

positive



**Competency Assessment
for SSKIN**

Competency Assessment for SSKIN

S Surface

Competency Further Training

Identifies resident at risk and understands what pressure relieving equipment is needed.

Demonstrates an awareness of how to check that equipment is working and is well maintained. (Settings, faults, Bounce, firmness and contamination)

Know how to report faulty equipment and who to.

S Skin inspection

Competency Further Training

Is able to identify pressure areas to check, and how often.

Is able to perform Blanch Test and understands the results.

Know how to report and to who, any areas of redness or broken skin

Is able to document accurately and in a timely manner.

Understands preventative measures that will require implementing.

K Keep moving

Competency Further Training

Identifies who needs a repositioning schedule.

Understands the need for regular repositioning.

Can implement a good, resident specific, repositioning schedule.

Awareness of the different techniques for repositioning and off loading, including glasses and oxygen tubing. (Pillows, 30degree tilt, slide sheet, pressure relieving boots).

I

Incontinence and moisture

Competency

Further
Training

Understands the damage urine, faeces, sweat and wound leakage can cause.

Understands how to prevent moisture damage.

Understands the difference between barrier products.

Understands how to use barrier products and when.

Show an awareness of continence products and how to use.

Promotes regular toileting.

Show an awareness of continence products and how to use.

N

Nutrition

Competency

Further
Training

Has an understanding of why a good healthy well balanced diet is necessary for pressure ulcer prevention.

Identifies residents at risk. (Underweight and overweight).

Can implement a food diary.

Show an understanding of a fortified diet and the use of supplements.

Know how to report and to who, any concerns.

Think...



Competent Needs Further
 Training

Overall Result

Name of Assessor:

Signature of assessor:

Date:

The above result has been discussed with me and advice has been given.

Signature of Trainee:

Date:



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