## AACE Trainer Assessment Record | Venue Risk Assessment

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| **Trainee Trainer Name:** |
| **1. Be able to assess the training environment to reduce risks in preparation for physical intervention training** |
| 1.1 Risk assess a training environment where physical skills will be taught  | ☐ |
| 1.2 Identify and record ways of reducing risk in the training environment  | ☐ |
| 1.3 Identify personal factors that may increase risk for the participants | ☐ |
| 1.4 Conduct a safety briefing  | ☐ |
| 1.5 Ensure participants are physically prepared to take part in physical intervention skills training  | ☐ |

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| **Venue:** |  |
| **Checklist** | **Suitable / Safe** |
| Handwashing facilities available |  |
| Adherence to employer/venue infection control measures |  |
| Floor surface clean, free from obstruction, no defects/lifting surface |  |
| Walls projections/hanging objects  |  |
| Lighting |  |
| Pillars and corners  |  |
| Electrical sockets undamaged and secure |  |
| Doors/windows undamaged and secure  |  |
| Adequate clear floor area |  |
| Trip hazards  |  |
| Ceiling condition/hanging objects |  |
| Room Temperature |  |
| Access to first aid equipment |  |
| Nominated first aider accessible |  |
| Access to drinking fluids |  |
| Fire Safety and Response Plan |  |
| **Hazards Identified and Control Measures** |

## Trainee Trainer Declaration

The training environment is suitable for the activities being undertaken.

**Name: Signature: Date:**

**Senior trainer signature:**

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| **Trainer Assessment Record****38TA | AACE Guiding Skills****Trainee Trainer Name:**  |
| Tick relevant box only when the trainee trainer has met the assessment criteria shown. Any skills not taught or achieved must be crossed out and explanation provided. |
| 1. **Understand the considerations for the use of physical skills**
 |   |
| 1.1 Recognise the risks of physical skills | ☐ |
| 1.2 Identify the authority for the use of physical skills | ☐ |
| 1.3 Recognise individual and team responsibilities | ☐ |
| 1.4 Recognise importance of primary and secondary strategies to reduce the need for physical skills | ☐ |
| **2. Be able to use physical intervention to guide and redirect a person** |
| 2.1 Identify training and operational risks using redirection and guiding skills: |  | ☐ |
| 2.2 Demonstrate low arousal physical intervention skills to prompt or guide an individual: **Skills:** Non-contact guiding | Assessment touch | Single Cradle guide| Double cradle guide | Paired cradle guide | Hook and cradle guide | ☐ |
| 2.3 Demonstrate low arousal physical intervention skills to re-direct an individual: **Skills:** Hook and cradle turn | Elbow turn  | ☐ |
| 2.4 Demonstrate applications of non-restrictive skills relevant to the workplace:  | ☐ |
| Senior Trainer Comments: |
| **Pass ☐** | **Refer ☐** | **Fail ☐** |
| All skills listed above have been taught and the trainee trainer has demonstrated competence in each skill unless otherwise shown. A pass achievement indicates I am happy the participant has reached skill proficiency and can be certificated for this level as a trainer. **Senior Trainer Name: Signature: Date:**  |

**Trainer Assessment Record**

**39TA | AACE Restrictive Skills**

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| **Trainee Trainer Name:** |
| Tick relevant box only when the trainee trainer has met the assessment criteria shown. Any skills not taught or achieved must be crossed out and explanation provided. |
| **1. Understand how to reduce the risks of restrictive physical interventions** |
| 1.1 Identify restrictive practices and capacity | ☐ |
| 1.2 Recognise key risk factors of restrictive physical interventions | ☐ |
| 1.2 Recognise individual and team responsibilities to reduce risk and respond to medical emergencies | ☐ |
| **2. Be able to hold / restrict a person to facilitate urgent essential treatment** |  |
| 2.1 Identify training and operational risks using clinical holding skills  | ☐ |
| 2.2 Demonstrate how to use interrupters to restrict movement of a supine patient: **Skills:** Ground narrow supine | Trolley narrow supine | ☐ |
| 2.3 Demonstrate how to use interrupters to restrict movement of a seated patient**Skills:** Seated hooks | Seated interrupters | Seated wraps | ☐ |
| 2.4 Demonstrate applications of clinical holding skills to enable procedures or treatment **Interrupters**: Trolley bed | Ambulance | Essential Treatment **Use of equipment:** Strapping in | Risk considerations  | ☐☐☐ |
| Senior Trainer Comments: |
|  **Pass ☐** |  **Refer ☐** |  **Fail ☐** |
| All skills ticked above have been taught and the trainee trainer has demonstrated competence in each skill unless otherwise shown. A pass achievement indicates I am happy the participant has reached skill proficiency and can be certificated for this level as a trainer. **Senior Trainer Name: Signature: Date:**  |

# AACE Physical Skill Delivery Record

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| *Responses:* | *🗹=Yes* | *⌧=No* | *P=Partial* | */ =N/A* |

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| --- | --- | --- | --- |
| **Name:** |  | Date: |  |
| **Skill/technique:** | Times: |
| **Safe learning environment** [1.5, 2.3, 2.4] e.g. informs delegates of any environmental risks, barriers to learning managed and run warm up if required |  |
|  |
| **Context** [3.1, 3.2] e.g. shows image/video, draws out situational needs for the use of a skill and questions primary and secondary options to reduce need |  |
|  |
| **Demonstration** [3.3] e.g. shows image/video, highlights key points and provides smooth, accurate demonstration |  |
|  |
| **Analysis** [3.4]e.g. accurate description and demonstration of key observation, coaching and safety points including evidence of SEAL test |  |
|  |
| **Practice and coaching** [3.5, 3.6]e.g. observes learner’s practices, identifies inaccuracies and provides suitable coaching |  |
|  |
| **Integration and problem solving** [3.7]e.g. draws out workplace applications, SEAL test evidenced, trains and assesses where appropriate |  |
|  |
| **Senior Trainer comments**  |
|  |
| Name |  | Signature |  |
| **Trainee Trainer comments** |
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|  | Signature |  |

# AACE Physical Skill Delivery Record

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| *Responses:* | *🗹=Yes* | *⌧=No* | *P=Partial* | */ =N/A* |

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| --- | --- | --- | --- |
| **Name:** |  | Date: |  |
| **Skill/technique:** | Times: |
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|  |
| **Senior Trainer comments**  |
|  |
| Name |  | Signature |  |
| **Trainee Trainer comments** |
|  |
|  | Signature |  |