

Isolation clinical competency

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in preventing the spread of infection in hospital 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 the knowledge and skill in preventing the spread of infection				
a) Define: i) Protective isolation ii) source isolation	Questioning			
b) Describe methods of physical isolation	Questioning			
c) Describe 5 main ways infection can spread	Questioning			
d) Define standard precautions	Questioning			
e) Identify the criteria for considering source isolation	Questioning			
f) Identify the criteria for considering protective isolation	Questioning			
g) Understand procedure for reporting notifiable diseases	Questioning			
h) understand procedure for ward closure	Questioning			
2. Demonstrate understanding of the requirements for effective source isolation process				
a) Commencing source isolation	Questioning / Observation			
b) Equipment required: i) inside room ii) outside room	Questioning / Observation			
c) Hand washing/ decontamination	Questioning / Observation			
d) Protective clothing	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
e) Waste management	Questioning / Observation			
f) Linen management	Questioning / Observation			
g) sharps	Questioning / Observation			
h)dedicated equipment	Questioning / Observation			
i) visitors	Questioning / Observation			
j) crockery/cutlery	Questioning / Observation			
k) Body fluid management	Questioning / Observation			
l) patient notes / charts	Questioning / Observation			
m) environmental cleanliness i) daily cleaning ii) terminal cleaning	Questioning / Observation			
n) movement of patients	Questioning / Observation			
o) visits to other departments	Questioning / Observation			
p) last offices	Questioning / Observation			
3. Demonstrate understanding of the requirements for effective protective isolation process				
a) Commencing source isolation	Questioning / Observation			
b) Hand hygiene	Questioning / Observation			
c) Staff health	Questioning / Observation			
d)The room	Questioning / Observation			
e) protective clothing	Questioning / Observation			
f) patient hygiene	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
g) linen	Questioning / Observation			
h) crockery	Questioning / Observation			
i) food/drink	Questioning / Observation			
j) waste	Questioning / Observation			
k) Equipment	Questioning / Observation			
l) visitors	Questioning / Observation			
m) flowers	Questioning / Observation			
n) cleaning	Questioning / Observation			
o) Estates	Questioning / Observation			

Source: Isolation 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 preventing the spread of infection and isolation procedures

Assessor _____ Signature _____ Status _____ Date _____

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