

ZOLL R Series PLUS Competency Checklist #DAHS-NSCRSPPLUS17

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 pages 1 & 2 have been scanned and emailed to: cppn@health.ucdavis.edu

Method of Instruction	Preceptor Verification of Skill: Method of Evaluation
CP=Clinical Practice D=Demonstration E=Education Session OM=Online Module P=Policy/ Procedure Review SP=Study Packet REF=Reference Information only – not assigned in UCL	N/A=Not applicable to specific patient care area O=Observation (in clinical setting) OT=Online Test RD=Return Demonstration T=Written Test V=Verbal

ZOLL R Series PLUS Competency Checklist #DAHS-NSCRSPPLUS17	Method of Instruction	Method of Evaluation	Date	Verifier Initials
References: UC Davis Health Policy 6005: Automated External Defibrillator (AED-Zoll)				
Completed the assigned ZOLL R Series PLUS Defibrillator tutorials in UC Learning				
TEST MODE				
Successfully demonstrates 30 Joule defibrillator test				
Can check and change paper				
ADVISORY MODE				
Turn dial to ON				
Tells everyone to stop CPR and stand clear				
Follows voice prompts and delivers shock if recommended				
MANUAL MODE				
Can turn on device and convert from AED to manual mode				
CPR FEEDBACK				
Demonstrates steps to fill CPR Index™ – understands proper rate/depth				
Shows that if rate is too slow, metronome beeps and Rate prompt appears				
Speeds up to silence metronome and allow the Rate prompt to disappear				
Shows that if depth is too shallow, the Depth prompt appears on the screen				
Pushes hard to allow Depth prompt to disappear				
Demonstrates understanding of See-Thru CPR® filtered ECG				
PADS				
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable)				
Opens OneStep packaging correctly				
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion				
Identifies CPR Sensor and explains its purpose				

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SUPERUSER/TRAINER				
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.)				
Understands how to change parameter settings (NIBP, EtCO2, SpO2)				
Understands purpose of Code Marker				
Can access data from the code (Print Chart, Print Log, or Transfer Data)				
User demonstrates sufficient understanding of device to train other users in its use				

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:
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