

COMPLEX BOWEL CARE COMPETENCY ASSESSMENT

Worker's Name:	Assessor's Name:	Date of Assessment:
Worker's Position:	Assessor's Position:	Date Worker Commenced:
Worker's Signature:	Assessor's Signature:	
Clinical Procedure being Assessed:		Assessed as Competent: Yes / No / YWI

Code (YWI) - Yes, With Instructions indicates that although all components of the assessment may not have been achieved, the worker can demonstrate an understanding of the deficits identified and justify those deficits. This can also apply if the worker did not compromise the participant's safety or breach WHS and or Infection control guidelines. Competencies for YWI should be reviewed and reassessed within 3 months to demonstrate and attain full competency.

Note: *If there are any areas that are assessed as Not Competent, the worker must not perform these procedures until additional training has been undertaken and competency re-assessed.*

“Competency” is a measurable pattern of knowledge, skills, abilities, behaviours, and other characteristics that an individual needs to perform work roles or occupational functions successfully. Many factors must be considered when determining whether the worker has the specific competencies and skill sets necessary to care for a participant, as identified through assessment, participant-specific assessments, and as described in their *Support Plan*. All workers must also meet the specific competency requirements as part of their registration, license or certification requirements defined under federal and state law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A worker's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by a health professional already determined to be competent in these skill areas.

Examples for evaluating competencies may include, but are not limited to:

- Training followed by observation e.g., handwashing, donning a gown, etc.
- A pre and post-test for documentation issues
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for participants
- Reviewing adverse events that occurred as an indication of gaps in competency or
- Demonstrated ability to perform activities that is within the worker's scope of practice, or what the individual is registered, licensed, or certified to perform.

Domain	Principles	Requirements / Procedures	Competent
1. Roles and Responsibilities (NDIS Code of Conduct)	Can describe role, responsibilities and expectations when delivering Complex Bowel Care Supports.	1. Able to describe and understand how to undertake the required support in a safe and competent manner with care, skill, and compassion (checks and confirms <i>Support Plan</i> correct and current).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Demonstrates respect and participant-centred care as per requirements of the <i>Support Plan</i> (involves participant in the delivery of supports to the extent they choose).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Demonstrates effective communication (speaks clearly, explains the supports in words the participant can understand, re-assuring, allows time for a response, provides positive feedback, includes use of assistive technologies and alternative communication devices as required).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Aware of scope of responsibilities including supervision and any delegation arrangements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Prepares for procedure and assembles required equipment and any consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Provides support that fits into participant's daily routines and preferences, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Ensures support provided meets with required timing, frequency, and types of support, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Knows when and how to seek advice from health practitioner and when to escalate to emergency services to maintain participant safety and well-being.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Aware of reporting responsibilities, including handover, recording observations, and incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		10. Ensures the participant's privacy and dignity, as well as a safe environment, prior to commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
2. Hygiene and Infection Control Measures	Can describe hygiene and infection prevention and control strategies.	1. Able to describe principles and requirements of infection control (handwashing, disinfecting, use of appropriate PPE – gloves, gown, masks, when to use and disposal).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Handwashing (to be observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Disinfecting (to be observed or worker to describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Able to describe personal hygiene requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
3. Potential Risks/Complications and Risk Management	Can describe potential risks or complications.	1. Able to identify common bowel problems, e.g., constipation, faecal incontinence.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Understands bowel-related conditions related to particular types of disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to describe signs and symptoms and immediate actions required for autonomic dysreflexia.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Knows the signs and symptoms of infection or inflammation at the stoma site, and actions to be taken to respond (for participants with a stoma, e.g., colostomy, ileostomy).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
4. Equipment Required	<p>Can describe what equipment is required (including PPE) to perform procedures.</p> <p>Can describe how to:</p> <ul style="list-style-type: none"> - set-up - maintain and - troubleshoot. 	1. Able to describe equipment and consumables for stoma care, e.g., stoma bags, skin sealant, barriers, and powders to clean and protect skin around stoma.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe when and if gloves and other PPE are required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe general bowel care consumables (e.g., aperients, laxatives, etc.) including safe storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
5. Precautions / Considerations	Can describe any precautions or considerations when performing the procedure.	1. Checks <i>Complex Bowel Care Support Plan</i> prior to proceeding with support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Understands hygiene and infection control procedures, e.g., use of gloves and other required PPE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Describes safe positioning to support bowel care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Knowledge of safe handling and storing of bowel-related medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Able to describe administering bowel-related medication, e.g., laxatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		6. Understands the application of new stoma bags and safe disposal of used stoma bags.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Knows how to clean and maintain the integrity of the stoma site and skin condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
6. Demonstrate Procedures	Can describe how to perform each step of the procedure correctly.	1. Checks <i>Support Plan</i> is correct and current and understands any participant-specific requirements before commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can demonstrate each step of the procedure.	2. Checks any specific factors, adjustments, or positioning required at time of support provided with participant, including expectations and preference for involvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Undertakes the required hygiene and infection control procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Checks and prepares the required equipment and consumables as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Checks support timing and frequency meets with participant's daily routine and preferences as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Ensures appropriate positioning for bowel care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Uses references (e.g., Bristol Stool Chart) to record bowel motions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Checks participant is clean and comfortable after procedure and has no perianal skin irritation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Identifies any changes to bowel care and appropriate reporting in response to signs of poor bowel function or related problems including signs and symptoms of autonomic dysreflexia.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		10. Stoma care: <ul style="list-style-type: none"> a. undertakes procedures as per <i>Support Plan</i> to maintain health condition of stoma b. replaces and disposes appropriately of stoma bag and related equipment and c. records information on stoma appearance, outputs, and hydration. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Records information as per <i>Support Plan</i> requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Communicates and reassures the participant and involves the participant to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		13. Supports participant to communicate and report concerns to the responsible health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		14. Demonstrates teamwork to ensure continuity and effective delivery of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
7. Emergency Escalation / Seeking Help	Can explain when to seek further help and from who (including general observations).	1. Able to identify signs and symptoms of blockages, autonomic dysreflexia and when to escalate to emergency services where interventions tried have not been successful and the participant's condition continues to deteriorate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can explain when the situation is an emergency and what to do.	2. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
8. Documentation	Can describe documentation that must	1. Able to describe daily reporting requirements as per <i>Support Plan</i> e.g., recording observations in the case notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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	be completed, including case notes.	2. Records administration of any bowel care related medications and bowel care support, e.g., laxatives, enemas, suppositories.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Uses Bristol Chart to describe and report bowel motions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Fulfils bowel care related incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Fulfils participant-specific bowel care reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Able to describe documentation and reporting pathways where the <i>Support Plan</i> is not meeting participant's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
9. Participant-focussed needs	Can describe any specific requirements unique to the person receiving supports.	1. Can describe participant's specific stoma care needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can describe participant's specific bowel care-related medications and administration requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe participant's specific bowel care-related supports.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Can describe bowel care needs related to participant's specific disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Follows <i>Support Plan</i> requirements for participant's routines and preferences and actively involves participant in their bowel care to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Supports participant to provide feedback and support changes to their <i>Support Plan</i> as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		7. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Assessor's Recommendations / Comments

Additional Training Action Plan

Domain Area	Requirement / Procedure	Person Responsible	Due Date	Status/Comments	Additional Training Completed Date

Document Control

Version No.	Issue Date	Document Owner
1	09/01/2025	Elizabeth Bradshaw
Version History		
Version No.	Review Date	Revision Description