

# Nurse and Injector Competency Checklist

MedSpaBinder

Staff name \_\_\_\_\_

Role and licence # \_\_\_\_\_

Evaluator (name, credentials) \_\_\_\_\_

D = demonstrated, O = observed on a patient, V = verbal / written check. Your medical director sets the skills and standards.

| Skill                                                | Method (D / O / V) | Date | Competent (Y / N) | Evaluator initials | Notes |
|------------------------------------------------------|--------------------|------|-------------------|--------------------|-------|
| Infection control                                    |                    |      |                   |                    |       |
| Hand hygiene and glove use                           |                    |      |                   |                    |       |
| Aseptic technique and skin preparation               |                    |      |                   |                    |       |
| Sharps handling and disposal                         |                    |      |                   |                    |       |
| Cleaning and disinfecting equipment between patients |                    |      |                   |                    |       |
| Treatments                                           |                    |      |                   |                    |       |
| Neurotoxin storage and reconstitution                |                    |      |                   |                    |       |
| Neurotoxin injection technique                       |                    |      |                   |                    |       |
| Dermal filler injection technique                    |                    |      |                   |                    |       |
| Device operation (list device):                      |                    |      |                   |                    |       |
| Photos and consent before treatment                  |                    |      |                   |                    |       |
| Complications and emergencies                        |                    |      |                   |                    |       |
| Recognizing and managing vascular occlusion          |                    |      |                   |                    |       |
| Hyaluronidase: location, preparation, protocol       |                    |      |                   |                    |       |
| Recognizing anaphylaxis; epinephrine use             |                    |      |                   |                    |       |
| Vasovagal episode (fainting)                         |                    |      |                   |                    |       |
| Emergency kit contents and location                  |                    |      |                   |                    |       |
| Current BLS certification (expiry):                  |                    |      |                   |                    |       |
| Documentation                                        |                    |      |                   |                    |       |
| Treatment record: product, lot, units, sites         |                    |      |                   |                    |       |
| Adverse event and incident reporting                 |                    |      |                   |                    |       |
|                                                      |                    |      |                   |                    |       |
|                                                      |                    |      |                   |                    |       |
|                                                      |                    |      |                   |                    |       |

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_