

### Standard Equipment (personal care) clinical competencies

Name:	Role: <b>Band 4</b>
Base:	Date initial training completed:

**Competency Statement:**

The participant demonstrates clinical knowledge and skill in provision of personal care equipment without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate the knowledge and skill in provision of mobility equipment</b>				
a) Demonstrates knowledge of equipment	Questioning			
b) Demonstrate how to clean equipment	Questioning			
<b>2. Demonstrate ability to supply, fit and demonstrate safe use of equipment to patient/client</b>				
a) Perching stool	Observation			
b) Raised toilet seat	Observation			
c) Mowbray	Observation			
d) Free standing toilet frame	Observation			
e) Shower stool	Observation			
f) Shower Board	Observation			
g) Helping Hand	Observation			
h) Bed Lever	Observation			
i) Swivel bather	Observation			
j) Bed lever	Observation			

Source: Extant competencies for rehabilitation assistants

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 provision of personal equipment

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

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