

SUBCUTANEOUS INJECTIONS 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 Subcutaneous Injections 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.	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
		1. Handwashing (to be observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Disinfecting (to be observed or worker to describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to describe personal hygiene requirements.	<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
3. Potential Risks/Complications and Risk Management	Can describe potential risks or complications.	1. Able to describe how to calculate the dose of diabetes medication (e.g., sliding scale insulin).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Knows how to double check calculation and adjust medication dosage as prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Understands the risks associated with incorrect dosage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Understands the purpose of medication to be injected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Can describe appropriate use of equipment, e.g., Blood Glucose Level (BGL) monitoring machine.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		6. Understands hyperglycaemia and hypoglycaemia, and actions to take to respond.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Can describe actions required to maintain skin integrity when there is poor wound circulation or poor wound healing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Can describe safe handling and disposal of sharps and other consumables (equipment to be checked, serviced, and calibrated in accordance with manufacturers' guidelines to ensure accurate readings, e.g., BGL monitoring levels).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Can describe needle stick injury reporting requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
4. Equipment Required	Can describe what equipment is required (including PPE) to perform procedures. Can describe how to: - set-up - maintain and - troubleshoot	1. Able to describe Blood Glucose monitoring equipment (BGL machine).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can describe pre-filled pens and pumps and any related equipment to administer medication.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe participant-specific equipment and medication (including safe storage and handling of medication).	<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. Precautions / Considerations	Can describe any precautions or considerations when performing the procedure	1. Checks <i>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

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		3. Understands the need to rotate injection site.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		4. Can describe signs of infection at injection site (e.g., change in skin colour, swelling, pain, and itchiness) and process to report to health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		5. Can describe signs of withdrawal from medication and reactions to incorrect medication dose and reporting requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		6. Understands first aid techniques to check and clear airways, administer CPR, and place a person in the recovery position	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		7. Understands first aid techniques in responding to signs and symptoms of hypoglycaemia or hyperglycaemia.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		8. Understands the impact of food intake on insulin management.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		9. Understands how to use sliding scale charts to calculate medication dose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI		
		10. Aware of the need to monitor weight fluctuations.	<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 specific requirements for subcutaneous injection support 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

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		3. Checks support timing and frequency meets participant's daily routine and preferences as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Checks participant-specific support requirements to manage their diabetes e.g., type of medication method of delivery, procedures, timing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Ensures participant has received information and understands the intended procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Undertakes the required infection control procedures, e.g., handwashing, wearing gloves, disinfecting the environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. 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
		8. Maintains integrity of skin and monitors and records skin conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Checks and rotates injection site.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Maintains cleanliness and integrity of equipment used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Checks, monitors and records blood glucose levels and ensures participant has access to blood glucose monitoring equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Sets up any required prefilled pens and pumps and any related equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		13. Follows procedures to adjust and double check medication dose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		14. Ensures appropriate positioning of participant to ensure injection site is accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		15. Undertakes injection as per <i>Support Plan</i> requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		16. Safely handles and disposes of sharps and other consumables	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		17. Demonstrates safe and appropriate medication storage and use within use-by dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		18. Participants who require support to manage their diabetes: <ul style="list-style-type: none"> • monitors and documents participant blood glucose level routinely as per their <i>Support Plan</i> • follows procedures to identify and respond to low or high glucose levels (hypoglycaemia / hyperglycaemia) • supports participant to administer insulin • undertakes the immediate required action in response to illness, infection, adverse medication reaction or incorrect medication dose • follows procedures as prescribed for calculating, drawing up, and double-checking the required dose prior to injecting. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		19. 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
		20. Able to describe when and how to involve and get advice from health practitioner, e.g., upon any sign of adverse reaction or infection before, during, and after the injection.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		21. Supports participant to communicate and report concerns to the responsible health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		22. Demonstrates teamwork to ensure continuity and effective delivery of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		23. Monitors and records information required by the <i>Support Plan</i> .	<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 describe risk indicators and actions to take, e.g., first aid for medication overdose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can place a person in the recovery position.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can explain when the situation is an emergency and what to do	3. Is aware of when to escalate to emergency services where interventions tried have not been successful e.g., breathing difficulties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
8. Documentation	Can describe documentation that must be completed, including case notes	1. Able to describe participant-specific daily reporting requirements as per <i>Support Plan</i> e.g., recording BGL / Insulin administered.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Fulfills incident reporting requirements (e.g., medication miscalculation or medication overdose).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. 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
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
9. Participant-focussed needs	Can describe any specific requirements unique to	1. Can describe specific adjustment and positioning needs to ensure the injection site is safe and accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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	the person receiving supports.	2. Can describe participant-specific needs to manage their diabetes, e.g., setup, support, follow procedures, double check the required dose prior to injecting, and access to glucose monitoring equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Follows strategies appropriate to each participant to minimise anxiety or discomfort when receiving an injection.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Ensures participant-specific equipment and devices are available to monitor glucose levels.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Ensures participant-specific medications are acquired and stored appropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Understands the impact of diet, food, and fluid intake on timing for and type of medication (such as slow and fast acting insulin).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Undertakes skin integrity checks for diabetic participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Can describe participant-specific risks (e.g., high risk of skin breakdown) and required actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Follows <i>Support Plan</i> requirements for participant's routines and preferences and actively involves participant in their support to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. 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
		11. [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