

Aboriginal and Torres Strait Islander Health Practitioner

Competency Assessment Tool

Aboriginal and Torres Strait Islander Health Practitioner: Competency Assessment Tool

This resource was developed by the Rural and Remote Clinical Support Unit, Torres and Cape Hospital and Health Service, and the Workforce Strategy Branch, Department of Health.

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An electronic version of this document is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-health-practitioner/supporting-resources

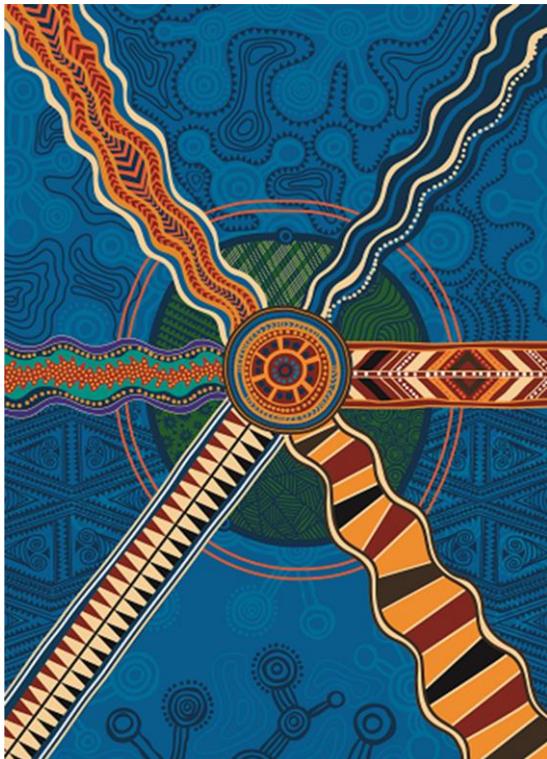
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Acknowledgement of Country

We pay our respects to the Aboriginal and Torres Strait Islander ancestors and custodians of this land, their spirits and their legacy. The foundations laid by these ancestors—our First Nations peoples—gives strength, inspiration and courage to current and future generations. We are committed to working towards a stronger and healthier Queensland community for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people.

Artwork produced for Queensland Health by Gilimbaa to promote Aboriginal and Torres Strait Islander health.



The artwork represents Aboriginal and Torres Strait Islander cultures in Queensland and speaks of the importance of traditional and cultural sensitivities.

The central circular motif represents Health in Queensland and the meeting place to trade knowledge about best health practice and procedures. The pathways leading both in and out represent people travelling from different professions, different communities, and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Aboriginal and Torres Strait Islander Queenslanders.

The surrounding markings represent the important network of people from these communities, their connection to each other, and how they work together to empower Aboriginal and Torres Strait Islander Queenslanders to have long, healthy, productive lives.

The artwork reflects Queensland Health's commitment to Making Tracks towards closing the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

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1. Introduction

This document has been developed to support the Aboriginal and Torres Strait Islander Health Practitioner role. The document is based on the competencies taught in the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

Competency refers to a worker's ability to perform a specific task according to defined expectations.

The Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice is the approved qualification for eligibility to register as an Aboriginal and Torres Strait Islander Health Practitioner.

1.1 Why is an assessment tool required?

The competency assessment tool provides a framework for assessing the core clinical competencies that an individual Aboriginal and Torres Strait Islander Health Practitioner possesses and ensures that clinical knowledge and skills are maintained. This will support safe and competent care.

A clinical skills competency assessment is applied in the development of an Aboriginal and Torres Strait Islander Health Practitioner's individual Practice Plan. The scope of the competency assessment should be relevant to the specific job description. The Practice Plan is developed together with the Aboriginal and Torres Strait Islander Health Practitioner and the clinical supervisor who is primarily responsible for supervising the individual's practice. The Practice Plan must also be endorsed by the appropriate organisational delegate.

The Hospital and Health Services are committed to ensuring that Aboriginal and Torres Strait Islander Health Practitioners can:

- meet this required competency standard
- support provision of high quality health services to Aboriginal and Torres Strait Islander peoples, and other individuals, and communities

Aboriginal and Torres Strait Islander Health Practitioners have a professional responsibility to ensure that they:

- are competent to practice
- undertake reflective practice
- continuously improve skills, knowledge and capabilities

Hospital and Health Services, as the employing organisations, have responsibility for ensuring and demonstrating the competency of Aboriginal and Torres Strait Islander Health Practitioners who work within their facilities.

1.2 What skills are included?

This document focuses on the key core technical *clinical* skills and accountabilities of the Aboriginal and Torres Strait Islander Health Practitioner profession's scope of practice.

The clinical skills assessment tool **does not** include:

- detailed clinical skill sets required for specific services that may have been acquired through elective training modules or training programs, for example in oral health
- other non-clinical skills, knowledge areas and competencies including:
 - care and program planning
 - implementation and evaluation
 - advocacy and cultural brokerage
 - effective communication
 - supporting community development and participation
 - promoting quality and safety
 - ethical practice
 - engaging the client in self-management principles and practices

All the above are equally important and necessary for the role. The broader aspects of the role must be considered during ongoing clinical supervision and the annual Performance Appraisal and Development Plan (PAD)¹. Together, these allow for a complete assessment of the Aboriginal and Torres Strait Islander Health Practitioner's current performance.

1.3 Which competencies should each Aboriginal and Torres Strait Islander Health Practitioner be required to demonstrate?

It is recognised that an individual Aboriginal and Torres Strait Islander Health Practitioner may not perform certain specific tasks in their role and may not need to maintain currency or competency in that area. An individual Aboriginal and Torres Strait Islander Health Practitioner may not be competent and/or confident to perform a task *for specific clients, in*

¹ Also known as Career Succession Plan, Capability Develop Learning Agreement

specific contexts, or using specific equipment, due to range of experience to date, changes in service provision or operating context. Additional skills training may be required.

Competency must be maintained in the range of tasks applicable to the employed position, in addition to those skills identified as essential/compulsory for all Aboriginal and Torres Strait Islander Health Practitioners within a clinical role. Where resources are available, Aboriginal and Torres Strait Islander Health Practitioners can elect to maintain clinical skills that are not essential/compulsory, nor required for their current position, including assessment of competency in preparation for future employment options.

1.4 When will use of this tool be required for newly employed Aboriginal and Torres Strait Islander Health Practitioners?

Aboriginal and Torres Strait Islander Health Practitioners are employed in clinical roles in the Hospital and Health Services having:

- Registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) <http://www.atsihealthpracticeboard.gov.au/>
- Successfully completed the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice through an accredited training provider or an equivalent qualification/skills/experience recognised for the purposes of registration under the grandparenting period 1 June 2012 to 30 June 2015.

On completion of the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice, the Aboriginal and Torres Strait Islander Health Practitioner is recognised as competent in each of the key elements of the program and has met key performance criteria for each element. Competency assessment for Aboriginal and Torres Strait Islander Health Practitioners employed by or working within HHSs may be undertaken to inform the development of the individual Practice Plan in clinical areas where an Aboriginal and Torres Strait Islander Health Practitioner has not recently practiced.

1.5 Which specific skills are included in this tool?

- cardiovascular system assessment including ECG recording and pulse oximetry
- respiratory assessment including chest sounds, peak expiratory flow, spirometry, and administration of oxygen
- senses assessment including visual acuity testing and eye irrigation
- skin assessment including simple wound dressing and basic wound closure

- gastrointestinal system including abdominal assessment, auscultation and palpation
- nervous system including pain assessment and neurological observations
- medications including assessment of medication administration and calculations
- specimen collection including venepuncture, midstream urine and urinalysis.

1.6 Other specific assessments not included in this tool:

- medication management for Aboriginal and Torres Strait Islander Health Practitioners
- specialised areas e.g. oral health, mental health, alcohol and other drugs, sexual health, hearing, renal health, maternal and child health, licensed x-ray operator
- Hospital and Health Service-specific required role competencies.

2. Instructions for use

2.1 When and how often should assessments be conducted?

Initial assessment

On commencement of a new Aboriginal and Torres Strait Islander Health Practitioner employee, to inform the development of the Practice Plan. Assessments should focus on the skills required for the position, and would not necessarily include all skills outlined in this tool.

Further assessment should be completed when there is:

- a change of role requiring review of Scope of Practice and Practice Plan
- a change of employed position
- concern over the employee's competency.

2.2 What is the process?

1. Identification of the skills required for assessment. This should be done on commencement in a position when formulating the individual Scope of Practice and Practice Plan.
2. Identification of the assessment schedule.
3. The employing health services is responsible for arranging a suitable assessor to be available and enabling the Aboriginal and Torres Strait Islander Health Practitioner to schedule work time to complete the assessments prior to the identified due date.
 - (see below for a list of suitable assessors).

4. Self-assessment of current knowledge and performance regarding the specified core clinical skills. The Aboriginal and Torres Strait Islander Health Practitioner may complete a self-assessment using the Self Reflection Tool to identify areas for skill development if required, and seek support to develop these skills, to ensure they are prepared for the assessment.
5. Direct observation of performance of the relevant clinical tasks and associated knowledge evaluation by the assessor.
6. Feedback by the assessor will identify if the Aboriginal and Torres Strait Islander Health Practitioner is 'competent' or 'not yet competent and requires development' in relation to the specific skills assessed. Those considered to be not yet competent will be required to develop a Skill Improvement Plan in conjunction with the primary clinical supervisor and operational manager.
7. The clinical supervisor and individual Aboriginal and Torres Strait Islander Health Practitioner are jointly responsible for ensuring the individual scope of practice identified in the Practice Plan includes any exclusions or limitations in practice arising from the competency assessment i.e. the skills for which they are deemed 'not yet competent'.
8. The completed Clinical Competency Assessment Tool is to be held by the individual Aboriginal and Torres Strait Islander Health Practitioner, with copies provided to the primary clinical supervisor and operational manager as evidence that assessment has occurred, to inform ongoing professional development and to inform the review of the Practice Plan.
9. A copy of completed Clinical Competency Assessment Tool may also be submitted with the Practice Plan to the organisational delegate with responsibility for endorsing the Practice Plan to assist the endorsement decision.
10. Each facility is required to keep summary records to enable level monitoring of implementation of the tool and program.

2.3 Who can be an assessor?

An assessor must have a high level of clinical experience/expertise, and would preferably have experience/qualifications in assessment.

The assessor may only undertake the assessment of competencies that are within their own scope of practice.

Assessors may include:

- Aboriginal and Torres Strait Islander Health Practitioners with 2 years recent full-time experience in a clinically based role
- Aboriginal and Torres Strait Islander Health Workers Isolated Practice Authorised with 2 years recent full-time experience in a clinically based role
- Aboriginal and Torres Strait Islander Health Practitioner Clinical Educators
- Clinical Nurse Educators
- Clinical champions (a Registered Nurse/Midwife at proficient or expert level)
- Clinical Nurse Consultants
- Clinical Nurse Specialists
- Nurse Practitioners
- Allied Health Professionals
- Medical Officers
- Dental Officers.

2.4 Assessed as Not Yet Competent and Requires Development?

The Aboriginal and Torres Strait Islander Health Practitioner who is assessed as 'not yet competent and requires development' will be assessed three times against a specific clinical skill to demonstrate competency. If competency is not demonstrated, appropriate support must be implemented, and documented in the Skills Improvement Plan, to improve performance. Support to improve performance and/or re-skilling may include:

- further education
- clinical mentoring
- role 'swaps' to gain exposure to a more clinical role.

Until the Aboriginal and Torres Strait Islander Health Practitioner is assessed as competent, they must not perform the specific clinical task as part of their individual independent scope of practice. This exclusion should be reflected in the individual Practice Plan which will identify the interim individual scope of practice to ensure services continue to be delivered whilst minimising the risk to clients.

2.5 Benefits to the Aboriginal and Torres Strait Islander Health Practitioner

The Clinical Competency Assessment Tool is a tool that enables Aboriginal and Torres Strait Islander Health Practitioners to demonstrate their knowledge and skills in a range of clinical tasks. This tool supports Aboriginal and Torres Strait Islander Health Practitioners with:

- skills verification
- maintenance of professional standards
- identification of professional development and learning needs
- maintenance of continuing competency associated with registration of Aboriginal and Torres Strait Islander Health Practitioners
- future employment.

2.6 Principles

Aboriginal and Torres Strait Islander Health Practitioners undertaking a competency assessment will:

- be treated fairly and with respect
- learn in an environment free of discrimination and harassment
- attain the skills and knowledge required in a supportive and stimulating environment
- be assured that the results of competency assessment will be used to inform the development of the individual Practice Plan which is subject to a Privacy Notice
- access assessment procedures and results
- receive constructive feedback about assessment results
- be provided with further education and skill development before a repeat assessment
- have the right to appeal an assessment result (see below).

2.7 Appeal Process

If an Aboriginal and Torres Strait Islander Health Practitioner does not agree with the competency assessment process or outcomes, they have the right to appeal. This may be through the following processes:

1. Informal Resolution – It is recommended that any concerns be discussed with the assessor responsible first. The issue may be able to be resolved through open communication.

2. Formal Appeals Process – If the appeal cannot be resolved informally, the Aboriginal and Torres Strait Islander Health Practitioner may inform their clinical supervisor or operational manager of their concerns. It is the responsibility of the clinical supervisor or operational manager to facilitate the appeal process in line with organisational policy.
3. If the Aboriginal and Torres Strait Islander Health Practitioner is still not satisfied, the Executive lead within the HHS and/or HR Support should be contacted.

3. Clinical Assessment Tool - Skill Summary/ Plan

Name: _____

Title/Current position: _____

Location/Facility/Service (as relevant): _____

Date of commencement in this position: _____

Date of last assessment(s): _____

| <i>Assessment Area</i> | <i>How often</i> | <i>Applicable to current role</i> | <i>Voluntary (Yes or No)</i> | <i>Due</i> | <i>Scheduled</i> | <i>Completed</i> |
|---|------------------|-----------------------------------|------------------------------|------------|------------------|------------------|
| Electrocardiograph 12 Lead Recording | | | | | | |
| Haemoglobin Measurement | | | | | | |
| Ear Examination | | | | | | |
| Visual Acuity | | | | | | |
| Eye Examination | | | | | | |
| Abdominal Examination | | | | | | |
| Oral | | | | | | |
| Handwashing | | | | | | |
| Physical Examination | | | | | | |
| SOAP - E | | | | | | |
| Anaphylaxis – Severe Allergic Reaction | | | | | | |
| Ophthalmic Drops/Ointment | | | | | | |
| Administering Intramuscular, Subcutaneous and Z Track | | | | | | |
| Metered Dose Inhalers | | | | | | |
| Nebulised Medicine Administration | | | | | | |
| Administering Suppositories | | | | | | |
| Neurological | | | | | | |
| Neurovascular | | | | | | |
| Pain | | | | | | |
| Measuring Blood Glucose Level | | | | | | |
| Body Mass Index and Waist Circumference | | | | | | |

| Assessment Area | How often | Applicable to current role | Voluntary (Yes or No) | Due | Scheduled | Completed |
|--|-----------|----------------------------|-----------------------|-----|-----------|-----------|
| Weight | | | | | | |
| Temperature, Pulse, Respiration and Blood Pressure | | | | | | |
| Oxygen Therapy | | | | | | |
| Measuring Peak Flow | | | | | | |
| Pulse Oximetry | | | | | | |
| Respiratory Examination | | | | | | |
| Spirometry | | | | | | |
| Suctioning (oropharyngeal) | | | | | | |
| Complex Dressing | | | | | | |
| Removal of Sutures, Clips and Staples | | | | | | |
| Simple Dressing | | | | | | |
| Skin | | | | | | |
| Wound Closure | | | | | | |
| Eye Specimen Collection | | | | | | |
| Sputum Specimen Collection | | | | | | |
| Urinalysis Collection | | | | | | |
| Venepuncture Assessment | | | | | | |
| Wound Swab | | | | | | |

Training Matrix:

| | How often | Applicable to current role | Voluntary (Yes or No) | Due | Scheduled | Completed |
|---|-----------|----------------------------|-----------------------|-----|-----------|-----------|
| Basic Life Support | Annual | | | | | |
| Adult Advanced Life Support | Annual | | | | | |
| Paediatric Advanced Life Support | Annual | | | | | |
| NeoResus - First Response | Annual | | | | | |
| Child Abuse and Neglect Self-Assessment Capability | Annual | | | | | |
| Radiation Safety | Annual | | | | | |
| Elder Abuse Self-Assessment of Capability | Annual | | | | | |
| Medication Safety Competency Test | Annual | | | | | |
| Patient Manual Handling Program - Skills Competency Assessment | Annual | | | | | |
| Radiation Safety | Annual | | | | | |
| Dangerous Good Packaging (Safe Transport of Infectious Substances by Air) | 2 yearly | | | | | |
| iSTAT Training | 5 yearly | | | | | |
| Eye irrigation | | | | | | |
| Medication management for A&TSIHP | Annual | | | | | |
| Clinical Handover Self-Assessment Checklist | Once | | | | | |
| Clinical response to Domestic and Family Violence | Once | | | | | |
| Medication, Administration Self-Assessment Checklist | Once | | | | | |
| Standard 9 Self-Assessment Checklist | Once | | | | | |
| Venepuncture Competency Package | Once | | | | | |
| Cannulation (PIVC) Competency Package | Once | | | | | |
| Preventing Falls and Harm from Falls Self-Assessment Checklist | Once | | | | | |
| Understanding Domestic & Family Violence | Once | | | | | |

Electrocardiograph (ECG) 12 Lead Recording Assessment

KEY SKILL Demonstrates the ability to perform a 12 lead ECG

| Key: | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| Provides a clear explanation of procedure to client and obtains consent | | | | |
| Ensures privacy | | | | |
| Assembles the required equipment | | | | |
| Performs hand hygiene and dons PPE if required | | | | |
| Prepares the skin areas to be used for lead placement minimising exposure of the client | | | | |
| Applies limb and chest electrodes correctly. If using gel pads, ensures that pads are moist | | | | |
| Ensures electrodes are correctly placed | | | | |
| Limb electrodes: RA – right arm, LA - left arm, RL – right leg, LL- left leg | | | | |
| Chest electrodes: V2 - 4 TH intercostal space | | | | |
| V2 – 4 TH intercostal space, left sternal margin | | | | |

| | | | | |
|---|--|--|--|--|
| V3 – midway between V2 and V4 | | | | |
| V4 – 5 TH intercostal space mid clavicular line | | | | |
| V5 – midway between V4 and V6 | | | | |
| V6 – 5 TH intercostal space mid axillary line | | | | |
| Arranges the cables away from the chest wall and ensures that there is no tension on the cables | | | | |
| Ensures ECG machine is loaded with the correct paper, set to a speed of 25mm/second and calibrated to an amplitude of 2 large squares | | | | |
| Enters client details into ECG machine. If this function is not available, uses a Clients label or writes client details on the recording immediately after the recording is complete | | | | |
| Instructs the client to lie still and records ECG | | | | |
| Assesses the quality of the tracing and troubleshoots if tracing not clear | | | | |
| Notes any symptoms on ECG | | | | |
| Refers ECG to Medical officer or Nurse for interpretation | | | | |
| Cleans equipment and disposes of used items and PPE. Performs hand hygiene | | | | |
| Documents in client's notes that ECG has been performed and who the ECG was referred to for interpretation noting time and date of referral | | | | |

Electrocardiograph (ECG) 12 Lead Recording Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role/client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Haemoglobin (Hb) Measurement Assessment

KEY SKILL Demonstrates accurate Haemoglobin measurement

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client and explains procedure. Obtains consent. | | | | |
| Ensure Haemoglobinometer / Hemocue is calibrated as per manufacturer's guidelines | | | | |
| Checks expiry date of cuvettes | | | | |
| Performs hand hygiene and puts on non-sterile gloves | | | | |
| Cleans suitable finger with water or swab and allows to dry | | | | |
| Pricks side of finger using lancet | | | | |
| Applies light pressure to encourage bleeding if necessary. Does not 'milk' the finger | | | | |
| Wipes first three drops of blood away | | | | |
| Places high tip of cuvette on fourth blood drop and fills entire circle | | | | |
| Repeats procedure if air bubbles are present or cuvette is not full | | | | |

| | | | | |
|--|--|--|--|--|
| Places cuvette in Haemoglobinometer / Hemocue according to manufacturer's instructions | | | | |
| Checks Hb levels for age groups | | | | |
| Records results and refers client to RN/Medical Officer if abnormalities are present | | | | |

Haemoglobin (Hb) Measurement Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role/client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Ear Examination Assessment

KEY SKILL Can identify abnormalities in the ear

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client, explains the procedure and obtains consent | | | | |
| Gathers equipment - Otoscope | | | | |
| Performs hand hygiene | | | | |
| History | | | | |
| Obtains a complete client history | | | | |
| Asks client (or parent) about ear symptoms | | | | |
| - pain | | | | |
| - fever | | | | |
| - discharge | | | | |
| - itchy | | | | |

| | | | | |
|---|--|--|--|--|
| <p>Note: a young child may not localise pain, but parent may notice that they are unsettled or pulling on their ears</p> <ul style="list-style-type: none"> - when did it start? - severity - treatment and/or medicine given - what, how much, when, how often, effect?- risk factors e.g. history of recent URTI, exposure to passive smoking/smoker, swimming - especially in dirty dam or creek, dusty environment, overcrowding/close proximity to other children, poor diet; family history of OM and hearing loss | | | | |
| <p>Asks client (or parent):</p> <ul style="list-style-type: none"> - is this the first episode or has there been any previous episodes? - has there been any acute otitis media with or without perforation? - has the client had chronic ear discharge or operations? If so, when and what was the treatment? | | | | |
| <p>Asks client (or parent):</p> <ul style="list-style-type: none"> - is there any hearing loss? - any hearing tests? - problems with speech and language? - problems with learning? | | | | |
| <p>Asks client if they are under the care of an Ear Nose and Throat (ENT) Specialist/Audiologist</p> | | | | |
| <p>Hearing screening and assessment</p> | | | | |
| <p>Hearing screening and assessment commences from birth across the life span. Refer to current edition of The Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Australia, available from https://publications.qld.gov.au/dataset/chronic-conditions-manual for procedures in performing:</p> <ul style="list-style-type: none"> - otoscopy to examine the ear canal and ear drum from 2 months of age - tympanometry to test middle ear function from 6 months of age | | | | |

| | | | | |
|--|--|--|--|--|
| - audiometry to assess hearing level from over 3 years of age | | | | |
| Examination | | | | |
| Examines ear at eye level | | | | |
| Positions infant/toddler on parent/carer's knee. Older children can stand and adult sit (Often very painful - approach gently) | | | | |
| <p>Outer ear</p> <ul style="list-style-type: none"> - inspects – is there any inflammation? - palpates ear – is it warm to touch? Is there any pain on moving pinna or tender to touch? - Mastoid bone - swollen, hot, tender? - feels around occiput, around ears, both sides or neck for lymph glands | | | | |
| <p>Ear canal</p> <ul style="list-style-type: none"> - inspects for any obvious discharge, redness/swelling (if pain levels allow looks inside with otoscope). Inspects canal for - swelling, redness, fungus, debris, lumps or bony growths, foreign body, extruding grommets, wax, lesions | | | | |
| <p>Tympanic membrane (TM) (eardrum)</p> <p>Normal TM is shiny, translucent, pearl/grey colour, cone of light visible - right ear at 5 o'clock, left ear at 7 o'clock</p> <p>Sections of handle of malleus visible through translucent drum - right ear 1 o'clock, left ear 11 o'clock</p> | | | | |
| <p>Inspects TM (eardrum)</p> <ul style="list-style-type: none"> - is it intact, normal colour, red, dull, bulging, retracted? - is there any air/fluid or bubbles behind the eardrum? - are there any perforations or discharge? - documents the size and position of perforation on a diagram in the case notes | | | | |

| | | | | |
|--|--|--|--|--|
| Consults MO/NP for any case of discharge or perforation. If any perforation in the attic region is found or suspected, an urgent referral to an ENT specialist is required | | | | |
| Performs hand hygiene | | | | |
| Refers client as appropriate and organises follow-up if required | | | | |
| Documents findings in client's notes | | | | |

Ear Examination Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Visual Acuity Assessment

KEY SKILL Demonstrates ability to test visual acuity

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client and explains procedure. Obtains consent. | | | | |
| Performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia | | | | |
| Encourages client to raise questions, checking if the client is literate with the alphabet – if so, considers numbers, “illiterate Es” or pictures. | | | | |
| Collects equipment - Snellen eye chart (eye test chart), eye occluder | | | | |
| Identifies whether eye trauma is present, tests injured eye first | | | | |
| Assesses with glasses or contact lenses if client wears them for distance (TV or driving) | | | | |
| Demonstrates ability in explaining how to read the Snellen Eye Chart from the larger letters at the top of the chart downwards | | | | |
| Demonstrates correct documentation of Visual Acuity (VA) | | | | |

| | | | | |
|--|--|--|--|--|
| N.B. The Visual acuity is recorded as a fraction; the top number refers to the testing distance – the distance that the patient sits from the chart and the bottom number refers to the line containing the smallest letter that the patient identifies. E.g. VA – R 6/12 (Visual Acuity - patient can read line 12 at 6 metres) | | | | |
| Identifies if acuity is less than 6/150, the need to check the client's ability to count the number of fingers held up (holding hand 50cm or 0.5m away from the patient) | | | | |
| If the client answers correctly the VA is recorded as CF (count fingers @ distance specified, e.g. counts fingers @ 0.5m) | | | | |
| Counting fingers and hand movements may be used to assess central or peripheral vision | | | | |
| Discusses on-going care with client and encourages client to raise questions | | | | |
| Cleans and puts away all used equipment and performs hand hygiene | | | | |
| Documents findings and reports findings to RN/Medical Officer | | | | |

Visual Acuity Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Eye Examination Assessment

KEY SKILL Can demonstrate the taking of a comprehensive history and perform an eye examination

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client, explains the procedure and obtains consent | | | | |
| Gathers equipment small powerful torch, visual acuity chart such as Snellen or Snellen E chart, magnification, cotton bud, fluorescein drops or strip, ophthalmoscope | | | | |
| Performs hand hygiene | | | | |
| History | | | | |
| Asks the client | | | | |
| – have you had any trauma to your eye? | | | | |
| - is the eye disorder a result of trauma? A history of how the injury was sustained is vital in any high velocity injury, a penetrating injury must be strongly suspected | | | | |
| - If there has been a forceful blunt injury, suspect a 'blow out' fracture of the orbit | | | | |
| Asks the client | | | | |

| | | | | |
|---|--|--|--|--|
| <p>what is the nature of visual symptoms:</p> <ul style="list-style-type: none"> - is there loss of vision, pain or grittiness, redness, discharge, double vision? - one or both eyes affected? - what is the rate of onset? - are there any associated symptoms e.g. flashing lights, floaters, haloes around lights? | | | | |
| <p>Asks the client:</p> <ul style="list-style-type: none"> - is there any past history of eye problems? - current medical problems e.g. diabetes or autoimmune disease? - are you using medicines that can affect the eyes, eye drops/ointment used? - does the patient wear contact lenses? - have they had any surgery on the eyes? - is there any family history of eye problems e.g. in chronic glaucoma there is a 1:10 risk in first degree relatives? | | | | |
| <p>Conducts a visual acuity test</p> | | | | |
| <p>Examines the eye systematically</p> <ul style="list-style-type: none"> - checks the cornea, sclera, conjunctiva, eyelid and periorbital areas - checks the movements of the eye are equal and there is no double vision <p>The lower lid should be pulled down to examine the conjunctival lining. Care should be taken not to apply any pressure to the globe if there is any suggestion of a penetrating eye injury. The lids can be separated by using traction over the orbital margins thus avoiding any pressure. Never try to pry the eyelids of a child apart to see the eye</p> | | | | |

| | | | | |
|---|--|--|--|--|
| | | | | |
| If there is a strong suspicion of a penetrating eye injury places a rigid shield on the eye and evacuates the patient to an appropriate facility | | | | |
| If the patient has a red eye or a history of a foreign body or a sensation of grittiness in the eye, the inner aspect of the upper eyelid should be examined by everting the lid. See diagram of Procedure for eversion of the eyelid, page 329 Primary Clinical Care Manual 9 TH Ed. 2016. Eversion of the upper eyelid should not be done if there is any suggestion of a penetrating eye injury | | | | |
| Examines the anterior chamber (between the cornea and iris) for the presence of blood | | | | |
| Examines the pupils - checks the shape of both pupils - checks both pupils' reaction to light - checks both pupils align equally e.g. no obvious squint/deviation | | | | |
| Conducts Fluorescein examination of the cornea – page 327 Primary Clinical Care Manual 9 th ed. 2016 | | | | |
| Conducts eversion of the eyelid - See diagram of Procedure for eversion of the eyelid, page 329, Primary Clinical Care Manual 9 th ed. 2016 | | | | |
| Demonstrates correct padding of the eye, using single eye pad | | | | |
| Does not double pad eye unless advised by Ophthalmologist | | | | |
| Advises client - do not drive with eye padded | | | | |
| Does not attempt to remove a protruding object from a penetrating eye injury | | | | |
| Immediately consults with RN/MO if foreign body is in a child's eye | | | | |
| Refers client to RN/MO if any abnormalities are found | | | | |

| | | | | |
|--------------------------------------|--|--|--|--|
| Performs hand hygiene | | | | |
| Documents findings in client's notes | | | | |

Eye Examination Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Abdominal Examination Assessment

KEY SKILL Demonstrates the ability to take a history, inspect, auscultate, percuss, and palpate an abdomen and document findings.

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Collects equipment (stethoscope and alcohol wipes to clean) | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Positions client in flat position as tolerated, places pillow under head and knees | | | | |
| Discusses with the client recent history – frequency of bowel motions, and any concerns | | | | |
| Assess pain (PQRST): | | | | |
| P – Provocation, palliation, pattern | | | | |
| Q - Quality | | | | |
| R - Radiation | | | | |
| S – Severity | | | | |

| | | | | |
|---|--|--|--|--|
| T – Timeframe/ duration, location, intensity | | | | |
| Inspects the abdomen looking for: - signs of trauma - bruising (lower abdomen, flanks, umbilicus) - soft tissue injuries to abdomen, flank or back - masses, nodules, lesions, rashes - contour – swelling, distension, pulsations - scars and striae | | | | |
| Performs percussion to identify: - presence of air - fluid or organs Note do not percuss or palpate if there is obvious trauma, splenomegaly, excessive pain | | | | |
| Articulates possible ectopic pregnancy if patient is female | | | | |
| Performs hand hygiene following the examination | | | | |
| Documents and reports findings as appropriate | | | | |
| Refers client to RN/NP/MO if abnormalities detected | | | | |

Abdominal Examination Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Oral Assessment

KEY SKILL Demonstrates ability to conduct an examination of the oral cavity

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Assembles equipment – torch, tongue depressor | | | | |
| Asks client what the problem is and obtains an accurate history from the client | | | | |
| Checks for allergies and tetanus immunisation status | | | | |
| Washes hands | | | | |
| Performs a standard set of clinical observations – uses QAADS or CEWT if applicable | | | | |
| Performs hand hygiene in accordance with 5 moments of hand hygiene | | | | |
| Performs physical examination including: | | | | |
| - inspecting the oral cavity, teeth, soft tissues and gums | | | | |
| - assesses bite – may need to consider facial fractures | | | | |
| - assesses any bleeding from teeth or gums, checks duration of bleeding and amount | | | | |

| | | | | |
|--|--|--|--|--|
| - assesses any facial swelling | | | | |
| - checks the mouth, tongue and gums for colour or ulcers in the mouth | | | | |
| Identifies any tooth with caries or any loose teeth | | | | |
| Assesses for any tooth that is painful to touch or tapping – acute infection? | | | | |
| Assesses gums for swelling, slough, active gingivitis | | | | |
| Assesses for gum recession – is there any history of diabetes? | | | | |
| Assesses for injury or trauma | | | | |
| Notes halitosis | | | | |
| Consults with MO/NP/RN or Dentist | | | | |
| Refers client to next dental clinic | | | | |
| Follows Primary Clinical Care Manual | | | | |
| Educates client on good oral hygiene – tooth brushing twice daily with fluoride toothpaste | | | | |
| Advises client to avoid sugary and acidic drinks and snacks | | | | |
| Promotes smoking cessation | | | | |
| Performs hand wash | | | | |
| Documents all findings in client's notes | | | | |

Oral Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Handwashing Assessment

KEY SKILL Demonstrates correct hand hygiene

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Can articulate the five moments of hand hygiene | | | | |
| Ensures jewellery has been removed | | | | |
| Performs hand rub if hands are not visibly soiled Apply one squirt of the alcohol based hand rub or antiseptic gel to dry hands, rub it over all parts of the hand including fingers, thumbs and webbing between fingers for 15-20 seconds, Let the product dry on the hands | | | | |
| Performs routine hand wash Take off watch, rings and other jewellery before washing hands Apply one squirt of liquid soap to wet hands Rub it over all parts of the hand including fingers, thumbs, wrists and webbing between fingers for 60 seconds (1 minute) Rinse hands with water Dry hands thoroughly with a single-use towel | | | | |

| | | | | |
|---|--|--|--|--|
| <p>Use the towel to turn off the tap</p> <p>If contamination occurs the hand wash procedure is repeated</p> | | | | |
| <p>When would you use the clinical hand wash procedure?</p> <ul style="list-style-type: none"> - before doing a dressing - before doing any invasive procedure - when strict aseptic technique is needed | | | | |

Handwashing Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

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Skill Improvement Plan (if deemed *Reassessment Required*):

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| | | | |

KEY SKILL Demonstrates the ability to conduct a full physical assessment

| | | | | |
|---|---|---|---|---|
| <p>Key:</p> <ol style="list-style-type: none"> 1. Low level of knowledge & performance that needs a high level of professional support & development 2. Some knowledge & skill but professional development needed 3. Sound knowledge, understanding & skill 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies an appropriate area for the assessment with the client, considering privacy and comfort | | | | |
| Assesses the need for safety precautions; PPE, surveillance | | | | |
| Identifies the client and establishes a rapport. Demonstrates concern and respect always. Recognises and includes family/support person in the care of the client | | | | |
| <p>Obtains relevant history from the patient if appropriate including:</p> <ul style="list-style-type: none"> - client's own assessment of the previous 24hrs - past medical/surgical history - obtains family and social history - asks about medications and allergies - treatments | | | | |

| | | | | |
|--|--|--|--|--|
| <p>Performs checks of following vital signs: temperature, pulse, respiratory rate, blood pressure, oxygen saturation (Checks rate, rhythm and regularity of pulses), urinalysis, blood glucose level if indicated</p> | | | | |
| <p>Observes and documents client's general appearance:</p> <ul style="list-style-type: none"> - posture - body size - level of engagement with assessment - personal hygiene status - gait | | | | |
| <p>Assess the skin, checking the whole body for marks, rashes, etc.</p> <ul style="list-style-type: none"> - skin colour (including if changes limited to one area) temperature, moisture, turgor, and conjunctiva. - looks for signs of infection, wounds or pressure injury | | | | |
| <p>Assesses the cardiovascular system</p> <ul style="list-style-type: none"> - perfusion central/peripheral including capillary refill - skin temperature - checks peripheral and apical pulses for rate, rhythm, and strength and - checks for presence of oedema | | | | |
| <p>Assesses the respiratory system:</p> <ul style="list-style-type: none"> - inspecst chest, accessory muscles, and peripheries. Checks for work of breathing - observes voice, respiration (rate, depth & character) | | | | |

| | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> - auscultate lungs for normal sounds. Notes any oxygenation needs and activity tolerance - notes sputum presence and nature and impact of medication or movement | | | | |
| <p>Assesses the gastrointestinal tract. Asks the client if there are limitations of intake: tolerance, restrictions, nausea etc:</p> <ul style="list-style-type: none"> - listens for Bowel sounds in all 4 quadrants - palpates for anomalies - question client about bowel habits | | | | |
| <p>Assess the genitourinary system:</p> <ul style="list-style-type: none"> - asks women: last menstrual period; last PAP smear - completes urinalysis - asks men: last prostate exam - asks if urinary leakage, frequency, pain on voiding, etc | | | | |
| <p>Assesses the neurological system:</p> <ul style="list-style-type: none"> - level of consciousness – AVPU - checks pupils for equal, reactivity to light, movement - compares bilateral muscle tone and power - checks speech appropriate in response to conversation | | | | |
| <p>Assesses ears, nose, throat and eyes:</p> <ul style="list-style-type: none"> - ears – inspect for lesions, discharge, pain - mouth- lesions, odours, oral hygiene | | | | |

| | | | | |
|---|--|--|--|--|
| - eyes – lesions or discharge, symmetry of eyelid & eye movement | | | | |
| Assesses musculoskeletal system: - range of motion and strength - activities of daily living - mobility | | | | |
| Assesses psychosocial needs: - mental wellness history - willingness to verbalise about their illness - support & concerns | | | | |
| Documents history and assessment on appropriate documentation and records variances in the client's notes | | | | |
| Initiates appropriate management and referrals. Notifies Medical Officer or team leader as necessary | | | | |

Physical Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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SOAP-F Assessment

KEY SKILL Demonstrates ability to conduct a full history of a client

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Story | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Asks the client why they have come to the clinic | | | | |
| Asks the client about exact signs and symptoms: | | | | |
| Site – where is the pain? Does it go anywhere else? | | | | |
| Onset – when did it start? Was it sudden or gradual? | | | | |
| Character of pain – sharp, dull or burning? | | | | |
| Radiation of pain – does the pain radiate anywhere else? | | | | |
| Alleviating factors – what makes it better? | | | | |
| Timing – how long does it last? Has the client had it before? | | | | |

| | | | | |
|---|--|--|--|--|
| Exacerbating factors- what makes it worse? | | | | |
| Severity- mild, moderate or severe. What is the pain score? | | | | |
| Any associated symptoms – nausea, vomiting, photophobia, shortness of breath, fever, diarrhoea, weight loss | | | | |
| Treatment – any medicines taken during this illness – what, how much, when, how often, effectiveness | | | | |
| History | | | | |
| Checks previous history - any significant illness in the past? Always ask about diabetes, hypertension, angina and heart attacks, epilepsy, asthma and mental health problems. - previous hospital admissions | | | | |
| Checks family history | | | | |
| Social history - employment, smoking, alcohol, other drugs, diet and exercise | | | | |
| Medicines - regular medicines, prescribed or over the counter. Ask females about contraception tablets | | | | |
| Checks allergies | | | | |
| Checks immunisations – are they up to date? | | | | |
| Assessment | | | | |
| For all patients presenting for acute care measure: - heart rate, blood pressure, respiratory rate, O2 saturation, temperature - if indicated: - blood glucose level - capillary refill time | | | | |
| Assesses client's general appearance: | | | | |

| | | | | |
|---|--|--|--|--|
| <p>Do they look well?</p> <p>What posture are they assuming?</p> <p>Observes:</p> <ul style="list-style-type: none"> - mobility - any breathlessness? - conjunctiva and nail beds – do they look pale? - lips, tongue and fingers -are they blue? - general skin colour- pale/jaundiced? - agitation, distressed? - body/ breath odours? - are they well nourished? | | | | |
| <p>Assesses weight, BMI and waist measurements</p> | | | | |
| <p>Hydration:</p> <p>Eyes – normal or sunken</p> <p>Mouth and tongue – wet or dry</p> <p>Skin turgor – normal or reduced?</p> <p>Dry axillae?</p> <p>Any recent weight loss?</p> | | | | |
| <p>Skin:</p> <ul style="list-style-type: none"> - checks whole body in sick client or as guided by presentation - any rashes? Non-blanching, petechiae, purpura | | | | |

| | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> - bruising, unexplained or unusual marks? - signs of infection - redness, swelling, tenderness? - are there any palpable lymph nodes? | | | | |
| <p>Cardiovascular system:</p> <ul style="list-style-type: none"> - any pain/pressure in neck, chest or arms? - any shortness of breath on exertion? - skin colour- pink, grey or motley? Compare trunk to limbs - skin temperature- hot, warm, cool, cold? Compare trunk with limbs - central and peripheral perfusion – blanch skin and time how long it takes for colour to return - any evidence of oedema, particularly feet, hands or face? - looks for any distended neck veins | | | | |
| <p>Respiratory system:</p> <p>Most information is gained from simple observation</p> <ul style="list-style-type: none"> - inspects anterior/posterior chest: equal chest expansion, abnormal chest movement, use of accessory muscles of respiration, tracheal tug - can the client talk in full sentences, or only in single words, or unable to talk at all? - measures the respiratory rate over one minute - note rhythm, depth and effort of breathing - listens for extra noises - cough (loose, dry, muffled, +/- sputum), wheeze, stridor, hoarseness - auscultates for air entry into both lung fields: equal, adequate, any wheezes or crackles? Do they occur on inspiration or expiration? - percusses lung fields - dull, resonant, hyper-resonant? - can they lie flat without breathlessness? | | | | |

| | | | | |
|--|--|--|--|--|
| <p>Gastrointestinal/reproductive system:</p> <ul style="list-style-type: none"> - inspects abdomen for scars, distension, hernias, bruising, striae, masses - auscultates bowel sounds in all 4 quadrants - present or absent? - palpates abdomen: — soft or firm? — any obvious masses? — tender to touch? Identify abdominal quadrant and exact area — any guarding or rigidity? Even when the patient is relaxed? — any rebound tenderness? <p>Press down and take your hand away very quickly, is pain greater when you do this?</p> <ul style="list-style-type: none"> - questions about change of bowel habits - asks women: — date of last menstrual period — abnormal vaginal bleeding or discharge? <p>do urinary βhCG on all females of childbearing age with abdominal pain</p> <ul style="list-style-type: none"> - in men: — if relevant checks the testes - any redness, swelling or tenderness? — enquires about penile discharge | | | | |
| <p>Nervous system:</p> <ul style="list-style-type: none"> - assesses conscious state. (AVPU) - any dizziness, fainting, blackouts, problems with speech, vision, weakness in arm/leg, altered sensation, neck stiffness? - Pupils - size, symmetry, response to light - assesses orientation to time, place and person: — asks the patient their name, date of birth, location — asks them to tell you the time, date and year - looks for inequality between one side of the body and the other. Compares the tone and power of muscles of each side of the face and limbs - tests touch and pain sensation using cotton wool and the sharp end of the percussion hammer - tests finger nose coordination and if possible observe the patient walking | | | | |
| <p>Musculoskeletal system:</p> <ul style="list-style-type: none"> - asks if any painful or stiff joints or muscular pain | | | | |

| | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none"> - observes gait - inspects joints for redness, swelling and pain | | | | |
| <p>Ears, nose and throat:</p> <p>Ears</p> <ul style="list-style-type: none"> - looks at the pinna - redness, swelling, nodules? - any obvious swelling or redness of the ear canal? If there is, looking with an otoscope will be painful - looks inside with an otoscope and inspect ear canal - any redness, swelling, discharge? - inspect eardrum - normal? or redness, dullness, bulging/retraction, fluid or air bubbles, perforations or discharge? <p>Nose</p> <ul style="list-style-type: none"> - feels for facial swelling (sinuses) inflammation, pain - any discharge or obvious foreign body? <p>Throat</p> <ul style="list-style-type: none"> - looks at the lips, buccal mucosa, gums, palate, tongue, throat for redness/swelling - teeth - condition? - inspects tonsils - redness, enlargement or pus? | | | | |
| <p>Eyes:</p> <ul style="list-style-type: none"> - tests the visual acuity of each eye, using a Snellen chart at 6 metres in good light - looks at the eyes and surrounding structures - any redness, discharge or swelling? - looks at the pupils - are they equal in size and regular in shape? Check pupillary reflex to light - checks eye movements | | | | |
| <p>Urinalysis:</p> | | | | |

| | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none"> - examines the urine of all sick clients, all clients with abdominal pain or urinary symptoms and all clients with a history of diabetes - looks at the colour - is it normal, dark or blood stained? - does it smell normal? - performs urinalysis - performs βhCG in all females of childbearing age with abdominal pain | | | | |
| Plan/ Follow Up | | | | |
| Refers to the Primary Clinical Care Manual and consults with relevant health professionals to determine appropriate treatment and follow-up | | | | |
| Makes timely and appropriate referrals providing accurate and relevant details to clients and referral agencies | | | | |
| Makes arrangements for a review with client to follow up diagnosis and treatment | | | | |
| Documents follow-up requirements in relevant locations and client's notes | | | | |

SOAP-F Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Anaphylaxis- Severe Allergic Reaction Assessment

KEY SKILL Demonstrate knowledge to manage an Anaphylaxis or severe allergic event. NB: This may be a scenario based assessment

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Conducts rapid assessment of client's conscious state, airway (risk or evidence of obstruction), adequacy of respiratory effort and circulation (including HR, BP, and capillary refill) - is essential to guide treatment | | | | |
| Administers intramuscular injection of adrenaline in life threatening anaphylaxis in accordance with Primary Clinical Care Manual (PCCM) Drug Therapy Protocol (DTP) | | | | |
| Obtains history of precedents if client is conscious | | | | |
| Always checks for medic alert jewellery | | | | |
| Immediate management | | | | |
| Stops administration immediately, if administering a medicine injection, or an infusion of a medicine or blood product | | | | |
| If allergic reaction or anaphylaxis has occurred from an insect allergy or tick bite, immediately removes the sting, or carefully removes the tick | | | | |
| If client is unconscious, lies client down on left side to keep the airway clear | | | | |

| | | | | |
|--|--|--|--|--|
| If the client is conscious, lays client flat. Does not allow client stand or walk. If breathing is difficult, allows client to sit | | | | |
| Gives adrenaline by deep intramuscular injection without delay (one dose only as per DTP, PCCM) | | | | |
| Administers O2 by face mask 10 - 15 L/minute and/or asthma medication for respiratory symptoms | | | | |
| Consults MO/NP as soon as circumstances allow. Does not leave the client alone | | | | |
| Commences resuscitation if apnoeic following DRS ABCD | | | | |
| Consults with MO/NP re cannulation and further IV management | | | | |
| Clinical assessment | | | | |
| <ul style="list-style-type: none"> - obtains emergency patient history (from relatives or friends) including circumstances leading up to the severe allergic reaction and potential contact with irritants - plant, animal, marine creatures - known allergies of any kind - any previous episodes, treatment used and effect - current medications including an EpiPen® | | | | |
| Performs standard clinical observations using QLD Health forms (full ADDS/CEWT score or other local Early Warning and Response Tools) | | | | |
| Performs physical examination - inspect, auscultate and palpate all affected body systems e.g. skin changes, face, throat, breathing, HR, neurological state. Documents all changes | | | | |
| Management | | | | |

| | | | | |
|--|--|--|--|--|
| <p>- consults MO/NP who may order in addition to IM adrenaline salbutamol nebulised with O2 for persistent wheeze see Acute asthma, page 81 Primary Clinical Care Manual 9th edition</p> <p>- adrenaline nebulised with O2 for upper airway obstruction⁴⁹. See Croup/epiglottitis, page 660 Primary Clinical Care Manual 9th edition or</p> <p>- hydrocortisone IV stat (5 mg/kg, maximum 200 mg)</p> | | | | |
| <p>Monitors BP and respiratory rate and conscious state. Should be checked every 15 minutes for 2 hours then hourly for a minimum of 4 hours</p> | | | | |
| <p>After the resolution of all symptoms and signs, observes client for a minimum of 4 hours after the last dose of adrenaline or until daylight hours</p> | | | | |
| <p>Clients with severe reactions: hypoxia, hypotension, and/or neurological compromise, delayed or inadequate response to initial therapy, poorly controlled asthma or a history of life-threatening reactions and those who present late in the evening, live alone or are remote from medical care, require longer observation.</p> | | | | |
| <p>Clients with severe reactions who have had a 12-hour period of being symptom free and have required no further adrenaline, may be sent home in consultation with MO/NP</p> | | | | |
| <p>Follow up</p> | | | | |
| <p>Establishes what caused the episode - food or medicine ingestion, bites and stings etc. and documents this in the client's notes, as well as what treatment was required</p> | | | | |
| <p>Advises client to avoid re-exposure</p> | | | | |
| <p>Discusses with the client medical alert jewellery (e.g. Medicalert®) that carry medical information such as allergies on them.</p> | | | | |

| | | | | |
|--|--|--|--|--|
| Documents in client's medical record 'Allergic to.....' | | | | |
| Reviews the client the next day and if no symptoms or findings, organises for review at next MO/NP clinic | | | | |
| Referral/consultation | | | | |
| Consults MO/NP on all occasions | | | | |
| All clients are referred to MO/NP for prescriptions for EpiPen® | | | | |
| Promptly reports any significant adverse event following immunisation (AEFI) directly to Queensland Health by completing an AEFI form available at http://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/aefi-reporting-form.pdf and send as fax or email as on the form | | | | |

Anaphylaxis- Severe Allergic Reaction Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TS HP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Ophthalmic Drops/Ointment Administration Assessment

KEY SKILL Demonstrates the ability to safely apply eye drops and ointments

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Articulates the '6 RIGHTS' of medication administration. Determines allergies | | | | |
| Explains procedure to client, gains verbal consent, checks client identification | | | | |
| Performs visual acuity test if required | | | | |
| Performs hand hygiene | | | | |
| Assesses condition of external eye structures and cleans eye if required | | | | |
| Repeats hand hygiene if eye has required cleaning before administering drops/ointment | | | | |
| Instills eye drops holding the medication dropper approximately 1-2 cm above the conjunctival sac counting the number of drops. If the client blinks, closes eyes, or drops land on the outer lids margins, repeats procedure | | | | |

| | | | | |
|--|--|--|--|--|
| Asks client to close eyes to distribute drops evenly | | | | |
| Instils eye ointment. Holds the ointment applicator above the lower lid margin, applies a thin stream of ointment along the inner edge of the lower lid margin on conjunctiva from inner edge to outer edge (inner canthus to the outer canthus) | | | | |
| Has client close eye | | | | |
| Applies eye pad correctly | | | | |
| Educates client on correct instillation of eye drops/eye ointment | | | | |
| Has client demonstrate next dose administration if able | | | | |
| Documents medication, concentration, number of drops, time of administration and eye (right or left eye) and records the appearance of the eye | | | | |
| Reports any issues to RN/ Medical Officer | | | | |

Ophthalmic Drops/Ointment Administration Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Administering Intramuscular, Subcutaneous and Z track injections Assessment

KEY SKILL Demonstrate safe injection of medications – intramuscular, sub- cutaneous and Z track

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in medication calculation test (as per HHS protocol) | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Checks allergies and follows the principles of the “6R’s” of medication administration | | | | |
| Determines requirement for administration of medication and verifies medication order is legal and valid | | | | |
| Ensures that medication to be administered meets Drug Therapy protocols as per Primary Clinical Care Manual | | | | |
| Gathers equipment required ensuring correct size syringe and needle selected for type of injection to be given | | | | |
| Performs hand hygiene | | | | |
| Reconstitutes medication as per the Australian Injectable Drugs Handbook or the Primary Clinical Care Manual | | | | |
| Ensures medication is in date and has no contra indications for administration – e.g. is in a sterile ampoule | | | | |
| Calculates and check dose of medication to be administered with RN/Medical Officer | | | | |
| Locates suitable site for injection using anatomical landmarks | | | | |

| | | | | |
|--|--|--|--|--|
| Assesses injection site for any contraindications | | | | |
| Ensures client is in a comfortable position | | | | |
| Cleans skin at injection site with alcohol swab | | | | |
| Subcutaneous - injects medication into subcutaneous tissue at 45-degree angle with a 2.5- 5 cm skinfold pinch | | | | |
| Intramuscular - injects medication into muscle at a 90-degree angle | | | | |
| Z track - injects medication into the ventro gluteal muscle at a 90-degree angle | | | | |
| Quickly withdraws the needle and observes injection site for immediate local adverse reactions | | | | |
| Disposes of sharps in sharps container | | | | |
| Does not recap needle | | | | |
| Performs hand hygiene | | | | |
| Observes client for any adverse reactions (may need to be up to 15 minutes depending on type of medication administered) | | | | |
| Advises client on after care of injection site | | | | |
| Documents and signs for medications in the client's notes, medication chart, recording time, date, route, site, any adverse effects. Notes any injection site issues | | | | |
| Records any reason for withholding medication | | | | |
| Escalates adverse reactions immediately to RN/Medical officer | | | | |

Administering Intramuscular, Subcutaneous and Z track injections Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Intravenous Medication Administration Assessment

KEY SKILL Demonstrates safe administration of intravenous medications

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Follows HHS procedure for administering medication (includes scope of practice). Follows Medicines and Poisons (Medicines) Regulation 2021 | | | | |
| Can articulate and applies the “6 R’s” – right patient, right medication, right dose, right time, right route, right to refuse | | | | |
| Checks the order is current and legible | | | | |
| Checks that allergy section of medication chart has been completed and allergy alert sticker present if applicable | | | | |
| Identifies if the medication requires single or double check | | | | |
| Reviews medication order and purpose/indication for medication | | | | |
| Ensures correct checking procedure is followed (all calculations are independently double checked using approved resources) | | | | |
| Bolus Administration | | | | |
| Prepares medication in accordance with the Australian Injectable Drugs handbook | | | | |

| | | | | |
|--|--|--|--|--|
| Independently verifies dose calculation and checks dose calculation with second person | | | | |
| Assesses IV cannula insertion site for signs of infiltration or phlebitis | | | | |
| Assesses IV patency. Clarifies date and time of IV cannula insertion | | | | |
| Performs hand hygiene | | | | |
| Checks client's identity and allergies | | | | |
| Cleans injection port with antiseptic swab. Connects syringe to IV and performs flush with normal saline for injection | | | | |
| Uses needle-less system if available | | | | |
| Injects medication as per directions over prescribed time frame | | | | |
| Flushes IV with normal saline for injection | | | | |
| Removes syringe (and needle) and disposes into sharps container or as per waste management protocols | | | | |
| Observes client for any adverse reactions | | | | |
| Performs hand hygiene | | | | |
| Documents in client's notes medication given, dose, route, and time and effects of medication | | | | |
| Reports any adverse reactions or withheld dose and reason for withholding to MO/NP/RN | | | | |
| Adding medications to Intravenous fluid containers | | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Follows HHS procedure for administering medication (includes scope of practice). Follows Medicines and Poisons (Medicines) Regulation 2021 | | | | |
| Can articulate and applies the "6 R's" – right patient, right medication, right dose, right time, right route, right to refuse | | | | |
| Checks the order is current and legible | | | | |

| | | | | |
|--|--|--|--|--|
| Checks that allergy section of medication chart has been completed and allergy alert sticker present if applicable | | | | |
| Identifies if the medication requires single or independent double check | | | | |
| Reviews medication order and purpose/indication for medication | | | | |
| Ensures correct checking procedure is followed (all calculations are independently double checked using approved resources) | | | | |
| Prepares medication in accordance with the Australian Injectable Drugs handbook | | | | |
| Independently verifies dose calculation and checks with second person | | | | |
| Confirms IV fluid that medication is to be added to is in date, and compatible with medication to be added. | | | | |
| Performs hand hygiene | | | | |
| Cleans injection port with antiseptic wipe | | | | |
| Injects medication into container and ensures it is mixed well by gently agitating IV container | | | | |
| Labels IV fluid container with correct label listing medication, dose, time added, date, and signed by both people who have checked the dose in accordance with HHS protocol | | | | |
| Takes IV fluid with medication added to client and verifies client identity and checks allergies | | | | |
| Cleans injection port with antiseptic wipe | | | | |
| Pauses infusion or pump if used. Hangs IV fluid | | | | |
| Resets Pump/recommences infusion | | | | |
| Observes client for any adverse reaction | | | | |
| Performs hand hygiene | | | | |
| Documents details of infusion/medication in client's notes. | | | | |

| | | | | |
|--|--|--|--|--|
| Reports any adverse reaction to RN/MO/NP | | | | |
|--|--|--|--|--|

Intravenous Medication Administration Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Medication Administration Assessment

KEY SKILL Demonstrates safe practice when administering medications

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Assesses client's condition and individual requirements related to medication administration (dysphagia, monitoring requirements) | | | | |
| Follows HHS procedure for administering medication (includes scope of practice). Follows Medicines and Poisons (Medicines) Regulation 2021 | | | | |
| Can articulate and applies the "6 R's" – right patient, right medication, right dose, right time, right route, right to refuse | | | | |
| Checks the order is current and legible | | | | |
| Checks that allergy section of medication chart has been completed and allergy alert sticker present if applicable | | | | |
| Identifies if the medication requires single or independent double check | | | | |
| Reviews medication order and purpose/indication for medication | | | | |

| | | | | |
|--|--|--|--|--|
| Ensures correct checking procedure is followed (all calculations are independently double checked using approved resources) | | | | |
| Calculates appropriate drug dosage individually if applicable using approved, relevant resources | | | | |
| Checks medication and fluid dilution and compatibility if applicable (IV medications) | | | | |
| Independently checks reconstitution | | | | |
| Checks that medication has not reached expiry date | | | | |
| Checks prescribed route of administration is appropriate, available and patent (if applicable) | | | | |
| Checks medication order for prescribed time and interval for medication is correct | | | | |
| Checks appropriate interval with checker by reviewing previous records, e.g. reviewing stat orders, prn orders, ED orders | | | | |
| Correctly identifies the client (name, date of birth, unit record number or address). If ID details are incorrect, takes appropriate corrective actions | | | | |
| Explains purpose/indication for medication to client and/or parent/carer | | | | |
| Recognises that client/parent/carer has right to refuse medication after above explanation | | | | |
| Escalates refusal to relevant treating teams and documents same in the client medication chart and medical record chart | | | | |
| Understands that the Health Practitioner has a right to refuse to administer if order is incomplete, ambiguous, incorrect or inappropriate. Appropriate escalation, documentation and communication to be completed in this case | | | | |
| Ensures medications and lines are labelled as per the National Labelling Guidelines | | | | |
| Signs medication chart AFTER medication is administered/commenced | | | | |
| Documents indication and effect of stat and prn medications | | | | |
| Disposes of medication and/or waste correctly | | | | |

| | | | | |
|---|--|--|--|--|
| Understands the requirements of checking and administering S4 and S8 medications | | | | |
| Can locate and follow a drug therapy protocol from the Primary Clinical Care Manual | | | | |

Medication Administration Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Metered Dose Inhalers Assessment

KEY SKILL Demonstrates the ability to effectively use metered dose inhalers

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in medication calculation test (as per HHS protocol) | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Checks allergies and follows the principles of the “6R’s” of medication administration | | | | |
| Determines requirement for administration of medication and verifies medication order is legal and valid | | | | |
| Ensures that medication to be administered meets Drug Therapy protocols | | | | |
| Gathers equipment required – medication, spacer if required | | | | |
| Performs hand hygiene | | | | |
| Assesses the client’s ability to hold, manipulate and depress canister and inhaler | | | | |
| Assess the client’s respirations and level of dyspnoea | | | | |
| Assesses client’s understanding of medication | | | | |
| Assesses client’s technique of using metered dose medication | | | | |

| | | | | |
|--|--|--|--|--|
| Asks client to shake inhaler canister, insert into MDI position of spacer or inserts at lips | | | | |
| Asks client to seal lips around mouthpiece | | | | |
| Asks client to depress one puff of medication | | | | |
| Encourages client to breathe through mouth for 5 seconds and hold breath for 5-10 seconds | | | | |
| Asks client to wait 2 to 5 minutes between doses | | | | |
| Encourage client to rinse mouth or clean teeth post inhalation of medication | | | | |
| Asks client to remove medication cannister from inhaler and wash mouth pieces | | | | |
| Performs hand hygiene | | | | |
| Documents dose given to client, signs medication order. | | | | |
| Documents any education given to client | | | | |
| Reports adverse reactions | | | | |
| Reports any withholding of medication and reasons for withholding. | | | | |

Metered Dose Inhalers Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Nebulised Medicine Administration Assessment

KEY SKILL Demonstrates administration of nebulised medicines

| | | | | |
|--|---|---|---|---|
| <p>Key:</p> <ol style="list-style-type: none"> 1. Low level of knowledge & performance that needs a high level of professional support & development 2. Some knowledge & skill but professional development needed 3. Sound knowledge, understanding & skill 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Assesses client's condition and individual requirements related to medication administration | | | | |
| Follows HHS procedure for administering medication (includes scope of practice). Follows Medicines and Poisons (Medicines) Regulation 2021 | | | | |
| Can articulate and applies the "6 R's" – right patient, right medication, right dose, right time, right route, right to refuse | | | | |
| Selects appropriate equipment - oxygen cylinder or air pump, tubing, correct sized face mask | | | | |
| Checks oxygen cylinder level | | | | |
| Performs hand hygiene | | | | |
| Inserts correct nebuliser fluid and volume as per Primary Clinical Care Manual/doctor's order into nebuliser chamber. Secures top section | | | | |
| Connects facemask or mouthpiece to the nebuliser top and assists client into upright position | | | | |

| | | | | |
|---|--|--|--|--|
| Places mask over nose and mouth, or asks client to place mouthpiece between teeth and closed lips | | | | |
| Turns on air pump or flow meter of oxygen to 8L/pm for adult (oxygen may be prescribed - check medical officer orders) Or refer to Primary Clinical Care Manual Drug Therapy Protocols | | | | |
| When all the fluid has disappeared (approximately 8 minutes) removes mask and either cleans and labels with client's name for future use or disposes | | | | |
| Assists the client to clean face as required after administration | | | | |
| Performs hand hygiene | | | | |
| Documents in client's notes medication and dose administered, effect and any adverse effect | | | | |
| Advises client on follow-up care | | | | |
| Refers client to MO/NP/RN as required | | | | |

Nebulised Medicine Administration Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Administering Suppositories Assessment

KEY SKILL Demonstrates safe administration of suppositories

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes and achieves 100% in HHS medication calculation test | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Assesses client's condition and individual requirements related to medication administration | | | | |
| Follows HHS procedure for administering medication (includes scope of practice). Follows Medicines and Poisons (Medicines) Regulation 2021 | | | | |
| Can articulate and applies the "6 R's" – right patient, right medication, right dose, right time, right route, right to refuse | | | | |
| Checks the order is current and legible | | | | |
| Checks that allergy section of medication chart has been completed and allergy alert sticker present if applicable | | | | |
| Lays the client on their left side ensuring comfort and privacy | | | | |
| Performs hand hygiene and dons non-sterile gloves | | | | |
| Removes suppository from packet and lubricates tip with water based lubricant | | | | |

| | | | | |
|---|--|--|--|--|
| Separates client's buttocks and instructs client to take a deep breath | | | | |
| Inserts suppository into anus gently for approx. 5-10 cm | | | | |
| Instructs client to remain resting and holds suppository in place for as long as possible | | | | |
| Wipes anal area | | | | |
| Removes gloves by inverting them and performs hand hygiene | | | | |
| Documents effects of suppository in client's notes | | | | |
| Refers client to MO/NP/RN as required | | | | |

Administering Suppositories Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Neurological Assessment

KEY SKILL Demonstrates the ability to conduct a neurological assessment

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Gathers equipment: neuro torch, monitoring equipment, neurological assessment chart | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Identifies that the Neurological Assessment Chart SW575 should be used to record changes (improvement or deterioration) in: - level of consciousness (eye opening, pupil size, shape and reactivity to light) - verbal response - best motor response - vital signs: respiration, pulse, blood pressure, temperature | | | | |

| | | | | |
|---|--|--|--|--|
| Identifies that emergency presentations with a closed head injury should be managed using the Closed Head Injury (Adult) Clinical Pathway SW214 | | | | |
| Uses the neurological assessment chart to assess the client's level of consciousness | | | | |
| <p>Can assess if client is:</p> <p>A – alert</p> <p>V- responsive to voice</p> <p>P- responsive to pain</p> <p>U- unresponsive</p> <p>Escalates to RN/NP/Medical Officer as appropriate</p> | | | | |
| <p>Can assess if the client is –</p> <p>Orientated: A client is deemed to be orientated when they know who they are (first and surname), where they are (in hospital and name of the town) and when it is (month and year). Do not ask for the date or day</p> <p>Assesses for orientation to time, person and place</p> <p>Confused: If one or more of these three questions are answered incorrectly, the client is deemed to be confused. Uses the client notes and verbal report to identify which questions were answered incorrectly e.g. “The client is orientated to person but confused to time and place”. ‘Confused’ clients speak in sentences</p> <p>Inappropriate words: The client DOESN'T speak in sentences but speaks in single or double words only. The answers to your questions are not appropriate. May be obscenities</p> <p>Incomprehensible sounds: The client is making noises but understandable words can't be identified. May be moans or cries</p> | | | | |

| | | | | |
|---|--|--|--|--|
| None: No sound is elicited from the client to any level of stimuli | | | | |
| Assesses if pupils are equal and react to light | | | | |
| Knows when to refer client for additional management by other health professional | | | | |
| Leaves patient in a comfortable position, answers questions as appropriate | | | | |
| Cleans equipment and performs hand hygiene | | | | |
| Documents findings in client's notes, reports variations, escalates emergent issues as required and appropriate | | | | |

Neurological Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Neurovascular Assessment

KEY SKILL Demonstrates the ability to perform neurovascular observations and correctly interpret findings

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if applicable | | | | |
| Performs assessment on non-affected and affected extremity (fingers or toes) | | | | |
| Assesses the non-affected/opposite extremity first | | | | |
| Inspects the colour | | | | |
| Assesses temperature | | | | |
| Assesses motor function | | | | |
| Assesses capillary refill | | | | |

| | | | | |
|--|--|--|--|--|
| Interprets meaning of delayed capillary refill | | | | |
| Identifies and palpates for the appropriate pulses | | | | |
| Assesses for presence of oedema or swelling | | | | |
| Assesses pain using pain score 0 = nil pain / 10 = worst pain | | | | |
| Compares findings with the affected extremity | | | | |
| Performs hand hygiene | | | | |
| Interprets neurovascular assessment and documents findings in client's notes | | | | |
| Escalates any abnormal result to RN/NP/Medical Officer | | | | |

Neurovascular Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Pain Assessment

KEY SKILL Demonstrates the ability to conduct a focussed pain assessment

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Confirms client's identity and determines the need to conduct a pain assessment | | | | |
| Explains the procedure and potential discomfort. Obtains client's consent. | | | | |
| Assesses the impact on client of pain – physical functioning, quality of life, restrictions on daily activities | | | | |
| Performs baseline observations – temperature, pulse, respiratory rate and blood pressure | | | | |
| Asks the client's medical history including any medications taken for pain. Clarifies allergies | | | | |
| Gathers equipment – pain scale assessment tools e.g. Wong-Baker Faces Scale | | | | |
| Performs hand hygiene | | | | |
| Conducts pain history assessment using the PQRSTU mnemonic: | | | | |
| P - Provoking/palliative factors: asks the client what makes the pain better or worse | | | | |
| Q - Quality: asks the client to describe what the pain feels like in their own words | | | | |

| | | | | |
|--|--|--|--|--|
| R - Region and radiation: asks the client where is the pain? Does it radiate? Does it occur anywhere else? | | | | |
| S - Severity: asks the client to rate their pain using a pain scale: asks the client how much pain do you have at rest? Asks the client how much pain do you have with movement and coughing? | | | | |
| T - Time of onset, duration, and pattern: asks the client when did the pain begin? How long does the pain last? Is the pain constant? If not, how often does it occur? | | | | |
| U – Client’s understanding of the pain: asks what does the client understand to be the cause of the pain and what treatments have they used to try to relieve it | | | | |
| Conducts a physical examination of the relevant body region or systems | | | | |
| Performs hand wash | | | | |
| Discusses client’s pain with RN/NP/MO or refers to the Primary Clinical Care Manual for Analgesia Drug Therapy Protocol | | | | |
| Provides analgesia to client in accordance with protocols or orders from MO/NP | | | | |
| Documents assessment and any treatment and effect of treatment in client’s notes. | | | | |
| Refers client for ongoing management | | | | |

Pain Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Measuring Blood Glucose Level (BGL) Assessment

Key Skill Demonstrates the ability to conduct a BSL

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client and explains procedure to them. Encourages the client to raise questions | | | | |
| Obtains verbal consent | | | | |
| Collects equipment: glucometer and check calibration, lancet, gauze, sharps container, warm washcloth (for infants, older adults, and people with poor circulation, places a warm cloth on the site for approximately 10 minutes before obtaining the blood sample) | | | | |
| Performs hand hygiene and applies personal protective equipment (PPE: gloves) | | | | |
| Provides privacy | | | | |
| Turns on the glucometer and checks expiration date of strip and lot number of testing strip against glucometer | | | | |
| Opens the reagent strip packet by tearing horizontally at the small lines in the foil and pulling the reagent strip out of the packet without contaminating reactive end. Places the end of the electrode with three black lines into the glucometer | | | | |
| Discusses with client the selection of finger for puncture site and identifies the lateral aspect of the client's finger | | | | |

| | | | | |
|--|--|--|--|--|
| Cleans and dries the selected site | | | | |
| Positions the finger in a downward position | | | | |
| Removes sterile lancet cover | | | | |
| Secures (holds) the finger, applies lancet to the lateral aspect of the finger. Pushes the release switch on the lancet, allowing the needle to pierce the skin | | | | |
| Gently massages the client's finger, above the knuckle junction and towards puncture site to express droplet of blood | | | | |
| Places reactive strip at edge of droplet of blood to allow contact between the blood and the test patch. Ensures blood covers the entire test patch. Allows the blood sample to remain in contact with the reagent strip for time required for the entire test patch to absorb the blood | | | | |
| Applies gauze pad with gentle pressure to the puncture site | | | | |
| Awaits signal from meter, reads the blood glucose level indicated on the digital display | | | | |
| Turns off meter and cleans and disposes of the utilised equipment and sharps. Removes and disposes of gloves | | | | |
| Performs hand hygiene post procedure | | | | |
| Describes on-going care with patient and encourages client to raise questions | | | | |
| Reports and documents outcome of procedure and findings | | | | |

Measuring Blood Glucose Level (BGL) Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Determine a Body Mass Index (BMI) and Waist Circumference Assessment

KEY SKILL Demonstrates the ability to determine a BMI and waist circumference

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Explains procedure and obtains consent from client | | | | |
| Measures the height of a client (including using a stadiometer or height gauge) | | | | |
| Measures the weight of a client (including balancing scales / re-setting digital scales) | | | | |
| Determines BMI and interprets the findings (i.e. the health risk to the client / patient) | | | | |
| Uses the correct method to measure waist circumference of a client and interpret the findings | | | | |
| Implements appropriate actions based on BMI / waist circumference findings (including referral to MO/RN/NP) | | | | |
| Communicates the findings of BMI / waist circumference to client in appropriate language | | | | |
| Supports the client in making any decisions required in relation to improving BMI / reducing waist measurements | | | | |
| Engages the client in self-management principles and practices | | | | |
| Records findings as per organisational requirements | | | | |

| | | | | |
|--|--|--|--|--|
| Utilises a self-management approach to client education / health promotion | | | | |
|--|--|--|--|--|

Determine a Body Mass Index (BMI) and Waist Circumference Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Measure a Head Circumference Assessment

KEY SKILL Demonstrates measuring a child's head circumference

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client (via parent), provides privacy, explains procedure, gains verbal consent from parent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the "5 moments for hand hygiene" Hand Hygiene Australia | | | | |
| Asks the parent if there are any concerns about the child | | | | |
| Places the tape measure around the largest part of the forehead and occipital region, positioning above both ears | | | | |
| Measures circumference in centimetres | | | | |
| Looks at growth chart and plots result | | | | |
| Shows growth chart to parents, discussing child's growth | | | | |
| Performs hand hygiene | | | | |
| Refers child to RN/Medical Officer if any concerns identified | | | | |

Measure a Head Circumference Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Measure Weight Assessment

KEY SKILL Demonstrates correct technique for weighing client

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Calibrates scales | | | | |
| Correctly identifies client and explains procedure. Obtains consent. | | | | |
| ADULT | | | | |
| - asks client to remove shoes and any heavy clothing | | | | |
| - asks client to stand on scales | | | | |
| - records reading in client's note | | | | |
| CHILD | | | | |
| - places clean paper sheet on scales | | | | |
| - bare weighs child. Asks carer to undress child | | | | |
| - asks carer to place child on scales | | | | |
| - asks carer to place child on scales | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| Records the reading in the child's growth chart | | | | |
| Reports any abnormality to the RN/ Medical officer | | | | |

Measure Weight Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Measure Temperature, Pulse, Respirations and Blood Pressure (BP) assessment

Key Skill Demonstrates correct technique for taking temperature, pulse, respiratory rate and Blood pressure

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Confirms client's identity and explain procedure. Obtains consent | | | | |
| Ensures privacy | | | | |
| Performs hand hygiene and applies PPE if required | | | | |
| Gathers equipment – thermometer, sphygmomanometer, alcowipes, stethoscope, watch with second display | | | | |
| Assesses client – is there any reason for altered temperature e.g. recent ingestion of hot fluids? | | | | |
| Oral temperature – applies thermometer cover, places thermometer in posterior sublingual pocket, lateral to the jaw line, asks client to close lips around thermometer, waits required time for temperature to be recorded | | | | |
| Axillary temperature – moves clothing away from shoulder and axilla. Places cover on thermometer, raises client's arm away from torso, inserts thermometer into the centre of the axilla, lowers arm across thermometer and holds or asks client to hold arm across the chest. Waits required time for temperature to be recorded | | | | |

| | | | | |
|--|--|--|--|--|
| Tympanic temperature – applies speculum cover to otoscope type lens, inserts speculum into ear canal, holds insitu until audible sound heard, removes speculum from ear canal and ejects cover | | | | |
| Assesses client – is there any reason for altered cardiac output e.g. palpitations, history of cardiac disease, recent physical activity? | | | | |
| Apical pulse – Cleans diaphragm of stethoscope prior to use. Exposes chest as required. Uses anatomical landmarks to correctly place stethoscope over apex of heart. Counts number of beats and assesses for regularity. Documents. Restores client clothing. If pulse is irregular, counts beats for one full minute. | | | | |
| Takes radial pulse and compares to apical pulse | | | | |
| Assesses client for any signs or symptoms of respiratory alteration such as cyanosis, appearance of nail beds, restlessness, irritability, confusion | | | | |
| Ensures client’s chest is visible, observes and counts respiratory cycle. If respiration is irregular, counts for a full minute. | | | | |
| Assesses client for history of raised blood pressure. May be asymptomatic. Assesses any headache, flushed face or nose bleeding. If client has low blood pressure, dizziness, confusion, restlessness or other symptoms may be present | | | | |
| Selects site for taking BP. Avoids sites where an IV infusion is running, an arteriovenous shunt or fistula, side where breast surgery has occurred, extremity has been traumatised, or diseased | | | | |
| Selects appropriate cuff size | | | | |
| ensures client is sitting or lying according to indication for taking BP | | | | |
| Has client rest for at least 5 minutes prior to taking BP | | | | |
| Positions limb supporting it. Removes any restrictive clothing. | | | | |
| Palpates brachial artery and positions cuff 2.5 cm above pulsation. Places diaphragm of stethoscope above pulsation | | | | |
| Rapidly inflates BP cuff to 30 mg mercury above systolic pressure. Slowly releases bulb and notes when first sound heard and last sounds heard | | | | |

| | | | | |
|--|--|--|--|--|
| Compares BP in both arms | | | | |
| Disposes of PPE. Cleans and restocks equipment. | | | | |
| Completes documentation with date/time of assessment | | | | |
| Reports findings to the client and discusses planned action if findings are abnormal | | | | |
| Refers/escalates findings to RN/NP/MO if required | | | | |

Measure Temperature, Pulse, Respirations and Blood Pressure (BP) assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TS HP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Oxygen Therapy Assessment

KEY SKILL Demonstrates safe administration of oxygen

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Checks the oxygen cylinder and attaches regulator, ensuring that the oxygen level is indicating level of oxygen in the cylinder | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the "5 moments for hand hygiene" Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Delivering oxygen via Hudson Mask | | | | |
| Correctly sizes Hudson mask for client | | | | |
| Turns on oxygen and check it is flowing | | | | |
| Sest gauge for correct rate of administration as instructed, or as per protocol manual or standing orders | | | | |
| Ensures correct flow rate: | | | | |
| • 5 - 6 L/min = 40% inspired O ₂ concentration | | | | |

| | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none"> • 7 - 8 L/min = 60% inspired O2 concentration • Give over 4 L/min (children) or 6 L/min (adult) | | | | |
| Sets gauge for correct rate of administration as instructed, or as per protocol manual or standing orders | | | | |
| Ensures 'No Smoking' regulations are observed by instructing the client and/or erecting signs | | | | |
| Delivering oxygen via nasal prongs | | | | |
| Inserts nasal prongs gently into nares and pass tube behind ears (nasal prongs are never used in an emergency) | | | | |
| Ensures correct flow rate: <ul style="list-style-type: none"> • 2 L/min = 28% inspired O2 concentration • 4 L/min = 36% inspired O2 concentration | | | | |
| Delivering oxygen via non-rebreather mask Used for trauma, shock, illness requiring high level of O2 | | | | |
| Ensures correct flow rate: <ul style="list-style-type: none"> • 14 L/min = 85 – 90% inspired O2 concentration | | | | |
| Makes sure reservoir bag is full before putting mask on client | | | | |
| Ensures that mask is properly sealed around mouth and nose | | | | |
| Assesses the effectiveness of oxygen therapy | | | | |
| Uses pulse oximetry monitoring while using oxygen | | | | |
| Documents appropriately in client's notes | | | | |
| Escalates concerns to RN/NP/Medical Officer | | | | |

Oxygen Therapy Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Measuring Peak Flow Assessment

KEY SKILL Demonstrates Peak Flow recording

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client, explains the procedure and obtains consent | | | | |
| Checks with client that there are no contraindications to performing peak flow e.g. active infective process | | | | |
| Collects equipment: peak flow meter, disposable mouth piece, peak flow record | | | | |
| Performs hand wash | | | | |
| Checks the size of the peak flow meter (child / adult) | | | | |
| Inserts mouthpiece into the top of peak flow meter | | | | |
| Checks the marker is on zero / start / 0 | | | | |
| Asks client to stand or sit up straight | | | | |
| Instructs client to breathe in and put the mouthpiece inside the lips, with lips sealing the mouthpiece | | | | |
| Asks the client to blow out hard and as fast as possible | | | | |

| | | | | |
|---|--|--|--|--|
| Does the peak flow rate 3 times and records the best (highest) result | | | | |
| Compares results with normal values | | | | |
| Follows asthma action plan if there is one | | | | |
| Provides education to client or care giver | | | | |
| Disposes of the mouthpiece | | | | |
| Performs hand wash | | | | |
| Records results and refer client if abnormalities are present | | | | |

Measuring Peak Flow Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Pulse Oximetry Assessment

KEY SKILL Demonstrates the ability to perform pulse oximetry

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Performs hand hygiene and selects/dons personal protective equipment (PPE) | | | | |
| Correctly identifies the client, explains the procedure and obtains consent | | | | |
| Assesses adequacy of client's blood supply to selected finger, toe or ear lobe - removes nail polish and any constrictive clothing | | | | |
| Assesses for any signs and symptoms of alteration in oxygen saturation such as respiratory depth, cyanotic appearance of nail beds | | | | |
| Assesses for factors that influence measurement such as temperature, haemoglobin level and oxygen therapy | | | | |
| Assesses skin integrity at the pulse oximeter site (especially in those clients with poor peripheral perfusion) | | | | |
| Applies the probe correctly on a selected finger, toe or ear lobe and the probe is the correct size for the patient | | | | |
| Ensures the amount of pressure from the probe is acceptable, particularly for continuous monitoring | | | | |

| | | | | |
|--|--|--|--|--|
| Leaves the probe in position long enough to get consistent readings | | | | |
| If a low reading is detected, rechecks the position of the probe, the perfusion of the finger, toe or ear lobe | | | | |
| If continuous oximetry monitoring is insitu, checks and rotates probe attachment sites minimum 2-hourly to prevent tissue damage | | | | |
| Is aware of pressure injury risk | | | | |
| Probes intended for multiple client use are cleaned between applications according to local standards and manufacturer's recommendations and is aware of relevant infection control principles | | | | |
| Disposes of PPE and performs hand hygiene | | | | |
| Cleans and restocks equipment | | | | |
| Documents observations and associated assessments | | | | |
| Reports abnormal findings to RN/NP/MO | | | | |

Pulse Oximetry Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Respiratory Examination Assessment

KEY SKILL Demonstrates systematic assessment of respirations

| | | | | |
|--|---|---|---|---|
| <p>Key:</p> <ol style="list-style-type: none"> 1. Low level of knowledge & performance that needs a high level of professional support & development 2. Some knowledge & skill but professional development needed 3. Sound knowledge, understanding & skill 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Correctly identifies client, explains the procedure and obtains consent | | | | |
| Provides privacy | | | | |
| Collects equipment: watch, stethoscope, oximetry machine | | | | |
| Applies principles of infection control i.e. performs hand hygiene and utilises personal protective equipment (PPE) if required | | | | |
| Positions the client appropriately, either sitting on the edge of the bed or sitting up at 90 degrees as tolerated | | | | |
| <p>Observes the respiratory rate, rhythm, depth and effort of breathing:</p> <ul style="list-style-type: none"> - accessory muscle use - increased respiratory rate - cough – productive or not - sputum – amount, colour and consistency | | | | |

| | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> - ability to talk – can client complete sentences? - listens for audible sounds of breathing, stridor or wheezing - observes for signs of fatigue - mental status (anxiety) - client positioning – tripod (sitting forward with hands on thighs) or resting comfortably with arms relaxed - observes colour of face, lips and chest assessing for cyanosis or pallor | | | | |
| Observes symmetry of chest movement (test chest expansion/ lung excursion by placing hands on chest and watching thumb movement as the client takes a deep breath) | | | | |
| Checks client for evidence of trauma: flail chest, bruising, wounds, deformity or scars | | | | |
| Performs full set of observations including pulse oximetry and uses QADDS/CEWT tool | | | | |
| Discusses findings in relation to the client’s underlying condition | | | | |
| Asks the client to cough to clear any lung secretions and then breathe normally through the mouth during auscultation assessment | | | | |
| <p>Undertakes full anterior and posterior chest auscultation:</p> <ul style="list-style-type: none"> - systematically listens to all areas of the lung fields, anteriorly and posteriorly - listens to at least one full respiration in each location and compares one side to the other - does not place the stethoscope directly over the female breast but displaces the breast and listens directly over the chest wall - differentiates between normal breath sounds and abnormal breath sounds | | | | |
| Ensures client is positioned comfortably prior to leaving | | | | |
| Cleans equipment and performs hand hygiene | | | | |

| | | | | |
|---|--|--|--|--|
| Documents findings in client notes, uses the Paediatric Respiratory Observation Chart if relevant | | | | |
| Reports abnormal findings, any concerns or changes to the RN/NP/ Medical Officer | | | | |
| <p>Identifies the process used to make a quick respiratory assessment in a deteriorating patient:</p> <ul style="list-style-type: none"> - Assesses chest wall movement (feels whether symmetrical) - accurately counts respiratory rate for 1 minute - records rate, depth, rhythm and effort of respiration - auscultates breath sound on the right and left at lung bases for one full respiration and compares one side to the other - differentiates between normal breath sounds and adventitious breath sounds - looks for peripheral and central cyanosis and signs of respiratory distress | | | | |

Respiratory Examination Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Spirometry Assessment

KEY SKILL Demonstrates spirometry assessment

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completes the Queensland Health Spirometry Training Program or another spirometry training to an equivalent standard | | | | |
| Correctly identifies client, explains the procedure and obtains consent | | | | |
| If an active respiratory infection has been identified in a client then confirms the test request with the requesting medical officer | | | | |
| Assembles the components according to the manufacturer's instructions (i.e. tubing, connectors, flow-sensors, valves and adapters) | | | | |
| Puts in place a new in-line bacterial filter (if used), disposable mouthpiece or disinfected reusable mouthpiece for each client | | | | |
| Turns on the system to ensure adequate warm up (refer to manufacturer's guidelines). Allows time for equilibration to room temperature for portable systems | | | | |
| Performs a validation check (calibration check) | | | | |

| | | | | |
|--|--|--|--|--|
| Performs spirometry at temperatures recommended by the equipment manufacturers | | | | |
| Check for leaks daily when using volume-displacement spirometers | | | | |
| Carries out infection control measures prior to testing, particularly hand washing for both client and personnel performing spirometry | | | | |
| Documents if the client has withheld bronchodilator medications prior to testing | | | | |
| Confirms that the client has: <ul style="list-style-type: none"> - ceased smoking at least 1hr before testing - ceased alcohol consumption at least 4 hrs before testing - refrained from performing vigorous exercise within 30min of testing - refrained from eating a large meal within 2hrs of testing | | | | |
| Ensures the client is wearing clothing that enables full chest and abdominal expansion (if possible loosen clothing) | | | | |
| Assesses the client for physical and developmental status to determine their ability to perform the test and/or if special arrangements are required | | | | |
| Records relevant medical history that may assist in the interpretation/reporting of the spirometry. This may include the following: <ul style="list-style-type: none"> - breathlessness - cough - sputum - wheeze - symptoms of asthma - smoking history (years, packs/day, current status) | | | | |

| | | | | |
|---|--|--|--|--|
| - known lung disease/chest injuries/operations - work history - occupational exposure to dust and respiratory irritants | | | | |
| Records the type, dosage and time taken of any inhaled or oral medication that may alter lung function | | | | |
| Measures and records the client's height (barefoot) in centimetres (cm) to the nearest cm, with feet together, heels against the wall, standing as tall and straight as possible using a stadiometer | | | | |
| Measures and records the client's weight in kilograms (kg) to the nearest 0.5kg with indoor clothing and without shoes. The weight is not required for most reference values but may be useful for interpretative reasons | | | | |
| Documents the client's ethnic origin, gender, date of birth and medical record (UR) number | | | | |
| Leaves the client's dentures in place unless they interfere with the testing procedure or the client's ability to perform the procedure as required | | | | |
| For safety reasons performs the test with the client sitting comfortably in a chair with arms and without wheels. Ensures the client is sitting in an upright position, legs uncrossed and both feet on the floor | | | | |
| Explains and demonstrates the test manoeuvre to the client, including: - correct use of the mouthpiece and nose clip - correct posture with head slightly elevated - position of the mouthpiece, including tight mouth seal over the mouthpiece. - complete inhalation prior to FVC and FEV1 - rapid and complete exhalation with maximal force for FVC and FEV1 | | | | |
| Gets the client assume the correct sitting position i.e. upright posture, legs uncrossed and both feet flat on the floor | | | | |
| Activates the spirometer | | | | |
| a) When using the open circuit method | | | | |

| | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> - Attaches the nose clip and instructs the client to inhale completely and rapidly until their lungs are full, place mouthpiece in mouth and close lips tightly around the mouthpiece while holding their lungs full - Instructs the client to exhale forcefully until no more air can be expelled | | | | |
| <p>b) When using the closed-circuit method</p> <ul style="list-style-type: none"> - Attaches the nose clip, places mouthpiece in mouth (or assist client in positioning themselves on the mouthpiece) and instructs client to close lips tightly around the mouthpiece and breathe quietly for no more than 5 breaths (i.e. relaxed, 'normal' tidal breathing) - Instructs the client to inhale completely and rapidly until their lungs are full - With little or no pause at Total Lung Capacity (<1sec), instructs the client to exhale forcefully until no more air can be expired | | | | |
| Encourages the client to maintain an upright posture (i.e. no bending forwards) during the test | | | | |
| Performs 3 technically correct tests | | | | |
| Observe the client at all times during the manoeuvre in case they become unsteady due to light-headedness or experience other adverse reactions, such as chest pain | | | | |
| Disposes of used equipment as per Infection control guidelines | | | | |
| Cleans and disinfects equipment as per manufacturer's guidelines | | | | |
| Performs hand hygiene | | | | |
| Documents findings and | | | | |
| Refers results to MO/NP/RN | | | | |

Spirometry Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Suctioning Assessment

KEY SKILL Demonstrates safe technique for oropharyngeal suctioning

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent of client or care giver is capable of giving consent | | | | |
| Assembles equipment - Selects and connects suction tubing and appropriate-sized Yankauer sucker/Y-suction catheter for client's size and purpose of suctioning | | | | |
| Turns suction on at correct pressure for client's size, purpose and age. Checks suction | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the "5 moments for hand hygiene" Hand Hygiene Australia and selects personal protective equipment (PPE) | | | | |
| Inserts Yankauer sucker / Y-suction catheter into the side of the mouth, and sucks out any fluid blocking the airway Applies suction by blocking the hole on the side of catheter and releasing on withdrawal from the mouth Ensures client's respiratory condition is satisfactory during and after suctioning procedure by monitoring pulse oximetry or client's respiratory rate/condition | | | | |
| Repeats suction if necessary | | | | |

| | | | | |
|--|--|--|--|--|
| Notes colour and volume of suction contents | | | | |
| Disconnects Yankauer sucker / Y-suction and dispose of suction tube | | | | |
| Rinses tubing with water immediately after use | | | | |
| If tubing is disposable, disposes properly according to HHS procedures | | | | |
| Ensures client's respiratory rate and effort are normal | | | | |
| Disposes of PPE and performs hand hygiene | | | | |
| If sputum sample has been collected, labels sample and packages for transport as per HHS protocol | | | | |
| Documents in client's notes results of suctioning with amount of secretions, colour and any abnormalities detected | | | | |
| Discusses ongoing care with client and caregivers | | | | |
| Refers to MO/NP/RN as required | | | | |

Suctioning Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

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|---|--|---|---|
| | | | |

Complex Dressing Assessment

KEY SKILL Demonstrates complex wound management

| | | | | |
|--|---|---|---|---|
| <p>Key:</p> <ol style="list-style-type: none"> 1. Low level of knowledge & performance that needs a high level of professional support & development 2. Some knowledge & skill but professional development needed 3. Sound knowledge, understanding & skill 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the "5 moments for hand hygiene" Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Reviews Allergies/Alerts/Pain/Wound care record | | | | |
| <p>Reviews the wound according to the following principles on the Wound Care Record:</p> <ul style="list-style-type: none"> - location - wound size - appearance of wound bed - appearance of wound edge and surrounding skin - exudate - pain score - objective of treatment | | | | |

| | | | | |
|---|--|--|--|--|
| - suitable dressings to achieve objective | | | | |
| Provides rationale for the method of cleaning and use of dressings | | | | |
| Performs wound care as per the HHS policy and consults with Wound Service if available | | | | |
| Performs wound care using aseptic non-touch technique | | | | |
| Records wound progress with digital images if appropriate and obtains client consent to photograph wounds | | | | |
| Collects any specimens and labels specimens as per HHS policy | | | | |
| Disposes of used consumables appropriately, cleans surfaces/trolley, performs hand hygiene | | | | |
| Discusses assessment and interventions with client including education as required | | | | |
| Documents wound assessment and management in the following locations: Wound care record, Progress notes, and care plan | | | | |
| Refers to Wound Management Nurse/ RN/NP or Medical Officer as appropriate | | | | |
| Provides principles and rationale for wound management Outlines principles of wound healing: - defines the aetiology - identifies factors that affect healing - selects the appropriate dressing - plans wound maintenance | | | | |
| Describes types of wound healing including: - primary healing - delayed primary healing | | | | |

| | | | | |
|--|--|--|--|--|
| - secondary healing | | | | |
| Discusses wound products in relation to principles of wound healing: <ul style="list-style-type: none"> - debriding wound beds - hydrating wound beds - removing or controlling excessive moisture - maintaining moist wound environment | | | | |
| Recognises the difference between inflammatory response and infection: <ul style="list-style-type: none"> - inflammation = localised redness, pain, heat, swelling - infection = erythema (spreading redness), increasing wound pain, change in the appearance of the wound tissue, increase in the amount of exudate, purulent or foul-smelling exudate, induration (hardness of the surrounding tissue) | | | | |

Complex Dressing Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Removal of Sutures, Clips and Staples Assessment

KEY SKILL Demonstrates safe removal of skin closures

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| Note: Not all skin closures below may need assessment depending on role of Aboriginal and Torres Strait Islander Health Practitioner | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Assembles equipment – dressing pack, removal device | | | | |
| Cleans wound with normal saline. | | | | |
| Interrupted Sutures: Lifts the knot, cuts suture between the knot and the skin, removes suture without allowing exposed material to be pulled through wound | | | | |
| Continuous Sutures: Snips first suture close to the skin surface at the end distal to the knot, snips the second suture on the same side, grasps the knot and remove the first line of spiral in a continuous smooth action, pulling away from the severed end. Continues until entire line has been removed | | | | |
| Staples/Clips: Places staple remover under the centre of staple or clip, compresses the remover by gently squeezing blades together then lifts staple/clip out of skin. Removes alternate staples/clips initially to ensure good union along wound | | | | |

| | | | | |
|---|--|--|--|--|
| Cleanses incision site with normal saline. Covers wound with an appropriate dressing | | | | |
| Cleans and disposes of equipment in appropriate manner. Performs routine hand wash | | | | |
| Documents the procedure in the client's medical records including appearance of wound | | | | |
| Refer to RN/NP/MO if required. | | | | |

Removal of Sutures, Clips and Staples Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

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|---|--|---|---|
| | | | |

Simple Dressing Assessment

KEY SKILL Demonstrates simple dressing using aseptic non-touch technique

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Assembles equipment – dressing pack, | | | | |
| Obtains an accurate history from the client and identify normal skin | | | | |
| Checks for allergies and tetanus immunisation status | | | | |
| Positions client for dressing | | | | |
| Puts on non- sterile gloves | | | | |
| Loosens and removes previous dressing (if applicable) and notes colour and odour | | | | |
| Discards gloves | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Opens the dressing pack and establishes a sterile field using aseptic non-touch technique | | | | |

| | | | | |
|---|--|--|--|--|
| Adds the normal saline and any other fluids and addss any other dressing items that are required | | | | |
| Performs hand hygiene | | | | |
| Observes the wound for signs of infection. Collects a pathology swab of the wound if infected | | | | |
| Ensuring aseptic, non-touch technique, using one piece of gauze at a time (soaked in normal saline), cleans the wound from the top of the incision to the bottom (any area that looks infected is cleaned last) or from the centre of the wound to the outside edge of the wound. | | | | |
| Discarding the gauze between each wipe, continues until the wound is clean | | | | |
| Dries the wound (one gauze per wipe) | | | | |
| Administers topical medication as per protocol | | | | |
| Applies dressing and secures with adhesive dressing, roller bandage and tape | | | | |
| Discards dressing pack and wastes according to HHS waste management policy | | | | |
| Cleans and puts away equipment following procedure | | | | |
| Correctly labels and stores specimens in accordance with HHS procedures | | | | |
| Performs hand hygiene | | | | |
| Documents findings and wound care performed | | | | |
| Escalates to RN/NP/Medical Officer any concerns | | | | |

Simple Dressing Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Skin Assessment

KEY SKILL Demonstrates a comprehensive assessment of the skin

| | | | | |
|--|---|---|---|---|
| <p>Key:</p> <ol style="list-style-type: none"> 1. Low level of knowledge & performance that needs a high level of professional support & development 2. Some knowledge & skill but professional development needed 3. Sound knowledge, understanding & skill 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy for examination, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Assessment | | | | |
| <p>Obtains a complete client history including:</p> <ul style="list-style-type: none"> - past episodes, length of time lesion(s)/condition has been present - documents what helps/exacerbates and/or prevents condition e.g. combing hair conditioner through hair - asks if any measures have been used to treat lesion(s)/condition - asks parents/carer of child or adult client if there has been any swelling of face/eyelids - asks if the client had acute post streptococcal glomerulonephritis (APSGN) or acute rheumatic fever/rheumatic heart disease (ARF/RHD) in the past | | | | |

| | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none"> - environmental history may point to predisposing factors, such as sharing hair brushes/combs and may include a number of people in the household that also need treatment - asks if any family members or close contacts have similar skin lesion(s) - asks if the client has diabetes, other medical conditions or has had recent surgery - history of possible injury, trauma, foreign body or other skin conditions such as insect bites or scabies - presence of any rigors, malaise or fevers - if the lesion(s) are painful, itchy or red - medication history | | | | |
| <p>Examination</p> | | | | |
| <p>Performs physical examination:</p> <ul style="list-style-type: none"> - Inspects all skin surfaces, skin folds, moist areas, nails and hair, mucous membranes - notes skin: colour, redness, swelling or surrounding cellulitis. It may be worth marking the affected area for a baseline measure or take a photo with scale with appropriate consent - is there a rash present? - are there scratches or broken skin from scratching? | | | | |
| <p>Describes the lesions:</p> <ul style="list-style-type: none"> - colour of lesions - pustule(s), on a small red base, blistering - size and shape of lesions? Nodular? - painless or painful? - itch present, all the time, when? | | | | |

| | | | | |
|---|--|--|--|--|
| - raised or flat? | | | | |
| - exudate, colour, dried yellow crust? | | | | |
| - odour? | | | | |
| - bleeding, warm to touch? | | | | |
| - scaly lesions, central clearing? | | | | |
| - white patches or curd-like material on a red base? | | | | |
| - pigmentation? | | | | |
| - lesions well/poorly demarcated? | | | | |
| - fine scale? | | | | |
| - site or location of lesions? Are they scattered over one part of the body or generalised over the whole body? | | | | |
| Checks for signs of secondary infection or inflammation palpates regional lymph nodes - swollen or painful? | | | | |
| Checks for other skin conditions present such as scabies or fungal infections | | | | |
| Checks for entry site of possible injury or pre-existing skin wound or condition | | | | |
| Checks to see if the client is able to move the affected area (if on limb) | | | | |
| Does a full set of observations – temperature, pulse, respirations, blood pressure, blood sugar levels | | | | |
| If BP is abnormal, performs urinalysis | | | | |
| Reports any abnormal findings to RN/NP/Medical Officer | | | | |
| Documents in client's notes | | | | |
| Arranges for follow up | | | | |

Skin Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Wound Closure Assessment

KEY SKILL Understands wound healing and can demonstrate closure of wounds

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Examines all wounds for foreign bodies, bony injuries, damage to vessels, nerves and tendons, and for injury to surrounding structures | | | | |
| Does not remove any large penetrating objects. Consults MO/NP as per Primary Clinical Care Manual guidelines | | | | |
| Controls any major bleeding by applying direct pressure and/or pressure bandaging | | | | |
| Takes a client history including circumstances of injury: | | | | |
| - how and when did the injury happen? | | | | |
| - type of injury/wound and time until presentation (will impact on the management and healing of the wound) | | | | |
| - where did the injury occur? (dirt, oil, water and other environmental hazards will all affect healing) | | | | |
| Does the client have any peripheral vascular disease - diabetes, smoking, steroid medicines which may affect healing? | | | | |

| | | | | |
|--|--|--|--|--|
| When was the last tetanus vaccination? | | | | |
| Checks allergies | | | | |
| In medication history, asks the client if they are on aspirin, warfarin/other anticoagulants or have any bleeding disorder | | | | |
| Performs standard clinical observations (full ADDS/CEWT score or other local Early Warning and Response Tools) | | | | |
| <p>Performs physical examination - site of injury:</p> <ul style="list-style-type: none"> - could there be a foreign body? Suspects one if the injury involved: stepping on anything e.g. glass, wood/sticks, metal, fish barbs, bones, some grasses, projectiles thrown by machinery, assault with knives, bottles, glass, spears, arrows etc. or a limb going through glass, such as windscreen injuries. - tries to determine the direction of entry. This will help track the wound - explores the wound with a small probe or forceps. This will need to be done after local anaesthetic is injected - does not explore deep wounds with spurting blood or near large vessels e.g. neck, groin, armpits. Consults MO/NP if spurting blood or injury is near a large blood vessel - how long and how deep is the wound? Is it still bleeding? - is there visible damage or division of structures e.g. tendons, nerves, bone? - is there any skin or tissue loss? - inspects the local structures and surrounding area - with wounds on the limbs there is risk of damage to tendons, nerves and vessels which will affect function further down the limb: checks colour, warmth and pulses below the wound - checks sensation around and below the wound (do this before putting in any anaesthetic) - gets the client to move the joints above and below the wound. Pain in the wound or in the muscles suggests tendon or muscle injury. | | | | |

| | | | | |
|--|--|--|--|--|
| <p>- with arm and hand injuries, assesses the tendons of the hand through range of movement of any underlying tendons: extensors: straighten the fingers against resistance, flexors: make a fist, thumb: raise it to the ceiling (palm up), and also make an 'O' with the little finger, both against resistance.</p> <p>– is there bony tenderness to suggest an underlying fracture?</p> <p>– is there increasing swelling to suggest bleeding into the tissues?</p> | | | | |
| Removes rings, watches etc. from the affected limb | | | | |
| Performs hand hygiene | | | | |
| Establishes a sterile field | | | | |
| Cleans the wound thoroughly using sodium chloride 0.9%. | | | | |
| Deeper wounds need irrigation to get dirt out. Uses a blunt drawing up needle or 18 G cannula, without the stylet, or a 20-ml syringe and squirts sodium chloride 0.9% into the wound. Repeats this a number of times. Uses PPE. The client will need local anaesthetic or pain relief before this is done. | | | | |
| Adhesive skin strips e.g. Steristrips | | | | |
| Applies to one side of wound and gently applies traction to close wound, sticking steristrip to other side of wound | | | | |
| Advises client on wound care | | | | |
| <p>Tissue adhesive (skin glue) e.g. Dermabond® or Histoacryl® skin glue is typically used in areas where: 5/0 or 6/0 non-absorbable sutures are used e.g. face, torso and extremities; the wound is less than 3 cm in length with edges easily held together; the wound is an uncontaminated superficial wound.</p> <p>Cleans wound with Normal saline. Applies glue, gently aligns edges of wound and holds in place for 1-2 minutes.</p> <p>After repairing the wound, elevates wound to lessen pain, swelling and risk of infection</p> | | | | |

| | | | | |
|--|--|--|--|--|
| Advises client on wound care | | | | |
| Suturing | | | | |
| Performs hand hygiene | | | | |
| Cleans and debrides the wound | | | | |
| Injects local anaesthetic in accordance with Primary Clinical Care Manual Drug Therapy protocol | | | | |
| While waiting for local anaesthetic to take effect, prepares dressing pack and suture instruments and materials | | | | |
| Performs hand hygiene | | | | |
| Applies sterile gloves | | | | |
| Checks local anaesthetic has worked | | | | |
| Sutures wound - puts the first suture in the middle of the wound. Keep dividing the wound in half with stitches, until the edges are together. | | | | |
| Applies dressing and checks if antibiotics needed with MO/NP | | | | |
| Informs client of post-wound closure care including the importance of keeping sutures dry Tells client to return to clinic if there's any bleeding, swelling, inflammation, pain, redness, discharge, heat or any other problem with the wound Tells client to return to the clinic at the right interval after the wound closure procedure to have the wound checked and closures removed | | | | |
| Disposes of sharps correctly and cleans used equipment | | | | |
| Washes hands | | | | |
| Staples | | | | |
| Assembles equipment | | | | |

| | | | | |
|---|--|--|--|--|
| Performs hand hygiene | | | | |
| Prepares wound | | | | |
| Injects local anaesthetic in accordance with Primary Clinical Care Manual Drug Therapy protocol | | | | |
| Washes hands and dons sterile gloves | | | | |
| Checks if local anaesthetic has worked | | | | |
| Uses staple application device according to manufacturer's instructions | | | | |
| Applies dressing if needed and checks antibiotic need | | | | |
| Informs client of post-wound closure care and the importance of keeping staples dry | | | | |
| Tells client to return to clinic if there's any bleeding, swelling, inflammation, pain, redness, discharge, heat or any other problem with the wound. | | | | |
| Tells client to return to the clinic at the right interval after the wound closure procedure to have the wound checked and closures removed | | | | |
| Disposes of sharps correctly and cleans used equipment | | | | |
| Washes hands | | | | |
| Documents in client's notes type of skin closure used, number of sutures inserted into wound, type of suture used, dressing, advice given to client | | | | |

Wound Closure Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Eye Specimen Collection Assessment

KEY SKILL Demonstrates correct method for collecting an eye specimen

| | | | | |
|---|--|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | (place a tick in relevant column as per key above) | | | |
| Identifies the client, provides privacy, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE). Dons non-sterile gloves | | | | |
| Conducts a history of the client identifying the cause of eye problem and examines the eye thoroughly | | | | |
| Explains procedure and provides analgesia if required as per Primary Clinical Care Manual Drug Therapy protocols | | | | |
| Positions client appropriately and asks them to tilt head back | | | | |
| Holds the lower eyelid down and asks the client to look upwards | | | | |
| Runs the tip of the swab gently along the inside of the eyelid from the inner corner to the outer corner of the eye. Swab of any conjunctival discharge for (MC&S), include specific swabs for <i>Chlamydia</i> and <i>Gonorrhoea</i> in neonates | | | | |
| Puts the swab in the transport medium container and pushes the top down firmly | | | | |
| Labels the specimen and places in a biohazard bag. Stores as per HHS protocols for transport | | | | |
| Does not refrigerate specimen | | | | |

| | | | | |
|--|--|--|--|--|
| Removes and disposes of any PPE. Performs hand hygiene | | | | |
| Documents findings in client's notes | | | | |
| Refers client to MO/NP/RN as needed | | | | |

Eye Specimen Collection Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Sputum Specimen Collection Assessment

KEY SKILL Demonstrates the procedure for collecting sputum specimens

| | | | | |
|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Sputum Collection | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Asks client to take several deep breaths then cough hard and expectorate into specimen container. Ensures it is sputum and not just saliva | | | | |
| Examines the specimen to confirm sputum (not saliva), observing colour, presence of blood or mucus | | | | |
| Labels pathology specimen container and places in biohazard bag for transport as per HHS guidelines | | | | |
| Stores specimen as per pathology protocol in a biohazard bag and at room temperature | | | | |
| Documents in client’s notes colour of sputum, any other abnormalities noted, date and time of collection and tests ordered | | | | |
| Refers client to MO/NP/RN if required | | | | |

| | | | | |
|---|--|--|--|--|
| Testing for TB (AFB - Acid-fast bacilli) | | | | |
| Explains the procedure to client regarding the importance of collecting an early morning specimen | | | | |
| Gives client 3 specimen jars marked Day 1, Day 2 and Day 3 | | | | |
| Ensures that individual jars are wrapped in alfoil or brown paper bag to keep out the light | | | | |
| Asks client to take deep breaths then cough hard and expectorate into specimen container early in the morning, before eating and drinking | | | | |
| Repeats this for 3 days so that the three early morning sputum specimens are collected in a row | | | | |
| Stores specimens as per pathology protocol in light protected specimen containers. Store at room temperature for the 3 days | | | | |
| Stores with pathology form in biohazard bag | | | | |
| Documents in client's notes colour of sputum, any other abnormalities noted, date and time of collection and tests ordered | | | | |
| Refers client to MO/NP/RN if required | | | | |
| Ensures that Infection Control guidelines and hand hygiene principles are followed at all times | | | | |

Sputum Specimen Collection Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Urinalysis Collection Assessment

KEY SKILL Can describe the key elements of urine composition and perform a urinalysis

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|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Obtains an accurate history from the client | | | | |
| Checks the expiry date on the bottle of test strips | | | | |
| Collects the yellow-top sterile specimen jars and ask client to pass urine into specimen jars explaining mid stream catch procedure if specimen is to be sent to laboratory | | | | |
| Dons gloves | | | | |
| Observes the colour, clarity and odour of the urine | | | | |
| Dips the urine test strip into the urine so that all squares are wet. Holds horizontally to check results, without touching the container | | | | |
| Observes and match the colour changes of the test strips, within the nominated timeframes | | | | |

| | | | | |
|---|--|--|--|--|
| Treats each specimen as per HHS protocol and stores with pathology form in biohazard bag | | | | |
| Refers to the workplace guidelines or standard treatment manuals to interpret the results | | | | |
| Explains results to client | | | | |
| Performs hand hygiene | | | | |
| Refers to MO/NP if any abnormal results recorded | | | | |
| Documents findings in client's notes | | | | |

Urinalysis Collection Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

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|---|--|---|---|
| | | | |

Venepuncture Assessment

KEY SKILL Demonstrates the ability to take blood from a client and correctly package it for transport

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|---|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Completed HHS Venepuncture training package | | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Confirms pathology request slip contains three points of client identification, is correctly completed, signed by medical officer and required tests clearly identified | | | | |
| Checks for allergies | | | | |
| Collects equipment: vacutainer, push-button transfer device (butterfly), tourniquet, unsterile gloves, protective eyewear, alcohol-impregnated swabs, cotton ball swabs, adhesive plaster, waste disposal bag, sharps container, injection tray, protective absorbent sheet, required blood collection tube/s and biohazard bag | | | | |
| Checks expiry date of blood tube/s | | | | |
| Uses authorised client identification labels unless tubes are to be handwritten, does not pre-label tube/s | | | | |
| Identifies correct client by asking the client to state their full name and date of birth. Confirms correct client by matching three points of client identification to details on pathology request form | | | | |

| | | | | |
|--|--|--|--|--|
| Undertakes check risk assessment with client: history of mastectomy, arterio-venous fistula or grafts, coagulopathy, skin infection etc | | | | |
| Positions client's arm to enable easy access to vein | | | | |
| Applies tourniquet for no longer than one-minute 10cms above venepuncture site with firm pressure avoiding skin pinching, ensuring radial pulse not lost | | | | |
| Selects and palpates an appropriate vein. Applies warm compress if veins not visible or palpable | | | | |
| Releases tourniquet | | | | |
| Prepares equipment on clean surface | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the "5 moments for hand hygiene" Hand Hygiene Australia and selects personal protective equipment (PPE). Dons non-sterile gloves | | | | |
| Cleans skin and allows to dry | | | | |
| Attaches vacutainer to push button needle device | | | | |
| Places first specimen tube into vacutainer - resting inside but does not puncture the rubber stopper | | | | |
| Ensures correct order of draw as per Queensland Health (QH) pathology guidelines | | | | |
| Applies tourniquet | | | | |
| Anchors the vein below the insertion site with thumb and pulls the skin taut | | | | |
| Inserts the needle bevel up at an appropriate angle (15°) | | | | |
| Releases the tourniquet when blood enters flashback chamber | | | | |
| Secures barrel or wings to prevent advancement of needle | | | | |
| Advances specimen tube into the rubber stopper of the vacutainer to allow blood to enter the tube, takes care not to advance the needle further into the vein | | | | |

| | | | | |
|--|--|--|--|--|
| Fills tube/s to the required level or when the vacuum is dispelled | | | | |
| Inverts gently all samples several times to ensure adequate mixing of additives, do not shake | | | | |
| Applies cotton ball swab and plaster to insertion site | | | | |
| Removes needle or activates retracting device | | | | |
| Places needle / butterfly and transfer device at point of use into sharps container | | | | |
| Applies direct pressure to the needle insertion site for at least two minutes to prevent bruising or client if able to apply sufficient pressure. NB Applies direct pressure to puncture site for 5 minutes if client on anticoagulants or steroids | | | | |
| Advises client not to bend arm up during this period as a haematoma may occur | | | | |
| Labels blood tube/s at bedside using either authorised labels or legible handwriting | | | | |
| Signs the request form – client to sign form for billing purposes. Checks that the ordering doctor has signed the form | | | | |
| Ensures label contains three points of client identification | | | | |
| Demonstrates cross checking procedure with a second person: <ul style="list-style-type: none"> - identifies suitable person for cross checking; client, significant other or another clinical staff member - rechecks client identification matches with form and tube - re-confirms the pathology request form and blood tube/s match, and contain three points of identification and correct client details - ensures that a second person initials client identification label/details on pathology request form | | | | |
| Places tube/s in biohazard bag with accompanying signed request form | | | | |
| Re-checks the puncture site | | | | |
| Describes on-going care with client and encourages client to raise questions | | | | |

| | | | | |
|---|--|--|--|--|
| Prepares and sends samples to pathology | | | | |
| Disposes of all waste into appropriate receptacles | | | | |
| Cleans and puts away all equipment | | | | |
| Reports and documents outcome of procedure and findings | | | | |

Venepuncture Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

Wound Swab Assessment

KEY SKILL Demonstrates correct technique for performing a wound swab

| | | | | |
|--|---|---|---|---|
| Key: | | | | |
| 1. Low level of knowledge & performance that needs a high level of professional support & development | | | | |
| 2. Some knowledge & skill but professional development needed | | | | |
| 3. Sound knowledge, understanding & skill | | | | |
| 4. High level of knowledge, understanding & skill | | | | |
| | 1 | 2 | 3 | 4 |
| | <i>(place a tick in relevant column as per key above)</i> | | | |
| Identifies the client, provides privacy, explains procedure, gains verbal consent | | | | |
| Chooses appropriate specimen swab for collection and gathers equipment required – dressing pack, normal saline, biohazard bag, dressings for post procedure | | | | |
| Confirms pathology request slip contains three points of client identification, is correctly completed, signed by medical officer and client, and required tests clearly identified | | | | |
| Applies principles of infection control i.e. performs hand hygiene as per the “5 moments for hand hygiene” Hand Hygiene Australia and selects personal protective equipment (PPE) if required | | | | |
| Assesses the client’s level of comfort and offers analgesia if required | | | | |
| Dons non-sterile gloves | | | | |
| Removes soiled dressing and discards | | | | |
| Assesses the wound for signs and symptoms of infection including quantity and type of exudate, presence of malodour, wound deterioration, increasing wound size and deterioration of peri-wound skin | | | | |

| | | | | |
|--|--|--|--|--|
| Swabs wound to collect discharge by starting at the centre of the wound, then roll the swab gently to the edge and carefully collect any discharge present | | | | |
| Immediately following collection, returns swab to specimen container and labels it as per QLD pathology guidelines and places in biohazard bag | | | | |
| Dresses wound with appropriate dressing | | | | |
| Removes gloves | | | | |
| Performs hand hygiene | | | | |
| Documents all relevant information in client's notes including location specimen was taken, date and time | | | | |
| Stores specimen at room temperature and organises transport to laboratory | | | | |
| Escalates concerns to RN/NP/Medical officer as required. | | | | |

Wound Swab Assessment

Assessor's feedback to candidate:

Please circle one:

COMPETENT

REASSESSMENT REQUIRED

Assessor signature: _____ Printed name: _____ Date: _____

A&TSIHP signature: _____ Printed name: _____ Date: _____

Skill Improvement Plan (if deemed *Reassessment Required*):

| Supports to improve performance and/or re-skilling <i>(please list what supports will be put in place)</i> | To be actioned by: <i>(please nominate who is responsible for arranging each support)</i> | Management of role / client load until competency obtained <i>(what plans will be implemented to ensure services continue)</i> | Date for next re-assessment of clinical competency <i>(please nominate date)</i> |
|---|--|---|---|
| | | | |

