**Personal Care Protocol: Assessor Instructions**

**INSTRUCTIONS TO ASSESSORS**

**FOR Supervised practical review of SKILLS AND KNOWLEDGE**

This supervised practical training review is for HACC PYP and CHSP funded employers that are signatories to the Grampians Region Personal Care Protocol. This review enables Community Care Workers (CCWs) to reconfirm their knowledge of program requirements, the Grampians Region Personal Care Protocol and the competency unit Assist clients with medication. It is not to be used for any other purpose.

**Qualifications of assessors:** An assessor for this refresher unit must be either

* a Registered Nurse (Div 1) OR
* a minimum of Cert IV in Aged / Community Care with a Cert IV in Training & Assessment

N.B. It is strongly recommended that each organisation uses an assessor external to their team of CCWs to ensure objectivity and detachment from peers

Once completed, the practical review assessment form must be given to the staff member’s supervisor.

**Equipment Required:**

When setting up your assessment room the following equipment needs to be considered:

* Hand washing facilities
* Disposable gloves
* Storage for the DAA and cream – could use a locked box in a cupboard in the room
* Sample DAA and pill bob
* Sample package of ‘prescribed’ cream
* Water and a glass
* Client seat
* Tissues
* Bin for rubbish
* Sample Client Care Plan/Task Instructions
* Communication Book to record visit (if you use one)
* Medication sheet to sign and document any concerns (use the same one you use in your organisation)
* If your service program uses Pil-Bobs they, along with sample Webster/blister packs can be ordered from Webstercare PH: 1800 244 358 or via their website:

[www.webstercare.com.au](http://www.webstercare.com.au/) Note: you need to ask for the 7 day multi blister pack.

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Each item on the assessment document should be marked *Satisfactory* or *Not Satisfactory* only.

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|  | **Observations** | **Answers** |
| 1 | Demonstrate knowledge of how to access client care plans/task instructions | * Location of client care plans/task instructions * Indicate instructions relating to assisting with medications |
| 2 | Demonstrate knowledge of how to follow the client care plan/task instructions to assist a client with medications from a Dose Administration Aid (DAA) | Read client care plan/task instructions relating to assisting with medications from a DAA |
| Right client | Check client name (and address)  Check this is the same on the DAA |
| Right medication | Verify that the DAA is intact with no damage and that tablets/capsules have not expired or become discoloured |
| Right date & time | Verify from care plan /task instructions & DAA |
| Right route | Verify from care plan /task instructions & DAA |
| Right dose | Verify from care plan /task instructions & DAA  Did they check the DAA for how many tablets should be in the “bubble”, check the right amount are in the “bubble” – this procedure must be done twice |
|  | Right documentation | Did they record in communication book and/or client record? |
| 3 | * Did the CCW discuss the procedure with the client, ask if there are any specific ways they would like to be assisted and gain the client consent to proceed? * Did they check if tablets were swallowed ? * Did they know what to do if there was a problem? * Did they undertake infection control procedure: washing hands and wearing disposable gloves? * Did they appropriately dispose of gloves, clean any equipment and return the DAA to the appropriate storage place? | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |
| 4 | Q: What would they do if the DAA had a tear or the tablets for that particular time were missing? | Contact the supervisor for advice and further instructions |

|  |  |  |
| --- | --- | --- |
|  | **Observations** | **Answers** |
| 5 | Demonstrate knowledge of how to follow the client care plan/task instructions to apply a medicated cream, ensuring: | Read client care plan/ task instructions relating to assisting with medications |
| Right client | Check client name (and address)  Check this is the same on the medicated cream |
| Right medication | Verify that the cream packaging is intact with no damage |
| Right date & time | Verify from care plan /task instructions & DAA |
| Right route | Verify from care plan /task instructions & DAA |
| Right dose | Verify from care plan /task instructions & DAA |
| Right documentation | Did they record in communication book and/or client record? |
| 6 | * Did the CCW discuss the procedure with the client, ask if there are any specific ways they would like to be assisted and gain the client consent to proceed? * Did they undertake infection control procedure: washing hands and wearing disposable gloves? * Did they appropriately dispose of gloves, clean any equipment and return the cream to the appropriate storage place? * Did they know what to do if there was a problem? | Yes / No  Yes / No  Yes / No  Yes / No |
| 7 | Q: What would they do if the spot where they are to apply the cream has a bright red rash and small blisters? | Contact the supervisor for advice and further instructions |

**Once completed, the Practical Review assessment form must be given to the staff member’s supervisor.**