

**Care Staff Authorised to Apply   
First Dressings/ Homely Dressings**

**Nursing** **Home Name** ……………………………………………………

This template has been developed to support care settings where they are using dressings purchased by the setting or as part of a homely dressing scheme.

\*\*Please note this is a TEMPLATE, please amend accordingly for care setting\*\*

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| **Date** | **Name** | **Job Title (RGN)** | **Competency** **Assessment**  **Completed** | **Date Annual** **Competency**  **Assessment Due** |
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**Manager’s Signature………………………………………………Date……………………………**

**Document Control Sheet**

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| Title: | **Care Staff Authorised to Apply  First Dressings/ Homely Dressings** | | |
| Electronic File Name: | \\10.201.56.151\Shared\New SCCG Medicines Management\Policies, Procedures & Guidelines\Guidelines\Care home | | |
| Placement in Organisational Structure: |  | | |
| Consultation with stakeholders: | N/A | | |
| Equality Impact Assessment: | N/A | | |
| Approval Level: | N/A | | |
| Dissemination Date: | 20/01/2022 | Implementation Date: | 20/01/2022 |
| Method of Dissemination: | Website | | |

**Document Amendment History**

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| Version No. | Date | Brief Description |
| V1.0 | 22/02/2022 | Document title amended, re-badged and now in template format for adaptation by the care setting(s) |
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