

DRIVER (TRANSPORTATION) COMPETENCY PROFILE

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (<i>PACE program</i>)	Guided tour	B			3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation	A			3m			
Dress code	Policy #	A,B			3m			
Clock in/out & sign in/out	Policy #	A,B			3m			
Telephone system and intercom system	Policy #	B			3m			
Beeper paging	Direct observation	A,B			3m			
Location of manuals	Guided tour	B			3m			
Location of grievance log and maintenance log	Guided tour	A,B			3m			
Department and in-service meetings	Direct observation	A,B			3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training*	Safety training manual and video	A,C,E			++			
Fire safety procedure*	Guided tour/disaster manual/fire drill participation	A,B			++			
Disaster plan/evacuation plan*	Guided tour/disaster manual				++			
Location of safety manuals*	Guided tour				++			
MSDS notebook-agents used*	Hazardous materials manual				++			
Hazardous waste precautions	Hazardous materials manual				++			
Body mechanics*	PT program				++			
CPR/basic life support (every 2 years)*	Policy #				6m			
Emergency procedures-"911" system*	Disaster manual				3m			

++ = General orientation or annual published timeframes

* = Annual evaluation required

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Review of all emergency procedures, both medical and non-medical*	P&P manual, disaster manual	A			3m			
Use of restraints	Guided tour	B			3m			
Fall precautions	PACE manual, P&P manual, Preceptor orientation	A			3m			
C. INFECTION CONTROL								
Handwashing	Hazardous materials manual	A,B			3m			
Toilet liners	Product instructions	B,G			3m			
Standard precautions*	Policy #	A,B			3m			
Disposal of infectious waste	Policy #	A,B			3m			
TB control/fit testing	Policy #	A,B			3m			
Immunizations (PPD yearly)*	Policy #	A,B			3m			
D. USE OF EQUIPMENT								
Operating van*	Vehicle manual, defensive driving course knowledge, preceptor supervision	A,C, G			6m			
Van lifts*	Operating manual, preceptor supervision, video	A,B, C,G			6m			
Fire extinguisher	Instructions/annual mandatory in-service	A,G, G			6m			
First aid kit	Instruction guide, first aid course	B			6m			
Seat belts*	Operating manual, preceptor supervision	A,B, G			6m			
Tie downs*	Operating manual, preceptor supervision	A,B, G			6m			
Two-way radio	Instruction guide, preceptor supervision	A,B, G			6m			
Wheelchair	Instruction guide, preceptor supervision	B,G			6m			
Oxygen tank*	Instructions, preceptor supervision	A,B			6m			
Secure guard system	Instruction guide, preceptor supervision	A,B, G			6m			
E. CARE OF PARTICIPANTS								
Loading/unloading participants on/off vans	Preceptor supervision	B			6m			
Transportation of participants	Preceptor supervision	B			6m			

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F. PARTICIPANT SPECIFIC COMPETENCIES								
Age*	Self-study module	E,F			3m			
Cultural respect*	Self-study module	E,F			3m			
Latex allergy information*	Self-study module	A,C, E,F			3m			
G. MANAGEMENT OF INFORMATION								
Mileage log	Transportation manual, preceptor instructions	A,B			6m			
Daily vehicle checklist	"	A,B			6m			
Fuel log	"	A,B			6m			
Daily participant log	"	A,B			6m			
Daily employee attendance roster	"	A,B			6m			
Utilization sheets	"	A,B			6m			
Medication log	"	A,B			6m			
Review of participants' rights (mandatory)*	Policy & Procedure manual, mandatory in-service training	A			6m			
Participant confidentiality*	"	A			6m			
Review of marketing policy to include prohibited marketing practices*	"	A			6m			
Corporate compliance*	Safety training manual & video	A,C, E			6m			
H. CENTER SPECIFIC								
Pharmacy, supply, mail pickups	Transportation manual, preceptor instructions	A,B			6m			
Van maintenance procedure	"	B,G			6m			
"No available family" procedure	"	A			6m			
Field trips	"	A,B			6m			
Saturday respite	"	A,B			6m			
Outside appointments	"	A,B			6m			
I. QUALITY IMPROVEMENT								
Participation in center QI projects	QI meeting minutes	A,B			6m			
Grievance log	Site supervisor/designee, preceptor	A,B			6m			

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Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)