# AGENCY
## POSITIONING COMPETENCY-BASED TRAINING CHECKLIST

| Name: | | | Date of Positioning Plan: | Date of Transfer Methods Plan: |
|---|---|---|---|---|
| | | | | |

| Staff:<br>Title:<br>Shift:<br>Trainer: | T   = Staff Trained<br>C   = Demonstrated competent implementation of Competency<br>N   = Not correct/requires prompting<br>N/A = Not Applicable |
|---|---|

| T | C | N | N/A | Each Competency below must be addressed in columns to the left. |
|---|---|---|---|---|
| | | | | 1.  Staff can correctly verbalize while referring to positioning plan, when questioned, the correct position for 3 different time periods on their shift (ex., 9AM, Lunch and 2:15PM for Day shift). |
| | | | | 2.  Staff can correctly position person in Wheelchair |
| | | | | 3.  Staff can correctly position person in Elevated Right side lying |
| | | | | 4.  Staff can correctly position person in Elevated Left side lying |
| | | | | 5.  Staff can correctly position person in Elevated Supine position |
| | | | | 6.  Staff can correctly position person in Elevated Prone position |
| | | | | 7.  Staff can correctly position person's's hand / wrist splint / elbow splints |
| | | | | 8.  Staff can identify what position the person is in when completing oral care. |
| | | | | 9.  Staff can identify what position the person is in when completing a shower/bath. |
| | | | | 10. Staff can identify what position the person is in when completing Attends changes. |
| | | | | 11. Staff can verbalize what to do if any "trigger" is observed. ( attempt to correct – position, elevation, alignment) |
| | | | | 14. Staff can verbalize what to do if "trigger" is observed again after attempt to correct is completed (report to nurse/supervisor and DOCUMENT Flow Chart that it was reported to the nurse). |
| | | | | 15. Staff can identify all approved transfer methods for person: |
| | | | | 16. Staff can demonstrate an approved transfer. |
| | | | | 17.OTHER: |

**Comments:**

Staff Signature: _____       Date: _____

Trainer Signature: _____       Date: _____

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