



OCCUPATIONAL HEALTH NURSE SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale
 1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise and Teach

	1	2	3	4
Clinical and Primary Care:				
Acquires general, occupational and environmental histories				
Assesses and identifies occupational and non-occupational injuries and illnesses				
Implements direct care and treatment				
Maintains current knowledge of treatment modalities				
Provides consultation when appropriate				
Functions within the scope of state nursing practice regulations				
Assesses the client's knowledge regarding work-related hazard				
Advises client regarding risk reduction and measures available to protect				
Uses a record-keeping system that documents health information in the record				
Uses privacy policies and procedures to maintain confidentiality				
Collaborates with other occupational and environment health professionals in the development of guidelines and protocols				
Establishes criteria and uses case findings/screening to identify clients who are appropriate candidates for case management				
Identifies cases for early intervention				
Identifies gaps in existing service continuum				
Maintains awareness of cultural, economic and social issues that may impact health				
Assesses essential functions of job to facilitate hiring, proper placement, fitness for duty, reasonable accommodation and return to work				
Reassesses the health status of the worker periodically				
Assess benefit plans and their relationship to client needs that may impact recovery				

	1	2	3	4
Clinical and Primary Care (cont):				
Provides appropriate education for the worker, family, community and other resource providers				
Implements effective return to work and modified duty programs				
Facilitates rehabilitation, job accommodation or alternate work for occupational and non-occupational disabilities				
Evaluates and monitors the plan of care to ensure its quality, efficiency, timeliness and effectiveness				
Uses primary, secondary and tertiary prevention strategies in planning to optimize each client's health status				
Documents the plan and current status of the client in the health record				
Obtains written client permission to release health information for each specific health condition				
Work Place and Environmental Issues				
Conducts health screening and surveillance activities				
Identifies exposure monitoring data, determines and documents appropriate action				
Review of MSDS				
Participates in providing worker and management training to reduce hazards and foster compliance				
Develops collaborative recommendations for prevention and control occupational injuries and illnesses based on hazard identification and trend analysis				
Performs risk assessment				
Conducts trend analysis				
Develops and evaluates strategies of hazard abatement				

Occupational Health Nurse
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Name: _____

	1	2	3	4
Health Promotion and Disease Prevention				
Performs needs assessment and review of the needs assessment results for program planning				
Plans, implements and evaluates health promotion and disease prevention programs				
Develops health promotion and disease prevention programs and services				
Clinical Skill				
Acute MI				
Angina				
Aspiration				
Pneumonia				
Skull Fracture				
Closed Health				

Overdose				
Asthma				
Seizures				
Spinal Cord Injuries				
Open Fractures				
Closed Fractures				
First Degree Burn				
Second Degree Burn				
Third Degree Burn				
Electrocution				
Hazardous Material Exposure				
Traumatic Amputation				
Poison Ingestion				
Penetrating Eye Injury				
Chemical Exposure				
Nosebleed				
Crisis Intervention				

CERTIFICATION:

BCLS: Yes _____ No _____ Expiration Date: _____

ACLS: Yes _____ No _____ Expiration Date: _____

CCRN: Yes _____ No _____ Expiration Date: _____

PALS: Yes _____ No _____ Expiration Date: _____

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date