**VALIDATION OF COMPETENCY**

**1 Person Transfer**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERFORMANCE CRITERIA | YES | NO | INITIALS | COMMENTS |
| 1. Does the employee verbalize indications/contraindication for use of a gait belt and apply it correctly? |  |  |  |  |
| 1. Does the employee explain the procedure to the resident before the transfer is started? |  |  |  |  |
| 1. While preparing the resident for transfers, are safe techniques demonstrated by: |  |  |  |  |
| 1. Removing the leg rests? |  |  |  |  |
| 1. Locking wheelchair wheels (if resident is moving to a wheelchair)? |  |  |  |  |
| 1. Positioning the wheelchair correctly? |  |  |  |  |
| 1. Does the employee properly demonstrate body mechanics by: |  |  |  |  |
| 1. Placing resident on the edge of the chair or bed? |  |  |  |  |
| 1. Gets close to resident not overreach? |  |  |  |  |
| 1. Uses wide base stance and feet staggered? |  |  |  |  |
| 1. Keeps head up, knees bent and low back arched when lifting? |  |  |  |  |
| 1. Avoids quick, jerking motion? |  |  |  |  |
| 1. Pivots feet and does not twist at the waist? |  |  |  |  |
| 1. Does the employee count out loud for the resident: 1-2-3 and lift? |  |  |  |  |
| 1. Is the patient able to tolerate standing for 4 seconds? |  |  |  |  |
| 1. Does the employee demonstrate clear understanding of the resident transfer identification system? |  |  |  |  |
| 1. Can the employee verbalize the disciplinary action regarding staff non-compliance? |  |  |  |  |

**Transfers Performed:**

* **Bed to Chair/wheelchair**
* **Chair/wheelchair to bed**
* **Chair/wheelchair to toilet or KMOD**

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**Product Champion Date**