

Larvae therapy clinical competency

Name:	Role: Band 5-7
Base:	Date initial training / E mot completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in the application and maintenance of larvae therapy without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 3 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate knowledge and skill in the application and maintenance of larvae therapy				
a) Describe the Trusts guidelines for larvae Therapy	Questioning			
b) Describe the indications for commencing Maggot Therapy and the anticipated outcomes	Questioning			
c) Describe the contra-indications/precautions for undertaking Larvae Therapy including pre-treatment dressing choice	Questioning			
d) Demonstrate what equipment is required for the application of Larvae Therapy	Observation			
e) Demonstrate the explanation to the patient for having larvae Therapy	Observation			
f) Demonstrate the selection of the most appropriate treatment; "free range" or "biobags"	Observation			
g) Demonstrate the ability to describe to other staff members the correct way of caring for the maggots in order for them to survive	Observation			
e) Identify the reasons why Maggots need to be kept moist	Questioning			
f) Demonstrate softening eschar prior to Maggots Therapy	Observation			
g) Demonstrate the protection of the surrounding skin	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
h) Demonstrate how to order Larvae and the correct amount of larvae for your patient's wound	Questioning / observation			
i) Discuss the importance of avoiding occlusive dressings over the Maggots	Questioning / Observation			
j) Demonstrate how to remove the Maggots with respect for the patient	Observation			
k) Demonstrate how to safely dispose of the maggots after use.	Observation			

Source: Tissue viability group

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in larvae therapy

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments