

**CO**RONA**VI**RUS **D**ISEASE 2019   
(COVID-19)

**Rapid Onboarding Checklist – Unlicensed Assistive Personnel (UAP)**

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| **Audience:** Clinical Leaders |
| **Revision Date:** 3/25/2020 |
| **Version:** Version #2 |
| **COVID-19 Response Team Owner:** Clinical and Operations |
| **Date of Last Review:** 9/2/2021 |

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Permanent Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |  |
|  | |  | |  | |  | |  |
| Date Orientation Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Orientation Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  |  | |  | |  | |  |
| **Instructions:** This checklist is to be completed by the UAP preceptor/trainer on the unit for the skills and topics listed below. Each separate skill/topic is to have a date and preceptor/trainer initial. **All skills and topics include the actual skill and documentation needs within the Electronic Health Record.** The completed checklist will be submitted to the Education Coordinator for that unit.  **This document serves as evidence of completion of important orientation components to maintain patient safety.** | | | | | | | | | |
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| **Method of Competency Verification** | | | | | | | | |
| RD=return demonstration, S=simulation/mock event, D=discuss/reflect, TB=teach back | | | | | | | | |
|  |  |  | |  | |  | |  |
| **Self-Assessment  0 = No experience 1 = Minimally Skilled**  **2 = Functions   Independently** | **Topic** | **Not Applicable (N/A)** | **Method of Competency Verification** | | **Completion Date** | | **Preceptor Initials** | |
|  | Showering/Bed bath |  |  | |  | |  | |
|  | Oral Care/Denture Care |  |  | |  | |  | |
|  | Foley Catheter/Peri Care/Foley Bag Care |  |  | |  | |  | |
|  | PEG tube care |  |  | |  | |  | |
|  | Bed making occupied & unoccupied |  |  | |  | |  | |
|  | Intake and Output (I & O) |  |  | |  | |  | |
|  | Mobility & Fall Prevention/BMAT |  |  | |  | |  | |
|  | Diets - patient safety |  |  | |  | |  | |
|  | Meal Set-Up/Feeding patients |  |  | |  | |  | |
| **Self-Assessment  0 = No experience 1 = Minimally Skilled**  **2 = Functions   Independently** | **Topic** | **Not Applicable (N/A)** | **Method of Competency Verification** | | **Completion Date** | | **Preceptor Initials** | |
|  | Bedpan/Urinal placement |  |  | |  | |  | |
|  | Simple Dressing Change  (Band-Aid, 2x2) |  |  | |  | |  | |
|  | Bladder Scanning |  |  | |  | |  | |
|  | Oral Suctioning (Yankauer) |  |  | |  | |  | |
|  | Blood Glucose Meter |  |  | |  | |  | |
|  | Restraints and Ligature Safety |  |  | |  | |  | |
|  | Bed/Chair Alarm |  |  | |  | |  | |
|  | Gait Belt |  |  | |  | |  | |
|  | Intermittent Pneumatic Compression Devices (IPCDs) |  |  | |  | |  | |
|  | Liko Lift (Ceiling Lift)/Sit to Stand Device |  |  | |  | |  | |
|  | Vital Signs - Manual |  |  | |  | |  | |
|  | Vital Signs - Machine |  |  | |  | |  | |
|  | EKG / Telemetry |  |  | |  | |  | |
|  | Specimen Collection & Labeling |  |  | |  | |  | |
|  | **Infection Prevention** | | | | | | | |
|  | Isolation Precautions |  |  | |  | |  | |
|  | -Standard |  |  | |  | |  | |
|  | -Contact |  |  | |  | |  | |
|  | -Contact + C. Difficile |  |  | |  | |  | |
|  | -Droplet |  |  | |  | |  | |
|  | -Airborne |  |  | |  | |  | |
|  | -Neutropenic |  |  | |  | |  | |
|  | Cleaning Reusable Equipment |  |  | |  | |  | |
|  | **Additional Skills** (not approved unless skill competency documented): | | | | | | | |
|  | IV Starts/Phlebotomy |  |  | |  | |  | |
|  | Blood Double Check |  |  | |  | |  | |
|  | Check Sheath/Pulls Arterial Lines |  |  | |  | |  | |
|  | Health Stream Completion TJC Needs |  |  | |  | |  | |
|  | **IF** BLS Life Support Certification is required for this role, provide documentation |  |  | |  | |  | |
|  | \*BLS that has expired within the last 60 days is still valid per the American Heart Association due to the COVID 19 Pandemic as of March 2020 | | | | | | | |
|  |  |  | |  | |  | |  |
| Name (Print) Name (Sign) Date | | | | | | | | |
| Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |