

### Wound dressing: (Patient's home)clinical competencies

Name:	Role:
Base:	Date initial training / E mot completed:

**Competency Statement:**

The participant demonstrates clinical knowledge and skill in performing a wound dressing in a patients house without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 3 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate the appropriate use of infection control techniques</b>				
a) Use aseptic technique for all:  i) surgical wounds that has been created in the last 48 hours or less ii) Any wound connecting to a deep body cavity or has bone/tendon visible iii) If you have identified that the patient is severely immunocompromised e.g. neutropenic	Observation			
b) Use of clean technique for wounds that:  i) wounds that have not been created surgically in the last 48 hours or less ii) wounds that do not connect to a deep body cavity iii) If the patient is not immunocompromised	Observation			
c) Ensure equipment stored in the home is free from dust and soil, and stored in a box with a lid	Observation			
d) Use a procedure pack for each dressing as this provides: a disposable apron, disposable gloves, waste bag and sterile field in a clean manner. (Sterile gloves are not required for clean technique but using a pack system ensures products are easy to store and transport in a hygienic manner)	Observation			
e) Use appropriate protective clothing: Plastic disposable apron must be worn to protect your uniform from microbial contamination and skin scales. Disposable gloves are required for body fluid contact as part of standard	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
precautions. Eye protection is only required if splashing of body fluid to the eye is likely.				
f) Work from a clean surface  Identify an area to perform the dressing within the home free from obvious soiling, place a sterile towel from dressing pack place under the area you are performing the dressing on. Use Clinell sanitising wipes to clean surfaces prior to dressing procedures if concerned	Observation			
g) Appropriate use of scissors:  Re-usable scissors can be used for all procedures unless: a) Cutting a sterile primary dressing b) Dressing a surgical wound within first 48 hours. If performing a) or b) use single-use sterile scissors.  Re-usable scissors are single-patient use only.	Observation			
e) Appropriate hand hygiene Ensure the patient or their carers provide liquid soap and disposable paper towels for your visit. Carry your own supply of alcohol hand rub into the home (or leave a bottle in the patient's equipment box if safe to do so) to supplement facilities in the home.	Observation			
f) Irrigation of wounds i) Use tap water for irrigation of wounds if using clean technique. Ensuring correct temperature for irrigation and use of clean container ii) Use normal saline for aseptic technique	Observation			

Source: Tissue viability group and infection control team best practice statement. Aseptic Technique and Clean Technique Procedurev3 SH CP13 (2014)

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named Registered Nurse and can verify that he/she demonstrates competency in performing a wound dressing

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments