

Aim: To promote wound healing, prevent infection and pain. Procedure: It is essential that the wound be assessed as to Type, Size, Site and Condition. These can either be Skin, Tear, Laceration, Abrasion, Lesion and Ulceration. Wound care should not be altered without consultation with the Supervisor.

The staff member being assessed appropriately undertakes/observes/understands/answers the following:	Accurately answered/observed	
	YES	NO
Ensure Resident's privacy is respected		
Wash hands before procedure		
Ensure Resident is comfortably positioned		
Assemble item required for procedure		
Apply gloves		
Attend to wound as per Wound Care Management Chart		
Dispose of items in appropriate receptacle as per Infection Control		
ie - contaminated waste bin		
Remove gloves and wash hands on completion		
Complete Incident Form if required		
Document the condition of the wound in Resident's notes/charts		
Report any variations in the wound to the Supervisor		

Employee Name:				
† COMPETENT	NOT YET COMPETENT			
I signed below confirm that I have assessed the employee named, as indicated above, against the criteria				
listed; in the use of the named equipment.				
Assessor Signature:	Date:			
I signed below confirm below that I have been assessed against the above criteria and that my assessment				
was conducted impartially and fairly by the assessor named above.				
Employee Signature:	Date:			

F-CA-Simple Wound Dressings-40	Printed documents are uncontrolled. View current documents on Intranet.		
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