

| Restraints for Therapists and Technicians | |
|--|-----------------------|
| Name: | Employee ID #: |
| Unit: | Title: |
| Due Date: | |
| PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure. | |
| These skills will be considered complete when all below performance criteria are completed and page 1 have been scanned and emailed to: hs-cppn@ucdavis.edu | |

| Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A | Skill Code (For CPPN Use Only) | Date Completed (or N/A) | Verifier Initials |
|--|-----------------------------------|----------------------------|----------------------|
| Restraints for Therapists and Technicians | DAHS-NSCRSTT11 | | |

| SIGNATURE PAGE: | | |
|---|--------------------|-------------------|
| Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form: | | |
| Initial: | Print Name: | Signature: |
| | | |
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PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

| | | |
|--------------|-------------------|--------------|
| Name: | Signature: | Date: |
|--------------|-------------------|--------------|

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|--|------|-------------------|
| References: 1. UC Davis Health Policy 4069: Restraints | | |
| Completed Restraints for Therapists and Technicians Online Module # DAHS-NGNRSTT20 | | |
| Attach and release the safety clip | | |
| Remove and reapply a mitt to a simulated patient | | |
| Remove and reapply a limb restraint to a simulated patient | | |
| Remove and reapply a belt restraint device to a simulated patient | | |