

CORE COMPETENCY DEMONSTRATION CHECK-OFF LIST TRANSFER

Name: _____ Position: _____

Site: _____ Date of Transfer: _____

Evaluator(s) _____

MISSION					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
M2	Locate organization policy and procedure documents for behavior support management, incident reports, confidentiality, consumer rights, and med. administration.	Present documents			
M5	Locate site copy of applicable Oregon Administrative Rules (OARs)	Present appropriate OARs upon request			
SAFETY					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
S2	Locate emergency notification information including who is to be informed of an emergency, how and in proper order	When presented with hypothetical emergency situation, staff presents appropriate phone lists and information on individuals			
S3	Follow posted emergency evacuation procedures	<ul style="list-style-type: none"> • Identifies what is an emergency. • Locate & follow posted evacuation plan • Locate emergency exists and safe areas. • Notify appropriate agency and emergency personnel 			
S8	Locate Safety equipment.	Present first aid kit, fire extinguisher and other emergency equipment if any.			
S9	Safely operate any equipment used within the work environment.	Demonstrate proper operation of equipment such as phones, vehicles, tie-down, lifts, stoves, production machinery, gas shut-off, fire alarm shut-off, etc.			
RIGHTS					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
R3	Identify examples of abuse, neglect; and state the mandated reporting requirements and process	State mandated reporting procedures. List orally (or in writing) 5 items from definition of abuse as defined in OAR 309-49-035 such as: <ul style="list-style-type: none"> • physical assault such as hitting, kicking. • neglect of care including 			

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		<p>medication, medical care clothing, personal grooming.</p> <ul style="list-style-type: none"> • denying meals, clothing or aids to physical function • use of derogatory names, ridicule, coercion, threats, cursing, intimidation • sexual exploitation • restrictions on individual freedom by seclusion • use of restraints without physician's order • financial exploitation • punishment of one individual by another • implied or direct threat of termination of residential services 			
R9	Act to prevent abuse, neglect and exploitation of individuals	<p>Demonstrate methods to prevent abuse such as:</p> <ul style="list-style-type: none"> • identify events and circumstances that could bring about (i.e., responding to aggressive situation) staff to be abusive, (self awareness). • assess individuals' susceptibility to abuse, including self-abuse • teach skills to decrease personal vulnerability. • follow any prevention plan in place through ISP or agency policy/protocol 			

HEALTH

	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
H1	Locate medical information for specific individuals	Present appropriate information on individuals.			
H2	Respond to specific medical and health concerns of individuals. (i.e., diet, exercise, seizures, diabetes, g-tube, allergies)	<ul style="list-style-type: none"> • Follow menu as developed. • Describe special dietary, seizure, and physical concerns of individuals. • Describe staff responsibilities in dealing with those concerns • Follow established procedures & protocols • Document in medical progress notes 			
H3	Provide personal care supports appropriate to needs of individuals (including use of adaptive equipment).	Follow procedures for feeding, personal hygiene, oral hygiene, care for incontinence, etc.			
H6	Demonstrate appropriate medication administration and documentation.	<ul style="list-style-type: none"> • Verify physician's order. • Follow organizations approved medication administration 			

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		<p>procedures.</p> <ul style="list-style-type: none"> Administer meds according to individual's Physician Order Sheet. Complete required documentation. 			
H7	Identify situations that require immediate medical intervention	<ul style="list-style-type: none"> Identify methods individual may use to communicate pain. Identify symptoms of acute illness such as dehydration or constipation Seek medical assistance as needed. Notify appropriate personnel. 			
H8	Describe the desired therapeutic effects and locate information about possible side effects of medication being used by individuals.	<ul style="list-style-type: none"> Identify and locate written information about medications used by individuals being supported. Indicate the effects and side effects for which staff need to monitor 			
H9	Identify symptoms of illness or injury for individuals being supported. (i.e. dehydration, constipation, chronic or intermittent condition, seasonal allergies, etc.)	<ul style="list-style-type: none"> Observe and record changes in activity level, skin color, communications, etc. Report changes to appropriate personnel. Implement appropriate action to respond to situation. Observe and respond appropriately specific changes as identified for individuals. 			

VALUES

	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
V1	Locate personal information about individuals	Present files or documentation that contains pertinent information such as ISP, summary sheets, likes, dislikes, and Essential Lifestyle Plan.			
V13	Describe the purpose and basic components of the ISP and staff role in its implementation	<p>Identify Key factors such as:</p> <ul style="list-style-type: none"> assess interests and support needs of individual determine goals & objectives required to meet needs identify strategies for achieving goals collect pertinent information about achieving those goals. evaluate effectiveness of service plans and support strategies modify plans as needed work with other partners in plan implementation i.e. members, families, VR, other providers, 			

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		and the community.			
V14	Follow the objectives and strategies set forth in the ISP	<ul style="list-style-type: none"> • carry out the program plan as written • document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings 			
V15	Identify elements individualized planning	<p>List orally or in writing the following:</p> <ul style="list-style-type: none"> • service are organized around the unique needs of the individual • individual is directly involved in planning process to the fullest extent possible • services are flexible and responsive to identified individuals needs. 			
V16	Encourage the participation of individuals in preferred activities	<p>Staff will:</p> <ul style="list-style-type: none"> • determine individual's preferences • support the scheduling of preferred activities • structure activity to allow for as much participation as possible • assure that proper materials and equipment are available for activities • connect the individual to community recreation resources. 			
V18	Describe key information and events for individuals being supported	<p>List orally (or in writing) the following information:</p> <ul style="list-style-type: none"> • background, dreams, hopes, likes/dislikes, wants, behavior profile, approved procedures and support techniques, personal characteristics 			