

**Restraint Safety for Therapists and Technologists DAHS-NSCRSTT11**

<b>Name:</b>		<b>PPS#:</b>	
<b>Unit:</b>		<b>Title:</b>	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.			
<b>Method of Instruction</b>		<b>Preceptor Verification of Skill: Method of Evaluation</b>	
CP=Clinical Practice	P=Policy/ Procedure Review	N/A=Not applicable to specific patient care area	RD=Return Demonstration
D=Demonstration	SP=Study Packet	O=Observation (in clinical setting)	T=Written Test
E=Education Session	REF=Reference Information	OT=Online Test	V=Verbal
OM=Online Module	only-Not assigned in UCL		
<b>These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a></b>			
	<b>Method of Instruction:</b>	<b>Date</b>	<b>Initials of Preceptor</b>
			<b>Method of Evaluation:</b>

<b>References:</b>	<b>Method of Instruction:</b>	<b>Date</b>	<b>Initials of Preceptor</b>	<b>Method of Evaluation:</b>
1. UC Davis Health Policy 4069; Restraints				
2. UC Davis Health Policy 4070; Use of Restraints Protocol for Specific Patient Conditions				
3. UC Davis Health, Radiology Department Policy 210; Use of Restraints in the Department of Radiology				
<b>Completion of Online Module Restraint Safety for Therapists and Technologists #DAHS-NGNRSTT11</b>	<b>OM</b>			
Attach and release a safety clip.	<b>OM/D</b>			<b>RD</b>
Remove and reapply a mitt to a simulated patient.	<b>OM/D</b>			<b>RD</b>
Remove and reapply a limb restraint to a simulated patient.	<b>OM/D</b>			<b>RD</b>
Remove and reapply a belt restraint device to a simulated patient.	<b>OM/D</b>			<b>RD</b>
Demonstrate how to check for restraint interference with respiration.	<b>OM/D</b>			<b>RD</b>
Demonstrate how to check for restraint interference with circulation/sensitive/motion.	<b>OM/D</b>			<b>RD</b>
Demonstrate how to check for restraint damage to skin integrity.	<b>OM/D</b>			<b>RD</b>
Demonstrate EMR documentation for restraint.	<b>OM/D</b>			<b>RD</b>

<b>PRECEPTOR SIGNATURE</b>		
<b>Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:</b>		
Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>