



## Competency Checklist

<b>Date:</b>	
<b>Employee Name:</b>	
<b>Preceptor/Evaluator's Name</b>	
<b>Competency:</b>	<b>Restraint and Seclusion</b>

### INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Reviewed "Restraint and Seclusion" policy N <sup>o</sup> ADM-905-190			
1. Physically applies and releases restraint appropriately			
a. Soft wrist restraint			
b. Hard wrist restraint			
c. Hard leg restraint			
2. Demonstrates understanding of			
a. Appropriate restraint orders, including time-frames per hospital policy			
b. Underlying causes of behaviors exhibited by patients			
c. Behaviors exhibited due to medical conditions, (can cite examples of disease processes causing these behavior)			
d. Describe how employee's own behavior can affect the behavior of the patient			
3. Demonstrates competence in patient assessment every 15 minutes while restrained for behavioral reasons			
a. Taking and interpreting vital signs relevant to physical safety of patient			
b. Recognition of nutrition/hydration needs			
c. Checking circulation and range of motion			
d. Addresses patient's hygiene needs			
e. Addresses elimination needs			
f. Addresses physical status and comfort			
g. Addresses psychological status and comfort			
h. Recognizes patient's readiness for discontinuation of restraint			
i. Recognizes when to contact a medically trained licensed independent practitioner or emergency medical services in order to evaluate and/or evaluate and/or treat the patient's physical status			
j. Recognizes signs of incorrect application of restraint			
4. Demonstrates competency in utilizing restraints as part of a Intubation protocol and only when clinically justified			

a. Documents appropriately, referencing the protocol as needed			
b. Monitors patient at least every two (2) hours while restrained, and assess patient as above			
5. Demonstrates competence in patient assessment every one (1) hour while restrained for medical reason.			
a. State examples of reason for medical restraint			
b. States required assessment criteria			
c. Nutrition / Hydration			
d. Circulation / Range of motion			
e. Hygiene			
f. Elimination			
g. Physical status and comfort			
h. Psychological status and comfort			
6. Documents appropriately utilizing the LCH – RESTRAIN Doc. Assessment and debriefing forms in HMS.			

Employee is competent to perform the above tasks independently and without supervision

Employee's level of competence is below 2. Reassess competency on: \_\_\_\_\_

Employee's Signature	
Evaluator's Signature	