

CareFusion Surgical Clippers Cleaning and Disinfecting Validation Competency

Staff Member: _____
Start Date of _____
Competency: _____

Job Title: _____
Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	<ul style="list-style-type: none"> Manufacturer's Instructions
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Technical (Cleaning the Device)				
• Remove gloves and wash hands.	D S T V			
• Don clean gloves.	D S T V			
• Wash the clipper handle thoroughly with soap and water. This is a very important step to ensure all hair is removed from the device handle	D S T V			
• Dry device with a clean paper towel to remove excess water.	D S T V			
Technical (Disinfect the Device)				
• Wipe all surfaces of the device with disinfectant.	D S T V			
• Ensure devices stays wet for appropriate time:	D S T V			

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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> ○ Super Sani-Cloth Germicidal Wipe (2 Minutes OR per IFU) ○ Super Sani-Bleach Wipe (4 Minutes OR per IFU) 				
<ul style="list-style-type: none"> • Remove gloves and wash hands. 	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member: _____ **Date:** _____

Signature of Preceptor: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Notes: