**Personal Care Protocol: Supervised practical review form**

**Supervised practical review of SKILLS AND KNOWLEDGE**

This supervised practical training review package is for HACC-PYP and CHSP funded employer’s that are signatories to the Grampians Region Personal Care Protocol. This package 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.

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| **Name of staff member** |  |
| **Name of organisation** |  |
| **Name of assessor and** **qualifications** |  |
| **Date of practical review** |  |

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|  | **Observations** | **Satisfactory** | **Not satisfactory** |
| 1 | Demonstrate knowledge of how to access client care plans/task instructions (where to find instructions and what to look for) |  |  |
| 2 | Demonstrate knowledge of how to follow the client care plan/task instructions to assist a client with medications from a Dose Administration Aid, ensuring: |  |  |
| Right client |  |  |
| Right medication |  |  |
| Right date & time |  |  |
| Right route |  |  |
| Right dose |  |  |
| Right documentation |  |  |
| 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?
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| 4 | Q: What would they do if the DAA had a tear or the tablets for that  particular time were missing? |  |  |
| 5 | Demonstrate knowledge of how to follow the client care plan/task instructions to apply a medicated cream, ensuring: |  |  |
| Right client |  |  |
| Right medication |  |  |
| Right date & time |  |  |
| Right route |  |  |
| Right dose |  |  |
| Right documentation |  |  |
| 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?
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| 7 | Q: What would they do if the spot where they are to apply the  cream has a bright red rash and small blisters? |  |  |

**Assessor Please Circle:**

Satisfactory Needs Further Training Not Satisfactory

If unsatisfactory or requiring further training please out line areas of concern:

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| Staff Member Signature: | Date: |
| Assessor Signature:  | Date: |
| Manager Signature: | Date: |