifies patients classified as bariatric					
 States patient bodyweight/height/girth/shape 					
Calculates BMI					
 Initiates bariatric protocols/guidelines 					
Orders appropriate bariatric bed					
Demonstrates On a life Technique					
Demonstrates Specific Techniques					
Moves patient up in bed • 2 or more HCW using FRD • Repositioning sheet and ceiling lift Turns patient to side • Using FRD					
Using Repositioning sheet and Ceiling lift					
Moves patient from bed to chair /chair to bed using:					
Transfer/ Gait Belt					
States purpose for gait belt					
Obtains gait belt prior to moving patient					
 Demonstrates correct application 					
Verbalizes precautions					
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Self Assessment	Demonstrates Competencyt Date/Initials of Observer	Competency Repeated Date/Initials of Observer	AGE SPECIFIC CARE A-ADOLESCENT (16-18, ≥ 100 lbs) B-ADULT (19-64) C-GERIATRIC (65+)	Comments/Initials
	Self	Self Assessmen Competenc Competenc Date/Initials Observei	Self Assessmen Competenc Competenc Date/Initials Observer Repeated Date/Initials Observer Competenc Competenc Competenc Competenc Competenc Competency Competency Repeated Date/Initials Observer Competency Comp	Self Assessment (19-14) (19-14