

## PERFORMANCE CHECKLIST

Caring for Hair

Name \_\_\_\_\_

*To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.*

**Equipment:** Towel, comb and brush, resident supplies and products, gloves (optional)

- \_\_\_\_\_ 1. Knock before entering room.
- \_\_\_\_\_ 2. Address resident by name.
- \_\_\_\_\_ 3. State your name and title.
- \_\_\_\_\_ 4. Identify resident.
- \_\_\_\_\_ 5. Explain procedure and obtain permission.
- \_\_\_\_\_ 6. Wash hands.
- \_\_\_\_\_ 7. Assemble equipment.
- \_\_\_\_\_ 8. Provide privacy.
- \_\_\_\_\_ 9. Assist to chair or elevate head of bed to semi-Fowlers position.
- \_\_\_\_\_ 10. Place towel around shoulders.
- \_\_\_\_\_ 11. Place towel across pillow if remaining in bed.
- \_\_\_\_\_ 12. Assist with removal of eyeglasses as needed.
- \_\_\_\_\_ 13. Put on gloves. (Optional)
- \_\_\_\_\_ 14. Part or section hair and comb with one hand placed between scalp and end of hair.
- \_\_\_\_\_ 15. Brush gently from scalp to hair ends.
- \_\_\_\_\_ 16. Style hair as requested using preferred supplies and products.
- \_\_\_\_\_ 17. Remove towel and place in appropriate receptacle.
- \_\_\_\_\_ 18. Replace eyeglasses as needed and provide for comfort with call signal in reach.
- \_\_\_\_\_ 19. Return equipment.
- \_\_\_\_\_ 20. Remove gloves and wash hands.
- \_\_\_\_\_ 21. Record actions and report any abnormal observations to supervisor.

Pass \_\_\_\_\_ Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

***The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005***