

TRANSPORTATION COORDINATOR COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Defensive driving renewal date:
BLS renewal date:	
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. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
Dress code	Policy #									3m			
Clock in/out	Policy #									3m			
Telephone & intercom system	Policy #									3m			
Beeper paging	Direct observation									3m			
Location of manuals	Guided tour									3m			
Location of complaint, concern log	Guided tour									3m			
Department & in-service meetings	Direct observation									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	Disaster manual, P&P									3m			
Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
Location of safety manuals*	Guided tour									3m			
Hazardous materials	Hazardous materials manual									3m			
Body mechanics	PT program									3m			
Use of restraints*	Policy #, restraint P&P									3m			
CPR, basic life support (every 2 years)	Policy #									6m			
MSDS notebook-agents used*	Hazardous materials manual									3m			
Emergency procedures-"911" system	Disaster manual									3m			
Fall precautions	P&P manual									3m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
Disposal of infectious waste	P&P manual									3m			
Annual mandatory testing*	P&P manual									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			
D. USE OF EQUIPMENT													
Operating van	Vehicle manual, defensive driving course knowledge, preceptor supervision									6m			
Van lifts	Operating manual, preceptor supervision									6m			
Fire extinguisher	Instructions, annual mandatory in-service									6m			
First aid kit	Instruction guide, first aid course knowledge									6m			

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		B		Initials	Frame	met	Assessment	
		C						
		D						
		E						
		F						
Seat belts	Operating manual, preceptor supervision				6m			
Tie downs	Operating manual, preceptor supervision				6m			
Oxygen tank	Instructions, preceptor supervision				6m			
Two-way radio	Instructions, preceptor supervision				6m			
F. CARE OF PARTICIPANTS								
Loading/unloading participants on/off vans	Preceptor supervision				6m			
Transporting participants	Preceptor supervision				6m			
G. PARTICIPANT SPECIFIC								
Age specific*	Module				3m			
Latex allergy*	Module				3m			
Cultural respect*	Module				3m			
H. MANAGEMENT OF INFORMATION								
Mileage log	Transportation manual, preceptor instructions				6m			
Daily vehicle checklist	Transportation manual, preceptor instructions				6m			
Fuel log	Transportation manual, preceptor instructions				6m			
Daily participant log	Transportation manual, preceptor instructions				6m			
Daily employee attendance roster	Transportation manual, preceptor instructions				6m			
Utilization sheets	Transportation manual, preceptor instructions				6m			
Medication log	Transportation manual, preceptor instructions				6m			
Participant confidentiality	Transportation manual, preceptor instructions				6m			
J. UNIT SPECIFIC								
Therapy attendance policy	Speech manual				3m			
Referral process	Speech manual				3m			
♦ Audiological evaluation	Speech manual				3m			
♦ Videofluoroscopy	Speech manual				3m			
K. QUALITY IMPROVEMENT								
Chart review	QI manual				3m			
QI committee	Meeting minutes				3m			

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I. UNIT SPECIFIC								
Pharmacy, supply, mail pick-ups	Transportation manual, preceptor instructions				6m			
Van maintenance procedure	Transportation manual, preceptor instructions				6m			
"No available family" procedure	Transportation manual, preceptor instructions				6m			
Field trips	Transportation manual, preceptor instructions				6m			
Saturday respite	Transportation manual, preceptor instructions				6m			
Outside appointments	Transportation manual, preceptor instructions				6m			
K. QUALITY IMPROVEMENT								
Participation in center QI projects	QI meeting minutes				6m			
Concern, complaint log	Site supervisor/designee, preceptor				6m			

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.)