

## COMPLEX WOUND CARE SUPPORT COMPETENCY ASSESSMENT

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

**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
<b>1. Roles and Responsibilities</b>  <b>(NDIS Code of Conduct)</b>	Can describe role, responsibilities and expectations when delivering Complex Wound 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
<b>2. Hygiene and Infection Control Measures</b>	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
<b>3. Potential Risks/Complications and Risk Management</b>	Can describe potential risks or complications.	1. Able to describe signs and symptoms of pressure injuries (e.g., blistering, swelling, dry patches, skin discolouration, or shiny or warm areas) and reporting requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Understands risk factors for pressure injuries (e.g., unable to reposition independently, medical condition related to diabetes) and required actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Describes and shows an understanding of wound healing e.g., improving or deteriorating condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Can describe the strict infection control procedures required (e.g., handwashing, use of sterile gloves), especially when dealing with open wounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		5. Knows the necessity of and reason for regular skin assessment for diabetics, due to high risk of infection or inflammation.	<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
<b>4. Equipment Required</b>	Can describe what equipment is required (including PPE) to perform procedures.  Can describe how to: - set-up - maintain and - troubleshoot.	1. Able to describe specific equipment and consumables required for each participant, as per their <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can describe how to set up, use, and maintain lymphoedema machines and other circulatory devices as prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe the use of manual handling equipment where required for repositioning.	<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
<b>5. Precautions / Considerations</b>	Can describe any precautions or considerations when performing the procedure.	1. Checks <i>Complex Wound Care Support Plan</i> is current, 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. Undertakes appropriate training on participant-specific equipment, e.g., assistive circulatory devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Checks manual handling requirements and equipment available for safe repositioning of participants with severe disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Understands early identification (and reporting) of symptoms associated with pressure injuries, e.g., blisters, swelling etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		6. Is alert to and able to describe required responses to risk factors associated with diabetes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Understands the impact of complex wound care on activities of daily living (e.g., showering, toileting, mobility), and required scheduling.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Can describe how to report wound care-related incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Describes how to liaise with external wound care specialist and source wound care products as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Can describe the administration of mealtime supplements for wound healing, in consultation with dietitian and health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>6. Demonstrate Procedures</b>	Can describe how to perform each step of the procedure correctly.	1. Checks the <i>Support Plan</i> is 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. 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
		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. Undertakes appropriate positioning in readiness for wound care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		6. Adheres to strict infection control strategies, including aseptic techniques during open wound care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Undertakes procedures and applies appropriate dressing to wound as prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Takes images where required to track wound care healing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Applies the prescribed topical wound medication if the wound is infected, where indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Fulfils reporting and escalation requirements for infected wounds, e.g., to health practitioner.	<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
<b>7. Emergency Escalation / Seeking Help</b>	Can explain when to seek further help and from who (including general observations).	1. Able to describe risk indicators for deteriorating wound condition and actions to take for infected or inflamed wounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Is aware when to escalate to health practitioner if wound not healing, including indicators of worsening infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
	Can explain when the situation is an emergency and what to do.	3. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>8. Documentation</b>	Can describe documentation that must be completed, including case notes	1. Able to describe daily reporting requirements as per <i>Support Plan</i> and wound chart requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Fulfils wound care-related incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		1. 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
		2. Documents participant feedback on the outcome of assistive equipment or assistive circulatory devices used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>9. Participant-focussed needs</b>	Can describe any specific requirements unique to the person receiving supports	1. Can descry be specific positioning requirements and timing schedule for pressure care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Can describe manual handling equipment and requirements for positioning for participants with severe disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe the use of specific assistive circulatory devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Understands how to apply topical medication where prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Understands how to attend to wound swabs (dependant on type of wounds and health practitioner orders).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		6. Knows how to undertake daily skin checks for diabetics.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Follows <i>Support Plan</i> requirements for participant's routines and preferences and actively involves participant in their wound care to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. 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
		9. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

**Assessor's Recommendations / Comments**

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**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