



**UCHC JDH ED
Competency Checklist 5/1/08- 4/30/ 2009:**

Employee Name: _____ Position Title: _____

EQUIPMENT REVIEW	Completed Y / N (yes / no)	Validator's Initials	Comments
Method: observation / discussion			
PPE and PAPA'a	Y	KL	
Decon Unit	Y	KL	
KNOWLEDGE REVIEW			
Method: Educational session/ review packet			
Joint Commission review	Y	KL	
Patient Satisfaction	Y	KL	
IBEX Upgrade (SLP)	Y	KL	
IV Start and Stop times (SLP) Nursing	Y /NA	KL	
Annual Mandatory Competencies	Y	KL	
PROTOCOL REVIEW: Nursing			
Method: Staff to read/review protocols:			
Triage; Emergency Department Patients (Sickle Cell Patients	Y / NA	KL	
Chest Pain (Suspected Cardiac Origin)	Y / NA	KL	
CVA, Suspected Stroke	Y / NA	KL	

The above is validation that this employee has demonstrated the skill, knowledge, and competency with regard to the above mentioned equipment, processes, procedures & protocols.

Validator's Initial / Signature: KL / _____