

# Staff Competency Checklist

**Purpose:** These are the standards of the technical competencies necessary for performance and/or clinical practice.

|  |                           |                 |  |
|--|---------------------------|-----------------|--|
| <p>To meet competency standards, the employee must demonstrate proficiency in performing the technical procedures safely as evidenced by department-specific criteria.</p> |                           |                 | <p>Supervisor's initials signify competency was met.</p> |
| <p><b>Methods to Use:</b></p>  |                           |                 |  |
| <p>A. Demonstration</p>  | <p>D. Skills Lab</p>      | <p>G. Other</p> |  |
| <p>B. Direct Observation/Checklist</p>   | <p>E. Self Study/Test</p> |                 |  |
| <p>C. Video/PowerPoint Review</p>  | <p>F. Data Management</p> |                 |  |

| Employee Name   | Job Title |             |                       |          |
|---|-----------|-------------|-----------------------|----------|
| Patient Color-coded "Alert" Wristband Process   | Date      | Method Used | Supervisor's Initials | Comments |
| Color Code – what do the three colors mean?   |           |             |                       |          |
| Who can apply the wristband to the patient?   |           |             |                       |          |
| When does the application of the wristband(s) occur?                                      |           |             |                       |          |
| Policy requiring patients to remove the "social cause" bands.                             |           |             |                       |          |
| Patient education and how to communicate (script) the information with patients/families. |           |             |                       |          |
| Need for re-application of band.  |           |             |                       |          |
| Communication regarding wristbands during transfers and other reports.                    |           |             |                       |          |
| Patient refusal to comply with policy.  |           |             |                       |          |
| Discharge instructions for home and/or facility transfer.                                 |           |             |                       |          |

Signature \_\_\_\_\_ Initials \_\_\_\_\_

Signature \_\_\_\_\_ Initials \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_