

Competency Checklist

| Date: | |
|----------------------------|-----------------------|
| Employee Name: | |
| Preceptor/Evaluator's Name | |
| Competency: | Intradermal Injection |

INDICATORS OF PERFORMANCE LEVEL SUMMARY

| How Met | | Level of Competency | | |
|---------|---|---------------------|---|--|
| 0 | Direct Observation/Return Demonstration | 1 | Below expected standards | |
| V | Verbalization/Discussion | 2 | Fully meets standards | |
| Т | 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: | | Level of Competency 1 2 3 | Evaluated by: |
|--|---|---------------------------------|------------------|
| Gather all necessary supplies including: | | | |
| Medication | | | |
| • Gauze | | | |
| • Gloves | | | |
| • Unit dose(1ml) tuberculin syringe with 1/4-1/8 in 27- gauge needle | | | |
| • Pen to mark the site | | | |
| Introduce self, indentify patient with ID band and explain procedure | | | |
| Follows standard precautions, washes hands according to CDC guidelines and wear gloves | | | |
| Select lesion free injection site on undersurface, upper third of forearm for skin | | | |
| testing | | | |
| Cleanse area with antimicrobial wipe and allow to air dry | | | |
| Remove needle guard | | | |
| Grasp the client's dorsal forearm to gently pull the skin taut on ventral forearm | | | |
| Holding syringe almost parallel to skin, insert needle at a 10-15 degree angle | | | |
| with bevel facing up, about 1/8 inch. Needle point should be visible under skin. DO NOT ASPIRATE | | | |
| Inject medication slowly, observing for a wheal (blister) formation and | 1 | | |
| blanching at the site. | | | |
| Withdraw needle at same angle as inserted. DO NOT MASSAGE SITE | | | |
| Activate needle safety feature and discard syringe unit in puncture proof | | | |
| container | | | |
| Mark injection site with pen for future assessment | | | |
| Return client to comfortable and safe position | | | |
| Dispose of gloves and perform hand hygiene | | | |

| Record site and antigen in client's record | | | |
|--|--|--|--|
|--|--|--|--|

- **D** 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 | |