**COMPETENCY VALIDATION TOOL**

**Competency: Daily Room Clean**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERVICE: \_\_\_\_EMS\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: Environmental Technician**

 **Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  ***ASSESSMENT METHOD*** **D**=***Direct Observation* V**=***Verbalization*** **O=*Other: Manufacturer/Subject Matter Expert/ In-Service Training*** **W**=***Work Results/Skills Demonstration*** |

  **Method Comments Initials**

|  |  |  |  |
| --- | --- | --- | --- |
| **1**. Perform proper hand hygiene. Check isolation placard. Don Proper PPE.  |  |  |  |
| **2.** Knock/announce yourself, your purpose for being there, ask if now is a good time for you to do some cleaning. |  |  |  |
| 3. Empty trash and replace receptacles with a clean liner. |  |  |  |
| 4.Check sharps container; remove and replace if over half full. |  |  |  |
| 5. Beginning at door and working into the room, either clock or counterclockwise, disinfect door handles, light switches, Purell and soap dispensers, clipboards, sinks, any table and windowsill spaces you can. \*Be mindful and respectful of patient’s personal items.\*If you must move something, put it back how you found it, especially if it is assistive aides such as wheelchairs, canes, walkers… |  |  |  |
| **6.**  Bathroom: Working from high to low, cleanest to dirtiest, disinfect entire sink apparatus, mirror, soap and paper dispensers, walls, handrails, pull cords, shower fixtures and walls, equipment, toilet, and entire flushing apparatus (handle, neck, bedpan cleaner, waste receptacles) |  |  |  |
| **7.** Dust mop the room, starting at the furthest point from the door and working your way out. |  |  |  |
| 8. Place wet floor signs at the door; Starting at the furthest point from the door, begin mopping floor, using an “S” or figure 8 method and moving in the direction of the floor grain. Move bed over the half-way point of the room, then back when ready to do the other side of the room; ensuring the entire floor is mopped. Re-charge mop and mop bathroom floor. |  |  |  |

***Comments:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Environmental Technician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Signature Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** Validator Signature Title Date

**Re-Training (If Required)**

Re-education Method Used (check) Demonstration\_\_\_\_\_ Procedure Review\_\_\_\_\_ Policy Review\_\_\_\_\_

 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revalidation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revalidation Rating \_\_\_\_\_\_\_

Environmental Technician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Competency Validator Signature: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_