

COMMUNITY SERVICES ADMINISTRATIVE ASSOCIATE COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Driver's license number:	Evaluation date:
Driver's license renewal date:	Specialty certification (if applicable):
	Expiration date:
BLS renewal date (every two years)*:	Other:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

*=Annual evaluation required

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 by program director and/or center manager				3m			
Dress code	Policy #				3m			
Clock in/out	Policy #				3m			
Telephone system/intercom system	Policy #				3m			
Location of manuals	Guided tour/preceptor				3m			
Department meetings (staff, in-service)	Clinical ladder manual				3m			
Beeper paging	Policy #				3m			
PACE training	PACE manual, preceptor orientation				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training (includes corporate compliance)*	Safety training manual & video				3m			
Review of emergency procedures, both medical and non-medical*	Disaster manual, P&P manual				3m			
Fire safety procedure*, including check of fire alarm system	Disaster manual, P&P manual				3m			
Disaster plan/evacuation plan*	Disaster manual, P&P manual				3m			
Location of safety manuals*	Unit tour				3m			
MSDS notebook-agents used*	Hazardous materials manual				3m			
Hazardous waste precautions*	Hazardous materials manual				3m			
Body mechanics*	PT/OT presentation				3m			
CPR/basic life support	Policy #				6m			
911 system	Preceptor				3m			

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C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions *	Policy #										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)/cabinets	Guided tour										3m			
Ordering supplies ♦ Requisition	P&P manual, section # Supply list										6m			
E. MANAGEMENT OF CENTER INFORMATION														
Maintains the following administrative reports for inspection:	P&P manual, section #										3m			
♦ Statistical Log	P&P manual, section #										3m			
♦ Daily menus and substitutions (for 30 days)	P&P manual, section #										3m			
♦ Record of (<i>PACE program</i>) activities (for one year)	P&P manual, section #										3m			
♦ Current center staff, volunteer and intern education, experience and training records	P&P manual, section #										6m			
Assists in the collection of the following information:														
♦ Incident (occurrence) reporting	Policy #										3m			
♦ Medical record	Medical record manual										3m			
♦ Documents teaching of staff	Policy #										3m			
Participant confidentiality	Policy #										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service										3m			
Death notification	Policy #										3m			
♦ Physician	Policy #										3m			
♦ Coroner	Policy #										3m			
Oversees transfers of participants into and out of (<i>PACE program</i>)	Preceptor										6m			

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F. CARE OF PARTICIPANTS														
Emergency intervention, including fire and disaster drills	Situational analysis, drill reports, P&P Manual, section #										3m			
G. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Latex allergy*	Self-study module										3m			
Cultural sensitivity/diversity*	Self-study module										3m			

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.)