

Physical care: Personal hygiene clinical competencies

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in meeting patient's personal hygiene needs 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 meeting patient's personal hygiene needs				
a) Demonstrate the ability to assess the patient's needs in order to identify the advice and/or care required in order to maintain and promote their personal hygiene as part of a holistic assessment	Observation			
b) Demonstrate the ability to plan, implement and continuously evaluate patients' care in order to meet needs and preferences	Observation			
c) Demonstrate ability to provide care in an environment that is safe and where privacy and dignity is assured	Observation			
2. Demonstrate the practical skill in providing personal hygiene				
a) Assist the patient to wash / bed bath and or use shower/bath	Observation			
b) Assist and advise the patient in the care of hair, nails, ears, eyes, nose, mouth and skin care	Observation			
c) Demonstrate the ability to provide mouth care following holistic assessment where the patient is unable to maintain own oral hygiene e.g. as part of end of life care	Observation			
d) Demonstrate the ability to assist and advise the patient in the care of their skin through the appropriate use of topical emollients	Observation			
e) Demonstrate the ability to care for nails, including cutting of nails when appropriate and / or referral to podiatrist for foot problems	Observation			

Source Essence of Care 2010

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 meeting patient's personal hygiene needs

Assessor _____ Signature _____ Status _____ Date _____

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