

Prevention and control of Infection clinical competencies

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in the prevention and control of infection 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 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate an understanding of prevention and control of infection and the processes in place to manage risk from infection				
a) Describe personal responsibility for the prevention and control of infection.	questioning			
b) Demonstrate an understanding of healthcare associated infection	questioning			
c) Demonstrate understanding of the use of Datix to report risks	questioning			
d) Demonstrate understanding of the organisational processes in place to manage the risks from infection	questioning			
e) Demonstrates understanding of the main elements of standard precautions: 1. Hand hygiene 2. Personal Protective Equipment (PPE) and risk management 3. Sharps safety 4. Management of blood and body fluid spillage 5. Aseptic technique 6. Linen and waste management 7. Removal of PPE	questioning			
f) Demonstrate understanding of the five ways that infection can spread	questioning			
g) Demonstrate understanding of the five moments of hand hygiene	questioning			
h) Demonstrate understanding of: 1. Hand soap 2. Alcohol Gel 3. Resident Flora 4. Transient Flora 5. Emollient 6. Naked below the elbow 7. Aseptic Technique 8. Meticillin Resistant Staphylococcus Aureus (MRSA)	questioning			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
i) Demonstrate knowledge of when hand hygiene must be carried out	questioning			
j) Demonstrates knowledge of the principles of decontamination	questioning			
k) Demonstrate understanding of which disinfectants are approved for use by HCHC	questioning			
l) Demonstrate knowledge of the methods available for decontamination and when each are indicated	questioning			
m) Demonstrate awareness of Control of Substances Hazardous to Health (COSHH)	questioning			
n) Demonstrate understanding of the factors that can reduce the effectiveness of the decontamination process	questioning			
2. Demonstrate practical skill in hand hygiene				
a) Demonstrates ability to choose appropriate cleansing agent	Direct observation			
b) Demonstrates ability to perform soap and water – social hand wash	Direct observation			
c) Demonstrates ability to perform alcohol hand rub/gel	Direct observation			
d) Demonstrates ability to perform aseptic hand hygiene	Direct observation			
3. Demonstrate the use of PPE				
a) Demonstrates ability to choose appropriate PPE for clinical task	Direct observation			
b) Demonstrates correct use of 1. Gloves 2. Apron 3. Goggles/ face visor 4. Mask 5. Hats/ cap 6. Plasters	Direct observation			
4. Demonstrate the safe handling and management of sharps				
a) Demonstrate an awareness of the use and availability of needle free devices	Direct observation			
b) Demonstrates safe disposal of sharps and use of sharps box at point of care	Direct observation			
c) Demonstrates identification (tagging and completion of label) of sharps container	Direct observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
d) Demonstrate knowledge of action to take in the event of a needle stick injury	Questioning			
5. Demonstrate the correct procedure for decontamination				
a) Demonstrate appropriate decontamination methods for commonly used equipment e.g. 1. Pulse oximeter probe 2. Stethoscope 3. Doppler probe and machine 4. Syringe driver	Direct observation			
6. Demonstrate the correct procedure for handling and disposal of healthcare waste				
a) Demonstrate appropriate disposal methods for common waste products e.g. 1. Dressings 2. Continence products 3. Syringes and sharps	Direct observation			

Source: Infection control policy 2009

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in the prevention and control of infection

Assessor _____ Signature _____ Status _____ Date _____

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