

Occupational Health Skills Checklist

Name: _____

Date: _____

Indicate your level of experience rating with one of the following:

A – No Experience.

B – Minimal Experience - need review and supervision, have performed at least once.

C – Competent - able to perform independently.

D – Expert - able to act as resource to others.

A. TRAUMA

1. Care of patient with:

a. Minor Trauma

A B C D

b. Major Trauma

A B C D

c. M.A.S.T. Suit

A B C D

B. BURNS

1. Care of Patient with:

a. First Degree

A B C D

b. Second Degree

A B C D

c. Third Degree

A B C D

d. Third Degree

A B C D

e. Electrocutation

A B C D

f. Hazardous Materials Exposure

A B C D

C LACERATIONS

1. Care of Patient with:

a. Assessment

A B C D

b. Cleansing

A B C D

c. Steri-Strips

A B C D

d. Dressing

A B C D

D. SPRAIN/STRAIN

1. Assessment

A B C D

2. Carpal Tunnel

A B C D

3. Tendonitis

A B C D

4. Epicondylitis

A B C D

E. PHYSICALS

1. Safety

A B C D

2. Return to work

A B C D

3. Respirator

A B C D

4. Vital signs

A B C D

5. Height/Weight

A B C D

Initials _____

- | | |
|----------------------------------|---|
| 6. Blood Draw | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Medical referral form | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Medical Certification Form | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Medical History Questionnaire | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Potassium Iodide Assessment | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

F. RESTRICTIONS

- | | |
|---------------------------|---|
| 1. Temporary Restrictions | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Permanent Restrictions | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Pulmonary Function | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Audiometry | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Vision Testing | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. X-Ray | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Urine Testing | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Drug Testing | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Breathalyzer | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

G. IMMUNIZATIONS

- | | |
|------------------------------|---|
| 1. Havrix (Hepatitis A) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Influenza Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Meningitis Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Tetanus & Diphtheria | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Oral Typhoid Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Polio Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Hepatitis B Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Japanese Encephalitis B | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Rabies Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Typhim (Injectable Type) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Yellow Fever Vaccine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth-30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)
- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

Experience with Age Groups

Able to adapt care to incorporate normal growth and development.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification:

Please check the boxes below and indicate the expiration day for each certificate that you have. If you do not know the exact day, please use the last date of the specific month (e.g., 8/31/2003).

- BCLS Exp. Date: _____ (mm/dd/yyyy)
- RNC Exp. Date: _____ (mm/dd/yyyy)
- NRP Exp. Date: _____ (mm/dd/yyyy)
- Other (type: _____ Exp. Date: _____ (mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Occupational Health Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date

**Registered Professional Nurse Job Description
Occupational Health**

Job Summary:

The Occupational Health RN is responsible for managing the care of the adult or elderly patient experiencing general medical conditions or general surgical procedures, which require general assessments related to specific conditions, and general therapies and interventions. The Occupational Health RN is responsible to the Clinical Manager assigned to the Occupational Health Unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of Occupational Health nursing experience within the past two years
- Evidence of current BLS credential mandatory

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collected based on the adult or elderly patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualize patient/family education customized to the adolescent, adult or elderly patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the adolescent, adult or elderly patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in Occupational Health nursing.

RN Name: _____

RN Signature: _____

Date: _____

Joint Commission
2006 Ambulatory Care and Office-Based Surgery
National Patient Safety Goals

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Not applicable.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

Initials _____

- 5 -

Created: 03/01/1999

- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

- Goal 9 Not applicable.
- Goal 10 Not applicable.
- Goal 11 Reduce the risk of surgical fires.
- 11A Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes.

- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.