


Gloucestershire Community Equipment Service
Equipment Competencies Assessment

EQUIPMENT TYPE:		
MATTRESSES, CUSHIONS & HEEL PROTECTORS		
Name	Date	
Select a single item or groups of similar equipment as appropriate to your job role.		
Static Foam Replacement Mattresses		Alternating Replacement Mattresses
Static Foam Overlay Mattresses		Alternating Overlay Mattresses
Static Air Overlay Mattresses		Static Flat Cushions
Static Air Replacement Mattresses		Static Contoured Cushions
Self-Adjusting Air & Foam Replacement Mattresses		Static Air Cushions
		Heel Protectors

	YES	NO	Comments
1. Core Competencies			
I have completed the 'Core Skills' competencies assessment and confirm that I have the underpinning knowledge required to safely and appropriately use the Community Equipment Service.			
2. Considerations prior to use			
I am aware of the specification for this equipment including safe working load, size, shape and relevant environmental issues. I am able to use this information to ensure that the selected equipment will safely fit the person and the environment.			
I am aware of the abilities required to use this equipment safely.			
I understand the need to consider associated items that may be required with this equipment such as grab rails.			
I possess the knowledge to select compatible equipment suitable for use with this equipment.			
3. When could this equipment be used			
I can summarise the key reasons why a service user's assessed needs may be met by this equipment.			
I am able to take into account the person's, carer's and family needs when considering whether this equipment will meet assessed needs.			

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	YES	NO	Comments
4. Contraindications for use			
I have sufficient knowledge to discuss the risks and benefits of this equipment with the service user/carer and ensure that they are happy for it to be provided and fitted.			
I am able to identify contraindications for provision of this equipment, and can recognise when the person is not able to use it safely or the environment is unsuitable.			
5. Fitting			
I know what information is required to arrange for this equipment to be safely fitted. AND/ OR (depending on role and equipment type) I am able to safely fit this equipment.			
6. Checks prior to use			
I know what checks are required prior to use.			
7. Recommendations/ instructions for use			
I have the knowledge and ability to show the user/ carers how to use this equipment safely.			
I have the knowledge and ability to establish whether user/ carers are able to understand and operate this equipment safely and appropriately e.g. pump settings.			
8. Maintenance			
I am able to give information to user/ carers about ongoing safety checks and routine maintenance. For example; damage, ingress, bottoming out, malfunction, wear and tear.			
I am able to identify when ongoing safety checks may be difficult for the user/ carers and to discuss options for dealing with this.			
I am aware of my responsibility to ensure that user/ carers are aware of who to call if there is a fault with this equipment.			
9. Review			
I am aware of the considerations for clinical review and the relevant information to give the service user/ carer. For example; step up/ step down approach, Pressure Ulcers information leaflet etc.			

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SELECT THE RELEVANT STATEMENT BELOW:

BASIC AWARENESS:

- This type of equipment is new to me. I have identified my learning needs on the next page.
 or
 My job role does not require me to select and provide this type of equipment.

I confirm that I have a basic awareness of this equipment. I can support safe working practice when working with other staff; and when visiting people who already have this equipment.

Signature		Date	
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SUPERVISED COMPETENCY:

Assessment Method	Comments
Reflection	
Observation	
Written evidence	
Questioning	
Demonstration	
Other	

I confirm that _____ has demonstrated competence to select and provide this equipment.

Supervisor Name		Signature	
Supervisor Job title		Date	
Supervisee Signature		Date	

SELF-ASSESSED COMPETENCY:

I confirm that I am competent to select and provide this equipment.

I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

I am aware of my professional responsibility for continuing professional development and realise I am accountable for my actions.

Assessor Signature		Date	
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Learning Needs	
Plan	
Review Date	