



Print Name: _____

Assigned Unit: _____

Date: _____

PIH HEALTH HOSPITAL
DOWNEY, CALIFORNIA

EDUCATION DEPARTMENT

**COMPETENCY ASSESSMENT:
GAIT BELT AND RESTRAINT COMPETENCY ASSESSMENT 2017**

Assessment Code:

- 1 = Performs skill independently & completely
- 2 = Performs skill but requires supervision
- 3 = Can verbalize theory or how to perform skill,
but has had minimal opportunity to practice skill

Method of Evaluation:

- D = Return Demonstration
- O = Clinical Observation
- V = Verbal Feedback

<u>KNOWLEDGE</u>	Assessment Code	Evaluator's Initials	Method of Evaluation
Able to correctly apply and use a gait belt Verbalized appropriate infection control technique with gait belt Able to correctly apply and release a restraint			D O V
<u>PROCEDURE</u>	Assessment Code	Evaluator's Initials	Method of Evaluation
• Demonstrates appropriate application of gait belt			D O V
• Verbalizes indications for use of gait belt			D O V
• Demonstrates appropriate positioning and guarding techniques of gait belt			D O V
• Verbalizes appropriate infection control technique with gait belt			D O V
• Demonstrates correct application of restraint to extremity			D O V
• Demonstrates correct technique for securing and releasing restraint			D O V
<u>DOCUMENTATION</u>	Assessment Code	Evaluator's Initials	Method of Evaluation
• N/A			D O V

Participant's Signature

Evaluator's Signature / Initials

Date