**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**