INITIAL EDUCATION AND COMPETENCY CHECKLIST

Employee Name:	**Employee ID:**	**Date:**
Discipline: ☐ RN ☐ PCA ☐ LPN ☐ NES ☐ CNS ☐ Tech ☐ Desk ☐ Student		
Location : ☐ **Building X** ☐ Work Area 3 ☐ ☐ ☐ _____		

INSTRUCTIONS *Trainer to confirm verification methods by placing check mark in "meets" or "does not meet" criteria column*	**Verification Methods** *R = Return Demonstration* *W = Written Verification* *V = Verbal Verification*	**Verification Method**	**Meets Criteria**	**Does Not Meet Criteria**

Topic/Equipment: **Portable Lift**

1 Identifies Components of the Lift	• Identifies Power On/Off Switch	V		
	• Battery Location, Placement and Panel	V		
	▪ Lift Base Spreader Handle	R		
	▪ 3 Modes for Operating	V		
	• Emergency Off and Release	R		
	▪ Identify weight capacity	V		
2 Sling Use and Operation	• Examine the sling for durability (tears, loose threads or seams)	V		
	• Loop positions	V		
	▪ Demonstrate proper sling placement to the patient	R		
	▪ Demonstrate putting sling under patient (lateral and seated)	R		
	▪ Demonstrate sling leg support positions	R		
	▪ Demonstrate use of limb lift	R		
3 Portable Lift Operation	▪ Lock wheels – when?	V		
	▪ Demonstrate position of lift over patient	R		
	▪ Demonstrate proper sling/loop attachment	R		
	▪ Demonstrate operation/transfer of patient: Loops secure, Lifting the patient in sling, Moving portable lift with patient, Lowering patient to receiving surface	R		
	▪ Demonstrate sling removal	R		
SIGN-OFF				

Trainer's Printed Name & Credential:	_____
Trainer's Signature:	_____
Date:	_____

TOPIC/EQUIPMENT: **Stand Assist**

II.	**Stand Assist**			
1 Identifies Components of the Stand Assist	• Identifies Power On/Off Switch	V		
	• Battery Location, Placement and Panel	V		
	▪ Lift Base Spreader Handle	R		
	▪ Stand Platform and Knee Adjustment	R		
	▪ 3 Modes for Operating	V		
	• Emergency Off and Release	R		
	▪ Identify weight capacity	V		
2 Harness Use and Operation	• Examine harness for durability (tears, loose seams, broken buckle)	V		
	• Loop positions	V		
	▪ Demonstrate proper harness placement to the patient	R		
	▪ Demonstrate putting harness on patient (seated)	R		
3 Stand Assist Operation	▪ Lock wheels – when?	V		
	Demonstrate position of stand assist to patient	R		
	▪ Demonstrate proper sling/loop attachment	R		
	▪ Demonstrate feet position and leg securing	R		
	▪ Demonstrate operation/transfer of patient: Loops secure, Raising the patient with harness, Moving stand assist with patient, Lowering patient to receiving surface	R		
	▪ Demonstrate harness and patient removal from stand assist	R		
SIGN-OFF				

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Date:	

TOPIC/EQUIPMENT: **Slider Board and Slider Sheet (lateral transfer)**

INSTRUCTIONS *Trainer to confirm verification methods by placing check mark in "meets" or "does not meet" criteria column*		**Verification Methods** *R = Return Demonstration* *W = Written Verification* *V = Verbal Verification*	**Verification Method**	**Meets Criteria**	**Does Not Meet Criteria**
	Slider Board and Slider Sheet (lateral transfer)				
1 Transfer set up	Demonstrates setting bed (surface) height		R		
	Demonstrates transport cart position and height		R		
	Demonstrates placement of slider board and slider sheet on cart		R		
2 Demonstrates Lateral transfer	Turning patient and places slider board with sheet partially under patient		R		
	Initial posture holding sheet including bridging		R		
	Transfers patient in two moves		R		
	Holds slider board and removes on second transfer move		R		
	Removal of blue slider sheet from under patient (gather and slide out method)		R		
VI.	**SIGN-OFF**				

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Trainer's Signature:	
Date:	

TOPIC/EQUIPMENT: **Air-Mattress (lateral transfer)**

II.	**Air Mattress Transfer**			
1 Identifies Components of the Air-Pal	• Air pumps	V		
	• Hose connection	V		
	▪ Mattress placement/direction	R		
2 Air-Pal Use and Operation	• Placement of mattress under patient	R		
	• Connect hoses to mattress	R		
	▪ Demonstrates mattress inflation	R		
	▪ Demonstrates slider board placement	R		
	▪ Demonstrates proper positioning of staff including bridging to minimize reach	R		
	▪ Demonstrate transfer from or to lateral surface	R		
	▪ Demonstrate mattress removal from patient	R		
SIGN-OFF				

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Trainer's Signature:	
Date:	