

SSI PREVENTION COMPETENCY ASSESSMENT

Region: _____

Hospital: _____

Assessment date: _____

Ward / Unit: _____

Employee Name: _____

Position / Title: _____

| Method of Instruction Key: P = Protocol/Procedure Review E = Education Session C = Clinical Practice D = Demonstration | Method of Evaluation Key: O = Observation (in the clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review D = Documentation | Assessment <i>(Check if met accordingly)</i> | | | Method | Validation of Competency | | |
|---|--|--|-------------------------------|------------------|---|---------------------------------|-----------------|--|
| | | Never Done | Needs Review/ Practice | Competent | Method of Instruction (Use Instruction Key on Left) | Date | Initials | Evaluation Method (Use Evaluation Key on Left) |
| SSI Prevention Guidelines | | | | | | | | |
| 1. Able to locate the Online SSI Prevention Guidelines (GDIPC Website) | | | | E / D | | | V | |
| 2. Identify SSI according to MOH/CDC Criteria and Definitions | | | | E | | | V | |
| 3. Identify the objective of SSI Prevention Guidelines | | | | E | | | V | |
| 4. Received education and training on SSI Prevention | | | | E | | | V / D | |
| SSI Prevention Measures: Preoperative (Test of Knowledge) | | | | | | | | |
| 5. Bath or shower the night before and on the day of the surgery using 4% Chlorhexidine soap for patients >2 months and above | | | | P | | | T / D | |
| 6. Hair removal by clippers with a disposable head or Not necessary | | | | P | | | T / D | |
| 7. Perioperative glycemic control is applied with use of blood glucose target levels less than 150 mg/dl before the procedure in patients with and without diabetes. | | | | P | | | T / D | |
| 8. Single-dose preoperative antimicrobial agents were given ONLY when indicated based on National MOH Guidelines | | | | P | | | T / D | |
| 9. Screening is done for <i>Staphylococcus aureus</i> (MSSA and MRSA) and decolonize surgical patients for high-risk procedures, including some orthopedic and cardiothoracic procedures. | | | | P | | | T / D | |
| 10. Surgical hand antisepsis is performed using either an antimicrobial soap or a waterless alcohol-based hand rub if persistent activity | | | | P | | | T/ RD | |
| 11. CHG 2% in isopropyl 70% alcohol solution is used for surgical site skin preparation | | | | P | | | T / D | |

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| | | Never Done | Needs Review/ Practice | Competent | Method of Instruction (Use Instruction Key on Left) | Date | Initials | Evaluation Method (Use Evaluation Key on Left) |
| SSI Prevention Measures: Intraoperative (Test of Knowledge) | | | | | | | | |
| 12. Operating rooms were maintained at positive pressure concerning corridors and adjacent areas. | | | | | P | | | T |
| 13. Proper surgical attire is worn inside the OR | | | | | C | | | T |
| 14. Surgical Asepsis and Sterile Technique practices observed inside OR | | | | | C | | | T |
| 15. Intraoperative normothermia maintained for all patients before surgery | | | | | P | | | T / D |
| 16. Perioperative glycemic control is applied with the use of blood glucose target levels less than 150 mg/dl during the procedure in patients with and without diabetes | | | | | P | | | T / D |
| SSI Prevention Measures: Postoperative (Test of Knowledge) | | | | | | | | |
| 17. Antimicrobial agents were given ONLY when indicated and discontinued based on National MOH Guidelines | | | | | P | | | T / D |
| 18. Sterile gloves and equipment were used and a sterile technique was applied when dressing on any surgical incision. | | | | | C | | | T / O |
| 19. Maintain postoperative blood-glucose level to less than 150 mg/dl in each of the first two postoperative days (for all patients with or without diabetes) | | | | | P | | | T / D |
| 20. Perioperative glycemic control is applied using blood glucose target levels less than 150 mg/dl after the procedure for the first two postoperative days in patients with and without diabetes. | | | | | P | | | T / D |
| Percentage (Total no. of competent score / Total no. of variables x 100) | | | | | 20 | | | |

NOTE: Competency assessment must be done for all staff working in Surgical Units, Surgical wards, and Operating Room annually.

Scoring : 15 – 20 Competent 10 – 14 Not competent and needs to repeat, review and more practices

| Initials | Employees' Signature | Name & Signature of Assessor (Nsg. Supervisor or Clinical Instructor or Senior Surgeon) | SIG |
|----------|----------------------|---|-----|
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