



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Occupational Therapy and Recreation Therapy Department

POLICY AND PROCEDURE

SUBJECT: EQUIPMENT OPERATION AND MAINTENANCE	Policy No.: 613 Revised: December 2019 Supersedes: December 2015 Page: Page 1 of 2
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POLICY:

1. All equipment in the Department will be maintained as per manufacturer in a manner that assures proper performance.
2. Trained staff shall operate the equipment they use in the performance of their prescribed duties, with verification of competency per frequency designated by department, which may include retraining and/or a competency checkout.

PROCEDURE:

1. Maintenance
 - a. Each treatment area/office will maintain an inventory of equipment assigned to the area (see Departmental Policy and Procedure No. 501).
 - b. Prior to use, the Biomedical Department will check all electrical equipment and if approved, will be identified with a green sticker indicating when it was checked and when it is to be re-inspected.
 - c. Thereafter, equipment used in patient treatment will be checked at intervals not to exceed twelve (12) months. Non-treatment equipment will only be checked before its initial use by Biomedical Department. Thereafter, the department is responsible to monitor for electrical compromises.
 - The Clinical Manager, RT Supervisor, or designee will initiate a request for inspection of equipment.
 - The Clinical Manager, RT Supervisor or designee will be available during inspection to identify equipment needing to be checked.
 - d. All personnel are responsible for immediately reporting problems with equipment to the designated person in the treatment area for appropriate action. Any equipment that is broken or deemed unsafe should be reported to the Manager or Supervisor, tagged, and put out of service immediately.
 - e. The Clinical Manager, RT Supervisor, or Department Head is responsible for assuring that employee-owned electrical equipment is checked by the Biomedical Department, before being placed into service.

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2. Training

a. Upon hire and as appropriate, personnel will be trained to operate equipment they will be using in the performance of their duties. Training includes, but is not limited to:

- Initial orientation and documentation.
- Section and/or departmental meetings.
- Equipment competency checkouts for specific equipment.

3. Equipment Competency Checklist and Checkouts

a. Equipment competency checkouts will be required for specific equipment, which can fall into one of the following categories:

- Equipment, that if used on a routine basis by the employee, requires a One-time competency checkout prior to the employee using the equipment with patients and/or using the equipment unsupervised.
- Equipment that requires an annual checkout of competency, regardless of how routinely it is used.
- Equipment that requires a competency checkout every two years.

b. Competency does not need to be determined for equipment, which the employee is not required to use as an essential part of their job duties and responsibilities.

c. At the Annual Performance Evaluation, the employee and supervisor will decide collaboratively which equipment is required for use by the employee in the following year, using the Competency Checklist form (Attachment A). These items will be checked off in the "Employee/Employer Requests to use" column. The OT Manager or RT Supervisor will verify that the employee is competent and that required competency checkouts are up to date. The OT Manager or RT Supervisor arranges training and competency checkout if needed.

d. Competency checkout forms for specific equipment (Attachment B.1 – B.27) are sent to the Departmental office once completed, for documentation and placement in the employee's file.

EQUIPMENT COMPETENCY CHECKLIST

Employee Name: _____ Employee #: _____

EQUIPMENT	EMPLOYER/ EMPLOYEE REQUESTS TO USE	CHECKOUT FREQUENCY	COMPETENCE ESTABLISHED		CHECKOUT DATE
			YES	NO	
Active Passive PRO		One Time			
Armeo Power		Annual			
Armeo Spring/Armeo Spring Pediatric		One Time			
Barihab Mat		One Time			
Bioness H200*		One Time			
Blood Pressure Cuff		Annual			
Class B Drivers Van 10-12 Passengers (RTs)		Annual			
Cold Pack*		One Time			
Elbow CPM		One Time			
Ford Transit Van (65160)		Annual			
Hot Pack*		Annual			
Industrial Sewing Machine		One Time			
InMotion Shoulder/Elbow		Annual			
InMotion Wrist/Forearm		Annual			
MV-1 Van (65469)		Annual			
NMES*		Annual			
Paraffin*		One Time			
Paragolfer (RTs)		One Time			
Pulse Oximeter		One Time			
SAEBO MAS		One Time			
Splint Pan		One Time			
Suctioning		Annual			
TENS*		Annual			
Tyromotion Amadeo Hand		One Time			
Tyromotion Diego		One Time			
Ultrasound*		Annual			
Ventilator (with Respiratory Therapy)		Annual			

I understand that I will not use equipment for which I have not received training. If I am unfamiliar with a piece of equipment, I will contact my supervisor to arrange for training prior to its use.

To use * independently, requires Advanced Practice Approval (APA) in Physical Agent Modalities (PAM) from CBOT.

Employee has PAM APA

To use * supervised, requires supervision from an OT who has obtained PAM APA, a PT, or a physician.

Employee does not have PAM APA

EMPLOYEE SIGNATURE / TITLE

DATE

VERIFIED BY / TITLE

DATE

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.1

Follows steps:		ACTIVE PASSIVE PRO (UE AND LE EXERCISE)
Yes	No	
		Identifies medical conditions that can benefit from the use of Active Passive PRO Generalized weakness, debility/deconditioning
		Identifies the benefits of Active Passive PRO Muscle strengthening, endurance training, facilitate biofeedback/balance (only for LE), monitor cardiac output and vital capacity
		States contraindications and precautions for use Severe shoulder and elbow pain, acute shoulder and elbow orthopedic injury or acute fracture that require immobilization, compromised motor control due to neurological conditions
		Demonstrates appropriate equipment set-up that meets intended treatment goal and anticipated outcome <ol style="list-style-type: none"> 1. Set-up wheelchair/chair and adjust height of the equipment including set-up for UE or LE ex 2. Use tie downs in proper position to prevent wheelchair from moving and/or tipping 3. Apply foot straps if applicable to secure feet onto the pedal 4. Turn on/off equipment 5. Exercise Mode Set-up <ul style="list-style-type: none"> - Passive Mode (Resistance, Speed, Time/Duration, Direction of Rotation, Spasm Control, Exercise Region) - Active/Activity Mode (Resistance, Speed, Power/Resistance, Time/Duration, Spasm Control, Exercise Region) - Spasm Control (Levels of Sensitivity; Restarting the System; Modifying Direction of Rotation)
		Routinely checks with patient regarding tolerance to equipment use
		Accurately assesses and documents effects of treatment, monitors treatment, and modifies treatment as appropriate
		Demonstrates proper upkeep of equipment including cleaning of Active Passive PRO
		Identifies when appropriate to terminate treatment <ul style="list-style-type: none"> - Equipment not working properly - Patient demonstrates negative effect during treatment session

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.2

Follows steps:			ARMEO POWER
Yes		N o	
OT	OTA		
			States indications for use which include: - Muscle strengthening - Neuromuscular re-education -ROM management -Cognitive re-training -Visual perceptual re-training *Use is indicated for individuals who demonstrate MMT values between 0/5 and 2/5 in the shoulder/elbow
			States contraindications, precautions and considerations for use: -pain -orthosis cannot be fitted to the relevant arm -orthopedic conditions (fractures, hardware) -pronounced, fixed contractures - open skin lesions -shoulder joint subluxation or instability -severe spasticity and/or spontaneous movements -severe postural instability -non-stable vital functions -impaired cognition (agitation/confusion) -inability to follow simple commands -significant vision impairments -severe epileptic disorder with frequent seizures *Additional contraindications and risk factors are listed in the Hocoma Power manual and must be reviewed by the staff member using the device
			States potential side effects and limitations of performance: -muscle pain -joint pain -skin irritation and lesion -high levels of spasticity -arm weight exceeding 6.75 kg (14.85 lbs.)
			Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
			Explains evidence-based rationale for using robotic therapy
			Robot Set-up and Operations
			<ul style="list-style-type: none"> Explains operation and function of the Emergency Stop and the Telestop buttons
			<ul style="list-style-type: none"> Completes L/R workstation adjustment (including changeover of the shoulder module, changeover of the upper arm module, circular side changeover, and adjusting the shoulder offset)
			<ul style="list-style-type: none"> Explains robot parts and function (adjustment for upper arm length, forearm length, shoulder offset, and hand grip)
			<ul style="list-style-type: none"> Properly adjusts arm orthosis to patient using recommended procedure: positioning of pt. (w/c without armrest, normal chair without armrests), adjustment of shoulder joint position, height adjustment of the arm orthosis, placement of pt.'s arm in the orthosis, adjustment of upper arm length, forearm length, and hand grip
			<ul style="list-style-type: none"> Starts up and logs in, independently problem solves if start-up does not occur. - Username: Armeo, Password: Armeo; select TRAINING
			<ul style="list-style-type: none"> Sets up a new patient profile or accurately locates current patient profile. -Inpatient/Outpatients: Use patient first initials and first 3 letters of last name
			<ul style="list-style-type: none"> Accurately configures ArmeoPower for patient on "device settings" screen: - upper arm length, - lower arm length, - safety zones, - arm weight support
			Explains procedure to patient/family in language which meets his/her age level and understanding
			Initial Assessments
			<ul style="list-style-type: none"> A-ROM (Armeo Range of Motion to establish the workspace of the patient in one dimension); patient uses their active movement; follow directions on the screen
			<ul style="list-style-type: none"> A-MOVE (to establish the workspace of the patient in two and three dimensions); patient uses their active movement to define workspace; instruct patient to "paint" as much of the wall as possible

			Therapy Plan
			<ul style="list-style-type: none"> • Sets up therapy plan for patient by adjusting therapy goal, active joints, selecting appropriate exercises, and adjusting global settings of exercises
			<ul style="list-style-type: none"> • Begins training using defined therapy plan
			<ul style="list-style-type: none"> • Demonstrates ability to make adjustments to settings as needed after training has started
			Robot Documentation & Reports
			<ul style="list-style-type: none"> • Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
			<ul style="list-style-type: none"> • Documents robotic program details and patient response in OT notes
			Routinely checks with patient regarding tolerance of robot therapy
			Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
			Identifies when appropriate to terminate robotic treatment
			OT, OTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
			Identifies when consultation/assistance is needed in specific circumstances
			Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present (for initial competency checkout only)
			Demonstrates care of the robotic equipment & environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
			Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.3

Follows steps:		No	ARMEO SPRING/ARMEO SPRING PEDIATRIC
Yes			
OT	OTA		
			States indications for use which include: - Muscle strengthening - Neuromuscular re-education -ROM management -Cognitive re-training -Visual perceptual re-training *Use is indicated for individuals who demonstrate MMT values between 1/5 and 3/5 in the shoulder/elbow
			States contraindications, precautions and considerations for use: -pain -orthosis cannot be fitted to the relevant arm -orthopedic conditions (fractures, hardware) -pronounced, fixed contractures -open skin lesions -shoulder joint subluxation or instability -severe spasticity and/or spontaneous movements -severe postural instability -non-stable vital functions -impaired cognition (agitation/confusion) -inability to follow simple commands -significant vision impairments
			Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
			Explains evidence-based rationale for using robotic therapy
			Robot Set-up and Operations
			<ul style="list-style-type: none"> Explains robot parts and function (lock mechanisms for shoulder joint, L/R use of elbow joint, pronation/supination, wrist flex/ext.; upper arm cuff; forearm cuff; adjustment for wrist, forearm, and upper arm length; adjustment for weight compensation of upper arm and of forearm; circular slide for forearm cuff)
			<ul style="list-style-type: none"> Starts up and logs in (user name: ARMEO, password: ARMEO), independently problem solves if start-up does not occur
			<ul style="list-style-type: none"> Completes L/R workstation adjustment (including pins, connection cable, circular slide, upper arm cuff, and gantry)
			<ul style="list-style-type: none"> Properly adjusts arm orthosis to patient using recommended procedure: lock shoulder joint, position Armeo Spring, adjust position of the shoulder joint (anterior/posterior), adjust height of the arm orthosis, adjust back cushion, lateral adjustment of arm orthosis, place pt.'s arm in orthosis, make sure hand is flush with the handle, adjust forearm length, adjust upper arm length, check and adjust settings, adjust forearm weight support, adjust upper arm weight support, adjust wrist position, adjust pronation/supination
			<ul style="list-style-type: none"> Sets up a new patient profile or accurately locates current patient profile. -Inpatient/Outpatients: Use patient first initials and first 3 letters of last name
			<ul style="list-style-type: none"> Accurately configures Armeo Spring for patient on "device settings" screen
			Explains procedure to patient/family in language which meets his/her age level and understanding
			Initial Assessments
			<ul style="list-style-type: none"> A-ROM (Armeo Range of Motion to establish the workspace of the patient in one dimension); patient uses their active movement; follow directions on the screen
			<ul style="list-style-type: none"> A-MOVE (to establish the workspace of the patient in two and three dimensions); patient uses their active movement to define workspace; instruct patient to "paint" as much of the wall as possible
			<ul style="list-style-type: none"> Patient Zone Screen (this tells the software not to place any items where the patient would have to move their legs or torso)
			Therapy Plan
			<ul style="list-style-type: none"> Sets up therapy plan for patient by adjusting therapy goal, active joints, selecting appropriate exercises, and adjusting global settings of exercises
			<ul style="list-style-type: none"> Begins training using defined therapy plan
			<ul style="list-style-type: none"> Demonstrates ability to make adjustments to settings as needed after training has started

Robot Documentation & Reports		
		<ul style="list-style-type: none"> Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
		<ul style="list-style-type: none"> Documents robotic program details and patient response in OT notes
		Routinely checks with patient regarding tolerance of robot therapy
		Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
		Identifies when appropriate to terminate robotic treatment
		OT, OTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
		Identifies when consultation/assistance is needed in specific circumstances
		Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present (for initial competency checkout only)
		Demonstrates care of the robotic environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
		Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.4

Follows steps:		BARIHAB X5 TREATMENT AND ASSESSMENT PLATFORM
Yes	No	
		Identifies medical conditions that can benefit from the use of the Barihab X5 Treatment and Assessment Platform
		Identifies the benefits of the Barihab X5 Treatment and Assessment Platform
		States contraindications and precautions for use <i>500lbs max for lifting</i>
		Demonstrates appropriate equipment set-up that meets intended treatment goal and anticipated outcome <ol style="list-style-type: none"> 1. Adjusts and locks transfer bars or transfer pole appropriately 2. Adjusts height, backrest, seat lift, foot plate appropriately 3. Positions chest plate and knee blocker appropriately 4. Adjusts/readjusts height of mat, seat lift, and backrest appropriately during sit ↔ stand transitions 5. Demonstrates how to accommodate individuals with lower extremity weight bearing precautions in standing using scale 6. Positions parallel bars and parallel bar safety seat appropriately
		Routinely checks with patient regarding tolerance to equipment use
		Accurately assesses and document effects of treatment, monitors treatment, and modifies treatment as appropriate
		Demonstrates proper upkeep of equipment including cleaning of Barihab X5 Treatment and Assessment Platform
		Identifies when appropriate to terminate treatment on Barihab X5 Treatment and Assessment Platform Equipment not working properly Patient demonstrates negative effect during treatment session

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.5

Follows steps:			BIONESS H200 WIRELESS
Yes		No	
OT	OTA		
			States indications for use which include: -FES: improvement of hand function and AROM -NMES: maintain and/or increase hand ROM, prevention and/or retardation of disuse atrophy, increase in local blood circulation, reduction of muscle spasm, re-education of muscles
			States contraindications and precautions for use: –cardiac pacemaker –implanted defibrillator – implanted metallic or electronic device –presence of a fracture or dislocation which would be adversely affected by motion from the stimulation –open wounds/incision near electrode site –cancerous lesion present or suspected PRECAUTIONS: –epilepsy –risk of autonomic dysreflexia –AV fistula for hemodialysis –insufficient blood flow –pregnancy ADVERSE REACTIONS: stop use if signs of significant irritation or pressure sore, increase in muscle spasticity, swelling of hand, wrist, or forearm, feeling of heart–related stress
			Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
			MD ORDER: “NMES” is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
			Sets up H200W for patient, including adjustment of stimulation parameters using the clinician’s programmer and adjustment of orthosis using clinician kit
			Properly places H200W orthosis on patient, including attachment of electrodes, and initiates treatment
			Explains procedure to patient/family in language which meets his/her age level and understanding
			Routinely checks with patient regarding tolerance of stimulation
			Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
			Documents H200W program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT
			Identifies when appropriate to terminate treatment
			Identifies when consultation/assistance is needed in specific circumstances
			Demonstrates competence with use of H200W with an individual patient while an instructor is present (for initial competency checkout only). For an OT: includes set up of stimulation parameters
			Follows guidelines for treatment as outlined in the practical guide for NMES (see reference below) unless appropriate rationale is identified
			Demonstrates proper upkeep of equipment, including proper storage and charging of the H200W system
			OT and OTA demonstrate frequent and effective communication regarding the details of use of Bioness H200W

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.6

Follows steps:		BLOOD PRESSURE CUFF
Yes	No	
		1. Explains procedure to patient in language that meets his/her age level and understanding
		2. Chooses proper cuff size depending on age/size of patient
		3. Positions patient either sitting or supine with arm supported at heart level
		4. Applies deflated cuff with lower edge 1" above elbow crease and centers bladder over brachial artery
		5. Positions stethoscope over brachial artery
		6. Inflates the cuff rapidly to 20-30mm higher than patient's normal systolic pressure; if not known, inflates to 200mm
		7. Deflates the cuff at a rate of 2-3mm per second
		8. Keeps eye on the needle and listens for systolic sound; reads gauge when sound is first heard to determine the systolic pressure
		9. Keeps eye on the needle and listens for beats to become softer and disappear; reads gauge when the beats disappear to determine the diastolic pressure
		10. Deflates cuff completely before removing from patient's arm

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.7

Follows steps:		HOME ASSESSMENT VAN/ 10-12 PASSENGER VAN
Yes	No	
		1. General Orientation
		A. Knows where to pick up and return keys.
		B. Knows to bring a cell phone
		C. Knows parking location of Vehicle
		D. Is aware of sign-out sheet- who to call to reserve the van
		E. Knows parking location of van
		F. Knows how to complete paperwork including vehicle inspection
		G. Knows who to contact in case of an accident or break down (towing co.) (during day hours, transportation, and charge nurse) (evening hours, charge nurse)
		H. Knows who to call in case of a medical emergency (during day hours, 911, charge nurse) (evening hours, 911 charge nurse)
		2. Van Operation (demonstration - return demonstration)
		A. Knows van's vertical clearance (9 feet) for home visit van and (12 feet) for RT vans, and knows not to park in any parking structure including Rancho Los Amigos.
		B. Demonstrates adjustment of rear view mirrors and driver's chair.
		C. Demonstrates operation of air conditioner and heater.
		D. Knows vehicle's Echo warning backing-up system. Knows not to back up into any object, protecting the Echo system sensors on the bumpers. Knows to reduce internal vehicle noise while backing up in order to hear echo warnings.
		E. Knows not to eat/drink any food or beverages on board with the exception of water.
		F. Demonstrates the use of storage areas and securing it while driving. <u>Home Visit Van:</u> <ul style="list-style-type: none"> • Demonstrates the use of locks • Demonstrates the use of fold up chairs • Demonstrates use of cabinet door and secures it to the roof when open • Knows limit of passengers: • 1 W/C, 5 passengers and driver OR • 2 W/Cs, 2 passengers and driver OR • 4 ambulatory individuals and driver OR • 1 ventilator dependent patient at a time, only. <u>10-12 Passenger Van:</u> <ul style="list-style-type: none"> • Demonstrates the use of locks, CD stereo. • Knows limit of number of passengers and configuration: • Up to 5 wheelchairs(forward facing), up to 7 seated passengers

		3. Lift Operation and Wheelchair placement (demonstration - return demonstration)
		A. Operates lift safely with patient on it, including engaging w/c brakes.
		B. Knows how to attach and tighten 7-point tie-down/restraint.
		C. Checks to ensure that wheelchair brakes are locked.
		D. Checks to see that seat belts are on or soft ties applied.
		E. Applies special chest strap for patients requiring extra trunk support.
		F. Knows how to operate lift manually for emergencies.
		G. Knows use of hand-held control box for lift operation.
		H. Knows to engage emergency brake prior to lift operation.
		I. Knows how to open side doors
		4. Locating emergency equipment (demonstration - return demonstration)
		A. Knows location of the Emergency Packet.
		B. Knows location of the Fire Extinguisher.
		C. Knows location of the First Aid Kit.
		D. Is aware of extra equipment that needs to be taken for patients with special needs such as candy for patients with diabetes, blood pressure monitor for patients T-6 and above SCI, suctioning machine for patients with tracheostomy, etc.
		<u>Home Assessment Van:</u>
		<ul style="list-style-type: none"> • Knows location of Emergency Resuscitation Equipment. • Knows location of plugs for suctioning and ventilator battery
		<u>Extra Equipment:(demonstration-return demonstration)</u>
		<ul style="list-style-type: none"> • Demonstrates ramp operation (ratchet use to secure ramp and transporting it.) • Demonstrates bath-bench tie down and secures other needed equipment. • Identifies location of miscellaneous equipment such as towels, blood pressure cuffs, etc. • Identifies list of objects that remain in the van. • Knows procedure for replacing used items, disposing of items and notifying missing/malfunctioning equipment.

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

Has demonstrated competence in

- 10-12 Passenger Van:_____
- Home Assessment Van:_____

* Must have Class B License to drive 10-12 passenger van

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.8

Follows steps:		COLD PACK
Yes	No	
		States indications for use of cold pack: -inflammation -spasticity (prolonged cooling) -trigger points -decreased ROM
		Knows contraindications and precautions to use of cold pack which include: -cold hypersensitivity -Raynaud's disease -circulatory compromised area -peripheral vascular disease -regenerating peripheral nerves -healing tissue -open wound -hypertension - poor sensation -impaired cognition
		Explains procedure to patient in language that meets his/her age level and understanding
		Knows sensory evaluation results for area where cold pack is to be applied
		Keeps in mind any cognitive/language/sensory deficits which may prevent patient from alerting therapist if problems arise
		Applies cold pack over moist towel no longer than 20 minutes or applies ice massage in small circular motions for approximately 5 minutes
		Periodically checks with patient regarding tolerance
		MD ORDER: "Cold Pack" is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
		Documents cold pack program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT)

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.9

Follows steps:		ELBOW CPM
Yes	No	
		1. Is familiar with operation of CPM unit (consult area instructor and manual as needed)
		2. States precautions and contraindications to use of CPM
		3. Explains procedure to patient in language which meets his/her age level and understanding
		4. Pre-sets desired range of motion
		5. Maintains pre-set range of motion as per CPM unit instructions
		6. Positions patient appropriately for CPM unit
		7. Sets the desired amount of time for patient to remain on the CPM
		8. Starts the CPM and checks for patient tolerance
		9. Places control box out of patient reach if desired
		10. Always turns power switch off before removing patient from the machine and unplugging from the wall

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.10

_____ Staff initials if they have completed the MANDATORY online Defensive Driving Course

Follows Steps:		HOME ASSESSMENT VAN FORD TRANSIT (65160)
Yes	No	
		1. General Orientation
		a. Knows how to reserve the vehicle
		b. Knows how to complete the "Pool Vehicle Trip Report" prior to trip
		c. Knows where to pick up and return keys
		d. Knows the designated parking location for the Ford Transit Van (65160)
		e. Knows how to complete the transportation paperwork including vehicle inspection
		f. Knows to bring a cell phone
		g. Knows the van's vertical clearance (9') and knows <u>NOT TO PARK in ANY PARKING STRUCTURE</u> including Rancho's
		h. Knows <u>NOT to eat or drink or bring any beverages</u> on board with the exception of water
		i. Completes the "Community Outing and Home Visit Information" Form and place it <u>INSIDE</u> the appropriate nursing station/s.
		j. Completes the Community Outing and Home Visit Checklist
		2. Van Operation (via demonstration)
		a. Able to lock and unlock the car using the key fob
		b. Knows when all the doors are not fully closed. Knows the difference between a single vs double beep when attempting to lock the van using the key fob
		c. Able to adjust side and rear view mirrors
		d. Able to operate the power locks
		e. Able to locate the hazard light
		f. Able to operate front and rear AC and heater system
		g. Able operate and pair Bluetooth hands free phone system
		h. Knowledgeable and able to demonstrate use of all the parking assist features (audio assist and rear view camera).
		3. Lift Operation (via demonstration)
		a. Knows how to setup the van to allow proper lift operation (engine on, gear on park, and parking brakes engaged)
		b. Knows how to "turn on" the lift
		c. Knows how to operate the lift safely using the hand-held controller (i.e. lock wheelchair brakes, use lift belt, etc.)
		d. Knows how to operate the lift MANUALLY in the event the lift malfunctions
		e. Knows what to do when the patient engage the "Threshold Plate"

		f. Remember to "turn off" the lift after use (this is to help save/preserve the van battery)
		g. Knows how to troubleshoot in case the lift drifts out of position
		4. Wheelchair & Equipment Tie Down and Placement (via demonstration)
		a. Knows the limit of passengers
		b. Knows how to safely fasten the tie downs to secure the patient and wheelchair. Tie downs are only hooked on to the main frame of the wheelchair and not to detachable parts like the leg rest. Shoulder and lap straps are both properly attached to the floor and ceiling. Shoulder strap is properly placed
		c. Properly releases and puts away the tie downs.
		d. Knows how to properly secure additional equipment using the accessory tie downs (i.e. bath bench, mechanical lifts, etc.)
		e. For appropriate staff only: Knows how to engage and disengage jump seats
		f. Untrained staffs or volunteers <u>MAY NOT</u> operate the tie down and lift
		5. Emergency Protocols
		a. Knows the location of the Emergency Packet
		b. Knows the location of the fire extinguisher
		c. Knows the location of the first aid kit
		d. Is aware to bring extra equipment that is needed based on the patient's individual needs (i.e. suction machine, etc.)
		e. Knows the location of aux power plugs (2)
		f. Knows where and how to use the emergency web cutter
		g. Knows who to call in case of medical emergency - 911
		h. Knows to call patient unit (using phone numbers on ID badge) in the event of an accident involving the patient (i.e. fall, etc.)
		i. Knows to check emergency packet for who to call in the event of an accident involving the vehicle emergency packet
		j. Knows who to call in the event of a van breakdown: Rancho Operator (562) 385-7111 Rancho Facilities (562) 385-7291

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.11

Follows steps:		HOT PACK
Yes	No	
		1. Knows contraindications to use of hot pack
		2. Knows sensory evaluation results for area where hot pack is to be applied
		3. Keeps in mind any cognitive language/sensory deficits which may prevent patient from alerting therapist if problems arise
		4. Checks temperature of Hydrocollator (temperature should be between 160 to 166°F)
		5. Explains procedure to patient in language which meets his/her age level and understanding
		6. Examines area to be treated prior to treatment
		7. Removes hot pack from Hydrocollator with metal tongs
		8. Knows <u>not to</u> : have patient lay on top of hot pack, use toweling that is already moist, apply hot pack directly over cuts or abrasions, use hot pack after balms or ointments have been applied, or apply one hot pack on top of another
		9. Places minimum of 6-8 layers of towels between hot pack and patient. Covers top of hot pack to prevent heat escape
		10. Monitors patient closely within the first 3-5 minutes (for skin discoloration, temperature, pain) and continues to check skin every 5-10 minutes; if excessive redness/mottling appears, skin feels excessively warm to touch, or patient reports discomfort, adds additional towels
		11. Applies hot pack for no longer than 20 minutes
		12. MD ORDER" "Hot Pack" is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
		13. Documents hot pack program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT)

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.12

Follows steps:		INDUSTRIAL SEWING MACHINE
Yes	No	
		1. Keeps machine properly maintained, oiled, and lint free for optimum performance
		2. Checks that the machine is properly threaded and that the thread tension is properly set
		3. Is able to fill and install the bobbin
		4. Coordinates brake release and hand operation
		5. Demonstrates safe foot control (full foot on pedal)
		6. Demonstrates proper guiding of material (doesn't help the machine)
		7. If machine fails to start, makes sure electrical plugs are properly connected
		8. Adjusts pressure foot to ensure proper pressure and feed for weight and texture of fabric
		9. Turns power off after each use
		10. Does not attempt to repair machine or replace needle (calls Karl Burger)
		11. Knows the machine is mainly for employee use and that patient use in appropriate situations requires supervision by a therapist who has been checked out (or Karl Burger) once the appropriate patient consent form is signed by the patient and therapist

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.13

Follows steps:			INMOTION SHOULDER/ELBOW ROBOT
Yes	No		
OT	OTA		
			States indications for use which include: - Muscle strengthening - Neuromuscular re-education -ROM management -Cognitive re-training -Visual perceptual re-training *Use is indicated for individuals who demonstrate MMT values between 1/5 and 3/5 in the shoulder/elbow
			States contraindications, precautions and considerations for use: -pain -orthosis cannot be fitted to the relevant arm -orthopedic conditions (fractures, hardware) -pronounced, fixed contractures -open skin lesions -shoulder joint subluxation or instability -severe spasticity and/or spontaneous movements -severe postural instability -non-stable vital functions -impaired cognition (agitation/confusion) -inability to follow simple commands -significant vision impairments
			Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
			Explains evidence-based rationale for using robotic therapy
			Prior to treating the patient, reserves robotic appointment utilizing the online robotic schedule
			Robot Set-up and Operations
			<ul style="list-style-type: none"> • Robot parts and function
			<ul style="list-style-type: none"> • Start-up procedure, independently problem solves if start-up does not occur.
			<ul style="list-style-type: none"> • Calibration procedure, independently problem solves if calibration is "bad".
			<ul style="list-style-type: none"> • Test procedure
			<ul style="list-style-type: none"> • Temporary disabling procedure for emergencies
			<ul style="list-style-type: none"> • Adjusts workstation (trough type, hand cone, Dycem, splints/adaptations, chair type or standing, chest straps/ties)
			<ul style="list-style-type: none"> • Properly positions patient (sets height of robot using crank, positions the computer monitor at proper angle and depth, positions patient in front/to side).
			<ul style="list-style-type: none"> • Creates a new patient profile or accurately locates current patient profile. -Inpatient/Outpatients: use Rancho number only + r (right ue) or l (left ue) -Membership: no rancho number, member self-selects a name
			Explains procedure to patient/family in language which meets his/her age level and understanding
			Robot Evaluation
			<ul style="list-style-type: none"> • Evaluation Tool: Clocks
			<ul style="list-style-type: none"> • Evaluation Tool: Point-to-Point
			<ul style="list-style-type: none"> • Evaluation Tool: Playback Static
			<ul style="list-style-type: none"> • Evaluation Tool: Round Dynamic
			<ul style="list-style-type: none"> • Evaluation Tool: Shoulder Flexion/Extension
			<ul style="list-style-type: none"> • Evaluation Tool: Shoulder Abduction/Adduction
			<ul style="list-style-type: none"> • Accurately analyzes and interprets evaluation results
			<ul style="list-style-type: none"> • Develops an appropriate treatment plan and protocol (evidence based, performance based, appropriate for dx & patient current assignment (IP/OP/Member)

			Robot Treatment
			<ul style="list-style-type: none"> Accurately follows recommended primary planar treatment protocol (Adaptive, Composite, K1012 Adaptive, K1012 Random, Ku10 Adaptive, Ku10 Random, Playback, Adaptive Grasp-not available)
			<ul style="list-style-type: none"> Creatan-Square Maze Activity & Modify Parameters
			<ul style="list-style-type: none"> Pong Activity & Modify Parameters
			<ul style="list-style-type: none"> Race "Driving" Activity & Modify Parameters
			<ul style="list-style-type: none"> Squeegee Activity & Modify Parameters
			Robot Documentation & Reports
			<ul style="list-style-type: none"> Creates, saves & prints evaluation reports
			<ul style="list-style-type: none"> Creates, saves & prints treatment reports
			<ul style="list-style-type: none"> Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
			<ul style="list-style-type: none"> Documents robotic program details and patient response in OT notes
			Routinely checks with patient regarding tolerance of robot therapy
			Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
			Identifies when appropriate to terminate robotic treatment
			OT, OTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
			Identifies when consultation/assistance is needed in specific circumstances
			Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present. (For initial competency checkout only)
			Demonstrates care of the robotic environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
			Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.14

Follows steps:		INMOTION WRIST/FOREARM ROBOT
Yes	No	
OT	OTA	
		States indications for use which include: - Muscle strengthening - Neuromuscular re-education -ROM management -Cognitive re-training -Visual perceptual re-training
		States contraindications, precautions and considerations for use: -pain -orthopedic conditions (fractures, hardware) -impaired cognition (agitation/confusion) -inability to follow simple commands -significant vision impairments
		Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
		Explains evidence-based rationale for using robotic therapy
		Prior to treating the patient, reserves robotic appointment utilizing the online robotic schedule
		Robot Set-up and Operations
		<ul style="list-style-type: none"> • Robot parts and function • Start-up procedure, independently problem solves if start-up does not occur • Calibration procedure, independently problem solves if calibration is "bad" • Test procedure • Temporary disabling procedure for emergencies
		<ul style="list-style-type: none"> • Adjusts workstation (glove, ace bandage, tape, Dycem, splints/adaptations, chair type or standing, chest straps/ties)
		<ul style="list-style-type: none"> • Properly positions patient (sets height of robot using crank, positions the computer monitor at proper angle and depth, positions patient in front/to side)
		<ul style="list-style-type: none"> • Creates a new patient profile or accurately locates current patient profile -Inpatient/Outpatients: use rancho number only + r (right ue) or l (left ue) -Membership: no rancho number, member self-selects a name
		Explains procedure to patient/family in language which meets his/her age level and understanding
		Robot Evaluation
		<ul style="list-style-type: none"> • Evaluation Tool: Stretch FE (Flexion Extension) • Evaluation Tool: Point-to-Point • Evaluation Tool: Playback Static • Evaluation Tool: Round Dynamic • Evaluation Tool: Point to Point PS (Pronation Supination) • Evaluation Tool: Playback Status PS • Evaluation Tool: Round Dynamic PS • Accurately analyzes and interprets evaluation results. • Develops an appropriate treatment plan and protocol (evidence based, performance based, appropriate for dx & patient current assignment (IP/OP/Member)

			Robot Treatment
			<ul style="list-style-type: none"> Accurately follows recommended primary planar treatment protocol (Adaptive, Composite, K1012 Adaptive, K1012 Random, Ku10 Adaptive, Ku10 Random, Playback, Random)
			<ul style="list-style-type: none"> Creatan-Square Maze Activity & Modify Parameters
			<ul style="list-style-type: none"> Pong Activity & Modify Parameters
			<ul style="list-style-type: none"> Race "Driving" Activity & Modify Parameters
			<ul style="list-style-type: none"> Squeegie Activity & Modify Parameters
			Robot Documentation & Reports
			<ul style="list-style-type: none"> Creates, saves & prints evaluation reports
			<ul style="list-style-type: none"> Creates, saves & prints treatment reports
			<ul style="list-style-type: none"> Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
			<ul style="list-style-type: none"> Documents robotic program details and patient response in OT notes
			Routinely checks with patient regarding tolerance of robot therapy
			Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
			Identifies when appropriate to terminate robotic treatment
			OT, OTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
			Identifies when consultation/assistance is needed in specific circumstances
			Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present. (For initial competency checkout only)
			Demonstrates care of the robotic environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
			Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.15

____ Staff initials verifying they have completed the MANDATORY online Defensive Driving Course

____ Staff initials verifying they have completed watching the Q'Straint Video Training

Follows Steps:		HOME ASSESSMENT MINIVAN MV-1 (65469)
Yes	No	
		1. General Orientation
		a. Knows how to reserve the vehicle
		b. Knows how to complete the "Pool Vehicle Trip Report" prior to trip
		c. Knows where to pick up and return keys
		d. Knows the designated parking location for the MV1
		e. Knows how to complete the transportation paperwork including vehicle inspection
		f. Knows to bring a cell phone
		g. Knows <u>NOT to eat or drink or bring any beverages</u> on board with the exception of water
		h. Completes the "Community Outing and Home Visit Information" Form and places it <u>INSIDE</u> the appropriate nursing station/s.
		i. Completes the Community Outing and Home Visit Checklist
		2. Van Operation (via demonstration)
		a. Locks and unlocks the van using the key fob
		b. Knows when all the doors are not fully closed
		c. Adjusts the driver seat
		d. Adjusts side and rear view mirrors
		e. Operates the power locks
		f. Operates AC and heater system
		g. Operates the front and rear windshield wiper
		h. Locates the hazard lights
		i. Operates and pairs Bluetooth hands free phone system (Code is "0000" under "MAGM4LCD")
		j. Knows and demonstrates use of the parking assist features (rear view camera; auditory BEEP during reverse function is <u>NOT a distance sensor</u> but is only an auditory cue for people to know vehicle is backing up)
		3. Lift Operation (via demonstration)
		a. Sets up the van to allow proper lift operation (engine on, gear on park, and parking brakes engaged)

		b. Deploys the lift, both LONG and SHORT version Long ramp needs at least 10 feet of clearance on the passenger side Short ramp needs at least 6 feet of clearance on the passenger side
		c. Knows the capacity of the lift (600lbs)
		d. Operates the lift MANUALLY in the event the power lift malfunctions
		4. Wheelchair & Equipment Tie Down and Placement (via demonstration)
		a. Watched the Q'Straint Video Training
		b. Knows the limit of passengers
		c. Safely fastens the tie downs to secure the patient and wheelchair. Tie downs are only hooked on to the main frame of the wheelchair and not to detachable parts like the leg rest. Shoulder and lap straps are both properly attached to the floor and ceiling. Shoulder strap is properly placed
		d. Properly releases and puts away the tie downs
		e. Knows how to engage and disengage jump seats
		f. Untrained staff or volunteers <u>MAY NOT</u> operate the tie down and lift
		5. Emergency Protocols
		a. Locates the Emergency Packet
		b. Locates the fire extinguisher
		c. Locates the first aid kit
		d. Knows to bring extra equipment that is required based on the patient's individual needs (i.e. suction machine, etc.)
		e. Locates aux power plugs (5)
		f. Locates and knows how to use the emergency web cutter
		g. Knows to call 911 in case of medical emergency
		h. Knows to call patient unit (using phone numbers on ID badge) in the event of an accident involving the patient (i.e. fall, etc.)
		i. Knows to check emergency packet for who to call in the event of an accident involving the vehicle
		j. Knows who to call in the event of a van breakdown – Rancho Operator (562) 385-7111 Rancho Facilities (562) 385-7291

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.16

Follows steps:			NEUROMUSCULAR ELECTRICAL STIMULATION (NMES)
Yes		No	
OT	OTA		
			States indications for use which include: - Muscle strengthening - Contracture/ROM management - Neuromuscular re-education - Shoulder subluxation
			States contraindications and precautions for use:-pregnancy -pacemaker -open wounds/incision near electrode site -protruding metal near electrode site (staples, external fixation devices) -immobilized joint due to fracture -active malignancy CAUTION with: -RSD -newly shaved skin (~2 days) -MS & AIDS
			Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
			MD ORDER: "NMES" is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
			Sets stimulation parameters, selects electrodes
			Properly places the electrode based on the desired application
			Explains procedure to patient/family in language which meets his/her age level and understanding
			Routinely checks with patient regarding tolerance of stimulation
			Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
			Documents NMES program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT)
			Identifies when appropriate to terminate treatment
			Identifies when consultation/assistance is needed in specific circumstances
			Gives a case presentation in NMES Rounds (or individually) with an instructor present. (for initial checkout only. See NMES Case Presentation Form)
			Strictly follows guidelines for treatment as outlined in the practical guide for NMES (see reference below) unless appropriate rationale is identified
			Demonstrates proper upkeep of equipment, including proper storage and changing of batteries
			OT and OTA demonstrate frequent and effective communication regarding the details of NMES programs

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.17

Follows steps:		PARAFFIN
Yes	No	
		1. States indications for use which include: - joint pain - joint stiffness - scar tightness
		2. States contraindications and precautions for use: - sensory impairment - non-intact skin
		3. Plugs unit in and allows at least 4 hours for paraffin to melt and temperature to stabilize (126°-129°F)
		4. Explains procedure to patient in language which meets his/her age level and understanding
		5. Has patient wash part then dry thoroughly
		6. To assure comfort, first dips tip of body part to be treated
		7. Follows with 5-10 dipping's to coat the part with a paraffin "glove"
		8. Wraps part in plastic and covers with towels to retain heat
		9. Removes paraffin after 15-20 minutes, or sooner if patient no longer feels warmth
		10. When treatment is complete, strips off paraffin "glove" and discards
		11. When paraffin unit is not in use covers tank and disconnects plug
		12. MD ORDER: "Paraffin" is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
		13. Documents paraffin program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT)

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

_____ Instructor Name

_____ Instructor Signature

_____ Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.18

The ParaGolfer sports wheelchair is designed solely for individuals with physical disabilities who have impaired ambulation functioning. The ParaGolfer is intended for indoor and outdoor sport related/ leisure related activities. Utilization of device will require checkout through the Recreation Therapist on that specific service requesting usage.

COMPETENCE ESTABLISHED YES NO		Initials of Trainer	Performance Criteria	ParaGolfer Training
			Positioning	
			Seat Width	Inserted lateral pads on each side of the cushion to adapt seat width
			Lower Leg Length	Able to demonstrate the adjustment of foot plate by turning spindle with a size 8 Allen wrench. Turn the spindle clockwise to lower the seat bottom ; turn it counter-clockwise to raise the seat bottom. Since the footplate remains in the same position during adjustment, the seat height changes similarly to the distance between the seat and footplate.
			Backrest Adjustment	Loosens the clamps on the right and left backrest tube using the clamp levers. Then the backrest can be moved up and down along the tube. Firmly retighten the clamping levers after adjustment.
			Operation	
			Control Panel	Demonstrates the adjustment of control panel.
			Lap belt/Chest belt	Demonstrates application of belts
			Knee belt with Knee Pad	Pads must be applied tightly on the legs in the area just below the knee for fixation. Pull belt tight and close the hook and loop closure to fasten belt.
			Control Unit	Can locate and operate the on/off button, mode button, horn, LCD display and Driving functions
			Releasing and Locking Brakes	Identifies location on the right between the frame and seat and able to demonstrate procedure
			Batteries	Can locate the location of batteries which are located underneath the seat, centered in the chassis of the ParaGolfer.
			Charging of Batteries	Knowledge that the batteries can be charged at anytime , regardless of the remaining charge. It takes a minimum of 10 hours for a complete charge. When batteries are charging, the controls must be switched to off.
			Battery Charger Indicator	Able to verbalize meaning of color indicators: Yellow LED Lit- Less the 50% charged Yellow LED Flashes-Less then 90% charged Green LED Flashes-90% charged Green LED Lit- Fully charged Red LED Lit-Error(charging time exceeded or excess temperature) Red LED Flashes-Error(charging fuse blown or battery too old)
			Precautions	
			Tipping	Verbalizes the knowledge that driving on extreme terrain e.g icy surfaces, broken rock/rubble is not permitted. ParaGolfer has been approved for ascending or descending inclines of up to 17-30%
			Stand-up Function	Verbalizes the knowledge that the stand-up function may be used on level ground only. Must make certain that there are no interfering objects or obstacles in the stand-up area and can only be used with applied chest belt, lap belt and knee belt.
			Weight Limit	Knowledge of 300 Pound limit

I understand that I will not use equipment for which I have not received training. If I am unfamiliar with a piece of equipment, I will contact my supervisor to arrange for training prior to its use.

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.19

Follows steps:		PULSE OXIMETER
Yes	No	
		1. States general parameters for use of pulse oximeter with different patients (pulse oximeter sensor detects oxygen saturation and pulse rate; usually O2 saturation should be at least 90%)
		2. Is aware of operating instructions for different machines
		3. Explains the purpose of the pulse oximeter to the patient in language that meets his/her age level and understanding
		4. Attaches probe properly to finger, toe, or ear lobe
		5. Accurately reads O2 saturation level
		6. Follows specific recommendations/parameters for individual patients and knows indicators for discontinuing therapy

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.20

Follows steps:		SAEBO MOBILE ARM SUPPORT (MAS)
Yes	No	
		Identifies 2-3 conditions that can benefit from the use of Saebo MAS: Stroke, ABI, SCI (Tetra), MS, Neuromuscular conditions, Post-surgical orthopedic conditions pending medical clearance for active assist shoulder/elbow ROM
		Identifies the benefits of Saebo MAS use: Increase motor control, strength and ROM, Provide active use of affected arm with external support and facilitation, Minimize/reduce compensatory movement through inhibition, Minimize overuse injuries, Encourage repetitive task performance
		States contraindications and precautions for use: Severe shoulder and elbow pain, Acute shoulder and elbow orthopedic injury or acute fracture that require immobilization
		Identifies purposeful, and/or occupation-based goals that Saebo MAS will support, and demonstrates integration of occupation-based activities with Saebo MAS use
		Explains procedure to patient/family in language which meets his/her age level and understanding
		Demonstrates appropriate equipment set-up that meets intended treatment goal and anticipated outcome <ol style="list-style-type: none"> 1. Additional accessory equipment attachment as needed (forearm support, elbow support, wrist support) 2. Height adjustment (tension handle should be positioned at shoulder height depending on starting position) 3. Additional functionalities (forearm support lock, tension scale and adjustment, swivel stop) 4. Positioning (tension adjustment handle in relation to user i.e. sitting, standing, to the side)
		Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
		Routinely checks with patient regarding tolerance to equipment use
		Demonstrates proper upkeep of equipment including cleaning and storing of Saebo MAS
		Identifies when appropriate to terminate treatment <ul style="list-style-type: none"> -equipment not working properly -patient demonstrates negative effect during treatment session

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.21

Follows Steps:		SPLINT PAN
Yes	No	
		Before use if required: <ul style="list-style-type: none">• Closes valve• Fills pan with water• Turns ON power
		Knows pan should be filled with water according to manufacturer instructions
		Knows water temperature should be between 155 - 165° F to heat plastic effectively; adjusts temperature according to type of thermoplastic material being used (most are approximately 160°)
		Keeps lid in place to maintain temperature when pan is not in use to prevent evaporation and burn out of heating elements/electrical fire
		Uses tongs or other grasping tool to remove thermoplastic material from splint pan
		Dries and allows thermoplastic material to cool slightly then tests on own skin before applying to patient's skin
		Explains procedure to patient in language which meets to his/her age level and understanding
		Periodically checks with patient regarding tolerance
		Knows procedure for cleaning splint pan
		After use if required: <ul style="list-style-type: none">• Turns OFF power• Allows pan to cool before draining water• Opens valve to drain water, using hoses as necessary

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.22

Follows steps:		SUCTIONING (CLEAN TECHNIQUE)
Yes	No	
		1. Describes the difference between wall mount suction unit, portable clinic suction machine, portable outing machine, and back-up hand pump
		2. Lists age-related, diagnostic-specific safety concerns such as catheter size and adjustment in pressure set up
		3. Describes process of deciding when to suction a patient
		4. Explains procedure to patient in language that meets his/her age level and understanding
		5. Demonstrates preparation for safe and clean suctioning, including but not limited to gathering equipment and setting up a clean environment
		6a. Demonstrates safe and clean suctioning technique on a manikin using a portable clinic machine
		6b. Demonstrates safe and clean suctioning technique on a manikin using a portable outing machine
		7. Demonstrates safe disposal of suctioning materials (catheter, canister, gloves) and proper clean up procedures
		8. Demonstrates preparation of suction machine to assure its readiness for future use
		9. Lists patient specific equipment/supplies that must accompany the patient at all times when away from their room, such as an ambu-bag and size specific catheter

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.23

Follows steps:		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)	
Yes			No
OT	OTA		
		States indication for use which include: - pain control - pain management	
		States contraindications and precautions for use: CONTRAINDICATION: - over carotid sinus - demand type pace maker CAUTION with: -undiagnosed pain syndromes -heart disease - epilepsy - cancer	
		Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes	
		MD ORDER: "TENS" is included on OT admit note (in OT program section) and/or physician order in medical chart	
		Sets stimulation parameters, selects electrodes	
		Properly places the electrode based on the desired application	
		Explains procedure to patient/family in language which meets his/her age level and understanding	
		Routinely checks with patient regarding tolerance of stimulation	
		Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate	
		Documents TENS program details and patient response (including pain score before and after application) in daily/weekly progress note	
		Documents TENS program details and patient response in weekly progress notes. For OTs that are <i>not</i> PAM certified a PAM certified OT, MD, or PT must co-sign progress notes	
		Identifies when appropriate to terminate treatment	
		Identifies when consultation/assistance is needed in specific circumstances	
		Demonstrates proper upkeep of equipment, including proper storage and changing of batteries	
		OT and OTA demonstrate frequent and effective communication regarding the details of TENS programs	

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.24

Follows steps:		TYROMOTION AMADEO HAND ARM ROBOT
Yes	No	
OT	OTA	
		States indications for use which include: - Muscle strengthening - Neuromuscular re-education -ROM management -Cognitive re-training -Visual perceptual re-training *Use is indicated for individuals who demonstrate MMT values between 1/5 and 3/5 in the fingers and thumb
		States contraindications, precautions and considerations for use: -pain -orthosis cannot be fitted to the relevant arm -orthopedic conditions (fractures, osteoporosis) -pronounced, fixed contractures -open skin lesions -finger/thumb joint subluxation or instability -severe spasticity and/or spontaneous movements -severe postural instability -non-stable vital functions -impaired cognition (agitation/confusion) - inability to follow simple commands -significant vision impairments -pacemaker -arthritis of wrist/finger joints
		Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
		Explains evidence-based rationale for using robotic therapy
		Prior to treating the patient, reserves robotic appointment utilizing the online robotic schedule
		Robot Set-up and Operations
		<ul style="list-style-type: none"> Robot parts and function: power on/off, lifting column adjustment, hand-arm support adjustment, spread adjustment including finger and thumb slides, angular adjustment of mechanism, emergency stop button, finger/thumb pads
		<ul style="list-style-type: none"> Understand navigation of GRIPS software: patient selection, patient details, change range of movement, assessment tools, therapy programs, therapy report, operational elements (start, pause, ok/stop, sensitivity, finger activation/deactivation, sensor mode, finger/thumb mode), alarms
		<ul style="list-style-type: none"> Start-up and log-in procedure, independently problem solves if start-up does not occur
		<ul style="list-style-type: none"> Properly prepares patient for robot using recommended procedure: adjusts L/R workstation (including column height adjustment, angular adjustment, hand-arm adjustment), fastens finger/thumb pads to patient
		<ul style="list-style-type: none"> Sets up a new patient profile or accurately locates current patient profile. -Inpatient/Outpatients: Use medical record number only -Membership: No rancho number, member self-selects a name
		<ul style="list-style-type: none"> Accurately configures Amadeo for patient: set/edit range of movement, L/R and finger selection, problem solve collision risk for thumb and fingers
		Explains procedure to patient/family in language which meets his/her age level and understanding
		Initial Assessments
		<ul style="list-style-type: none"> Force assessment
		<ul style="list-style-type: none"> ROM assessment
		Therapy Programs
		<ul style="list-style-type: none"> Completes review of available therapy programs
		<ul style="list-style-type: none"> Sets up therapy plan for patient by adjusting therapy goal, active joints, selecting appropriate exercises, and adjusting global settings of exercises
		<ul style="list-style-type: none"> Begins training using defined therapy plan
		<ul style="list-style-type: none"> Demonstrates ability to make adjustments to settings as needed after training has started

Robot Documentation & Reports		
		<ul style="list-style-type: none"> Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
		<ul style="list-style-type: none"> Documents robotic program details and patient response in OT notes
		Routinely checks with patient regarding tolerance of robot therapy
		Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
		Identifies when appropriate to terminate robotic treatment
		OT, OTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
		Identifies when consultation/assistance is needed in specific circumstances
		Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present. (For initial competency checkout only)
		Demonstrates care of the robotic environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
		Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.25

Follows steps:				TYROMOTION DIEGO ROBOT
OT	OTA			
				States indications for use which include: - Muscle strengthening -ROM management -Cognitive re-training -Visual perceptual re-training *Use is indicated for individuals who demonstrate MMT values between 1/5 and 3+/5 in the shoulder and elbow
				States contraindications, precautions and considerations for use: -osteoarthritis -orthopedic conditions (fractures) -pronounced, fixed contractures -severe spasticity and/or spontaneous movements -severe postural instability -impaired cognition (agitation/confusion) --inability to follow simple commands - significant vision impairments --pacemaker --virtual reality/Oculus not for use by individuals under 13
				Identifies occupation-based goals and demonstrates integration with participation in activities/occupations and functional outcomes
				Explains evidence-based rationale for using robotic therapy
				Prior to treating the patient, reserves robotic appointment utilizing the online robotic schedule
				Robot Set-up and Operations
				<ul style="list-style-type: none"> • Robot parts and function: power on/off (two buttons), emergency stop, shoulder/wrist straps, support ropes, wrist supports, emergency stop button
				<ul style="list-style-type: none"> • Understand navigation of GRIPS software: patient selection, patient details, assessment tools, therapy programs, therapy report, operational elements (start, pause, ok/stop, weight support)
				<ul style="list-style-type: none"> • Start-up and log-in procedure, independently problem solves if start-up does not occur.
				<ul style="list-style-type: none"> • Sets up a new patient profile or accurately locates current patient profile.
				<ul style="list-style-type: none"> • Properly prepares patient for robot using recommended procedure: sets shoulder position, applies infection control sleeves, applies shoulder/wrist supports, attaches support ropes, sets/edits range of movement, adjusts weight relief
				Explains procedure to patient/family in language which meets his/her age level and understanding
				Initial Assessments
				<ul style="list-style-type: none"> • ROM assessment
				Therapy Programs
				<ul style="list-style-type: none"> • Completes review of available therapy programs
				<ul style="list-style-type: none"> • Sets up patient's active motion through control settings, selects appropriate exercises, and adjusts global settings of exercises
				<ul style="list-style-type: none"> • Begins training using defined therapy plan
				<ul style="list-style-type: none"> • Demonstrates ability to make adjustments to settings as needed after training has started
				Robot Documentation & Reports
				<ul style="list-style-type: none"> • Analyzes, interprets & explains robotic evaluation & therapy results at the appropriate level of understanding
				<ul style="list-style-type: none"> • Documents robotic program details and patient response in OT notes
				Routinely checks with patient regarding tolerance of robot therapy
				Accurately assesses effects of treatment, monitors treatment, and modifies treatment as

			appropriate
			Identifies when appropriate to terminate robotic treatment
			OTR, COTA and/or technician demonstrate frequent and effective communication regarding the details of robotic program
			Identifies when consultation/assistance is needed in specific circumstances
			Demonstrates competence with the above robotic skills with an individual patient while an instructor or robot super-user is present (For initial competency checkout only)
			Demonstrates care of the robotic environment by properly cleaning after each use, storing items in cabinet and shutting down the equipment at the end of the day
			Reports any technical difficulties in a timely manner to the robotic coordinator/instructor

Comments:

_____ demonstrated competence in using this equipment.
 Employee Name (Print First and Last Name)

 Instructor Name

 Instructor Signature

 Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.26

Follows steps:		ULTRASOUND
Yes	No	
		Has passed written exam (for initial checkout only)
		States indications for use which include: -pain -muscle spasm -soft tissue tightness -joint contracture -scar adhesion -trigger points -subacute/chronic inflammation -soft tissue healing
		States contraindications and precautions for use which include: -acute conditions (no thermal US) - decreased sensation -decreased circulation -vascular insufficiency - thrombophlebitis -active bleeding -DVT -infection tumor/malignancy -pregnancy (over trunk) -growth plates -cardiac pacemaker
		Identifies occupation-based goals that ultrasound will support, and demonstrates integration of activities/occupations following ultrasound preparatory treatment
		MD ORDER: "Ultrasound" is included in OT treatment plan that is signed by MD and/or there is a physician order in medical chart
		Sets parameters appropriately including frequency, mode, intensity, & duration
		Explains procedure to patient/family in language which meets his/her age level and understanding
		Applies gel and demonstrates proper technique with sound head (maintains contact with skin, keeps sound head moving, stays within effective treating area)
		Routinely checks with patient regarding tolerance of ultrasound
		Accurately assesses effects of treatment, monitors treatment, and modifies treatment as appropriate
		Demonstrates proper upkeep of equipment including cleaning and storing sound head
		Documents ultrasound program details and patient response in daily note (OTs <i>without</i> Advanced Practice Approval in PAMs must ALSO include name of person providing PAMs supervision which may be OT with Advanced Practice Approval in PAMs, MD, or PT)
		Identifies when appropriate to terminate treatment
		Identifies when consultation/assistance is needed in specific circumstances
		Gives a case presentation (in PAMs Rounds or individually) with an instructor present (for initial checkout only; see Ultrasound Case Presentation Form)

Comments:

_____ demonstrated competence in using this equipment.
Employee Name (Print First and Last Name)

Instructor Name

Instructor Signature

Date

Send completed form to OT/RT Main Office

COMPETENCY CHECK-OUT

Policy 613 - Attachment B.27

BASIC VENTILATOR COMPETENCY SKILLS CHECKLIST

Employee Name: _____

Job Title: _____

Supervisor=s Name: _____

Basic Ventilator Competency Criteria:

√= meets criteria

-- = does not meet criteria

OS = outside scope of practice

_____ Identifies the meaning of ventilator alarms and how to respond to each alarm

- High Pressure
- Low Pressure
- Apnea
- Vent Inop

_____ Demonstrates ability to provide respiratory assistance with the ambu bag

_____ Recognizes signs and symptoms of respiratory distress such as: cyanosis, diaphoresis, anxiety, Aclicking@

_____ Demonstrates ability to safely suction the ventilator-dependent patient (when within the individual clinician=s scope of practice)

_____ Demonstrates/describes the steps to take when transferring a patient between bed and wheelchair

- Plans for the patient=s transfer based on the patient=s level of tolerance
- Explains the importance of connecting the remote ventilator alarm at the bedside

_____ Identifies the difference between the internal and external batteries and how to determine which is in use

_____ Verbalizes the need to ensure that the emergency bag is with the patient at all times and includes the appropriate supplies

_____ Explains the use of a speaking valve

_____ Describes the three types of pass criteria for a patient who is ventilator dependent

_____ Verbalizes an understanding that when ventilator dependent patients are taken off grounds, they need to be accompanied by a nurse, respiratory therapist, or appropriately trained patient-designated caregiver (i.e., family member or significant other who has completed Pass Type II criteria Attachment B)

COMPETENCY ASSESSMENT AND VERIFICATION (check one)

_____ Employee **MEETS** the basic ventilator competency requirements

_____ Employee **DOES NOT MEET** the basic ventilator competency requirements to work unsupervised with a ventilator dependent patient and needs to be re-tested

_____ Above criteria **DOES NOT APPLY** to this employee, since he/she will not work unsupervised with a ventilator dependent patient

Employee Signature _____

Date: _____

Instructor=s Signature _____

Date: _____

_____ **Certified** by the Department of Respiratory Therapy as a **Department Trainer** for Basic Ventilator Competency

Respiratory Therapy Instructor=s Signature _____ Date: _____