

VENTILATOR SUPPORT 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 Ventilator Support.	1. Able to describe an 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 the 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. Ventilator malfunction and / or breakdown – able to describe actions for troubleshooting, use of back-up ventilator, or manual ventilation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Able to identify ventilator alarms and action to be taken to address issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to identify and describe actions to take when participant's risk indicators occur (e.g., breathing difficulties, choking, difficulty swallowing), immediate reporting responsibilities, and when to escalate to emergency services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Demonstrates correct fitting and positioning of breathing masks to minimise risk of pressure sores.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
4. Equipment Required	<p>Can describe what equipment is required (including PPE) to perform procedures.</p> <p>Can describe how to: - set-up - maintain and - troubleshoot.</p>	1. Able to describe required equipment such as back-up ventilators, manual ventilators, resuscitation bags, oxygen, and suction equipment in case of emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe how to set up and maintain equipment, and troubleshoot equipment used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe appropriate PPE required related to participant-specific equipment, e.g., oxygen masks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Can describe back-up tubes and battery equipment, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Can describe equipment requirements for ventilator support with tracheostomy, as per <i>Support Plan</i> , including suction machine and oxygen.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. [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>Ventilator Support Plan</i> is current, prior to proceeding with procedure.	<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. Knows how to clean and maintain a ventilator and accessory equipment such as (BIPAP) and (CPAP) machines, humidifiers,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		airway clearance equipment, suction, and manual ventilation devices.	
		4. Understands the need for monitoring the participant to identify when suctioning is required to maintain clear airways.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Knows how to fit and adjust breathing masks to minimise discomfort and minimise the risk of pressure sores.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Can describe procedures to start, operate, and monitor a ventilator.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Able to describe immediate action that must be taken in response to blocked or occluded airways (e.g., signs of choking, difficulty swallowing, or breathing difficulties) including emergency escalation requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Able to describe manual ventilation procedures.	<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 the <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. Reads and understands any Advanced Care Directive the participant has in place, for emergency management.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. 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
		4. Undertakes the required hygiene and infection control procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		5. Checks and prepares the required equipment and components as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Checks supplies are available for routine ventilator use and emergency equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Supports the participant to fit the correct mask.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Follows procedures to start, operate, and monitor the ventilator, including backup ventilator and suctioning equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Able to describe ventilator alarms and required actions to address issue.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Able to describe when to immediately inform health practitioners in response to risk indicators, e.g., breathing difficulties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Able to describe basic life support and CPR if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Demonstrates how suction and ventilation equipment is cleaned and maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		13. Able to describe troubleshooting procedures and maintenance requirements for equipment, e.g., replacement of batteries and tubes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		14. Records information as per <i>Support Plan</i> requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		15. Records equipment checks in a logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		16. 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
		17. Supports participant to communicate and report concerns to the responsible health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		18. Demonstrates teamwork to ensure continuity and effective delivery of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		19. Supports participants with invasive ventilation through a tracheostomy by monitoring circuits, identifying the need for cuff inflation or deflation, and maintaining health condition of the stoma.	<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). Can explain when the situation is an emergency and what to do.	1. Able to describe risk indicators and actions to take e.g., first aid techniques and / or CPR.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can place a person in the recovery position.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Aware of when to escalate to emergency services where interventions tried are not successful, e.g., breathing difficulties.	<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
8. Documentation	Can describe documentation that must be completed, including case notes	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
		2. Can describe recording and reporting requirements relating to incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		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. Records and clearly documents equipment checks on respiratory equipment in a logbook.	<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. Describes specific factors, adjustments, or positioning needed at the time of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Support is provided in line with participant's preferences and routine.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can correctly apply oxygen masks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Can operate individual ventilators as per their requirements, to maintain effective oxygen saturation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Performs stoma care for participants requiring ventilation via a tracheostomy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Understands the participant's wishes for emergency supports where they have been documented in an Advanced Care Directive.	<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