

Posey[®] Sitter Select Skills Competency Checklist



DATE: _____

FACILITY NAME: _____

STAFF MEMBER: _____

DEPARTMENT: _____

TRAINER: _____

The staff member has demonstrated the following skills:

| | N/A | Satisfactory | Unsatisfactory |
|--|--------------------------|--------------------------|--------------------------|
| Inserting batteries..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Turning Sitter Select ON..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting a sensor to the Sitter Select..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recording a custom Voice Message..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the Volume Setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the Delay Setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the Tone Selection..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the Mode Setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting Sitter Select to facility nurse call..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attaching Sitter Select to a bed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positioning and attaching a sensor to a bed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting a sensor to the Sitter Select..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attaching Sitter Select to a chair..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positioning a sensor on a chair..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responding to the Sitter Select Alarm..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Putting the Sitter Select on HOLD..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking a Sitter Select off HOLD..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resetting facility nurse call after an alarm..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attaching the magnet string to the patient/resident..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining the appropriate "safety zone" for patient/resident range mobility..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adjusting the cord to the desired "safety zone"..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I understand my facility's policy/protocol regarding the use of Fall Alarms YES NO

SIGNATURE: _____ **DATE:** _____