## Caring - Safe - Respectful



## Competency Assessment Checklist for Medstrom MMO5000 Bed.



| Staff Name: | Location |
|-------------|----------|
| Stall Name. | Locat    |

## Date:

| MEDSTROM BED MMO50                       | 00 Be aware of and indicate function of the following:                                    | Υ | N |
|--|---|---|---|
| Identifies anatomy of the<br>MMO5000 Bed | <ul> <li>Safe working load: 250kg Max patient<br/>weight: 215kg.</li> </ul>               |   |   |
|  | Back Rest   |   |   |
|  | Height Adjustment   |   |   |
|  | Thigh Section   |   |   |
|  | Chair Position  |   |   |
|  | Trendelenburg/Reverse Trendelenburg   |   |   |
|  | Electric CPR  |   |   |
|  | Calf section( manual)   |   |   |
|  | CPR Function ( manual)  |   |   |
|  | Lock Out Functions  |   |   |
| 2. Operation                             | Demonstrate how to operate the device safely  | Υ | N |
|  | Demonstrate correct procedure for moving the bed laterally and around the ward            |   |   |
|  | Demonstrate correct procedure engaging brake and steer                                    |   |   |
|  | <ol><li>Demonstrate how to activate electric CPR on<br/>patient / carer handset</li></ol> |   |   |
|  | 4. Demonstrate how to activate manual CPR function  |   |   |
|  | Demonstrate how to put bed in cardiac chair position                                      |   |   |
|  | <b>6.</b> Demonstrate how to raise and lower manual calf section                          |   |   |
|  | 7. Demonstrate how to lock out functions on patient / carer handset                       |   |   |
|  | <b>8.</b> Demonstrate how to set custom height setting on patient / carer handset         |   |   |
|  | <b>9.</b> Demonstrate how to sit and mobilise safely from and into the bed                |   |   |
|  | <b>10.</b> Demonstrate how to remove head & footboards                                    |   |   |
|  | <b>11.</b> Demonstrate how to remove and fit sleep deck panels                            |   |   |
|  | <b>12.</b> Demonstrate how to extend the bed frame and platform                           |   |   |
|  | 13. Demonstrate how to lower and raise side rails   |   |   |

| <b>14.</b> Demonstrate how to remove side rails (3/4 folding only)                       |  |
|--|--|
| <b>15.</b> Demonstrate how to use accessories safely (if relevant)                       |  |
| <b>16.</b> Deliver training session covering main points indicated for 'competent' level |  |

| MEDSTROM BED MMO5000 | Be able to explain the following   | Υ | N |
|----------------------|--|---|---|
|                      | Explain the benefits of the bed in terms of minimising injuries from falls from bed              |   |   |
|                      | <ol> <li>State low and high heights and benefits of high<br/>height</li> </ol>                   |   |   |
|                      | <ol> <li>Explain purpose of the Safe Stop 3cm before<br/>lowest height</li> </ol>                |   |   |
|                      | Explain what happens if brake is off when bed travels to low position                            |   |   |
|                      | 21. Explain the benefits of the custom height setting  |   |   |
|                      | 22. Explain the functions of the brake and steer and when to engage/disengage steer              |   |   |
|                      | 23. Explain the controls on patient / carer handset  |   |   |
|                      | 24. Explain the benefits of the Safe Stops on backrest   |   |   |
|                      | 25. Explain the benefit of the lengthening backrest  |   |   |
|                      | 26. Explain how to clean the bed using hospital protocol, locking out height function for safety |   |   |
|                      | 27. Identify the SWL and MPW of the bed  |   |   |

| <b>Statement</b> – I have demonstrated competence and knowledge relevant to this device. I certify that I'm aware of my professional responsibilities for continuing professional development and I am accountable for my own actions. I am competent to use this product without further training. |                      |       |  |  |
|---|----------------------|-------|--|--|
| Trainee's Signature:  |                      | Date: |  |  |
| Competence Verified By: Name (Print):   | Trainer's Signature: | Date: |  |  |