

Due Date: October 31, 2021

1. Blood Administration:

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit, initial assessment/education is done by the RN

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalizes pre-transfusion safety checks: validate consent, compatibility and orders with RN	##/##/####	Drop Down Choices: <i>each element</i> [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Act as 2 nd verifier blood product administration	##/##/####	
<input type="checkbox"/> Observe for blood product transfusion reaction and notify RN	##/##/####	
<input type="checkbox"/> Describe human factors that lead to patient injury associated with blood product administration	##/##/####	
<input type="checkbox"/> Reinforce educate patient/family education about signs and symptoms to report during a blood transfusion	##/##/####	

2. Catheter Associated Urinary Tract Infections (CAUTI):

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Demonstrate safe insertion of an indwelling urinary catheter	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate safe removal of an indwelling urinary catheter	##/##/####	
<input type="checkbox"/> Demonstrate urinary catheter maintenance, including: <ul style="list-style-type: none"> • Pericare every shift and PRN • Maintain tamperproof seal • Prevent dependent loops • Ensure collection bag is not on the floor or overfilled 	##/##/####	
<input type="checkbox"/> Describe human factors that lead to Catheter Associated Urinary Tract Infections (CAUTI)	##/##/####	
<input type="checkbox"/> Communicate the necessity of urinary catheter during handoff report and interdisciplinary rounds	##/##/####	
<input type="checkbox"/> Communicate the rationale for insertion and/or maintenance of the urinary catheter to the patient/family	##/##/####	

3. Central Line-Associated Bloodstream Infections (CLABSI):

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Describe the evidenced-based group of interventions in the CVC Bundle.	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Describe human factors that lead to central line-associated bloodstream infections (CLABSI)	##/##/####	
<input type="checkbox"/> Communicate the rationale for insertion and/or maintenance of the CVC to the patient/family	##/##/####	

4. Clostridium Difficile (C. diff):

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Initiate with RN the nurse driven, C. diff protocol, including: <ul style="list-style-type: none"> • Initiate isolation precautions • Hand hygiene • Donning/doffing PPE 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Describe human factors that lead to C. diff	##/##/####	
<input type="checkbox"/> Educate patient/family about the management of C. diff and rationale for isolation precautions	##/##/####	

5. Fall Prevention [Adult Medical-Surgical/ICU/Perinatal/Pediatrics]:

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize factors that affect patient safety and increase fall risk	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate purposeful fall prevention rounding, including: <ul style="list-style-type: none"> • 6Ps • Proactive toileting • Bed in low/locked position 	##/##/####	
<input type="checkbox"/> Demonstrate use of bed alarm, chair alarm, and other fall prevention measures individualized for the patient	##/##/####	
<input type="checkbox"/> Describe human factors that lead to patient falls	##/##/####	
<input type="checkbox"/> Communicate fall risks and safety precautions to patient/family	##/##/####	

6. Patient Education: Inpatient

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Educate patient/family using the My Care flyer discussion points	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Use MedUcation during patient education	##/##/####	
<input type="checkbox"/> Describe the value of education for the patient	##/##/####	

7. Patient Education: Bedside (App or Tablet):

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Activate myUCLAhealth Bedside on patient tablet	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Set up proxy access for myUCLAhealth Bedside	##/##/####	
<input type="checkbox"/> Describe when proxy access to myUCLAhealth Bedside is applicable	##/##/####	

- **INCLUSIONS:** Intraoperative and Procedural Areas (Cath Lab, IR, RR PTU, PACU, PACU Boarding, and MPU units)
 - MyCare Folder: TRU
 - MedUcation—TRU, RR/SM ED
 - Bedside App or Tablet: TRU
- **EXCLUSIONS:** Intraoperative and Procedural Areas (Cath Lab, IR, RR PTU, PACU, PACU Boarding, and MPU units)

8. Patient Education: Perioperative/Procedural Areas

Note: Verbal Confirmation should only be selected if skill is infrequently performed on unit

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Educate patient and family as needed/directed by RN/Provider	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Provide medication information (<i>i.e.</i> MedUcation, AVS) during patient education	##/##/####	
<input type="checkbox"/> Assist patient/proxy with myUCLAhealth as needed	##/##/####	
<input type="checkbox"/> Describe the value of education for the patient	##/##/####	

9. Zoll R Series:

Note: N/A should only be selected for excluded units identified

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Apply Pads	##/##/####	Drop Down Choices: [Please select] Direct Observation
<input type="checkbox"/> AED	##/##/####	

10. POCT Waived Test: 2 POCT

Accu-Chek Inform II

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique (or quality control)	##/##/####	Drop Down Choices: Direct Observation

Clinitek Pregnancy: RR Perinatal (OB and L & D)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Patient testing technique (or quality control)	##/##/####	Drop Down Choices: Direct Observation

11. Safe Patient Handling Equipment: 6 items

TAP (BMAT 3; under 150 lbs./68 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for TAPS • State when to escalate to AirTAP • State recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Press max inflate button on low air loss mattress • Use proper body mechanics, including hand grip placement and bed height • Place TAPS under patient • Use proper bed height during bed level activities and use of Trendelenburg position • Demonstrate boosting and lateral transfers with slide board 	##/##/####	

Slideboard/Rollboard (unable to assist):

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for TAPS/SHEET with slideboard • State when slideboard is indicated for lateral transfer • State cleaning process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Lock brakes on bed • Press max inflate button on low air loss mattress • Use proper body mechanics, including hand grip placement and bed height • Roll patient onto side with proper technique • Place slideboard under TAPS or sheet • Place transfer surface and lock brakes • Demonstrate lateral transfers with slideboard or sheet 	##/##/####	

AIR TAP/XXL (BMAT 1-2; over 150 lbs./68 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Air TAP • State when to escalate to XXL AirTAP • State recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Press max inflate button on low air loss mattress • Use proper body mechanics, including hand grip placement and bed height • Inflate Air TAP/XXL • Use proper bed height during bed level activities and use of Trendelenburg position • Demonstrate boosting and lateral transfers 	##/##/####	

Maxi Move (BMAT 1; capacity 500 lbs./226.8 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Maxi Move • State when to escalate to Bariatric device Tenor (brought by Lift Team) • State purpose and indications for limb sling • State proper cleaning procedure and recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Maxi Move • Confirm brakes are unlocked during use • Demonstrate proper sling placement in bed and chair • Demonstrate fall recovery and/or transfer bed-to-chair • Demonstrate proper use of limb sling • Identify the emergency lowering mechanism 	##/##/####	

Sara Plus (BMAT 2; patient can sit, not stand; capacity 420 lbs./190.5 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for the Sara Plus • State how to select proper size sling • State proper cleaning procedures and recycling/disposal process • State when to escalate to Bariatric sit-to-stand device SteadyAid (used by PT/OT) 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Sara Plus • Demonstrate sit-to-stand using the sling (hook and unhook device) • Confirm brakes are unlocked when lowering patient • Demonstrate use of the emergency lowering mechanism 	##/##/####	

Sara Steady (BMAT 3; patient can stand; capacity 400 lbs./181.4 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for the Sara Steady • State proper cleaning procedures 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Sara Steady • Confirm brakes are locked when lifting or lowering patient • Demonstrate sit-to-stand using gait belt • Demonstrate stand-to-sit 	##/##/####	

Safe Patient Handling: Unit Specific (9 items)

Amputee Sling (BMAT level 1 and 2. Amputee (above knee, below knee or double amputee; use if necessary); select size (Red S – 31-75 lbs. /14-34 kg., Yellow M – 75-145 lbs. /34-66 kg. , Green L – 145-250 lbs. /66-113 kg., and Purple XL – 250-500 lbs. /113-227 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for amputee sling • State location of amputee slings • State location of 2 point hanger bar • State when to escalate for amputee sling • State proper cleaning procedure and recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Press max inflate button on low air loss mattress (application in bed) • Use proper body mechanics and bed height • Place amputee sling under patient • Use proper bed height during bed level activities • Demonstrate boosting in bed and OOB transfer to chair 	##/##/####	

<ul style="list-style-type: none">• Place sling under patient (application in chair)• Use proper body mechanics• Demonstrate transfer chair back to bed		
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Guldmann Ceiling Lift (BMAT 1-2; capacity 770 lbs./350 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Guldmann ceiling lift • State proper cleaning procedure and recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when using the ceiling lift • Demonstrate proper handling and safety when using ceiling lift • Demonstrate proper sling placement in bed and chair • Demonstrate fall recovery and/or transfer bed-to-chair • Identify the emergency lowering mechanism • Return ceiling lift to designated location when not in use 	##/##/####	

Golvo (BMAT 1-2; capacity 199kg./440 lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Golvo • State location of Golvo • State when to escalate to Bariatric device Maxi Move < 500 lbs. or Tenor > 500 lbs. (brought by Lift Team) • State cleaning process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Golvo • Confirm brakes are unlocked during use • Demonstrate proper sling placement in bed and chair • Demonstrate fall recovery and/or transfer bed-to-chair • Identify the emergency lowering mechanism 	##/##/####	

MATS (Used only with Brachytherapy pts.) (BMAT 1-2; over 150 lbs./68 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for MATS • State when to escalate to XXL AIR TAP • State recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Press max inflate button on low air loss mattress • Use proper body mechanics, including hand grip placement and bed height • Inflate MATS • Use proper bed height during bed level activities and use of Trendelenburg position • Demonstrate boosting and lateral transfers 	##/##/####	

Quickmove (BMAT 3-4; capacity 170 kg./375 lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Quickmove • State location of Quickmove • State cleaning process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Use proper body mechanics • Demonstrate sit to stand using gait belt • Demonstrate use and adjustment of seat 	##/##/####	

RoWalker (BMAT 3; patient can stand; capacity 396 lbs./179.6 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for the RoWalker • State proper cleaning procedures 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Use proper body mechanics • Demonstrate adjustment of arm support (height adjustment) • Demonstrate sit to stand using gait belt • Demonstrate use and adjustment of red walking sling (attaches to RoWalker) 	##/##/####	

SallyTube (under 794 lbs./360 kg.; unable to assist)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for the SallyTube • State when to escalate to AirTAP • State proper cleaning procedures and recycling/disposal process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environmental barriers (side rails/room equipment) • Press max inflate button on low air loss mattress(s) • Use proper body mechanics, including hand grip placement and bed height • Demonstrate proper placement (SallyTube under sheet) and removal of assistive device • Demonstrate boosting and lateral transfers 	##/##/####	

Sara Flex (BMAT 2; patient can sit, not stand; capacity 440 lbs./199.6 kg.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for the Sara Flex • State how to select proper size sling • State proper cleaning procedures and recycling/disposal process • State when to escalate to Bariatric sit-to-stand device Steady aid (used by PT/OT) 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Sara Flex • Demonstrate sit-to-stand using the sling (hook and unhook device) • Confirm brakes are unlocked when lowering patient • Demonstrate use of the emergency lowering mechanism 	##/##/####	

Viking (M) (BMAT 1-2; capacity 199kg./440lbs.)

REQUIRED SKILL	DATE	VALIDATION METHOD
<input type="checkbox"/> Verbalize the following: <ul style="list-style-type: none"> • State purpose and contraindications for Viking (M) • State location of Viking (M) • State when to escalate to Bariatric device Tenor (brought by Lift Team) • State cleaning process 	##/##/####	Drop Down Choices: [Please select] Direct Observation Verbal Confirmation
<input type="checkbox"/> Demonstrate the following: <ul style="list-style-type: none"> • Remove environment barriers (side rails/room equipment) • Use proper body mechanics when pushing the Viking (M) • Confirm brakes are unlocked during use • Demonstrate proper sling placement in bed and chair • Demonstrate fall recovery and/or transfer bed-to-chair • Identify the emergency lowering mechanism 	##/##/####	