

Restraint Safety for Therapists and Technologists #DAHS-NSCRSTT11

Name:	Employee ID #:
Unit:	Title:

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 and has been scanned and emailed to: cppn@health.ucdavis.edu

Restraint Safety for Therapists and Technologists #DAHS-NSCRSTT11	Date	Verifier Initials
References: 1. UC Davis Health Policy 4069: Restraints 2. UC Davis Health Policy 4070: Use of Protocol Restraints for Specific Patient Conditions 3. UC Davis Health: Radiology Department Policy 210: Use of Restraints in the Department of Radiology		
Completion of Online Module Restraint Safety for Therapists and Technologists #DAHS-NGNRSTT11		
Attach and release a 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		
Demonstrate how to check for restraint interference with respiration		
Demonstrate how to check for restraint interference with circulation/sensitive/motion		
Demonstrate how to check for restraint damage to skin integrity		
Demonstrate EMR documentation for restraint		

PRECEPTOR SIGNATURE:

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initials:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/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:
--------------	-------------------	--------------