Knowledge and Skills Assessment PTs, OTs, RTs – Verification Checklist for Preceptors or Self-assessment

General Awareness

| | student | preceptor | Date |
|---|---------|-----------|------|
| Knows where to access OHS legislation | | | |
| Has attended host site orientation | | | |
| Is aware of procedure to report incidents | | | |
| Is aware of site emergency response plans | | | |
| Is aware of legal rights related to OHS | | | |
| Has had appropriate immunizations | | | |
| Has had pre-placement or other medical screening | | | |
| Has reviewed the Handbook of OHS Hazards and Controls for Physiotherapy, Occupational Therapy and Respiratory Therapy Workers | | | |
| Has reviewed the "test your knowledge" section of the Handbook | | | |

Biological Hazards and Controls

| | student | preceptor | Date |
|--|---------|-----------|------|
| Uses safety engineered medical devices properly | | | |
| Disposes of used sharps properly | | | |
| Knows how to use disinfectants properly | | | |
| Can describe and demonstrates ability to follow Routine Practices and Additional Precautions | | | |
| Dons and doffs gloves properly | | | |
| Has been fit-tested and knows when and how to wear respirators | | | |
| Is aware of common biological hazards and controls | | | |
| Uses Personal Protective Equipment as required | | | |

Chemical Hazards and Controls

| | | O' | student | preceptor | Date |
|------------------------------------|--------|----------|---------|-----------|------|
| Has had WHMIS training | | | | | |
| Has reviewed MSDSs for chemicals i | in use |) | | | |
| Has been trained in spill response | | | | | |
| Knows and uses appropriate PPE | | | | | |
| | | | | | |

Physical Hazards and Controls

| | student | preceptor | Date |
|---|---------|-----------|------|
| Has received training in safe patient handling | | | |
| Demonstrates proper technique for moving patients | | | |
| Understands risks associated with radiation (including microwave and radio waves) and employs precautions | - | | |
| Has had appropriate training for working with lasers | | | |
| Wears appropriate footwear to reduce slips and falls | | | |
| Handles sharps properly | | | |
| Performs therapy procedures using appropriate safety precautions | | | |
| Wears appropriate PPE | | | |

Psychological Hazards and Controls

| | student | preceptor | Date |
|--|---------|-----------|------|
| Is aware of organizational policies and procedures regarding abuse and violence | | | |
| Is able to identify examples of abusive behaviour | | | |
| Understands working alone legislation and can identify principles as they apply | | | |
| Is aware of communication procedures when working alone | | | |
| Is aware of access to Employee Assistance and Critical Incident Stress management programs | | | |
| Understands signs and symptoms of depression and substance abuse | | | |
| Understands the importance of a healthy lifestyle and a good work-life balance | | | |
| Understands and practices good cross- generational communication | | | |
| Knows the reporting procedure for environmental factors that may be impacting psychological well-being | | | |

| Comments | | |
|----------|--------------|---|
| | Physiother | owledge and Skills Assessment for apy, Occupational Therapy and Respiratory Therapy Workers Checklist for Preceptors or Self-assessment |
| | Student name | |
| | Preceptor | |
| ~ (0) | Site | |
| | Dates | |
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